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Last Updated: 04/05/2025

New York Times
5/22/87

Bush Calls for Spending On AIDS and Education

By FRANK LYNN

Vice President Bush declared yesterday that the White House should be used as "a bully pulpit" to educate the world about the danger of AIDS.

Speaking in New York City, where AIDS is a major health and social problem, and against a backdrop of criticism that the Reagan Administration has not provided enough funds for research on the disease, Mr. Bush called for "more Federal money for research and education" on acquired immune deficiency syndrome.

He also said, as he did last week at a Nassau County Republican dinner, that education would be "the No. 1 priority" of a Bush administration. The Reagan Administration has been attacked by Democrats and others as cutting Federal education programs.

Discordant Note in the Bronx

In a 20-minute talk to some 800 supporters at the Waldorf-Astoria Hotel, the Vice President did not elaborate on his views about AIDS or education. Later, he left for a long weekend at his home in Kennebunkport, Me., and campaigning in New Hampshire.

The Bush supporters had contributed $1,000 each for a luncheon and a speech by the Vice President.

The appearance was described by Bruce Gelb, a luncheon co-chairman, as the start of "a grass roots" campaign for Mr. Bush in New York, 10 months before the New York Republican primary on April 5.

The Bush campaign encountered at least one discordant note, however, when State Senator Guy Velella, who is also the Bronx Republican leader, criticized Mr. Bush and the national Republican Party as being "too long dominated by a Midwest and Southern strategy and writing off the Northeast." Mr. Velella told the Vice President at a meeting with about 200 New York Republicans after the luncheon that Mr. Bush and national Republicans come to New York only "looking for delegates and money."

Mr. Velella, who has not endorsed a candidate in the Presidential contest, said that Barbara Bush, the Vice President's wife, had twice appeared in the Bronx for Urban League fund-raising events without notifying Bronx Republicans or helping the local Republican Party raise money.

Mr. Bush responded, according to some of those at the meeting, that he was developing "a strong urban policy" and that his brother, Jonathan, a New York financier, had helped the New York Republican Party raise money.

The Vice President also assured the Republicans at the meeting that there would be no "smoking gun" linking him to the transfer of arms and money to Iran and rebel forces in Nicaragua, participants in the session said.

Mr. Bush also said that he had been the target of rumors that he was running a "secret war" in Nicaragua, participants said. He said that Felix Rodriguez, a former operative of the Central Intelligence Agency in Central America, "will set me free from this charge" in his testimony before the joint Congressional committee hearing on the arms and money transfers. There has been testimony that Mr. Rodriguez, a leader of the effort to supply the Nicaraguan rebels, was present at meetings in Mr. Bush's office.

Endorsed by Warren Anderson

Mr. Bush, who is generally expected to gain the support of many top New York Republicans, won the endorsement of the State Senate majority leader, Warren M. Anderson, second only to United States Senator Alfonse M. D'Amato as a leader of state Republicans. Mr. Anderson introduced Mr. Bush at the luncheon.

Senator D'Amato, who did not attend yesterday's luncheon, is publicly neutral but considered by his fellow Republicans to favor his Senator Bob Dole of Kansas.

The Bush camp's strength in New York is particularly significant because one of his Presidential rivals is Representative Jack F. Kemp of western New York. Mr. Kemp's New York support is largely concentrated in the Buffalo area.

Metro Datelines

Child's Testimony On Abuse Upheld

TRENTON A mother can hold her child's hand as the girl testifies before a judge about ... dict will be," Mr. Donovan said outside of court.

The allegations concern Mr. Donovan's activities as the executive vice president of the Schiavone Construction Company in Secaucus, N.J., before he was appointed ...

Rowland Evans and Robert Novak

5/30/87 wp

Reagan's Political AIDS Test

After the federal government's long arm reached to Concord, N.H., to kill Gov. John Sununu's AIDS testing bill, a vexed President Reagan this week ordered a letter supporting the measure—perhaps settling a long internal debate within the administration.

Sununu last Friday chased home three operatives from the federal government's Atlanta-based Centers for Disease Control, who were lobbying against his proposal to require AIDS tests for marriage license recipients. But a Republican state legislator doomed the plan when he read a letter opposing mandatory testing from Dr. C. Everett Koop, surgeon general of the United States.

After those events were related to Reagan at his Monday issues lunch, he voiced irritation with the CDC and Koop. He then ordered his staff to tell Sununu he supports the concept of marriage-license testing.

That suggests the president may pass his own political AIDS test, recognizing public danger and political volatility. The question has been whether he would lead his administration and party toward mandatory testing when his most senior aides have seemed lukewarm and the first lady may actually be opposed.

Koop and the Public Health Service have fought mandatory testing as wasting money on "low risks" but preached "safe sex" use of condoms by students. Critics inside the administration wonder whether the medical profession fears testing would show an AIDS epidemic mainly for homosexuals and drug users rather than heterosexuals; that might diminish pressure for massive research appropriations.

Debate remained hidden within the administration until April 30, when Secretary of Education William J. Bennett, the Cabinet's principal breaker of crockery, publicly called for mandatory testing. Koop immediately rebutted him. But Bennett is supported by T. Kenneth Cribb and Gary Bauer, No. 1 and No. 2 domestic aides to Reagan. Getting ahead of the administration for once, Vice President George Bush wants required tests for marriage licenses.

Bauer has made a pest of himself at White House staff meetings by pressing the issue. Chief of staff Howard Baker did not respond. The issue seemed foisted on the presidential AIDS commission, which won't get going for many weeks.

Events in New Hampshire may have changed that. Sununu was outraged when he found federal officials lobbying against his marriage-license bill, told them they were doing a mighty "poor job" on AIDS and suggested they cut it out. He got a bigger shock when Republican State Rep. Robert F. Wilson, a retired doctor who opposes mandatory testing, took the floor, brandishing a "Dear Robert" letter from the surgeon general.

"While well-intentioned," said Koop, "such laws would spend a lot of money testing a group for AIDS at low risk and finding few cases. Scarce public funds would be better spent providing anonymous voluntary test sites to those who may believe they have been exposed." So, while urging condoms to avert a heterosexual AIDS explosion, he bars tests for the general populace (though health officials have switched and now favor tests for immigrants).

The federal lobbying resulted in a 165-to-136 defeat. When told of this, Reagan ordered his true feelings conveyed to Sununu to help possible legislative reconsideration. Baker then commented that he did not see much argument against testing anyway. The chief of staff may be no Reaganite, but he sincerely wants to follow the president's line.

All this does not constitute a formal policy finding and is not even a public presidential declaration. That could come May 31 at the testimonial for Koop, which is being boycotted by conservatives. Acceptance of the invitation from the event's organizer, Elizabeth Taylor, by her friend Nancy Reagan has led to speculation inside the administration that the first lady favors a soft line on AIDS.

Mrs. Reagan's friend, free-lance speech writer Landon Parvin, is being retained to write the president's speech for the occasion. Conservatives have feared Gary Bauer's talking points would hit the cutting-room floor.

But Reagan's irritation with federal bureaucrats' butting into New Hampshire was genuine. The president showed he thinks the epidemic is serious, that it is a health problem, not a civil rights problem, and that marriage-license testing is well within the American tradition. Ronald Reagan may pass his political AIDS test.

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gulf, with a third of the crew on watch and all weapons stations manned.

Adm. Mustin couldn't explain why the captain of the Stark hadn't ordered retaliatory fire against the Exocet missile (or the aircraft). All indications are that the Stark "didn't fire anything," he said. The standing "orders of engagement," he added, would have permitted such retaliation.

Pentagon officials said that they are reviewing U.S. naval forces in the gulf both in light of the attack on the [illegible] never know why the Stark was attacked. But it stretches credulity to imagine that the highly trained pilot of an advanced fighter purposely flew down the Persian Gulf, locked his radar on a U.S. frigate and fired a missile by "inadvertence." The Pentagon and State Department might profit from being less quick in granting forgiveness and more vigorous in demanding to know why the Stark was attacked and why it wasn't ready.

5/19/87 WSJ

AIDS and Dr. Koop

Surgeon General C. Everett Koop was once the darling of the New Right, but his one-time friends are boycotting a testimonial dinner for him in Washington tonight. Indeed, their protests led several of the Republican presidential hopefuls to withdraw from the dinner.

Dr. Koop won the hearts of right-to-life activists with his position on the unlamented "Baby Doe" rules, which tried to get the federal government to police how doctors, hospitals and parents cared for newborn infants with severe birth defects. Now, however, his former friends are taking violent exception to his views on how to deal with AIDS. Phyllis Schlafly and Paul Weyrich wrote that the dinner for him "will clearly play right into the hands of those promoting the gay rights agenda, which is to teach children how to use condoms for premarital promiscuity with either sex."

The brouhaha got us curious about what the surgeon general has been saying. We reprint nearby what seems to us his most elaborate and personal statement. If he can't say what he said without Mrs. Schlafly and Mr. Weyrich hearing what they heard, we certainly have some kind of problem. We suppose it was inevitable that debate quickly would become value-laden when you're faced with a major public-health problem from a sexually transmitted disease. But it's too bad as well, since a more forthright debate would be a healthy thing.

The timing of the Koop controversy is especially unfortunate, since Education Secretary William Bennett and White House aide Gary Bauer have been forthright in trying to start just that kind of debate. Whether state health departments should try to trace sexual partners of AIDS victims is certainly a valid issue to raise, for example. But the debate quickly gets depicted as Bennett for the gay-bashers and Koop for the condom, though in fact both men have subtle and considered things to say.

The enemy in AIDS is a vicious new virus loose among humanity. A vigorous reaction is imperative on several grounds: While medical opinion overwhelmingly holds the virus is not spread by casual contact, we are all ultimately at risk; we can't be confident about future evolution, and already a second strain has been found. Even without unpleasant surprises, we all are certain to share in the enormous economic costs of treating the disease. And finally but most important, we cannot stand idly by while a new and incurable disease devastates fellow humans, whatever their habits or misfortunes. If Dr. Koop failed to be sensitive to any of this, he would be a poor surgeon general indeed.

In dealing with this menace the most important thing we need, as these columns repeatedly have stressed, is a reduction in the bureaucratic barriers that inhibit the release of drugs for all diseases. The best hope in this regard is the Food and Drug Administration's forthcoming rules to make promising experimental drugs available to the critically ill. What we do not need is a battle between gay-rights activists and New Right activists. If the AIDS debate becomes a referendum on homosexuality, humanity will be the loser.

Asides

The 3% Majority

The Supreme Court ruled yesterday that Jews and Arabs, though "Caucasian," are separate races for purposes of bringing civil-rights cases. The post-Civil War amendments were to protect blacks, but the court says Scandinavians, Hispanics and any others ever referred to in the 19th century as a race are entitled to sue for the same rights "enjoyed by white citizens." Women have their own protections. What's left are mostly WASPish males, few in number but a threat in the mind of the court.

AIDS Instruction and Local Control

C. Everett Koop, the U.S. surgeon general, has been criticized by some conservatives for his approach to containing the AIDS epidemic (see the related editorial today). Here, from a speech representative of his recent talks on the subject, is a portion of his remarks to the National School Boards Association on April 4:

In order to end the chain of transmission of AIDS once and for all, we need to teach our young people the facts about this disease and about their own sexuality. The objective is to make them a lot more responsible in their relationships than their elders have been.

What might such an education program say? Who should say it? Who should hear it? And when should they hear it?

Those are the key questions. And let me assure you that we in public health and in the federal government look to you—not to ourselves—for the answers.

May I, however, be permitted a personal statement. Before AIDS education begins, a child should be given information relative to his or her own sexuality. And instead of calling it "sex education," I'd like it called something like studies in human development.

Learning About Themselves

I think children should be learning all about themselves, their unbelievable complexity, and especially of their own great value. If they are properly taught their own worth, we can expect them to treat themselves and others with great respect. Human-development instruction should keep pace with—and not anticipate—their individual development and curiosity.

Education in this country has been and must continue to be a concern and responsibility of states and communities. What I offer you today, I sincerely hope, is information for your guidance, what you do with it is—literally and legally—your business.

The federal role, however, is important as far as getting factual, scientifically accurate information into the hands of your teaching staff. And I can tell you that this year the Public Health Service is investing a million dollars in just such an activity: getting you the facts. Here are some exam-

• Last December, our Centers for Disease Control, the lead agency in our educational efforts, brought together an ad hoc group of advisers drawn from organizations such as the American Academy of Pediatrics, the National Congress of PTAs, the National Education Association, the School Board of the City of New York, and so on.

This group moved ahead and brought forth a set of guidelines for teaching about AIDS in the nation's schools, but to do it in a way that is responsive to, and consistent with, the needs of the community.

• Under a grant from the CDC, the Indiana Department of Health and Indiana University have jointly produced a manual on AIDS for students and teachers, and copies of this are already available from the CDC in Atlanta. I might add that our entire education program has had the personal encouragement of a former governor of Indiana and now the secretary of health and human services, Dr. Otis R. Bowen.

And Dr. Bowen has made it quite clear that his department perceives education as an activity that is "locally determined" and "consistent with parental values" expressed within each community.

In the foreword to our overall education planning document, which is available to anybody who writes in for it, Dr. Bowen expressly says that, "Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment and maturity, and placing sexuality within the context of marriage."

He goes on to say that such information "provided by the federal government" for schools "should teach that children should not engage in sex" and that such information "should be used with the consent and involvement of parents."

I thoroughly agree with Secretary Bowen. And I hope you do, too.

But I've said it another way. I believe children should be taught to be abstinent until they grow up, assume the role of a responsible adult and find a mutually monogamous relationship. That doesn't seem to be too far-fetched. In fact, it was once the norm for this country, and a return to such a norm would ensure the end of sexually transmitted AIDS.

• Continuing with our education plan, we also want to establish cooperative agreements with state education departments and local school districts to support their efforts in mounting programs that teach about AIDS. The paper work for that program is moving through the bureaucracy even as I speak.

I have always felt this was a job for parents. They should be the primary teachers of sexuality and human relations. But I know that most either can't or won't.

The interesting thing about AIDS education is that this is an area where science and morality are walking the very same path. From a public health point of view, the best defense against AIDS is total abstinence. And that is certainly the message we should get across to our children.

But most children won't remain abstinent after they become adults, so, as I noted a moment ago, we must introduce them to the notion of the value of, and I would also say the beauty of, a faithful, monogamous relationship, the kind of relationship in which you have only one continuing sexual partner and in which that person is as faithful as you are.

To paraphrase Mr. Lee Iacocca, I say: If you have a monogamous relationship, keep it. If you don't have one, get one.

For individuals who won't abstain, yet do not have a monogamous relationship either, I strongly advise that they take every precaution to protect themselves and their partners from the risk of getting AIDS.

They need to know with absolute certainty that neither they nor any of their sexual partners are carrying the AIDS virus. If they are not absolutely certain, then they must take precautions. For example:

• Don't have sex with someone who already has AIDS or who indulges in high-risk behavior. Such a person might be a prostitute or an intravenous drug user who borrows used needles. It would also include any sexually promiscuous person—whether homosexual or heterosexual.

• And if you do decide to have sex with such an individual—a profoundly serious health decision—then, if you're a man, use a condom from start to finish. If you're a woman, make sure your male partner uses a condom.

A condom won't provide 100% protection—few things in life do. But, short of monogamy and abstinence, condoms seem to offer the best barrier to the transmission of AIDS.

If we are truly concerned about teenagers' lives and the future life of our society, this is the kind of information we need to get across to those members of our teenage population who, each year, are sufficiently sexually active to produce over a million unwanted pregnancies each year.

Institutions Must Step In

I have always felt that this was primarily a job for parents. They're the ones who should be the primary teachers of sexuality and human relations to the children of this country.

But I know that most parents either can't or won't. Hence, our schools, churches, synagogues and other community institutions must step in to do what's needed, and what's right.

It's a difficult challenge for Americans, especially for people such as yourselves who care about your country and its future. But I believe that we Americans are a good and strong people. Through two centuries of challenges of many kinds, we've clung to our fundamental values of personal freedom, mutual assistance and national unity.

Those values have withstood every test of the past. And they are being tested again, right now, by the infiltration of this lethal disease of AIDS.

But I firmly believe that our enduring American values will once more be our guides for collective action and once more we shall survive a grave threat to our national health and well-being.

THE WHITE HOUSE

WASHINGTON

May 1, 1987

MEMORANDUM FOR THOMAS GRISCOM

FROM: DONALD IAN MACDONALD

SUBJECT: AIDS and Drugs (Per our discussion)

There is a strong relationship between AIDS and drugs:

- AIDS is a drug issue. While AIDS is generally recognized as a sexually transmitted disease, intravenous (IV) drug users are among the principal transmitters of the AIDS virus.

- Of all AIDS cases reported to date, over 25 percent nationwide are IV drug users. IV drug use is responsible for 10 percent of AIDS cases in San Francisco and up to 40 to 50 percent or more of cases in the New York City and Newark, New Jersey metropolitan areas.

- IV drug use is primarily responsible for the heterosexual spread of AIDS. Most IV drug users are heterosexual. More than 70 percent of AIDS cases which are transmitted heterosexually are traceable to an IV drug using sex partner. Sexually active heterosexuals now show the most rapid percentage increase in new AIDS cases.

- Intravenous drug users are also the primary link to transmission of AIDS to children. Eighty percent of babies infected with the AIDS virus have mothers infected from IV drug use or an IV drug using sex partner. The number of pediatric cases of AIDS, now at about 500, is expected to rise to more than 3,000 by 1991.

- Minorities are disproportionately afflicted by AIDS, consistent with their higher rates of IV drug use. About 25 percent of AIDS patients are black and 15 percent Hispanic.

- Drug use in and of itself may play a role in the development of AIDS, as well as infection. AIDS is a disease of the body's immune system. Alcohol, marijuana, opiates, and amphetamines are all known to suppress the body's immune system and thereby increase its vulnerability to disease. In addition, many of the "cofactors" associated with AIDS -- poor nutrition; repeated bouts of infections; high stress -- exist disproportionately in drug users, placing them at increased risk for development of the disease once they are infected with the AIDS virus.

C. EVERETT KOOP, M.D., Sc.D.

Surgeon General
Deputy Assistant Secretary for Health
U.S. Public Health Service

Dr. C. Everett Koop was appointed Deputy Assistant Secretary for Health, U.S. Public Health Service (PHS) in February 1981, and sworn in as Surgeon General on January 21, 1982. Additionally, he was appointed Director, Office of International Health in May 1982.

Before joining PHS, Dr. Koop, a pediatric surgeon with an international reputation, was Surgeon-in-Chief of Children's Hospital of Philadelphia and Professor of Pediatric Surgery and Pediatrics at the University of Pennsylvania.

Dr. Koop, born in Brooklyn, New York on October 14, 1916, graduated from Dartmouth College in 1937 and received his M.D. degree from Cornell Medical College in 1941. After serving an internship at the Pennsylvania Hospital, he pursued postgraduate training at the University of Pennsylvania School of Medicine, Boston Children's Hospital and the Graduate School of Medicine, University of Pennsylvania, from which he received the degree of Doctor of Science (Medicine) in 1947. After promotions up the academic ladder, he was named Professor of Pediatric Surgery, School of Medicine, University of Pennsylvania in 1959 and Professor of Pediatrics in 1971.

As Surgeon General, Dr. Koop advises the public on health matters such as smoking and health, diet and nutrition, environmental health hazards, and the importance of immunization and disease prevention. He oversees the activities of the 6,000 member PHS Commissioned Corps. Specific responsibilities include serving as ex-officio member of the Board of Regents, National Library of Medicine; Board of Regents, Uniformed Services University of the Health Sciences; Board of Directors, Armed Forces Institute of Pathology; and the Board of Governors, Gorgas Memorial Institute. In addition, Dr. Koop assumes responsibility for reviewing the particulars of Department of Defense plans for transportation, open testing and disposal of lethal chemicals and biological agents, and recommending precautions necessary for the health and safety of the public.

Dr. Koop has been the recipient of many honors and awards, including the following honorary degrees: Doctor of Laws from Eastern College, Doctor of Medicine from the University of Liverpool, Doctor of Humane Letters from Wheaton College, Doctor of Science from Gwynedd Mercy College, Doctor of Laws from the Philadelphia College of Osteopathic Medicine, Doctor of Humane Letters from St. Charles Barromeo Seminary, Doctor of Science from Marquette University, Doctor of Science from Washington and Jefferson University, and a Doctor of Laws from LaSalle University.

He was awarded the Denis Brown Gold Medal, presented by the British Association of Paediatric Surgeons; the William E. Ladd Gold Medal of the American Academy of Pediatrics, in recognition of outstanding contributions to the field of pediatric surgery; the Order of Duarte, Sanchez, and Mella, the highest award of the Dominican Republic, for his achievement in separating the conjoined Dominican twins; and a number of other awards from civic, religious, medical and philanthropic organizations. He was awarded the Medal of the Legion of Honor by France in 1980, and inducted into the Royal College of Surgeons, England in 1982. In May 1983 Dr. Koop was awarded the Public Health Service Distinguished Service Medal in recognition of his extraordinary leadership of the U.S. Public Health Service.

Dr. Koop is a member of the American Surgical Association, the Society of University Surgeons, the American Pediatric Surgical Association, and other professional societies. He is a Fellow of the American College of Surgeons and the American Academy of Pediatrics. He also holds membership in many international organizations.

Dr. Koop is the author of more than 175 articles and books on the practice of medicine.

He is married to the former Elizabeth Flanagan and has three living children, Allen, Norman and Elizabeth Thompson, and seven grandchildren.

KEYNOTE SPEAKER



ROBERT C. GALLO, M.D.

For over a decade Robert C. Gallo, M.D., chief of the Laboratory of Tumor Cell Biology at the National Cancer Institute (NCI) in Bethesda, Maryland has been a trailblazer in research areas of biology and biochemistry of viruses and tumor cell proliferation. His studies in human neoplastic diseases have yielded conclusive evidence that the ability to control the disease by attack on the etiological agent may become a practical concept in prevention and treatment of cancer.

Two key breakthroughs, the discovery of the first human retrovirus and its association with certain adult T-cell leukemias, and the isolation of a related virus, HTLV-II, established Dr. Gallo as a leader in the search for the cause of Acquired Immune Deficiency Syndrome (AIDS).

In 1984, Dr. Gallo and his staff were able to identify another distinct member of the HTLV virus, HTLV-III, as the primary cause of AIDS. His work has enabled the United States Department of Health and Human Resources to make major thrusts into the diagnosis and prevention of AIDS and give new direction to future studies of the disease.

