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**Record Group/Collection:** George H.W. Bush Presidential Records  
**Collection/Office of Origin:** Speechwriting, White House Office of  
**Series:** Speech File Backup Files  
**Subseries:** Chron File, 1989-1993

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**OA/ID Number:** 13710  
**Folder ID Number:** 13710-009

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**Folder Title:**  
National Coalition on AID 3/29/90 [OA 6854] [1]

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**Stack:**

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**Section:**

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THE WHITE HOUSE  
WASHINGTON

DATE: 4-7-90

FROM THE PRESIDENT

TO: Dave Demarest

2 Things:

1. Your letter to Ed on AIDS speech was excellent. I hope this is going on all across the old U.S. of A.

2. Please give special thanks to writer of Lyndon Johnson speech. The LBJ people were really touched. Great sensitivity in there.

gb .

cc: Sununu  
Fitzwater

THE WHITE HOUSE

WASHINGTON

April 2, 1990

To the Editors:

The Washington Post billed the address as "long-awaited" -- the President's "first major speech on the AIDS epidemic." But for readers of the Washington Post -- here in the area where the speech was given -- the waiting isn't over yet.

Because if your readers wanted to know what was actually in that "major speech," they would need to buy the Los Angeles Times or New York Times, where front-page accounts carried extensive excerpts from the address. Or, they could have watched the address live on CNN.

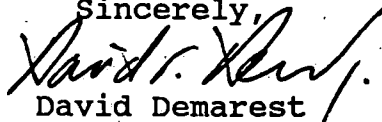
The Post's page four treatment of the speech summarized the content of the speech in three sentences. One sentence of the actual speech made it into the article in the sixth paragraph.

In contrast, the article gave ample space to six critics: two hecklers, two AIDS activists, a businessman, and a Democratic Congressman. The fact that the speech was interrupted eight times for applause, and that the President was given a standing ovation at the end of the speech, wasn't mentioned at all.

Your story reminded me of the heckler who interrupted the speech to complain that the President hadn't yet uttered the "A" word (AIDS). I suppose some people just don't want to listen. At that point in the speech, the President had already used the word "AIDS" 22 times.

The citizens of the Nation's capital care deeply about this issue. To its credit, the Post did share with its readers an important line from the President's speech on AIDS. If anyone would like to read the other 134 lines of the President's remarks, I'd be happy to send them a copy.

Sincerely,



David Demarest  
Assistant to the President  
for Communications

The Editors  
The Washington Post  
15th Street, NW  
Washington, DC

DRAFT

April 2, 1990

To the Editors:

The Washington Post billed the address as "long-awaited" -- the President's "first major speech on the AIDS epidemic."

But for readers of the Washington Post -- here in the area where the speech was given -- the waiting isn't over yet.

Because if your readers wanted to know what was actually in that "major speech," they would need to buy the Los Angeles Times or New York Times, where front-page accounts carried extensive excerpts from the address and made it the "Quotation of the Day."

The Post buried the story next to a furniture ad on an inside page. You included just one quote from the speech itself -- but found room for six quotes from those who criticized it. Quick to point out that the President was interrupted twice by hecklers -- you left out that he was interrupted eight times by applause -- and closed to a standing ovation.

In fact, the President vowed to "fight like hell" to stop the spread of AIDS, to stop the awful discrimination against those who are HIV-positive, to use treatment and research to "beat this virus" and find a cure -- and asked Congress for a \$500 million increase in the government's AIDS budget.

Your pre-packaged coverage is like the heckler who interrupted the speech to complain that the President hadn't yet uttered the word "AIDS." But people, like newspapers, hear what they want to hear. At that point in the speech, the President had already used the word "AIDS" no less than 22 times.

Washington is one of the cities most devastated by this crisis. I don't expect everyone to agree with all of the President's policies, but you owe readers enough information about what the President is doing -- and saying -- to let them make up their own minds.

Sincerely,

David Demarest  
Assistant to the President  
for Communications

The Editors  
The Washington Post  
15th Street, NW  
Washington, DC

# President Calls for End To AIDS Discrimination

*Strongest Statement Yet Is Criticized as Timid*

By Malcolm Gladwell  
Washington Post Staff Writer

In his first major speech on the AIDS epidemic, President Bush yesterday called for an end to discrimination against those infected with the virus and praised his administration's efforts to combat the disease.

Bush's long-awaited remarks were the strongest public commitment ever given by the White House to fighting the epidemic. But many AIDS activists, including two hecklers, criticized the content of Bush's address as too timid a response to the severity of the AIDS crisis. The hecklers disrupted the speech with shouts of "Too little, too late" and "Why did it take you 14 months to say this?"

"He has shown sensitivity and concern that we have yet to witness from the office," said Jean McGuire, executive director of the AIDS Action Council. "But a decade of neglect requires more aggressive leadership than we have seen today."

"This speech would have been truly significant if it had been delivered six years ago," said Larry Kessler, a member of the National Commission on AIDS.

Bush's remarks were delivered to the National Leadership Commission on AIDS, a private-sector group established three years ago to respond to the epidemic. Before a crowd of 500, the president cited the "unprecedented" \$3.5 billion budgeted for fighting AIDS this year, praised the "American pioneers" at the National Institutes of Health researching the disease and urged Congress to pass the Americans with Disabilities Act, which includes a prohibition on discrimination against people with AIDS.

"In this nation, in this decade, there is only one way to deal with an individual who is sick," Bush said. "With dignity, compassion, care, confidentiality and without discrimination."

But many AIDS activists were disappointed that the president did not address the 3-year-old U.S. policy of preventing people infected with the AIDS virus from immigrating to the United States, an issue that has prompted some activists to call for a boycott of the international AIDS conference in San Francisco in June.

Bush also pledged no new funds for fighting and treating the dis-

ease, despite the large increase in AIDS cases expected this year.

One corporate leader, who addressed the conference immediately before Bush, charged that the president had taken money away from programs to treat people with AIDS in order to support research aimed at preventing future infections.

"It is not acceptable to pit those who may be spared from AIDS in the future against those who are already infected," said Robert Haas, chairman of Levi-Straus and Co.

"But that is exactly what the president proposed in his budget for the coming year. He removed all the money to pay for AZT and preventative treatments for opportunistic infection for low-income persons not yet eligible for Medicaid. Moreover, he cut all of the money for service demonstration projects used to support home and community-based patient care."

"I'm glad he's taking the first step—kinder and gentler rhetoric," said Rep. Henry A. Waxman (D-Calif.), chairman of Energy and Commerce subcommittee on health. "But it's all lip service if he doesn't follow up his promises with programs. We can keep people from dying if we provide preventative drugs. We can keep people from getting infected if we provide education. . . . But we can't do any of this without paying for it, and the Bush budget doesn't do that."

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## Bush, in First Address on AIDS, Backs a Bill to Protect Its Victims



Reuters

President Bush appealing for compassion for AIDS sufferers.

By PHILIP J. HILTS

Special to The New York Times

ALEXANDRIA, Va., March 29 — In his first address on AIDS since he took office, President Bush appealed today for compassion toward people infected with the AIDS virus and expressed support for a bill that would outlaw discrimination against people with AIDS and other diseases.

He said friends had died of AIDS and added, "There is only one way to deal with an individual who is sick: with dignity, compassion, care, confidentiality and without discrimination."

Speaking at a conference sponsored by the National Leadership Coalition on AIDS, which includes executives of large companies, the President said: "We don't spurn the accident victim who didn't wear a seat belt. We don't reject the cancer patient who didn't quit smoking cigarettes. We try to love them and care for them and comfort

them. We do not fire them. We don't evict them. We don't cancel their insurance."

Several leaders of AIDS organizations said they were encouraged that Mr. Bush had addressed the subject but complained that he had not commented on some central issues. They cited immigration rules limiting the travel of people with AIDS who want to attend conferences in the United States, and a bill sponsored by Senator Edward M. Kennedy, Democrat of Massachusetts, that would deliver \$600 million in Federal disaster relief to cities hit hard by AIDS.

Instead, the President gave his personal support to legislation that would prevent discrimination against disabled people, including those infected

Continued on Page A14, Column 2

### Quotation of the Day

"We don't spurn the accident victim who didn't wear a seat belt. We don't reject the cancer patient who didn't quit smoking cigarettes. We try to love them and care for them and comfort them. We do not fire them. We don't evict them. We don't cancel their insurance."

— President Bush,  
talking about AIDS.

[A1:3.]

# Bush Supports Bill to Outlaw Bias in AIDS Cases

Continued From Page A1

with the AIDS virus, chiefly in regard to employment or access to public buildings and services. The Bush Administration has already supported the measure in Congress, where it has passed the Senate and two of four committees in the House.

In his speech Mr. Bush said the Government was "on a wartime footing" at the National Institutes of Health and the Centers for Disease Control, which conduct research on AIDS and the human immunodeficiency virus, or H.I.V., which causes it. "We are slashing red tape," he said. "Accelerating schedules. Boosting research."

## Some Personal Experience

He spoke of his personal experience with the disease, "Like many of you, Barbara and I have had friends who have died of AIDS," he said. "Our love for them when they were sick and when they died was just as great and just as intense as for anyone lost to heart disease or cancer or accidents.

"When our own daughter was dying of leukemia, we asked the doctor the same question every H.I.V. family must ask — why — why this was happening to our beautiful little girl. And the doctor said: 'You have to realize that every well person is a miracle. It takes billions of cells to make a well person. And all it takes is one cell to be bad to destroy a whole person.'

"Our goal is to turn irrational fear into rational facts," Mr. Bush told the

conference. "Every American must learn what AIDS is and what AIDS is not. And they must learn now."

His speech drew protesters outside the room where he spoke, and five people were arrested. Two who did get in broke into his speech four times, shouting that his remarks should have come 14 months ago at the start of his Presidency. They were escorted from the room and ejected from the Gateway Marriott Hotel, where the conference was held.

## Praise and Criticism

Immediately before Mr. Bush spoke, Robert D. Haas, chairman of Levi Strauss & Company, received a standing ovation after a speech in which he praised the President's decision to address the conference as "an event of symbolic and historic importance," but went on to say that "even if the private sector helps create 'a thousand points of light' across the land, it will be of no avail if there is darkness in the White House."

He said Mr. Bush had removed from his budget crucial money for AIDS drugs and all of the money for demonstration projects on home and community care.

Mr. Haas also criticized the President's strategy in the war on drugs as it applies to the effort to control AIDS. Experts on the disease say there is an epidemic of AIDS among drug abusers, and in some cities a majority of drug users are infected with the AIDS virus.

Jean McGuire, director of the AIDS Action Council, a coalition of AIDS

policy groups, said Mr. Bush's speech "was long on compassion, but short on commitments."

Mr. Bush said his Administration and the Reagan Administration had begun clinical trials for AIDS drugs and expanded the availability of drugs. His budget for the fiscal year 1991 seeks \$1.7 billion for AIDS research, treatment and education, up from \$1.6 billion for the current year.

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## Bush Calls for Compassion, and Cure, for AIDS Victims

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By MARLENE CIMONS  
TIMES STAFF WRITER

WASHINGTON—President Bush Thursday called on Americans to demonstrate compassion for people with AIDS and urged the House to approve legislation that would protect them from discrimination.

"For those who are living with HIV [human immunodeficiency virus] and AIDS, our response is clear," he said in his first major speech on AIDS. "They deserve our compassion. They deserve our care. And they deserve more than a chance—they deserve a cure."

In a speech that was unusually personal for Bush, he said that he and his wife, Barbara, "have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for

anyone lost to heart disease or cancer or accidents."

And he likened the heartbreak of babies infected with AIDS to the leukemia death of his own daughter, Robin, in 1953, two months before her fourth birthday.

"We asked the doctor the same question every HIV family must ask: Why? Why this was happening to our beautiful little girl?" he said at a meeting of the National Business Leadership Conference on AIDS.

Bush's comments were praised by Dr. June Osborn, chairman of the National Commission on AIDS, who said: "We've been desperately needing this leadership from the top. The most critical area has been the need to get Americans to be more compassionate and understanding."

However, Jean McGuire, execu-  
Please see BUSH, A24

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# BUSH: Compassion and Anti-Bias Law for AIDS Victims Urged

Continued from A1

tive director of the AIDS Action Council, called Bush's speech "long on compassion but short on commitment."

McGuire complained that Bush had failed to address a U.S. immigration policy that bars people with AIDS from entering the country, and said: "We have become an embarrassment to the global community."

The immigration restriction threatens to cripple a major global conference on AIDS scheduled for June in San Francisco. Although AIDS-afflicted visitors can receive waivers to enter, the documents become part of an individual's record and are considered unacceptable by many scientific and AIDS organizations.

As a result, many participants are expected to boycott the annual International Conference of AIDS, considered the most important AIDS meeting of the year.

Presidential spokesman Marlin Fitzwater told reporters that immigration rules are enacted by Congress, "so we don't have a lot of political recourse except to try to make them work."

He added: "We do share the concerns of the AIDS organizations

that they be effectively applied and implemented."

Bush, appearing before an audience of business and health executives and officers of AIDS organizations, heavily stressed the compassion theme.

"Once disease strikes, we don't blame those who are suffering," he said. "We don't spurn the accident victim who didn't wear a seat belt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. We do not fire them, or evict them or cancel their insurance."

He strongly endorsed House passage of the Americans with Disabilities Act, which prohibits discrimination in the private sector against the disabled, including those with HIV infection or fully developed AIDS. The Senate has already approved the measure.

"We're in a fight against a disease—not a fight against people," Bush said. "And we will not—and we must not in America—tolerate discrimination."

He was interrupted several times by two hecklers. One unidentified man shouted: "Why did it take you 14 months to say this?"

Urvashi Vaid, executive director

of the National Gay and Lesbian Task Force, held a sign that read: "Talk is cheap. AIDS funding is not," and stood up to say: "Mr. President, you don't understand. We need funding."

At the disruption, Bush departed from his prepared remarks and said, to applause: "I can understand the concern that these people feel, and I hope that, if we do nothing else by coming here, I can help them understand that, not only do you care, but we care, too."

Bush described his Administration's stance on AIDS as "a wartime footing," adding: "We're going to continue to fight like hell. But we're also going to fight for hope. America has a unique capacity for beating the odds—and astounding the world."

He said that his Administration has asked Congress for almost \$3.5 billion for AIDS, including Medi-

caid funding. The White House has requested \$1.6 billion for research, prevention and non-Medicaid care—an amount that has been criticized as inadequate by a range of AIDS organizations.

Rep. Henry A. Waxman (D-Los Angeles), chairman of the House Energy and Commerce subcommittee on health, said he is glad Bush is "taking the first step—kinder and gentler rhetoric." But, Waxman added: "It's all lip service if he doesn't follow up his promises with programs."

Sen. Edward M. Kennedy (D-Mass.), chairman of the Senate Labor and Human Resources Committee and the author of a \$600-million emergency disaster relief AIDS bill, called Bush's speech "an encouraging start, far beyond the commitment the Reagan Administration was willing to make." He urged Bush to support his measure.

## **EDITORIALS/COLUMNISTS**

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### **AIDS**

Mr. Bush Talks About AIDS -- "President Bush's address to the National Leadership Coalition on AIDS recently was called a 'historic and symbolic event' by another speaker. Bush's appearance was historic, in a sense, because he did something that his predecessor, the only other president in office during the epidemic, did not do. He spoke out publicly and forcefully on behalf of AIDS sufferers, asking that they be treated compassionately and protected from discrimination. It was symbolic, because the President can set the tone for the country.... A critic said Bush's appearance was 'long on compassion and short on commitments.' True enough. The President has yet to come to grips with the terrible financial toll on the health-care system in those areas with the most AIDS cases. Perhaps he will also come to see the need for federal funds for demonstration projects on home and community care for AIDS patients, which will save money in the long run. But no one should forget the compassion. It is a welcome change at the White House."

(Hartford Courant, 4/9)

Bush's Message On AIDS -- "...The press and entertainment media have taken up the cause of AIDS like few other diseases in history. Major newspapers print lengthy reports on the subject, far out of proportion to the disease's impact. Some of the 'gay press' has revealed the overall objective of this focus on AIDS, and it is more than compassion for the sick. It has to do, some say, with a radical political agenda that will use 'compassion' for AIDS 'victims' as a means of wearing down the public's resistance to what used to be known as immoral behavior.... The kindest, though perhaps not gentlest, conduct for Bush would be to exercise his compassion for those with AIDS by not only caring for the sick, but by using his office to encourage the overwhelming majority of people who get AIDS because of their behavior not to engage in the risky activities that put them in jeopardy."

(Cal Thomas, Washington Times, 4/9)

President Must Match Deeds To Words -- "There you go again, George. Throwing around the C-words. Caring, Compassion. And now, Confidentiality.... Fourteen months after taking office, George Bush finally made his first policy speech on AIDS. In it, he urged that people with AIDS be not only protected from discrimination but protected with confidentiality. That is, of course, unless they're planning to visit the good ole USA.... It is time to start throwing the C-words around again, George, and this time we're talking Courage. The President must...go back to Congress, demanding the restrictions on AIDS-infected travelers be removed. The responsibility for safeguarding the public health will return to the Public Health Service, where it should have remained all along. It will not be a popular request, and at least one senator [Sen. Helms] is guaranteed to kick, scream and threaten. It would be easier, perhaps, for the President not to get involved. But people with AIDS -- indeed, all Americans -- are owed a bit more than caring, compassion and confidentiality. They're owed political courage, as well."

(Margaret Doris, Boston Herald, 4/5)

Compassion Not Enough For Activists -- "The President turned his kinder/gentler attention to AIDS [recently], and got a kick in the teeth for his trouble. In his first major AIDS policy address, Bush did everything short of leading a safe-sex sing-along to demonstrate his concern.... Following [his] obeisance came tribute of a more tangible kind -- the announcement of yet another increase in AIDS funding, bringing the grand total to a staggering \$1.7 billion for the current fiscal year.... [AIDS activists] demand that the middle class subsidize degeneracy, with mass distribution of prophylactics, literature describing gay sex acts in the most explicit terms and clean hypodermic needles. The taxpayers currently cover 40 percent of the costs of AIDS medical care, and indirectly subsidize the rest through higher insurance premiums.... The President is correct: We don't ask how someone contracted a terminal disease, as the basis for determining if they merit our support. At the same time, we don't say to smokers: Hey, relax, light up a Camel. We don't inform motorists: If seat belts interfere with your lifestyle, not to worry, we'll just spend a few hundred million more to find new treatments for head injuries. We don't put privacy ahead of public health considerations in our efforts to halt the spread of a venereal disease. Each concession to the AIDS establishment only whets its appetite, prompting new, more outrageous demands."

(Don Felder, Boston Herald, 4/5)

A Belated Speech On AIDS -- "'Talk is cheap.' That's what a protester's sign said at the speech President Bush gave on AIDS last week. The speech was indeed eloquent. But Bush's declaration of war on AIDS is long overdue.... People who suffer from AIDS are often evicted and fired and shunned by their families and friends. A president's call for compassion can focus a nation's attention. But this was the President's first speech on AIDS, and he has been in office 14 months. That's 14 months of headlines: artists, playwrights, addicts, babies, rich and poor, famous and unknown -- suffering terribly and dying of AIDS in a national plague. Where has he been?... Does [the President's] speech mean Bush will assume a commanding role in the fight against a vicious disease? Belinda Mason, a person with AIDS appointed by Bush to the National AIDS Commission, met with the President before his speech. She said he 'seemed surprised that people with AIDS and the country expected leadership, and was skeptical it would make a difference.' Mason asks an important question: 'Does he really not know how powerful he is?'"

([Hackensack] Record, 4/1)

Bush Backs AIDS Bill -- "President Bush commendably has thrown his support behind legislation to outlaw discrimination against people with AIDS and other diseases. Some of Bush's critics noted that compassion is cheap; commitment is costly. That's so, but Bush's predecessor, Ronald Reagan, hardly ever uttered a peep about the disease. The chairman of Levi Strauss & Co., Robert Haas, whose company has become a national model for compassionate treatment of employees with AIDS, justly criticized Bush for spending too little of the federal drug budget on prevention and treatment and too much on law enforcement. And Haas, who addressed a national conference on AIDS just before the President, correctly noted that 'even if the private sector helps create a thousand points of light across the land, it will be of no avail if there is darkness at the White House.' Nevertheless, Bush, who quietly acknowledged that even presidents have friends who have died of AIDS, has made a good beginning in calling for compassion. Now he needs to back it up with sensible spending policies."

(Seattle Post Intelligencer, 3/31)

The AIDS Cure: Prevention -- "President Bush surely spoke for all Americans of good will...when he said people infected with AIDS should be treated with compassion. But it was very unbecoming that a mob demonstrated outside the hall where he spoke, making sneering demands upon the President as though he were responsible for AIDS. As millions of dollars are spent on AIDS research and treatment, there is already a sure 'cure' for those who don't yet have AIDS. It's prevention. Most AIDS cases result from homosexual promiscuity, multiple heterosexual liaisons, shared contaminated illegal drug needles -- and the most tragic cases of all, little babies who get AIDS from infected mothers. Since we know what to do to avoid AIDS, the fatal disease should be promptly eliminated. To heckle public officials for not giving more money to fight AIDS when some still defend and engage in the things that spread it, and will not give moral support to prevention, is unjust, foolish -- and for some may prove fatal." (Chattanooga News-Free Press, 3/30)

The AIDS Message Bush Must Give -- "...An expanded level of funding would recognize a fact that is sometimes forgotten at a time of confusing statistics: The epidemic is not over. A leveling out of new case loads in some areas only presages what will be record numbers of living AIDS patients in already-impacted urban areas, while in some states, such as California, the majority of new cases will occur outside impacted areas such as Los Angeles and San Francisco. Statistics have proven unreliable as well as confusing. There is evidence that doctors are careless about reporting AIDS cases. One thing remains clear, however: An already burdened health-care system faces an increasing load of HIV-related cases for many years to come. The Kennedy-Hatch legislation recognizes the reality of the cost. The President should do no less."

(Los Angeles Times, 3/28)

-end of News Summary-



# News Summary

OFFICE OF THE PRESS SECRETARY

FRIDAY, MARCH 30, 1990 -- 6 a.m. EST EDITION

## TODAY'S HEADLINES

### INTERNATIONAL NEWS

Iraq Said To Build Launchers For Its 400-Mile Missiles -- Iraq has constructed for the first time launchers for missiles within range of Tel Aviv and Damascus, according to classified American intelligence reports. While the weapons could be used for offensive purposes, American intelligence experts believe that the missiles are intended in part to discourage any possible Israeli attack on Iraqi nuclear or chemical weapon installations. (New York Times)

### NATIONAL NEWS

Housing Investigation -- The Department of Housing and Urban Development's inspector general is investigating three no-bid contracts awarded by a new government agency at the center of a power struggle involving Secretary Kemp's top aides, a department source said Thursday night. (AP)

S&L Director/Senate -- President Bush's nominee for top savings and loan regulator appears headed for defeat in the Senate Banking Committee, the committee chairman said Thursday evening.

### NETWORK NEWS (Thursday evening)

AIDS SPEECH -- President Bush urged Americans to open their hearts to victims of AIDS and to end irrational fears of the deadly disease.

CHILD CARE -- The House defeated a Republican child care plan and approved a more expensive Democratic plan.

CLEAN AIR -- An amendment by Sen. Byrd was defeated 50 to 49.

INTERNATIONAL NEWS...	A-1
NATIONAL NEWS.....	A-10
NETWORK NEWS.....	B-1
EDITORIALS.....	C-1
FOREIGN MEDIA.....	C-3

## **INTERNATIONAL NEWS**

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### **ESTONIA'S NEW LEGISLATURE SWINGS INTO ACTION**

MOSCOW -- Estonia's new nationalist parliament took a non-confrontational step toward independence, unlike Lithuania, and elected communist Arnold Ruutel to continue as president of the republic.

Estonia has pledged not to follow the route taken by Lithuania....

But Tass said Thursday that para-military defense units were being formed across Estonia to protect the borders of a "future independent republic."  
(Gerald Nadler, UPI)

### **BUSH HEEDS VISITORS TO MOSCOW**

President Bush decided to take a low-key approach to the confrontation between Lithuania and Soviet President Gorbachev this week after receiving private reports from Americans visiting Moscow that Gorbachev is under intense pressure to take a hard line toward the secessionist republic, Administration officials said Thursday.

The messages were from Sen. Kennedy, who met with Gorbachev on Monday, and...William Crowe, who visited with other senior Soviet officials in Moscow, the U.S. officials said....

Kennedy reported directly to Bush at the White House Thursday and said in a subsequent interview that Gorbachev complained that "his efforts at perestroika are being undermined" by Western criticism of his actions toward Lithuania....

Kennedy added, "My own sense is that Gorbachev understands that Lithuania is going to be independent at some time. But it is going to be on his terms." In the meantime, said Kennedy, "There is a strong compelling sense within the Soviet Union for a crackdown on Lithuania from all quarters." ...

Administration officials said Bush also was influenced by cables received from Crowe after his meeting with Soviet officials. Crowe cautioned that the Soviets were deeply concerned about the Lithuanian independence drive and that the Baltic republic was "something that would not be let go," said an official familiar with the message....

"We would not be discussing Lithuanian independence if it were not for glasnost and perestroika. There is a greater goal, and it is to make sure the process survives," said an informed Administration official.... "We don't want to say anything that would give Landsbergis more confidence," said another official who is familiar with the high-level deliberations at the White House.

(David Hoffman & Don Oberdorfer, Washington Post, A1)

### **Lithuania: Bush Waits**

President Bush -- hanging tough against critics -- still hopes for a peaceful end to the Lithuanian freedom crisis.

With few options to act open to him, Bush has been forced to walk a thin line between supporting Lithuanian freedom fighters and not jeopardizing arms negotiations with the Soviets....

