

# Ronald Reagan Presidential Library

## Digital Library Collections

---

This is a PDF of a folder from our textual collections.

---

**Collection:** Daoulas, Sue: Files  
**Folder Title:** [AIDS]: August 4 Responses (4)  
**Box:** 2

---

To see more digitized collections visit:

<https://reaganlibrary.gov/archives/digital-library>

To see all Ronald Reagan Presidential Library inventories visit:

<https://reaganlibrary.gov/document-collection>

Contact a reference archivist at: [reagan.library@nara.gov](mailto:reagan.library@nara.gov)

Citation Guidelines: <https://reaganlibrary.gov/citing>

National Archives Catalogue: <https://catalog.archives.gov/>



CC:SP

U.S. Department of Justice

Office of Legal Counsel

Office of the  
Assistant Attorney General

Washington, D.C. 20530

SEP 8 1988

MEMORANDUM

TO: Donald Ian Macdonald  
Director, Drug Abuse Policy Office and  
Special Assistant to the President

FROM: Douglas W. Kmiec *DWK*  
Acting Assistant Attorney General  
Office of Legal Counsel

SUBJECT: Report of the Presidential Commission on  
the Human Immunodeficiency Virus Epidemic

In response to your request of August 4, 1988, I am submitting the attached additional comments of the Department of Justice on the recommendations contained in the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. If you have any questions, please call Paul Colborn of this Office (633-2048).

Attachment



ADDITIONAL COMMENTS OF THE DEPARTMENT OF JUSTICE  
ON THE REPORT OF THE PRESIDENTIAL COMMITTEE ON  
THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Recommendation 8-51 -- The comment on this recommendation in the White House summary of agency positions (White House summary) is incomplete. It should indicate that the Department of Justice (DOJ), through its component the Bureau of Justice Assistance (BJA), is utilizing Anti-Drug Abuse discretionary funds to provide training to State and local prosecutors on asset seizure and forfeiture and on financial investigations. BJA is also providing training and technical assistance to its 20 organized crime/narcotics trafficking task forces.

Recommendation 9-63 -- The White House summary should be strengthened to read as follows: "The DOJ strongly endorses mandating HIV testing of sexual offenders at the earliest possible juncture and disclosure of the results to victims of sexual assault." (The remainder of the comment in the summary is inappropriate to this recommendation and was likely picked up by mistake from our prior response to recommendation 9-54.)

Recommendation 9-68 -- The White House summary contains typographical errors. The last item in the first paragraph should be numbered (4) and should read: "new approaches to assuring close supervision if such an offender is paroled."

Recommendation 9-69 -- All federal prisoners, including sexual offenders, are tested for HIV antibodies by the Bureau of Prisons (BOP) prior to their release from prison. Under current BOP policy, most prisoners have not been tested prior to their parole hearing, and those who have been were chosen randomly, not on the basis of their offenses. Positive test results affect the degree of supervision for all HIV-positive prisoners, not only sexual offenders. All HIV-positive parolees are handled under special supervision instructions adopted by the U.S. Parole Commission; the instructions seek to meet parolees' medical and emotional needs and assure that third parties whom they may place at risk of infection are made aware of the risk, within the boundaries of State law. We assume this is what the President's Commission means by having the degree of supervision affected.

Recommendation 9-79 -- In late 1985, the National Institute of Justice (NIJ) began its first study of AIDS in prisons and jails. Since then, it has annually surveyed and reported on the incidence and institutional management of AIDS within the Federal and State prison systems, as well as in the nation's largest jails. As part of its ongoing effort to assist correctional administrators and other criminal justice professionals in meeting the challenge of AIDS, NIJ will continue its annual review of the incidence of HIV infection in correctional facilities and of



the policies and procedural responses of correctional systems throughout the U.S.

In addition, NIJ is co-sponsoring, along with the Centers for Disease Control, a study entitled the Correctional Regional Infection Sentinel Surveillance Project (CRISSP). The purpose of this study is to determine the prevalence of HIV infection among new entrants into ten geographically diverse correctional systems. Serum already obtained during routine intake medical examinations will be anonymously tested for the HIV antibody. This information will be extremely useful to correctional administrators in determining the scope of the problem within their institutions and making key budgetary and institutional management decisions.

Recommendation 9-85 -- The Bureau of Prisons endorses all recommendations in Section VI, "Correctional Facilities," with one exception. Recommendation 9-85 states that correctional systems should encourage the development of support groups within their institutions. It is BOP's opinion that establishing such support groups risks identifying those inmates with HIV infection. Although BOP therefore does not establish support groups, its psychology staff does provide extensive counseling for HIV positive inmates.



Surgeon  
General's  
Report  
on

ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME



Surgeon  
General's  
Report  
on

**ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME**

U.S. Department of Health  
and Human Services



## Foreword



October 22, 1986

This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans — fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs — addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is *not* spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between \$8 and \$16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.



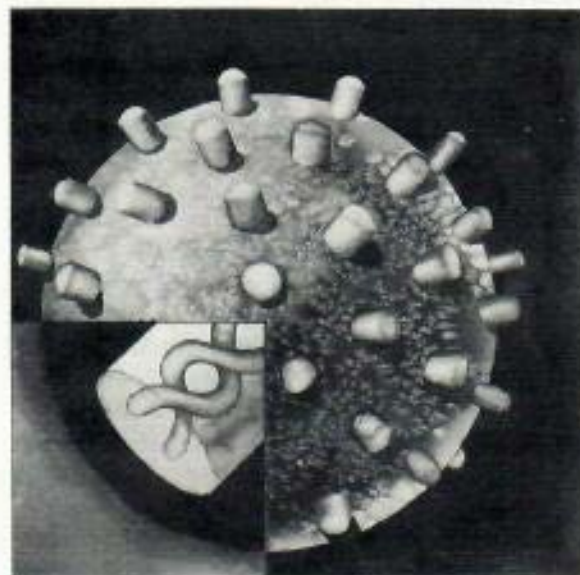
C. Everett Koop, M.D., Sc.D.  
*Surgeon General*



## AIDS

### *AIDS Caused by Virus*

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV"<sup>1</sup>. These abbreviations stand for information denoting a virus that attacks white blood cells (T-lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The



*Artist's drawing of AIDS virus with cut away view showing genetic (reproductive) material.*

<sup>1</sup>These are different names given to AIDS virus by the scientific community:

- HIV — Human Immunodeficiency Virus
- HTLV-III — Human T-Lymphotropic Virus Type III
- LAV — Lymphadenopathy Associated Virus

AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

### No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

### Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" — using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

## Signs and Symptoms

### No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

### ARC

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

### AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and



may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

### Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

### AIDS: the present situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.



### No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

### Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct



contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

### ***Control of Certain Behaviors Can Stop Further Spread of AIDS***

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease — its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

### ***Risks***

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

### ***Sex Between Men***

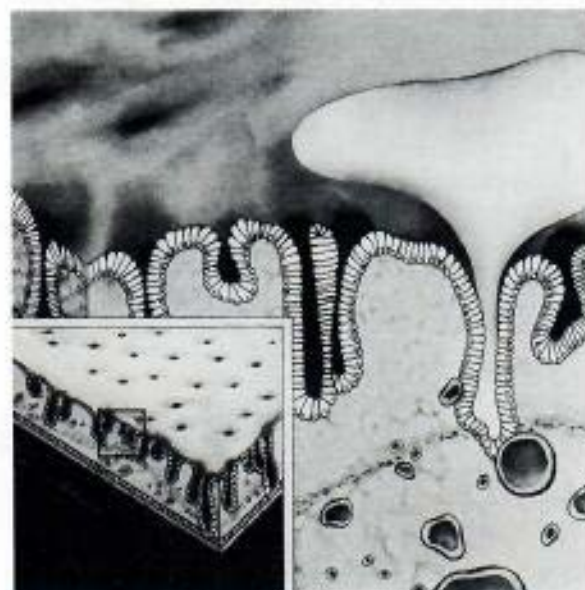
Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

### ***Multiple Partners***

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.



*Vulnerable rectum lining provides avenue for entry of AIDS virus into the blood stream.*



### How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

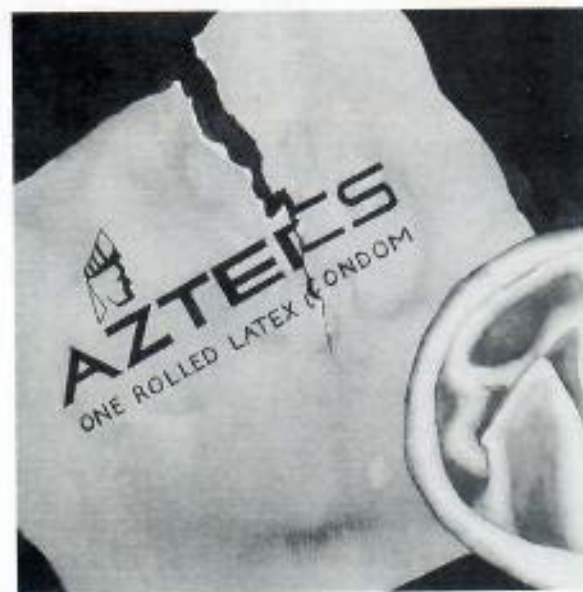
### Prevention of Sexual Transmission – Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

### AIDS: you can protect yourself from infection

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

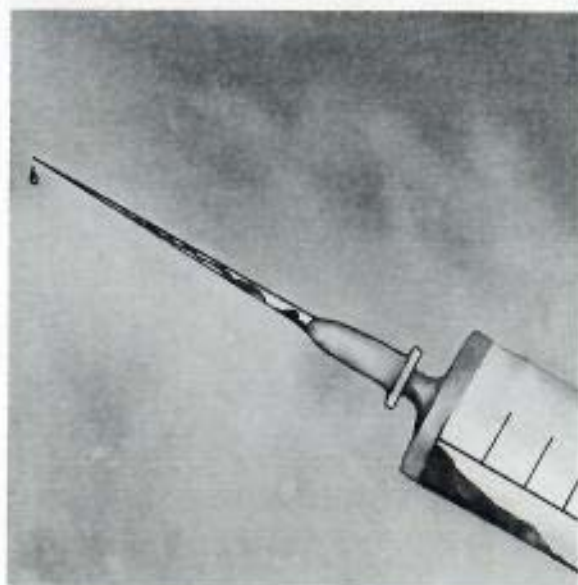
- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).



- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).



- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO* to sex and drugs, they can avoid AIDS which can *kill* them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers, therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.



*Dirty intravenous needle and syringe contaminated with blood that may contain the AIDS virus.*

### *Intravenous Drug Users*

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a *clean, previously unused* needle, syringe or any other implement necessary for the injection of the drug solution.

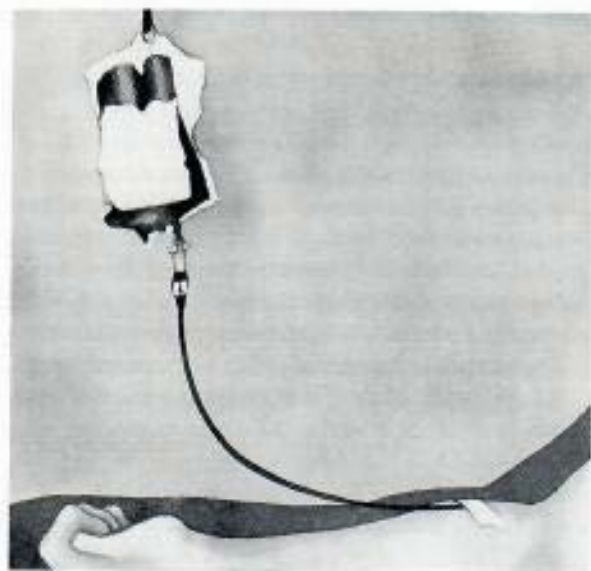
### *Hemophilia*

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

### *Blood Transfusion*

Currently all blood donors are initially screened and blood is *not* accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become





infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should *never* donate blood.