Dr. Gallo received his bachelor of arts degree, summa cum laude, in 1959 from Providence College, Rhode Island. He earned his medical diploma from Jefferson Medical College in Philadelphia, Pennsylvania, and completed his internship and residency programs at the University of Chicago.

In 1965 Dr. Gallo began working at the NCI as a clinical associate in the Medical Branch. Three years later he became senior investigator in the NCI's Human Tumor Cell Biology Branch. He served for three years as head of the Section on Cellular Control Mechanisms prior to his present appointment as Chief of the Laboratory of Tumor Cell Biology in 1972.

Dr. Gallo has been honored with numerous awards. For the discovery of the HTLV family of viruses, he received the 1982 Albert Lasker Basic Medical Research Award and the 1984 Charles S. Mott Prize presented by the General Motors Cancer Research Foundation. He was also recipient of the 1983 American Cancer Society Medal of Honor, the 1983 Griffuel Prize of the Association for Research of Cancer in Villejuif, France, and the Richard and Hinda Rosenthal Foundation Award-Lecture from the American Association for Cancer Research. Most recently in 1985, Dr. Gallo was presented with the Armand Hammer Prize for Cancer Research, and the Simon M. Schultz Award and Lectureship at the University of Chicago Cancer Research Foundation.

496-6007

not a rare occurrence
at be shocked if it happened one
time

T&

NEW PAGE

AND THERE's ANOTHER ASPECT OF TEACHING VALUES THAT NEEDS TO BE MENTIONED HERE. AS INDIVIDUALS, WE HAVE A MORAL OBLIGATION NOT TO ENDANGER OTHERS -- AND THAT CAN MEAN ENDANGERING OTHERS WITH A GUN, WITH A CAR, OR WITH A VIRUS. IF A PERSON HAS REASON TO BELIEVE HE OR SHE MAY BE A CARRIER, THAT PERSON HAS A MORAL DUTY TO BE TESTED FOR AIDS. HUMAN DECENCY REQUIRES IT. AND THE REASON IS VERY SIMPLE -- INNOCENT PEOPLE ARE BEING INFECTED BY THIS VIRUS AND SOME OF THEM ARE GOING TO ACQUIRE AIDS AND DIE.

AND LET ME TELL YOU A STORY ABOUT INNOCENT, UNKNOWING PEOPLE. A DOCTOR IN A RURAL COUNTY IN KENTUCKY TREATED A WOMAN WHO CAUGHT THE AIDS VIRUS FROM HER HUSBAND, WHO WAS AN I.V. DRUG USER. THEY LATER GOT DIVORCED, NEITHER KNOWING THEY WERE INFECTED. THEY REMARRIED OTHER PEOPLE, AND NOW ONE OF THEM HAS ALREADY TRANSMITTED THE DISEASE TO HER NEW HUSBAND.

Teresa

THE WHITE HOUSE

WASHINGTON

4/24/87

MEMORANDUM

TO: NANCY RISQUE (Coordinate with James Hooley)

FROM: FREDERICK J. RYAN, JR.

SUBJECT: APPROVED PRESIDENTIAL ACTIVITY

MEETING: Speak at Dinner sponsored by American Foundation for AIDS Research

DATE: May 31, 1987

TIME: To be determined

DURATION: To be determined

LOCATION: Potomac Restaurant

BACKUP LOCATION:

REMARKS REQUIRED: Yes

MEDIA COVERAGE: Coordinate with Press Office

FIRST LADY PARTICIPATION: Yes

NOTE: PROJECT OFFICER, SEE ATTACHED CHECKLIST

W. Ball
J. Lamb
R. Dawson
J. Courtemanche
M. Coyne
E. Crispen
F. Donatelli
T. Griscom
D. Dellinger
A. Dolan
J. Erkenbeck
L. Faulkner
C. Fuller
W. Henkel
J. Hooley
N. Risque
J. Kuhn
M. Archambault
J. Miller
R. Riley
R. Shaddick
B. Shaddix
M. Fitzwater
G. Walters
WHCA Audio/Visual
WHCA Operations

AMFAR

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April 10, 1987

President and Mrs. Reagan
The White House
Washington, D.C.

Dear Mr. President and Mrs. Reagan:

On Sunday evening, May 31st, at 6:00 P.M., at Potomac on the River, the American Foundation for AIDS Research will host a dinner to help raise the research funds that are so desperately needed to help stop the "AIDS epidemic" that threatens us all. Also, during the dinner, U.S. Surgeon General C. Everett Koop will be honored for his leadership in educating the public on the AIDS issue.

I am writing from my heart to ask if you both would attend the dinner and if you, Mr. President, would give the keynote speech. I am so pleased that you, Mr. President, have already spoken out on the issue of AIDS. By continuing to do so, you will have a great impact on the future well-being of this nation. Your participation in the dinner would mean a great deal to not only the American Foundation for AIDS Research, but also to people, like me, who are critically concerned about the impact of the ever-growing "AIDS epidemic."

The dinner will be underwritten by New York Life Insurance Company and its Chairman of the Board, Mr. Donald K. Ross, will co-chair the dinner with me. We will be joined by many other corporate leaders, and members of your Administration and Congress are expected to attend, including Senators Alan Cranston, Edward M. Kennedy, and Lowell Weicker; Congressmen Jim Wright, William S. Green, and Tony Coelho; Dr. Frank E. Young, Commissioner, Food and Drug Administration; and Dr. James B. Wyngaarden, Director, National Institutes of Health. Marvin Hamlisch has offered to entertain.

All proceeds will fund AIDS research. Your support will insure that it is an enormous financial success. It is hard for me to actually put into words what it would mean to me personally and to all of us trying to find a cure for this disease if you both were to accept my invitation.

Because the dinner is the night before the Third International AIDS Conference convenes in Washington, many guests will come from across the nation and around the world to attend, including many members of AmFAR's distinguished Scientific Advisory Committee.

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NEW YORK OFFICE • 40 WEST 57TH STREET • SUITE 406 • NEW YORK, NEW YORK 10019-4001 • (212) 333-3118

AmFAR is solely supported by the private sector and I know that you in particular, Mr. President, believe in encouraging private sector support and involvement in helping to meet our nation's needs.

For you, Mrs. Reagan, the dinner provides a unique opportunity to focus attention on the growing link between drug abuse and AIDS. I'm sure you read the April 6th New York Times article on the problem. Drug abusers who suffer from AIDS are spreading the disease to increasing numbers of people with whom they come in close contact. In the months and years ahead, the AIDS and drug abuse "battlefields" may become inextricably intertwined as drug abuse provides the means for AIDS to spread throughout the entire population.

So many families already are being touched by AIDS today. We can only hope and work, through events such as this dinner, to find a cure for AIDS before many more lives are lost. I so hope you can join us.

It would do so much for us to get rid of the archaic stigma attached to the disease and to make people realize that it is no longer a minority disease; it can happen to anyone. It's nobody's fault and everybody's problem.

With best regards,

Sincerely,

Elizabeth Taylor

Elizabeth Taylor
National Chairman

P.S. My love to you, Nancy. I hope to see you soon.
E.

TR new pg 1

(Parvin)
May 29, 1987
2:30 p.m.

PRESIDENTIAL ADDRESS: AMERICAN FOUNDATION FOR AIDS RESEARCH
SUNDAY, MAY 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen... you know fundraisers always remind me of one of my favorite, most well-worn stories. I've been telling it for years, so if you've heard it... well, indulge me.

But the chairman of the local fundraising drive went to see the richest man in town, who had never given anything -- not a cent.

So he said to the man, "Our records show you've never contributed anything to our charity." And the man said, "Well, do your records show I have a brother who had an accident and can't provide for himself? Do your records show I have an invalid mother? Do your records show I have a widowed sister with several small children and no father to support them?"

And the chairman said, "No, our records don't show that."

And the man said, "Well, I don't give anything to them. Why should I give anything to you?"

But I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be -- an honest man, a good doctor, and an advocate for the public health.

THE WHITE HOUSE

WASHINGTON

May 28, 1987

MEMORANDUM FOR RHETT B. DAWSON
ASSISTANT TO THE PRESIDENT
FOR OPERATIONS

FROM: ARTHUR B. CULVAHOUSE, JR.
COUNSEL TO THE PRESIDENT

Original Signed by ABC

SUBJECT: Presidential Remarks: American Foundation for AIDS Research

Counsel's office has reviewed the above-referenced matter and has the following comments:

(1) The President refers to medical science as the source of progress and hope in the fight against AIDS. Government he says, can educate, encourage safe behavior and "test to determine how widespread the virus is". (p. 2) This last phrase should be considered in light of any decision the President reaches regarding mandatory testing at today's DPC meeting. If, for example, a decision is made to support state laws requiring AIDS tests as a prerequisite for marriage licenses on the grounds that such laws would help control the spread of the disease, then this justification for testing should probably be cited, rather than the need to obtain information.

(2) The President reviews the highlights of medical progress against AIDS and emphasizes the scope of the federal government's commitment to fighting the disease. He expresses strong support for efforts to move AIDS drugs from the laboratory to the marketplace as quickly as possible. In so doing, he may appear to belittle regulations which slow that process, referring to crossing t's and dotting i's. (p. 3) Critics could assert that such comments demonstrate a lack of understanding for some of the serious questions concerning the release of new drugs.

(3) The President refers to his intention to create a national commission on AIDS. (p. 4) If the Executive Order on the commission has been signed by the time of the speech this reference should be updated accordingly.

(4) In reviewing the AIDS-related questions that confront our society, the President suggests that AIDS is a disease that may "bankrupt . . . our health care system". (p. 4) This seems unduly alarmist. The President also refers to "defending" Americans not infected with the virus. (p. 4) This phrasing may imply a "we" versus "them" mentality. Accordingly, I recommend the word "protect" be substituted for "defend".

(5) The President restates his view that teaching about AIDS or any aspect of sex education should not be value neutral. In this regard, he advocates the teaching of self-respect. The President states that "whenever you have self-respect and mutual respect you don't have drug abuse and sexual promiscuity -- which of course, are the two major causes of AIDS". (p. 7) This strikes us as an unintentionally harsh judgment on AIDS sufferers. Perhaps the President should refer to drug abuse and sexual promiscuity as "two major contributors to the spread of AIDS". Also, to the extent that this section of the remarks argues for morality, it may seem inconsistent with the President's statement on page 5 that Americans should not make moral judgments. (p. 5) It is possible to reconcile the emphasis on morality in preventing the spread of AIDS with an eschewal of moral judgments in assisting those who suffer from the disease.

(6) The President states that "if a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS". (p. 7) Following that statement is a space reserved for a "possible insert". We assume the insert would relate to any decisions on testing at today's DPC meeting and should be reviewed by our office once those decisions are known.

Attachment

cc: Anthony R. Dolan

(Parvin--5/28/87)

PRESIDENT REAGAN: AMERICAN FOUNDATION FOR AIDS RESEARCH
MAY 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen...you know fundraisers always remind me of one of my favorite, most well-worn stories. I've been telling it for years, so if you've heard it...well, indulge me.

But the chairman of the local fundraising drive went to see the richest man in town, who had never given anything--not a cent.

So he said to the man, "Our records show you've never contributed anything to our charity." And the man said, "Well, do your records show I have a brother who had an accident and can't provide for himself? Do your records show I have an invalid mother? Do your records show I have a widowed sister with several small children and no father to support them?"

And the chairman said, "No, our records don't show that."

And the man said, "Well, I don't give anything to them. Why should I give anything to you?"

But I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American

Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be--an honest man, a good scientist, and an advocate for the public health.

And I also want to thank other doctors and researchers who aren't here tonight. These individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well-being. And that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. The poet W.H. Auden said that the true men of action in our times are not the politicians and statesmen, but the scientists. I believe that's especially true when it comes to the AIDS epidemic.

Those of us in government can educate our citizens about the dangers; we can encourage safe behavior; we can test to determine how widespread the virus is; we can do any number of things. But only medical science can ever truly defeat AIDS. Medical science is the silver bullet.

We've made remarkable progress already. Over the past 2 years, scientists have collected more information about AIDS than they've collected during 40 years of research on polio.

To think, we didn't even know we had a disease until June of 1981 when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, AZT, has been brought to market in record time; others are coming. Work on a vaccine is now underway in many laboratories.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the Federal Government plans to spend $317 million on AIDS research and $766 million overall. Next year we intend to spend 30 percent more on research--$413 million out of $1 billion overall. Spending on AIDS has been one of the fastest growing parts of the budget, and, ladies and gentlemen, it deserves to be.

We're also tearing down the regulatory barriers so as to move AIDS drugs from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense--and, in fact, it's cruel--to keep the hope of new drugs from dying patients. And I don't blame those who were out marching and protesting to get the AIDS drugs released before the t's were crossed and the i's were dotted. If I had AIDS, I'd feel the same frustration.

Now, although science is capable of breathtaking advances; it's not capable of miracles. Because of AIDS' long incubation period, it will takes years to know if a vaccine works. These tests require time, and this is a

problem money cannot overcome. We will not have a vaccine on the market until the mid to late 1990's at best.

Since we don't have a cure to the disease and we don't have a vaccine against it, the question is how do we deal with it in the meantime? How do we protect the citizens of this nation? And where do we start?

For one thing, it is absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that federal and state government do the same.

I recently announced my intention to create a national commission on AIDS, because of the consequences of this disease on our society. We need some comprehensive answers. How do we deal with a disease that may swamp--perhaps even bankrupt--our health care system? What can we do to ~~defend~~ protect Americans not infected with the virus? How can we best care for those who are ill and dying? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis.

We know some things already--the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers of young men, intravenous drug users or infants we've lost. I'm not belaboring these things, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. This calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance.

It's also important that America not judge those who have the disease but care for them with dignity and kindness. Passing moral judgments is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.

We mustn't allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett--we must firmly oppose all forms of discrimination against those who have AIDS, whether in housing, education or jobs. We must prevent the persecution, though ignorance or malice, of our fellow citizens.

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS--Do Not Touch." Fortunately, that photo was taken several years ago and we now know there's no basis for this kind of fear.

But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountains."

I was told of a situation in Florida where three young brothers--ages 10, 9, and 7--were all hemophiliacs carrying

the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear.

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A.

AIDS is not a casually contagious disease. You don't get it from telephones or swimming pools or drinking fountains. You don't get it from someone shaking your hand or preparing your food. And most important, you don't get AIDS by donating blood.

Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

As I've said before, the federal role is to provide scientific, factual information. Corporations can help get the information out, so can community and religious groups. And, of course, so can the schools with guidance from the parents. How the schools present the information is up to them. Yet I can't help but mention this--~~the~~ teaching ~~of~~ about AIDS, or any aspect of sex education for that matter, should not be value neutral.

You know a dean of St. Paul's Cathedral in London once said, "The aim of education is the knowledge not of facts,

but of values." And that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions.

As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect you don't have drug abuse and sexual promiscuity--which, of course, are the two major causes of AIDS. And I know Nancy firmly believes from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead--so, yes, after there is a moral base, then you can discuss preventatives and other specific measures.

And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others--and that can mean endangering others with a gun, with a car, or with a virus. If a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS. Human decency requires it. And the reason is very simple--innocent people are being infected by this virus and some of them are going to acquire AIDS and die.

(POSSIBLE INSERT)

You know it's been said that when the night is darkest we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who've ministered to the sick and the helpless.

For example, last year about 450 volunteers from the Shanti Project provided 110,000 hours of emotional and practical support for 80 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens with AIDS.

And in closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said, "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have."

And, ladies and gentlemen, so must we.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

May 28, 1987

NOTE TO BEN JARRETT

Attached is the program for the AIDS International Conference, June 1-5.

The morning plenary sessions each day will be followed by press briefings at which plenary participants will outline what they feel the major findings or advances are, as reported at that day's session. Basic news coverage is likely to stem from the organized briefings:

MONDAY:

Morning briefing: (Overview)	Dr. Windom, Assistant Secretary for Health Dr. Koop
Afternoon briefing: (Research)	Dr. Wyngaarden, NIH Dr. Gallo

TUESDAY:

Morning briefing: (Epidemiology)	Dr. Mason, CDC Dr. Curran
Afternoon briefing: (Drugs, vaccine)	Dr. Young, FDA Dr. Fauci
Evening briefing: (Researchers)	International group, including French researcher who has injected himself with vaccine.

WEDNESDAY:

Afternoon briefing: (IV drug users)	Dr. Macdonald, ADAMHA Paula Van Ness, CDC information

THURSDAY:

Afternoon briefing: (Research)	Dr. Sundwall, HHS-HRSA Dr. Montaigner, Pasteur Institute

FRIDAY:

Afternoon briefing: (Overview - future)	Dr. Bowen, with PHS support

A more detailed outline of briefings and participants (tentative) is attached.

In addition, individual sessions will take place throughout each day, with several papers being delivered at each. These will be covered through pooling arrangements, and any one of them may also provide newsworthy material.

In addition to biomedical panels, the conference will also include panels and round-table discussions on inforamtion-education and on legal, social and ethical issues.

Also attached, FYI, are guidelines for press covering the conference.

HHS Press Office
245-6343

cc: Rusty Brashear

FYI C. Kline
FROM Mary Ever

III International Conference on AIDS

WASHINGTON, D.C., JUNE 1-5, 1987

NEWS MEDIA FACILITIES AND GUIDELINES

Welcome to Washington, site of the III International Conference on AIDS. We look forward to assisting you in covering this major news event.

Because of the extensive news media interest, guidelines are in effect for media coverage of the Conference to assist reporters in covering the sessions and help provide fair and equitable access to key newsmakers while making sure that the scientific meetings are not disrupted. We appreciate your cooperation.

All Conference sessions and exhibits will be held at the Washington Hilton Hotel. They are open to registered news media at no cost, but credentials are required. News conferences will be held daily to give the media access to plenary participants. On-the-record background briefings will also be held each day to provide additional perspectives on AIDS.

MEDIA REGISTRATION DESK: The desk is on the Terrace level. The desk is open from noon until 9 p.m. on Sunday, May 31, and also during the Conference. On Monday, June 1, it opens at 7 a.m.

ABSTRACT MANUAL: Copies of the Conference Abstract Manual may be purchased by the media at the registration desk for $30 per copy, cash or check in U.S. funds.

PROCEDURAL BRIEFINGS: A media briefing on the Conference operations will be held in the Conference Newsroom, the Conservatory Room, at 4 p.m. Sunday. Additional procedural briefings will be held each afternoon and early each morning to outline upcoming activities. Scheduled times will be posted in the Newsroom.

WEDNESDAY RECEPTION: Tickets for the Wednesday evening reception may be purchased for $50 each, subject to space availability, at the registration desk. No still cameras, video or tape recorders will be permitted at the reception.

NEWS MEDIA FACILITIES: The Conference Newsroom is the Conservatory Room on the Terrace level. Some news conferences and briefings will be held in this room, where typewriters and telephones are installed for your convenience. Limited additional space for interviews may be arranged by appointment through the News Operations staff.

The staff offices are in the Jackson Room. The media facilities will be open from noon to 6 p.m. Sunday and from 7 a.m. until 5:30 p.m. daily. Incoming telephone messages will be posted in the Conservatory Room. The phone number for incoming messages is (202) 483-3000; ask for the Jackson Room.

FAX AND TELEX: Commercial service is available through the hotel Plaza Business Center, open at the following times: Monday 6 a.m.-8 p.m.; Tuesday 6 a.m.-11 p.m.; Wednesday and Thursday 6 a.m.-8 p.m. Each user must arrange for own payment. Incoming messages must be in care of the Press Room or the Foreign Press Room.

FOREIGN MEDIA FACILITIES: Foreign media arrangements are being assisted by the European Broadcast Union, the U.S. Information Agency, and the World Health Organization. Please check with them at the Conference Foreign Press Center in the Grant Room on the Terrace level.

BROADCAST POOL: The Washington network news organizations have voted to provide pool coverage of selected events. If you are affiliated with a broadcast group, please contact your network pool coordinator. Distribution amplifiers for television and mult boxes for radio will be provided by the pool from the International Ballroom, where plenary sessions will be held, and from other key areas. Equipment setup times will be announced.

TV COVERAGE: Platforms will be erected in several meeting rooms for use by TV camera crews. No lights will be permitted during any scientific slide presentations. Additional details will be available in the Conference Newsroom. No standups or media interviews will be permitted in meeting rooms during sessions. No impromptu interviews will be permitted in corridors because they would block the safe and orderly flow of traffic. There will be no space for equipment storage in the hotel.

PHOTOGRAPHY: Access for photographs and cutaways during scientific sessions will be coordinated by the News Operations staff to provide maximum coverage with minimum disruption of the meetings. Photographers must notify the News Operations staff in advance of any photo needs. News media staff will escort photographers for brief photo and cutaway opportunities.

SEATING DURING SESSIONS: Seating will be on a first-come, first-served basis for media and Conference attendees alike. Overflow rooms with closed-circuit TV viewing will be available for selected sessions. Commercial audio tapes will be available for purchase by the media and other participants.

NEWS CONFERENCES: Plenary session speakers and chairmen have been invited to participate in news conferences following their presentations. Equipment setup times for these will be posted in the Newsroom.

ON-THE-RECORD BACKGROUND BRIEFINGS: Background briefings on broader topics in AIDS will be held daily in the Newsroom. Times and topics will be announced.

QUESTIONING THE SPEAKERS: Questions from the floor during the scientific sessions will be limited to paid conference registrants. The news media may ask their questions at news conferences and in individual interviews.

"NO SMOKING" POLICY: No smoking will be permitted in the meeting or media rooms throughout the conference.

We appreciate your cooperation.