"The wise course is to stone-wall," says Adam Garfinkle of the Foreign Policy Research Institute. "If the President is smart, he'll let the clamor to do something roll off his back."

Analysts say the President's high public approval ratings allow him the luxury of holding off. Leaders in trouble with the public, they note, usually feel compelled to act quickly. (Richard Benedetto, USA Today, 4A)

-more-

Bush Won't Reach Out And Touch Gorbachev

President Bush has ruled out direct talks with President Gorbachev on the Lithuanian independence crisis, the White House said Thursday.

White House spokesman Fitzwater said, "We would not want to take moves that disrupted that diplomatic effort, and the President simply feels this is not the time to make a direct contact to Chairman Gorbachev for those reasons."

Some saw Bush's reluctance to phone Gorbachev, despite their evolving friendship, as sending a critical message to the Kremlin leader.

Senior Administration officials, however, said the two sides are contacting each other through diplomatic channels. One top official said the leaders are talking to each other through his office.

Meanwhile, Bush phoned Prime Minister Thatcher late Wednesday to discuss the tensions in Lithuania and the Western reaction.

(Paul Bedard, Washington Times, A5)

USA's Lithuanians Want Stronger Stand

CHICAGO -- There's only one topic of conversation these days in Chicago's Lithuanian community: Why is the White House so reluctant to recognize the Baltic state's move to independence?

People here of Lithuanian descent -- about 200,000 live in Chicago -- are angered at President Bush's low-key approach to the situation.

"Mr. President is more worried about Gorbachev than Lithuania," said Aldon Slonskis.... "He's afraid to lose his friend."

Added Janina Petrusis: "Maybe Mr. President is worried about war or something. And Lithuania is such a little country he doesn't care."

Lithuanians plan to rally in downtown Chicago today to show support for their homeland's effort to break free from Soviet domination.

(Kevin Johnson, USA Today, 4A)

REFERENDUM POSSIBLE, LITHUANIANS INDICATE  
Separatist Leader Softens Opposition To Vote

VILNIUS -- The Lithuanian leadership indicated today it would consider holding a referendum on independence, if only to "bring an additional ace" to any future negotiations with the Kremlin.

A decision to hold a referendum in the republic is likely to be seen in Moscow as a key concession by the Lithuanians.... Until now, President Landsbergis has adamantly opposed holding a referendum, insisting that the parliament's March 11 declaration of independence made Lithuania a sovereign state.

But Algirdas Brazauskas, the Lithuanian Communist Party chief and a deputy prime minister, said that in talks on March 13, President Gorbachev was insistent that the republic hold a referendum before Moscow even considered direct talks on independence....

..."This perhaps could strengthen the self-determination of our nation," Brazauskas said. Asked about the possibility of a referendum, Landsbergis appeared to soften his own position, saying, "There are no questions that cannot be discussed, except the question of Lithuanian independence. The problem of a referendum could also be discussed."

(David Remnick, Washington Post, A19)

## KREMLIN OFFERS CONDITIONAL AMNESTY FOR LITHUANIAN DESERTERS

MOSCOW -- The Kremlin offered conditional amnesty to Lithuanian deserters Thursday after the breakaway republic backed down on creating its own border force....

The amnesty offer was reported by Tass, which said any Lithuanian deserter who gave up and promised to continue his military service would not be prosecuted.

"It is stressed, however, that people who continue to break the law of the USSR on general military service will be sought out, detained and face criminal punishments in accordance with the relevant legislation," it added....

[Meanwhile], Lithuania appealed to U.S. senators and congressmen to pressure the Bush Administration for recognition, saying this would not only aid democracy in Eastern Europe but prevent Gorbachev from making a "gross mistake."  
(Susan Cornwell, Reuter)

## FRANCE'S DUMAS TO URGE SOVIET NEGOTIATIONS WITH LITHUANIA

PARIS -- French Foreign Minister Roland Dumas said he would urge the Soviet Union to open negotiations with the rebel Baltic republic of Lithuania when he met...Soviet Foreign Minister Shevardnadze Friday.

"Lithuania's right to sovereignty is indisputable, and we hope to see talks begin as soon as possible with the Soviet Union in order to find the best way of expressing this right," Dumas told France's Europe 1 radio station shortly before boarding a plane for Moscow.  
(Reuter)

## NUNN CRITICIZES CHENEY OVER DEFENSE PLANNING Soviet Cuts Being Ignored, Senator Says

Sen. Nunn Thursday sharply criticized Secretary Cheney for failing to take full account of a diminished Soviet military threat, which Nunn said warrants new cuts in U.S. defense spending and force deployment overseas.

Nunn, in a lengthy speech on the Senate floor, challenged Cheney's assessment that the Soviet Union could potentially reverse course and rebuild military forces, noting that a stream of expert witnesses told the committee this year that the loss of Soviet military power is probably irreversible.

"The testimony...strongly indicates that Director Webster's assessment is closer to the mark" than Cheney's, Nunn said....

But Nunn complained that the Administration's military budget proposal for fiscal year 1991 and a classified assessment of the international military threat completed by the Pentagon a few weeks ago "did not include as part of...[their] calculations the recent disintegration" of the Warsaw Pact or the military benefits of a likely future treaty sharply reducing Soviet conventional forces.

Pentagon spokesman Pete Williams...left open the possibility that Cheney might seek to amend his proposal later this year "as events change."  
(R. Jeffrey Smith, Washington Post, A10)

## NUNN, MILITARY DISCUSS TERRORISM THREAT

The chairman of the Senate Armed Services Committee said Thursday he has met with U.S. military leaders over concerns that Soviet dissidents might spark a nuclear crisis involving the U.S.

Sen. Nunn...called for the Soviet government to join with the U.S. in separate but parallel "top to bottom" reviews of nuclear-weapons control and fail-safe procedures.

In a speech on the Senate floor, Nunn said he met with Gen. Colin Powell...and the service chiefs on this issue. He said he looked forward to working with Secretary Cheney and Gen. Powell "as we pursue this matter further."

"The Senate Armed Services Committee plans to review this area in the months ahead," he said. (Peter Almond, Washington Times, A4)

## U.S. INTELLIGENCE AGENCIES REPORTEDLY STEPPING UP SOVIET OPERATIONS

Attracted by espionage opportunities offered by the opening of Soviet society and fearful that the Soviet Union may be moving into a period of chaos, the U.S. intelligence community is reportedly pushing to step up its intelligence-gathering operations in the Soviet Union.

Despite the immense improvement in U.S.-Soviet relations, the proposed expansion of espionage operations has aroused little opposition within policy circles, according to a senior U.S. specialist on Soviet affairs.

But a proposal to increase intelligence operations in some of the newly independent countries of Eastern Europe is causing more concern....

Some senior CIA officials involved in both clandestine operations and analysis continues to be deeply skeptical about Gorbachev's chances of survival about his motives, and about his country's future.... And they are markedly less convinced than some of their political masters...that Gorbachev has converted in some fashion to democratic ideals....

Supporters of the idea of stepping up operations in Eastern European countries...argue that the KGB will be doing the same....

Opponents of stepping up U.S. espionage in Eastern Europe are reportedly unhappy at the direction of the operations and their capacity to backfire. One source conversant with the debate said that intelligence professionals want to penetrate not only the military and police, but also the new political parties taking shape in the region. The potential for a blunder -- and for embarrassing a new ally like President Havel -- is too great to justify the risks, this source maintains.

(Paul Quinn-Judge, Boston Globe)

## NATO BEGINS TALKS ON REDUCING SHORT-RANGE FORCES

NATO has quietly begun preparations for unprecedented arms talks leading to a sharp reduction in short-range nuclear missiles, including the controversial Lance weapon, Bush Administration officials and Western diplomats disclosed Thursday.

The plans reflect tacit recognition that negotiations on politically sensitive SNF will begin far sooner than envisioned last May....

They also appear to further reduce the already slim chances that NATO will field a modernized version of the aging Lance missile....

"It's prudent to be dealing with all these issues," said a State Department official, confirming that discussions about such negotiations have picked up in the past month. (Warren Strobel, Washington Times, A9)

W. GERMAN CHANCELLOR CALLS ON POLES  
TO ADMIT HARM DONE TO GERMANS

CAMBRIDGE -- Chancellor Kohl on Thursday called on Poland to acknowledge that it inflicted "an injustice" on innocent Germans who came under Polish rule after World War II.

Kohl quickly added that there was no obligation to apologize to his country, saying, "We Germans are not entitled to such words, and even less must we try to balance accounts in one way or another."

But he indicated such a gesture would be appreciated in his speech at a dinner with Prime Minister Thatcher. (AP)

GAO SAYS 1986 LAW LED TO HIRING DISCRIMINATION  
AGAINST HISPANICS, ETHNICS

The GAO rekindled a heated congressional debate over illegal immigration by reporting Thursday that a landmark 1986 law designed to stop the flow of illegal immigrants has caused "widespread" hiring discrimination against Hispanics, Asian-Americans and other ethnic minorities.

One of the key provisions of the Immigration Reform and Control Act made employers subject to fines and potential criminal sentences if they were found to have hired illegal aliens. In order to avoid those penalties, an estimated 19 percent of 9,400 employers surveyed by GAO had engaged in discriminatory hiring practices, including refusing to hire any job applicants who had a "foreign appearance or accent" or in some cases not hiring anyone who was not a U.S. citizen, the GAO report stated.

A group of Hispanic and Asian members of Congress who had voted for the 1986 law said the GAO findings confirmed their worst fears about the provision. They vowed to mount an immediate effort to rescind the employer-sanctions provision. But Immigration and Naturalization Commissioner Gene McNary flatly rejected such a move and said the government should instead "explore" an improved verification system for workers, including a universal worker-identification card.

(Michael Isikoff, Washington Post, A11)

OAS MAY SEEK \$139 MILLION FOR CONTRAS  
Funds Would Be Used To Resettle  
8,000 Guerrillas, 12,000 Dependents

The Organization of American States has estimated it will need almost \$139 million to pay for its share of the costs of resettling 8,000 contra guerrillas and their 12,000 dependents from exile camps in Honduras to their homes in neighboring Nicaragua.

The preliminary estimate was given to the Bush Administration this week....

The presidents called for the OAS and the U.N. jointly to run the International Commission for Support and Verification to facilitate the voluntary demobilization, repatriation and reintegration of the contra resistance to Nicaragua's Sandinista government....

Funding for the U.S. and OAS programs is expected to come primarily from the U.S.... U.N. officials have not yet estimated their share of the costs. (John Goshko, Washington Post, A18)

## CONTRAS BEGIN RETURNING TO NICARAGUA

TEGUCIGALPA -- Several Nicaraguan rebels in Honduras have already begun returning to their homeland, moving before official arrangements are made for their repatriation, officials said.

"We are aware that there has been some filtration of some members of the Nicaraguan resistance," U.S. Ambassador Crescencio Arcos said Thursday....

"It is said they are starting to return to those security zones," Arcos said....

A contra spokesman in Honduras said some contras at Yamales, near the Nicaraguan border, have been returning voluntarily to Nicaragua with their families since the [election]. He said their return was not arranged by the contra leadership. (Vilma Rosales, UPI)

## SANDINISTAS COULD REMAIN AT TOP OF ARMY

MANAGUA -- President-elect Chamorro may offer Defense Minister Humberto Ortega, brother of President Daniel Ortega, the post of army chief of staff if he resigns his Sandinista party posts, a Chamorro spokesman said.

"If Humberto Ortega resigns from his party posts, he would have the option of being chief of staff or any other post in the military structure," Luis Sanchez, a member of Chamorro's transition team and spokesman for her UNO coalition, said Thursday.

"But the president-elect has the final decision," he said.

(Douglas Tweedale, UPI)

## LATIN AMERICAN ENVOYS WORRIED BY WORSENING U.S.-CUBA RELATIONS

MEXICO CITY -- Foreign Ministers from seven Latin American nations said Thursday they were concerned that worsening relations between Cuba and the U.S. had put the entire region at risk.

Growing tension between the two countries "not only affect relations and peace between Cuba and the U.S. -- countries that we have positive relations with -- but they also could have damaging effects in the Caribbean and in hemispheric relations," Venezuelan Foreign Minister Reynaldo Figueredo said....

Julio Londono, Colombia's foreign minister, said the situation between the two ideologically-opposed countries was "critical" and would be carefully examined during the two-day ministerial meeting. (Reuter)

## U.S. REJECTS CUBAN CLAIMS TV MARTI VIOLATES INTERNATIONAL LAW

U.N. -- The U.S. Thursday rejected Cuba's claims that test broadcasts to Cuba by the U.S.-funded station TV Marti violated international law and said they posed no threat to the island's sovereignty.

"The test broadcasts have been carried out in a manner consistent with the conventions of the International Telecommunications Union and the International Frequency Regulation Board," the U.S. U.N. mission said in a press statement. (Reuter)

DIFFICULTIES SEEN FOR U.S.-MEXICAN FREE TRADE AGREEMENT

AUSTIN, Tex. -- President Bush is committed to obtaining a U.S.-Mexico free-trade agreement but it will not come easily, a U.S. Commerce official said Thursday.

"It's something that everybody realizes is not going to be without great difficulty," Deputy Undersecretary of Commerce Robert Wallace said during a seminar on trade and investment held during the opening session of a two-day U.S.-Mexican border governors' conference.

Wallace said that "President Bush is firmly on record as favoring a North American free-trade area." But he said it took at least four tries before such an agreement was negotiated with Canada and an accord with Mexico is clearly not expected anytime soon. (Reuter)

OPENING OF MEXICO TO INVESTMENT BY FOREIGNERS  
HAILED AT CONFERENCE

AUSTIN, Tex. -- The opening of Mexico to foreign investment has come about quickly and on a large scale -- but is being eclipsed by developments in Eastern Europe, speakers at the Border Governor's Conference said Thursday.

"We're living in a unique place at a unique time in history," said Donald Hagans, chairman of the Texas-Mexico Authority.... "The only thing that worries me is that it's not known around the world." ...

Participants at a discussion of trade and investment opportunities spoke glowingly of Mexico's ability to charge ahead with significant changes in deregulation, privatization and opening the country to foreign investors....

Oscar de Leon Montemayor, a representative of the Mexican government from Tamaulipas, said that his country's trade barriers fell before the Berlin Wall was being torn down.... The difficulty now, he said, is that there is still a need to send goods abroad but most Mexican producers do not know how to export (Maggie Rivers, Dallas Morning News)

HONDURAS TO GET \$147 MILLION IN U.S. ECONOMIC AID

TEGUCIGALPA -- Honduras will receive \$147 million in U.S. economic aid to address problems in its balance of payments and to buy corn and wheat, a presidential spokesman said Thursday.

"The most important of the agreements signed is for a donation of economic aid worth \$120 million to support Honduras' balance of payments," spokesman Nahun Valladares said. (UPI)

IRAQ SAID TO BUILD LAUNCHERS FOR ITS 400-MILE MISSILES

Iraq has constructed for the first time launchers for missiles within range of Tel Aviv and Damascus, according to classified American intelligence reports. While the weapons could be used for offensive purposes, American intelligence experts believe that the missiles are intended in part to discourage any possible Israeli attack in Iraqi nuclear or chemical weapon installations....

The construction of the missile launchers in Western Iraq, which has provoked concern among senior Administration officials, was described in a classified CIA report prepared early this month....

"By building fixed launchers, they want everyone to know that the launchers are there," said a senior Administration official.

(Michael Gordon, New York Times, A6)

## U.S. INDICTS FIVE IN IRAQI SMUGGLING PLOT

Four Iraqis and the export manager of a London-based front company were accused in a federal indictment unsealed in San Diego Thursday of conspiring to smuggle 40 nuclear warhead detonation capacitors into Iraq from the United States.

The devices were shipped from Los Angeles to London last week, but officials said they were in "government custody" all the way....

The 38-page indictment recounts a plot by the government of Iraq to obtain the...capacitors from a California company....

The Iraqi News Agency quoted a Foreign Ministry spokesman as denouncing the arrests as part of an anti-Iraqi campaign on the part of the British government, news media, and "Zionists."

(George Lardner, Washington Post, A6)

## REPORT: BROTHER OF IRANIAN PRESIDENT WAS IN LEBANON FOR HOSTAGES

BEIRUT -- The brother of Iranian President Rafsanjani secretly visited Lebanon a few days ago in an effort to negotiate the release of 18 Western hostages, the daily Ad-Diyara newspaper reported Thursday.

The newspaper, which has close links with the Syrians, said Mahmoud Rafsanjani held clandestine talks with leaders of the Iranian-inspired Hezbollah group, the organization believed to be holding the foreign captives. (UPI)

## CORRESPONDENTS DINNER/PRESIDENT

President Bush joked to an audience of radio and television correspondents Thursday night that he got even with the Iranians for a phony phone call from President Rafsanjani.

"Your broadcasts hit me pretty hard a while back about a guy claiming to be Rafsanjani -- a little confusion with the phone call," Bush told the broadcasters.

"Today I got him back. Called him up and asked if he had Prince Abdul in a can," said Bush to laughter from the crowd of more than 2,000. "But then I forgot how to say, 'Let him out,' in Farsi." (AP)

## CHINA'S CHIEF JUSTICE DEFENDS COURTS AGAINST FOREIGN 'SLANDER'

BEIJING -- China's chief justice, in language reminiscent of the radical Maoist past, lashed out Thursday at "class enemies" and foreign critics of the country's legal system, declaring that "Western hegemonists" had "viciously slandered" Chinese courts.

Ren Jianxin, president of the Supreme People's Court, scoffed at allegations by Western governments and human-rights organizations that China had engaged in secret interrogations, trials, sentencing and other civil-rights abuses and labeled such charges "deliberate fabrications and absolutely groundless." ...

In his speech Thursday, Ren acknowledged total party control over the judicial system and instructed courts to maintain their role as instruments of the "people's democratic dictatorship." ...

"The rhetoric makes it sound like they've gone back to the Cultural Revolution, but they can't go all the way back," said one Western legal expert here of Ren's remarks. (Daniel Southerland, Washington Post, A20)

TOKYO STOCKS PLUNGE MORE THAN 3 PERCENT, DOLLAR CLIMBS

TOKYO -- The dollar ended a roller-coaster session firmer while stock prices plunged more than 3 percent on the Tokyo Stock Exchange Friday....

"Spirits are very low with no bottom immediately in sight," said a trader at a Japanese brokerage. (Susan Moran, Reuter)

EDITOR'S NOTES: "Iraq's Ability To Build Bomb Becomes An Issue," by John Fialka, appears in The Wall Street Journal, page A18.

"Syrians Fire On Shi'ite Leader," by Farouk Nassar, appears in The Washington Times, page A1.

"Emergency Food Reaches Ethiopian Drought Victims," by Caryle Murphy, appears in The Washington Post, page A1.

## NATIONAL NEWS

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### HOUSING INVESTIGATION

The Department of Housing and Urban Development's inspector general is investigating three no-bid contracts awarded by a new government agency at the center of a power struggle involving Secretary Kemp's top aides, a department source said Thursday night.

Inspector General Paul Adams, in a preliminary report to Kemp, said the contracts may have been issued in violation of government procedures, according to the sources, who spoke on condition of anonymity.

The source said Kemp raised the issue during a lengthy meeting Thursday with Mary Bush, his hand-picked choice to lead the new Federal Housing Finance Board....

That meeting was arranged soon after a behind-the-scenes effort by Kemp aides to gain control over the agency became public....

Joseph Slyle, a spokesman for the housing board, confirmed that Adams had visited the agency earlier this week and taken several contract files. He said Mary Bush had asked the board's inspector general to look into the contracts after department officials raised questions about them last week. (AP)

### S&L DIRECTOR/SENATE

President Bush's nominee for top savings and loan regulator appears headed for defeat in the Senate Banking Committee, the committee chairman said Thursday evening....

Sen. Riegle, after caucusing with Democrats on his committee for several hours and consulting the senior Republican, Sen. Garn, said in a Senate speech he did not believe Ryan would win the committee's endorsement.

"My sense of the canvass of the votes would be -- and it's not complete, I have not talked with every member directly -- but I think that, based on the vote count that I have, that there are not the votes to confirm this nomination," Riegle said.

Riegle scheduled a vote Friday.

(AP)

### BUSH IN AIDS VICTIMS PLEA

President Bush Thursday appealed for compassion for AIDS victims, declaring they should not be fired, evicted, denied health insurance or blamed for their disease.

"We're in a fight against a disease, not a fight against people," Bush said in unusually personal remarks that represented a dramatic reversal in tone from the Reagan Administration. "We won't tolerate discrimination."

"We don't spurn the accident victim who didn't wear a seat belt," Bush said. "We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. We do not fire them, or evict them or cancel their insurance."

In his first major speech on the AIDS crisis, Bush revealed that he watched friends die of AIDS and said, "There is only one way to deal with an individual who is sick. With dignity, compassion, care, confidentiality and without discrimination." (Maureen Santini, New York Daily News, 2)

### President Calls For End To AIDS Discrimination

In his first major speech on the AIDS epidemic, President Bush Thursday called for an end to discrimination against those infected with the virus and praised his Administration's efforts to combat the disease.

Bush's long-awaited remarks represented the strongest public commitment ever given by the White House to fighting the epidemic. But many AIDS activists, including two hecklers, criticized the content of Bush's address as too timid a response to the severity of the AIDS crisis. The hecklers disrupted the speech with shouts of "Too little, too late" and "Why did it take you 14 months to say this?"

"He has shown sensitivity and concern that we have yet to witness from the office," said Jean McQuire, executive director of the AIDS Action Council. "But a decade of neglect requires more aggressive leadership than we have seen today." ...

Bush's remarks were delivered to the National Leadership Commission on AIDS.... Before a crowd of 500, the President cited the "unprecedented" \$3.5 billion budgeted for fighting AIDS this year, praised the "American pioneers" at the National Institutes of Health researching the disease and urged Congress to pass the Americans with Disabilities Act which includes a prohibition on discrimination against people with AIDS.

(Malcolm Gladwell, Washington Post, A4)

### Bush Calls For Compassion, And Cure, For AIDS Victims

President Bush Thursday called on Americans to demonstrate compassion for people with AIDS and urged the House to approve legislation that would protect them from discrimination.

In a speech that was unusually personal for Bush, he said that he and his wife, Barbara, "have had friends who have died from AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone lost to heart disease or cancer or accidents." ...

Bush's comments were praised by Dr. June Osborn, chairman of the National Commission on AIDS, who said: "We've been desperately needing this leadership from the top. The most critical area has been the need to get Americans to be more compassionate and understanding."

However, Jean McGuire, executive director of the AIDS Action Council, called Bush's speech "long on compassion but short on commitment."  
(Marjorie Cimon, Los Angeles Times, A1)

### Bush Says U.S. At War With AIDS

ARLINGTON, Va. -- In his first major address on AIDS, President Bush on Thursday pledged a compassionate response to AIDS patients and called on Congress to enact a landmark anti-discrimination bill.

Speaking to the National Business Leadership Conference on AIDS, Bush declared that the country is on a "wartime footing" in the fight against the epidemic....

"We're in a fight against a disease, not a fight against people," Bush told about 500 business and health executives. "And we won't tolerate discrimination."

Although the President called for passage of the Americans with Disabilities Act, Bush was criticized by AIDS activists for not specifically naming ways his Administration could fight the epidemic.

(Catalina Camia, Dallas Morning News)

Bush Urges House To Pass Anti-Discrimination Bill In First AIDS Speech

ARLINGTON, Va. -- In his first policy speech on the nation's nine-year-old AIDS epidemic, President Bush called on the House Thursday to pass a long-pending proposal to ban discrimination against people infected with the AIDS virus.

"We will not and we must not in America tolerate discrimination," Bush told the National Leadership Coalition on AIDS, a business group.

"In this nation, there is only one way to deal with an individual who is sick; with dignity, compassion, care, confidentiality and without discrimination," he said, drawing applause from the 400 corporate leaders who had been invited. (Richard Knox, Boston Globe)

AIDS Activists Laud Tone, Blast Content Of Bush Speech

SAN FRANCISCO -- AIDS activists reacted warmly Thursday to the compassionate tone of President Bush's first major speech on AIDS, but said he needed to back up the kind words with stronger action and more money.

"I was certainly pleased by his expression of compassion and sensitivity, which I felt was sincere," said Mervyn Silverman..., San Francisco's former health director. "However, more important was what wasn't said. He didn't talk about increased funding for care."

Activists faulted Bush for sidestepping any discussion of immigration policies that restrict entry to the country by people who test HIV-positive.

... "It's one thing for Bush to support protection from discrimination for people with AIDS; we commend him for that," said Eric Rofes, executive director of the Shanti Project, and AIDS services organization in San Francisco. "But it is a contradiction to continue to support a system that discriminates against HIV-positive people in travel."

(Brian Rooney, UPI)

**CDC FINDS NO LINKAGE OF AGENT ORANGE, CANCER  
But Lymphoma Rate Is Higher Among Vets**

Vietnam veterans have a 50 percent higher risk than other men in their age group of developing non-Hodgkin's lymphoma, a rare cancer of the immune-system, but the increased risk does not appear to be related to Agent Orange exposure, according to a government report released Thursday.

The five-year study by the federal Centers for Disease Control is the final study in a decade of congressionally mandated research on the toxic herbicide....

Shortly after the CDC study was released, Secretary Derwinski announced that he was ordering disability payments to an estimated 1,600 to 1,800 Vietnam veterans believed to have contracted non-Hodgkin's lymphoma. The action...was approved by President Bush Thursday morning.

"Remember, this is a kinder, gentler Administration," Derwinski said. "So our assumptions are more liberal."

(Susan Okie & Bill McAllister, Washington Post, A3)

### Vets Win Ruling On Defoliant

A ruling that Vietnam veterans with a rare cancer are entitled to disability payments may be the first step to linking Agent Orange to other diseases.

"It's a start, but we're going to continue fighting," says John Kahler of Michigan's Vietnam Veterans of America.