#### ***Mother Can Infect Newborn***

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous

drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

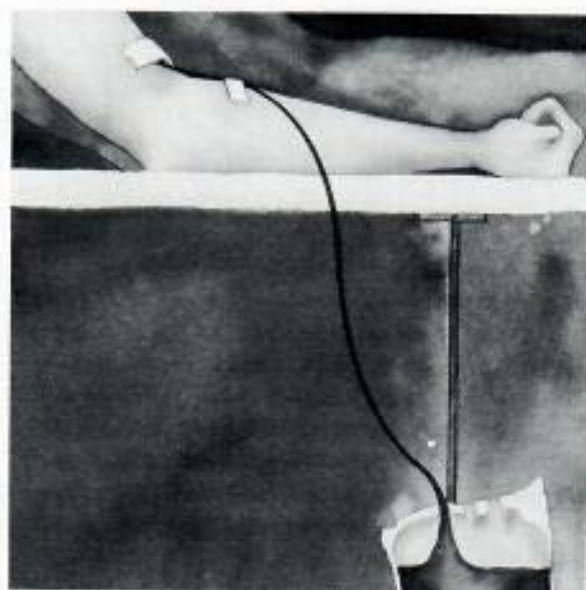
#### ***Summary***

*AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.*

#### **AIDS: what is safe**

##### ***Most Behavior is Safe***

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus.) AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual contact.



### *Donating Blood*

Donating blood is *not* risky at all. *You cannot get AIDS by donating blood.*

### *Receiving Blood*

In the U.S. every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

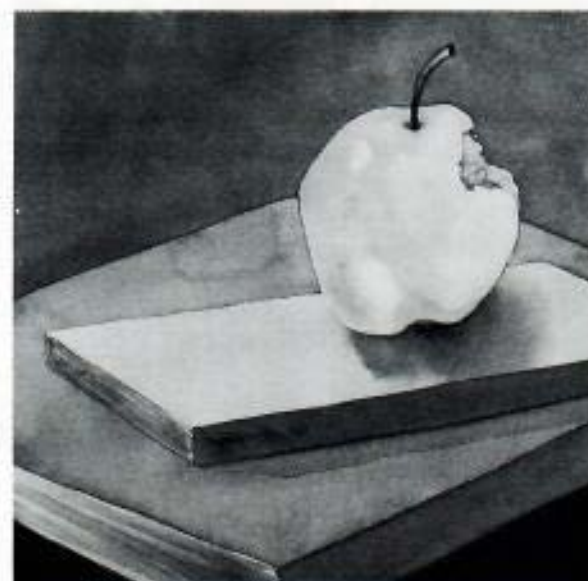
There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS

cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

### *Children in School*

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open

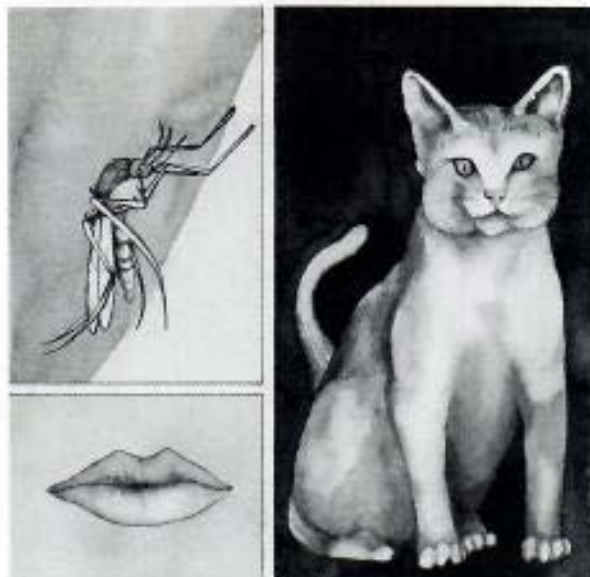




cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.



### *Insects*

There are no known cases of AIDS transmission by insects, such as mosquitoes.

### *Pets*

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

### *Tears and Saliva*

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

*AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.*

### *Testing of Military Personnel*

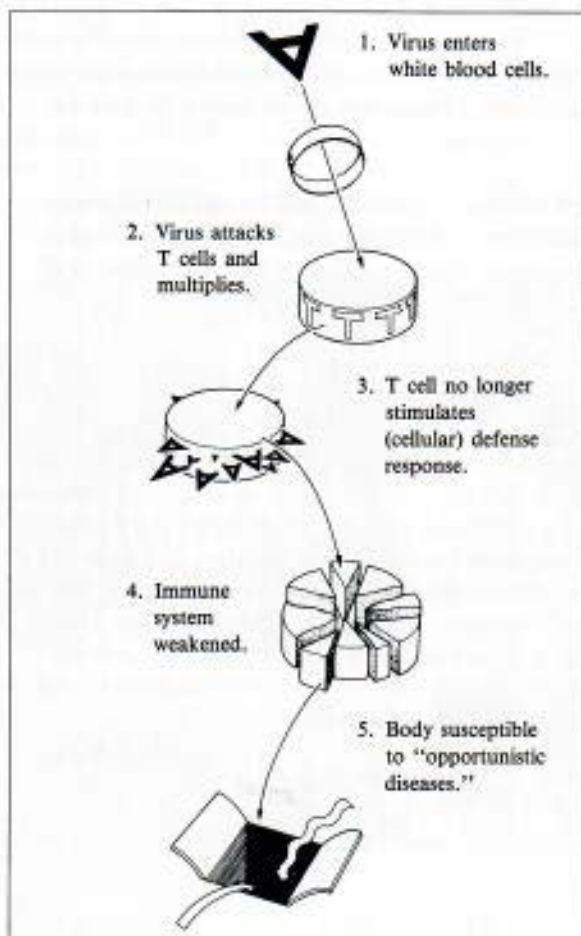
You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody. The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.



### AIDS: what is currently understood

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the



potential discovery of factors that may better explain the mechanism of AIDS infection.

*Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?*

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

### Summary

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS—for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.

## Look to the Future

### *The Challenge of the Future*

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

### *Information and Education Only Weapons Against AIDS*

It is estimated that in 1991 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

### *AIDS will Impact All*

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

### *Be Educated - Be Prepared*

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and your family physician will be able to help you.

### *Concern About Spread of AIDS*

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

### *Special Educational Concerns*

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

### *High Risk Get Blood Test*

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

### *Anger and Guilt*

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.



### *Confidentiality*

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts—as is the practice with other sexually transmitted diseases—those infected with the AIDS virus go underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

### *State and Local AIDS Task Forces*

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of State and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

### *School*

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

### *Sex Education*

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

### *Handicapped and Special Education*

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental



behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

### ***Labor and Management***

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

### ***AIDS Education at the Work Site***

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients *before* the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

### ***Strain on the Health Care Delivery System***

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities.

### ***Mental Health***

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

### ***Controversial Issues***

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

### ***Compulsory Blood Testing***

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who *test* negatively might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

### Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

### Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

### Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

### Additional Information

#### Telephone Hotlines (Toll Free)

PHS AIDS Hotline  
800-342-AIDS  
800-342-2437

National Sexually Transmitted Diseases Hotline/  
American Social Health Association  
800-227-8922

National Gay Task Force  
AIDS Information Hotline  
800-221-7044  
(212) 807-6016 (NY State)

#### Information Sources

U.S. Public Health Service  
Public Affairs Office  
Hubert H. Humphrey  
Building, Room 725-H  
200 Independence Avenue,  
S.W.  
Washington, D.C. 20201  
Phone: (202) 245-6867

Local Red Cross or  
American Red Cross  
AIDS Education Office  
1730 D Street, N.W.  
Washington, D.C. 20006  
Phone: (202) 737-8300

American Association of  
Physicians for  
Human Rights  
P.O. Box 14366  
San Francisco, CA 94114  
Phone: (415) 558-9353

AIDS Action Council  
729 Eighth Street, S.E.,  
Suite 200  
Washington, D.C. 20003  
Phone: (202) 547-3101

Gay Men's Health Crisis  
P.O. Box 274  
132 West 24th Street  
New York, NY 10011  
Phone: (212) 807-6655

Hispanic AIDS Forum  
c/o APRED  
853 Broadway, Suite 2007  
New York, NY 10003  
Phone: (212) 870-1902 or  
870-1864

Los Angeles AIDS Project  
7362 Santa Monica  
Boulevard  
Los Angeles, California  
90046  
(213) 876-AIDS



*Minority Task Force on AIDS*

c/o New York City Council  
of Churches  
475 Riverside Drive,  
Room 456  
New York, NY 10115  
Phone: (212) 749-1214

*Mothers of AIDS Patients*

(MAP)

c/o Barbara Peabody  
3403 E Street  
San Diego, CA 92102  
(619) 234-3432

*National AIDS Network*

729 Eighth Street, S.E.,  
Suite 300  
Washington D.C. 20003  
(202) 546-2424

*National Association of*

*People with AIDS*

P.O. Box 65472  
Washington, D.C. 20035  
(202) 483-7979

*National Coalition of Gay*

*Sexually Transmitted*

*Disease Services*

c/o Mark Behar  
P.O. Box 239  
Milwaukee, WI 53201  
Phone: (414) 277-7671

*National Council of*

*Churches/AIDS Task Force*

475 Riverside Drive,  
Room 572  
New York, NY 10115  
Phone: (212) 870-2421

*San Francisco AIDS*

*Foundation*

333 Valencia Street,  
4th Floor  
San Francisco, CA 94103  
Phone: (415) 863-2437

Surgeon  
General's  
Report  
on

ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME





# FACTS ABOUT AIDS

*The Acquired Immune Deficiency Syndrome, or AIDS, was first reported in the United States in mid-1981. Since that time, the Public Health Service has received reports of more than 33,000 cases, about 58 percent of which have resulted in death. An estimated 1½ million people have been infected by the virus that causes AIDS, but have no symptoms of illness.*

*AIDS is a public health problem that merits serious concern. It is a major priority of the U.S. Public Health Service. Researchers in the Public Health Service and in many major medical institutions have been working for six years to study AIDS and develop treatments and preventive measures.*

*This fact sheet describes, in question-and-answer form, accurate information about AIDS, the risk of contracting AIDS, the actions individuals can take to reduce spreading AIDS, and current research and related activities under way in the Public Health Service.*

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
Centers for Disease Control

# **FACTS ABOUT AIDS**

## **What is AIDS?**

AIDS is characterized by a defect in natural immunity against disease. People who have AIDS are vulnerable to serious illnesses which would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as "opportunistic" infections or diseases.

## **What causes AIDS?**

AIDS is caused by a virus that infects certain cells of the immune system, and can also directly infect the brain. This virus has been given different names by different groups of investigators: human T-lymphotropic virus, type III (HTLV-III); lymphadenopathy-associated virus (LAV); or AIDS-related retrovirus (ARV). An international committee of scientists has proposed the name, human immunodeficiency virus (HIV), for this virus. Infection with this virus may not always lead to AIDS. Many infected persons remain in good health. Others develop illness varying in severity from mild to extremely serious; these illnesses are designated AIDS-related complex (ARC).