MEDIA COORDINATORS

R. Anne Thomas
Gerri Blumberg
Marc Stern
Jim Bryant

PROPOSED NEWS CONFERENCES

III AIDS International Conference

(Jefferson and Lincoln West)

MONDAY - June 1

1. 10:00 - 10:30 a.m. or 12:00 - 12:30 [Kick-off: Mary Evert]	Robert E. Windom, PHS (statement) Lowell T. Harmison, PHS C. Everett Koop, PHS Guerra de Macedo, PAHO
2. 12:00 - 12:30 p.m. or 12:30 - 1:00 [Kick-off: Anne Thomas]	James B. Wyngaarden, NIH (statement) Robert Gallo, NCI Erling Norrby, Sweden Peter Piot, Belgium

TUESDAY - June 2

3. 12:00 - 12:30 p.m. [Kick-off: Don Berreth]	James O. Mason, CDC (statement) James Curran, CDC I. S. Okware, Uganda Jonathan Mann, WHO
4. 12:40 - 1:10 p.m. [Kick-off: Jack Martin]	Frank Young, FDA (statement) William Jarrett, Scotland Anthony Fauci, NIAID Samuel Broder, NCI
5. 10:30 - 11:30 p.m. [Kick-off: Anne Thomas] (Possibly held in ballroom)	Arsene Burny, Belgium Flossie Wong-Staal, NCI William Haseltine, Boston Simon Wain-Hobson, Pasteur Dani Bolognesi, Duke University Daniel Zagury, France

WEDNESDAY - June 3

6. 12:00 - 12:30 p.m. [Kick-off: Winifred Austermann]	Donald I. Macdonald, ADAMHA (statement) Donald R. Hopkins, CDC Paula Van Ness, now CDC, but representing AIDS Project, L.A. Don C. Des Jarlais, New York Henrik Zoffmann, Denmark

THURSDAY - June 4

7. 12:00 - 12:30 p.m. [Kick-off: Anne Thomas]	David N. Sundwall, HRSA (statement) Luc Montagnier, Pasteur - Max Essex, Boston Lennart Wetterberg, Sweden

FRIDAY - June 5

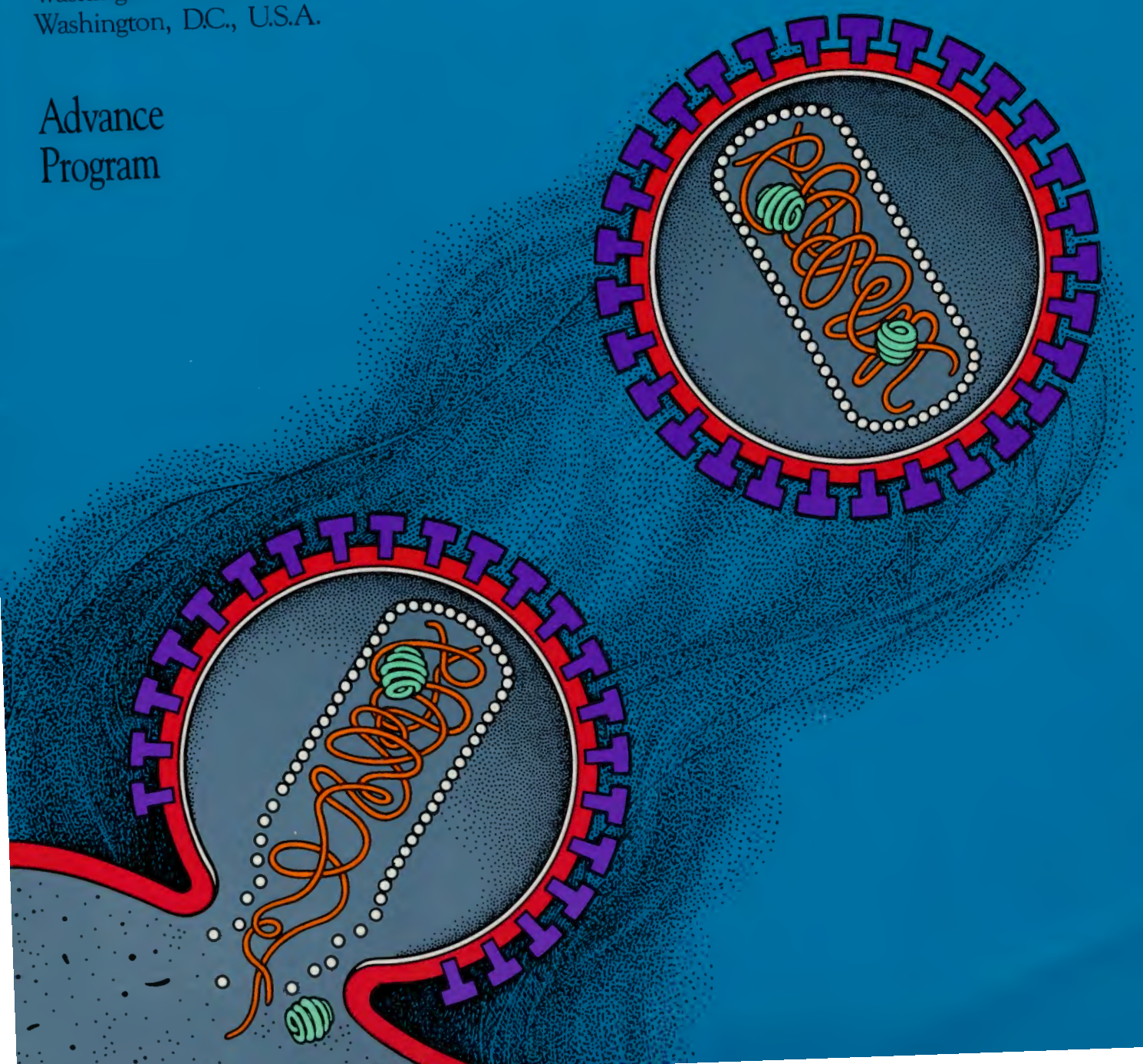
8. 1:15 - 1:45 p.m. [Kick-off: Stephanie Lee-Miller] (Possibly held in ballroom)	Otis R. Bowen, HHS Jean-Claude Gluckman, France Lars Olaf Kallings, Sweden June Osborn, University of Michigan Edward N. Brandt, Jr., University of Maryland

III International Conference on

Aids

June 1-5, 1987
Washington Hilton Hotel
Washington, D.C., U.S.A.

Advance Program



PRELIMINARY PROGRAM

Sunday, May 31	Monday, June 1	Tuesday, June 2	Wednesday, June 3	Thursday, June 4	Friday, June 5
Registration 12:00 noon-9:00 p.m.	Registration 7:00 a.m.-6:30 p.m.	Registration 8:00 a.m.-6:30 p.m.	Registration 7:30 a.m.-3:00 p.m.	Registration 8:00 a.m.-5:00 p.m.	Registration 8:00 a.m.-1:00 p.m.
Reception 7:00 p.m.	SESSION M.1— Opening Plenary 8:30 a.m.-10:00 a.m.	SESSION T.1— Plenary II 8:30 a.m.-10:00 a.m.	SESSION W.1— Plenary IV 8:00 a.m.-10:00 a.m.	SESSION TH.1— Plenary V 8:30 a.m.-10:00 a.m.	SESSIONS F.1-F.5 8:30 a.m.-10:00 a.m.
	BREAK	**BREAK**	**BREAK**	**BREAK**	**BREAK**
	SESSION M.2— Plenary I 10:30 a.m.-12:00 noon	SESSIONS T.2-T.5 10:30 a.m.-12:00 noon	SESSIONS W2.-W.5 10:30 a.m.-12:00 noon	SESSIONS TH.2-TH.6 10:30 a.m.-12:00 noon	SESSIONS F.6-F.9 10:30 a.m.-12:00 noon
	Poster Session-MP Lunch 12:00 noon-1:30 p.m.	Poster Session-TP Lunch 12:00 noon-1:30 p.m.	Poster Session-WP Lunch 12:00 noon-1:30 p.m.	Poster Session-THP Lunch 12:00 noon-1:30 p.m. Business Meeting-THB 1:15 p.m.	SESSION F.10— Closing Plenary 12:00 noon-1:00 p.m.
	SESSIONS M.3-M.7 1:30 p.m.-3:00 p.m.	SESSION T.6— Plenary III 1:30 p.m.-3:00 p.m.	SESSIONS W.6-W.10 1:30 p.m.-3:00 p.m.	SESSIONS TH.7-TH.12 1:30 p.m.-3:00 p.m.	**ADJOURNMENT**
	BREAK	**BREAK**	**BREAK**	**BREAK**	
	SESSIONS M.8-M.11 3:30 p.m.-5:00 p.m.	SESSIONS T.7-T.11 3:30 p.m.-5:00 p.m.	Reception/Buffet 7:00 p.m.	SESSIONS TH.13-TH.17 3:30 p.m.-5:00 p.m.	
	SESSIONS M.12-M.14 5:00 p.m.-6:30 p.m.	SESSIONS T.12-T.15 5:00 p.m.-6:30 p.m.			
		SESSION T.16 8:00 p.m.-10:30 p.m.			

III INTERNATIONAL CONFERENCE ON ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

June 1-5, 1987
Washington Hilton and Towers
Washington, D.C.

The III International Conference on AIDS will be held June 1-5, 1987, at the Washington Hilton and Towers, Washington, D.C. The purpose of the conference is to review and exchange information on AIDS epidemiology, virology, molecular biology, immunology, serology, hematology, animal models, neurological implications, neuropsychiatric aspects, oncology, diagnostic tests, clinical manifestations, behavioral and addiction aspects, public health, ethical and psychosocial implications, and prevention and control strategies.

Sponsored by the: **U.S. Department of Health and Human Services**
Public Health Service
National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration
Centers for Disease Control
Food and Drug Administration
Health Resources and Services Administration

and the
World Health Organization

CONFERENCE COMMITTEES

Steering Committee

James B. Wyngaarden, *National Institutes of Health*

Paul Parkman, *Food and Drug Administration*

David N. Sundwall, *Health Resources and Services Administration*

James O. Mason, *Centers for Disease Control*

Donald I. Macdonald, *Alcohol, Drug Abuse, and Mental Health Administration*

Jonathan Mann, *World Health Organization*

Organizing Committee

George J. Galasso, Chairman, *National Institutes of Health*

Kenneth Bridbord, Co-Chairman, *Fogarty International Center, National Institutes of Health*

Peter Fischinger, *National Cancer Institute, National Institutes of Health*

John R. La Montagne, *National Institute of Allergy and Infectious Diseases, National Institutes of Health*

Amoz I. Chernoff, *National Heart, Lung, and Blood Institute, National Institutes of Health*

Gerald B. Quinnan, *Food and Drug Administration*

Peter Bridge, *Alcohol, Drug Abuse, and Mental Health Administration*

Samuel Matheny, *Health Resources and Services Administration*

Walter Dowdle, *Centers for Disease Control*

Gary R. Noble, *Public Health Service*

Scientific Program Committee

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D. Armstrong, USA
H. Bachmayer, Austria
L. Barbosa, USA
K. Bart, USA
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L. Chieco-Bianchi, Italy
J. Chin, USA
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G. de The, France
D. Des Jarlais, USA
R.C. Desrosiers, USA
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J. Graham, USA
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D. Henderson, USA
E.M. Hersh, USA
J.C. Hill, USA
Y. Hinuma, Japan
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S.J. Lengel, USA
P.H. Levine, USA
J.A. Levy, USA
M.A. Martin, USA
H. Masur, USA
C. McCarthy, USA
L. Montagnier, France
J. Mosley, USA
T. Muyembe, Zaire
G. Nemo, USA
B. Oberg, Sweden
G. Papaevangelou, Greece
J.W. Pape, Haiti
W.P. Parks, USA
H.G. Pereira, Brazil
P. Piot, Belgium
F. Polk, USA
R.W. Price, USA
R.J. Riseberg, USA
M. Roper, USA
A. Rubinstein, USA
G. Schochetman, USA
N. Schram, USA
W.G. Van Acken, The Netherlands
P. Volberding, USA
D. Volkman, USA
S. Wain-Hobson, France
R. Weiss, UK
W. Winkelstein, USA
F. Wong-Staal, USA
D. Zagury, France
V.M. Zhdanov, USSR

REGISTRATION INFORMATION

Registration Fees

Full Registration	$250.00
Student Registration	$140.00
Spouse Registration	$150.00

Registration fees are payable in U.S. FUNDS only, drawn on a U.S. bank. A personal or company check, travelers check or money order will be accepted. Make checks payable to "AIDS Conference". No credit cards will be accepted.

Payment of the:

Full Registration includes one copy of the Abstracts Volume, one ticket for the Sunday and Wednesday receptions, and entrance to all scientific sessions and exhibits.

Student Registration includes one copy of the Abstracts Volume, one ticket for the Sunday and Wednesday receptions, and entrance to all scientific sessions and exhibits. To qualify for the Student Registration fee, the registrant must be enrolled as a full-time student at a degree-granting university or college at the time of registration *and* the conference. Student identification cards must be shown when picking up the registration packet.

Spouse Registration includes one ticket for the Sunday and Wednesday receptions and entrance to all scientific sessions and exhibits.

To register in advance, please complete the Advance Registration Card (see below) and return it with payment of the appropriate fees

Registration form and payment (make checks payable to "AIDS Conference" in U.S. Dollars ONLY) should be sent to:

Registrar
III International Conference on AIDS
655 15th Street, N.W.
Suite 300
Washington, DC 20005 USA

Your Conference materials will be held for you at the Conference.

Cancellations

Requests for refunds of advance registration fees must be submitted in writing to the Conference Registrar (address above). Requests for refunds of advance registration will be honored only if received by May 1, 1987. The advance registration fee less a $25.00 handling charge will be refunded. Requests for refunds received after May 1 will be reviewed by the Conference Organizing Committee.

Advance Registration Form-III International Conference on AIDS

Please Print:

NAME _____
Last First

TITLE _____

AFFILIATION _____

ADDRESS _____

CITY _____
State/Country Postal Code

TELEPHONE ( ) _____

SPOUSE NAME (For Badge):

_____

	FEES	*Amount*
____	Full Registration @ $250	____
____	Student Registration @ $140	____
____	Spouse Registration @ $150	____
	TOTAL ENCLOSED	$____

OFFICE USE ONLY

ID#_____ D#_____ A/R#_____
AP$_____ AO$_____ TD$_____
Refund $_____ Date _____
Ck #_____ C P

Make checks payable in U.S. Dollars to: AIDS Conference

Mail to: Registrar
III International Conference on AIDS
655 15th Street, N.W.
Suite 300
Washington, DC 20005 USA

CONFERENCE HOTELS

Hotels and Rates for the III International Conference on AIDS (for locations see map on following page)

HOTELS	RATES Single	Double
1. Washington Hilton and Towers (HEADQUARTERS HOTEL)	$ 75.00 $ 85.00	$ 85.00 $ 95.00
2. Normandy Inn	$ 73.00	$ 83.00
3. Windsor Park	$ 42.00	$ 49.00
4. Highland Hotel	$ 55.00	$ 65.00
5. Dupont Plaza Hotel	$100.00	$150.00
6. Embassy Row Hotel	$125.00	$145.00
7. Omni Georgetown	$100.00	$120.00
8. Mayflower Hotel	$105.00	$125.00
9. Ramada Renaissance Hotel	$ 90.00	$105.00
10. Washington Marriott	$110.00 $65.00 (US Government ID Required)	$125.00 $ 75.00 (US Government ID Required)
11. The River Inn	$ 95.00	$ 95.00
12. Gramercy Hotel	$ 65.00	$ 65.00
13. Holiday Inn–Governor's House	$ 92.00	$ 92.00
14. Park Terrace	$ 95.00	$110.00
15. General Scott Inn	$ 54.00	$ 60.00
16. Washington Plaza	$ 87.00	$107.00
17. Hotel Washington	$ 90.00	$100.00
18. Wyndham/Bristol	$110.00 $ 75.00 (US Government ID Required)	$130.00 $ 75.00 (US Government ID Required)
19. Georgetown Dutch Inn	$ 65.00	$ 65.00

REGISTRATION FORM

HOTEL RESERVATIONS

A limited block of sleeping rooms has been reserved for conference participants at the Washington Hilton and Towers, our headquarters hotel, where all scientific sessions, poster sessions, exhibits and social functions will take place.

Additional rooms are reserved at other area hotels. All hotel reservations for the Washington Hilton and Towers and area hotels MUST BE MADE THROUGH THE AIDS CONFERENCE HOUSING BUREAU AS FOLLOWS:

1. Fill out the Hotel Reservation Form completely. List at least three choices of hotels, names of all persons requiring accommodations, arrival and departure dates, to whom confirmation should be sent, and credit card information if you wish to guarantee your room for late arrival.
2. Mail your Hotel Reservation Form directly to:

   AIDS Conference Housing Bureau
   1575 Eye Street, N.W.
   Washington, DC 20005 USA

   NO TELEPHONE REQUESTS FOR HOUSING WILL BE ACCEPTED.

   To be included in the conference room block at special conference rates, hotel reservations MUST BE RECEIVED AT THE AIDS CONFERENCE HOUSING BUREAU BY MAY 15, 1987. Make your reservations early; June is a very popular tourist month in Washington, DC.
3. Hotel placement will be made in order of receipt of forms at the Bureau. Your first choice will be assigned if rooms are available; otherwise you will be assigned to your next hotel alternatives.
4. The AIDS Conference Housing Bureau will send you a confirmation of the receipt of your request and your hotel assignment. Upon receipt of confirmation you must submit to your hotel the deposit required to guarantee your room if you have not previously guaranteed your reservation on a credit card. This deposit should go directly to your hotel. DO NOT SEND YOUR DEPOSIT TO THE AIDS CONFERENCE HOUSING BUREAU. For room guarantees and payment of room charges, hotels will accept most major credit cards. They will take checks, in U.S. dollars only, for deposits.
5. Changes or cancellations should be submitted in writing directly to the AIDS CONFERENCE HOUSING BUREAU until May 15, 1987. After that date you must contact your confirmed hotel directly.

Hotel Reservation Form-III International Conference on AIDS
Washington, DC, June 1-5, 1987

Print or Type:

Please reserve the following accommodations:

- ☐ Single Room
- ☐ Double Room (2 people—1 Bed)
- ☐ Twin Room (2 people—2 Beds)

Hotels (List at Least 3 Choices)

- ☐ Washington Hilton and Towers (HEADQUARTERS HOTEL)
- ☐ 1st Alternative _____
- ☐ 2nd Alternative _____
- ☐ 3rd Alternative _____

Arrival Date _____ Hour (A.M.) _____ (P.M.) _____

Departure Date _____ Hour (A.M.) _____ (P.M.) _____

Confirm Reservations to:

Name _____

Mailing Address _____

_____

_____
City State/Country Postal Code

Telephone _____ / _____
Area Code

This form must be received by the AIDS Conference Housing Bureau by May 15, 1987.

Names/Addresses of all occupants of rooms

1. Name _____
   Address _____
   _____
2. Name _____
   Address _____
   _____

YOU MUST *GUARANTEE* YOUR RESERVATION BY CREDIT CARD OR BY SENDING A DEPOSIT TO YOUR ASSIGNED HOTEL AFTER YOU RECEIVE CONFIRMATION.

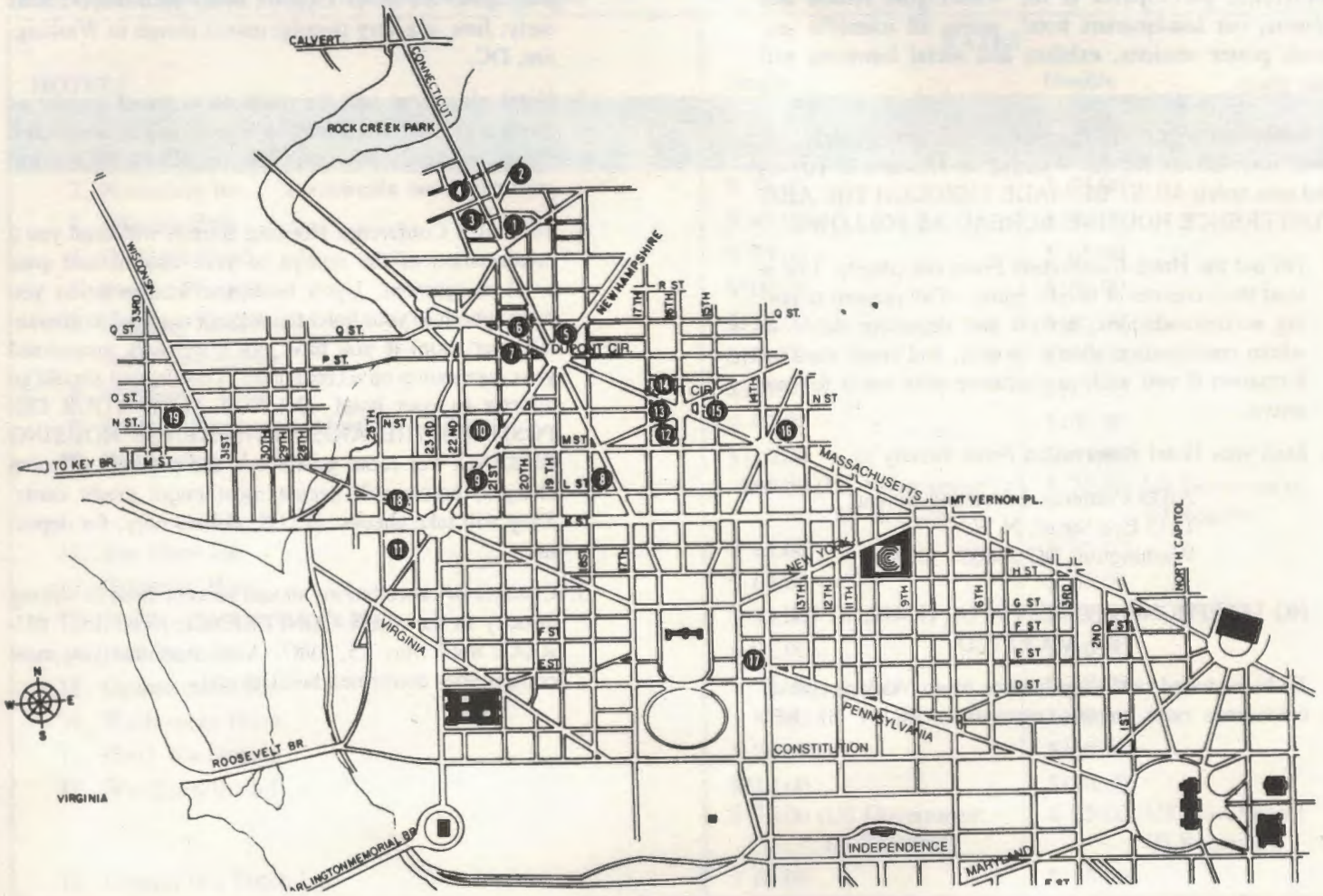
Guaranteed Reservations:

A. Credit Card Guarantee
   Card Name _____
   Card Number _____
   Expiration Date

B. Check Deposit
   Send to hotel upon receipt of confirmation from AIDS Conference Housing Bureau.

Mail to: AIDS Conference Housing Bureau
1575 Eye Street, N.W.
Washington, DC 20005 USA

HOTEL MAP



HOTEL RESERVATION FORM

GENERAL INFORMATION

Registration Desk and Message Center

The Conference Registration Desk and Message Center, located in the Washington Hilton Hotel, will be open during the following hours:

Sunday, May 31	12:00 p.m.-9:00 p.m.
Monday, June 1	7:00 a.m.-6:30 p.m.
Tuesday, June 2	8:00 a.m.-6:30 p.m.
Wednesday, June 3	7:30 a.m.-3:00 p.m.
Thursday, June 4	8:00 a.m.-5:00 p.m.
Friday, June 5	8:00 a.m.-1:00 p.m.