Secretary Derwinski, after consulting with President Bush, gave Vietnam vets "the benefit of the doubt" Thursday, ordering \$20 million a year in payments to 1,800 vets with non-Hodgkin's lymphoma....

Derwinski says he hopes the ruling will help "mend the divisiveness and controversy" on the Agent Orange issue....

But vets were disappointed a CDC study said there's "no evidence" Agent Orange...caused the cancer. (Judy Keen, USA Today, 1A)

### VETO GAUNTLET THROWN BY BUSH

Despite his repeated pledges of cooperation with Congress, President Bush issued an unusual blanket veto threat Thursday to congressional Democratic leaders who fiddle with his legislative programs.

"Sometimes you have to draw the line," said Presidential spokesman Fitzwater.

The White House leveled its veto threat as Congress was considering four legislative packages that Bush has complained are being ravaged by Democratic changes.

Calling the new veto strategy a "positive approach to the legislative process," Fitzwater said, "The veto threat in this strategy is a way of achieving that compromise and achieving a legislative package."

(Paul Bedard, Washington Times, A1)

### \$30 BILLION CHILD-CARE BILL PASSES HOUSE; VETO THREATENED

The House Thursday ignored threats of a White House veto and approved child-care legislation costing nearly \$30 billion that would create new school programs for "latchkey" children, set up a system of vouchers for parents and provide income tax credits for low-income families.

The bill now goes to a conference committee with the Senate, which passed a similar bill even less to the liking of the Bush Administration. The Senate bill...has a much more modest tax credit plan and would require the states to follow federal standards for day-care centers....

Marian Wright Edelman, president of the Children's Defense Fund and a primary force behind the child-care legislation, said the House vote takes the nation a "significant step closer to providing the relief families so urgently need."

(Frank Swoboda, Washington Post, A1)

### Democrats Tempt Veto With Ambitious Child Care Plan

House Democrats are tempting a Presidential veto by rejecting the White House version of a child-care bill in favor of their own more costly and ambitious plan....

"Rather than waving his veto pen, our President should match his warm words with good deeds and agree to sign our child-care bill," Rep. Gephardt said after the vote....

"I think President Bush, as he examines the bill, will find a lot more to be comfortable with than not," said a sponsor, Rep. Downey.

(William Welch, AP)

House Passes Landmark Child-Care Bill; Deal With Senate Expected Soon

The House Thursday night passed a \$27 billion child-care package that supporters labeled the most significant social legislation since President Johnson's Great Society measures 25 years ago....

The measure was supported by 218 Democrats and 47 Republicans....

Rep. Gingrich...said Bush will veto the legislation. Democrats seemed eager to challenge the President to reject the popular legislation and make it a burden for the Republicans in the coming elections.

"This is a great victory for America's families, for America's children," said Speaker Foley after the vote....

"Rep. Downey issued a challenge to Bush, saying, "Obviously the kids won today, and we've provided a little electricity for the 'thousand points of light.'"  
(Michael Frisby, Boston Globe)

AID REJECTED FOR MINERS HURT BY ACID RAIN CURB  
Senate Vote Is A Rare Rebuff For Byrd

After intense, last-minute pressure from Senate leaders and the Bush Administration, the Senate narrowly rejected an amendment to the clean air bill that would have established a \$500 million relief program for coal miners in Appalachia and the Midwest who lose their jobs because of acid rain controls.

The 50 to 49 vote was a rare defeat for Sen. Byrd...who engaged in an impassioned campaign to give the miners special benefits that would have amounted to three times the level of normal unemployment compensation....

Defeat of the amendment removes the last major obstacle to passage of the compromise clean air bill.... The Senate is scheduled to vote on the bill at 8 p.m. Tuesday.  
(Michael Weisskopf, Washington Post, A1)

Senate Apparently Prepared To Pass Clean Air Bill By Rejecting Amendment

In a dramatic vote that appears to clear the way for Senate passage of the clean air bill, the Senate rejected Thursday by the narrowest of margins an amendment that would have provided \$500 million to coal miners who lost jobs as a result of controls on acid rain.

The proposal by Sen. Byrd lost, 50 to 49, after several senators switched their votes, and President Bush called nine senators to warn them he would veto the entire clean air bill if the amendment passed.

"They peeled off three of my votes," Byrd said, referring to the White House....

Chief of Staff Sununu told Sen. Biden that the President would "absolutely" veto the bill if the Byrd amendment was passed, Biden said. Biden said that after talking to Sununu, he decided to vote against the amendment because "I wasn't prepared to take a chance that the White House wasn't telling the truth" about the veto threat.

(Michael Kranish, Boston Globe)

## SENATE APPROVES SHIFT TO CLEANER AIR FUELS

The U.S. Senate Thursday adopted an amendment to the proposed new Clean Air Act that will require the widespread use of cleaner-burning reformulated gasoline, despite threats that it will lead to a veto by President Bush.

Backed by a coalition of farm state senators, led by Sen. Dole, and environmentalists, the Senate rejected 69 to 30 an attempt to block the amendment, which is seen as a boon for corn growing farmers.

The amendment requires that reformulated gasoline be sold starting in 1992 in the nine major metropolitan areas with the worst pollution problems....

Oil state senators warned that the proposal would cost refiners up to \$50 billion to comply with and would force motorists to pay an extra 20 or 30 cents a gallon. "It is clearly a 'buy more corn' bill," protested Sen. Breaux. "It is clearly a deal breaker." (Robert Kearns, Reuter)

## PANEL VOTES TO INDEX CROP SUBSIDY RATES

A House panel voted Thursday to "index" crop subsidy rates -- which could boost the cost of the farm program by 10 percent -- but tried to direct the benefits to family-sized farms.

Deputy Agriculture Undersecretary John Campbell warned "huge" changes would have to be made in other parts of the farm program if it was going to meet budget limits.

There were no indications the House Budget Committee would order the Agriculture Committee to reduce farm spending by \$900 million below this year's level, estimated at \$10.2 billion. (Charles Abbott, UPI)

## NASA SATELLITES FIND NO SIGN OF 'GREENHOUSE' WARMING

Satellites taking the most precise global temperature measurements ever have found no evidence of global warming from the "greenhouse effect" during the last decade, according to NASA.

The data, collected from 1979 through 1988 by the TIROS-N series of weather satellites, proved that the Earth's temperature can be measured accurately by instruments probing the atmosphere from space, two scientists say in a paper to be published today in Science....

"We found that the Earth's atmosphere goes through fairly large year-to-year changes in temperature and over that 10-year period we saw no long-term warming or cooling trend," said Roy Spencer of the Marshall Space Flight Center in Huntsville, Ala., study co-author.

But co-author John Christy, a climate research scientist at the University of Alabama, cautioned against misuses of the findings. "About the long-term global warming it does not say anything," he said.

(Ronald Taylor, Washington Times, A1)

LIQUIDATION OF EASTERN PROPOSED  
Creditors Tell Judge Airline Should Close

After a year of supporting Frank Lorenzo's efforts to rebuild Eastern Airlines, the airline's creditors have told a federal bankruptcy judge they want to shut down the company and sell its planes, routes and leases.

Eastern's unsecured creditors met with U.S. Bankruptcy Judge Burton Lifland Wednesday afternoon in a closed-door session and said they will oppose using the proceeds of asset sales to keep the airline operating.

...Eastern attorney Bruce Zirinsky said Thursday he believes the creditors' stance is a negotiating position. He said he is confident that the airline and its creditors will be able to work out an agreement that avoids liquidation....

If Eastern were liquidated, the Transportation Department might take the position that the route authority it had previously granted to Eastern would revert to the public domain and could not be sold.

(Martha Hamilton, Washington Post, A1)

NEA ON THE OFFENSE  
Chairman Assails Arts Agency Critics

Bolstered by President Bush's statement of support last week, National Endowment for the Arts Chairman Frohnmayer went on the offensive again Thursday, rebutting criticisms of his agency before friendly audiences on the Hill and at the National Press Club.

Frohnmayer...said in a luncheon speech at the press club that in order to fund [international artistic projects] adequately as well as support struggling artistic organizations, the endowment would require an increase in budget from the current \$170 million to \$300 million.

"The arts teach self-respect," Frohnmayer told the Senate subcommittee that will write reauthorization legislation for the agency. "They teach empowerment, that every person has worth.... The arts teach family values, which is why I think it's so ironic that some of the attackers of the endowment would strongly promote family values." ...

Later at the press club, Frohnmayer assailed his agency's critics, including the conservative American Family Association.

(Elizabeth Kastor, Washington Post, B1)

EDITOR'S NOTE: "Business Leaders Call For More U.S. AIDS Funds," by Victor Zonana, appears in The Los Angeles Times page A24.

## NETWORK NEWS

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### AIDS ADDRESS

ABC's Peter Jennings: President Bush has made a major speech on the subject of AIDS. Ronald Reagan never made one, so many Americans who wanted to hear from the White House on the subject of such importance have had to wait a long time. President Bush said today that America will wage a wartime effort to find a cure, and the discrimination against people with AIDS will not be tolerated. This is a fight against disease, he said, not against people. To all concerned, it was an eloquent speech; to many affected, it was still short on substance.

ABC's Brit Hume:

(Protesters, chanting: "Eight thousand dead from AIDS, where was George?")

Even before the President arrived, it was clear that the AIDS activists gathered outside would not be satisfied -- not with the Administration's 18% overall increase in spending on AIDS and not with the President's speech. It was a highly personal address in which Mr. Bush grew emotional after recalling the death of his own infant daughter from leukemia and the death of a friend from AIDS.

(President: "There is only one way to deal with an individual who is sick: with dignity, with compassion, care and confidentiality, and without discrimination.")

The President was interrupted several times by applause, but also by this:

(Heckler: "Watching the situation for 14 months, you haven't said the A-word yet. Say the A-word, Mr. President.")

(President: "And I hope, if we do nothing else by coming here, I can help them understand that not only do you care, but we care too.")

Earlier the President met in the Oval Office with members of the government's AIDS commission, including Bush appointee Dr. David Rogers.

(Still photo of President meeting with AIDS commission.)

Later Rogers applauded the speech but was blunt about one point: money

(Rogers: "I would say it's not enough.")

Administration officials don't claim that what they've budgeted to fight AIDS next year is enough, but they do say an 18% increase is a lot. After all, some Administration priorities, including education, are getting almost no increase at all. (ABC-Lead)

NBC's Tom Brokaw: President Bush today urged Americans to open their hearts to victims of AIDS and to end irrational fears of the deadly diseases. It was the President's first major speech on the subject and some in the audience criticized it as being too little, too late. Bush wants to spend \$3.5 billion to fight AIDS and he pleaded for other help for AIDS patients.

(President: "There is only one way to deal with an individual who is sick: with dignity, with compassion, care and confidentiality, and without discrimination.") (NBC-10)

CBS's Dan Rather: President Bush delivered his first major speech on AIDS today. He called for compassion, education and no discrimination against people infected by the AIDS virus. Mr. Bush presented no new policy initiatives.

(TV coverage of President giving the address.)

AIDS activists, including some who heckled the speech, said the federal government still has not committed enough resources and complained that U.S. immigration laws discriminate against people with AIDS. (CBS-13)

#### AIDS/URBAN HOSPITALS

NBC's Robert Bazell highlights the worsening health care crisis in big city hospitals by profiling one hospital in New York City. AIDS patients are swamping the hospital, placing added stress on staff and making access to health care for other medical problems more difficult to attain. (NBC-11)

#### CHILD CARE

Rather: The House is voting tonight for long-stalled legislation on day care for America's children. It's a version that President Bush has threatened to veto. This follows months of partisan political wrangling and campaign promises to do something about the day care nightmare faced by millions of working American parents.

CBS's Bob Schieffer reports on the \$27 billion Democratic plan. It is a complicated and very expensive solution to what has become a simple but growing problem in modern America. Schieffer describes the provisions of the bill. All sides have agreed for years that something had to be done, but even today what to do left Congress mired in battles over turf, ideology and cost.

(Rep. Frenzel: "What a weird, tortured way of taking care of children by giving them an I.O.U. for nearly \$30 billion.")

(Rep. Frost: "Unfortunately the world of June Cleaver and Margaret Anderson no longer exists.")

(Rep. Gunderson: "There are 41 pages of federal standards....")

Republicans said Democratic efforts to set up quality and safety standards for day care would result in a huge new federal bureaucracy and they belittled Democratic misgivings about using federal money to pay for day care centers run by churches.

(Rep. Weber: "They want the government, in essence, to set up the child care system in this country and more or less dictate to parents what options are going to be available to them.")

The legislation does clear the way to use some federal subsidies for church-related day care. But still to be worked out are major differences with a bill passed by the Senate last summer. And after that comes the big question: Will the President veto the whole thing, saying it's too expensive? As yet, no one knows the answer to that.

(CBS-Lead)

Brokaw: Despite a veto threat by President Bush, the House tonight defeated a Republican child care bill and approved a more expensive Democratic plan. Whatever the final outcome, however, the way Americans take care of their children now will change.

NBC's Andrea Mitchell reports action in Congress will result in Americans getting more government help for their children's care. Mitchell describes the Democratic plan. But all of this would cost a lot of money: \$27 billion over five years. Republicans oppose adding benefits for middle-class families, saying that adds to the deficit.

(Rep. Frenzel: "What a weird, tortured way of taking care of children by giving them an I.O.U. for nearly \$30 billion.")

(Rep. Downey: "You wash your hands of the middle class. We do not. We recognize the five to ten million children who will need after-school care and we care for them.")

Despite objections from those who want a strict separation of church and state, both Democrats and Republicans agree that parents can use vouchers for church-sponsored child care. President Bush is threatening a veto, saying the proposal costs too much. Democrats are betting that when it gets to his desk, the President won't want to kill such a popular program. (NBC-8)

#### CLEAN AIR/SENATE

Brokaw: There was a key test in the Senate today on legislation to clean this country's air. An amendment by Sen. Byrd calling for hundreds of millions in aid for coal miners who might lose their jobs because of tougher pollution controls. After five hours of intense debate the amendment was defeated 50-49. The White House was pleased, saying it would have set a bad precedent. (NBC-7)

Jennings: The last major challenge to Senate passage of the Clean Air Act has been defeated. By a vote of only 50-49, the Senate today rejected an amendment by West Virginia's Robert Byrd that would have made available millions of dollars to coal miners and others who he says may lose their jobs because of tougher clean air standards. The Senate is expected to vote on the entire clean air bill next week. (ABC-3)

Rather: Action in the U.S. Senate today on an amendment to the clean air bill. By one vote President Bush got his way: the Senate rejected an assistance plan for coal miners who might lose their jobs because of anti-pollution rules. (CBS-2)

#### GLOBAL WARMING STUDY

Rather: NASA scientists threw some cold water tonight on the theory that the earth is undergoing a potentially catastrophic warming trend triggered by air pollution. NASA says temperature measurements taken by satellites around the world show no global warming trend took place during the last decade. (CBS-15)

Brokaw: For all of the alarm about global warming there's a new study out tonight questioning whether in fact it is happening. The study reported in the Journal of Science reviewed ten years of data from weather satellites. While the scientists said it will be at least another decade before they can be certain, they found no long-term warming or cooling trend -- a conclusion that is certain to trigger even more scientific debate on whether temperatures are in fact on the rise. (NBC-6)

## IRAQ/NUCLEAR TRIGGERS

Jennings: Indictments unsealed in San Diego today make it clear that U.S. agents were aware of every detail of the alleged plot to smuggle nuclear triggers from the U.S. to Iraq. The indictments name five individuals and two British companies. Two of the individuals were arrested in London yesterday, the other three are believed to be in Iraq. The Iraqi president has denied that his government was trying to make nuclear weapons

ABC's Walter Rodgers reports Iraqi President Hussein tried to turn the smuggling charges around by accusing the West of trying to stop his march of progress. In Paris the Iraqi ambassador acknowledged his country's nuclear program, but said it was strictly for peaceful purposes. U.S. Customs officials say the British firm Euromac, which negotiated the purchase of the nuclear weapons triggers, is a front for the Iraqi government. The Iraqis agreed to pay \$10,000 for 14 nuclear weapon triggers, but they promised U.S. Customs undercover agents millions in additional business if the deal went through. (ABC-4)

NBC's Dennis Murphy reports three of the suspects arrested were brought to a suburban London courthouse for a 15-minute appearance. One of the three, a French woman, was released on bail, while two men, a Lebanese and an Iraqi, were held in custody. The French woman and the Lebanese man were also named in a U.S. indictment unsealed today. They are accused by American and British authorities of trying to buy and illegally ship to Iraq triggers for a nuclear bomb. The British government ordered a second Iraqi, who was arrested, to be deported to Iraq. During their surveillance of the 18-month sting operation here and in the U.S., NBC's Brian Ross and Ira Silverman found direct evidence of the Iraqi government's involvement. NBC News learned in the course of its investigation that three nuclear engineers from Iraq met in this London hotel with an American undercover agent who was part of the sting operation. The Iraqis wanted to buy nuclear detonators. They even invited the undercover agent to visit Iraq to see the labs where their nuclear projects are underway. President Hussein has made it clear that he wants Iraq to be a Mideast superpower. He has rearmed to the teeth since the Iran-Iraq war -- a war in which he used chemical weapons on civilians. (NBC-Lead, CBS-6)

## CHINA/MIDEAST MISSILES

Brokaw: There are new reports that the Chinese now are back to shipping short-range ballistic missiles to the Mideast. Here in Washington a presidential spokesman said the Administration would question the Chinese about that, adding that it wouldn't be happy if those reports are true. (NBC-2)

## RABTA FIRE

CBS's David Martin reports it now appears the Rabta fire could have been a staged event. After studying the latest satellite photos, some U.S. intelligence analysts say the damage to the plant appears to have been much less than originally thought. Some of the analysts even suspect the fire was a trick, designed to make people think Qadaffy had been knocked out the chemical weapons business. That would be a big change from what the Bush administration was saying two weeks ago. In early satellite photos the plant was obscured by smoke; photos taken later showed virtually no change in the condition of the plant from photos taken before the fire. At the time Libyan officials said the plant had burned to the ground. U.S. intelligence has ordered up a new set of satellite photos in order to reach a firm conclusion of Qadaffy's chemical plant. But for the moment it appears reports of its death were premature. (CBS-7)

## LIBYA/FIGHTER-BOMBER REFUELING

Brokaw: The Defense Department believes that Libya has developed the ability to refuel its fighter-bombers in midflight. That would significantly extend the range of Col. Qadaffy's ability to make trouble in that part of the world. (NBC-3)

## LITHUANIA

Jennings: There are indications today that Moscow may be willing to bend a little in Lithuania. The Soviet army has offered amnesty to Lithuanian deserters who return to their units. At the same time, defense officials have threatened to punish those who continue to hide. Certainly at the moment Moscow thinks it has the upper hand in Lithuania.

ABC's Jim Laurie reports Mikhail Gorbachev is seeking to make it clear that Moscow is very much in charge, whatever Lithuanians might say. Gorbachev also appears to be stalling for time until he completes a new federal law setting rules under which a republic might gain independence. That would set the stage for prolonged negotiations on Moscow's terms. Gorbachev has also used the national media to rally Soviet public opinion against the Lithuanians; even Baltic neighbors acknowledge that has been effective. But some here worry that Gorbachev's strategy may be undermined by the Soviet military. A senior Western diplomat expressed concern today about the army, which seems prepared to crush the Lithuanian rebels with whatever it takes -- a view reinforced by Marshal Sergei Akhromeyev. "The president has his own view," said Akhromeyev, "but as a military man I would never complain about too much toughness." Gorbachev loyalists emphasize he's very much in charge of the army and a Lithuanian solution lies only in negotiation. But they also say Gorbachev will negotiate only when he's good and ready. (ABC-9)

Rather: A spokesman said today that President Bush talked by telephone with British Prime Minister Thatcher, who briefed him on her own phone conversation with Mikhail Gorbachev about Lithuania. But the spokesman said Mr. Bush has no plans to call Gorbachev himself. U.S. officials say Mr. Bush is determined not to put pressure on the Soviet leader.

-more-

Rather continues:

Lithuania was tense again today, but there was one conciliatory gesture made by Soviet authorities. The Soviet defense ministry said it will not punish Lithuanian deserters from the Red Army as long as they return to their regular army units. (CBS-5)

#### SOUTH AFRICA/BLACK-ON-BLACK VIOLENCE

Rather: South Africa's most powerful black leaders, Nelson Mandela and Zulu chief Buthelezi, today agreed to meet for the first time next week. They'll try to calm down their followers who've been waging full-scale war in Natal province. Twenty-five people have been killed in black-on-black violence in the last two days and two hundred homes burned.... (CBS-8, ABC-11)

#### MACAU/CHINESE REFUGEES

Rather: Scores of Chinese people were trampled today in a rush to get out of their communist homeland. Tens of thousands of Chinese swarmed into the Portuguese colony of Macau when they heard about a limited amnesty for illegal aliens. Most were not eligible, but they stormed the gates of a stadium, hoping against hope to register anyway. About 70 were injured, some with broken bones. (CBS-9, ABC-10)

#### AGENT ORANGE REPORT

ABC's George Strait reports on a government study on the effects of Agent Orange on Vietnam vets. The report concluded that Vietnam vets were 50% more likely to lymphoma, but that there was no evidence that the lymphoma was caused by Agent Orange. (Dr. William Roper, CDC: "This study, you can look carefully at the issue of cancer in Vietnam veterans, we found no link to Agent Orange.") Because the study showed that Vietnam vets were at increased risk for lymphoma, the Veterans Administration today said it would pay compensation of more than \$20 million to the almost 2,000 vets with that cancer. But that leaves 34,000 other vets who claim they've been harmed by Agent Orange and will not be compensated. There are bills in Congress to provide that compensation, but none is supported by the Administration. As far as it is concerned, the fight about Agent Orange is over. (ABC-2, NBC-4, CBS-3)

#### IDAHO/ABORTION

NBC's Roger O'Neil reports pro-choice advocates are calling for a boycott of Idaho potatoes while pro-lifers are buying every potato on the markets' shelves. Caught in the middle is Gov. Andrus, a long-time opponent of abortion who is nonetheless admitting for the first time today the bill passed by the legislature last week may be too restrictive.

(Gov. Andrus: "A person, a woman who has suffered rape, incest, the mother's life is in danger, might not even be able to receive an abortion and basically that's what I'm agonizing over right now.")

The potato threats escalated today, with both sides claiming to use the spuds to support their respective positions. The governor will make his decision on whether or not to veto the abortion bill by Saturday night. (NBC-9)

## IMMIGRATION LAW/DISCRIMINATION

ABC's Kathleen DeLaski reports a GAO study says that a four-year-old illegal aliens law has resulted in almost 20% of employers discriminating against legal residents because they appear foreign or have only temporary resident cards. More than 3,500 companies have been fined in the past two years. Critics say the law has done more harm than good.

(Rep. Richardson: "Employer sanctions has not worked. We don't even think it's been a deterrent to illegal immigration. It is clearly discriminatory.")

But Sen. Simpson says without the crackdown on employers the flood gates will open again.

(Sen. Simpson: "We will say to those in the less developed world, 'Come on and make the dangerous illegal journey to our country. But if you make it U.S. employers can't hire you'.")

Those against employer sanctions have been waiting three years for this study; now they say they have enough ammunition to attack the immigration law they never liked. (ABC-5)

## HAZELWOOD

CBS's Connie Chung interviews and reports on Joseph Hazelwood.