## **How is AIDS transmitted?**

The AIDS virus is spread by sexual contact, needle sharing, or less commonly, through transfused blood or its components. The virus may be transmitted also from infected mother to infant during pregnancy or birth, or shortly after birth (probably through breast milk). The risk of infection with the virus is increased by having multiple sexual partners, either homosexual or heterosexual, and sharing of needles among those using illicit drugs. The occurrence of the syndrome in hemophilia patients and persons receiving transfusions provides evidence of transmission of the virus through blood.



## Who gets AIDS?

Ninety-eight percent of the AIDS cases have occurred in the following groups of people:

- Sexually active homosexual men and bisexual men (or any man who has had sex with another man since 1977), 65 percent;
- Present or past abusers of intravenous drugs, 17 percent;
- Homosexual and bisexual men who are also IV drug abusers, 8 percent;
- Persons with hemophilia or other coagulation disorders, 1 percent;
- Persons who have had transfusions with blood or blood products, 2 percent;
- Heterosexual contacts of someone with AIDS or at risk for AIDS, 4 percent;
- Infants born to infected mothers, 1 percent.

Some 2% of patients do not fall into any of these groups, but researchers believe that transmission occurred in similar ways. For example, some patients died before complete histories could be taken.

## What are its symptoms?

Most individuals infected with the AIDS virus have no symptoms and feel well. Some develop symptoms which may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen glands (lymph nodes)—usually in the neck, armpits, or groin. Anyone with these symptoms which continue for more than two weeks should see a doctor.

## How long after infection with HTLV-III does a person develop AIDS?

The time between infection with the HTLV-III virus and the onset of symptoms (the incubation period) seems to range from about 6 months to 5 years or more. Infection with the virus may not always lead to AIDS. Symptoms of illness appear in approximately 30% of individuals within 5 years of infection.

## How is AIDS diagnosed?

The diagnosis of AIDS depends on the presence of opportunistic diseases that indicate the loss of immunity. Certain tests which demonstrate damage to various parts of the immune system, such as specific types of

white blood cells, support the diagnosis. The presence of opportunistic diseases plus a positive test for antibodies to HTLV-III can also make possible a diagnosis of AIDS.

## What is the geographic distribution of reported AIDS cases?

Thirty-one percent of the cases in the U.S. are reported from New York State and about 22 percent from California. AIDS cases have been reported from all 50 states, the District of Columbia, Puerto Rico, and more than 70 other countries.

## How contagious is AIDS?

Casual contact with AIDS patients or infected persons does *not* place others at risk for getting the illness. No cases have been found where the virus has been transmitted by casual household contact with AIDS patients or infected persons. Infants with AIDS or HTLV-III infection have not transmitted the infection to family members living in the same household.

Emergency medical personnel, police, and firefighters who have assisted AIDS patients have not become ill. Nurses, doctors, and health care personnel have not developed AIDS from caring for AIDS patients. Two health care workers in the U.S. have developed antibodies to HTLV-III following needlestick injuries.

Health care and laboratory workers should follow standard safety procedures carefully when handling any blood and tissue samples from patients with potentially transmissible diseases, including AIDS. Special care should be taken to avoid needlestick injuries.

## Is there a danger of contracting AIDS from donating blood?

No. Blood banks and other blood collection centers use sterile equipment and disposable needles. The need for blood is great and people who are not at increased risk for getting AIDS are urged to continue to donate blood as they have in the past.

## Is there a laboratory test for AIDS?

As with most other diseases, there is no single test for diagnosing AIDS. There is now a test for detecting antibodies (substances produced in the blood to fight disease organisms) to the virus that causes AIDS. Presence of HTLV-III antibodies means that a person has been infected with that virus; it does not tell whether the person is still infected. The antibody test is used to screen donated blood and plasma and assist in preventing cases of AIDS resulting from blood transfusions or use of blood products, such as Factor VIII, needed by patients with hemophilia. For people who think they may be infected and want to know their health status, the test is available through private physicians, most State or local health departments and at other sites. Anyone who tests positive should be considered potentially capable of spreading the virus to others.

## What are some of the diseases affecting AIDS patients?

About 78 percent of the AIDS patients studied have had one or both of two rare diseases: *Pneumocystis carinii* pneumonia (PCP), a parasitic infection of the lungs; and a type of cancer known as Kaposi's sarcoma (KS). KS usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the body. PCP has symptoms similar to any other form of severe pneumonia, especially cough, fever, and difficulty in breathing. Other opportunistic infections include unusually severe infections with yeast, cytomegalovirus, herpesvirus, and parasites such as *Toxoplasma* or *Cryptosporidia*. Milder infections with these organisms do not suggest immune deficiency.

## Is there danger of a child's contracting AIDS from friends or schoolmates?

No. AIDS is difficult to catch, even among people at highest risk for the disease. The risk of transmitting AIDS from daily contact at work, school, or at home is extremely rare or nonexistent. In virtually all cases, direct sexual contact, sharing of IV drug needles, transfusion of infected blood or blood products, or perinatal transmission (from infected mother to unborn or newborn baby) has led to the illness.

## How is AIDS treated?

Currently there are no antiviral drugs available anywhere that have been proven to cure AIDS, although the search for such a drug is being pursued vigorously. Some drugs have been found that inhibit the AIDS virus. One of these, azidothymidine (AZT), has shown some promise in limited, short-term clinical trials with a select group of patients. Though no treatment has yet been successful in restoring the immune system of an AIDS patient, doctors have had some success in using drugs, radiation, and surgery to treat the various illnesses of AIDS patients. Therapeutic agents are needed for all stages of AIDS infections, to block action of the virus once infection has occurred, and to restore full function in patients whose immune systems have been damaged.

Eventually, a combination of therapies to combat the virus and restore the immune system may be the most effective treatment.

## Can AIDS be prevented?

Yes. Cases of AIDS related to medical use of blood or blood products are being prevented by use of HTLV-III antibody screening tests at blood donor sites and by members of high risk groups voluntarily not donating blood. Heat treatment of Factor VIII and other blood products helps prevent AIDS in patients with hemophilia and other clotting disorders. There is no vaccine for AIDS itself. However, individuals can reduce their risk of contracting AIDS by following existing recommendations. Communities can help prevent AIDS by vigorous efforts to educate and inform their populations about the illness. Meanwhile, the effort to produce vaccines and drugs against AIDS continues.



## Recommendations for the General Public

The U. S. Public Health Service recommends the following steps to reduce the chances of contracting infection with HTLV-III — the virus that causes AIDS:

- You can avoid infection through sexual contact if you abstain from sex or have a mutually monogamous marriage/relationship with an uninfected person.
- Don't have sex with multiple partners, or with persons who have had multiple partners (including prostitutes). The more partners you have, the greater your risk of infection.
- Obviously, avoiding sex with persons with AIDS, members of the risk groups,\* or persons who have had a positive result on the HTLV-III antibody test would eliminate the risk of sexually transmitted infection by the virus. However, if you do have sex with a person you think is infected, protect yourself by taking appropriate precautions to prevent contact with the person's body fluids. ("Body fluids" includes blood, semen, urine, feces, saliva, and women's genital secretions.)
  - Use condoms, which will reduce the possibility of transmitting the virus.
  - Avoid practices that may injure body tissues (for example, anal intercourse).
  - Avoid oral-genital contact.
  - Avoid open-mouthed, intimate kissing.
- Don't use intravenous drugs. If you do, don't share needles or syringes.

\*Persons at increased risk of HTLV-III infection include: homosexual and bisexual men; present or past intravenous drug users; persons with clinical or laboratory evidence of infection such as signs or symptoms compatible with AIDS or AIDS-related illnesses; persons born in countries where heterosexual transmission is thought to play a major role in the spread of HTLV-III (for example, Haiti and Central African countries); male or female prostitutes and their sex partners; sex partners of infected persons or persons at increased risk; persons with hemophilia who have received clotting factor products; and newborn infants of high-risk or infected mothers.

(If you believe that you may be at increased risk for HTLV-III infection, consult your physician for counseling. Consider asking to take the HTLV-III antibody test, which would enable you to know your status and take appropriate actions.)

## Recommendations for Persons at Increased Risk of Infection with HTLV-III

The U.S. Public Health Service recommends the following precautions for persons at increased risk of infection by HTLV-III, the virus that causes AIDS. These recommendations are based on the fact that it is possible to carry the virus without knowing it, and thus transmit it to others.

- Consult your physician for counseling. Consider asking to take the HTLV-III antibody test, which would enable you to know your status and take appropriate actions.
- You can avoid infection through sexual contact if you abstain from sex or have a mutually monogamous marriage/relationship with an uninfected person.
- Don't have sex with multiple partners, or with persons who have had multiple partners (including prostitutes). The more partners you have, the greater your risk of contracting AIDS.
- Don't use intravenous drugs. If you do, don't share needles or syringes.
- During sexual activity:
  - Use condoms, which reduce the possibility of transmitting the virus.
  - Avoid practices that may injure body tissues (for example, anal intercourse).
  - Avoid oral-genital contact.
  - Avoid open-mouthed, intimate kissing.
  - Protect your partner from contact with your body fluids. ("Body fluids" includes blood, semen, urine, feces, saliva, and women's genital secretions.)
- Don't donate blood, plasma, body organs, other body tissue, or sperm.
- If you are a woman at increased risk, consider the risk to your baby before becoming pregnant. (AIDS can be transmitted from infected mother to infant.) Before becoming pregnant, you should take the HTLV-III antibody test. If you choose to become pregnant, you should be tested during pregnancy.



## Recommendations for Persons with a Positive HTLV-III Antibody Test

The U.S. Public Health Service recommends the following steps for persons with positive results on the blood test for antibodies to HTLV-III, the virus that causes AIDS:

- Seek regular medical evaluation and follow-up.
- Either avoid sexual activity or inform your prospective partner of your antibody test results and protect him or her from contact with your body fluids during sex. (Body fluids include blood, semen, urine, feces, saliva, and women's genital secretions.) Use a condom, and avoid practices that may injure body tissues (for example, anal intercourse). Avoid oral-genital contact and open-mouthed, intimate kissing.
- Inform your present and previous sex partners, and any persons with whom needles may have been shared, of their potential exposure to HTLV-III and encourage them to seek counseling and antibody testing from their physicians or at appropriate health clinics.
- Don't share toothbrushes, razors, or other items that could become contaminated with blood.
- If you use drugs, enroll in a drug treatment program. Needles and other drug equipment must never be shared.
- Don't donate blood, plasma, body organs, other body tissue, or sperm.
- Clean blood or other body fluid spills on household or other surfaces with freshly diluted household bleach — 1 part bleach to 10 parts water. (Don't use bleach on wounds.)
- Inform your doctor, dentist, and eye doctor of your positive HTLV-III status so that proper precautions can be taken to protect you and others.
- Women with a positive antibody test should avoid pregnancy until more is known about the risks of transmitting HTLV-III from mother to infant.

Further information about AIDS may be obtained from your local or State health departments or your physician. The Public Health Service AIDS hotline number is 1-800-342-AIDS.

For further information on drug abuse treatment call 1-800-662-HELP.

For information on AZT, call 1-800-843-9388.