Anyone wishing to reach you should call the hotel at 202/483-3000 and ask for the AIDS Conference Message Center. Please check the message board periodically.

Conference Travel Agency

Flight reservations to the III International Conference on AIDS with substantial savings over regular coach fares will be available through Courtesy Travel Service in Washington, DC. Special reduced airfares from Ultimate Super Saver fares WITH RESTRICTIONS to discounted economy fares without restrictions have been negotiated for conference attendees.

To make a reservation call Courtesy Travel Service at:

In Maryland, Virginia, District of Columbia, and International—202/347-5900

Outside Washington Metropolitan Area—Toll Free 800/732-5566

International travelers telex Courtesy Travel Service at 440487 COURTESY

Continuing Education

Applications have been made for continuing education credits for physicians, nurses, and psychologists attending the conference.

Currency Exchange

The Washington Hilton and Towers will exchange major currencies. Dulles International Airport, Washington National Airport, and Baltimore/Washington International Airport also have currency exchange. We recommend that international travelers arrive with some U.S. dollars.

Badges

Badges should be worn at all times and are required for admittance to all sessions and special events.

Letters of Invitation

The Conference Committee will be pleased to send letters of invitation to any individual making such a request. It is understood that such an invitation is intended to help potential attendees raise travel funds or obtain a visa. It is not a commitment on the part of the Conference to provide any financial support. You may request such letters from:

III International Conference on AIDS
655 15th Street, N.W., Suite 300
Washington, DC 20005 USA

Official Language

The official language of the conference is English.

Tour Programs

Tours of Washington, DC and surrounding sites of interest are available through Grayline Tours. See the Washington Hilton and Towers Tour Desk for further information.

Airport Transportation

Airport shuttle bus service on the Washington Flyer is available to the Washington Hilton and Towers from all local airports and offers a considerable savings to you. Current rates are:

	Shuttle Bus		Taxi
National Airport	$ 5.00		$12.00
Dulles Airport	$10.00		$35.00
Baltimore/Washington International Airport	$10.00	(to Capitol Hilton)	$45.00
	$ 3.00	(taxi to Washington Hilton)	

Amtrak Train service is available between Baltimore Washington International Airport and Washington's Union Station. Free shuttle bus service to the airport railroad station departs from the lower level of the airport near baggage claim and the ground transportation desk. Union Station is on Metrorail's Red Line.

Metrorail

Washington's rapid transit/subway system, Metrorail, operates to and from National Airport as well as throughout the city. Maps are located in each station. The Metro stop closest to the Washington Hilton is Dupont Circle on the Red Line.

Hours of operation are: Weekdays—6:00 a.m.-midnight; Saturday—8:00 a.m.-midnight; Sunday—10:00 a.m.-midnight. The hotel is an eight-minute walk north of the Dupont Circle Station.

Because fares vary depending upon the time and distance traveled, Metrorail uses a cashless fare system called Farecard. About the size of a credit card, Farecards may be purchased from vending machines in each station. Each rider must have a Farecard. On the front of the card is the value and a strip of magnetic tape. When entering the station mezzanine area, simply insert the card in the entrance gate and the time and location will be recorded on the tape and the card returned. Keep your card; you will need it to exit the station. At your destination, insert the card in the exit gate. There, your fare will be automatically deducted and the Farecard returned if there is any remaining value.

For further information contact:
III International Conference on AIDS
655 15th Street, N.W., Suite 300
Washington, DC 20005 USA
202/639-5179
TELEX: 440487 COURTESY

MONDAY, JUNE 1, 1987

SESSION M.1
Opening Plenary Session
8:30 a.m.

Chairman: Lowell T. Harmison
U.S. Department of Health and Human Services
Washington, DC, USA

Call to Order
George J. Galasso, *General Chairman, III International Conference on AIDS. Associate Director for Extramural Affairs, National Institutes of Health, Bethesda, MD, USA.*

Welcome and Introduction of Keynote Speaker
Lowell T. Harmison, *Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services, Washington, DC, USA.*

Keynote Address: The AIDS Challenge
Robert E. Windom, *Assistant Secretary for Health, U.S. Department of Health and Human Services, Washington, DC, USA.*

The International Welcome
C. Everett Koop, *Surgeon General and Director of the International Health Program Office, U.S. Public Health Service, Washington, DC, USA.*

Welcome from the World Health Organization
Guerra de Macedo, *Director, Pan-American Health Organization, Washington, DC, USA.*

SESSION M.2
Plenary Session I
10:30 a.m.

Chairman: James B. Wyngaarden
National Institutes of Health
Bethesda, MD, USA

10:30 a.m.
1. The AIDS Viruses, *Robert Gallo, National Cancer Institute, National Institutes of Health, Washington, DC, USA.*

11:00 a.m.
2. Significance of Variations Between HIV Isolates for Vaccine Development, *Erling Norrby, Karolinska Institute, Stockholm, Sweden.*

11:30 a.m.
3. Natural History and Clinical Course of HIV Infection, *Peter Piot, Institute of Tropical Medicine, Antwerp, Belgium.*

POSTER SESSION—MP
12:00 p.m.-1:30 p.m.
Exhibit Hall
Scientific poster presentations in the areas of virology, epidemiology, immunology, clinical management, prevention/public health, psychosocial, legal/ethics, health care, clinical trials and blood/blood products.

SESSION M.3
Epidemiology—Natural History
1:30 p.m.

Chairmen: Frank Polk (Baltimore, MD, USA)
J. B. Brunet (Paris, France)

1:30 p.m.
1. The Natural History of Human Immunodeficiency Virus in a Cohort of Homosexual and Bisexual Men: A 7-year Prospective Study, *Nancy Hessol*, George Rutherford*, P. M. O'Malley*, L. S. Doll**, W. W. Darrow**, H. W. Jaffe**, et al., *Department of Public Health, San Francisco, CA, and **Centers for Disease Control, Atlanta, GA.*

1:45 p.m.
2. In a Cohort of HIV Seropositive Men Followed for 30 Months, Initial Leu 3A T Lymphocyte Counts Predict Subsequent Declines in T Cell Counts, Clinical Findings and AIDS, *William Lang*, R. Anderson**, W. Winkelstein, Jr.***, R.Royce ***, H. Perkins****, *Children's Hospital of San Francisco, CA, **California Department of Health Services, Sacramento, CA, ***University of California School of Public Health, Berkeley, CA, ****Irwin Memorial Blood Bank, San Francisco, CA.*

2:00 p.m.
3. Progression to AIDS, Predictors of AIDS and Seroconversion in a Cohort of Homosexual Men: Results of a Four Year Prospective Study, *Martin Schechter, W. J. Boyko, M. S. Weaver, B. Douglas, B. Willoughby, A. W. McLeod, et al., The Vancouver Lymphadenopathy-AIDS Study, St. Paul's Hospital, University of British Columbia, Vancouver, B.C., Canada.*

2:15 p.m.
4. Natural History of HIV Infection in Intravenous Drug Abusers (IVDAs), *Peter Selwyn*, E. E. Schoenbaum*, D. Hartel*, T. Peterman**, R. S. Klein*, G. H. Friedland*, et al., *Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, **Centers for Disease Control, Atlanta, GA.*

2:30 p.m.
5. Risk of Disease in Recipients of Blood from Donors Later Found Infected with Human Immunodeficiency Virus (HIV), *J. W. Ward*, D. Deppe*, H. Perkins**, S. Kleinman***, P. Holland****, J. Allen*, *Centers for Disease Control, Atlanta, GA, **Irwin Memorial Blood Bank, San Francisco, ***American Red Cross, Los Angeles, ****Sacramento Blood Center, Sacramento, CA.*

2:45 p.m.
6. Continuing Studies on the Natural History of HIV Infection in Zaire, *Bosenge Ngaly*, R. W. Ryder**, B. Kapita*, H. Francis***, T. Quinn***, J. M. Mann**, et al., *Mama Yemo Hospital and Department of Public Health, Kinshasa, Zaire, **Centers for Disease Control, Atlanta, GA, *** National Institutes of Health, Bethesda, MD.*

MONDAY, JUNE 1, 1987

SESSION M.4
Virology—Structure and Function
1:30 p.m.

Chairmen: James Hoxie (Philadelphia, PA, USA)
Viktor Zhdanov (Moscow, USSR)

1:30 p.m.
1. Invited Speaker: Pathogenesis of HIV Infection - Virus: Host Interactions, *Jay A. Levy, Cancer Research Institute, University of California School of Medicine, San Francisco, CA.*

1:45 p.m.
2. Clonal Analysis of Functional Differences of Human Immunodeficiency Virus (HIV), *Shinji Harada*, N. Yamamoto**, Y. Hinuma*, *Institute for Virus Research, Kyoto University, Kyoto, Japan, **Department of Virology and Parasitology, Yamaguchi University, School of Medicine, Yamaguchi, Japan.*

2:00 p.m.
3. T4 Glycoprotein and T4 Messenger RNA in Human Immunodeficiency Virus-Permissive Cells, *M. Malkovsky*, Karen Philpott*, A. Mellor*, P. J. Maddon**, R. Axel***, A. G. Dalgleish, et al., Retrovirus Research Group and *Transplantation Biology Section, MRC Clinical Research Centre, Middlesex, England; **Department of Biochemistry and Molecular Biophysics and *** Howard Hughes Medical Institute, College of Physicians & Surgeons, Columbia University, New York, NY.*

2:15 p.m.
4. Delineation of a Region of the HIV gp120 Envelope Protein which Interacts with the CD4 Antigen of the Helper T Lymphocyte, *Laurence A. Lasky, T. Gregory, G. Nakamura, C. Fennie, D. Smith, P. Berman, et al., Departments of Molecular Biology, Process Development, and Assay Development, Genentech, Inc., South San Francisco, CA.*

2:30 p.m.
5. Reversion of a Non-Infectious Envelope Mutant of the Human Immunodeficiency Virus in a Tissue Culture System, *Ronald L. Willey*, Daniel J. Capon**, Theodore Theodore*, Malcolm A. Martin*, *Laboratory of Molecular Microbiology, NIAID, National Institutes of Health, Bethesda, MD, and **Genentech, Inc., South San Francisco, CA.*

2:45 p.m.
6. Structure/Function Relationships of the HIV Envelope Glycoproteins, *Mark Kowalski, Joseph Potz, Wei Chun Goh, Ladan Basiripour, Craig Rosen, Andrew Dayton, Ernest Terwilliger, William Haseltine*, Joseph Sodroski, Dana-Farber Cancer Institute, Department of Biochemical Pharmacology, Harvard Medical School, and *Department of Cancer Biology, Harvard School of Public Health, Boston, MA.*

SESSION M.5
Psychosocial—Behavioral Studies of AIDS
1:30 p.m.

Chairmen: Peter Bridge (Bethesda, MD, USA)
Sophie Day (London, England)

1:30 p.m.
1. Invited Speaker: An Overview of Peptide T and its Pentapeptide Analogs: Inhibition of HIV Infectivity by Specific CD4 Receptor Binding, *Candace Pert, C. Smith, P. Hallberg, N. Jelesoff, J. Hill, M. Ruff, National Institute of Mental Health, Bethesda, MD.*

1:45 p.m.
2. Invited Speaker: Peptide T Treatment in AIDS, *Lennart Wetterberg, The Karolinska Institute, Stockholm, Sweden.*

2:00 p.m.
3. Psychoimmunology in AIDS, *Peter Bridge, National Institute of Mental Health, National Institutes of Health, Bethesda, MD.*

2:15 p.m.
4. An Unspeakable Disease. Self-Isolation of HIV Infected Patients as a Result of Conflicting Aspirations, *Michael Pollak, C. Gharakhanian, W. Rozenbaum, A. Viallefont, F. Aime, GSPM, CNRS, Paris, Fac. de Medecine, Universite Paris, Paris, France.*

2:30 p.m.
5. An Intensive Psychoimmunologic Study of Long-Surviving Persons with AIDS, *Lydia Temoshok, J. Zich, G. F. Solomon, D. P. Stites, University of California, San Francisco, School of Medicine, CA.*

2:45 p.m.
6. Neuropharmacologic Research with Viral Lipids as the Site of Action for Developing Novel Antiviral Agents, *A. S. Lippa, Praxis Pharmaceuticals Inc., Los Angeles, CA and City College of New York, NY.*

MONDAY, JUNE 1, 1987

SESSION M.6
Prevention/Public Health—Impact of HIV Testing on the Behavior of Homosexual Males
1:30 p.m.

Chairmen: Gary Noble (Washington, DC, USA)
Alistair Clayton (Ottawa, Canada)

1:30 p.m.
1. Effect of HIVab Serodiagnosis on Sexual Behavior in Homosexual Men in The Netherlands, *Godfried J. P. Van Griensven, R. A. P. Tielman, J. Goudsmit, J. Van Der Noordaa, F. De Wolf, R. A. Coutinho, et al., AIDS Study Group Amsterdam/Utrecht, The Netherlands.*

1:45 p.m.
2. Factors Influencing the Decision to Learn HIV Antibody Results in Gay and Bisexual Men, *David W. Lyter, R. O. Valdiserri, L. A. Kingsley, W. P. Amoroso, C. R. Rinaldo, Jr., University of Pittsburgh, Pittsburgh, PA.*

2:00 p.m.
3. Sexual Practices and Condom Use in a Cohort of Homosexual Men: Evidence of Differential Modification Between Seropositive and Seronegative Men, *Brian Willoughby, M. T. Schechter, W. J. Boyko, K. J. P. Craib, M. S. Weaver, B. Douglas, et al., The Vancouver Lymphadenopathy-AIDS Study, St. Paul's Hospital, University of British Columbia, Vancouver, BC, Canada.*

2:15 p.m.
4. The HIV Antibody Test: Influence on Sexual Behaviour of Homosexual Men, *Charles F. Farthing*, W. Jesson**, H-L Taylor**, A. G. Lawrence*, B. G. Gazzard*, *St. Stephens Hospital, London, U.K., ** Public Health Laboratory, Collindale Laboratories, London, U.K.*

2:30 p.m.
5. Evaluation of Anti-HIV Testings in Sweden, a Country Where HIV Infections are Subjected to Legislation, *Margareta Bottiger, National Bacteriological Laboratory, Stockholm, Sweden.*

2:45 p.m.
6. Safer Sex and Acceptance of Testing. Results of the Nationwide Annual Survey Among French Gay Men, *Michael Pollak*, M. A. Schiltz*, B. Lejeune**, *GSPM, CNRS, Paris, France, **GPH, Paris, France.*

SESSION M.7
Roundtable Discussion
1:30 p.m.
Communicating AIDS Education Across Cultural Barriers

SESSION M.8
Epidemiology—AIDS in Developing Countries
3:30 p.m.

Chairmen: Warren Johnson (New York, NY, USA)
Bila Kapita (Kinshasa, Zaire)

3:30 p.m.
1. Infection by HIV Among Populations of Six Countries of Central Africa, *M. Merlin*, R. Josse*, E. Delaporte**, J. P. Durand***, C. Hengy*, A. J. Georges****, *O.C.E.A.C., Yaounde, Cameroon, **C.I.R.M.F., Gabon, ***Pasteur Center, Cameroon, ****Pasteur Institute, Bangui, Central African Republic.*

3:45 p.m.
2. HIV Antibody Prevalence in Migrant Mineworkers in South Africa During 1986, *Brian A. Brink*, R. Sher**, L. Clausen*, *Chamber of Mines of South Africa, Johannesburg, South Africa, **School of Pathology, University of the Witwatersrand and South African Institute of Medical Research, Johannesburg, South Africa.*

4:00 p.m.
3. Risk Factors for Heterosexual Transmission of HIV in Zimbabwe, *David A. Katzenstein*, A. Latif**, M. Bassett***, J. Emmanuel****, Departments of: *Microbiology, **Medicine, and ***Community Medicine, University of Zimbabwe School of Medicine, and ****the Blood Transfusion Service of Harare, Harare, Zimbabwe.*

4:15 p.m.
4. Incidence of Human Immunodeficiency Virus (HIV) Infection and Related Disease in a Cohort of Nairobi Prostitutes, *Francis A. Plummer, J. N. Simonsen, E. N. Ngugi, D. W. Cameron, P. Piot, J. O. Ndinya-Achola, Kenya Medical Research Institute, University of Nairobi, Ministry of Health, Nairobi, University of Manitoba, Winnipeg; Institute of Tropical Medicine, Antwerp.*

4:30 p.m.
5. The Association Between HIV Seropositivity, Blood Transfusions, and Malaria in a Pediatric Population in Kinshasa, Zaire, *Alan E. Greenberg*, P. Nguyen-Dinh*, J. M. Mann**, N. Kabote****, R. L. Colebunders**, T. C. Quinn******, et al., *Centers for Disease Control, Atlanta, GA, **Ministry of Health and Social Affairs, Kinshasa, Zaire, ****Mama Yemo Hospital, Kinshasa, Zaire, *****Institute of Tropical Medicine, Antwerp, Belgium, ******National Institutes of Health, Bethesda, MD.*

4:45 p.m.
6. Pattern of HIV Infection in Haiti: 1977-1986, *Jean W. Pape*, M. E. Stanback*, M. Pamphile**, R. Verdier**, M-M Deschamps**, W. D. Johnson, Jr.*, et al., *Cornell University Medical College, NY, **Gheskio, Port-au-Prince, Haiti.*

MONDAY, JUNE 1, 1987

SESSION M.9
Virology—Structure and Function I
3:30 p.m.

Chairmen: Malcolm Martin (Bethesda, MD, USA)
Francoise Barre-Sinoussi (Paris, France)

3:30 p.m.
1. T-Cell Activation Increases Gene Expression Directed by the HIV LTR: Implications for Pathogenesis in AIDS, *Paul A. Luciw*, Sandra E. Tong-Sarksen**, and B. Matija Peterlin**, *University of California, Davis, CA, **Howard Hughes Medical Institute, University of California, San Francisco, CA.*

3:45 p.m.
2. Mapping of the cis-acting Regulatory Regions Responsive to the HIV art Gene Product, *Craig Rosen, Ernest Terwilliger, Joseph Sodroski, and William Haseltine*, Dana-Farber Cancer Institute, Department of Biochemical Pharmacology, Harvard Medical School, and *Department of Cancer Biology, Harvard School of Public Health, Boston, MA.*

4:00 p.m.
3. Human Immunodeficiency Virus Protease, *S. Oroszlan, T. D. Copeland, L. E. Henderson, Laboratory of Molecular Virology and Carcinogenesis, BRI-Basic Research Program, National Cancer Institute-Frederick Cancer Research Facility, Frederick, MD.*

4:15 p.m.
4. Functional Analysis of the HIV A (SOR) Gene Product, *Klaus Strebel*, D. F. Daugherty**, T. M. Folks***, K. A. Clouse****, M. A. Martin*, *Laboratory of Molecular Microbiology, and ***Laboratory of Immunoregulation; National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD, **University of Michigan, Ann Arbor, MI, ****Georgetown University, Washington, DC.*

4:30 p.m.
5. The Role of the sor Gene of HTLV-III/HIV, *Amanda Fisher*, B. Ensoli*, L. Ivanoff**, L. Ratner***, and F. Wong-Staal*, *Laboratory of Tumor Cell Biology, National Cancer Institute, National Institutes of Health, Bethesda, MD, **E. I. Dupont, Wilmington, DE, ***Division of Hematology and Oncology, Washington University, St. Louis, MI.*

4:45 p.m.
6. Direct Mutagenesis Analysis of the Trans-Activator Genes of Human T Cell Lymphotropic Virus Type III, *M. Reza Sadaie, T. Benter and F. Wong-Staal, Laboratory of Tumor Cell Biology, National Cancer Institute, NIH, Bethesda, MD.*

SESSION M.10
Immunology—Viral Proteins and Virus Specific Immune Responses
3:30 p.m.

Chairmen: Charles Rinaldo (Pittsburgh, PA, USA)
Luigi Chieco-Bianchi (Padova, Italy)

330 p.m.
1. Analysis with Recombinant Vaccinia Viruses of CD4/HIV gp Interaction within Individual Cells, *P. Salmon, R. Olivier, Y. Riviere, M. P. Kienny, L. Montagnier, J. C. Gluckman, D. Klatzmann, UFR Pitié-Salpêtrière and Institut Pasteur, Paris, France.*

3:45 p.m.
2. Analysis of HIV Protein Presentation on Infected Cell Surfaces: Evidence for Group, Type, and Host Cell Specificity, *Stephen G. Carter*, W. G. Robey**, L. O. Arthur*, P. J. Fischinger**, and M. A. Gonda*, *Program Resources, Inc., National Cancer Institute-FCRF, Frederick, MD, **Office of Director, National Cancer Institute-FCRF, Frederick, MD.*

4:00 p.m.
3. Cellular Immune Response to Viral Peptides in Patients Exposed to HIV, *Paul M. Ahearne*, K. J. Weinhold*, T. J. Matthews*, S. Putney**, S. Petteway***, N. Chang****, et al., *Department of Surgery, Duke University Medical Center, Durham, NC, **Repligen Corporation, Cambridge, MA, ***Central Research and Development Department, E. I. DuPont de Nemours & Company, Wilmington, DE, ****Center for Biotechnology, Baylor College of Medicine, Houston, TX.*

4:15 p.m.
4. Cellular Immune Response and Neutralizing Antibodies Towards HIV in Infected Individuals, *Satu Mattinen*, A. Ranki**, W. G. Robey***, J. Antonen* and K. J. E. Krohn*, *Institute of Biomedical Sciences, University of Tampere, Finland, **Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda MD, ***FCRF, National Cancer Institute, Frederick, MD.*

4:30 p.m.
5. Common and Variable Neutralization Antigens of HIV-1 and HIV-2, *Paul R. Clapham*, J. N. Weber*, L. Montagnier**, R. A. Weiss*, *Institute of Cancer Research, Chester Beatty Laboratories, London, England, **Unite d'Oncologie Virale, Institut Pasteur, Paris, France.*

4:45 p.m.
6. Antibody-Dependent Cellular Cytotoxicity (ADCC)-Inducing Antibodies Against Human Immunodeficiency Virus (HIV), *Kristina Ljunggren*, E-M Fenyö**, B. Böttiger***, G. Biberfeld*** and M. Jondal*, *Departments of Immunology and **Virology at Karolinska Institute, ***Department of Immunology at National Bacteriological Laboratory, Stockholm, Sweden.*

MONDAY, JUNE 1, 1987

SESSION M.11
Clinical Management—Cancer, Hemophilia and Cardiovascular Disease
3:30 p.m.