Hazelwood denies he was ever drunk, before during or after the accident. According to Exxon, Hazelwood was fired for drinking alcohol in a bar before boarding the Exxon Valdez, but today Hazelwood revealed that Exxon dismissed him without ever questioning him about what happened the night of the grounding. (CBS-4)

## ENVIRONMENT/MIGRATORY BIRDS

ABC's Linda Patilla reports each year thousands of migrating birds die, trapped in uncovered oil pits and tanks in the Southwest. With most of the states unwilling to act, federal wildlife agents are cracking down. They are preparing criminal charges against more than 30 companies. Faced with the threat of prosecution and bad publicity, most of the major oil companies have begun placing screens on their tanks and pits, but thousands of small, independent operators say it's too costly and maintain the problem is exaggerated. Fish and Wildlife agents hope that fines of up to \$10,000 dollars will persuade the oil industry that it is cheaper to protect the birds than let them die. (ABC-7)

## BLOOD THINNER RECALL/FDA

Rather: The FDA has announced an emergency recall of two lots of a generic version of what's supposed to be a blood-thinning drug. The blood thinner made by Phamaceutical Basics, Inc. of Denver was mislabeled and sold as an anti-depressant. The FDA says it ordered a class one recall, signifying a life-threatening situation. (CBS-11)

## EDITORIALS/COLUMNISTS

### CHILD CARE

D-Day For Day Care -- "...The [Democratic] leadership's proposal offers the most help directly to families. It speaks directly to the issues of targeting state block-grant money into day care, expanding Head Start programs to full-day, full-year programs, offering before- and after-school care, funding referral services vital to all parents, and improving day-care standards.... The Stenholm-Shaw package is far less specific in what states would do with federal funds. It would rely more heavily on earned-income tax credits, which are necessary to help the working poor but which wouldn't provide a direct funding source for day care.... The Senate already has passed a good bill. So the fate of day care rests with the House. It has the chance to help families -- both those who need subsidies and those who do not -- find good care for their children. It has the chance to raise the quantity and quality of that care. The House should do so in full, not with half measures." (Miami Herald, 3/28)

An 'F' For ABC "...Congress...seems to have a choice between a bad bill [Stenholm-Shaw] and an abominable one [Democratic leadership]. Two parents who both earn the minimum wage, work 40 hours a week and never do overtime would not be poor enough to qualify for the full tax credits in either bill. Parents who earn more than \$5.04 an hour...would be too wealthy to qualify for any tax credit at all. In other words, the bill discriminates against industrious people. Moreover, and worse still, traditional families would be penalized by a system of taxation and rewards that drives mothers into the labor market and forces them to surrender the nurturing of their children to state institutions. If Mr. Bush and Congress want to help real American families, they should trash both 'child-care' bills. The real economic problem for hard-working American parents is the huge tax bill levied on their paychecks each week to underwrite the welfare state. Working parents aren't children, and they need a tax cut. They don't need another government program and they certainly don't need this one." (Washington Times, 3/29)

Child Care: Don't Falter Now -- "...It is vital that the House...approve the compromise measure [Democratic leadership bill]. Moreover, if President Bush is serious about defending the family values he claimed to champion during the 1988 campaign, he should withdraw his misguided threat to veto Congress' cost-effective ideas for helping families secure high-quality care for their children.... The 101st Congress' child-care drive will stall unless the House sends the bill where the real action will be: to a House-Senate conference committee that must reshape federal child-care policy.... If the House joins the Senate in a workable child-care compromise, Congress' resolve might prod the Bush administration to drop its unwise veto threat. America's families have waited too long, and the child-care effort has come too far, for Washington to falter now." (Cleveland Plain Dealer, 3/21)

Congress Getting Close On Child Care -- "...The White House is pushing a coalition of conservative Democrats and Republicans to back [the Stenholm-Shaw plan]. The bill's primary failing is that it provides less money than the House leadership's version, particularly money aimed, crucially, at ensuring that low-income parents have access to quality child care. Both House bills track Senate language that dangerously provides for child-care vouchers that parents could spend as they please, including for church-sponsored child care that includes religious instruction. The implications for violation of the separation of church and state are clear; the precedent, if accepted by the U.S. Supreme Court, could open the way to charging taxpayers for the support of private religious elementary and high schools.... Unfortunately, the House seems ready to abandon an important provision of the Senate's legislation. The ABC bill would push states to establish minimum standards for day-care providers. The House is yielding to hysterical claims that red tape would keep grandparents from babysitting. Minimum standards should be fought for in conference committee. A national day-care policy shouldn't be limited to issues of availability and affordability. Parents also need to know that the places where they leave their children are safe." (Atlanta Constitution, 3/28)

Getting Child Care Out Of Infancy -- "...The House [Democratic leadership's] bill...deserves support because its enactment would finally move the country toward putting action behind all the platitudes about quality child care.... The Stenholm-Shaw bill is supported by the White House, but the House bill is superior because it requires states to set quality-of-care guidelines and because it provides millions of dollars for before- and after-school 'latchkey' programs. Admittedly, the bill is not the last word on child care. But at least the House is moving again on an issue important to so many working families." (Los Angeles Times, 3/29)

Compromise On Child Care -- "...Child care is an issue that demands the attention of Congress and the White House, and the House needs to break the logjam blocking progress on this measure. Some House conservatives complain that the measure, with its \$27 billion, five-year price tag, is too expensive, and there probably is sympathy for that view among White House officials. The fact is, there is time for further compromise after the House passes its bill and goes to conference with the Senate, which approved a child-care measure last year. That's where the real child-care bill will be produced. But only if the House manages to break its own stalemate and produce a bill." (Baltimore Sun, 3/29)

A Child Care Truce -- "...The House needs to forge enough of a compromise this week to get the bill into a conference committee with the Senate, from where the bill must emerge in a form acceptable to President Bush. That task will be easier if lawmakers stick to child care and ways to deliver money directly to working parents who need it most. The best way is to expand the child-care tax credit and make it refundable for people with incomes so low they don't pay income taxes." (Minneapolis Star Tribune, 3/21)

## **FOREIGN MEDIA REACTION**

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### **IRAQ/NUCLEAR TRIGGERS**

"The common factor in all third world ballistic and nuclear missile programs is that they rely on key foreign technologies: Only six countries are believed to be capable of manufacturing nuclear triggers.... Without a parallel ban on missile proliferation, the Nuclear Proliferation Treaty is a wholly inadequate safeguard. The West has been far too half-hearted about interdicting the transfer of the requisite technologies.... Brilliant detective work stopped Iraq in its tracks yesterday, but the case exposes the imperative need for more systematic pre-emptive action."  
(Times, Britain)

"The only way forward remains a difficult one: a Middle East peace settlement in parallel with the most determined efforts to halt nuclear proliferation. There must now, at the very least, be an outright ban on all other technology exports which support the industrial machine of this dangerously destabilizing regime."  
(Guardian, Britain)

"We don't know whether it was an isolated operation, but the smuggling attempt proves that Iraq is renewing its efforts to be a nuclear power. And it does not take extrasensory perception to know against whom Iraqi nuclear bombs would be directed. The 1981 raid against Iraqi nuclear facilities gave Israel nine years of respite from the nuclear nightmare. Now it is coming back. We may not be able to mount another raid, but the Iraqi dictator and the rest of the world ought to be made aware that Israel will not put up with nuclear arms in the region."  
(Yediot Aharonot, Israel)

"The dreadful vision of nuclear weapons in the hands of a terrorist regime is becoming increasingly more realistic. The confiscation at Heathrow makes evident that, meanwhile, almost everything can be had for money.... The international community has little means besides appeals and controls.... However, efforts must be continued to exert political and economic pressure to stop this dreadful development. The latest catch in London should be warning enough for everyone."  
(Neue Osnabruecker Zeitung, West Germany)

-End of News Summary-

Bob -  
Please see me re: this.  
- E.

March 30, 1990

INFORMATION

MEMORANDUM FOR DAVID DEMAREST  
                  CHRISS WINSTON

FROM:              EDWARD McNALLY

SUBJECT:           ODD MAN OUT ON AIDS

The New York Times put AIDS on the front page, with a photo, and quoted directly from the President's speech something like eight times.

Ditto with the L.A. Times -- front page, approximately seven or eight direct quotations.

But in the principle paper in the city where the speech was delivered, the story was buried next to a furniture ad on page 4. And after describing the address as "long-awaited remarks" -- the President's "first major speech on the AIDS epidemic" -- the article included exactly one Presidential quote, a single sentence.

Rather than tell its readers what was in this "first major speech" -- rather than tell its readers what the "long-awaited remarks" were all about -- and letting them make up their own minds about the President's message -- the article balanced its one Presidential quote with five from Presidential opponents -- two hecklers, one AIDS activist, a business critic, and a Congressional opponent.

Fair coverage?

Maybe worth pointing out to someone now.

Certainly worth remembering the next time they criticize the Administration for not demonstrating Presidential leadership by failing to focus public attention on the important issues of the day.

letter to ed.  
from Dave

# President Calls for End To AIDS Discrimination

## Strongest Statement Yet Is Criticized as Timid

By Malcolm Gladwell  
Washington Post Staff Writer

In his first major speech on the AIDS epidemic, President Bush yesterday called for an end to discrimination against those infected with the virus and praised his administration's efforts to combat the disease.

Bush's long-awaited remarks were the strongest public commitment ever given by the White House to fighting the epidemic. But many AIDS activists, including two hecklers, criticized the content of Bush's address as too timid a response to the severity of the AIDS crisis. The hecklers disrupted the speech with shouts of "Too little, too late" and "Why did it take you 14 months to say this?"

"He has shown sensitivity and concern that we have yet to witness from the office," said Jean McGuire, executive director of the AIDS Action Council. "But a decade of neglect requires more aggressive leadership than we have seen today."

"This speech would have been truly significant if it had been delivered six years ago," said Larry Kessler, a member of the National Commission on AIDS.

Bush's remarks were delivered to the National Leadership Commission on AIDS, a private-sector group established three years ago to respond to the epidemic. Before a crowd of 500, the president cited the "unprecedented" \$3.5 billion budgeted for fighting AIDS this year, praised the "American pioneers" at the National Institutes of Health researching the disease and urged Congress to pass the Americans with Disabilities Act, which includes a prohibition on discrimination against people with AIDS.

"In this nation, in this decade, there is only one way to deal with an individual who is sick," Bush said. "With dignity, compassion, care, confidentiality and without discrimination."

But many AIDS activists were disappointed that the president did not address the 3-year-old U.S. policy of preventing people infected with the AIDS virus from immigrating to the United States, an issue that has prompted some activists to call for a boycott of the international AIDS conference in San Francisco in June.

Bush also pledged no new funds for fighting and treating the dis-

ease, despite the large increase in AIDS cases expected this year.

One corporate leader, who addressed the conference immediately before Bush, charged that the president had taken money away from programs to treat people with AIDS in order to support research aimed at preventing future infections.

"It is not acceptable to pit those who may be spared from AIDS in the future against those who are already infected," said Robert Haas, chairman of Levi-Straus and Co.

"But that is exactly what the president proposed in his budget for the coming year. He removed all the money to pay for AZT and preventative treatments for opportunistic infection for low-income persons not yet eligible for Medicaid. Moreover, he cut all of the money for service demonstration projects used to support home and community-based patient care."

"I'm glad he's taking the first step—kinder and gentler rhetoric," said Rep. Henry A. Waxman (D-Calif.), chairman of Energy and Commerce subcommittee on health. "But it's all lip service if he doesn't follow up his promises with programs. We can keep people from dying if we provide preventative drugs. We can keep people from getting infected if we provide education. . . . But we can't do any of this without paying for it, and the Bush budget doesn't do that."

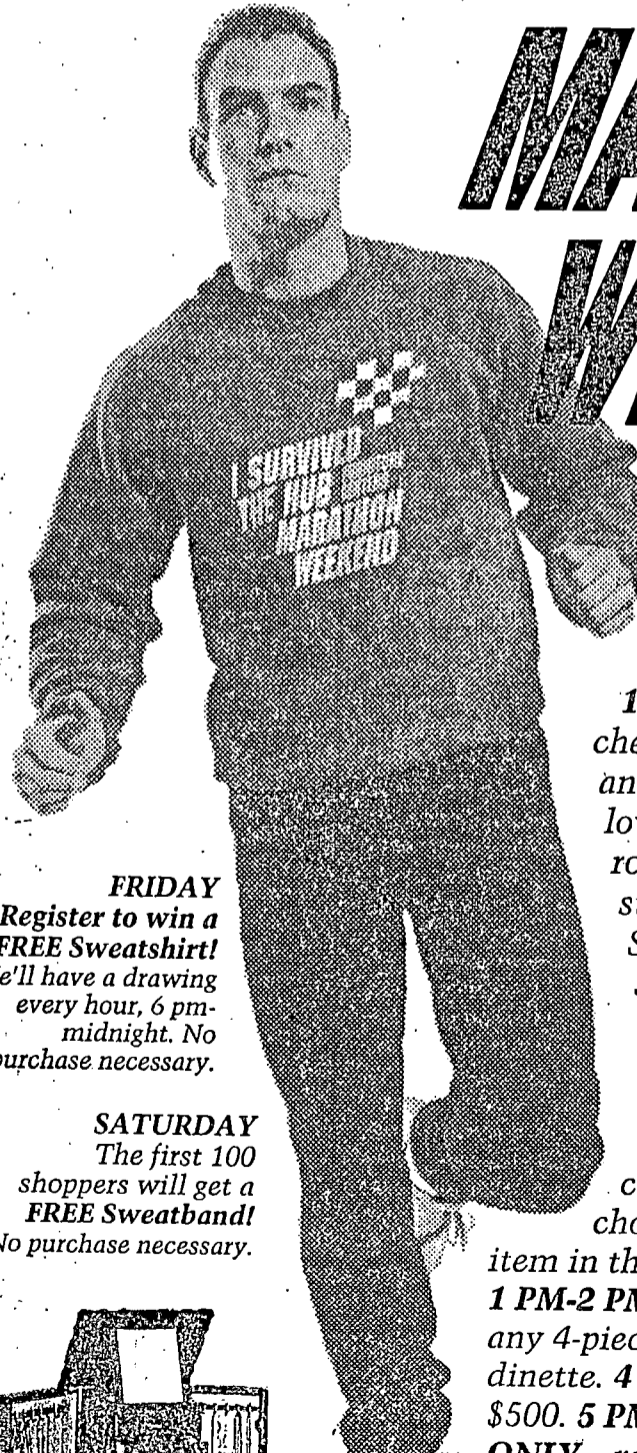
# Emergence FDA Reports

The Food and Drug Administration yesterday announced a recall of two lots of a depressant drug desipramine by Pharmaceutical Basis because some bottles may contain a blood thinner also used as a component that could cause bleeding.

The agency said people taking desipramine should examine their tablets. The Denver-based generic should examine their tablets to see if the correct drug is lavender marked with numbers. The generic tablets are pink and marked with the blood drug's name.

FRI. 6-MIDNIGHT, SAT. 10-9, SUN. 10-9

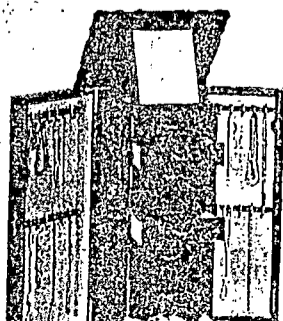
# MARATHON WEEKEND



**FRIDAY**  
Register to win a **FREE Sweatshirt!**  
We'll have a drawing every hour, 6 pm-midnight. No purchase necessary.

**SATURDAY**  
The first 100 shoppers will get a **FREE Sweatband!**  
No purchase necessary.

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THESE ARE REAL SAVINGS

DIAMONDS

Are there still people

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## Bush Calls for Compassion, and Cure, for AIDS Victims

By MARLENE CIMONS  
TIMES STAFF WRITER

WASHINGTON — President Bush Thursday called on Americans to demonstrate compassion for people with AIDS and urged the House to approve legislation that would protect them from discrimination.

"For those who are living with HIV [human immunodeficiency virus] and AIDS, our response is clear," he said in his first major speech on AIDS. "They deserve our compassion. They deserve our care. And they deserve more than a chance—they deserve a cure."

In a speech that was unusually personal for Bush, he said that he and his wife, Barbara, "have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for

anyone lost to heart disease or cancer or accidents."

And he likened the heartbreak of babies infected with AIDS to the leukemia death of his own daughter, Robin, in 1953, two months before her fourth birthday.

"We asked the doctor the same question every HIV family must ask: Why? Why this was happening to our beautiful little girl?" he said at a meeting of the National Business Leadership Conference on AIDS.

Bush's comments were praised by Dr. June Osborn, chairman of the National Commission on AIDS, who said: "We've been desperately needing this leadership from the top. The most critical area has been the need to get Americans to be more compassionate and understanding."

However, Jean McGuire, executive  
Please see BUSH, A24

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# BUSH: Compassion and Anti-Bias Law for AIDS Victims Urged

Continued from A1

tive director of the AIDS Action Council, called Bush's speech "long on compassion but short on commitment."

McGuire complained that Bush had failed to address a U.S. immigration policy that bars people with AIDS from entering the country, and said: "We have become an embarrassment to the global community."

The immigration restriction threatens to cripple a major global conference on AIDS scheduled for June in San Francisco. Although AIDS-afflicted visitors can receive waivers to enter, the documents become part of an individual's record and are considered unacceptable by many scientific and AIDS organizations.

As a result, many participants are expected to boycott the annual International Conference of AIDS, considered the most important AIDS meeting of the year.

Presidential spokesman Marlin Fitzwater told reporters that immigration rules are enacted by Congress, "so we don't have a lot of political recourse except to try to make them work."

He added: "We do share the concerns of the AIDS organizations

that they be effectively applied and implemented."

Bush, appearing before an audience of business and health executives and officers of AIDS organizations, heavily stressed the compassion theme.

"Once disease strikes, we don't blame those who are suffering," he said. "We don't spurn the accident victim who didn't wear a seat belt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. We do not fire them, or evict them or cancel their insurance."

He strongly endorsed House passage of the Americans with Disabilities Act, which prohibits discrimination in the private sector against the disabled, including those with HIV infection or fully developed AIDS. The Senate has already approved the measure.

"We're in a fight against a disease—not a fight against people," Bush said. "And we will not—and we must not in America—tolerate discrimination."

He was interrupted several times by two hecklers. One unidentified man shouted: "Why did it take you 14 months to say this?"

Urvashi Vaid, executive director

of the National Gay and Lesbian Task Force, held a sign that read: "Talk is cheap. AIDS funding is not," and stood up to say: "Mr. President, you don't understand. We need funding."

At the disruption, Bush departed from his prepared remarks and said, to applause: "I can understand the concern that these people feel, and I hope that, if we do nothing else by coming here, I can help them understand that, not only do you care, but we care, too."

Bush described his Administration's stance on AIDS as "a war-time footing," adding: "We're going to continue to fight like hell. But we're also going to fight for hope. America has a unique capacity for beating the odds—and astounding the world."

He said that his Administration has asked Congress for almost \$3.5 billion for AIDS, including Medi-

caid funding. The White House has requested \$1.6 billion for research, prevention and non-Medicaid care—an amount that has been criticized as inadequate by a range of AIDS organizations.

Rep. Henry A. Waxman (D-Los Angeles), chairman of the House Energy and Commerce subcommittee on health, said he is glad Bush is "taking the first step—kinder and gentler rhetoric." But, Waxman added: "It's all lip service if he doesn't follow up his promises with programs."

Sen. Edward M. Kennedy (D-Mass.), chairman of the Senate Labor and Human Resources Committee and the author of a \$600-million emergency disaster relief AIDS bill, called Bush's speech "an encouraging start, far beyond the commitment the Reagan Administration was willing to make." He urged Bush to support his measure.

THE WHITE HOUSE

WASHINGTON

March 27, 1990

INFORMATION

MEMORANDUM FOR THE PRESIDENT

THROUGH:           CHRISS WINSTON *CW*  
FROM:               EDWARD McNALLY *EMW*  
SUBJECT:           REMARKS: NAT'L. LEADERSHIP COALITION ON AIDS

I.    SUMMARY

Attached are draft remarks for Thursday morning's keynote address to the National Leadership Coalition on AIDS.

II.   DISCUSSION

At 11:15 a.m. on Thursday, March 29, 1990, you are scheduled to arrive onstage at the Crystal Gateway Marriott in Crystal City to address approximately 400 CEO's and other key executives. Approximately 40 percent of those attending represent corporations that were pioneers in responding to the AIDS crisis -- while about 60 percent come from interested corporations that are not yet participating in programs designed to cope with AIDS in the workplace.

While the tone of the address (14 minutes, TelePrompTer) is very serious, sober, and straightforward, our proposed draft contains very upbeat language about America's ability to respond to this epidemic.

It is a very personal speech, aimed at sending a powerful message about compassion, discrimination, and hope.

McNally/Simon  
March 27, 1990  
Draft Six (B:AIDS)

PRESIDENTIAL REMARKS: NATIONAL LEADERSHIP COALITION ON AIDS  
CRYSTAL GATEWAY MARRIOTT  
THURSDAY, MARCH 29, 1990, 11:15 A.M.

Thank you, Louis Sullivan. And thanks to Larry Williford of Allstate and B.J. Stiles from the Coalition here. Dr. David Rogers and Belinda Mason, my appointees to the AIDS Commission, with whom I just met. My friend and physician, Dr. Burton Lee.

There could scarcely be a more important place for me to be than here with you -- the men and women who guide American business as it helps those people suffering with HIV and AIDS.

You make our hearts glad. And you make your country proud.

Other generations have faced life-threatening medical crises, from polio to the plague. This virus is our challenge. Not a challenge we sought. Not a challenge we chose. But today our responsibility is clear: We must meet this challenge. We must beat this virus. For whether talking about a nation or an individual, character is measured not by our tragedies -- but by our response to those tragedies. \\\

And for those who are living with HIV and AIDS, our response is clear: They deserve our compassion. They deserve our care. And they deserve more than a chance -- they deserve a cure. \\\

America will accept nothing less. We are slashing red tape. Accelerating schedules. Boosting research. And somewhere out there, there's a Nobel prize -- and the gratitude of planet Earth -- waiting for the man or woman who discovers the answer that's eluded everyone else. \\\

We pray that day will come soon. But until that day -- until this virus can be defeated by science -- there's a battle to be waged by society. \\\

Because in 1990, the most effective weapon in our arsenal against AIDS is not just medication, \\\ but also education. \\\

Our goal is to turn irrational fear into rational facts.

Because this isn't just a fight against disease. It's also a fight against ignorance. A fight against discrimination. \\\

Today, HIV has joined cancer, heart disease, and accidents as one of the deadly realities of our time.

Of these, HIV is one of the most lethal, one of the most frightening. But HIV is also one of the most preventable.

Every American must learn what AIDS is -- and what AIDS is not. And they must learn now. You in this room already know what so many Americans don't. So, together, let's shoot down some myths. The HIV virus is not spread by handshakes or hugs. You can't get it from food or drink. Coughing or sneezing. Or by sharing bathrooms or towels or conversation.

The transmission of HIV is as simple as it is deadly. In most cases, it's determined not by what you are -- but by what you do -- and by what you fail to do. \\\

Let me state it clearly: People are placed at risk not by their demographics, but by their deeds. By their behavior. \\\

And so it is our duty to make certain that every American has the essential information needed to prevent the spread of HIV and AIDS. Because while the ignorant may discriminate against

**AIDS -- AIDS won't discriminate among the ignorant. \\\**

Like many of you, Barbara and I have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone we have lost to heart disease or cancer or accidents.

Probably everyone here has read the heartbreaking stories about AIDS babies and those infected by transfusions. When our own daughter was dying of leukemia, Barbara asked the doctor the same question every HIV family must ask -- why -- why this was happening to our beautiful little girl. And the doctor said: "You have to realize that every well person is a miracle. It takes billions of cells to make a well person. And all it takes is one cell to be bad to destroy a whole person."

We will always remember the love and compassion with which our friends and family responded. In this nation, in this decade, there is only one way to deal with an individual who is sick. With dignity. Compassion. Care. Confidentiality. And without discrimination. \\\

Once disease strikes -- we don't blame those who are suffering. We don't spurn the accident victim who didn't wear a seatbelt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. We do not fire them, or evict them, or cancel their insurance.

People with AIDS are our colleagues and co-workers. Our friends. Our families. **THEY...ARE...US**.

Today I call on the House of Representatives to get on with

the job of passing a law -- as embodied in the Americans with Disabilities Act -- that prohibits discrimination against those with HIV and AIDS. We're in a fight against a disease -- not a fight against people. And we won't tolerate discrimination. \\\

The disease is attacking our most precious resource -- our people, especially our young. The statistics are numbing. You heard them this morning. But just look at the amazing quilts hanging here today. They prove that no one is a statistic. Every life has its own fabric. Its own colors. Its own purpose. Its own soul. And like the quilts, no two are alike. \\\

When Barbara and I left Washington for Christmas, our last stop was a clinic up at NIH. We were impressed by the determination of the people there -- the doctors, nurses, and health care workers -- and especially the brave people who are living with HIV. We learned a lot about caring. A lot about family. And a lot about hope. We saw the face of humanity in the face of AIDS.

Recently, we received a letter from seven patients whom we visited. They wrote: "Each of us looks for hope in very personal ways. We seek comfort and warmth from those we love. We seek new answers through participation in experimental drug studies. We seek to enjoy the simplest of pleasures in everyday life. To make peace with ourselves and with those who don't understand us. We seek a voice, a compassionate voice, that can address the concerns of hundreds of thousands of people."

Ladies and gentlemen, the voice they seek must be your voice. The voice of every American. \\\

Your employees will take their cues from you. You are in a powerful, unique position to influence the response to HIV and AIDS. When someone asks: "Who will volunteer to help care for our co-workers with AIDS?" we should be the first to say: "We will." Washing our hands of it won't help solve this problem. But rolling up our sleeves will. \\\

The roster of participants at this Conference is an honor roll. Allstate sponsored a landmark conference on HIV and work. Fortune magazine launched a survey on C.E.O.'s response to HIV. General Motors pledged to conduct an education program. Others are fighting the spread of HIV by fighting to keep schools and workplaces drug-free. This is America responding to a crisis. This is America at its best. \\\

This epidemic is having a major impact on our health care system. It is altering spending patterns by our government. In 1982, we knew little about AIDS -- and spent only \$8 million. But this year I have asked Congress for almost \$3.5 billion to battle HIV. Money for basic research. For HIV treatment and education. For protecting civil rights. \\\

America has the most sophisticated health care system in the world. But it is not without its problems. We face many challenges. Our system depends on private insurance and individual payments, as well as government programs. AIDS magnifies the challenges, including the challenge of expanding access, bringing costs under control, and overcoming obstacles to quality care. With these concerns in mind, I asked Dr. Louis

Sullivan to lead a Cabinet-level review of health care in the 1990's. And businesses like those you represent must play a major role in helping improve our Nation's health care system.

The crisis is not over. We report tens of thousands of new cases every year. And many predict we can expect to continue to do so in this decade, and even into the next century.

And yet, as Barbara so often reminds me, "where there is life there is hope." There are hopeful signs. To begin with, we can be encouraged by the news that current projections of the infection rate will not be as high as we thought just a year ago.

The use of new medicines such as A-Z-T means that more and more people with HIV will be able to live and work because these therapies offer the potential of making it a more manageable disease. Keep them in your workforce -- as I know many of you are already doing, as leaders in this effort. They can serve many, many more productive years with no threat to you, your other workers, or your companies. It will reduce costs for everyone. And it's the right thing to do. \\\

The pace of progress is promising. The HIV virus has been identified, isolated, and attacked with experimental treatments in a span of less than 10 years. The normal, centuries-long evolution of disease and treatment compressed into a decade.

And this race against time has produced an explosion in knowledge and basic understanding about the nature of disease and immunology. Like the unexpected technological boons from Apollo's race to the moon, some physicians predict the race to

cure AIDS may even lead to a cure for cancer. \\\

We're going to continue to fight like hell. But we're also going to fight for hope. America has a unique capacity for beating the odds -- and astounding the world. \\\

During my own childhood, the silent, whispered terror was a mysterious killer called polio. Like HIV, the virus ignored class distinctions and geographic boundaries. Monday would come, and kids who'd been in school on Friday were simply never seen again. Theaters were closed, summer camps, swimming pools.