---

# What You Should Know About AIDS

---

Facts about the disease  
How to protect yourself and your family  
What to tell others

---



AMERICA  
RESPONDS  
TO AIDS

---

An Important Message from the U.S. Public Health Service  
Centers for Disease Control

---





---

## An Important Message For All Americans

---

**N**o doubt you have read or heard much recently about AIDS. You may believe AIDS doesn't affect you personally, but it does. AIDS affects us all, directly or indirectly - male or female, married or single, young or old, rich or poor.

All of us need to know the facts about AIDS, and we need to join with our fellow Americans in making a commitment to do all we can to protect ourselves, protect those we love, and stop the spread of the disease.

For some, this means influencing family members or friends to eliminate behavior that puts them at a high risk for getting the disease. For others, it means spending time to explain the disease. For all of us, it means not having unnecessary fears about AIDS.

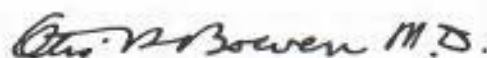
Families, especially, have an important role to play. The family setting is the best place for our young people to learn about AIDS and how to avoid it.

I strongly agree with President Reagan who has stated: "We mustn't allow those with the AIDS virus to suffer discrimination....We must firmly oppose discrimination against those who have AIDS. We must prevent the persecution, through ignorance or malice, of our fellow citizens."

Today, with the leadership of the U.S. Public Health Service under Assistant Secretary Robert E. Windom, M.D., Americans from all walks of life - professionals and volunteers alike - have dedicated themselves to stopping the spread of AIDS and finding a cure.

I urge you to study this leaflet, follow its advice, and share this information with others. It could save your life or the life of someone you love. You may also want to read the report on AIDS by Surgeon General C. Everett Koop, M.D., available free from P.O. Box 23961, Washington, D.C. 20026-3961.

The American response to AIDS has been inspiring. Together, we must continue to do all we can to protect ourselves and those we love.



Otis R. Bowen, M.D.  
Secretary, U.S. Department of  
Health and Human Services

---

## What Is AIDS?

---

**A**IDS stands for *acquired immunodeficiency syndrome*. Very simply, it is a disease caused by a virus that can damage the brain and destroy the body's ability to fight off illness. AIDS by itself doesn't kill. But it allows other infections (such as pneumonia, cancer and other illnesses) to invade the body, and these diseases can kill.

At the present time, there is no known cure for AIDS, and no vaccine that prevents the disease.

Fortunately, the AIDS virus is hard to catch and can be prevented. AIDS is a very serious disease, but you should know these facts:

1

AIDS is not spread by casual contact in schools, at parties, in swimming pools, stores or the workplace

2

You can't catch AIDS by hugging, shaking hands or simply being near a person who is infected with the virus. No person has ever been infected by an insect bite

3

You can't catch AIDS from a toilet seat



*"People are afraid of AIDS, but they don't have to be. We must tell people about the risk of AIDS. We must stop the spread of the disease. The best weapon in the world is information. That's why every American should read this booklet."*

— Jamie Henderson  
AIDS Volunteer  
Los Angeles, CA

# How Do People Get AIDS?

**N**ot everyone is at risk for AIDS. And people who are at risk can protect themselves if they take reasonable precautions. Being safe from AIDS is up to you. It's your responsibility to protect yourself—and those you love. It starts with knowing how people get AIDS.

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| <b>Three main ways the AIDS virus is spread:</b>                                        |
| Having sex with an infected person                                                      |
| Sharing drug needles and syringes with users of heroin, cocaine and other illegal drugs |
| Babies can be born with the virus if the mother has been infected                       |

## What about blood transfusions?

It is true that some people got AIDS from infected blood transfusions. But that's extremely rare. Today, all donated blood is tested for the AIDS virus.

## What about giving blood?

There is no risk from donating blood. New equipment is used for each donor, each time blood is given.



*"One sexual encounter with an infected person can be all it takes to spread the AIDS virus from one person to another. We must know how to protect ourselves and our families."*

— Jolene Connor  
Nurse Counselor  
Harlem, NY



---

## How Can You Tell If You Have The AIDS Virus?

---

**T**he only way to tell if you have the AIDS virus is by having a blood test. The test looks for changes in your blood caused by the presence of the virus. If you test positive, it means that you have been infected.

You can have the virus without having the disease itself, or without even appearing or feeling ill. And you can transmit the virus to others.

Once infected, you will remain infected for life. It could take ten years or longer for the actual disease to develop, or it may never develop.

If you are worried that you may have been infected, find out about the test. Often it is available free or at a low cost.

### Can You Touch Someone Who Has AIDS?

**Y**es, you can touch someone who has AIDS. There is no evidence that the virus is spread through casual contact (including shaking hands, social kissing, coughing, sneezing, sharing swimming pools, bed linen, eating utensils, cups, office equipment, chairs). There is no reason to avoid an infected person in ordinary social contact.

#### **What about doctors, nurses, dentists and other health care workers?**

Routine safety measures, such as wearing gloves, protect both patients and health care professionals. Special precautions are taken when handling blood from infected patients, or when giving injections.



*"One of the misconceptions about AIDS is that it only affects gay men. That's not true. AIDS affects everyone—men, women and children."*

— Suki Ports  
Minority AIDS Project  
New York, NY



*"Each of us must realize that we have the responsibility for keeping AIDS out of our lives. We must learn about AIDS. We must share what we know with our families."*

— Eric Engstrom  
AIDS Project Director  
Minneapolis, MN



*"My son died of AIDS. He was 21 years old. We must be totally open, honest and sincere in discussing AIDS with our children. It could save their lives."*

— Elena Treto  
Atlanta, GA

---

## Will You Get AIDS From Kissing?

---

**K**issing a person on the cheek doesn't put you at risk. No cases have been reported where the virus was transmitted by kissing on the mouth. However, small amounts of the virus are sometimes found in saliva. To be safe, experts advise against deep, prolonged "French" kissing with someone who may be infected with the AIDS virus.

---

## Teenagers Should Avoid Drugs And Sex

---

**T**eenagers should be encouraged to say "no" to sex and illegal drugs. Avoiding both drugs and sex is the best, safest way to eliminate risk. Make it a family priority to know about AIDS and share the information in this leaflet with family members and friends.

---

— AMERICA RESPONDS TO AIDS —

---

# How To Protect Yourself And Your Family

---

**T**he safest way to avoid being infected by the AIDS virus is to avoid promiscuous sex and illegal drugs. Couples who are not infected, do not use drugs, and have mutually faithful, single-partner sexual relationships are protected from AIDS.

You can get AIDS from one sexual experience. And your risk of becoming infected increases dramatically if you have more than one sexual partner. If you or your partner have more than one sexual partner, you should reduce your risk by using condoms.



*"AIDS is a fatal disease, but everyone needs to understand that it can be prevented. If we know how to protect ourselves and our children, we can stop this disease in its tracks."*

— Dr. Samuel Perry  
A researcher working on  
identifying the symptoms  
of AIDS

---

## Can You Tell If People Have AIDS?

---

**M**ost people who are infected look and feel fine. They don't suspect they are carrying the virus. They don't realize they are spreading it to others. You can be infected by having sex with anyone who has the virus, even though they don't show the symptoms of the disease.

If you and your sexual partner are concerned, you should use a condom and talk to your doctor about the AIDS antibody test.



## 1. Know the facts about AIDS

## 2. Know how to protect yourself and your family

## 3. Tell others

**If you are a parent:**

Learn the facts about AIDS. Talk to your children. Encourage them to share your family's moral and religious values. Make certain they know how to avoid AIDS. Protect yourself and your partner by maintaining a mutually faithful, single-partner relationship.

**If you are a grand-  
parent:**

Learn the facts about AIDS. Talk openly to your children and grandchildren about your concern for their safety and well-being. Tell them how to avoid getting infected with the AIDS virus.

**If you are a young  
person:**

Discuss and understand and live by your family's values. Say "no" to drugs. And say "no" to sex until you are ready to enter into a mutually faithful, single-partner relationship with an uninfected person.

**If you are sexually  
active:**

Enter into a mutually faithful, single-partner relationship with an uninfected person, or at least be sure to reduce your risk by using condoms.

**If you think you  
may be infected  
with the AIDS  
virus:**

Talk to your doctor or local health clinic about having the AIDS antibody test. Don't put other people at risk by having sex with them or by sharing drug needles or syringes.

**For more information, call the AIDS Information line,  
24 hours a day, 7 days a week: 1-800-342-AIDS**



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
THE SECRETARY  
WASHINGTON, D.C. 20410

September 9, 1988

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

Dear Dr. Macdonald:

We have reviewed the AIDS Commission recommendations you sent us on August 4 and have indicated any changes or corrections on the forms you provided.

Please let me know if you have questions or want additional information.

Very sincerely yours,

Samuel R. Pierce, Jr.

Enclosure

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

Recommendation # 8-52 Department/Agency HUD

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:

This recommendation should be classified as completed/on-going, as indicated in our original submission.



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

Recommendation # 10-9 Department/Agency HUD

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:

This recommendation is being implemented. In Fiscal Year 1987-88, \$149 million dollars in new funds for supportive housing was provided, and in FY 1989, another \$80 million has been appropriated.

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

**Recommendation #** 8-53 **Department/Agency** HUD

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

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

Please elaborate on the status below:

Increased funding for the HUD McKinney Act programs of Emergency Shelter Grants, Transitional Housing and SRO Moderate Rehabilitation has been included in the HUD FY 1990 Budget submitted to OMB on September 1, 1988.

## COMMENTS ON HIV REPORT RECOMMENDATIONS

8-58 The use of HUD funds to help finance construction and improvement of nursing homes and related facilities should be encouraged to make additional long-term care and hospice care beds available.

### Proposed Federal Position

#### Federal Responsibility

#### Non-Federal Responsibility

\_\_\_\_ A = Completed/Ongoing  
\_\_\_\_ B = Planned  
X C = Under Consideration  
\_\_\_\_ D = Disagree  
\_\_\_\_ E = Other

\_\_\_\_ F = Agree  
\_\_\_\_ G = Disagree  
\_\_\_\_ H = Neutral  
\_\_\_\_ I = Other

### Organizations Providing Comments

Federal : HUD  
Non-Federal:

### Comments

Refer to HUD comments in recommendation 8-57.

Staff position: Assuming that "HUD funds" could mean HUD insuring projects that others ~~finance~~, than, more so than 8-57, this may be an issue that needs further consideration.

*finance*





OFFICE OF  
THE DIRECTOR

# ACTION

WASHINGTON, D.C. 20525

7560  
SEP 13 1988

September 12, 1988

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

Dear Mac:

After reviewing your August 4 letter requesting changes or corrections to our July 6 response to the report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic, I have made comments on the three specific recommendations pertaining to ACTION.

There were no changes in recommendations 8-62 and 8-64. On 8-32, I made a simple grammatical addition to the text of the comments.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Donna M. Alvarado

SEP 14 1988

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

Recommendation # 8-64 Department/Agency ACTION

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 type="checkbox"/> Other                |

Please elaborate on the status below: Agree with former comments.



## COMMENTS ON HIV REPORT RECOMMENDATIONS

2-64 Agencies funding foster care should give foster parents of children with HIV infection special incentives such as access to day care and respite care and an increased foster care stipend. Day care centers, with specially trained personnel, should be established to make foster care possible for a larger number of parents. Grandmothers and other relatives of children with HIV infection should be made eligible for foster care stipends.