Chairmen: Paul Volberding (San Francisco, CA, USA)
T. Mayembe (Kinshasa, Zaire)

3:30 p.m.
1. The Clinical, Research and Public Health Applications of the Walter Reed Staging Classification of HIV Infection, *R. Redfield, Walter Reed Army Institute of Research, Washington, DC.*

3:45 p.m.
2. Update on AIDS-Associated Non-Hodgkin's Lymphoma (NHL) in San Francisco, *Lawrence D. Kaplan, P. A. Volberding, D. I. Abrams, Department of Medicine, San Francisco General Hospital, University of California, San Francisco Cancer Research Institute, San Francisco, CA.*

4:00 p.m.
3. Clinical Course and Epidemiology of Hodgkin's Disease (HD) in Homosexual Men in San Francisco (SF), *Lawrence D. Kaplan, D. I. Abrams, P. A. Volberding, Department of Medicine, San Francisco General Hospital (SFGH), Cancer Research Institute University of California-San Francisco, San Francisco, CA.*

4:15 p.m.
4. HIV Isolation from Hemophiliacs: Immunological and Clinical Studies, *Charla Andrews, J. Sullivan, D. Brettler, A. Forsberg, F. Brewster, P. Levine, University of Massachusetts Medical Center, Worcester, MA.*

4:30 p.m.
5. International Surveillance for HIV Seroconversion in Hemophilia Patients Receiving Heat-Treated Factor Concentrate Therapy, *Dale N. Lawrence*, S. Schulman**, C. R. Rizza***, T. Lambert****, E. P. Mauserbunschoten*****, K. Rickard******, et al., *Centers for Disease Control, Atlanta, GA, **Swedish Hemophilia Foundation, Stockholm, Sweden, ***Oxford Hemophilia Center, U.K., ****Hopital Bicetre, Paris, France, *****Van Creveldclinic, Bilthoven, NL, ******Royal Prince Alfred Hospital, Sydney, Australia, et al.*

4:45 p.m.
6. Cardiac Pathology and Cardiovascular Cause of Death in Patients Dying with the Acquired Immunodeficiency Syndrome (AIDS), *David W. Anderson*, R. Virmani*, A. M. Macher*, T. O'Leary*, M. Robinowitz*, W. C. Roberts**, et al., *Armed Forces Institute of Pathology, Washington, DC and **Cardiovascular Pathology, NHLBI, National Institutes of Health, Bethesda, MD.*

SESSION M.12
Roundtable Discussion
5:00 p.m.
AIDS and the Media

SESSION M.13
Roundtable Discussion
5:00 p.m.
The Status of Screening: Supplementary Tests for HIV Infections

SESSION M.14
Roundtable Discussion
5:00 p.m.
AIDS in the Developing World (Prevention and Control)

TUESDAY, JUNE 2, 1987

SESSION T.1
Plenary Session II
8:30 a.m.

Chairman: James O. Mason
Centers for Disease Control
Atlanta, GA, USA

8:30 a.m.
1. Epidemiology of AIDS in the United States, *James Curran, Centers for Disease Control, Atlanta, GA.*

9:00 a.m.
2. Epidemiology of AIDS in Africa, *Ruhakana-Rugunda, Minister of Health, Entebbe, Uganda.*

9:30 a.m.
3. AIDS Epidemiology, Impact, Prevention and Control: The World Health Organization Perspective, *Jonathan Mann, World Health Organization, Geneva, Switzerland.*

SESSION T.2
Epidemiology—Serology
10:30 a.m.

Chairmen: Thomas Quinn (Baltimore, MD, USA)
Guy de The (Lyon, France)

10:30 a.m.
1. Detecting Antibody Against Human Immunodeficiency Virus (HIV) During Early Infection Using the Western Blot (WB), Radioimmunoprecipitation Assay (RIPA), and Synthetic pENV9, *Alfred Saah*, H. Farzadegan*, T. H. Lee**, S. R. Petteway***, C. R. Rinaldo*, J. P. Phair*, J. F. Fahey*, et al., *The Multicenter AIDS Cohort Study, National Institutes of Health, Bethesda, MD, **Harvard School of Public Health, Boston, MA, ***Central Research and Development Department, E.I. du Pont de Nemours & Co., Inc., Wilmington, DE.*

10:45 a.m.
2. Reversion of HIV Serology from Positive to Negative in Gay/Bisexual Men Who Remain Healthy, *Michael A. Polis, B. F. Polk, J. P. Phair, C. R. Rinaldo, P. Nishanian, A. J. Saah, et al., The Multicenter AIDS Cohort Study (MACS), National Institutes of Health, Bethesda, MD.*

11:00 a.m.
3. High HTLV-III/LAV Neutralizing Antibody Titers Correlate with Better Clinical Outcome, *M. Robert-Guroff, J. J. Goedert, A. Jennings, W. A. Blattner, and R. C. Gallo, National Cancer Institute, Bethesda, MD.*

11:15 a.m.
4. Anti-gag Antibodies to HIV; Association with Neutralization and Clinical Outcome in Cohorts of Homosexual Men, *Jonathan Weber*, P. Clapham*, R. Weiss*, D. Parker**, R. Cheinsong-Popov**, et al., *Chester Beatty Laboratories, Institute of Cancer Research, London, U.K., **Wellcome Foundation Laboratories, Kent, U.K.*

11:30 a.m.
5. HIV Antigenaemia Precedes the Development of AIDS or ARC in Patients with HIV Infection, *Court Pedersen*, C. M. Nielsen**, B. F. Vestergaard**, J. Gerstoft*, K. Krogsgaard*, J. O. Nielsen*, *Department of Infectious Diseases, Hvidovre Hospital, **Statens Serum-Institut, Copenhagen, Denmark.*

11:45 a.m.
6. HIV Antigenemia and AIDS, *John P. Phair, J. Chmiel, C-B Wallemark, W. Wu, J. Huprikar, Northwestern University Medical School and Howard Brown Memorial Clinic, Chicago, IL.*

TUESDAY, JUNE 2, 1987

SESSION T.3
Virology—Antivirals
10:30 a.m.

Chairmen: Peter Fischinger (Bethesda, MD, USA)
Erik De Clercq (Leuven, Belgium)

10:30 a.m.

1. Activity of 2',3'-Dideoxynucleosides as Single Agents or in Combinations Against Pathogenic Human T-Lymphotropic Viruses In Vitro, *Hiroaki Mitsuya, S. Matsushita, J. S. Driscoll, M. Matsukura, M. S. Reitz and S. Broder et al., National Cancer Institute, Bethesda, MD.*

10:45 a.m.

2. Inhibitory Effect of Various Reverse Transcriptase Inhibitors on Tumor Induction by Moloney Murine Sarcoma Virus In Vivo, *Mansanori Baba*, R. Pauwels*, J. Balzarini*, E. De Clercq*, and D. G. Johns**, *Rega Institute for Medical Research, Katholieke Universiteit Leuven, Leuven, Belgium, **Developmental Therapeutics Program, National Cancer Institute, National Institutes of Health, Bethesda, MD.*

11:00 a.m.

3. Anti-HIV Properties of Castanospermine, *Bruce D. Walker*, Mark Kowalski*, Wei Chun Goh*, Larry Rohrschneider**, William A. Haseltine***, Joseph Sodroski*, *Dana-Farber Cancer Insitute, Department of Biochemical Pharmacology, Harvard Medical School, and ***Harvard School of Public Health, Department of Cancer Biology, Boston, MA, **Fred Hutchinson Cancer Research Center, University of Washington, Seattle, WA.*

11:15 a.m.

4. Phosphorothioate Analogs of Oligodeoxynucleotides: Novel Inhibitors of Replication and Cytopathic Effects of HTLV-III/LAV (Human Immunodeficiency Virus) In Vitro, *Makoto Matsukura*, K. Shinozuka*, G. Zon**, H. Mitsuya*, J. S. Cohen* and S. Broder*, et al., *National Cancer Institute and **Food and Drug Administration, Bethesda, MD.*

11:30 a.m.

5. Tumor Necrosis Factor-alpha and Interferon-gamma Have Anti-HIV Activity, *Grace H. W. Wong*, J. Krowka**, D. P. Stites**, and D. V. Goeddel*, Molecular Biology Department, Genentech, Inc., South San Francisco, CA, **Department of Laboratory Medicine, University of California, San Francisco, CA.*

11:45 a.m.

6. Quantitation of the Human Immunodeficiency Virus in Patients Treated with Antiviral Agents, *Suraiya Rasheed, Richard E. Cooper, and Shu, Su, University of Southern California, School of Medicine, Los Angeles, CA.*

SESSION T.4
Clinical Management—Neurology
10:30 a.m.

Chairmen: Richard Price (New York, NY, USA)
Peter Ebbesen (Aarhus, Denmark)

10:30 a.m.

1. The Brief Neuropsychological Examination for AIDS Dementia Complex: Correlations with Functional Status Scales and Other Neuropsychological Tests, *John J. Sidtis, Hannah Amitai, Donna Ornitz, Richard W. Price, Memorial Sloan-Kettering Cancer Center, New York, NY.*

10:45 a.m.

2. Neurologic and Neuropsychologic Complications of Lymphadenopathy Syndrome, *Robert S. Janssen*, A. Saykin*, J. Kaplan*, T. Spira*, P. Pinsky*, L. Schonberger*, *Centers for Disease Control, Atlanta, GA, University of Pennsylvania School of Medicine, Philadelphia, PA.*

11:00 a.m.

3. Cerebrospinal Fluid (CSF) Findings in HIV-Infected Persons without Clinically Evident Neurologic Disease, *Ann C. Collier, R. W. Coombs, B. Nikora, L. Corey, H. H. Handsfield, University of Washington, Seattle, WA.*

11:15 a.m.

4. Cerebrospinal Fluid (CSF) Study in Forty-Four HIV-Infected Patients: Clinical Correlation with Virus Isolation and Intrathecal Specific Antibodies Synthesis, *Christine Katlama, M. A. Rey, D. Salmon, P. Ngovan, M. Wolff, M. C. Dazza, Hopital Claude-Bernard, Paris, France.*

11:30 a.m.

5. The Clinical Spectrum and Time Course of HIV-Associated "Aseptic" Meningitis, *Harry Hollander, S. Stringari, University of California, San Francisco Schools of Medicine and Nursing, San Francisco, CA.*

11:45 a.m.

6. Polyneuropathies in Subjects Infected with HIV, *Jean-Albert Gastaut*, J. L. Gastaut**, J. F. Pelissier***, J. B. Tapko*, M. Finaud, Y. Carcassonne*, et al., *Institut Paoli-Calmettes, Marseille, France, **Hôpital Sainte-Marguerite, Marseille, France, ***Hôpital de la Timone, Marseille, France.*

TUESDAY, JUNE 2, 1987

SESSION T.5
Prevention/Public Health—Reaching the General Public
10:30 a.m.

Chairmen: James Chin (Berkeley, CA, USA)
George Papaevangelou (Athens, Greece)

10:30 a.m.
1. Market Research for Australia's National AIDS Education Program, *Alex Proudfoot, E. Hazell, N. Mitchell, Department of Health, Canberra, Australia.*

10:45 a.m.
2. Evaluation of Health Education in Britain, *Lorraine Sherr, John Green, Department of Psychology, St. Mary's Hospital, London, U.K.*

11:00 a.m.
3. What the Public Wants to Know: The National AIDS Hotline, *Michael J. Rosenberg*, R. Kohmescher***, M. Bonhomme**, R. Lazarowicz*, *American Social Health Association, Palo Alto, CA, **Family Health International, Research Triangle Park, NC, ***Centers for Disease Control, Atlanta, GA.*

11:15 a.m.
4. The Effect of a Government AIDS Media Campaign on a General Population: Antibody Test Requests and Reasons, *Heledd Nicholas, Pauline Leonard, Lesley Glover, Doris Parr and David Miller, Academic Department and Department of Genito-Urinary Medicine, Middlesex Hospital/Medical School, London, U.K.*

11:30 a.m.
5. Evaluation of School-Based AIDS Education Curricula in San Francisco, *Ralph J. Diclemente*, C. A. Pies**, E. J. Stoller**, J. Haskin***, G. E. Oliva**, G. W. Rutherford*, *University of California-San Francisco, **San Francisco Department of Public Health, and ***San Francisco Unified School District, San Francisco, CA.*

11:45 a.m.
6. AIDS and Adolescents: Knowledge, Beliefs, Attitudes and Behaviors, *Lee Strunin, R. Hingson, Boston University School of Public Health, Boston, MA.*

POSTER SESSION—TP
12:00 p.m.-1:30 p.m.
Exhibit Hall

Scientific poster presentations in the areas of virology, epidemiology, immunology, clinical management, prevention/public health, psychosocial, legal/ethics, health care, clinical trials and blood/blood products.

SESSION T.6
Plenary Session III
1:30 p.m.

Chairman: Frank Young
Food and Drug Administration
Washington, DC, USA

1:30 p.m.
1. Vaccination Against Retroviruses, *W. F. H. Jarrett, University of Glasgow, Glasgow, Scotland.*

2:00 p.m.
2. Immunopathegenic Mechanisms and Immune Response in HIV Infection, *Anthony S. Fauci, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD.*

2:30 p.m.
3. Strategies for Therapeutic Intervention Against HIV, *Samuel Broder, National Cancer Institute, National Institutes of Health, Bethesda, MD.*

TUESDAY, JUNE 2, 1987

SESSION T.7
Epidemiology—Surveillance: Incidence, Prevalence and Trends
3:30 p.m.

Chairmen: Warren Winkelstein (Berkeley, CA, USA)
Marian McEvoy (London, U.K.)

3:30 p.m.
1. Temporal Trends of Prevalence and Incidence of HIV Infection Among Civilian Applicants for U.S. Military Service: Analysis of 18 Months of Serological Screening Data, *John F. Brundage*, D. S. Burke*, L. I. Gardner*, J. Herbold**, J. Voskovitch***, R. R. Redfield*, *Walter Reed Army Institute of Research, Washington, DC, **Office of the Assistant Secretary of Defense (Health Affairs), Washington, DC, ***United States Military Entrance Processing Command, North Chicago, IL.*

3:45 p.m.
2. Analysis of Demographic and Epidemiologic Data Concerning HIV Antibody Positive Recruits and Active Duty Air Force Members, *Richard E. Winn, R. A. Zajac, M. E. Appleman, G. P. Melcher, R. N. Boswell, M. E. Evans, Wilford Hall U.S. Air Force Medical Center, Lackland Air Force Base, TX.*

4:00 p.m.
3. AIDS in Heterosexual Contacts: A Small But Increasing Group of Cases, *Mary Chamberland, C. White, A. Lifson, T. J. Dondero, AIDS Program, Centers for Disease Control, Atlanta, GA.*

4:15 p.m.
4. Incidence of HIV Infection in Homosexual Men in a High Risk Area: Implications for Vaccine Trial Design, *Cladd E. Stevens, Patricia E. Taylor, Edith A. Zang, Santiago Rodriguez de Cordoba and Pablo Rubinstein, The New York Blood Center, New York, NY.*

4:30 p.m.
5. The Surveillance of Clinical Viral Hepatitis Type B and Primary, Secondary and Early Latent Syphilis in Homosexual and Bisexual Men in Minnesota: Implications for Human Immunodeficiency Virus (HIV) Transmission, *Michael T. Osterholm, K. L. MacDonald. S. J. Schletty, M. D. Neilsen, R. N. Danila, Minnesota Department of Health, Minneapolis, MN.*

4:45 p.m.
6. Community Surveillance for HIV Infection in Zaire, *Robert W. Ryder*, W. Bertrand**, R. L. Colebunders*, B. Kapita*, H. Francis*, M. Lubaki*, *Projet SIDA, Kinshasa, Zaire, **School of Public Health, Kinshasa, Zaire.*

SESSION T.8
Clinical Trials—AZT and Ribavirin
3:30 p.m.

Chairmen: John R. La Montagne (Bethesda, MD, USA)
Anthony Pinching (London, U.K.)

3:30 p.m.
1. Decline in Serum HIV p24 Antigen (Ag) in Patients Treated with AZT, *Richard E. Chaisson, J-P Allain, M. Leuther, W. Parks, S. Lehrman, P. Volberding, University of California-San Francisco School of Meditine, Abbott Laboratories, Burroughs-Wellcome Company.*

3:45 p.m.
2. Therapy of AIDS Patients with Early Karposi's Sarcoma with 3'-Azido-3'Deoxythymidine, *Robert Walker, H. C. Lane, H. Masur, J. Kovacs, S. Carleton, A. S. Fauci, et al., National Institutes of Health, Bethesda, MD.*

4:00 p.m.
3. Clinical Evaluation of the Central Nervous System in HIV Infected Patients on Azidothymidine (AZT), *C. J. Kennedy, R. S. Teschke, J. Hesselink, J. Berger, M. Fischel, D. Richman, et al., University of California, San Diego, CA.*

4:15 p.m.
4. The Toxicity of 3'-Azido-3'-Deoxythymidine (Azidothymidine) in the Treatment of Patients with AIDS and AIDS-Related Complex: A Double-Blind, Placebo-Controlled Trial, *AZT Collaborative Working Group, Douglas D. Richmond, University of California-San Diego, San Diego, CA.*

4:30 p.m.
5. Ribavirin Delays Progression of the Lymphadenopthy Syndrome (LAS) to the Acquired Immune Deficiency Syndrome (AIDS), *P. W. A. Mansell*, P. N. R. Heseltine**, R. B. Roberts***, G. M. Dickinson****, J. M. Leedom**, et al., *University of Texas, Houston, TX, **University of Southern California, Los Angeles, CA, **Cornell University, NY, ****University of Miami, FL.*

4:45 p.m.
6. Serum HIV Core Antigen in Symptomatic ARC Patients Taking Oral Ribavirin or Placebo, *Andrew Vernon*, R. S. Schulof** for the Ribavirin ARC Study Group, *Johns Hopkins University, Baltimore, MD, **George Washington University, Washington, DC.*

TUESDAY, JUNE 2, 1987

CONFIRMATION OF REGISTRATION CARD

III International Conference on AIDS

IMPORTANT

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... San Francisco, CA.

... Behavior and Perceptions of Risk
...en, Karolynn Siegel, J. Y. Chen, F.
...an-Kettering Cancer Center, New

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...e de Lutte contre le SIDA, Nice,

Proteins, Scott Koenig, T. Earl, D. Powell, H.C. Lane, B. Moss, A.S. Fauci, et al., National Institutes of Health, NIAID, Bethesda, MD.

4:15 p.m.

4. Gp120-Specific Cell-Mediated Cytotoxicity in Patients Exposed to HIV, Kent J. Weinhold*, H. Kim Lyerly*, T.J. Matthews*, M. R. Cairns**, D. T. Durack**, and D. P. Bolognesi*, *Department of Surgery and **Medicine, Duke University Medical Center, Durham, NC.

4:30 p.m.

5. Cytotoxic T Cells, that Recognize Human Immunodeficiency Virus (HIV) Envelope Glycoproteins, Isolated from Chimpanzees Immunized with a Recombinant Vaccinia Virus Expressing HIV Glycoproteins, Joyce M. Zarling*, Patricia A. Moran*, Jan McClure***, Pennathur Sridhar*, Jorg W. Eichberg**, and Shiu-Lok Hu*; *Oncogen, Seattle WA; **Southwest Foundation for Biomedical Research, San Antonio, TX; ***Genetic Systems Corporation, Seattle, WA.

4:45 p.m.

6. HIV Antibodies in Human Sera Induce Cell-Mediated Lysis of HIV- Infected Cells, Emmanuel A. Ojo-Amaize, P. G. Nishanian, D. Keith, Jr., J. L. Fahey and J. V. Giorgi, University of California-Los Angeles, School of Medicine, Los Angeles, CA.

...ncy Virus Contagion Among
Intravenous Drug Users: The Impact of Street-Based Education on Risk-Behavior, John K. Watters, Haight-Ashbury Free Medical Clinics, San Francisco, CA.

4:30 p.m.

5. Determinants of Current Psychiatric Disorder in AIDS Spectrum Patients, Susan Tross*, D. A. Hirsch, B. Rabkin, C. Berry, J. C. B. Holland, Memorial Sloan-Kettering Cancer Center, New York, NY.

4:45 p.m.

6. Two-Year Long Longitudinal Study of Behavioral Risk Reduction in a Cohort of Homosexual Men, Jill G. Joseph*, S. Montgomery*, R. C. Kessler*, D. G. Ostrow*, C. A. Emmons*, J. P. Phair**, *University of Michigan, Ann Arbor, MI, **Northwestern University, Chicago, IL.

TUESDAY, JUNE 2, 1987

SESSION T.9
Immunology—HIV-Specific Cytotoxicity
3:30 p.m.

Chairmen: Gerald Quinnan (Bethesda, MD, USA)
Rolf Zinkernagel (Zurich, Switzerland)

3:30 p.m.
1. HIV env- and gag- Specific Cytotoxic T Lymphocytes (CTL's) in Seropositive Subjects, *Bruce D. Walker*, S. Chakrabarti**, B. Moss**, T. J. Paradis*, M. S. Hirsch*, R. T. Schooley*, *Massachusetts General Hospital and Harvard Medical School, Boston, MA, **Laboratory of Viral Diseases, NIAID, National Institutes of Health, Bethesda, MD.*

3:45 p.m.
2. Detection of HLA Restricted Human Immunodeficiency Virus (HIV) Envelope Antigen-Specific Cytotoxic Lymphocytes (CTL), *David H. Shepp*, D. Mann***, S. Chakrabarti**, B. Moss**, F. Daguillard****, and G. V. Quinnan*, *Division of Virology, Food and Drug Administration, Bethesda, MD, **NIAID, National Institutes of Health, Bethesda, MD, ***National Cancer Institute, National Institutes of Health, Bethesda, MD, and ****DC Commission of Public Health, Washington, DC.*

4:00 p.m.
3. Cytotoxic T Cells Directed Against Target Cells Expressing HIV-1 Proteins, *Scott Koenig, P. Earl, D. Powell, H.C. Lane, B. Moss, A.S. Fauci, et al., National Institutes of Health, NIAID, Bethesda, MD.*

4:15 p.m.
4. Gp120-Specific Cell-Mediated Cytotoxicity in Patients Exposed to HIV, *Kent J. Weinhold*, H. Kim Lyerly*, T.J. Matthews*, M. R. Cairns**, D. T. Durack**, and D. P. Bolognesi*, *Department of Surgery and **Medicine, Duke University Medical Center, Durham, NC.*

4:30 p.m.
5. Cytotoxic T Cells, that Recognize Human Immunodeficiency Virus (HIV) Envelope Glycoproteins, Isolated from Chimpanzees Immunized with a Recombinant Vaccinia Virus Expressing HIV Glycoproteins, *Joyce M. Zarling*, Patricia A. Moran*, Jan McClure***, Pennathur Sridhar*, Jorg W. Eichberg**, and Shiu-Lok Hu*; *Oncogen, Seattle WA; **Southwest Foundation for Biomedical Research, San Antonio, TX; ***Genetic Systems Corporation, Seattle, WA.*

4:45 p.m.
6. HIV Antibodies in Human Sera Induce Cell-Mediated Lysis of HIV- Infected Cells, *Emmanuel A. Ojo-Amaize, P. G. Nishanian, D. Keith, Jr., J. L. Fahey and J. V. Giorgi, University of California-Los Angeles, School of Medicine, Los Angeles, CA.*

SESSION T.10
Psychosocial—Psychosocial Research: At Risk Populations
3:30 p.m.