As with AIDS, there was a lot of ignorance. Thousands of stray cats and dogs put to death. Kids sleeping with camphor inhalers. At least one town was fumigated with D.D.T.

There were terrifying outbreaks in the teens, in the thirties, in the fifties. A cure was so far distant the experts refused to speculate. \\\\ And then, suddenly, it was over. The dreaded iron lung, unused, cluttering hospital hallways. Children again growing up in a world without fear. \\\

Many comparisons have been made to epidemics past. Cholera. Small pox. Yellow fever. None of them perfect. So let me boil down the lessons of polio to two:

There was a lot of ignorance -- let's learn from that. And in the darkest of hours -- hope came unexpectedly, powerfully and with finality. Let's work hard to see that day come to pass. \\\

Together, we will make a difference, for those with HIV and AIDS -- and for all Americans. \\\\

Thank you. And may God bless the United States of America.

# # #

do such a simple thing as blow her nose—George watched her condition deteriorate and he suffered. "He was just killing himself, while I was very strong," Barbara said.

"I remember asking the doctor why this was happening to our little girl, this perfectly beautiful creature," Barbara said. "And the doctor said, 'You have to realize that every well person is a miracle. It takes billions of cells to make up a person. And all it takes is one cell to be bad to destroy a whole person.' So I came to see that the people who are sitting around alive are the miracles."

When Robin slept, Barbara walked the halls at Sloan-Kettering. She listened to the staff, talked to the children, met their parents, and shared some of their sorrows. Or sometimes, from a forty-second-floor window, she'd just gaze at the Manhattan skyline. Lud Ashley, their friend from Yale who was living in New York at the time, knew to look for her there. "I never saw her cry. It was one of the wonders," said Ashley, for whom there was never any question that this was one of the really remarkable women he was ever going to know.

Then one day in October, Robin started to hemorrhage. George was on his way up from Texas, but Barbara was alone. Robin was such a frail little thing by then, her skin almost transparent over her wasted bones. The bleeding might be stopped but there could never be any lasting reprieve from the end that surely was coming. Barbara, who was twenty-eight at the time, stuck out her jaw and stood very firm.

"Robin was in remission but she had holes all through her tummy. Our uncle-doctor, whom we love more than life, really thought we ought to let her go. The doctors at Memorial really wanted to operate—they knew so little about all that. I opted to go with the doctors." And then, talking to me thirty-six years later at the White House, Barbara started to cry. "She was very, very sick. She never came out of the operation. But they asked me to do it. Although Johnny Walker [the uncle], to spare us, said you don't have to do that, I just felt they were killing themselves to save a child and we ought to cooperate. I don't care what anybody says, where there's life there's hope."

When George arrived, he knew Barbara had been right. When Robin died, they both were with her. "You learn how people react—Barbara's strength, and then I saw other families that reacted very differently," George told me in 1988 at Kennebunkport a few days before the Republican Convention. "We saw one group—their child had just died—and they were asked for permission to do an autopsy and they turned on the nurses and doctors, saying, 'Haven't you done enough?' They were so grief-stricken they turned on the people who helped them the most. Barbara's and my reaction was very different from that. I think we love everyone more because of Robin."

The next day, George went back to the hospital to thank everyone who had helped their child. What he could not know, according to Ashley, was that

AIDS  
"Barbara says"

It was of the white way "Go Lad was Am No Fin por sio wo dre ba ha op SI fr fl w r n b r s H n k a r n e

McNally/Simon  
March 26, 1990  
Draft Four (B:AIDS)

PRESIDENTIAL REMARKS: NATIONAL LEADERSHIP COALITION ON AIDS  
CRYSTAL GATEWAY MARRIOTT  
THURSDAY, MARCH 29, 1990, 11:15 A.M.

Thank you. And I want to thank Louis Sullivan. Larry Williford of Allstate and B.J. Stiles from the Coalition here. Dr. David Rogers and Belinda Mason, my appointees to the AIDS Commission. My friend and physician, Dr. Burton Lee.

There could scarcely be a more important gathering, a more important place for me to be than here with you -- the men and women who guide American business as it helps those people suffering with HIV and AIDS. There are many team players in this struggle. Community service organizations. Religious leaders of all persuasions. AIDS service organizations created by volunteers, many of them also infected with HIV. Corporations and private foundations that together have given over \$100 million to support literally thousands of AIDS projects.

You make our hearts glad. And you make your country proud.

Other generations have faced life-threatening medical crises, from polio to the plague. This virus is our challenge. Not a challenge we sought. Not a challenge we chose. But today our responsibility is clear: We must meet this challenge. We must beat this virus. For whether talking about a nation or an individual, character is measured not by our tragedies -- but by how we respond to those tragedies. \\

And for those who are living with HIV and AIDS, our response is clear: They deserve our compassion. They deserve our care.

And they deserve more than a chance -- they deserve a cure. \\\

America will accept nothing less. We are slashing red tape. Accelerating schedules. Boosting research. And somewhere out there, there's a Nobel prize -- and the gratitude of planet Earth -- waiting for the man or woman who peers into a microscope and sees the answer that's eluded everyone else.

We pray that day will come soon. But until that day -- until this virus can be defeated by science -- there's a battle to be waged by society. \\\

Because in 1990, the most effective weapon in our arsenal against AIDS is not just medication, \\\ but also education. \\\

We must increase our efforts to educate the public about AIDS and how it is contracted. Our goal is to turn irrational fear into rational facts.

Because this isn't just a fight against disease. It's also a fight against ignorance. A fight against discrimination. \\\

Today, HIV has joined cancer, heart disease, and accidents as one of the deadly realities of our time.

Of these, HIV is one of the most lethal, one of the most frightening. But HIV is also one of the most preventable.

Every American must learn what AIDS is -- and what AIDS is not. And they must learn now. You in this room already know what so many Americans don't. So, together, let's shoot down some myths. The HIV virus is not spread by handshakes or hugs. You can't get it from food or drink. Coughing or sneezing. Or by sharing bathrooms or towels or conversation.

The transmission of AIDS is as simple as it is deadly. In most cases, it's determined not by what you are -- but by what you do -- and by what you fail to do. \\\

Let me state it clearly: People are placed at risk not by their demographics, but by their deeds. By their behavior. \\\

And so it is our duty to make certain that every American has the essential information needed to prevent the spread of HIV and AIDS. Because while the ignorant may discriminate against AIDS -- AIDS won't discriminate among the ignorant. \\\

Like many of you, Barbara and I have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone we have lost to heart disease or cancer or accidents.

Probably everyone here has read the heartbreaking stories about AIDS babies and those infected by transfusions. When our own daughter was dying of leukemia, Barbara asked the doctor the same question every HIV family must ask -- why -- why this was happening to our beautiful little girl. And the doctor said: "You have to realize that every well person is a miracle. It takes billions of cells to make a well person. And all it takes is one cell to be bad to destroy a whole person."

We will always remember the love and compassion with which our friends and family responded. In this nation, in this decade, there is only one way to deal with an individual who is sick. With dignity. Compassion. Care. Confidentiality. And without discrimination. \\\

Once disease strikes -- we don't blame those who are suffering. We don't spurn the accident victim who didn't wear a seatbelt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. **We do not fire them, or evict them, or cancel their insurance.**

People with AIDS are no different than people with other disabling and life-threatening diseases. They are our colleagues and co-workers. Our friends. Our families. **THEY...ARE...US.**

Today I call on the House of Representatives to get on with the job of passing a law -- the Americans with Disabilities Act -- that prohibits discrimination against those with HIV and AIDS.

**We're in a fight against a disease -- not a fight against people. \\\ And we won't tolerate discrimination. \\\**

The disease is attacking our most precious resource -- our people, our young. Unlike many of the diseases that cause disability in our elderly, AIDS affects many Americans now in the prime of life. The vast majority of Americans diagnosed with AIDS since 1981 have been between the ages of 20 and 59. These were the years they planned to work and create, and save for the future. Now their struggle is to survive.

The statistics are numbing. You heard them this morning. But just look at the amazing quilts which hang around us today. They prove that no one is a statistic. Every life has its own fabric. Its own colors. Its own purpose. Its own soul. And like the quilts, no two are alike. \\\

These quilts commemorate the dead. But the most important

part of our learning is with the living. And I hope that you will go out and visit the AIDS wards. Meet with the patients and their families. See the face of humanity in the face of AIDS.

When Barbara and I left Washington for Christmas, our last stop was a clinic at the National Institutes of Health. We were impressed by the determination of the people there -- the doctors, nurses, and health care workers -- and especially the brave people who are living with HIV. We learned a lot about caring. A lot about family. And a lot about hope.

Recently, we received a letter from seven patients whom we visited. They wrote: "Each of us looks for hope in very personal ways. We seek comfort and warmth from those we love. We seek new answers through participation in experimental drug studies. We seek to enjoy the simplest of pleasures in everyday life. To make peace with ourselves and with those who don't understand us. We seek a voice, a compassionate voice, that can address the concerns of hundreds of thousands of people."

**Ladies and gentlemen, the voice they seek must be your voice. The voice of every American. \\**

Your employees will take their cues from you. You are in a powerful, unique position to influence the response to HIV and AIDS. When someone asks: "Who will volunteer to help care for our co-workers with AIDS?" we should be the first to say, "We will." Washing our hands of it won't help solve this problem. But rolling up our sleeves will. \\

The roster of participants at this Conference is an honor

roll. Allstate sponsored a landmark conference to help deal with the impact of HIV at work. Fortune magazine launched a survey that helped us understand the attitudes and actions of C.E.O.'s in responding to HIV. General Motors asked an HIV expert to brief its key officers -- and pledged to conduct an education program for employees. Others are fighting the spread of HIV by fighting to keep schools and workplaces drug-free. **This is America responding to a crisis. This is America at its best.**

This epidemic is having a major impact on our health care system. It is altering spending patterns by our government. In 1982, we knew little about AIDS -- and spent only \$8 million. By 1990, that has grown to almost \$3 billion.

And I have asked Congress for still more money -- almost \$3.5 billion in the next fiscal year. Money for basic research. For HIV treatment and education. For protecting civil rights.

America has the most sophisticated health care system in the world. But it's not enough. Our system depends on private insurance and individual payments, as well as government programs. AIDS magnifies the challenges, including the challenge of providing fair access to care to all Americans, rich and poor.

In my State of the Union Address, I asked Dr. Louis Sullivan to lead a Cabinet-level review of health care in the 1990's.

We don't know yet where this review will lead us. But we do know that businesses like those you represent will be a big part of the answer to improving health care and increasing access.

The epidemic is not over. We report tens of thousands of

new cases every year. And many predict we can expect to continue to do so in this decade, and even into the next century.

And yet, as Barbara so often reminds me, "where there is life there is hope." There are hopeful signs. To begin with, we can be encouraged by the news that current projections of the infection rate will not be as high as we thought just a year ago.

The use of new medicines such as A-Z-T means that more and more people with HIV will be able to live and work because these therapies offer the potential of making it a more manageable disease. Keep them in your workforce -- as I know many of you are already doing, as leaders in this effort. They can serve many, many more productive years with no threat to you, your other workers, or your companies. It will reduce costs for everyone. **And it's the right thing to do. \\**

The pace of progress is promising. The HIV virus has been identified, isolated, and attacked with experimental treatments in a span of less than 10 years. The normal, centuries-long evolution of disease and treatment compressed into a decade.

And this race against time has produced an explosion in knowledge and basic understanding about the nature of disease and immunology. Like the unexpected technological boons from Apollo's race to the moon, some physicians predict the race to cure AIDS may even lead to a cure for cancer.

We're going to continue to fight like hell. But we're also going to fight for hope. **America has a unique capacity for beating the odds -- and astounding the world.**

During my own childhood, the silent, whispered terror was a mysterious killer called polio. Like HIV, the virus ignored class distinctions and geographic boundaries. Monday would come, and kids who'd been in school on Friday were simply never seen again. Theaters were closed, summer camps, swimming pools.

As with AIDS, there was a lot of ignorance. Thousands of stray cats and dogs put to death. Kids sleeping with camphor inhalers. At least one town was fumigated with D.D.T.

There were terrifying outbreaks in the teens, in the thirties, in the fifties. A cure was so far distant the experts refused to speculate. One doctor observed: "We have learned very little that is new about the disease, but much that is old about ourselves."

And then, suddenly, it was over. It happened so fast. The dreaded iron lung, unused, cluttering hospital hallways. Children again growing up in a world without fear.

Many comparisons have been made to epidemics past. Cholera. Small pox. Yellow fever. None of them perfect. So let me boil down the lessons of polio to two:

**There was a lot of ignorance -- let's learn from that. And in the darkest of hours -- hope came unexpectedly, powerfully and with finality. Let's work hard to see that day come to pass. \\\**

**Together, we will make a difference, for those with HIV and AIDS -- and for all Americans. \\\**

Thank you. And may God bless the United States of America.

# # #

McNally/Simon  
March 23, 1990  
Draft Three (B:AIDS)

PRESIDENTIAL REMARKS: NATIONAL LEADERSHIP COALITION ON AIDS  
CRYSTAL GATEWAY MARRIOTT  
THURSDAY, MARCH 29, 1990, 11:15 A.M.

Thank you, \_\_\_\_\_. [ACKNOWLEDGEMENTS]

There could scarcely be a more important gathering, a more important place for me to be than here with you -- the men and women who guide business and industry as they focus on the best way to help our people suffering with HIV and AIDS.

There are many team players in this struggle. Community service organizations. Religious leaders of all persuasions. AIDS service organizations created by volunteers, many of them also infected with HIV. And corporations and private foundations that together have given over \$100 million to support literally thousands of AIDS projects.

You make our hearts glad. And you make your country proud.

Other generations have faced life-threatening medical crises, from polio to the plague. This virus is our challenge. Not a challenge we sought. Not a challenge we chose. But today our choice is simple:

We will meet this challenge. We will beat this virus. For whether talking about a nation or an individual, character is measured not by our tragedies -- but by how we respond to those tragedies. \\

And for those who are living with HIV and AIDS, our response is simple: They deserve our compassion. They deserve our care. And they deserve more than a chance -- they deserve a cure. \\

America will accept nothing less. We are slashing red tape. Accelerating schedules. Boosting research. And somewhere out there, there's a Nobel prize -- and the gratitude of the planet Earth -- waiting for the man or woman who peers into a microscope and sees the answer that's eluded everyone else.

We pray that day will come soon. But until that day -- until this virus can be defeated in our hospitals -- there's a battle to be waged in our homes. \\\

Because in 1990, the single most effective weapon in our arsenal against AIDS is not medication, \\ but education. \\\

We must increase our efforts to educate the public about AIDS and how it is contracted. Our goal is to turn irrational fear into rational facts.

Because this isn't just a fight against disease. It's also a fight against ignorance. A fight against discrimination. \\\

Almost three years ago, I described our struggle against the HIV virus as a battle against a "new and mysterious disease."

Today, HIV is not so new and not so mysterious. Today, HIV has joined cancer, heart disease, and accidents as one of the deadly realities of our time.

Of these, HIV is one of the most lethal, one of the most frightening. But HIV is also one of the most preventable.

Every American must learn what AIDS is -- and what AIDS is not. And they must learn now. So let's shoot down some myths. The HIV virus is not spread by handshakes or hugs. You can't get

it from food or drink. Coughing or sneezing. Or by sharing bathrooms or towels or conversation.

It's not like heart disease, where there's confusion over ever-changing bits of advice on oat bran and olive oil, exercise and eggs. The transmission of AIDS is as simple as it is deadly. **It's determined not by what you are -- but by what you do -- and by what you fail to do. \\**

Let me state it clearly: **People are placed at risk not by their demographics, but by their deeds. By their behavior. \\**

And so it is our duty to make certain that every American has the essential information needed to prevent the spread of HIV and AIDS. **Because while the ignorant may discriminate against AIDS -- AIDS won't discriminate among the ignorant. \\**

Like many of you, Barbara and I have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone we have lost to heart disease or cancer or accidents.

**In this nation, in this decade, there is only one way to deal with an individual who is sick. With dignity. Compassion. Care. Confidentiality. And without discrimination. \\**

Once disease strikes -- we don't blame those who are suffering. We don't spurn the accident victim who didn't wear a seatbelt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. **We do not fire them, or evict them, or cancel their insurance.**

People with AIDS are no different than people with other disabling and life-threatening diseases. They are our colleagues and co-workers. Our friends. Our families. **THEY...ARE...US.**

And today I call on the House of Representatives to get on with the job of passing a law -- the Americans with Disabilities Act -- that prohibits discrimination against those with HIV and AIDS.

**This is a fight against a disease -- not a fight against people. \\\ And we won't tolerate discrimination. \\\**

The disease is attacking our most precious resource -- our people, our young. Unlike many of the diseases that cause disability in our elderly, AIDS affects many Americans now in the prime of life. *The vast majority* ~~Ninety-five percent~~ of the ~~115,000~~ Americans with AIDS are between the ages of 20 and 59. These were the years they planned to work and create, and save for the future. Now their struggle is to survive.

The statistics are numbing. You heard them this morning. **But just look at the amazing quilts which hang around us today. They prove that no man is a statistic. Every life has its own fabric. Its own colors. Its own purpose. Its own soul. And like the quilts, no two are alike.** \\\

These quilts commemorate the dead. But the most important part of our learning is with the living. And I hope that you will go out and visit the AIDS wards. Meet with the patients and their families. See the face of humanity in the face of AIDS.

When Barbara and I left Washington for the Christmas holidays, our last stop was a clinic at the National Institutes of Health. We were impressed by the mettle and determination of the people there -- the doctors, nurses, and health care workers -- and especially the brave people who are living with HIV. We learned a lot about courage. A lot about family. And a lot about hope.

Recently, we received a letter from seven who we visited. They wrote: "Each of us looks for hope in very personal ways. We seek comfort and warmth from those we love. We seek new answers through participation in experimental drug studies. We seek to enjoy the simplest of pleasures in everyday life. We seek to make peace with ourselves and with those who don't understand us. We seek a voice, a compassionate voice, that can address the concerns of hundreds of thousands of people."

**Ladies and gentlemen, the voice they seek must be your voice. The voice of every American. \\\**

Your employees will take their cues from you. You are in a powerful, unique position to influence the response to HIV and AIDS. When someone asks: "Who will volunteer to help care for our co-workers with AIDS?" you should be the first to say, "I will." **Washing your hands of it won't help solve this problem. But rolling up your sleeves will.** \\\

The roster of participants at this Conference is an honor roll. Allstate sponsored a landmark conference to help deal with the impact of HIV at work. The magazine, Fortune, launched a

survey that helped us understand the attitudes and actions of C.E.O.'s in responding to HIV. [An industrial giant] asked an HIV expert to brief its key officers -- and pledged to conduct an education program for employees. Others are fighting the spread of HIV by fighting to keep schools and workplaces drug-free. This is America responding to a crisis. This is America at its best.

This epidemic is having a major impact on our health care system. It is altering spending patterns by our government. In 1982, we knew little about AIDS -- and spent only \$8 million. By 1990, that has grown to almost \$3 billion -- more, even, than the budget of the entire FBI -- and almost double what's spent for the National Cancer Institute.

And I have asked Congress for still more money -- almost \$3.5 billion in the next fiscal year. Money for basic research. For HIV treatment and education. For protecting civil rights.

America has the most sophisticated health care system in the world. But it's not enough. Our system depends on private insurance and individual payments, as well as government programs. AIDS magnifies the challenges, including the challenge of providing fair access to care to all Americans, rich and poor.

In my State of the Union Address, I asked Dr. Louis Sullivan to lead a Cabinet-level review of health care in the 1990's.

We don't know yet where this review will lead us. But we do know that businesses like those you represent will be a big part of the answer to improving health care and increasing access.

The epidemic is not over. We report tens of thousands of new cases every year. And many predict we can expect to continue to do so in this decade, and even into the next century.

And yet, as in every generation, no crisis is without hopeful signs. To begin with, we can be encouraged by the news that current projections of the infection rate will not be as high as we thought just a year ago.

The use of new medicines such as A-Z-T means that more and more people with HIV will be able to live and work because these therapies offer the potential of making it a more manageable disease. Keep them in your workforce. They can serve many, many more productive years with no threat to you, your other workers, or your companies. It will reduce costs for everyone. **And it's the right thing to do. \\**

The pace of progress is promising. The HIV virus has been identified, isolated, and attacked with experimental treatments in a span of less than 10 years. The normal, centuries-long evolution of disease and treatment compressed into a decade.

And this race against time has produced an explosion in knowledge and basic understanding about the nature of disease and immunology. Like the unexpected technological boons from Apollo's race to the moon, some physicians predict the race to cure AIDS may even <sup>lead to</sup> ~~produce~~ a cure for cancer.

We're going to continue to fight like hell. But we're also going to fight for hope. **America has a unique capacity for beating the odds -- and astounding the world.**

During my own childhood, the silent, whispered terror was a mysterious killer called polio. Like HIV, the virus ignored class distinctions and geographic boundaries. Monday would come, and kids who'd been in school on Friday were simply never seen again. Theaters were closed, summer camps, swimming pools.

As with AIDS, there was a lot of ignorance. Thousands of stray cats and dogs put to death. Kids sleeping with camphor inhalers. At least one town was fumigated with D.D.T. -- doing nothing to stop polio -- and unknowingly helping endanger the American eagle.

There were terrifying outbreaks in the teens, in the thirties, in the fifties. A cure was so far distant the experts refused to speculate. One doctor observed: "We have learned very little that is new about the disease, but much that is old about ourselves."

And then, suddenly, it was over. It happened so fast. The dreaded iron lung, unused, cluttering hospital hallways. Children again growing up in a world without fear.

Many comparisons have been made to epidemics past. Cholera. The Plague. Yellow fever. None of them perfect. So let me boil down the lessons of polio to two:

There was a lot of ignorance -- let's learn from that. And in the darkest of hours -- hope came unexpectedly, powerfully and with finality. Let's work hard to see that day come to pass. \\\

Together, we will make a difference, for those with HIV and AIDS -- and for all Americans. \\\

Thank you. And may God bless the United States of America.

# # #

McNally/Simon  
March 20, 1990  
Draft Two (B:AIDS)

PRESIDENTIAL REMARKS: NATIONAL LEADERSHIP COALITION ON AIDS  
CRYSTAL GATEWAY MARRIOTT  
THURSDAY, MARCH 29, 1990, 11:15 A.M.

Thank you, \_\_\_\_\_. [ACKNOWLEDGEMENTS]

There could scarcely be a more important gathering, a more important place for me to be than here with you -- the men and women who guide business and industry as they focus on the best way to help our people suffering with HIV and AIDS.

*Nat'l Leadership Coalition AIDS pamphlet see file* There are many team players in this struggle. The American Red Cross and the United Way. Religious leaders of all persuasions. AIDS service organizations created by volunteers, many of them also infected with HIV. And corporations and private foundations that together have given over \$100 million to support literally thousands of AIDS projects.

You make our hearts glad. And you make your country proud.

Other generations have faced life-threatening medical crises, from polio to the Plague. This virus is our challenge. Not a challenge we sought. Not a challenge we chose. But today our choice is simple:

We will meet this challenge. We will beat this virus. For whether talking about a nation or an individual, character is measured not by our tragedies -- but by our response. \\\

And for those who are living with HIV and AIDS, our response is simple: They deserve our compassion. They deserve our care. And they deserve more than a chance -- they deserve a cure. \\\

America will accept nothing less. We are slashing red tape.

Accelerating schedules. Boosting research. And somewhere out there, there's a Nobel prize -- and the gratitude of ~~the~~ planet Earth -- waiting for the man or woman who peers into a microscope and sees the answer that's eluded everyone else.

**We pray that day will come soon.** But until that day -- until this virus can be defeated in our hospitals -- there's a battle to be waged in our homes. \\\

Because in 1990, the single most effective weapon in our arsenal against AIDS is not medication, \\ but education. \\\

We must increase our efforts to educate the public about AIDS and how it is contracted. Our goal is to turn irrational fear into rational facts.

**Because this isn't just a fight against disease. It's also a fight against ignorance. A fight against discrimination.** \\\

Almost three years ago, I described our struggle against the HIV virus as a battle against a "new and mysterious disease."

Today, HIV is not so new and not so mysterious. Today, HIV has joined cancer, heart disease, and accidents as one of the deadly realities of our time.

Of these, HIV is one of the most lethal, one of the most frightening. But HIV is also one of the most preventable.

Every American must learn what AIDS is -- and what AIDS is not. **And they must learn now.** So let's shoot down some myths. The HIV virus is not spread by handshakes or hugs. You can't get it from food or drink. Coughing or sneezing. Or by sharing bathrooms or towels or conversation.

speech  
6-1-87  
see file  
1987: 15th leading cause of death for all ages; 6th for age 25-44  
Nat'l Center for Health Statistics  
436-8884

It's not like heart disease, where there's confusion over ever-changing bits of advice on oat bran and olive oil, exercise and eggs. The transmission of AIDS is as simple as it is deadly. It's determined not by what you are -- but by what you do -- and by what you fail to do. \\\

Let me state it clearly: People are placed at risk not by their demographics, but by their deeds. By their behavior. \\\

And so it is our duty to make certain that every American has the essential information needed to prevent the spread of HIV and AIDS. Because while the ignorant may discriminate against AIDS -- AIDS won't discriminate among the ignorant. \\\

Like many of you, Barbara and I have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone we have lost to heart disease or cancer or accidents.

In this nation, in this decade, there is only one way to deal with an individual who is sick. With dignity. Compassion. Care. Confidentiality. And without discrimination. \\\

Once disease strikes -- we don't blame those who are suffering. We don't spurn the accident victim who didn't wear a seatbelt. We don't reject the cancer patient who didn't quit smoking. We try to love them and care for them and comfort them. We do not fire them, or evict them, or cancel their insurance.