### 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 checked="" type="checkbox"/> H = Neutral |
| <input type="checkbox"/> D = Disagree            | <input type="checkbox"/> I = Other              |
| <input type="checkbox"/> E = Other               |                                                 |

### Organizations Providing Comments

**Federal** : HHS (HDS), ACTION

**Non-Federal:**

#### Comments

States are in the best position to determine the mix of services to be provided to their populations. The title XX Social Services Block Grant Programs is a major source of Federal funds to States for social services. Formula grants are made directly to the States and eligible jurisdictions and, within specific limitations in the law, each State has the flexibility to determine what services will be provided, who is eligible to receive services and how funds are distributed among the various services offered within the State. Health-related services, child day care, respite services, transportation, and foster care are among the services that may be provided.

To the extent that States increase foster care maintenance payments for children with HIV infection to those who qualify under Title IV-E, Federal matching requirements may increase. In FY88, a total of \$2.7 billion was appropriated for the States and jurisdictions under Title XX.

ACTION's Foster Grandparent Program offers low-income men and women, age 60 or over, the opportunity to provide companionship and guidance to physically, emotionally, and mentally handicapped children and to children who are abused, neglected, in the juvenile justice system, or have other special needs. The volunteers have been very helpful in working with some HIV-infected babies in the hospital beyond a period of medical necessity.



| Recommendation # | 8-62 | Department/Agency | ACTION |
|------------------|------|-------------------|--------|
|------------------|------|-------------------|--------|

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

Please elaborate on the status below: Agree with former comments.

## COMMENTS ON HIV REPORT RECOMMENDATIONS

8-62 All social service agencies working with HIV-infected children should encourage kinship foster care, which has been a frequent solution in minority families especially. In particular, the grandmothers of children with HIV infection have come forward to care for them and should receive appropriate support services to enable them to provide homes for these children. Through local community and church groups, agencies should develop outreach programs for the grandmothers and other relatives of children with HIV infection.

### Proposed Federal Position

| Federal Responsibility                           | Non-Federal Responsibility                    |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> A = Completed/Ongoing   | <input checked="" 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 : HDS, ACTION  
Non-Federal:

### Comments

There has been a continuing shortage of families willing to foster children. Most states and localities encourage relatives to foster children. This is consistent with the legislative history of PL 96-272 and with its provisions encouraging that children be placed in the least restrictive environment (in a family type home), and in close geographic proximity to the parents (if any) so that parental visitation is facilitated. Relatives may also be considered for AFDC payments, if they don't qualify under Title IV-E. The nature and extent of support services offered to foster parents, including relatives, to enable them to provide homes for children is determined by state and local agencies and may take the special needs of the child into account. Out reach efforts to meet the foster care needs of all of the cases coming to public attention are encouraged and singling out children with HIV infection, or relaxing the requirements for foster parents of HIV-infected children are not thought to be appropriate.

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

Recommendation # 8-32 Department/Agency ACTION

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 type="checkbox"/> Other                |

Please elaborate on the status below: Agree with former comments except for the addition of a word in the first sentence, as noted.



## COMMENTS ON HIV REPORT RECOMMENDATIONS

8-32 Innovative community-based prevention programs should be implemented, such as culturally significant and current modes of communication, like "Rap" contests on preventing drug abuse and HIV, and peer youth training aimed at preventing initiation into the drug culture.

### Proposed Federal Position

#### Federal Responsibility

X 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 (ADAMHA), ACTION  
Non-Federal:

### Comments

Both ACTION and HHS <sup>have</sup> ongoing drug prevention efforts that incorporate the spirit of this recommendation. In addition, the HHS Office of Minority Health has efforts underway with community-based organizations to develop culturally sensitive materials regarding drug abuse and HIV prevention.

SEP 08 1988

THE EXECUTIVE DIRECTOR



U.S. MERIT SYSTEMS PROTECTION BOARD  
1120 Vermont Avenue, N.W.  
Washington, D.C. 20419  
September 6, 1988

Dear Dr. Macdonald:

The following information concerning the U.S. Merit Systems Protection Board's (Board) policy on AIDS is provided in response to the President's Memorandum for Heads of Departments and Agencies, dated August 5, 1988.

The Board issued Order 1485.1, "Acquired Immune Deficiency Syndrome (AIDS) in the Workplace," on May 25, 1988, which implemented Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988. This Order establishes the Board's policy on AIDS in the workplace and provides general guidelines for establishing an AIDS information and education program and for dealing with personnel management issues and considerations. We have enclosed a copy of this policy for your information.

On July 5, 1988, the Board, through its Employee Assistance Program (EAP) contract with the Institute of Human Resources, presented a one-hour workshop entitled "AIDS - Basic Issues." This workshop which focused on the medical aspects of AIDS was shown to all headquarters employees and was taped for viewing by employees in each of the Board's 11 regional offices.

On September 14, 1988, the Board will present to all headquarters employees a three-hour program sponsored by the American Red Cross entitled "AIDS in the Workplace." This program is intended to alleviate fear among coworkers that AIDS can be transmitted through normal workplace contacts. The Board's regional offices have been encouraged to provide this same training for regional office staff by contracting with the local chapter of the Red Cross.

Additionally, the Board has distributed to all employees U.S. Public Health Service and Surgeon General pamphlets on AIDS.

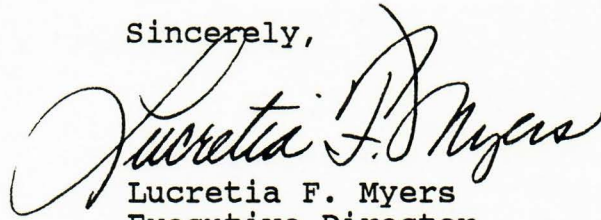




Dr. Donald Ian Macdonald  
Page 2

The Board is committed to implementing our AIDS policy. We will continue to provide information and training to all our employees on the prevention and understanding of this disease. We will be pleased to provide your office with status reports as needed.

Sincerely,



Lucretia F. Myers  
Executive Director

Enclosure

Dr. Donald Ian Macdonald  
Deputy Assistant to the President  
for Drug Abuse Policy  
The White House  
Washington, DC 20500



**erit  
Systems  
Protection  
Board**

**ORDER  
TRANSMITTAL**

**No: 1485.1**

**Date: May 25, 1988**

---

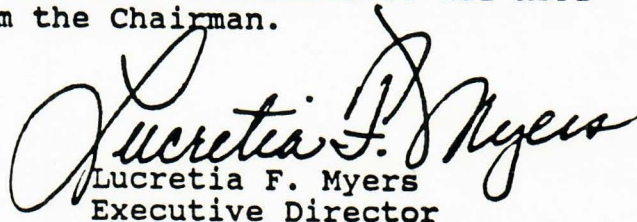
**PERSONNEL MANAGEMENT - EMPLOYEE HEALTH AND COUNSELING (1485)**

---

**Material Transmitted:** This transmits MSPB Order 1485.1, "Acquired Immune Deficiency Syndrome (AIDS) in the Workplace," which implements Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988.

**Material Superseded:** None.

**Filing Instructions:** Circulate copies of this order among office staff and file a copy with the office collection of MSPB issuances for reference purposes. This order has been announced to all MSPB employees by an MSPB notice from the Chairman.

  
Lucretia F. Myers  
Executive Director

---

**Distribution:** All Offices

ORDER

No: 1485.1

Date: May 25, 1988

---

PERSONNEL MANAGEMENT - EMPLOYEE HEALTH AND COUNSELING (1485)

---

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE

1. PURPOSE. This Order implements Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988.

2. DEFINITIONS. Acquired Immunodeficiency Syndrome (AIDS) is caused by a virus known as Human Immunodeficiency Virus (HIV) which infects white blood cells and inhibits the body's natural ability to resist disease. HIV infection results in a wide range of conditions. The lowest level is asymptomatic HIV infection where there are no identifiable symptoms. The intermediate level of infection is AIDS Related Complex (ARC) characterized by the emergence of clinical symptoms. ARC symptoms include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, lack of resistance to infection, or swollen lymph nodes. It is unclear at this time whether all asymptomatic HIV-infected individuals and those diagnosed with ARC will eventually develop AIDS. At the final stage of HIV infection, AIDS, the immune system deteriorates to the point where the individual develops certain opportunistic infections or cancers. A diagnosis of AIDS is made only when specific opportunistic infections are present in an HIV-infected individual. This final stage of infection is presently incurable and inevitably fatal.

While personnel management issues will probably arise most frequently with respect to employees with a clinical diagnosis of AIDS or ARC, the Board's policy applies to all HIV-infected employees.

3. POLICY. Current medical information indicates that AIDS is an infectious disease that is transmitted by either intimate sexual contact or by exposure to contaminated blood through infection or infusion. There is no medical evidence that the AIDS virus is transmitted through casual contact such as that which occurs in ordinary social or occupational settings and conditions.



## ORDER

No: 1485.1

Therefore, subject to information changes from recognized medical authorities and directives, the Board establishes the following policy concerning HIV-infected employees.

a. HIV-infected employees will be allowed to work 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;

b. HIV-infected employees who can no longer perform safely and effectively will be treated in the same manner as employees who suffer from other serious illnesses;

c. Employees under normal conditions will not have a basis upon which to withhold their services or to refuse to work with an HIV-infected person.

4. GUIDELINES. The following guidelines implement the Board's policy. They are designed to educate Board employees about AIDS and to assist managers in the proper handling of personnel situations where AIDS is a factor.

a. Education. The Board recognizes the need for employees to be accurately informed about AIDS. Education increases awareness and understanding of AIDS and should allay unfounded fears about the nature and transmission of the disease. Current information on AIDS will be available to all employees. Such information will include educational pamphlets, films, expert speakers, and health resource information. In addition to educating all employees about AIDS and its medical aspects, the Board will provide Board managers with training in the personnel issues that they need to know in dealing with HIV-infected employees and their coworkers. The Employee Assistance Program (EAP) counselors and the Board's health unit staff are prepared to assist employees seeking information and counseling on AIDS.

b. The Need for Medical Information. At some point, a concern may arise whether an HIV-infected employee can perform the duties of his or her position in a safe and reliable manner. Under 5 C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the HIV-infected employee fails to produce sufficient documentation to permit agency management to make an informed decision about the extent of the employee's capabilities, the agency may offer and, in some



## ORDER

No: 1485.1

instances, compel the employee to undergo a medical examination by an agency-designated physician. Accurate and timely medical information will allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance, including whether the employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794).

c. Confidentiality and Privacy. Any medical documentation submitted to the agency for the purpose of making employability decisions and made a part of the file pertaining to that decision becomes a "record" covered by the Privacy Act. Therefore, officials who have access to the record in order to make or implement managerial decisions involving an HIV-infected employee must maintain the confidentiality of that information. Any official who improperly discloses protected information will be subject to disciplinary action.

d. Leave Administration. An HIV-infected employee may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the effects of his or her medical condition. Available medical documentation will be reviewed and the determination to grant or deny leave should be made in the same manner as it would for other employees with serious medical conditions.

e. Reasonable Accommodation. The Board recognizes that the medical condition of an HIV-infected employee may be sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794). With respect to reasonable accommodation, the Board will treat an HIV-infected employee in the same manner as any other employee whose medical condition affects his/her ability to perform in a safe and reliable manner. The Board will observe established policies governing qualification requirements, internal placement, and other staffing requirements.

f. Employee Conduct. Management should attempt to solve any problems with an employee who expresses reluctance or threatens refusal to work with an HIV-infected person through information, education, and counseling. However, where these measures do not suffice, and management determines that the employee's conduct is impeding or disrupting the organization's work, management may consider appropriate corrective action, including disciplinary action, against the threatening or disruptive employee. Management should follow the same approach where the