Chairmen: Stephen Hulley (San Francisco, CA, USA)
Wolfgang Hepman (Berlin, FRG)

3:30 p.m.
1. Epidemiology and Health Education in International Efforts to Prevent HIV Infection, *Stephen Hulley, Susan Allen, Thomas Coates, University of California at San Francisco, CA.*

3:45 p.m.
2. Persistence and Change in Sexual Behavior and Perceptions of Risk for AIDS Among Homosexual Men, *Karolynn Siegel, J. Y. Chen, F. Mesagno, G. Christ, Memorial Sloan-Kettering Cancer Center, New York, NY.*

4:00 p.m.
3. Knowledge of HIV Contamination Modalities and Its Consequence on Seropositive Patients Behaviour, *A. Pesce, M. Negre, J. P. Cassuto, Ligue Régionale Francaise de Lutte contre le SIDA, Nice, France.*

4:15 p.m.
4. Preventing Human Immunodeficiency Virus Contagion Among Intravenous Drug Users: The Impact of Street-Based Education on Risk-Behavior, *John K. Watters, Haight-Ashbury Free Medical Clinics, San Francisco, CA.*

4:30 p.m.
5. Determinants of Current Psychiatric Disorder in AIDS Spectrum Patients, *Susan Tross*, D. A. Hirsch, B. Rabkin, C. Berry, J. C. B. Holland, Memorial Sloan-Kettering Cancer Center, New York, NY.*

4:45 p.m.
6. Two-Year Long Longitudinal Study of Behavioral Risk Reduction in a Cohort of Homosexual Men, *Jill G. Joseph*, S. Montgomery*, R. C. Kessler*, D. G. Ostrow*, C. A. Emmons*, J. P. Phair**, *University of Michigan, Ann Arbor, MI, **Northwestern University, Chicago, IL.*

TUESDAY, JUNE 2, 1987

SESSION T.11
Roundtable Discussion
3:30 p.m.

Access Issues Associated with AIDS: Discrimination, Services, Care

SESSION T.12
Roundtable Discussion
5:00 p.m.

Use of AZT in HIV Infections

SESSION T.13
Roundtable Discussion
5:00 p.m.

Encouraging Physician Counseling for AIDS Prevention

SESSION T.14
Roundtable Discussion
5:00 p.m.

Legal, Ethical and Public Policy Issues: International Perspective

SESSION T.15
Roundtable Discussion
5:00 p.m.

Psychological Distress and Maintenance of Behaviour Change in HIV Illness

SESSION T.16
Biology of HIV
8:00 p.m.

Chairman: Arsene Burny
Universite Libre de Brussels
Brussels, Belgium

8:00 p.m.

1. The AIDS Virus Genomes: Structure and Function, *Flossie Wong-Staal, National Cancer Institute, National Institutes of Health, Bethesda, MD.*

8:30 p.m.

2. Molecular Basis for Approaches for Diagnostic, Therapeutic, and Prophylactic Measures for Control of AIDS, *William Haseltine**, Joseph Sodroski*, Craig Rosen*, Ernest Terwilliger*, Andrew Dayton*, Roberto Patarca*, *Dana-Farber Cancer Institute, Harvard Medical School, **Harvard School of Public Health, Boston, MA.*

9:00 p.m.

3. Genetic Variability of the AIDS Viruses, *Simon Wain-Hobson, Institut Pasteur, Paris, France.*

9:30 p.m.

4. The Immunobiology of the External Envelope Viral Glycoprotein, *Thomas Matthews*, Scott Putney**, James Rusche**, Robert Gallo***, Dani Bolognesi*, *Duke University Medical Center, Durham, NC, **Repligen Corporation, Boston, MA, ***National Institutes of Health, Bethesda, MD.*

10:00 p.m.

5. Experimental Immune Activation Against AIDS Virus in Humans, *Daniel Zagury, Z. Lurhuma, K. Mbayo, J. J. Salaun, R. Leonard, J. Bernard, et al, Universite Pierre and Marie Curie, Paris, France, Institut J. Godinot, Reims, France, Faculte de Medecine de Kinshasa et INRB, Kinshasa, Zaire.*

WEDNESDAY, JUNE 3, 1987

SESSION W.1
Plenary Session IV
8:00 a.m.

Chairman: Donald I. Macdonald
Alcohol, Drug Abuse, and Mental Health Administration
Washington, DC, USA

8:00 a.m.
1. Public Health Measures for Prevention and Control of AIDS, *Donald R. Hopkins, Centers for Disease Control, Atlanta, GA.*

8:30 a.m.
2. How Do Our Societies React to the Reality of AIDS, *Lise Ostergaard, Copenhagen University, Copenhagen, Denmark.*

9:00 a.m.
3. Significant Contributions of Community Organization, *Paula Van Ness, Centers for Disease Control, Atlanta, GA.*

9:30 a.m.
4. Research on HIV Infection Among Intravenous Drug Users: State of the Art and State of the Epidemic, *Don C. Des Jarlais, New York State Division of Substance Abuse Services, New York, NY.*

SESSION W.2
Epidemiology—Heterosexual Transmission
10:30 a.m.

Chairmen: Harold Jaffe (Atlanta, GA, USA)
Fred Mhalu (Tanzania, Africa)

10:30 a.m.
1. Multicenter Study of HIV Antibody in U.S. Prostitutes, *W. W. Darrow, J. B. Cohen, J. French, P. Gill, R. K. Sikes, J. Witte, et al., Centers for Disease Control Collaborating Group on HIV in Selected Women, Atlanta, GA.*

10:45 a.m.
2. Human Immunodeficiency Virus (HIV) Among Female Prostitutes in South Florida, *Margaret A. Fischl, G. M. Dickinson, S. Flanagan, M. A. Fletcher, University of Miami, Miami, FL.*

11:00 a.m.
3. AIDS and HIV Infection, Belle Glade, Florida, *Kenneth G. Castro*, S. Lieb**, C. Calisher*, J. Witte**, H. W. Jaffe*, The Field Study Group, *Centers for Disease Control, Atlanta, GA, and Fort Collins, CO, **Florida Department of Health & Rehabilitative Services, Tallahassee, FL.*

11:15 a.m.
4. Case Control Study of HIV-Seropositive Versus HIV-Seronegative European Expatriates in Africa, *Luc Bonneux*, H. Taelman*, Cornet**, G. Van Der Groen*, P. Piot, Institute of Tropical Medicine, Antwerp, Belgium, **Ministry of Foreign Affairs, Brussels, Belgium.*

11:30 a.m.
5. Heterosexual Transmission of Infection and Disease by the Human Immunodeficiency Virus (HIV), *Neal H. Steigbigel*, D. W. Maude*, C. J. Feiner*, C. A. Harris*, B. R. Saltzman*, R. S. Klein*, et al., *Montefiore Medical Center, *A. Einstein College of Medicine, Bronx, NY; Centers for Disease Control, Atlanta, GA; National Institutes of Health, Bethesda, MD.*

11:45 a.m.
6. Heterosexual Transmission of Human Immunodeficiency Virus (HIV): Association with Severe T4-Cell Depletion in Male Hemophiliacs, *James J. Goedert*, M. E. Eyster**, R. J. Biggar*, *National Cancer Institute, Bethesda, MD, **Pennsylvania State University College of Medicine, Hershey, PA.*

WEDNESDAY, JUNE 3, 1987

SESSION W.3
Virology—Vaccines
10:30 a.m.

Chairmen: George Shaw (Birmingham, AL, USA)
Hans Wigzell (Stockholm, Sweden)

10:30 a.m.

1. Invited Speaker: Expression of HIV Genes by Recombinant Vaccinia Viruses: An Overview, *B. Moss, P. Earl, T. Fuerst, C. Flexner, F. Falkner-Gunter, and S. Chakrabarti, National Institute of Allergy and Infectious Diseases, Bethesda, MD.*

10:45 a.m.

2. A Neutralizing Monoclonal Antibody Reactive Against an External Envelope Glycoprotein of HTLV-III/LAV (Human Immunodeficiency Virus), *Shuzo Matsushita*, A. Koito*, H. Sutoh*, T. Hattori*, M. Robert-Guroff**, K. Takatsuki*, *Second Division of Internal Medicine, Kumamoto University Medical School, Kumamoto, Japan, **Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda, MD.*

11:00 a.m.

3. Extensive Heterogeneity of HIV Genomes In Vivo, *Michael Saag*, J. Gibbons*, W. Parks**, E. Parks**, F. Wong-Staal***, R. C. Gallo***, G. Shaw*, and B. Hahn*, *University of Alabama at Birmingham, Birmingham, AL, **University of Miami, Miami, FL, and ***Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda, MD.*

11:15 a.m.

4. Full-Length and Truncated HIV Envelope Polypeptides Produced in an Insect Cell Expression System Elicit High Titer Neutralizing Antibodies in Animals, *Gale Smith*, M. A. Cochran*, B. L. Ericson*, M. O'Shaughnessy**, T. Folks***, M. Martin***, et al., *MicroGeneSys, West Haven, CT, **Laboratory Centre for Disease Control, Ottawa, Canada, ***NIAID, Bethesda, MD.*

11:30 a.m.

5. Correlation of Clinical Status and Neutralizing Activity of Sera of Patients Infected with HTLV-III/HIV, *David Looney*, A. Fisher**, R. Redfield*, D. Burke*, R. Gallo**, and F. Wong-Staal**, *Walter Reed Army Institute of Research, Washington, DC, **Laboratory of Tumor Cell Biology, National Institutes of Health, Bethesda, MD.*

11:45 a.m.

6. Group Specific T Cell Response to HIV in Chimpanzees Immunized with External Glycoprotein gp120 of HTLV-111B, *Kai Krohn*, W. G. Robey**, A. Ranki*, T. A. Panavelil*, P. J. Fischinger**, and R. C. Gallo*, *Laboratory of Tumor Cell Biology, NCI, Bethesda, MD and **Office of the Director, FCRF, NCI, Frederick, MD.*

SESSION W.4
Blood and Blood Products—Screening and Donor Characteristics
10:30 a.m.

Chairmen: Paul Holland (Sacramento, CA, USA)
B. P. L. Moore (Toronto, Canada)

10:30 a.m.

1. Epidemiologic Characteristics of Blood Donors Who Have Antibody to the Human Immunodeficiency Virus, *John W. Ward*, S. Kleinman**, D. Douglas***, A. Grindon****, S. Holmberg*, AIDS Program, *Center for Infectious Disease, Centers for Disease Control, Atlanta, GA, **American Red Cross Blood Services, Los Angeles, CA, ***American Red Cross Blood Services, Baltimore, MD, ****American Red Cross Blood Services, Atlanta, GA.*

10:45 a.m.

2. Risk of HIV Transmission by Anti-HIV Negative Blood, *Steven Kleinman, American Red Cross, Los Angeles, CA.*

11:00 a.m.

3. Serologic and Culture Follow-up Study of Anti-HIV Reactive Blood Donors, *Michael Busch*, J. Shiota*, M. Nason*, S. Samson*, G. Vyas**, H. Perkins*, *Irwin Memorial Blood Bank, San Francisco, CA, **University of California, San Francisco, CA.*

11:15 a.m.

4. Characteristics of EIA and Western Blot Positive Blood Donors in a Multicenter Study, *Joel N. Kuritsky*, J. C. Fratantoni**, M. W. Dreis*, D. J. Graham*, *Food and Drug Administration, *Office of Epidemiology and Biostatistics, **Office of Biologic Research and Review, and the Food and Drug Administration Blood Donor Study Group, Rockville, MD.*

11:30 a.m.

5. Human Immunodeficiency Virus (HIV) Cultured from Limiting Dilutions of the Peripheral Blood Mononuclear Cells (PBMC) of Asymptomatic Seropositive Persons, P. P. Ulrich*, T. El-Beik*, M. P. Busch**, E. Donegan*, *Girish N. Vyas*, et al., University of California-San Francisco, School of Medicine, San Francisco, CA, **Irwin Memorial Blood Bank, San Francisco, CA.*

11:45 a.m.

6. HIV Blood Screening in Africa: Are There No Alternatives?, *Nzila Nzilambi*, R. L. Colebunders*, J. M. Mann*, H. Francis*, K. Nseka**, J. W. Curran***, et al., *Projet SIDA, **Mama Yemo Hospital, Kinshasa, Zaire, ***Centers for Disease Control, Atlanta, GA.*

WEDNESDAY, JUNE 3, 1987

SESSION W.5
Clinical Management—Pulmonary, Pediatric and Neurologic Implications
10:30 a.m.

Chairmen: Arye Rubenstein (Bronx, NY, USA)
Gaetano Giraldo (Naples, Italy)

10:30 a.m.
1. Predictive Value of Chest X-Rays (CXR) for Lymphocytic Interstitial Pneumonitis (LIP)/Desquamative Interstitial Pneumonitis (DIP) in Pediatric Patients with AIDS, *Susan Morrison, E. Connor, J. Marquis, J. Oleske, V. Joshi, B. Holland, et al., Children's Hospital of New Jersey & UMD-New Jersey Medical School, Newark, NJ.*

10:45 a.m.
2. Retroviral Antigenemia in Children with HIV Infection, *W. Borkowsky*, K. Krasinski*, D. Paul**, R. Lawrence*, T. Moore*, and S. Chandwani*, New York University-Bellevue Hospital Medical Center, New York, NY, **Abbott Laboratories, North Chicago, IL.*

11:00 a.m.
3. Pediatric AIDS: Neurologic Syndromes, *Anita L. Belman*, G. Diamond**, D. Dickson**, G. Lantos**, A. Rubinstein**, *State University of New York, Stony Brook, NY, **AECOM, Bronx, NY.*

11:15 a.m.
4. Objective Clinical and Histological Prognostic Factors for Patients with Pneumocystis carinii Pneumonia and the Acquired Immunodeficiency Syndrome, *Matthew Brenner, F. P. Ognibene, E. E. Lack, H. C. Lane, A. S. Fauci, H. Masur, et al., Critical Care Medicine Department, National Institutes of Health, Bethesda, MD.*

11:30 a.m.
5. Serum Lactate Dehydrogenase Levels (LDH) in Pneumocystis carinii Pneumonia (PCP) in AIDS: Possible Indicator and Predictor of Disease Activity, *Ileana Medina, J. Mills, C. Wofsy, University of California-San Francisco School of Medicine, San Francisco General Hospital, San Francisco, CA.*

11:45 a.m.
6. Serum Glutamic Acid as Potential Marker for Pneumocystis carinii Pneumonia in AIDS, *John Roboz, D. Kappatos, D. Mildvan, M. Chuang, and J. F. Holland, Mount Sinai School of Medicine, New York, NY.*

POSTER SESSION—WP
12:00 p.m.-1:30 p.m.
Exhibit Hall
Scientific poster presentations in the areas of virology, epidemiology, immunology, clinical management, prevention/public health, psychosocial, legal/ethics, health care, clinical trials and blood/blood products.

SESSION W.6
Roundtable Discussion
1:30 p.m.
Heterosexual Transmission of the AIDS Virus

SESSION W.7
Roundtable Discussion
1:30 p.m.
Vaccine Related Issues

SESSION W.8
Roundtable Discussion
1:30 p.m.
Legal, Ethical and Public Policy Issues: The American Perspective

SESSION W.9
Roundtable Discussion
1:30 p.m.
Assuring an Adequate Blood Supply

SESSION W.10
Roundtable Discussion
1:30 p.m.
Closing the Gaps in Medical Care

THURSDAY, JUNE 4, 1987

SESSION TH.1
Plenary Session V
8:30 a.m.

Chairman: David N. Sundwall
Health Resources and Services Administration
Rockville, MD, USA

8:30 a.m.
1. The Human Immunodeficiency Viruses: 1987, *Luc Montagnier, Institut Pasteur, Paris, France.*

9:00 a.m.
2. Human and Simian Thymphotropic Retroviruses: Serologic Identification and Vaccine Development, *Max Essex, Harvard University, Cambridge, MA.*

9:30 a.m.
3. CNS Complications of AIDS, *Carl Eisdorfer, University of Miami, Miami, FL.*

SESSION TH.2
Virology—Related Viruses
10:30 a.m.

Chairmen: Phyllis Kanki (Boston, MA, USA)
Fritz Deinhardt (Munich, FRG)

10:30 a.m.
1. Nucleotide Sequence Analysis of the West-African AIDS Virus, HIV-2, *M. Guyader*, P. Sonigo**, M. Emerman*, F. Clavel*, L. Montagnier*, and Marc Alizon*, *U. d'Oncologie Virale, and **UREG, Insttitut Pasteur, Paris, France.*

10:45 a.m.
2. Conservation of Genome Organization Between HIV and STLV-3, *Vanessa Hirsch, Norbert Riedel, Hardy Kornfeld, Gregory Viglianti and James I. Mullins, Department of Cancer Biology, Harvard School of Public Health, Boston, MA.*

11:00 a.m.
3. Molecular Characterization of HTLV-4, *B. Hahn*, S. Arya**, P. Kumar*, M. Taylor*, L. Kong*, S. Lee*, F. Wong-Staal**, R. Gallo**, G. Shaw*, *University of Alabama at Birmingham, Birmingham, AL, **Laboratory of Tumor Cell Biology, National Cancer Institute, National Institutes of Health, Bethesda, MD.*

11:15 a.m.
4. Molecular Cloning and DNA Sequencing Analysis of LAV-2 (Lymphadenopathy Associated Virus Type 2), *Bruno Starcich, J. F. Zagury, S. Josephs, F. Wong-Staal and R. C. Gallo, Laboratory of Tumor Cell Biology, National Cancer Institute, National Institutes of Health, Bethesda, MD.*

11:30 a.m.
5. Characterization of a Pathogenic Lentivirus from Cattle which is Structurally, Immunologically, and Genetically Related to the Human Immunodeficiency Virus (HIV), *Matthew A. Gonda*, M. J. Braun*, S. G. Carter*, T. A. Kost*, L. O. Arthur*, and M. J. Van Der Maaten**, *Program Resources, Inc., National Cancer Institute-FCRF, Frederick, MD, **NADC, United States Department of Agriculture, Ames, IA.*

11:45 a.m.
6. Immune Selection of Antigenic Variants of Equine Infectious Anemia Virus May Occur Through Elimination of Infected Cells Rather Than Through Neutralization of Cell Free Virions, *Susan Carpenter, Leonard Evans and Bruce Chesebro, LPVD, NIAID, National Institutes of Health, Rocky Mountain Laboratories, Hamilton, MT.*

THURSDAY, JUNE 4, 1987

SESSION TH.3
Health Care—Patient Care, Attitudes, Knowledge, and Risks
10:30 a.m.

Chairmen: Christine Grady (Bethesda, MD, USA)
Courtenay Bartholomew (Port-au-Prince, Trinidad)

10:30 a.m.
1. Helping Young People Face Death: Resuscitation Status and Outcome in First Episode Pneumocystis carinii Pneumonia (PCP), *Rita Fahrner, M. J. Clement, A. Kline, J. B. Cohen, San Francisco General Hospital, San Francisco, CA.*

10:45 a.m.
2. Housestaff Attitudes Towards the Acquired Immunodeficiency Syndrome, *Molly Cooke, B. Koenig, University of California-San Francisco, San Francisco, CA.*

11:00 a.m.
3. Concerns of Medical and Pediatric House Officers about Acquiring AIDS from Their Patients, *R. Nathan Link*, Anat R. Feingold**, Mitchell H. Charap*, Kathy Freeman**, Steven Shelov***, *New York University School of Medicine, **Montefiore Medical Center, ***Albert Einstein College of Medicine, New York, NY.*

11:15 a.m.
4. AIDS Train the Trainer Program for Health Care Providers: California Nurses Association's Innovative Approach, *Helen Schietinger*, Z. A. Fitzhugh*, P. K. McCarthy*, C. Morrison**, *California Nurses Association, San Francisco, CA, **AIDS Health Services Project, San Francisco, CA.*

11:30 a.m.
5. Low Occupational Risk of HIV Infection for Dental Professionals, (DP), *Robert S. Klein*, J. Phelan*, G. H. Friedland, K. Freeman*, C. Schable**, N. Steigbigel*, et al., *Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY, and **Centers for Disease Control, Atlanta, GA.*

11:45 a.m.
6. Prevalence of Unsuspected Human Immunodeficiency Virus in Critically Ill Emergency Patients, *James L. Baker*, G. Kelen*, K. Sivertson*, T. Quinn**, *Department of Emergency Medicine, The Johns Hopkins Hospital, Baltimore, MD, **Laboratory of Immunoregulation, National Institute of Allergy and Infectious Diseases, Bethesda, MD.*

SESSION TH.4
Clinical Studies—Opportunistic Infections
10:30 a.m.