People with AIDS are no different than people with other disabling and life-threatening diseases. They are our colleagues and co-workers. Our friends. Our families. THEY...ARE...US.

And today I call on the House of Representatives to get on with the job of passing a law -- ~~the Americans with Disabilities Act~~ a good, fair, and effective law that prohibits discrimination against those with HIV and AIDS.

**This is a fight against a disease -- not a fight against people. \ \ \ And we won't tolerate discrimination. \ \ \ \**

The disease is attacking our most precious resource -- our people, our young. Unlike many of the diseases that cause disability in our elderly, AIDS affects many Americans now in the prime of life. ~~Ninety-five percent of the 115,000~~ <sup>The vast majority</sup> Americans with AIDS are between the ages of 20 and 59. These were the years they planned to work and create, and save for the future. Now their struggle is to survive.

The statistics are numbing. You heard them this morning. But just look at the amazing quilts which hang around us today. They prove that no man is a statistic. Every life has its own fabric. Its own colors. Its own purpose. Its own soul. And like the quilts, no two are alike. \ \ \

When the AIDS Quilt was spread out over 14 acres behind the White House last fall, people out just to take a curious stroll suddenly found themselves wiping away tears. I hope you have a chance to display some of the panels at your businesses. And I hope we have a chance to display some at the White House.

The quilts commemorate the dead. But the most important part of our learning is with the living. And I hope that you will go out and visit the AIDS wards. Meet with the patients and their families. See the face of humanity in the face of AIDS.

3/90  
HIV-AIDS  
Surveillance  
Report  
CDC  
Table 7

BJ Stiles  
429-0930

See  
file  
Wash.  
Post  
10/8/89  
10/7/89

*in December*

*12/22/89  
POTUS  
schedule*

When Barbara and I left Washington for the holidays, our last stop was a clinic at the National Institute of Health. We were impressed by the mettle and determination of the people there -- the doctors, nurses, and health care workers -- and especially the brave people who are living with HIV. We learned a lot about courage. A lot about family. And a lot about hope.

Recently, we received a letter from seven who we visited. They wrote: "Each of us looks for hope in very personal ways. We seek comfort and warmth from those we love. We seek new answers through participation in experimental drug studies. We seek to enjoy the simplest of pleasures in everyday life. We seek to make peace with ourselves and with those who don't understand us. We seek a voice, a compassionate voice, that can address the concerns of hundreds of thousands of people."

*see  
letter  
in  
file*

**Ladies and gentlemen, the voice they seek must be your voice. The voice of every American. \\\**

Your employees will take their cues from you. You are in a powerful, unique position to influence the response to HIV and AIDS. When someone asks: "Who will volunteer to help care for our co-workers with AIDS?" you should be the first to say, "I will." **Washing your hands of it won't help solve this problem. But rolling up your sleeves will.** \\\

The roster of participants at this Conference is an honor roll. Allstate sponsored a landmark conference to help deal with the impact of HIV at work. A magazine launched a survey that helped us understand the attitudes and actions of C.E.O.'s in

[FORTUNE]

*pamphlet:  
a private  
sector response  
to the challenges  
of AIDS  
see  
file*

responding to HIV. An industrial giant asked an HIV expert to brief its key officers -- and pledged to conduct an education program for employees. Others are fighting the spread of HIV by fighting to keep schools and workplaces drug-free. **This is America responding to a crisis. This is America at its best.**

This epidemic is having a major impact on our health care system. It is altering spending patterns by our government. In 1982, we knew little about AIDS -- and spent only \$8 million. By 1989, that had grown to almost \$3 billion -- more, even, than the budget of the entire FBI -- and double what's spent for the National Cancer Institute. *almost*

And I have asked Congress for still more money -- almost \$3.5 billion in the next fiscal year. Money for basic research. For HIV treatment and education. For protecting civil rights.

America has the most sophisticated health care system in the world. But it's not enough. Our system depends on private insurance and individual payments, as well as government programs. AIDS magnifies the challenges, including the challenge of providing fair access to care to all Americans, rich and poor.

In my State of the Union Address, I asked Dr. Louis Sullivan to lead a Cabinet-level review of health care in the 1990's.

We don't know yet where this review will lead us. But we do know that businesses like those you represent will be a big part of the answer to improving health care and increasing access.

The epidemic is not over. We report tens of thousands of new cases every year. And many predict we can expect to continue

PHS Table see file

Fiscal year 90  
FY 91 Budget P. A-225 P. A-204

FY 91 Budget P. 79

1-31-90 speech

see MMWR 2-23-90 from CDC Table 2

to do so in this decade, and even into the next century.

And yet, as in every generation, no crisis is without hopeful signs. To begin with, we can be encouraged by the news that current projections of the infection rate will not be as high as we thought just a year ago.

The use of new medicines such as A-Z-T means that more and more people with HIV will be able to live and work because these therapies offer the potential of making it a more manageable disease. Keep them in your workforce. They can serve many, many more productive years with no threat to you, your other workers, or your companies. It will reduce costs for everyone. **And it's the right thing to do.** \\\

The pace of progress is promising. The HIV virus has been identified, isolated, and attacked with experimental treatments in a span of less than 10 years. The normal, centuries-long evolution of disease and treatment compressed into a decade.

And this race against time has produced an explosion in knowledge and basic understanding about the nature of disease and immunology. Like the unexpected technological boons from Apollo's race to the moon, some physicians predict the race to cure AIDS may even lead to produce a cure for cancer.

We're going to continue to fight like hell. But we're also going to fight for hope. **America has a unique capacity for beating the odds -- and astounding the world.**

During my own childhood, the silent, whispered terror was a mysterious killer called polio. Like HIV, the virus ignored

CDC  
MMWR  
2-23-90

Meredith Nickson

PHS  
fact sheet  
see  
file

Dr.  
Fauci  
496-2263

class distinctions and geographic boundaries. Monday would come, and kids who'd been in school on Friday were simply never seen again. Theaters were closed, summer camps, swimming pools.

AIDS: The Burden of History  
p. 51  
Dr. Salk  
619-453-4100  
NYT  
8-16-52

As with AIDS, there was a lot of ignorance. Thousands of stray cats and dogs put to death. Kids sleeping with camphor inhalers. At least one town was fumigated with D.D.T. -- doing nothing to stop polio -- and unknowingly helping endanger the American eagle.

AIDS: The Burden of History  
p.  
NYT  
May  
1-21-51

There were terrifying outbreaks in the teens, in the thirties, in the fifties. A cure was so far distant the experts refused to speculate. One doctor observed: "We have learned very little that is new about the disease, but much that is old about ourselves."

AIDS:  
The Burden of History  
p. 55

And then, suddenly, it was over. It happened so fast. The dreaded iron lung, unused, cluttering hospital hallways. Children again growing up in a world without fear.

Many comparisons have been made to epidemics past. Cholera. The Plague. Yellow fever. None of them perfect. So let me boil down the lessons of polio to two:

There was a lot of ignorance -- let's learn from that. And in the darkest of hours -- hope came unexpectedly, powerfully and with finality. Let's work hard to see that day come to pass. \\\

Together, we will make a difference, for those with HIV and AIDS -- and for all Americans. \\\

Thank you. And may God bless the United States of America.

# # #

[[EXTRA MATERIAL -- NOT PART OF MAIN DOCUMENT]]

- o **Thank God for the heroes of modern medicine.** And thank God for you -- the leaders of American business and industry -- and for the support you get from labor leaders and from your employees. I am proud of America's scientists and health care workers at N.I.H. and in hospitals and hospices and home across the country.
- o It is our duty to meet this disease not only with medication but also education -- and with open-hearted concern and compassion for those affected.
- o It's a credit to an almost wartime mobilization by concerned Americans -- in government, business, health care, education.
- o People with HIV and AIDS deserve the same dignity and the same concern as all victims of injury or illness.
- o But they have help -- your help. We would not have come as far as we have in helping people with HIV and AIDS without committed people like you. I believe that those who want to help are addressing the most precious gift of all -- the gift of life.
- o It's time to act -- because "time" is the one thing we don't have.
- o The statistics we are hearing today tell me that right here in this room, as in businesses from the board room to the mail room, and in every agency of our government, there are Americans infected with HIV and AIDS. Some may not even know it yet. They are our people. And we must never turn our back on those who need our help. Never close our minds to their problems. Never seal our hearts against their need for hope and healing.
- o God bless you for all that you do. May He bring his comfort to all those who suffer, and bless the hands and hearts of those who heal.
- o You have my gratitude for your commitment, your contributions, and your determination to offer care and support to Americans with HIV and AIDS.
- o I say HIV and AIDS because it is HIV that causes AIDS. People become infected with the HIV virus long before they develop the symptoms and become sick with AIDS. Now, even that pattern is beginning to change.

*It's a start -  
but rough - needs  
more feel to it...  
(still) reading all  
your stuff →*

McNally/Simon  
March 17, 1990  
Draft One (B:AIDS)

PRESIDENTIAL REMARKS: NATIONAL COALITION ON AIDS  
CRYSTAL GATEWAY MARRIOTT  
THURS., MARCH 29, 1990, 11:16 A.M.

Thank you, \_\_\_\_\_. [ACKNOWLEDGEMENTS]

There is no more important place for me to be right now than with you -- the men and women who guide business and industry as they focus on the best way to help our people with HIV and AIDS.

There are many team players in this struggle. The American Red Cross and the United Way. Religious leaders of all persuasions. AIDS service organizations created by volunteers and supporters by hard-working staff, many of them also infected with HIV. And corporations and private foundations that together have given over \$100 million to support literally thousands of AIDS projects.

You make my heart glad. And you make our country proud.

Other generations have faced life-threatening medical crises, from the plague to polio. HIV and Aids are our challenge. It is our duty to meet this disease -- not only with medication and education -- but with open-hearted concern and compassion for those affected.

But it is also our duty to make certain that every American understands that HIV and AIDS are preventable diseases. Every American must have the essential information needed to prevent the spread of HIV and AIDS. I say HIV and AIDS because it is HIV that causes AIDS. People become infected with the HIV virus long before they develop the symptoms and become sick with AIDS.

Now, even that pattern is beginning to change. The use of new medicines such as A-Z-T- means that more and more people with AIDS will be able to live and work because these therapies offer the potential of making AIDS a more manageable disease. Thank God for the heroes of modern medicine.

And thank God for you -- the leaders of American business and industry -- and for the support you get from labor leaders and from your employees.

[[GB, BB, and AIDS babies...]]

But adults with HIV and AIDS need just as much care and concern as do the children. Ninety-five percent of the 115,000 Americans with AIDS are between the ages of 20 and 59. These were the years they planned to work and create, and save for the future. Now their struggle is to survive.

But they have help -- your help. We would not have come as far as we have in helping people with HIV and AIDS without committed people like you. I believe that those of us who want to help are addressing ourselves to the most precious gift of all -- the gift of life.

This is a fight against a disease -- not a fight against people. And you are among the leaders in our Nation's fight against this disease. You have my gratitude for your commitment, your contributions, and your determination to offer care and support to Americans with HIV and AIDS.

The roster of participants in the work of this Conference is an honor roll. You are part of that great American spirit that

makes us want to volunteer -- to roll up our sleeves and do something to make a difference.

American is learning of your good works. An insurance company sponsored a landmark conference to help executives deal with the impact of AIDS. A magazine launched a survey that helped us understand the attitudes and actions of C.E.O.'s in responding to AIDS. An industrial giant asked an AIDS expert to brief its chairman and key officers on AIDS -- and pledged to conduct an education program for employees.

You are turning out for gatherings like this all around the country. This is America responding to a crisis. This is America at its best.

Your employees will take their cues on how to react to those afflicted with HIV and AIDS from you. You are in a powerful, unique position to influence the response to AIDS. When someone asks: "Who will volunteer to help care for our co-workers with AIDS?" you should be the first to say, "I will." If you do that, many more will follow.

Like many of you, and like many Americans across this country, Barbara and I have had friends who have died of AIDS. Our love for them when they were sick and when they died was just as great and just as intense as for anyone we have lost to heart disease or cancer or accidents. (These are the diseases of our era. And we cannot escape the human condition...)

Of course, we're not treating a disease -- we're treating people. People with HIV and AIDS deserve the same dignity and

the same concern as all victims of injury or illness. When a friend, family member or fellow worker is injured in a car accident -- we don't spurn them because they should have worn seatbelts. Or when someone we know is struck by lung cancer, we don't reject them because they shouldn't have smoked. And we must not single out anyone for discrimination or scorn simply because they are ill.

Once disease strikes -- we do not blame those who are suffering. We try to love them and care for them and comfort them. We do not fire them, or evict them, or cancel their insurance. We've never done that to those with heart disease or cancer or Alzheimer. And we must never do that to people with HIV and AIDS.

People with AIDS are no different than people with other disabling and life-threatening diseases. They are our colleagues and co-workers. Our friends. Our families, our flesh and blood. They...are...US.

The statistics we are hearing today tell me that right here in this room, as in businesses from the board room to the mail room, and in every agency of our government, there are Americans infected with HIV and AIDS. Some may not even know it yet. They are our people. And we must never turn our back on those who need our help. Or close our minds to their problems. Or seal our hearts against their need for hope and healing.

We must increase our efforts to educate the public about AIDS and how it is contracted. Our goal is to turn irrational

fear into rational facts. Only education will prepare a frightened and often unfairly suspicious society for the increasing number of long-term AIDS survivors.

Because we're not just fighting a disease -- we're also fighting discrimination.

And today I call on the House of Representatives to get on with the job of passing a law -- a good, fair, and effective law -- just like the Senate gave us -- that prohibits discrimination against those with HIV and AIDS. It's time to act -- because "time" is the one thing we don't have.

Yes, we can be encouraged by the news that current projections of the infection rate will not be as high as we thought just a year ago. But the epidemic is not over. It took two years to diagnose and report the first one-thousand cases. It took three years to find the next ten-thousand cases. Now we report tens of thousands of new cases every year. And many predict we can expect to continue to do so in this decade, and even into the next century.

This epidemic is having a major impact on our health care system. It is altering spending patterns by our government. In 1982, we spent \$8 million on AIDS -- less, even, than we spent on Chas. Battle Monuments Commission (studying bee pollination...??). By 1989, that had grown to almost \$3 billion -- more, even, than we spent on \_\_\_\_\_ (curing cancer?? war on drugs?? feeding starving Sudan, Ethiopia??).

*entire budget of National Cancer Institute or FBI  
aid to the homeless*

And I have asked Congress for still more money -- almost \$3.5 billion in the next fiscal year. Money for basic research. For treatment and education. For protecting the civil rights of AIDS patients.

America has the most sophisticated health care system in the world. But even that is not sufficient. Our system depends on private insurance and individual payments, as well as government programs. AIDS magnifies the challenges our system must confront, including the challenge of providing fair access to care.

In my State of the Union Address, I asked Dr. Louis Sullivan -- who is doing such an outstanding job as America's Secretary of Health and Human Services -- to lead a Cabinet-level review of health care in the 1990's.

We don't know yet where this review will lead us. But we do know that businesses like those you represent will be a big part of the answer to improving health care and increasing access.

I am proud of you, and proud of the many members of my Administration who are working on behalf of those with HIV and AIDS. I am proud of America's scientists and health care workers at N-I-H and in hospitals and hospices and home across the country.

Conferences like this are part of the solution. You represent one of the many beacons in the fight against AIDS, one of those points of light that brighten America's future with a can-do attitude and the volunteer spirit. Together, we will make

a difference, for those with HIV and AIDS -- and for all Americans.

God bless you for all that you do. May He bring his comfort to all those who suffer, and bless the hands and hearts of those who heal.

And may God bless the United States of America.

# # #

1. experimental drugs
2. worked long after diagnosis
3. length of disease

# Sign-in Sheet

NAME	ORGANIZATION	PHONE
Barby Jobe	WH STAFF Advance	456-7565
✓ Steve Broadbent	Lead Advance	566-5847
Jim Kobmaster	GSA	535-0800
Bob Simon	WH Speedwriting	456-7750
Jim Burch	USSS / WFO	634-5100
James Bartee	USSS / PPD	395-4011
SEAN BYRNE	MIL AIDE	395-1747
Jerry S. Gentry	WJHA	895-6001
Jerry P. Patton	U.S. SECRET SERVICE	395-5473
ST. PC'S CORNDEAL	ARK CO. P.D	358-4102
ALAN BENEDECK	ALLSTATE	308-402 5974
greeter ✓ B.J. Stiles	NLCA	202/429-0930
Mike Duncan	OPL	456-7845
Roger Thompson	MARRIOTT	920-3230
Cecil Arnes	ARC. CO PD	358-4141 456-7565 OR
Mildred Cooper	WH Press Advance	377-2721
DAN CURRAN	MARRIOTT	920-3230

Larry Williford - Allstate

Sponsor + greeter

no intro

80' x 80' 20' ceiling

round tables for 400

# HIMD FAX

TO: Bob Simon

FROM: Richard Turman

---

Date: 3/28

Time: 11:25

Number of attached pages: 4

Fax Destination

456-7750

Place:

Phone number:

Notes:

Per your request.

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FAX Number: 202/395-3910

Voice Confirmation: 202/395-4922

-4926

-4686

Source: FY91 Justification of Appropriations Estimate for the Committee on Appropriations -- Health Resources

AIDS:

Services Administration (HRS) (H2SA)

Specifically, greater emphasis will be placed on increasing effective training of health care providers on therapeutic advances and studies, targeting training needs in minority communities, extending the developing of faculty training programs in health professional schools, and providing increased training for providers in high risk populations such as community health centers, migrant health centers, sexually transmitted disease clinics, substance abuse programs, and maternal and child health clinics. During the past two years, the ETCs trained over 375,000 health care providers throughout the nation.

Program Output Data:

	FY 1990 Current Estimate	FY 1991 Request
<u>Information/Education</u>		
Education and Training Centers		
Amount	\$14,549,000	\$21,000,000
Projects	15	18
Individuals Trained	400,000	802,000

Funding levels for the past five fiscal years were as follows:

1986.....	---
1987.....	\$ 1,550,000
1988.....	\$11,106,000
1989.....	\$14,640,000
1990.....	\$14,549,000

Rationale for the Budget Request

In FY 1991, \$21,000,000 is requested for ETCs. This amount will support 18 projects training approximately 802,000 health practitioners and 1,200 staff members of federally-funded health facilities.

Services and Research/Evaluation/Demonstration Projects

Community Health Care Services for AIDS

The community health care services for AIDS program will concentrate on providing care for persons with the AIDS/HIV infection in community health centers and migrant health centers (C/MHCs) that may ultimately help to relieve the burden on inpatient and long term care public facilities while improving efforts to mainstream the care for this population into the general health care system. These measures are consistent with HRSA's current efforts to mainstream services for the HIV infected into existing primary care networks.

Bob

1

AIDS:

The C/MHCs provide health care to about six million underserved persons in urban and rural settings. While no statistically reliable information is available to estimate the potential number of AIDS/HIV infected patients, it is quite likely that by FY 1991 the number of seropositive individuals will reach 270,000 or higher.

Currently, available services in many communities for persons with AIDS/HIV infection are relatively uncoordinated, fragmented, and often very expensive. Reimbursement for these services is variable and may be inadequate, particularly for out-of-hospital care, since a large and growing number of persons with AIDS are also poor and medically uninsured, or are persons covered only by Medicaid or other forms of public assistance. If a wider range of community-oriented, coordinated, ambulatory health care is available, hospital costs and possibly other related costs could be decreased. Focusing resources on outpatient services, home health care, or hospice care is likely to improve continuity and reduce the cost of HIV/AIDS patient care.

Program Output Data:

	FY 1990 Current Estimate	FY 1991 Request
Community/Migrant Health Centers		
Amount		
HIV/AIDS population served	\$10,777,000	\$13,323,000
Medical encounters	32,800	38,200
	525,000	600,000

HIV Service Demonstration Grants

A principal emphasis of HRSA in addressing the health and medical care needs created by the HIV epidemic is to facilitate the enhancement of health care delivery by building on existing services and systems. Accomplishment of this goal requires the organization of comprehensive service delivery systems heretofore incompletely developed or missing entirely in many communities. Grants to support service demonstration projects (SDPs) have been awarded to 25 metropolitan areas in 15 states, the District of Columbia, and Puerto Rico which have the highest cumulative prevalence of AIDS cases. The major purposes of these demonstration projects have been to support and facilitate the organizations of systems of care for Persons with AIDS (PWAs) through the development of a coalition of service providers and community organizations; to identify gaps in service needs and develop a comprehensive continuum of services to meet those needs; to promote coordination and integration of community resources; to ensure continuity of services through effective case management; and to provide appropriate and cost-effective alternatives to hospitalization for PWAs.

AIDS:

Output Data (5000s):

	<u>FY 1990 Current Estimate</u>	<u>FY 1991 Request</u>
<u>High Prevalence Areas:</u>		
Existing Projects (Non-Competing)		
Amount	\$13,314	\$11,709
Grants	8	7
Existing Projects (Competing)		
Amount	\$ 3,895	\$ 7,715
Grants	5-8	9-11
<b>Total</b>	<u>\$17,209</u>	<u>\$19,424</u>

Funding levels for the past five fiscal years were as follows:

1986.....	\$15,312,000
1987.....	\$10,000,000
1988.....	\$14,361,000
1989.....	\$14,692,000
1990.....	\$17,209,000

2) Pediatric AIDS Health Care Demonstration Grants

These grants are awarded to projects which demonstrate strategies and innovative models of intervention in pediatric AIDS. Through November 1989, 115,158 cases of AIDS had been reported to the Centers for Disease Control (CDC). Of these, 1,947 were infants and children 0 to 12 years of age and 447 were adolescents 13 to 19 years of age. At least one half of the total of 2,394 cases in this pediatric population have died. The vast majority of pediatric AIDS cases are found in minority groups. The PHS predicts an increase in pediatric AIDS cases by 1991 to a total of 3,000 cases.

The cost of providing a full range of services for the pediatric AIDS population is expected to continue to escalate. These high costs largely reflect daily inpatient hospital rates for children and the long periods of hospitalization these children often experience. Comprehensive ambulatory care and community-based services, which pediatric AIDS demonstration projects encourage, are expected to reduce these high costs. The projects are also designed to further coordinate services for children and women of child-bearing age with HIV infection, AIDS or related conditions, or those at risk for developing infection and its consequences. More specifically, the projects are intended to: (1) demonstrate effective ways to prevent infection, especially through the reduction of perinatal transmission; (2) develop community based, family centered, coordinated services for infected infants and children; and (3) develop programs to reduce the spread of HIV infection to vulnerable populations of young people.

AIDS:

Program Output Data:

Amount  
Projects

FY 1990  
Current  
Estimate

\$14,803,000  
20 - 25

FY 1991  
Request

\$14,803,000  
20 - 25

Funding levels for the past five fiscal years were as follows:

1986.....	0
1987.....	0
1988.....	\$ 4,787,000
1989.....	\$ 7,806,000
1990.....	\$14,803,000

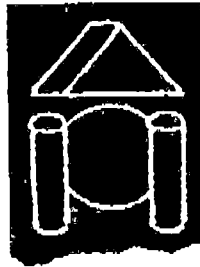
Rationale for the Budget Request

The FY 1991 Request of \$47,550,000 for Patient Care and Health Care Needs will provide \$13,323,000 for Community Health Care Services for AIDS; \$19,424,000 for AIDS Service Demonstration Grants; and \$14,803,000 for Pediatric AIDS Health Care Demonstration Grants.

The \$13,323,000 request for the C/MHC programs will provide for the delivery of outpatient services to approximately 38,200 AIDS/HIV infected persons representing an estimated 600,000 medical encounters. In medically underserved areas, the full range of health services required for intensive treatment of AIDS is unavailable. Finding adequate numbers of physicians, dentists and other primary care personnel who are willing to treat AIDS patients has become an increasingly significant problem, particularly in the high prevalence areas where recruitment of physicians is already difficult.

The \$19,424,000 for HIV Service Demonstration Grants will provide limited support for up to 18 of the 25 existing projects. AIDS service demonstration projects are a high priority initiative cited in the Presidential Commission report and the Institute of Medicine report.

The request of \$14,803,000 for Pediatric AIDS Health Care Demonstration Grants, will fund existing activities and some new activities designed to reduce costs, increase the effectiveness of care and improved prevention of AIDS infection among pediatric populations. Both the Presidential Commission report and the Institute of Medicine report stress the need for community based coordinated services and residential care for infants and children.



# THE CENTER

December 27, 1989

COPY  
attn: Bob Simon

The Honorable George Bush  
The White House  
Washington, D.C. 20050

Dear Mr. President:

Thank you for taking the time last Friday, in the midst of great strife and turmoil in the world, to meet with me and my fellow AIDS trials participants at the National Institutes of Health. The heartfelt concern you and Mrs. Bush displayed was evident to all present, and I hope you are able to communicate the same to the hundreds of thousands of HIV-infected Americans unable to be part of our discussion.

The meeting was also historic and important to the twenty-five million gay and lesbian Americans who can share in the knowledge that the President of the United States, for the first time, sat down to discuss our issues and hear our concerns.

There are many who will criticize me for having been so polite and diplomatic when it has taken eight years of a pandemic of death to achieve this first meeting. Indeed, for much of the morning, awaiting your arrival, we discussed our issues and our pent-up frustrations. Dr. Fauci described to us the concerned and compassionate George Bush he knows. The consensus was to avoid confrontation or indictment of past silence and inaction. The result was a warm and cordial holiday visit for which I am grateful but after which I am compelled to elaborate on issues we discussed and to raise others we didn't broach.