## ORDER

No: 1485.1

HIV-infected employee is having performance or conduct problems. Managers should consult with the Director of Personnel at 653-7120 prior to taking any formal action.

g. Employee Assistance Program. Employees with personal concerns about AIDS are encouraged to contact the Board's EAP. The EAP is a valuable resource for information to help employees understand the ramifications of AIDS in the workplace. The EAP personnel will be able to assist with referrals to other community resources. HIV-infected employees may contact EAP to discuss their concerns or to seek referral to professionally trained counselors.

h. Insurance. An HIV-infected employee can continue insurance coverage under the Federal Employees' Health Benefits (FEHB) and/or the Federal Employees' Group Life Insurance (FGLI). Continued participation in either or both of these programs cannot be jeopardized solely because of his/her medical condition. Under FGLI, death benefits are payable and are not subject to cancellation due to health status. Any employee who is on a leave-without-pay status for 12 continuous months will face statutory loss of FEHB and FGLI coverage, but he/she does have the right to convert to a private policy without demonstrating proof of insurability.

i. Disability Retirement. An HIV-infected employee may be eligible for disability retirement if his/her medical condition warrants and if he/she has the requisite years of Federal service to qualify. OPM will consider applications for disability retirement from HIV-infected employees in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any application where the employee's illness is in an advanced stage and is life threatening.

j. Blood Donations. The Board joins OPM and the American Red Cross in encouraging employees to consider donating blood. Under standards established by the American Red Cross, there is no risk of contracting AIDS from giving blood. However, fears associated with AIDS have contributed to a situation where many of the Nation's blood banks are in short supply. This situation threatens the health status of the American public. The Board, therefore, urges employees to continue donating blood as they so generously have done in the past. Further information that would be helpful in making this personal decision is available through local Red Cross chapters or by contacting the Red Cross National Headquarters, AIDS Public Education Program [by writing to 1730 D Street, NW., Washington, D.C. 20006 or by calling (202) 639-3223].



# National Archives



SEP 9 1988

7563  
SEP 13 1988

Washington, DC 20408

Dr. Donald Ian Macdonald  
Deputy Assistant to the President  
for Drug Abuse Policy  
The White House  
1600 Pennsylvania Ave., NW.  
Washington, DC 20500

Dear Dr. Macdonald:

As requested by the President in his August 5, 1988, memorandum, this provides information about the National Archives and Records Administration's (NARA) implementation of a policy based on the Office of Personnel Management's (OPM) "Guidelines for AIDS Information and Education and for Personnel Management."

NARA issued a policy on AIDS in the workplace on August 5, 1988. A copy of the policy is enclosed for your information.

Sincerely,

JAMES C. MEGRONIGLE  
Assistant Archivist for  
Management and Administration

Enclosure





Date : August 5, 1988

Reply to

Attn of : NARA88-215

NOTICE

Subject : Acquired Immune Deficiency Syndrome (AIDS) in the Workplace

To : Office Heads, Staff Directors, NP

Acquired Immune Deficiency Syndrome (AIDS) continues to be a matter of increasing concern in the workplace as well as in society in general. NARA supervisors may be required to deal with personnel situations involving AIDS as part of their supervisory responsibilities. The attached policy guidance is being issued to assist you in dealing with these potential problems. This guidance closely parallels the Government-wide policy recently issued by the Office of Personnel Management (OPM).

Please make this information available to your managers and supervisors. Additional guidance and assistance is available from the employee relations staff in NAPL and NAPO.

JAMES C. MEGRIGNOLE  
Assistant Archivist for  
Management and Administration

Attachment

## Introduction

This guidance is designed to assist you in fairly and effectively handling AIDS-related personnel situations in the workplace. The term AIDS is used here to refer either to the general AIDS phenomenon or to clinically diagnosed AIDS as a medical condition. HIV (human immunodeficiency virus) refers to the range of medical conditions which HIV-infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).

## General Policy

The Public Health Service's Centers for Disease Control (CDC) guidelines on dealing with AIDS in the workplace state

"the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of [AIDS]."

HIV-infected employees should be allowed to continue working as long as they are able to perform acceptably and do not pose a safety or health threat to themselves or others. If performance or safety problems arise, they should be addressed by applying existing Federal and NARA personnel policies and practices.

HIV infection can result in medical conditions which impair the employee's health and ability to perform safely and effectively. In these cases, you should treat HIV-infected employees in the same manner as employees who suffer from other serious illnesses. This means, for example, that employees may be granted sick leave or leave without pay (LWOP) when they are incapable of performing their duties or when they have medical appointments. An employee's AIDS-related condition should be accommodated in the same manner as other medical conditions which warrant such consideration.

There is no medical basis for employees to refuse to work with fellow employees or agency clients who are HIV-infected. Nevertheless, the concerns of these employees should be taken seriously and should be addressed with appropriate information and counseling.

## Employee Assistance Programs

For employees who have personal concerns about AIDS, the Employee Assistance Program (EAP) is an excellent source of information and counseling, and can provide referrals for testing, treatment, and other services. EAP's can also provide counseling to employees who have apprehensions about the communicability of the disease and related concerns. EAP's are in a unique position to offer information and assistance to managers and employees and can often provide training on AIDS in



the workplace. As with other services provided by the EAP, strict adherence to privacy and confidentiality requirements are observed when advising employees with AIDS-related concerns.

### Personnel Management Issues and Considerations

When AIDS becomes a matter of concern in the workplace, a variety of personnel issues may arise. Basically, these issues should be addressed within the framework of existing law, regulation, and policy. Following is a brief discussion of AIDS-related issues along with some basic guidance on how to approach and resolve such issues. Supervisors are cautioned that, as with any complex personnel management matter, resolution of a specific problem must be assessed against current information about AIDS, current law and regulation, and NARA's policies and needs.

### Employees' Ability to Work

An HIV-infected employee may develop a variety of medical conditions. These conditions range from immunological and/or neurological impairment in early stages of HIV infection to clinically diagnosed AIDS. At some point, managers may become concerned about whether such an employee can perform the duties of the position in a safe and reliable manner. This concern typically arises at a point when the HIV-infected employee suffers health problems which affect his or her ability to report for duty or perform.

Under OPM's regulations (5 CFR Part 339), the employee has primary responsibility for producing medical documentation about the extent to which a medical condition affects availability for duty or job performance. However, when the employee does not produce sufficient documentation to allow management to make an informed decision about the extent of the employee's capabilities, NARA may require additional information, and in some cases order the employee to undergo medical examination. Accurate and timely medical information will allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. 794).

### Privacy and Confidentiality

Because of the nature of the disease, HIV-infected employees will have understandable concerns over confidentiality and privacy. Any medical documentation submitted for the purpose of an employment decision and made part of the file on that decision becomes a "record" covered by the Privacy Act. The Privacy Act generally forbids disclosing a record without the



consent of the subject of the record. However, these records are available to agency officials who need the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information.

#### Leave Administration

HIV-infected employees may request sick or annual leave or leave without pay to obtain medical care and recuperate. In these situations, leave should be granted in the same manner as it is for other employees with medical conditions (see ch. 630, Leave and Absence).

#### Changes in Work Assignment

Changes in work assignments such as job restructuring, detail, reassignment, or flexible scheduling for HIV-infected employees may be considered in the same manner as they would for other employees whose medical conditions affect the employee's ability to perform in a safe and reliable manner. In considering changes in work assignments, you must consider established policies on qualification requirements, internal placement, and other staffing requirements.

#### Employee Conduct

There may be situations where fellow employees express reluctance or refuse to work with HIV-infected employees. Such reluctance is often based on misinformation or lack of information about the transmission of HIV. There is no known risk of transmission of HIV through normal workplace contacts, according to leading medical research. Nevertheless, the presence of such fears, if not addressed in an appropriate and timely manner, can be disruptive to an organization. Usually a manager will be able to deal effectively with such situations through information, counseling, and other means. However, in situations where such measures do not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV-infected employee is impeding or disrupting the organization's work, it should consider appropriate corrective or disciplinary action against the threatening or disruptive employee.

In other situations, management may be faced with an HIV-infected employee who is having performance or conduct problems. Management should deal with these problems through appropriate counseling, remedial action, and, if necessary, disciplinary measures. In pursuing appropriate action in these situations, management should be aware that anxiety over the illness may contribute to work behavior. The requirements of existing Federal and personnel policies, including any obligations to consider reasonable accommodation of the HIV-infected employee must also be considered.



## Insurance

HIV-infected employees may continue under the Federal Employees Health Benefits (FEHB) Program and the Federal Employee's Group Life Insurance (FEGLI) Program in the same manner as other employees. Their continued participation is not jeopardized solely because of their medical condition. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or a pre-existing condition. Similarly, the death benefits payable under FEGLI are not cancelable solely because of the individual's current health status. However, any employee who is in a leave without pay (LWOP) status for 12 continuous months loses FEHB and FEGLI coverage but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who are seeking to cancel previous declinations or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. An employee exhibiting symptoms of any serious and life-threatening illness would be denied the request for additional coverage.

## Disability Retirement

HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the required years of Federal service to qualify. OPM considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite applications where the employee's illness is in an advanced stage and is life threatening.

Memorandum for HHS (DOL, DOT, ~~HUD~~, DOD, OPM, DOJ, ~~OMB~~, ~~DOS~~) <sup>stat</sup> <sup>state</sup>

From Dr. MacDonald

Subject: Completion of Update of Recommendations of the Presidential Commission

Update and clarifying information is needed on the individual recommendations to the Report of the Presidential Commission on the HIV Epidemic listed on the attached document. The information needs to be specific and should relate to current or planned activities directed to the response of HHS (DOL, DOT, HUD, DOD, OPM, DOJ, OMB, DOS) to that Commission recommendation. Also, please have all operating divisions that are effected respond.

*DIM* Please send your comments to Steven Grossman, Deputy Assistant Secretary for Health for Health Planning and Evaluation, HHS, by Friday, September 16. He is at room 703H, Hubert Humphrey Building, 200 Independence Ave. SW, Washington, D.C. 20201.

If you have any questions, please have your staff contact Mr. Grossman at 245-1824. Thank you for your continued cooperation.

*SUE DAOUAS at 456-2761  
of my staff*

*Sue,  
to these are Pres. One  
for OPM? Sure we should  
your write and?*



RECOMMENDATIONS PENDING HHS RESPONSE  
13 SEPTEMBER, 1988

- 1-6 CDC response received; HHS response needed--any plans to change job or program titles to reflect HIV infection as the target of concern?
- 3-1 Need response from HHS.
- 3-6 Need more information from NIMH. They ask for \$ and FTEs.
- 3-27 HRSA suggests the NHSC be used to repay undergraduate loans. Is this correct?
- 3-39 Need update from CDC.
- 3-47 Need update from CDC.
- 4-7 to 4-11, 4-16 Need response from ASMB.
- 4-85 HHS should reevaluate based on FDA response to the Vice President.
- 4-95 HHS should clarify. Are there legal and/or other problems limiting enrollment of boarder babies in pediatric clinical trails? If not an HHS responsibility, whose?
- 5-5 CDC should provide "clear and comprehensive mission statement for the Office of the Deputy Director for AIDS".
- 5-10 What is status of PHS proposal providing extra compensation for certain scientific positions?
- 6-32 Need FDA response to ABC/CCBC call for national standards.
- 7-7 Need CDC response on plans to evaluate paid local advertisement.
- 8-1 Need response from ADAMHA.
- 8-6 Need response from ADAMHA.
- 8-7 Need response from ADAMHA.
- 8-10 Need specific response from ASPE.
- 8-14 Need response from ADAMHA.
- 8-15 Need response from HHS (Department-not OPDIV).
- 8-17 Need response on ADAMHA activities.
- 8-25 Need agree/disagree decision from ADAMHA. OSHA reference is unclear.
- 8-30 Need update from ADAMHA.
- 8-33 Need update from ADAMHA with more specificity.
- 8-40 Need update from ADAMHA with more specificity.
- 8-56 Need update from ADAMHA.
- 8-83 Need response from HHS.
- 9-6 Need response from OCR.
- 9-7 Need response from OCR.
- 10-11 Need more specific response from HRSA.
- 10-17 Need response from ASPE.
- 11-23 HHS: who should take the lead on modeling--CDC, A.I.D., or other organization?
- 11-34 Does the Department plan to address this recommendation?
- 11-39 Need HHS response.
- 11-40 Does HHS have any plans for postdoctoral training fellowships?