Chairmen: Martin Hirsch (Boston, MA, USA)
Willi Rosenbaum (Paris, France)

10:30 a.m.
1. Preliminary Results of a Phase I-II Trial of Trimetrexate Therapy for Pneumocystis Pneumonia in AIDS Patients, *Carmen J. Allegra*, B. Chabner*, C. Tuazon**, H. C. Lane*, D. Arakaki*, H. Masur*, et al., *National Institutes of Health, Bethesda, MD, **George Washington University, Washington, DC.*

10:45 a.m.
2. Studies on Successful Eflornithine Treatment of Pneumocystis carinii Pneumonia (PCP) in AIDS Patients Failing Conventional Therapy, *B. D. McLees, J. L. R. Barlow, R. J. Kuzma, D. C. Baringtang, P. J. Schechter, A. Sjoerdsma, Merrell Dow Research Institute, Cincinnati, OH.*

11:00 a.m.
3. Cyclosporin A May Induce Deterioration in Patients With AIDS, *Anne Phillips, M. Fanning, P. Hallorgn, R. Coates, M. Klein, S. Read, et al., University of Toronto, Toronto, Canada.*

11:15 a.m.
4. Cytomegalovirus and Adenovirus Infections: Response to DHPG, *A. S. Tyms*, *D. L. Taylor, *J. M. Davis, **D. Taylor-Robinson, ***A. J. Pinching, *D. J. Jeffries, et al., *Virology Department, ***Immunology Department, St. Mary's Hospital Medical School, London, U.K. **Clinical Research Centre, Harrow, U.K.*

11:30 a.m.
5. Successful Therapy of Cytomegalovirus Infections in Patients With Acquired Immunodeficiency Syndrome with Ganciclovir, *Douglas T. Dieterich, F. Lafleur, A. Chachoua, C. Worrell, Kaplan Cancer Center, New York University Medical Center, New York, NY.*

11:45 a.m.
6. A Clinical Trial of Recombinant Alpha Interferon in Patients with AIDS, *G. H. Friedland*, S. H. Landesman**, C. S. Crumpacker***, M. S. Hirsch****, H. H. Handsfield*****, D. J. Pizzuti******, et al., *Montefiore Medical Center, Bronx, NY, **State University of New York Health Science Center, Brooklyn, NY, ***Beth Israel Hospital, Boston, MA, ****Massachusetts General Hospital, Boston, MA, *****Harborview Medical Center, Seattle, WA, ******Hoffmann La-Roche, Clinical Research and Development, Nutley, NJ.*

THURSDAY, JUNE 4, 1987

SESSION TH.5
Prevention/Public Health—Drug Users and Other High Risk Groups
10:30 a.m.

Chairmen: Steven Joseph (New York, NY, USA)
Elisabeth Ngugi (Nairobi, Kenya)

10:30 a.m.

1. High Rate of HTLV-III/HIV Exposure in IVDA's from a Small-Sized City and the Failure of Specialized Methadone Maintenance to Prevent Further Drug Use, *Richard G. Marlink*, B. Foss**, R. Swift***, W. Davis**, M. Essex****, J. Groopman*, et al., *New England Deaconess Hospital, Boston, MA, **New Bedford Center for Human Services, New Bedford, MA, ***Brown University, Providence, RI, ****Harvard School of Public Health, Boston, MA.*

10:45 a.m.

2. A Coupon Program: AIDS Education and Drug Treatment, *Joyce Jackson, L. Rotkiewicz, New Jersey State Department of Health (NJSDH), East Orange, NJ.*

11:00 a.m.

3. Evidence of Reduced AIDS-Associated Risk Behavior in Homosexual/ Bisexual Men but Not in Heterosexuals or IV Drug Users in 4 Widely Dispersed U.S. Counties, *Miriam J. Alter*, D. Francis**, and the Centers for Disease Control Sentinel County Study Group, Centers for Disease Control, *Atlanta, GA, and **Berkeley, CA.*

11:15 a.m.

4. Use of Condoms for the Control of AIDS: A Cross-Section Study in Rikai District, Uganda, *A. M. T. Lwegaba, Uganda AIDS Programme, Uganda.*

11:30 a.m.

5. Effect of an AIDS Education Program on Increasing Condom Use in a Cohort of Nairobi Prostitutes, *Elisabeth N. Ngugi, F. A. Plummer, D. W. Cameron, M. Bosire, J. O. Ndinya-Achola et al., Kenya Medical Research Institute; University of Nairobi; Ministry of Health, Nairobi, Kenya, University of Manitoba, Winnipeg.*

11:45 a.m.

6. Drug Use and Sexual Behavior Change in a Cohort of Homosexual Men, *David G. Ostrow, M. Van Raden, L. Kingsley, R. Fox, J. Dudley, R. A. Kaslow, and the Multicenter AIDS Cohort Study (MACS), University of Michigan School of Medicine, Ann Arbor, MI.*

SESSION TH.6
Roundtable Discussion
10:30 a.m.

Developing Community-Based Service Organizations

POSTER SESSION—THP
12:00 noon–1:30 p.m.
Exhibit Hall

Scientific poster presentations in the areas of virology, epidemiology, immunology, clinical management, prevention/public health, psychosocial, legal/ethics, health care, clinical trials and blood/blood products.

BUSINESS MEETING-THB
1:15 p.m.

Plans for Future Meetings and International Society

THURSDAY, JUNE 4, 1987

SESSION TH.7
Epidemiology—Perinatal Transmission and AIDS
1:30 p.m.

Chairmen: Gwen Scott (Miami, FL, USA)
A.J. Georges (Bangui, Central African Republic)

1:30 p.m.
1. National Trends in Perinatally Acquired AIDS, United States, *Margaret J. Oxtoby*, M. Rogers*, P. Thomas**, S. Manoff*, K. Winter*, R. Byers*, *Centers for Disease Control, Atlanta, GA; **New York City Department of Health, NY.*

1:45 p.m.
2. Perinatal Transmission of HIV in Intravenous Drug Abusers(IVDAs), *Peter A. Selwyn*, E. E. Schoenbaum*, A. R. Feingold*, M. Mayers*, K. Davenny*, M. Rogers**, et al., *Monterfiore Medical Center,/ Albert Einstein College of Medicine, Bronx, NY, **Centers for Disease Control, Atlanta, GA.*

2:00 p.m.
3. Human Immunodeficiency Virus (HIV) Infection in Pregnant Women and Their Offspring, *Anne Willoughby, Herman Mendez*, H. Minkoff, J. Hittelman, S. Holman, J. Goetert, A. Sheldon-Landesman, State University Hospital Health Science Center, Brooklyn, NY, and the National Institutes of Health, Bethesda, MD.*

2:15 p.m.
4. Prospective Study on Newborns of HIV SeropositiveWomen, *S. Blanche, C. Rouzioux, F. Veber, F. Le Deist, M. J. Mayaux, C. Griscelli, Hopital Necker, Paris, France.*

2:30 p.m.
5. Congenital Transmission of HIV in Nairobi, Kenya, *Michael Braddick, J. K. Kreiss, T. Quinn, J. O. Ndinya-Achola, G. Vercauteren, F. A. Plummer et al., University of Nairobi, Kenya, The Middlesex Hospital, London, U.K., University of Washington, Seattle, WA, National Institutes of Health, Bethesda, MD, University of Manitoba, Winnipeg, Institute of Tropical Medicine, Antwerp.*

2:45 p.m.
6. Perinatal HIV Transmission in Two African Hospitals, *Nzila Nzilambi*, R. W. Ryder*, F. Behets**, H. Francis*, E. Bayende*, A. Nelson*, J. M. Mann*, et al., *Projet SIDA, Kinshasa, Zaire, **Ngaliema Hospital, Kinshasa, Zaire.*

SESSION TH.8
Clinical Management—Infections I
1:30 p.m.

Chairmen: Margaret Fischl (Miami, FL, USA)
Bo Oberg (Sodertalje, Sweden)

1:30 p.m.
1. Treatment of Cytomegalovirus Retinitis with Trisodium Phosphonoformate (Foscarnet), *Sharon L. Walmsley, E. Chew, M. M. Fanning, S. E. Read, H. Vellend, I. E. Salit, et al., Department of Medicine, University of Toronto, Ontario, Canada.*

1:45 p.m.
2. Detection of Cytomegalovirus-Immediate Early Antigens in Blood Leucocytes as a Marker for Activity of Cytomegalovirus Infections in AIDS, *Herman G. Sprenger*, J. Weits*, W. v. d. Bij*, R. Torensma*, J. Schirm**, T. H. The*, et al., *University Hospital, Groningen, **Public Health Laboratory, Groningen, The Netherlands.*

2:00 p.m.
3. Cytomegalovirus Colitis: Can it be Caused by Adenovirus? *Jacqueline Parkin, Stanley Tyms, Adrian Roberts, Robert Burnell, Donald Jeffries, Anthony Pinching, St. Mary's Hospital Medical School, London, U.K.*

2:15 p.m.
4. Zoster-Associated Meningitis in HIV-Infected Individuals, *Harry Hollander, C. Petersen, R. Jacobs, University of California-San Francisco School of Medicine, San Francisco, CA.*

2:30 p.m.
5. Disseminated Ecthymatous Varicella Zoster in AIDS, *Ian Gilson*, J. H. Barnett*, P. G. Jones*, M. A. Conant**, O. L. Laskin***, *University of Wisconsin, Milwaukee Clinical Campus, Milwaukee, WI, **University of California, San Francisco, CA, ***Cornell University Medical College, New York, NY.*

2:45 p.m.
6. Intrathecal Production of Antibodies Against T. gondii in Patients with Toxoplasmic Encephalitis and AIDS, *I. Potasman***, L. Resnick*, B. J. Luft**, Jack S. Remington***, *Mount Sinai Medical Center, Miami Beach, Florida, **State University of New York, Stony Brook, New York, and ***Research Institute, Palo Alto Medical Foundation, and Stanford University School of Medicine, Palo Alto, CA.*

THURSDAY, JUNE 4, 1987

SESSION TH.9
Immunology—HIV-Specific Antibodies
1:30 p.m.

Chairmen: John Fahey (Los Angeles, CA, USA)
Fernando Aiuti (Rome, Italy)

1:30 p.m.
1. HTLV-III(HIV) Synthetic Peptides: Generation of Murine Monoclonal Antibodies (MAb) and Analysis of Human Antibody Responses, *Paul Durda*, B. Leece*, H. Rabin*, S. Petteway*, K. Krohn**, A. Ranki**, F. Wong-Staal**, and R. Gallo**, *E. I. du Pont de Nemours and Company, North Billerca, MA, and Wilmington, DE, **National Cancer Institute/National Institutes of Health, Bethesda, MD.*

1:45 p.m.
2. Immunodominant Epitopes of HIV Envelope Glycoproteins, *John F. Krowka*, D. P. Stites*, B. Singh**, V. Maino***, K. Steimer, H. Hollander*, et al., *University of California, San Francisco, CA, **University of Alberta, Edmonton, Canada ***Becton Dickinson, Mountain View, CA and The Chiron Corporation, Emeryville, CA.*

2:00 p.m.
3. A Synthetic Peptide Derived from the Viral gp41 Protein of HIV is Highly Immunoreactive with Sera from Patients Infected with HIV, *Marja-Liisa Huhtala*, A. Närvänen*, M. Korkolainen*, S. Kontio*, P. Partanen*, A. Vaheri**, and J. Suni**, *Labsystems Research Laboratories, Helsinki, Finland, **Department of Virology, University of Helsinki, Helsinki, Finland.*

2:15 p.m.
4. Antisera to Leu 3a with Anti-Idiotypic Activity React with gp110/130 of HIV-1 and LAV-2, *Quentin J. Sattentau*, J. N. Weber**, R. A. Weiss**, P. C. L. Beverley***, *Academic Department G. U. Medicine, Middlesex Hospital Medical School, London, U.K., **Institute of Cancer Research, Chester Beatty Laboratories, London, U.K., ***ICRF Human Tumour Immunology Group, University College, London, U.K.*

2:30 p.m.
5. Internal Image Anti-Idiotypes Representative of Homobodies Mimic the CD4 Molecule and Bind Human Immunodeficiency Virus, *Ronald C. Kennedy, E-M Zhou, G. R. Dreesman and T. C. Chanh, Department of Virology and Immunology, Southwest Foundation for Biomedical Research, San Antonio, TX.*

2:45 p.m.
6. A Comparison of the Interaction of HIV-1 and LAV-2 with the CD4 Antigen, *Quentin J. Sattentau*, P. C. L. Beverley**, F. A. Halabi***, J-C Gluckman***, D. Klatzman***, *Academic Department of G. U. Medicine, Middlesex Hospital Medical School, London, U.K., **ICRF Human Tumour Immunology Group, University College, London, U.K., ***Laboratoire d'Immunologie, Groupe Hospitalier Pitie-Salpetriere, Paris, France.*

SESSION TH.10
Blood and Blood Products—Transfusion Associated AIDS and Hemophilia
1:30 p.m.

Chairmen: Harvey Alter (Bethesda, MD, USA)
Susan Hollan (Budapest, Hungary)

1:30 p.m.
1. Transfusion-Associated AIDS in the United States, *Thomas A. Peterman*, S. D. Holmberg*, K-J Lui**, *AIDS Program, Center for Infectious Diseases, **Division of Injury Epidemiology and Control, Center for Environmental Health, Centers for Disease Control, Atlanta, GA.*

1:45 p.m.
2. The Transfusion Safety Study, *James W. Mosley*, The Transfusion Safety Study Group* **, *University of Southern California School of Medicine, Los Angeles, CA, **Other Participating Institutions.*

2:00 p.m.
3. Clinical Observations on HIV Seropositive Hemophiliacs After 4½ Years of Follow-up and Efficacy of Heat-Treated Products, *Marion A. Koerper, J. A. Levy, University of California-San Francisco, San Francisco, CA.*

2:15 p.m.
4. No Anti-HIV Seroconversion After Replacement Therapy with Pasteurized F VIII Concentrate. A Study of 151 Patients with Hemophilia A or von Willebrand's Disease, *Klaus Schimpf*, H. H. Brackmann, W. Kreuz, B. Kraus, F. Haschke, W. Schramm, et al., *Rehabilitation Hospital and Hemophilia Center Heidelberg, Rehabilitation Foundation, Federal Republic of Germany.*

2:30 p.m.
5. Antibodies to HIV in Israeli Hemophiliacs: Prognostic Significance of Serological Profile, *Shlomit Orgad*, G. Malone**, R. Zaizov***, U. Martiniwitz*, E. Gazit*, M. Essex**, *Sheba Medical Center, Israel, **Harvard School of Public Health, Boston, MA, ***Beilinson Medical Center, Israel.*

2:45 p.m.
6. Incidence of HIV-1 and HIV-2 Antibodies in Hemophiliacs, *L. G. Gürtler, W. Schramm**, I. Weigel**, J. Eberle*, F. Deinhardt*, Max von Pettenkofer Institute, Klinikum Innenstadt, University of Munich, Federal Republic of Germany.*

THURSDAY, JUNE 4, 1987

SESSION TH.11
Health Care—Issues in Health Care Delivery
1:30 p.m.

Chairmen: Samuel Matheny (Rockville, MD, USA)
Juha-ni Leikola (Helsinki, Finland)

1:30 p.m.
1. Comprehensive Outpatient-Based Healthcare Reduces Inpatient Stay for Persons with AIDS or ARC: The Los Angeles County Model, *Peter N. R. Heseltine, J. M. Leedom, M. Hedderman, M. Ripper, F. Sattler, Los Angeles County - University of Southern California Medical Center, Los Angeles, CA.*

1:45 p.m.
2. Hospital Utilization Patterns and Charges for the Care of Inner-City AIDS Patients: By Risk Group, Sex & Race/Ethnicity, *Ernest Drucker, P. McMaster, A. Wein, J. Bloom, T. Davis, M. H. Alderman, et al., Department of Epidemiology & Social Medicine, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY.*

2:00 p.m.
3. Medical Care Costs of Children with HIV Infection in Harlem, *James D. Hegarty, E. Abrams, V. E. Hutchinson, S. Nicholas, M. Heagarty, Department of Pediatrics, Harlem Hospital, New York, NY.*

2:15 p.m.
4. AIDS Medical Day Care for Intravenous Drug Abusers, *Gloria Rodriguez, J. Jackson, New Jersey State Department of Health, AIDS Community Support Unit, East Orange, NJ.*

2:30 p.m.
5. A Hospital-Based Volunteer Program Utilizing Methadone Patients and Others to Provide Support for Inner-City AIDS Patients, *Lea Tenneriello, M. Callan, L. Gordon, J. Levine, B. Poust, E. Drucker, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY.*

2:45 p.m.
6. Hospice Care of Intravenous Drug Abuser AIDS Patients in a Skilled Nursing Facility, *W. Bulkin, L. McNally, G. McGuire, L. Brown, G. H. Friedland, Beth Abraham Hospital, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY.*

SESSION TH.12
Roundtable Discussion
1:30 p.m.
Education and the General Public

SESSION TH.13
Roundtable Discussion
3:30 p.m.
Prevention of Perinatal Transmission of HIV Infection

SESSION TH.14
Roundtable Discussion
3:30 p.m.
People With AIDS

SESSION TH.15
Roundtable Discussion
3:30 p.m.
AIDS in the Developing World (Social/Economic)

SESSION TH.16
Roundtable Discussion
3:30 p.m.
Hemophilia: Where Should the Preventive Effort Be Placed?

SESSION TH.17
Roundtable Discussion
3:30 p.m.
Current Issues in Drug Abuse and AIDS

FRIDAY, JUNE 5, 1987

SESSION F.1
Epidemiology—HIV-AIDS Cofactors
8:30 a.m.

Chairmen: Roger Detels (Los Angeles, CA, USA)
Fernando Zacharias (Atlanta, GA, USA)

8:30 a.m.

1. Invited Speaker: U.S. Department of Defense HIV Testing Programs: An Overview, *Donald S. Burke*, J. F. Brundage*, R. R. Redfield*, P. W. Kelley*, J. R. Herbold**, et al., *Walter Reed Army Institute of Research, Washington, DC, **Office of the Assistant Secretary of Defense (Health Affairs), Washington, DC.*

8:45 a.m.

2. HLA Phenotypes are Possible Risk Factors for Development of AIDS, *D. L. Mann*, C. Murray**, J. J. Goedert*, W. A. Blattner*, M. Robert-Guroff*, *National Cancer Institute, Bethesda, MD and Braton **Biotech, Inc., Rockville, MD.*

9:00 a.m.

3. Familial Tendency to Serious Sequelae of HIV Infection, *N. J. Meropol*, P. R. Krause*, M. M. Lederman*, P. H. Levine**, M. E. Eyster***, G. C. White****, et al., *Case Western Reserve University, Cleveland, OH, **University of Massachussetts, Worcester, MA, ***Pennsylvania State University, Hershey, PA, ****University of North Carolina, Chapel Hill, NC.*

9:15 a.m.

4. Age and Cumulative Incidence of AIDS Among Seropositive Homosexual Men in High Incidence Areas of San Francisco, *James A. Wiley*, George W. Rutherford**, Andrew R. Moss***, Warren Winkelstein, Jr.*, *University of California, Berkeley, CA, **San Francisco Department of Health, San Francisco, CA, ***University of London, England.*

9:30 a.m.

5. Hepatitis B Virus Coinfection in Homosexual Men Seropositive for Human Immunodeficiency Virus Antibody, *Dennis Osmond, R. Chaisson, P. Beasley, P. Bacchetti, A. Moss, University of California-San Francisco, and San Francisco General Hospital, San Francisco, CA.*

9:45 a.m.

6. Association of Anogenital Ulcer Disease with Human Immunodeficiency Virus Infection in Homosexual Men, *H. Hunter Handsfield*, R. L. Ashley**, A. M. Rompalo**, W. E. Stamm**, R. W. Wood*, and L. Corey**, *Seattle-King County Department of Public Health, and **University of Washington School of Medicine, Seattle, WA.*

SESSION F.2
Virology—Diagnostics
8:30 a.m.

Chairmen: George Schochetman (Atlanta, GA, USA)
Yorio Hinuma (Kyoto, Japan)

8:30 a.m.

1. Correlation Between Antibody Response to HIV Antigens, Neutralizing Antibody Titers and Clinical Status, *Francoise Barre-Sinoussi*, F. Rey*, S. Gharakhanian**, F. Ollivier-Henry*, W. Rozenbaum** and J. C. Chermann*, *Institut Pasteur, Viral Oncology Unit, Paris, France, **Pitié-Salpétrière Hospital, Paris, France.*

8:45 a.m.

2. Virologic Studies in the Diagnosis of Pediatric AIDS, *Wade P. Parks*, E. S. Parks*, C. Hutto*, G. B. Scott*, J. P. Allain**, *Department of Pediatrics, University of Miami School of Medicine, Miami, Fl, **Abbott Laboratories, North Chicago, IL.*

9:00 a.m.

3. Identification of HIV Sequence in DNA Extracted Directly from Peripheral Blood Lymphocytes and Bone Marrow Using in vitro DNA Amplification, *John J. Sninsky*, S. Kwok*, D. Mack*, G. Ehrlich**, P. Ullrich***, B. Poiesz**, et al., *Cetus Corporation, Emeryville, CA, **State University of New York Upstate Medical Center, Syracuse, NY, ***University of California, San Francisco, CA.*

9:15 a.m.

4. Double HIV-1 and HIV-2 Seropositivity in Four Patients in Paris, *M. Harzic*, Francoise Brun-Vezinet*, A. G. Saimot*, F. Courtois**, Y. Domart***, S. Wain-Obson****, et al., *Hopital Claude Bernard, **Louis Mourier, ***Bichat, ****Institut Pasteur, Paris, France.*

9:30 a.m.

5. Efficacy of Five HIV Enzyme Immunoassays (EIA) in Detecting Antibody to HTLV-IV, *F. A. Denis*, G. Léonard*, M. Mounier*, A. Sangare**, G. Gershy-Damet**, F. Barin***, et al., *C.H.U. Dupuytren, Limoges, France, **Institut Pasteur, Abidjan, Côte d'Ivoire, ***CHRU Bretonneau, Tours, France.*

9:45 a.m.

6. Diagnosis of HIV Infection: Utility of Radioimmunoassays for the Major Internal Antigen (p24) and Transmembrane Envelope Glycoprotein (gp41) of Human T-Cell Lymphotropic Virus, Type III (HTLV III), *Sushil G. Devare, J. M. Casey, D. A. Paul, M. D. Leuther, J. S. Heller, G. J. Dawson, et al., Abbott Laboratories, North Chicago, IL.*

FRIDAY, JUNE 5, 1987

SESSION F.3
Clinical Management—Infections II
8:30 a.m.