When America lost Rock Hudson to AIDS, Americans were able for the first time to put a familiar face with a strange and hysteria-provoking disease. The amount of media coverage skyrocketed overnight. The image of the man, emaciated from AIDS and unable to purchase a miracle with the millions he'd earned as a macho leading man, invaded our living rooms and forced us to confront some tough issues. For many, it was difficult to consider that a national film and television

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FOR THE LESBIAN & GAY  
COMMUNITY OF BALTIMORE

---

here was dying of a disease he contracted through closeted homosexual behavior. For many Americans, serious questions arose about their own vulnerability and about their homophobia as Hudson personalized both the epidemic and the pressures on gays to pass as straight.

The Federal government participates, actively and passively, in the continued assaults on the self-worth and self-esteem of gay people in general and the HIV-infected in particular. The policies of the Department of Defense on fitness to serve with regard to gays and HIV-infected people are clearly in conflict with their own research. The Immigration and Naturalization Service policies on HIV-infected visitors help perpetuate myths about the dangers of casual contact and contribute to the public's irrational fear of HIV.

One might have thought that the Congress would have become more sensitized and moved to action after losing one of its own in Rep. Stewart McKinney. Instead we saw the demagoguery and obstructionism of Senator Helms and Representative Dannemeyer. I cannot express how difficult it is to live with HIV and to spend a half hour with the President of the United States controlling my anger and frustration, and being grateful for the visit.

I lost another friend to AIDS on Tuesday. We told you of some of the discrimination that we face living with HIV. It doesn't end with our deaths. Two funeral homes have falsely claimed that it is against state law to embalm Joseph because he was infected and autopsied. His expressed wishes were to be viewed in his new tuxedo. Today he was cremated.

Dr. Fauci told us you have asked him often what you can do. Mr. President, you can do a great deal, and what you cannot do or have been advised you should not do you can publicly acknowledge as having been considered and rejected.

You can personally appeal to Americans at risk for HIV infection to seek anonymous counseling and testing. Those of us who know our HIV status are more likely to be responsible in our behavior and protect others from transmission. AZT therapy and other preventive measures such as aerosolized pentamidine have been shown to be effective in delaying or ameliorating opportunistic infections. As we move toward the day of AIDS the manageable condition, the greatest tool those already exposed will have will be early detection and care.

You can help to expedite the testing and approval of new drugs and the release of experimental drugs for compassionate use. You can call for more emergency funding for those unable to pay for their medication.

You can lead the nation to a moral posture that will not tolerate discrimination and dehumanization of ill people who now frequently lose their homes, jobs, insurance, and dignity because of a virus that primarily impacts people often viewed and dismissed as throw-aways who didn't matter or deserve basic human dignity before they got infected.

You can take the message that fear must be replaced with compassion to the INS in time for the next International AIDS Conference in San Francisco.

You can act on the HHS Secretary's Task Force Report on Youth Suicide, which documents the disproportionate incidence of suicidal behaviors among gay youths. If we don't move to educate our educators and counselors, if we don't buttress the self-esteem of our youth, they will be more likely to engage in self-destructive behaviors including unprotected sex.

You can ask the Names Project to display a portion of the Quilt in the public rooms of the White House.

You can call for an incentive program for people to train for careers in research and patient care to cope with the inevitable geometric growth of our needs.

You can make the plight of HIV-infected people and their families and care-providers a focal point in your upcoming State of the Union message. I can think of no better example of the spirit of volunteerism or the success of thousands of points of light than the grassroots responses to the AIDS pandemic. Individuals and community organizations across America, originating in the Gay community, have risen to meet the needs of persons with AIDS unable to care for themselves. Sing the unsung praises of those volunteer buddies, patient care assistants, AIDS prevention educators and pro bono lawyers, dentists and social workers. They are an inspiration to us all.

I had been able to spare my family the years of worry and anguish I've experienced because, so far, my health has been stable. In anticipation of possible media coverage, I shared my diagnosis with my family the day before our meeting. That was not easy for me, but for them, the journey's just begun. For my family and for families across this country, please treat AIDS and people with AIDS with the urgency and compassion you called for in January.

Sincerely,

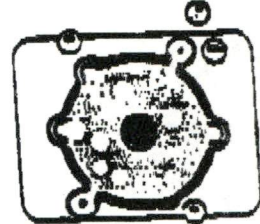
Len Jackson

# FACSIMILE TRANSMISSION COVER SHEET



Division of HIV/AIDS  
Center for Infectious Diseases  
Centers for Disease Control

1600 Clifton Road (G-29)  
Atlanta, Georgia 30333 USA  
CDC Switchboard: (404) 639-3311



**TO:** MR. BOB SIMON  
White House  
**Addressee fax number:** 202-456-6218  
**Addressee voice telephone number:** \_\_\_\_\_

**Date:** 3/19/90  
**Number of pages (including this one):** 31

**FROM:** Dr. Jim Curran  
CDC/CID/DHA  
**Sender voice telephone number:** (404) 639 - 2000  
[FTS: 236-]  
*CALL IMMEDIATELY if re-transmission is necessary.*  
**Sender fax number:** (404) 639-2029 [FTS: 236-2029]  
**Alternate (main CDC) fax number:** (404) 639-3296

Message:



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

Centers for Disease Control  
Atlanta GA 30333404 639-2000  
FTS 236-2000

March 19, 1990

Mr. Bob Simon  
The White House  
Washington, DC

Dear Mr. Simon:

Enclosed per your request for background material for the President's  
speech at the National Coalition on AIDS meeting are:

- (1) February 9, 1990 MMWR - 1989 AIDS Update
- (2) February 23, 1990 MMWR - Summary of HIV Projections Workshop
- (3) HIV/AIDS Surveillance Report - Through February 1990

If you have any questions, please feel free to call me

Office (404) 639-2000  
Home (404) 491-7370

Ms. Smalls will know how to reach me when I am out of town.

Sincerely,

A handwritten signature in cursive script that reads "Jim Curran".

James W. Curran, M.D., M.P.H.  
Director  
Division of HIV/AIDS

Enclosures

cc:  
Dr. Roper  
Dr. Noble  
Dr. Murphy

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL

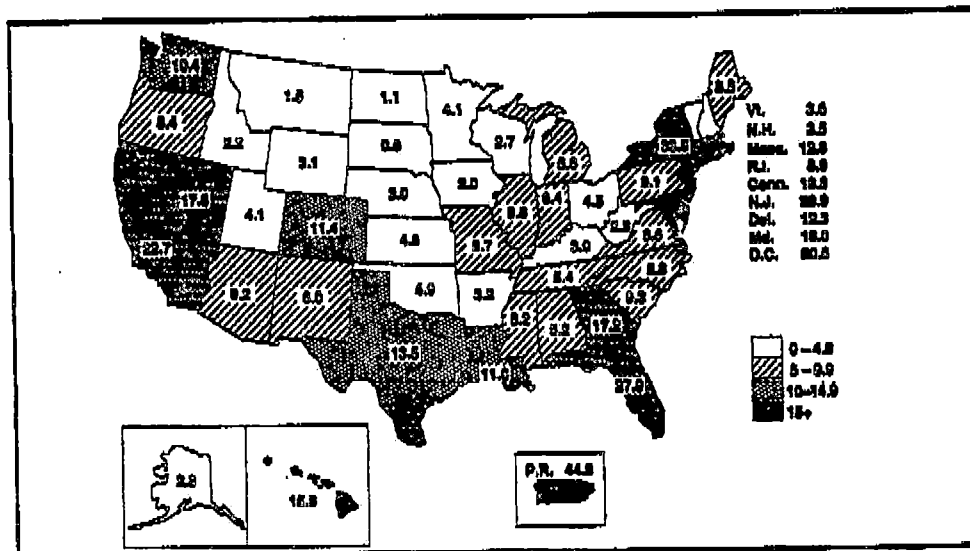
February 9, 1990 / Vol. 39 / No. 5

**Update: Acquired Immunodeficiency Syndrome – United States, 1989**

During 1989, state and territorial health departments reported 35,238 cases (14.0 per 100,000 population) of acquired immunodeficiency syndrome (AIDS) to CDC. Rates (reported cases per 100,000 population) were highest for blacks and Hispanics; for persons 30–39 years of age; in the Northeast region and in U.S. territories (primarily reflecting rates in Puerto Rico); in the largest metropolitan areas; and for men (Table 1). Rates varied widely among states (Figure 1).<sup>\*</sup> As in previous years, most reported cases occurred among men who had had sex with other men (homosexual/bisexual men) (66%) and among heterosexual intravenous-drug users (IVDUs) (23%).

<sup>\*</sup>The U.S. map will appear quarterly in the *MMWR*. More detailed information on AIDS cases is provided in the monthly *HIV/AIDS Surveillance Report*, including an expanded 1989 year-end summary issued January 1990; single copies are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850.

**FIGURE 1. Reported AIDS patients per 100,000 population, by state of residence – United States, 1989**



82

MMWR

February 9, 1989

## AIDS - Continued

TABLE 1. Characteristics of reported persons with AIDS and percent change in cases, by year of report and year of diagnosis - United States, 1988 and 1989

Characteristic	1988			1989 Reported cases	Percent change (1988 to 1989)	
	Reported cases	(%)	Rate*		Reported cases	Diagnosed† cases
<b>Sex</b>						
Male	31,307	( 88.8)	25.8	28,854	9	13
Female	3,831	( 11.2)	3.1	3,542	11	23
<b>Age (yrs)</b>						
<5	525	( 1.5)	2.8	465	13	34
5-9	92	( 0.3)	0.5	100	-8	-4
10-19	150	( 0.4)	0.4	154	-3	-5
20-29	7,002	( 19.8)	15.8	5,548	5	11
30-39	15,270	( 46.2)	39.1	14,780	10	15
40-49	7,837	( 21.7)	25.8	6,781	13	19
50-59	2,525	( 7.2)	11.3	2,226	13	12
≥60	1,037	( 2.9)	2.6	1,044	-1	3
<b>Race/Ethnicity‡</b>						
White, non-Hispanic	18,669	( 53.0)	9.8	17,248	8	10
Black, non-Hispanic	10,318	( 29.3)	35.4	9,128	13	22
Hispanic	5,813	( 16.5)	25.4	5,511	5	14
Asian/Pacific Islander	229	( 0.6)	4.5	195	17	24
American Indian/ Alaskan Native	61	( 0.2)	3.2	32	81	73†
<b>Region</b>						
Northeast	10,718	( 30.4)	21.3	11,574	-7	6
Midwest	3,438	( 9.8)	5.8	2,919	18	22
South	11,053	( 31.4)	13.0	9,081	22	22
West	8,518	( 24.2)	16.8	7,324	18	12
U.S. territories	1,515	( 4.3)	40.5	1,288	18	19
<b>Population size of metropolitan area</b>						
<100,000**	2,759	( 7.8)	5.1	2,057	38	31
100,000-499,999	3,758	( 10.7)	8.1	2,853	32	38
500,000-999,999	3,868	( 11.3)	10.5	3,681	8	29
≥1,000,000	24,713	( 70.1)	22.9	23,615	5	8
<b>HIV exposure group</b>						
Homosexual/bisexual men	19,852	( 58.8)	**	18,130	8	11
Intravenous-drug users						
Women and heterosexual men	7,970	( 22.6)	**	7,580	5	20
Homosexual/bisexual men	2,138	( 6.1)	**	2,129	0	5
Persons with hemophilia						
Adult/adolescent	295	( 0.8)	**	300	-2	-3
Child	28	( 0.1)	**	39	-33	6†
Transfusion recipients						
Adult/adolescent	759	( 2.2)	**	809	-12	1
Child	40	( 0.1)	**	66	-39	-42†
Heterosexual contacts	1,562	( 4.4)	**	1,228	27	39
Persons born in countries where heterosexual transmission predominates	352	( 1.1)	**	374	5	24††
Perinatal	547	( 1.6)	**	482	17	38
No identified risk	1,848	( 5.3)	**	1,012	-	-
<b>Total</b>	<b>35,235</b>	<b>(100.0)</b>	<b>14.1</b>	<b>32,186</b>	<b>8</b>	<b>14</b>

\*Per 100,000 population.

†Based on cases from October 1, 1988, through September 30, 1989, compared with cases from October 1, 1987, through September 30, 1988, and adjusted for reporting delay. Reporting delays can be estimated reliably for cases diagnosed through September 1989.

‡Excludes persons with unreported race/ethnicity.

\*\*Estimate of percentage change in cases may be unreliable because of small number of cases.

\*\*\*Includes nonmetropolitan areas.

††Census data not available for calculation of rates.

†††This increase is due solely to an increase in cases diagnosed in the third quarter of 1988, which did not continue in the fourth quarter.

**AIDS - Continued**

The number of AIDS cases in 1989 can be compared with those in 1988 in two ways: 1) by using cases reported during these two periods, although these cases may have been diagnosed in earlier periods, and 2) by using cases diagnosed in these two periods and adjusting for reporting delays (1). These two comparisons yield different results for some categories of AIDS cases primarily because of changes in surveillance criteria, which were implemented in late 1987 (2).

**Surveillance based on date of report.** Compared with the 32,196 cases reported in 1988, AIDS cases reported in 1989 increased 9%. Large proportional increases occurred for cases reported in the South, in metropolitan areas with populations <500,000, and for persons exposed to human immunodeficiency virus (HIV) through heterosexual contact or perinatal transmission (Table 1). The largest proportional declines occurred among children infected with HIV through receipt of transfusions or clotting factors; smaller proportional declines occurred for adults who had received transfusions (Table 1).

**Surveillance based on date of diagnosis.** When 1989 and 1988 were compared based on cases diagnosed in comparable 1-year periods (October 1-September 30 [adjustments for reporting delays cannot be done reliably for the most recent quarter]), cases increased 14%. Other differences were: proportional increases among both blacks and Hispanics exceeded the increase for whites; cases increased in the Northeast, although proportionately less than elsewhere; the percentage increase for women was substantially greater than that for men; the percentage increase for heterosexual IVUDs exceeded that for homosexual/bisexual men; and cases due to perinatal HIV transmission had the largest increase among HIV exposure groups (Table 1).

**Long-term trends.** In mid-1987, trends in AIDS cases by date of diagnosis (adjusted for reporting delays) shifted—primarily reflecting a shift in trends for homosexual/bisexual men (Figure 2a). Cases among adult transfusion recipients and persons with hemophilia did not increase as rapidly as in earlier years and may have reached or neared their peaks (Figure 2b). Cases associated with heterosexual IV-drug use (Figure 2a), heterosexual contact (Figure 2c), and perinatal transmission (Figure 2d) continued to increase.

*Reported by: Local, state, and territorial health departments. Div of HIV/AIDS, Center for Infectious Diseases, CDC.*

**Editorial Note:** Analysis of surveillance data for AIDS cases elucidates trends in the characteristics of persons with severe HIV disease. Varying trends for different categories of AIDS patients in 1989 highlight the increasing complexity and extent of the HIV/AIDS epidemic.

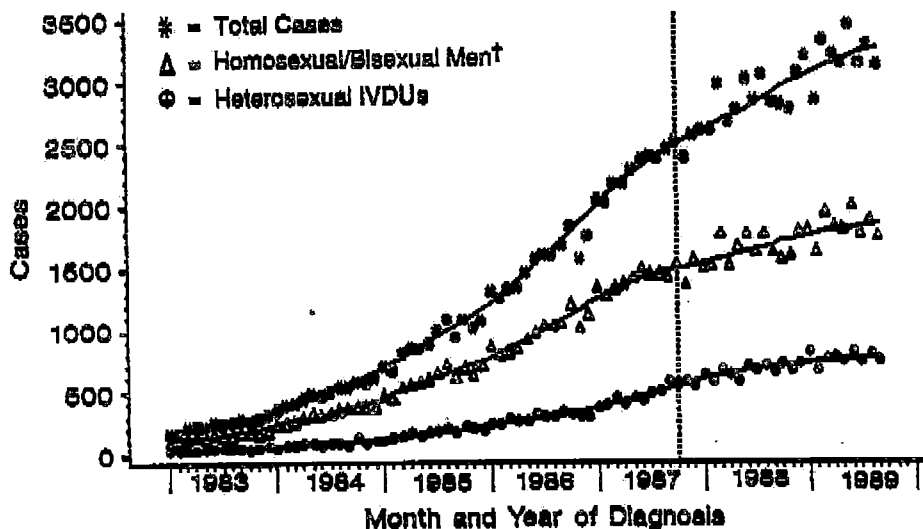
Interpretation of these trends is complex because of the expansion of AIDS surveillance criteria in late 1987 (2), which extended the usefulness of surveillance in describing severe HIV disease. The new criteria led to greater increases in reporting for cases in IVUDs, blacks and Hispanics, and persons living in the Northeast (4) than for AIDS cases in other persons. Also, some areas retrospectively reported cases that met the new criteria but were diagnosed before the new criteria were implemented (2259 such cases were reported in 1988 and 623 in 1989). There are also other temporal and geographic variations in reporting delays; thus, comparisons between 1988 and 1989 differ depending on whether date of diagnosis or date of report is used.

Cases diagnosed among homosexual/bisexual men continued to increase but not as rapidly as in previous years; this change is most apparent in cities such as New

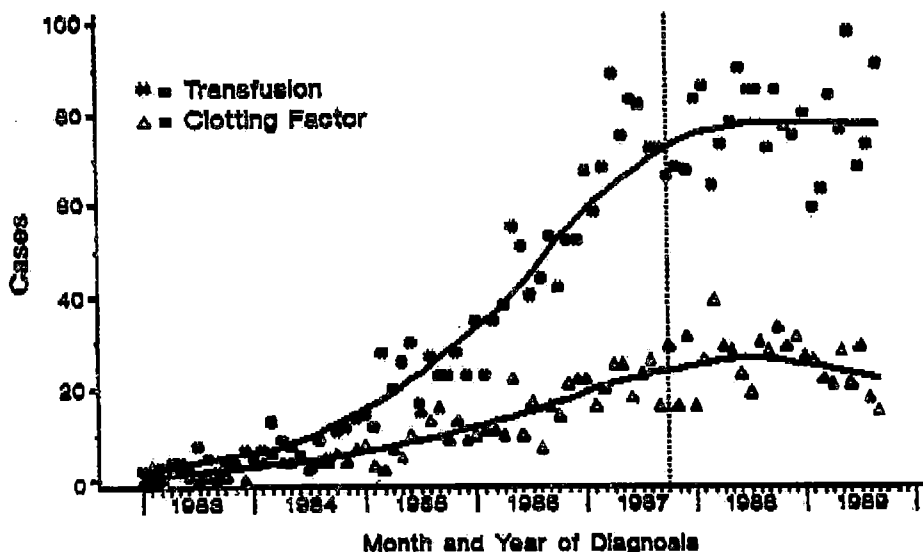
AIDS - Continued

FIGURE 2. AIDS cases, by month of diagnosis - United States, January 1983-September 1989\*

a. All cases, homosexual/bisexual men, and heterosexual intravenous-drug users (IVDUs)



b. Adult and adolescent recipients of transfusions and clotting factors



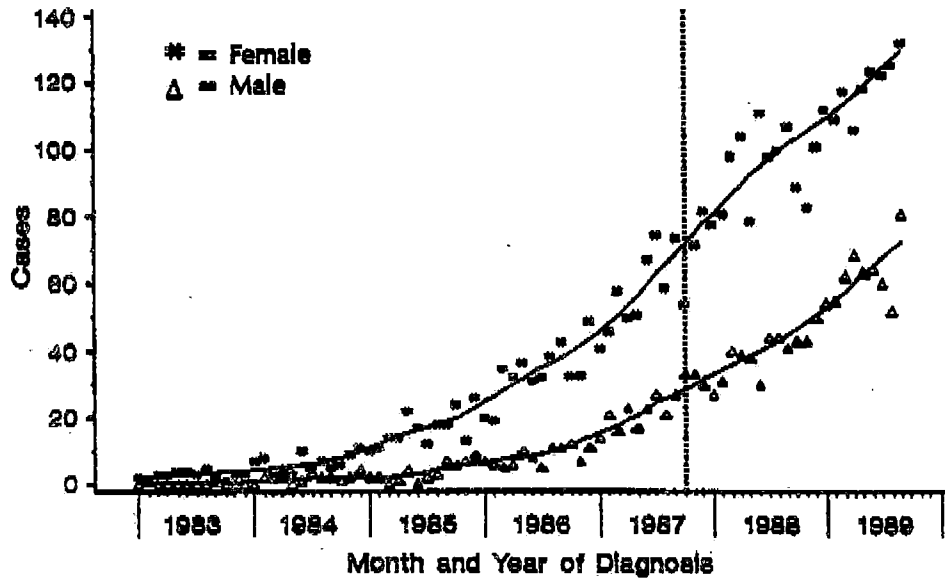
\*Adjusted for reporting delays, by mode of HIV transmission. Points represent monthly incidence, lines represent "smoothed" incidence (3). The vertical lines represent the date of expansion of the AIDS case definition in 1987.

\*Excludes IVUDs.

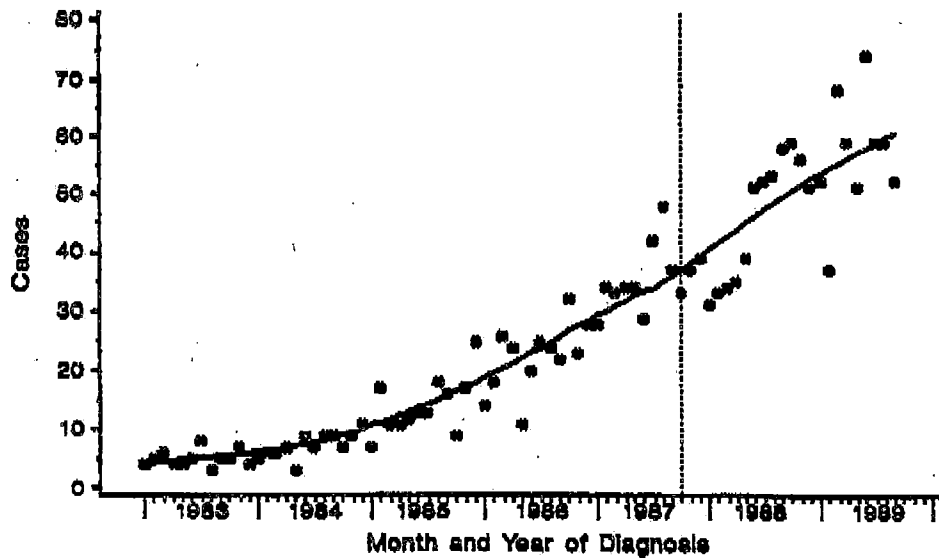
AIDS - Continued

FIGURE 2. AIDS cases, by month of diagnosis - United States, January 1983-September 1989\* - Continued

c. Men and women infected with HIV through heterosexual contact (excludes persons born in countries where heterosexual transmission predominates)



d. Children infected with HIV by perinatal transmission



\*Adjusted for reporting delays, by mode of HIV transmission. Points represent monthly incidence, lines represent "smoothed" incidence (S). The vertical lines represent the date of expansion of the AIDS case definition in 1987.

*AIDS - Continued*

York, San Francisco, and Los Angeles (5). Possible reasons for this observation include actual declines in the incidence of HIV infection, perhaps due to the success of prevention programs; the effect of treatments that delay progression of HIV disease; and a decrease in the completeness of reporting (5,6).

Since routine screening of donated blood for HIV antibody began in 1985, transmission of HIV through blood transfusions has become rare (7). Transfusion-associated AIDS now occurs predominantly among persons who received transfusions before screening began. Occurrence of such cases has leveled or possibly begun to decline, demonstrating the effectiveness of screening.

Increases in diagnosed cases were greatest for groups with little or no evidence of reductions in HIV incidence, such as IDUs and associated groups (i.e., persons infected with HIV by heterosexual contact and perinatal transmission). Even though AIDS cases are heavily concentrated in the largest cities, the epidemic is increasingly affecting smaller communities.

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### Current Trends

#### **Estimates of HIV Prevalence and Projected AIDS Cases: Summary of a Workshop, October 31–November 1, 1989**

Currently about 1 million persons in the United States are infected with human immunodeficiency virus (HIV). The number of cases of acquired immunodeficiency syndrome (AIDS) will continue to increase over the next 4 years, with a projected 52,000–57,000 cases to be diagnosed in 1990. These estimates are based on AIDS case surveillance data, HIV seroprevalence data, and information provided by epidemiologists, statisticians, and mathematical modelers who attended a workshop on October 31–November 1, 1989, in Atlanta. More than 70 specialists from federal agencies, state and local health departments, academic centers, and voluntary organizations met to evaluate methods and data concerning HIV prevalence and incidence, AIDS case projections, the spectrum of HIV-related immunologic deficiency, and the impact of therapeutic interventions on AIDS incidence.\* A summary of the conclusions from the workshop, together with current estimates of HIV prevalence and AIDS case projections, are summarized below.†

#### **Prevalence and Incidence of HIV Infection**

**HIV Prevalence.** Workshop participants assessed the 1986 Public Health Service (PHS) estimate of 1 million to 1.5 million HIV infections (1) and evaluated the range of current estimates derived from statistical models and from direct estimation based on HIV seroprevalence survey data. Based on analyses presented at the workshop, it is estimated that about 750,000 persons in the United States were infected with HIV at the beginning of 1986 (Table 1). This estimate is lower than the 1986 estimate, which was based on the more limited data available at that time. In 1989, an estimated 1 million living persons in the United States were infected with HIV (Table 1). Estimates of current HIV prevalence derived from statistical models ranged from 650,000 to 1.4 million, after adjustments for previous deaths, underreporting of AIDS cases, and nonascertainment of HIV disease outside the AIDS surveillance definition.‡ Preliminary HIV seroprevalence survey data provided estimates most consistent with between 800,000 and 1.2 million HIV infections (3). Although based on independent data sources and subject to different biases, both methods provide estimates that overlap and center around the 1 million estimate.