RECOMMENDATIONS PENDING OMB RESPONSE  
88/09/12

REC #

01-012  
04-007  
04-008  
04-014  
04-017  
04-019  
04-021  
04-024  
04-025  
04-026  
04-027  
04-033  
04-038  
04-065  
04-066  
04-067  
05-001  
05-009  
05-010  
05-011  
11-037  
11-038



Recommendations Pending DOL Response  
13 September 1988

Recommendation #

3-40

3-43

5-19

9-6

10-14

10-17

Recommendations Pending DOJ Response  
13 September 1988

Recommendation #

9-5  
9-49  
9-63  
9-68  
9-72



*Statz*  
Recommendations Pending ~~and~~ Response  
13 September 1988

## Recommendation #

11-21

11-24

11-45

Recommendations Pending DOT Response  
13 September 1988

Recommendation #

3-53

3-54



Recommendation Pending DOD Response  
13 September 1988

Recommendation #  
8-37

Recommendation Pending HUD Response  
13 September 1988

Recommendation #  
8-35



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

**Status of Recommendations  
August 4, 1988**

**Federal Responsibility**

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

**Non-Federal Responsibility**

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

|     |       |
|-----|-------|
| 597 | TOTAL |
|-----|-------|

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

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

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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| A             | 04-082       |
|               | 04-093       |
|               | 04-096       |
|               | 04-097       |
|               | 04-099       |
|               | 04-100       |
|               | 04-101       |
|               | 04-105       |
|               | 04-108       |
|               | 04-110       |
|               | 04-113       |
|               | 05-004       |
|               | 05-006       |
|               | 05-007       |
|               | 05-017       |
|               | 06-003       |
|               | 06-025       |
|               | 06-028       |
|               | 06-039       |
|               | 07-008       |
|               | 07-009       |
|               | 07-011       |
|               | 07-012       |
|               | 07-016       |
|               | 07-017       |
|               | 07-019       |
|               | 07-020       |
|               | 07-023       |
|               | 07-024       |
|               | 07-027       |
|               | 07-028       |
|               | 07-029       |
|               | 07-034       |
|               | 07-035       |
|               | 08-002       |
|               | 08-007       |
|               | 08-020       |
|               | 08-022       |
|               | 08-027       |
|               | 08-030       |
|               | 08-032       |
|               | 08-033       |
|               | 08-035       |
|               | 08-037       |
|               | 08-056       |
|               | 08-065       |
|               | 08-067       |
|               | 08-069       |
|               | 08-071       |
|               | 08-072       |
|               | 08-077       |



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

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

Count: 126

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

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

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

Count: 32

|   |        |
|---|--------|
| C | 01-001 |
|   | 01-006 |
|   | 02-008 |
|   | 02-015 |
|   | 03-005 |
|   | 03-008 |
|   | 03-023 |
|   | 03-029 |
|   | 03-040 |
|   | 03-043 |
|   | 04-004 |
|   | 04-005 |
|   | 04-006 |
|   | 04-007 |
|   | 04-008 |
|   | 04-009 |
|   | 04-010 |
|   | 04-013 |
|   | 04-014 |
|   | 04-017 |
|   | 04-018 |
|   | 04-019 |
|   | 04-020 |
|   | 04-022 |
|   | 04-024 |
|   | 04-025 |
|   | 04-026 |
|   | 04-027 |
|   | 04-028 |
|   | 04-030 |
|   | 04-032 |
|   | 04-033 |
|   | 04-037 |
|   | 04-038 |
|   | 04-044 |
|   | 04-054 |
|   | 04-056 |
|   | 04-057 |
|   | 04-059 |
|   | 04-060 |

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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| C             | 04-063       |
|               | 04-065       |
|               | 04-067       |
|               | 04-070       |
|               | 04-072       |
|               | 04-075       |
|               | 04-076       |
|               | 04-077       |
|               | 04-078       |
|               | 04-079       |
|               | 04-080       |
|               | 04-084       |
|               | 04-086       |
|               | 04-088       |
|               | 04-089       |
|               | 04-090       |
|               | 04-091       |
|               | 04-092       |
|               | 04-094       |
|               | 04-095       |
|               | 04-102       |
|               | 04-106       |
|               | 05-001       |
|               | 05-002       |
|               | 05-003       |
|               | 05-009       |
|               | 05-010       |
|               | 05-011       |
|               | 06-008       |
|               | 06-023       |
|               | 06-024       |
|               | 06-030       |
|               | 06-033       |
|               | 06-034       |
|               | 06-035       |
|               | 06-036       |
|               | 06-043       |
|               | 07-014       |
|               | 07-015       |
|               | 07-038       |
|               | 08-004       |
|               | 08-006       |
|               | 08-014       |
|               | 08-023       |
|               | 08-025       |
|               | 08-052       |
|               | 08-053       |
|               | 08-058       |
|               | 09-001       |
|               | 09-002       |
|               | 09-003       |



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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| C             | 09-005       |
|               | 09-006       |
|               | 09-007       |
|               | 09-036       |
|               | 09-058       |
|               | 09-063       |
|               | 10-011       |
|               | 10-013       |
|               | 10-014       |
|               | 10-016       |
|               | 11-030       |
|               | 11-036       |
|               | 11-037       |
|               | 11-038       |
|               | 11-039       |
|               | 11-040       |
|               | 11-044       |

Count: 108

|   |        |
|---|--------|
| D | 02-005 |
|   | 02-009 |
|   | 03-010 |
|   | 03-021 |
|   | 03-022 |
|   | 03-024 |
|   | 03-027 |
|   | 03-032 |
|   | 04-012 |
|   | 04-015 |
|   | 04-034 |
|   | 04-045 |
|   | 04-046 |
|   | 04-047 |
|   | 04-058 |
|   | 04-083 |
|   | 04-085 |
|   | 05-008 |
|   | 05-012 |
|   | 06-027 |
|   | 07-004 |
|   | 07-007 |
|   | 08-003 |
|   | 08-057 |
|   | 08-059 |
|   | 08-068 |
|   | 08-070 |
|   | 09-028 |
|   | 09-053 |
|   | 10-006 |
|   | 10-008 |

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

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

Count: 36

|   |        |
|---|--------|
| E | 03-009 |
|   | 03-011 |
|   | 03-012 |
|   | 03-013 |
|   | 03-015 |
|   | 03-016 |
|   | 03-017 |
|   | 03-018 |
|   | 03-019 |
|   | 03-020 |
|   | 03-038 |
|   | 04-002 |
|   | 04-031 |
|   | 04-055 |
|   | 04-061 |
|   | 04-068 |
|   | 04-071 |
|   | 04-073 |
|   | 04-081 |
|   | 04-087 |
|   | 04-098 |
|   | 04-107 |
|   | 04-111 |
|   | 04-112 |
|   | 04-114 |
|   | 04-117 |
|   | 04-120 |
|   | 04-121 |
|   | 05-018 |
|   | 05-019 |
|   | 06-031 |
|   | 06-032 |
|   | 08-001 |
|   | 08-015 |
|   | 08-019 |
|   | 08-024 |
|   | 08-055 |
|   | 08-066 |
|   | 08-083 |
|   | 08-090 |
|   | 09-004 |
|   | 09-008 |
|   | 09-052 |

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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| E             | 09-055       |
|               | 10-009       |
|               | 10-010       |
|               | 10-012       |
|               | 10-015       |
|               | 10-017       |
|               | 10-020       |
|               | 10-022       |
|               | 11-002       |
|               | 11-018       |
|               | 11-021       |
|               | 11-024       |
|               | 11-034       |
|               | 11-041       |
|               | 11-042       |
|               | 11-045       |
|               | 11-047       |
|               | 12-001       |
|               | 12-002       |

Count: 62

|   |        |
|---|--------|
| F | 01-015 |
|   | 02-001 |
|   | 02-002 |
|   | 02-003 |
|   | 02-006 |
|   | 02-007 |
|   | 02-010 |
|   | 03-002 |
|   | 03-004 |
|   | 03-007 |
|   | 03-014 |
|   | 03-030 |
|   | 03-031 |
|   | 03-036 |
|   | 03-042 |
|   | 03-044 |
|   | 03-045 |
|   | 03-048 |
|   | 03-049 |
|   | 03-054 |
|   | 03-055 |
|   | 04-040 |
|   | 04-041 |
|   | 04-062 |
|   | 05-013 |
|   | 05-014 |
|   | 05-015 |
|   | 05-016 |
|   | 05-020 |



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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| F             | 06-001       |
|               | 06-004       |
|               | 06-005       |
|               | 06-006       |
|               | 06-007       |
|               | 06-009       |
|               | 06-012       |
|               | 06-013       |
|               | 06-015       |
|               | 06-016       |
|               | 06-017       |
|               | 06-018       |
|               | 06-019       |
|               | 06-020       |
|               | 06-022       |
|               | 06-037       |
|               | 06-038       |
|               | 06-040       |
|               | 06-041       |
|               | 06-042       |
|               | 06-044       |
|               | 07-001       |
|               | 07-002       |
|               | 07-003       |
|               | 07-005       |
|               | 07-006       |
|               | 07-021       |
|               | 07-022       |
|               | 07-025       |
|               | 07-026       |
|               | 07-031       |
|               | 07-032       |
|               | 07-033       |
|               | 07-036       |
|               | 07-037       |
|               | 07-039       |
|               | 07-040       |
|               | 08-005       |
|               | 08-009       |
|               | 08-011       |
|               | 08-012       |
|               | 08-013       |
|               | 08-016       |
|               | 08-017       |
|               | 08-028       |
|               | 08-029       |
|               | 08-031       |
|               | 08-034       |
|               | 08-036       |
|               | 08-038       |
|               | 08-039       |

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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| F             | 08-040       |
|               | 08-041       |
|               | 08-042       |
|               | 08-043       |
|               | 08-044       |
|               | 08-045       |
|               | 08-046       |
|               | 08-047       |
|               | 08-048       |
|               | 08-049       |
|               | 08-050       |
|               | 08-054       |
|               | 08-062       |
|               | 08-063       |
|               | 08-074       |
|               | 08-075       |
|               | 08-076       |
|               | 08-081       |
|               | 08-082       |
|               | 08-084       |
|               | 08-085       |
|               | 08-086       |
|               | 08-087       |
|               | 08-088       |
|               | 08-089       |
|               | 08-091       |
|               | 08-092       |
|               | 08-093       |
|               | 09-009       |
|               | 09-010       |
|               | 09-011       |
|               | 09-012       |
|               | 09-013       |
|               | 09-014       |
|               | 09-015       |
|               | 09-016       |
|               | 09-017       |
|               | 09-018       |
|               | 09-019       |
|               | 09-020       |
|               | 09-021       |
|               | 09-022       |
|               | 09-023       |
|               | 09-024       |
|               | 09-025       |
|               | 09-026       |
|               | 09-027       |
|               | 09-030       |
|               | 09-031       |
|               | 09-032       |
|               | 09-033       |