Chairmen: Donald Armstrong (New York, NY, USA)
Jean Pape (Petionville, Haiti)

8:30 a.m.
1. Cross-Allergy to Sulfonamides/Sulfones (Sulfa), and Folic Antagonists in AIDS, *Ileana Medina, D. Feigel, C. Wofsy, University of California-San Francisco, School of Medicine, San Francisco General Hospital, San Francisco, CA.*

8:45 a.m.
2. Diminished Sulfa-Trimethoprim (ST) Toxicity in Blacks Treated for Pneumocystis carinii Pneumonia (PCP), *E. Hazel, N. Sethi, G. Jacquette, J. Dobkin, Harlem Hospital and Columbia University College of Physicians and Surgeons, New York, NY.*

9:00 a.m.
3. Oral Therapy for Pneumocystis carinii Pneumonia (PCP) in AIDS. A Randomized Double Blind Trial of Trimethoprim Sulfamethoxazole (S) Versus Dapsone Trimethoprim (D) for First Episode Pneumocystit carinii Pneumonia in AIDS, *Ileana Medina, G. Leoung, J. Mills, P. Hopewell, D. Feigel, C. Wofsy, University of California-San Francisco, School of Medicine, San Francisco General Hospital, San Francisco, CA.*

9:15 a.m.
4. Infectious Causes of Diarrhea in Patients With AIDS, *M. A. Antony, L. J. Brandt, Robert S. Klein, L. H. Bernstein, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY.*

9:30 a.m.
5. AIDS and AIDS Related Complex: Oral Manifestations and Treatment, *Mario Andriolo, Jr., St. Clare's Hospital and Health Center, New York, NY.*

9:45 a.m.
6. The Value of Liver Biopsy in the Diagnosis of Mycobacterial Infection in AIDS Patients, *David S. Rubin, G. S. Sidhu, W. El-Sadr, M. S. Simberkoff, New York Veteran's Administration Medical Center, New York, NY.*

SESSION F.4
Immunology—Immunopathogenesis
8:30 a.m.

Chairmen: Clifford Lane (Bethesda, MD, USA)
David Klatzman (Paris, France)

8:30 a.m.
1. Influences of Related Retroviruses on Human Lymphocyte Functions, *Savita Pahwa*, R. Pahwa**, R. A. Good**, C. Saxinger***, *North Shore University Hospital, Cornell University Medical College, Manhasset, NY, **All Children's Hospital, University of South Florida, St. Petersburg, FL, ***National Cancer Institute, Bethesda, MD.*

8:45 a.m.
2. Homologous Peptides from HIV P41 and HLA Class II Bind CD4 on Human T Cells, *Hana Golding, Frank A. Robey, Frederick T. Gates, III, Wolfgang Lindner and Basil Golding, National Cancer Institute, National Institutes of Health, DBP and DBBP, Food and Drug Administration; Bethesda, MD.*

9:00 a.m.
3. HLA-DR is involved in the HIV Recéptor, *Dean L. Mann, F. Lesane, W. A. Blattner, M. Popovic, National Cancer Institute, Bethesda, MD.*

9:15 a.m.
4. Altered IL-2 Gene Expression in HIV Infected Peripheral Blood CD4+ Lymphocytes: A Possible Mechanism for the Immunopathogenesis of AIDS, *H. Clifford Lane*, M. Dukovich**, S. McCarthy*, A. S. Fauci*, W. Greene**, *National Institutes of Health, Bethesda, MD, **Howard Hughes Medical Institute, Duke University School of Medicine, Durham, NC.*

9:30 a.m.
5. A Synthetic Peptide Homologous to HIV gp120 Envelope Glycoprotein Inhibits IL-2 Production, *T. C. Chanh, B. E. Alderete, G. D. Frenzel, G. R. Dreesman, R. C. Kennedy, P. Kanda, Southwest Foundation for Biomedical Research, San Antonio, TX.*

9:45 a.m.
6. Peripheral Blood Adherent Cells From AIDS Patients Inhibit Normal T-Cell Colony Growth Through Decreased Expression of Interleukin 2-Receptors and Production of Interleukin 2, *Y. Lunardi-Iskandar*, V. Georgoulias*, D. Vittecoq**, F. Barre-Sinoussi***, J. C. Chermann***, C. Jasmin*, et al., *Inserm, Hopital Paul Brousse, Villejuif, France; ** Service des Maladies Infectieuses, Hopital Saint Louis, Paris, France, and ***Department of Virology, Institut Pasteur, Paris, France.*

FRIDAY, JUNE 5, 1987

SESSION F.5
Legal/Ethics
8:30 a.m.

Chairmen: Charles McCarthy (Bethesda, MD, USA)
Michael D. Kirby (Sydney, Australia)

8:30 a.m.
1. Confidentiality and the Duty to Protect: The Limits of Autonomy in the Case of AIDS, *Ronald Bayer, Carol Levine and Susan M. Wolf, The Hastings Center, Hastings-on-Hudson, NY.*

8:45 a.m.
2. Ethical Dilemmas Inherent in HIV Antibody Testing Legislation: A One Year Retrospective, *Nancy J. Kaufman, J. Vergeront, H. Frisby, Wisconsin Division of Health, Madison, WI.*

9:00 a.m.
3. AIDS: Transfusion and Litigation, *Duncan Barr, Lisa T. Ungerer, Susan J. Riefel, O'Connor, Cohn, Dillon & Barr, San Francisco, CA.*

9:15 a.m.
4. Anti-Discrimination Legislation and the Reduction of Social Disruption Caused by AIDS, *Gregory J. Tillett, New South Wales Anti-Discrimination Board, Sydney, Australia.*

9:30 a.m.
5. Legal and Ethical Analysis of Insurance Underwriting for AIDS, *Benjamin Schatz, AIDS Civil Rights Project, National Gay Rights Advocates, San Francisco, CA.*

9:45 a.m.
6. Municipal AIDS Discrimination Laws as Public Health Education Tools for Preventing HIV Transmission, *David I. Schulman*, M. Karp**, N. Nickens***, *Los Angeles City Attorney's Office, **New York City Commission on Human Rights, ***San Francisco Human Rights Commission.*

SESSION F.6
Epidemiology—Other Retroviruses
10:30 a.m.

Chairmen: William Blattner (Bethesda, MD, USA)
Francoise Brun-Vezinet (Paris, France)

10:30 a.m.
1. Lymphadenopathy Associated Virus Type 2 (LAV2) - Seroepidemiological Study in Cape Verde Islands, *Francoise Brun-Vezinet*, Ç. Katlama*, D. Ceuninck**, D. Andrade*, D. Dario**, M. A. Rey, et al., *Hopital Claude-Bernard, Paris, France, **Delegado da Saude, Santiago, Cape Verde.*

10:45 a.m.
2. Prevalence of HIV and STLV-III Related Human T-Lymphotropic Retrovirus (HTLV-IV) in Several Populations of Ivory-Coast, West Africa, *G. Leonard*, F. Barin**, A. Sangare***, G. Gershy-Damet***, J. L. Rey***, F. Denis*, et al., *CHU Dupuytren, Limoges, France, **CHU Bretonneau, Tours, France, ***Institut Pasteur and INSP, Abidjan, Ivory-Coast.*

11:00 a.m.
3. LAV2/HTLV IV Infection Among Blood Donors, Multitransfused Patients and Different AIDS Risk Groups in France, *A. M. Courouce, Ch. Rouzioux, F. Barin, S. Chamaret and the Retrovirus Study Group of the French Society of Blood Transfusion, Paris, France.*

11:15 a.m.
4. Transmission of HTLV-I and HIV Among Homosexual Men in Trinidad, *F. Cleghorn*, William A. Blattner**, W. C. Saxinger*, B. Mahabir***, B. Hull-Drysdale****, C. Bartholomew**, *National Cancer Institute, Bethesda, MD, **The General Hospital, and ***Caribbean Medical Centre, and ****Pan American Health Organization, Port-of-Spain, Trinidad.*

11:30 a.m.
5. Emerging High Rates of Human T-Cell Lymphotropic Virus Type I (HTLV-I) and HIV Infection Among U.S. Drug Abusers, *Stanley H. Weiss*, H. M. Ginzburg*, W. C. Saxinger*, K. P. Cantor*, F. K. Mundon**, D. H. Zimmerman**, W. A. Blattner*, *National Cancer Institute, Bethesda, MD, **Electro-Nucleonics, Inc., Columbia, MD.*

11:45 a.m.
6. HTLV-IV and HTLV-III/HIV in West Africa, *Phyllis Kanki*, S. M'Boup**, F. Barin***, D. Ricard*, F. Denis****, M. Essex, et al., *Harvard School of Public Health, Boston, MA, **University of Dakar, Dakar, Senegal, ***University of Tours, Tours, France, ****University of Limoges, France.*

FRIDAY, JUNE 5, 1987

SESSION F.7
Virology—Animal Models
10:30 a.m.

Chairmen: Roland Desrosiers (Southborough, MA, USA)
Helmut Bachmayer (Vienna, Austria)

10:30 a.m.
1. Infection of Rhesus Macaques with HIV-2, *Patricia N. Fultz*, William M. Switzer*, and Luc Montagnier**, *AIDS Program, Centers for Disease Control, Atlanta, GA, **Institut Pasteur, Paris, France.*

10:45 a.m.
2. Response of Pig-tailed Macaques to SIV/SMM Infection, *Harold M. McClure*, D. C. Anderson*, R. B. Swenson*, J. Orkin*, E. A. Strobert*, and P. N. Fultz**, *Yerkes Primate Research Center, Emory University, Atlanta, GA, **AIDS Program, Centers for Disease Control, Atlanta, GA.*

11:00 a.m.
3. Natural and Experimental Infection of Macaques with the Simian Immunodeficiency Virus, *Ronald C. Desrosiers, M. D. Daniel, M. Kannagi, P. K. Sehgal, N. W. King, N. L. Letvin, et al., Harvard Medical School, New England Regional Primate Research Center, Southborough, MA.*

11:15 a.m.
4. Expression of Human Immunodeficiency Virus Long Terminal Repeat in Transgenic Mice, *John M. Leonard*, Howard E. Gendelman*, Jaspal Khillan**, Adio Adachi*, Monte Meltzer***, Heiner Westphal**, and Malcolm A. Martin*, *LMM, NIAID; **LMG, NIAID; National Institutes of Health, Bethesda, MD, and ***Walter Reed Army Institute of Research, Washington, DC.*

11:30 a.m.
5. The Isolation of a T-Lymphotropic Lentivirus from Cats with an Immunodeficiency Syndrome, *Niels C. Pedersen*, J. K. Yamamoto*, E. E. Sparger*, E. W. Ho*, R. Munn**, *University of California-Davis, School of Veterinary Medicine, **University of California-Davis, School of Medicine, Davis, CA.*

11:45 a.m.
6. Evaluation of an HTLV-III gp120 Prototype Vaccine in Chimpanzees, *Larry O. Arthur*, W. G. Robey**, S. W. Pyle*, J. W. Bess, Jr.*, P. Nara**, J. Kelliher***, D. Bolognesi, R. V. Gilden, and P. J. Fischinger, *Program Resources, Inc., National Cancer Insitute-Frederick Center Research Facility (FCRF), Frederick, MD, **Office of the Director, Virus Control Unit, National Cancer Institute-FCRF, Frederick, MD, Primate Research Institute, Alamogordo, NM.*

SESSION F.8
Prevention/Public Health—Monitoring Changes in Sexual Behavior
10:30 a.m.

Chairman: H. Hunter Handsfield (Seattle, WA, USA)

10:30 a.m.
1. Self-Reported Behavioral Change in Homosexual Men in the San Francisco City Clinic Cohort, *Lynda S. Doll*, W. Darrow*, P. O'Malley**, T. Bodecker**, H. Jaffe*, *AIDS Program, Center for Infectious Diseases, Centers for Disease Control, Atlanta, GA, **San Francisco Department of Public Health, San Francisco, CA.*

10:45 a.m.
2. Prevention of HIV Infection Among Gay and Bisexual Men: Two Longitudinal Studies, *L. McKusick, Thomas J. Coates, J. A. Wiley, S. F. Morin, R. Stall, University of California, San Francisco School of Medicine, San Francisco, CA.*

11:00 a.m.
3. Condom Use in a Cohort of Gay and Bisexual Men, *Ronald O. Valdiserri, D. Lyter, C. Callahan, L. Kingsley, C. Rinaldo, AIDS Prevention Project and Pitt Men's Study, University of Pittsburgh, Pittsburgh, PA.*

11:15 a.m.
4. Changes in Sexual Activities Among Participants in the Multicenter AIDS Cohort Study, *Robin Fox, D. Ostrow, R. Valdisseri, M. Van Raden, B. Visscher, B. F. Polk, for the Multicenter AIDS Cohort Study, National Institutes of Health, Bethesda, MD.*

11:30 a.m.
5. Declining Incidence of Sexually Transmitted Diseases as a Result of an AIDS-Prevention Campaign, *B. D. P. Eijrond*, J. A. R. Van Den Hoek**, J. A. Emsbroek**, F. Jansen Schoonhoven**, R. A. Coutinho**; *AIDS Policy Coordination of The Netherlands; **Municipal Health Service Amsterdam, The Netherlands.*

11:45 a.m.
6. Use of an AIDS Hotline as an Educational Tool as Well as a Measure of Effectiveness of Outreach Efforts, *Indira Kotval, B. M. Branson, T. Widmark, W. Hansen-Sparks, Health Education Resource Organization, Baltimore, MD.*

FRIDAY, JUNE 5, 1987

SESSION F.9
Immunology—Viral Replication
10:30 a.m.

Chairmen: J. Steven McDougal (Atlanta, GA, USA)
Gerhard Hunsmann (Gottingen, FRG)

10:30 a.m.

1. Mononuclear Phagocytes and Accessory Cells in the Pathogenesis of AIDS, *Mikulas Popovic, S. Gartner and R. C. Gallo, Laboratory of Tumor Cell Biology, National Cancer Institute/National Institutes of Health, Bethesda, MD.*

10:45 a.m.

2. Cytokine Regulated Control of HIV Expression in Chronically Infected Promonocyte Clones, *Thomas M. Folks*, J. Justement*, K. Clouse***, C. A. Dinarello**, M. Dukovitch****, A. S. Fauci*, et al., *National Institutes of Health, Bethesda, MD, **Tufts University, Boston, MA, ***Georgetown University, Washington, DC, ****Howard Hughes Medical Center, Duke University, NC.*

11:00 a.m.

3. Quantitative Cytofluorographic Analysis of HIV Infected Macrophages (M0): Removal of CD4 Positive Lymphocytes Through a Cell Fusion Process, *Suzanne Crowe, John Mills, Michael S. McGrath, University of California-San Francisco and San Francisco General Hospital, Department of Medicine, San Francisco, CA.*

11:15 a.m.

4. Infection of Human Bone Marrow Cells By the Human Immunodeficiency Virus (HIV), *Y. Lunardi-Iskandar*, M. T. Nugeyre**, V. Georgoulias*, F. Barre-Sinoussi**, Claude Jasmin*, J. C. Chermann**, et al., *Inserm, Hopital Paul Brousse, Villejuif, France and **Department of Virology, Institut Pasteur, Paris, France.*

11:30 a.m.

5. Low Numbers of Cytotoxic/Suppressor CD8+ Lymphocytes Prevent HIV Replication in Autologous Purified CD4+ Lymphocytes, *Christopher M. Walker, D. J. Moody, D. P. Stites, and J. A. Levy, Cancer Research Institute and Department of Laboratory Medicine, University of California School of Medicine, San Francisco, CA.*

11:45 a.m.

6. Immunologic Profiles of Mothers in Perinatal Transmission of HIV Infection, *Henry Francis*, N. Lubaki*, M. P. Duma*, R. W. Ryder*, J. Mann***, T. C. Quinn**, et al., *Projet SIDA, Kinshasa, Zaire, **NIAID, Johns Hopkins University, ***WHO, Geneva, Switzerland.*

SESSION F.10
Closing Plenary
12:00 noon

Chairmen: Jean-Claude Gluckman
Chairman, II International Conference on AIDS
Paris, France

Lars Olaf Kallings
Chairman, IV International Conference on AIDS
Stockholm, Sweden

12:00 noon

Summary and Current Status of AIDS Research
June Osborn, *Dean, School of Public Health, University of Michigan, Ann Arbor, MI.*
Lars Olaf Kallings, *Director, National Bacteriological Laboratories, Stockholm, Sweden.*
Edward N. Brandt, Jr., *Chancellor, University of Maryland, Baltimore, MD.*

12:45 p.m.

Introduction of the Secretary
Robert E. Windom, *Assistant Secretary for Health, U.S. Department of Health and Human Services, Washington, DC.*

Concluding Address: AIDS—Charge for the Future
The Honorable Otis R. Bowen, *Secretary, U.S. Department of Health and Human Services, Washington, DC.*

III International Conference on AIDS
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WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/28/87 **ACTION/CONCURRENCE/COMMENT DUE BY:** 2:00 pm today

SUBJECT: PRESIDENTIAL REMARKS: AMERICAN FOUNDATION FOR AIDS RESEARCH

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	FITZWATER	☐	☑
BAKER	☐	☑	GRISCOM	☑	☐
DUBERSTEIN	☐	☑	HENKEL	☑	☐
MILLER - OMB	☑	☐	HOBBS	☐	☐
BALL	☑	☐	KING	☐	☐
BAUER	☑	☐	MASENG	☑	☐
CARLUCCI	☐	☐	RISQUE	☑	☐
CRIBB	☑	☐	RYAN	☐	☐
CRIPPEN	☐	☐	SPRINKEL	☐	☐
CULVAHOUSE	☑	☐	TUTTLE	☐	☐
DAWSON	☐P	☑SS	DOLAN	☐	☑
DONATELLI	☑	☐	_____	☐	☐

REMARKS: Please provide comments directly to my office by 2:00 this afternoon, with an information copy to the Speechwriting Office. Thanks.

RESPONSE:

NR
Stucky
Sweet
Faoro
Hits

see pages 3, 4, 5, 6, and 7

WR

Rhett Dawson
Ext. 2702

(Parvin--5/28/87)

PRESIDENT REAGAN: AMERICAN FOUNDATION FOR AIDS RESEARCH
MAY 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen...you know fundraisers always remind me of one of my favorite, most well-worn stories. I've been telling it for years, so if you've heard it...well, indulge me.

But the chairman of the local fundraising drive went to see the richest man in town, who had never given anything--not a cent.

So he said to the man, "Our records show you've never contributed anything to our charity." And the man said, "Well, do your records show I have a brother who had an accident and can't provide for himself? Do your records show I have an invalid mother? Do your records show I have a widowed sister with several small children and no father to support them?"

And the chairman said, "No, our records don't show that."

And the man said, "Well, I don't give anything to them. Why should I give anything to you?"

But I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American

Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be--an honest man, a good scientist, and an advocate for the public health.

And I also want to thank other doctors and researchers who aren't here tonight. These individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well-being. And that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. The poet W.H. Auden said that the true men of action in our times are not the politicians and statesmen, but the scientists. I believe that's especially true when it comes to the AIDS epidemic.

Those of us in government can educate our citizens about the dangers; we can encourage safe behavior; we can test to determine how widespread the virus is; we can do any number of things. But only medical science can ever truly defeat AIDS. Medical science is the silver bullet.

We've made remarkable progress already. Over the past 2 years, scientists have collected more information about AIDS than they've collected during 40 years of research on polio.

To think, we didn't even know we had a disease until June of 1981 when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, AZT, has been brought to market in record time; others are coming. Work on a vaccine is now underway in many laboratories.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the Federal Government plans to spend $317 million on AIDS research and $766 million overall. Next year we intend to spend 30 percent more on research--$413 million out of $1 billion overall. Spending on AIDS has been one of the fastest growing parts of the budget, and, ladies and gentlemen, it deserves to be.

We're also tearing down the regulatory barriers so as to move AIDS drugs from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense--and, in fact, it's cruel--to keep the hope of new drugs from dying patients. And I don't blame those who were out marching and protesting to get the AIDS drugs released before the t's were crossed and the i's were dotted. If I had AIDS, I'd feel the same frustration.

Now, although science is capable of breathtaking advances; it's not capable of miracles. Because of AIDS' long incubation period, it will takes years to know if a vaccine works. These tests require time, and this is a

problem money cannot overcome. We will not have a vaccine on the market until the mid to late 1990's at best.

Since we don't have a cure to the disease and we don't have a vaccine against it, the question is how do we deal with it in the meantime? How do we protect the citizens of this nation? And where do we start?

For one thing, it is absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that federal and state government do the same.

I recently announced my intention to create a national commission on AIDS, because of the consequences of this disease on our society. We need some comprehensive answers. How do we deal with a disease that may swamp--~~perhaps even bankrupt~~--our health care system? What can we do to defend Americans not infected with the virus? How can we best care for those who are ill and dying? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis.

We know some things already--the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers of young men, women intravenous drug users or infants we've lost. I'm not belaboring these things, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. This calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance.

It's also important that America not judge those who have the disease but care for them with dignity and kindness. Passing moral judgments is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.

We mustn't allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett--we must firmly oppose all forms of discrimination against those who have AIDS, whether in housing, education or jobs. We must prevent the persecution, though ignorance or malice, of our fellow citizens.

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS--Do Not Touch." Fortunately, that photo was taken several years ago and we now know there's no basis for this kind of fear.

But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountains."

I was told of a situation in Florida where three young brothers--ages 10, 9, and 7--were all hemophiliacs carrying

the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear and is reflected in most stark forms of cruelty.

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A.

AIDS is not a casually contagious disease. You don't get it from telephones or swimming pools or drinking fountains. You don't get it from someone shaking your hand or preparing your food. And most important, you don't get AIDS by donating blood.

Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

As I've said before, the federal role is to provide scientific, factual information. Corporations can help get the information out, so can community and religious groups. And, of course, so can the schools with guidance from the parents. How the schools present the information is up to them. Yet I ~~can't help but~~ must (am compelled) mention this--the teaching of AIDS, or any aspect of sex education for that matter, should not be value neutral.

You know a dean of St. Paul's Cathedral in London once said, "The aim of education is the knowledge not of facts,

but of values." And that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions.

As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect you don't have drug abuse and sexual promiscuity--which, of course, are the two major causes of AIDS. And I know Nancy firmly believes from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead--so, yes, after there is a moral base, then you can discuss preventatives and other specific measures.

And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others--and that can mean endangering others with a gun, with a car, or with a virus. If a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS. Human decency requires it. And the reason is very simple--innocent people are being infected by this virus and some of them are going to acquire AIDS and die.

(POSSIBLE INSERT)

You know it's been said that when the night is darkest we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who've ministered to the sick and the helpless.

For example, last year about 450 volunteers from the Shanti Project provided 110,000 hours of emotional and practical support for 80 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens with AIDS.

And in closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said, "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have."

And, ladies and gentlemen, so must we.