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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| F             | 09-035       |
|               | 09-037       |
|               | 09-038       |
|               | 09-039       |
|               | 09-040       |
|               | 09-041       |
|               | 09-042       |
|               | 09-043       |
|               | 09-044       |
|               | 09-045       |
|               | 09-046       |
|               | 09-047       |
|               | 09-048       |
|               | 09-049       |
|               | 09-050       |
|               | 09-051       |
|               | 09-054       |
|               | 09-056       |
|               | 09-059       |
|               | 09-060       |
|               | 09-061       |
|               | 09-062       |
|               | 09-064       |
|               | 09-065       |
|               | 09-066       |
|               | 09-067       |
|               | 09-068       |
|               | 09-069       |
|               | 09-070       |
|               | 09-071       |
|               | 09-072       |
|               | 09-073       |
|               | 09-074       |
|               | 09-075       |
|               | 09-076       |
|               | 09-077       |
|               | 09-080       |
|               | 09-081       |
|               | 09-082       |
|               | 09-083       |
|               | 09-084       |
|               | 09-085       |
|               | 09-086       |
|               | 09-087       |
|               | 09-088       |
|               | 09-089       |
|               | 09-090       |
|               | 09-091       |
|               | 09-093       |
|               | 09-094       |
|               | 09-095       |



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

| <u>STATUS</u> | <u>REC #</u> |
|---------------|--------------|
| F             | 09-096       |
|               | 09-097       |
|               | 09-098       |
|               | 09-099       |
|               | 09-100       |
|               | 09-101       |
|               | 09-102       |
|               | 09-103       |
|               | 09-104       |
|               | 09-105       |
|               | 10-004       |
|               | 10-021       |
|               | 11-003       |
|               | 11-004       |
|               | 11-005       |
|               | 11-006       |
|               | 11-008       |
|               | 11-009       |
|               | 11-010       |
|               | 11-011       |
|               | 11-012       |
|               | 11-013       |
|               | 11-014       |
|               | 11-015       |
|               | 11-016       |
|               | 11-017       |
|               | 11-025       |
|               | 11-027       |
| Count:        | 210          |
| G             | 02-013       |
|               | 04-052       |
|               | 06-021       |
| Count:        | 3            |
| H             | 02-016       |
|               | 03-003       |
|               | 03-033       |
|               | 03-041       |
|               | 03-050       |
|               | 06-010       |
|               | 08-061       |
|               | 08-064       |
|               | 08-079       |
| Count:        | 9            |
| I             | 01-003       |
|               | 01-010       |

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

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

Count: 11

-----  
Count: 597  
-----

**United States  
Information  
Agency**

Washington, D.C. 20547

Office of the Director



August 19, 1988

Dear Dr. Macdonald:

In the absence of Director Wick, who is out of the city, I am responding to President Reagan's August 5 memorandum and to your August 9 letter. USIA's progress in the implementation of the guidelines on AIDS in the workplace, issued by the Office of Personnel Management, is described below.

As a first step, and in cooperation with the Department of State, USIA distributed an AIDS update to all domestic and overseas employees, describing the disease, its various stages, prevention, discussion of casual contact, means of infection, and other timely topics.

Secondly, the staff of our Employee Assistance Program (EAP) Office has had the opportunity to counsel employees with AIDS and coworkers of employees with AIDS. In addition, the EAP Office has organized a support group for people with life-threatening illnesses.

One of our most important goals has been to educate members of the staff who are charged with the responsibility of training supervisory and non-supervisory personnel on this subject. Several of our employees in the Office of Personnel have regularly attended the Federal Coordinating Committee on AIDS Information, Education, and Risk Reduction. These meetings have given us access to other Federal agencies and their efforts at dealing with AIDS, to the Red Cross and the training program they offer, and to the most up-to-date information on the disease.

We have also reviewed a number of videotapes and selected one for use in conjunction with our training.

Our future plans are as follows:

1. Attend OPM's seminar on September 14 on AIDS in the workplace.
2. Complete formulation of a policy on AIDS in the USIA workplace by October 15 for distribution to every USIA employee.
3. Begin coordination of training and implementation of policy by November 1.
4. Continue the education of employees, with an emphasis on available counseling services.

The Honorable  
Donald Ian Macdonald, M.D.  
Deputy Assistant to the President  
for Drug Abuse Policy  
The White House



USIA's management fully supports the President's goals and will do everything possible to prevent discrimination against AIDS victims. Let me assure you that HIV-infected individuals will be treated with compassion.

USIA will provide you another report in November. If I can be of further assistance, please contact me.

Sincerely,

*Marvin L. Stone*

Marvin L. Stone  
Acting Director



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

7394  
AUG 30 1988

~~AUG 29 1988~~

AUG 29 1988

OFFICE OF  
RESEARCH AND DEVELOPMENT

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

Dear Dr. Macdonald:

This is in response to your August 9 letter addressed to the Administrator Lee M. Thomas requesting comments on the report of the Presidential Commission on the HIV Epidemic and the implementation of the 10-point action plan.

Neither the recommendations in the Commission's report nor the action plan impact EPA programs directly. However, I am pleased to inform you that EPA some time ago adopted policies consistent with the OPM guideline. In addition, to support these policies, we are providing education and training to EPA employees and supervisors on how to deal fairly and compassionately with employees suffering from HIV infections. We believe these programs surpass the recommendations regarding HIV in the workplace made in the report.

If you have any additional questions or information which might be relevant to EPA regarding HIV, please do not hesitate to call me.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Vaun A. Newill".

Vaun A. Newill, M.D.  
Assistant Administrator  
for Research and Development



**COMMODITY FUTURES TRADING COMMISSION**

2033 K Street, N.W., Washington, D.C. 20581  
(202) 254-6970

Wendy L. Gramm  
Chairman

August 12, 1988

Dr. Donald Ian Macdonald  
Deputy Assistant to the President  
for Drug Abuse Policy  
Drug Abuse Policy Office  
17th & Pennsylvania Avenue, N. W.  
Room 220 Old Executive Office Building  
Washington, D. C. 20500

Dear Dr. Macdonald:

In accordance with the President's Memorandum of August 5, 1988, I am forwarding you a copy of the policy statement of the Commodity Futures Trading Commission on AIDS in the workplace. This statement is based on the Office of Personnel Management's Guidelines issued in March, 1988.

If you require any further information, please feel free to contact me.

Sincerely,

WENDY L. GRAMM  
Chairman

Enclosure





COMMODITY FUTURES TRADING COMMISSION  
2033 K STREET, N.W., WASHINGTON, D.C. 20581

OFFICE OF  
THE EXECUTIVE DIRECTOR

May 5, 1988

TO: All CFTC Employees

FROM: Molly G. Bayley *[Signature]*  
Executive Director

SUBJECT: Acquired Immune Deficiency Syndrome (AIDS)  
in the Workplace

This guidance is being issued to increase the awareness and understanding of AIDS and to establish CFTC's policy on dealing with AIDS issues in the workplace.

AIDS is a fatal disease that cripples the body's immune system by destroying certain white blood cells. This destruction is caused by a virus called human immunodeficiency virus (HIV). Persons infected by the virus may have no symptoms at all and remain apparently healthy for years after infection. The prognosis for persons whose blood tests positive for HIV antibodies is unclear. Some may never have AIDS symptoms, others may present mild symptoms, and others will develop AIDS. For purposes of these guidelines, HIV-infected employees and employees who have developed AIDS are treated in the same manner.

Guidelines issued by the Public Health Service's Centers for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS." Because all medical evidence indicates that AIDS is not transmitted in a typical office environment, employees are expected to continue working relationships with any fellow employee who is HIV-infected or has AIDS.

Neither a clinical diagnosis of AIDS nor the presence of the HIV antibody in the bloodstream constitutes sufficient reason to deny employment to an otherwise qualified applicant or to dismiss an employee. Employees with AIDS will be allowed to continue working as long as they are able to maintain acceptable performance.

Although the HIV infection can result in medical conditions which impair the employee's health and ability to perform, employees will be treated in the same manner as employees who suffer from other illnesses. Employees with AIDS will be granted



sick leave or leave without pay (LWOP) when they are incapable of performing their duties or when they have medical appointments. Changes such as job restructuring, detail, reassignment, or flexible rescheduling for such employees will be done as it would for employees with other illnesses. Agency officials with a need to know the medical condition of CFTC employees are expected to maintain the confidentiality of that information.

HIV-infected employees can continue their coverages under the Federal Employees Health Benefits (FEHB) Program and/or the Federal Employees' Group Life Insurance (FEGLI) Program. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or a pre-existing condition. Similarly, the death benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee who is in a LWOP status for 12 continuous months faces the loss of FEHB and FEGLI coverage, but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life-threatening illness would be denied a request for additional coverage.

HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. The Office of Personnel Management (OPM) considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM will attempt to expedite any applications where the employee's illness is in an advanced stage and is life threatening.

The Surgeon General's report on AIDS is attached for your information. Additional Public Health Service brochures entitled "What You Should Know About AIDS" and "Facts about AIDS" are available in the Office of Personnel for headquarters employees have been forwarded to the coordinator or head of each Regional Office. Information will be available in the regions in the display area. Information on local testing sites is available from state and local AIDS prevention program offices. A list of such offices in areas close to CFTC employees is attached. We will continue to provide up-to-date information as it becomes available.

In addition, the Public Health Service toll-free AIDS Hotline (1-800-342-AIDS) provides general information to callers concerning AIDS. The Public Health Service answers more specific

questions about AIDS and provides information about nationwide AIDS antibody testing sites on its toll-free number, 1-800-342-7514.

Should you have any questions please contact Daryl F. Stephens, Office of Personnel on 254-3275.



## CALIFORNIA

Department of Health Services  
AIDS Program Office  
313 N. Figueroa Street, Room 1014  
Los Angeles, CA 90012  
(213) 974-7803

## DISTRICT OF COLUMBIA

Chief  
Office of AIDS Activity  
1875 Connecticut Ave. N.W.  
Washington, DC 20009  
(202) 673-7700

## ILLINOIS

Director, AIDS Section  
Chicago Board of Health  
100 West Randolph, Suite 6-600  
Chicago, IL 60602  
(312) 917-4846

AIDS Project Director  
Department of Public Health  
50 W. Washington, Room 233  
Chicago, IL 60602  
(312) 744-4358

## KANSAS

Kansas Department of Health  
Forbes Field  
Topeka, KS 66620  
(913) 296-5595

## MISSOURI

Div. of Health AIDS Program  
P.O. Box 570  
Jefferson City, MO 65102  
(314) 751-6141

## MINNESOTA

Acute Disease Epi Section  
Department of Health  
717 S.E. Delaware Street  
Minneapolis, MN 55440  
(612) 632-5414

## NEW YORK

Department of Health  
AIDS Program  
125 Worth Street  
New York, NY 10013  
(212) 566-7103