Discussions at the workshop highlighted the importance of estimates obtained using back-calculation, a statistical method that estimates the number of prior HIV infections that would account for the AIDS cases that have subsequently occurred (4,5). Difficulties in the use of this method were also discussed. Current HIV

\*Estimates were developed from workshop reports and may not be endorsed by all participants.  
†Single copies of this document will be available until February 23, 1991, from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850; telephone (800) 458-5231. The full report and recommendations from the workshop will be published in a future issue of *MMWR Recommendations and Reports*.

‡CDC estimates that 70%–90% of all HIV-related deaths in young adult men are reported through AIDS surveillance (2) and that 85% of all diagnosed AIDS cases are reported.

prevalence estimates derived from back-calculation depend on the interpretation of the slowing in the rate of increase in reported AIDS cases that occurred in mid-1987, particularly among homosexual/bisexual men who were not users of intravenous (IV) drugs (8). Variations in the methods, assumptions, and data used by different statisticians make direct comparisons difficult and led to the wide range (650,000 to 1.4 million) in current HIV prevalence estimates derived from back-calculation.

**HIV Incidence.** The incidence of new HIV infections in the U.S. population is an indicator of the growth of the epidemic at a given time. Incidence can be either observed directly in groups that are repeatedly screened for HIV infection or estimated from serial prevalence measurements. Incidence estimates derived from HIV serosurveys based on blood specimens from newborn infants indicate that 1500-2000 HIV-infected infants (0.5 per 1000 births) were born in 1989 (Table 1). According to data from the U.S. Department of Defense, approximately 0.6-0.8 per 1000 active-duty personnel acquired HIV infection each year since 1986 (7,8). Extrapolation from the lower estimate (0.6 per 1000) suggests that at least 40,000 new HIV infections occurred in adults and adolescents in the United States during 1989, assuming that the risk of new infection is at least as high for young adult civilians as for military personnel (Table 1). This is a plausible assumption because the military actively discourages homosexual/bisexual men and IV-drug users (IVDUs) from applying for service and has policies against homosexual and drug-using behavior among military personnel.

#### Spectrum of Immunologic Deficiency in HIV-Infected Persons

Assessments of immune status in a population infected with HIV help quantify morbidity, estimate the future burden of HIV disease, and estimate the potential need for antiretroviral and other therapies. Because the primary target of HIV is the T-helper lymphocyte (CD4+ cell), monitoring the CD4+ cell counts of persons with HIV infection provides a measure of HIV-related immune dysfunction. Workshop participants reviewed data from immunologic studies in active-duty military personnel with HIV infection (9; National Naval Medical Center, unpublished data) and in cohorts of homosexual/bisexual men (10,11). These studies suggest that by 1989

**TABLE 1. Estimates of HIV prevalence\* and annual incidence of new HIV infections - United States, 1986 and 1989**

Category	January 1988	June 1989
Prevalence	~750,000 <sup>†</sup>	~1 million <sup>‡</sup>
Annual incidence		
Newborns	NA <sup>**</sup>	1,500-2,000 <sup>††</sup>
Adults	NA	≥40,000 <sup>‡‡</sup>

\*Total current infections, excluding persons who have died.

<sup>†</sup>Based on unadjusted figures of 500,000-650,000 HIV infections from back-calculation models, adjusted to 650,000-900,000 for the effects of AIDS underreporting, HIV disease not meeting the AIDS case definition, and deaths before the time of the estimate.

<sup>‡</sup>Based in part on unadjusted figures of 550,000 to 1.1 million HIV infections from back-calculation models, adjusted to 650,000 to 1.4 million (as in preceding footnote).

<sup>§</sup>Based in part on the range of 800,000 to 1.2 million HIV infections most consistent with preliminary seroprevalence data from CDC's family of surveys.

\*\*Not available.

<sup>††</sup>National seroprevalence of 1.5 per 1000 for childbearing women multiplied by approximately 1/3 (rate at which infected women transmit HIV perinatally to their infants) times the number of births (about 4 million).

<sup>‡‡</sup>Assumes that the observed HIV seroconversion rate in active-duty military personnel is equalled or exceeded in the general population aged 15-39 years.

approximately 17%–19% of HIV-infected persons evaluated between 1985 and 1989 had <200 CD4+ cells/mm<sup>3</sup>. An additional 41%–45% had between 200 and 500 CD4+ cells/mm<sup>3</sup>. Thus, 58%–64% of persons with HIV infection may have CD4+ cell counts of <500/mm<sup>3</sup>.

**AIDS Case Projections**

Participants concluded that AIDS cases in the United States will continue to increase through 1993 in each of the current principal transmission categories (i.e., homosexual/bisexual men, IVUs, persons infected through heterosexual transmission, and children infected perinatally). An estimated 37,500 cases diagnosed from October 1988 through September 1989 eventually will be reported, a 14% increase over the corresponding count for October 1987 through September 1988 (6). Between 52,000 and 57,000 cases of AIDS will be diagnosed during 1990, and the annual count will increase to 61,000–98,000 cases diagnosed during 1993 (Table 2). These projections include an adjustment for the estimate that about 85% of diagnosed AIDS cases are eventually reported.

**Effects of Therapy on Disease Progression**

Data presented at the workshop indicate that the use of zidovudine (formerly called AZT) initially reduces the risk for developing AIDS in HIV-infected persons who are asymptomatic or mildly symptomatic but who have CD4+ cell counts of <500/mm<sup>3</sup>. Current data indicate that, in a clinical trial setting, the risk in treated patients is one third to one half the risk in untreated patients (National Institute of Allergy and Infectious Diseases [NIAID], unpublished data). Although the use of zidovudine only temporarily delays onset of AIDS, the therapeutic benefit may be extended by new therapies currently being evaluated. Data available at the workshop were insufficient to estimate the relative contribution of therapeutic interventions, such as zidovudine or prophylaxis for *Pneumocystis carinii* pneumonia, to the slowing in the rate of increase in reported AIDS cases that occurred in the middle of 1987.

Reported by: Div of HIV/AIDS, Center for Infectious Diseases, CDC.

**Editorial Note:** Estimates of the number of HIV-infected persons, the number with laboratory evidence of immune dysfunction, and the projected number of persons with AIDS are used to assess current and future health-care needs. Although these

**TABLE 2. Projected numbers of AIDS cases, deaths attributable to AIDS, and living persons with AIDS, after adjustments for underreporting\* – United States, 1989–1993**

Year	AIDS cases		
	New cases <sup>†</sup>	Alive <sup>‡</sup>	Deaths
1989	44,000–50,000	92,000–98,000	31,000–34,000
1990	52,000–57,000	101,000–122,000	37,000–42,000
1991	56,000–71,000	127,000–153,000	43,000–52,000
1992	58,000–85,000	139,000–188,000	49,000–64,000
1993	61,000–98,000	151,000–225,000	53,000–78,000
Through 1993 <sup>§</sup>	390,000–480,000		285,000–340,000

\*Projections are adjusted for unreported diagnoses of AIDS by adding 18% to projections obtained from reported cases (corresponding to 85% of all diagnosed cases being reported: 1/0.85 = 1.18) and rounded to the nearest 1000.

<sup>†</sup>Number of cases diagnosed during the year.

<sup>‡</sup>Persons with AIDS alive during the year.

<sup>§</sup>Rounded to the nearest 5000. Includes an estimated 120,000 AIDS cases diagnosed through 1988, 48,000 persons alive with AIDS at the end of 1988, and 72,000 deaths in diagnosed patients through 1988.

Approx. 100m per year  
decreasing of AIDS  
bringing of AIDS

estimates cannot be made precisely, ongoing studies will provide additional data to improve the estimates and test the assumptions on which they are based.

Current HIV prevalence estimates and AIDS case projections are influenced by the slowing of the rapid upward trend in AIDS incidence that occurred in 1987. The number of AIDS cases diagnosed per month continued to increase in 1987, but the rate of increase declined in the middle of that year, particularly in non-IV-drug-using homosexual/bisexual men (6). Reasons for this change in trend include: 1) a decline in the incidence of new HIV infections in homosexual/bisexual men in the early 1980s, leading to a subsequent decline in AIDS case incidence (72); 2) use of antiretroviral and other therapies by mid-1987, leading to a lengthening of the incubation period from infection to AIDS; and 3) possible decreases in the completeness or timeliness of reporting. The accuracy of HIV prevalence estimates and AIDS case projections depends in part on the determination of the relative contribution of these or other factors.

After the workshop, additional data became available on zidovudine use in mid-1987, and estimates were made of the possible effect of medical therapy on the change in trend in AIDS incidence that occurred in that year. One study estimated that zidovudine treatment given during early 1987 to 5000-7000 homosexual/bisexual men with severe immunodeficiency but without AIDS could account for the change in the trend in AIDS incidence in that group in the last half of 1987 (13). More than 10,000 persons received zidovudine from the manufacturer under a limited drug distribution system during March-September 1987. Data from a 4% systematic sample of this group indicate that about 4000 homosexual/bisexual men who were infected with HIV and had low CD4+ counts but who had not yet developed AIDS received zidovudine during that time (14). While this suggests that medical therapy could have made a substantial contribution to the change in trend in AIDS incidence in this group since 1987, the relative contribution of this and the other factors noted above requires further study.

Despite the apparent change in reported AIDS incidence in 1987, needs for current and future health-care services are expected to increase. AIDS has been diagnosed in no more than 10% of the approximately 1 million persons currently infected with HIV. Recent studies indicate that early treatment with zidovudine can slow disease progression in asymptomatic persons with CD4+ counts  $<500/\text{mm}^3$  (NIAID, unpublished data). As discussed in the report, about 60% of the estimated 1 million HIV-infected persons in the United States—including about 500,000 persons without AIDS—may have CD4+ counts  $<500/\text{mm}^3$  and may benefit from such therapy.

In addition to the suffering and health-care burden involving those already infected, a major concern is the number of new infections that continue to occur. Currently an estimated 1500-2000 new infections occur each year in newborns as a result of perinatal transmission, and a minimum of 40,000 new infections occur each year in adults and adolescents. Comparing the estimate of about 750,000 HIV-infected persons alive at the beginning of 1986 with the current estimate of about 1 million alive in mid-1989 suggests that an average of more than 80,000 new infections have occurred yearly since 1986.

These incidence estimates must be refined to measure the growth of the epidemic and the effectiveness of current and future prevention efforts. Nonetheless, AIDS case projections and HIV-prevalence estimates indicate that the annual toll of AIDS cases and the nationwide burden of HIV-related disease will continue to grow, requiring further prevention efforts and increased medical and social services for the next several years for persons with HIV infection.

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# HIV/AIDS

## SURVEILLANCE

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**U.S. AIDS cases reported through February 1990**
**Issued March 1990**


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### Contents

Figure 1. AIDS annual rates per 100,000 population .....	3
Figure 2. Adult/adolescent and pediatric AIDS cases .....	4
Figure 3. Pediatric AIDS cases .....	4
Table 1. AIDS cases and annual rates per 100,000 population, by state.....	5
Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population.....	6
Table 3. AIDS cases by age group, exposure category, sex, and year of report.....	8
Table 4. AIDS cases by age group, exposure category, and race/ethnicity .....	9
Table 5. Adult/adolescent AIDS cases by sex, exposure category, and race/ethnicity .....	10
Table 6. AIDS cases in adolescents and adults under age 25, by exposure category and year of report .....	11
Table 7. AIDS cases by sex, age at diagnosis, and race/ethnicity .....	12
Table 8. AIDS cases, case-fatality rates, and deaths, by half-year and age group.....	13
Table 9. AIDS cases by year of diagnosis and definition category.....	14
Table 10. Adult/adolescent AIDS cases by single and multiple exposure categories .....	15
Figure 4. Results of investigations of AIDS cases with undetermined risk.....	16
Technical notes .....	17

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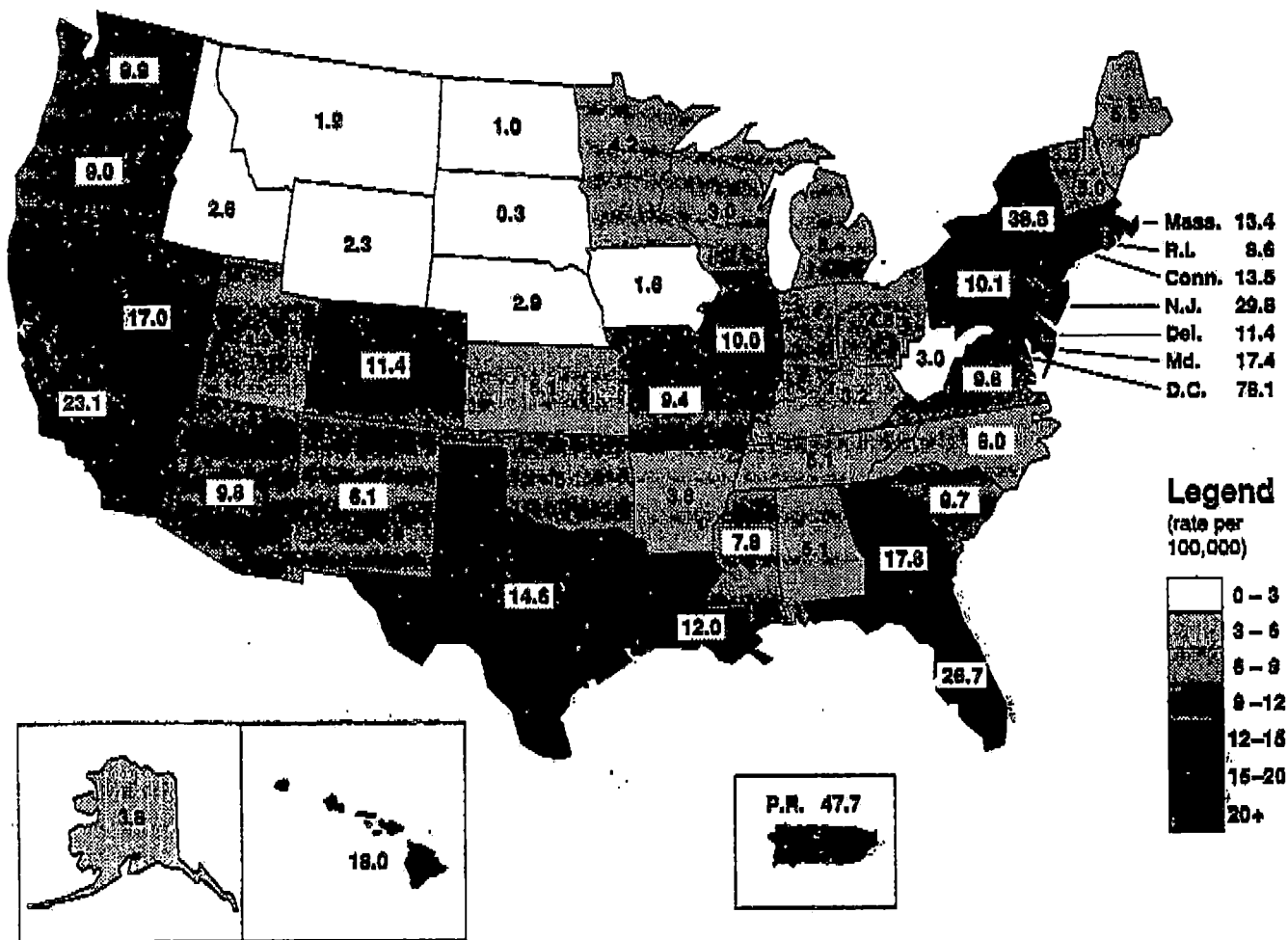
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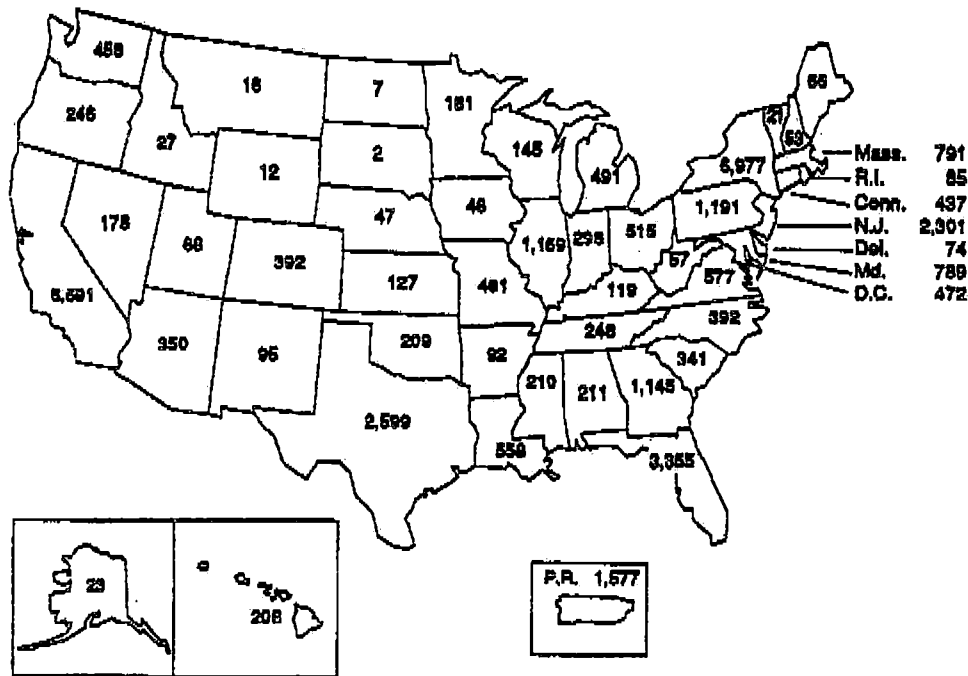
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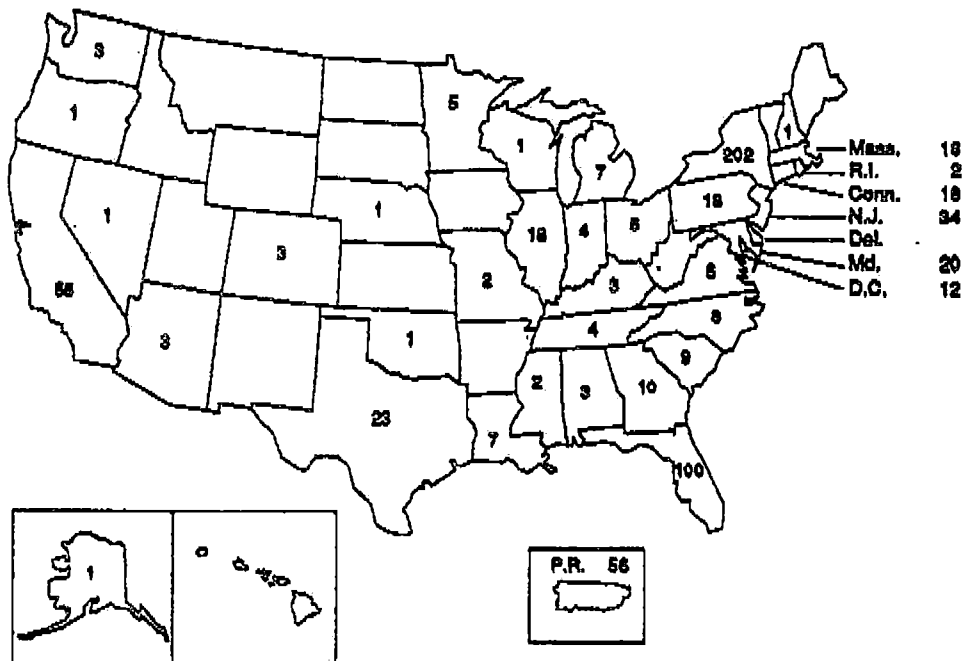
Figure 1. AIDS annual rates per 100,000 population, for cases reported March 1989 through February 1990, United States



**Figure 2. Adult/adolescent and pediatric AIDS cases, reported March 1989 through February 1990, United States**



**Figure 3. Pediatric AIDS cases, reported March 1989 through February 1990, United States**



**Table 1. AIDS cases and annual rates per 100,000 population, by state, reported March 1988 through February 1989, March 1989 through February 1990; and cumulative totals, by state and age group, through February 1990**

State of residence	Mar. 1988- Feb. 1989		Mar. 1989- Feb. 1990		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Alabama	218	5.3	211	5.1	672	18	688
Alaska	15	2.6	28	3.8	80	2	82
Arizona	258	7.3	360	9.8	1,045	6	1,051
Arkansas	80	3.3	92	3.8	274	3	277
California	5,779	20.6	6,591	23.1	24,095	169	24,264
Colorado	325	9.6	392	11.4	1,290	8	1,298
Connecticut	423	13.1	497	13.5	1,476	52	1,528
Delaware	77	12.0	74	11.4	235	4	239
District of Columbia	515	82.8	472	76.1	2,004	29	2,033
Florida	2,895	23.6	3,355	26.7	9,944	276	10,220
Georgia	903	14.3	1,145	17.8	3,237	38	3,275
Hawaii	84	7.5	208	18.0	499	2	501
Idaho	12	1.2	27	2.6	55	2	57
Illinois	1,021	8.8	1,159	10.0	3,594	51	3,635
Indiana	176	3.2	298	5.4	743	8	751
Iowa	54	1.9	48	1.8	167	3	170
Kansas	84	3.4	127	5.1	328	3	329
Kentucky	110	2.9	119	3.2	338	5	343
Louisiana	425	9.2	558	12.0	1,699	25	1,724
Maine	34	2.9	68	5.5	167	2	169
Maryland	608	13.5	789	17.4	2,283	52	2,335
Massachusetts	732	12.4	791	13.4	2,612	50	2,662
Michigan	484	5.1	491	5.4	1,492	22	1,514
Minnesota	166	3.9	181	4.2	652	7	659
Mississippi	120	4.5	210	7.8	431	7	438
Missouri	424	8.3	481	9.4	1,359	10	1,369
Montana	12	1.4	18	1.9	42	—	42
Nebraska	42	2.8	47	2.9	142	—	143
Nevada	118	11.8	175	17.0	463	1	467
New Hampshire	41	3.9	53	5.0	148	4	152
New Jersey	2,448	31.8	2,301	29.8	8,137	222	8,359
New Mexico	58	3.8	95	6.1	249	1	250
New York	7,006	39.1	6,977	38.8	27,370	635	28,005
North Carolina	337	5.2	392	8.0	1,141	23	1,164
North Dakota	4	0.6	7	1.0	18	—	18
Ohio	496	4.5	515	4.8	1,710	27	1,737
Oklahoma	136	4.0	209	6.1	539	9	548
Oregon	173	6.4	246	9.0	740	3	743
Pennsylvania	855	7.2	1,191	10.1	3,443	61	3,504
Rhode Island	91	9.3	85	8.6	298	7	305
South Carolina	185	5.3	341	9.7	732	19	751
South Dakota	7	1.0	2	0.3	17	—	17
Tennessee	301	6.2	248	5.1	780	12	792
Texas	2,396	13.7	2,599	14.6	8,583	12	8,657
Utah	75	4.3	88	4.9	257	74	262
Vermont	11	2.0	21	3.8	58	5	62
Virginia	316	5.3	577	9.8	1,504	1	1,529
Washington	405	8.8	458	9.9	1,584	11	1,595
West Virginia	24	1.3	57	3.0	124	2	126
Wisconsin	107	2.2	145	3.0	442	2	444
Wyoming	9	1.7	12	2.3	31	—	31
<b>U.S. total</b>	<b>31,644</b>	<b>12.9</b>	<b>35,546</b>	<b>14.3</b>	<b>119,311</b>	<b>2,000</b>	<b>121,311</b>
Guam	1	0.8	2	1.5	7	—	7
Pacific Islands, U.S.	1	0.7	—	—	1	—	1
Puerto Rico	1,401	42.5	1,577	47.7	3,481	112	3,593
Virgin Islands, U.S.	47	41.5	17	14.8	66	4	72
<b>Total</b>	<b>33,094</b>	<b>13.3</b>	<b>37,142</b>	<b>14.8</b>	<b>122,988</b>	<b>2,116</b>	<b>124,984</b>

March 1990

5

HIV/AIDS Surveillance Report

**Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported March 1988 through February 1989, March 1989 through February 1990; and cumulative totals, by area and age group, through February 1990**

Metropolitan area of residence	Mar. 1988- Feb. 1989		Mar. 1989- Feb. 1990		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children <13 years old	Total
Akron, Ohio	28	4.4	19	3.0	81	—	81
Albany-Schenectady, N.Y.	67	7.9	67	7.9	246	2	248
Allentown, Pa.	31	4.7	45	6.8	115	4	119
Anaheim, Calif.	245	11.0	276	12.2	943	7	950
Atlanta, Ga.	673	24.9	871	31.5	2,447	21	2,468
Austin, Tex.	113	14.0	226	27.0	528	5	533
Bakersfield, Calif.	21	4.0	36	6.6	81	—	81
Baltimore, Md.	363	15.9	499	21.7	1,293	37	1,330
Baton Rouge, La.	41	7.2	53	9.1	146	—	146
Bergen-Passaic, N.J.	275	21.1	249	19.1	1,040	24	1,064
Birmingham, Ala.	77	8.4	67	7.3	215	6	221
Boston, Mass.	585	15.6	617	16.5	2,073	42	2,115
Bridgeport, Conn.	124	14.9	130	15.6	429	16	445
Buffalo, N.Y.	40	4.2	63	6.7	174	—	174
Charleston, S.C.	43	6.4	68	13.0	164	—	164
Charlotte, N.C.	77	7.0	78	7.0	242	4	246
Chicago, Ill.	868	13.9	941	15.0	3,025	36	3,061
Cincinnati, Ohio	62	4.4	73	5.1	236	3	239
Cleveland, Ohio	128	7.0	138	7.5	464	7	471
Columbus, Ohio	116	8.8	108	8.1	374	3	377
Dallas, Tex.	574	22.6	600	23.0	2,107	8	2,115
Dayton, Ohio	52	5.6	60	6.5	178	3	179
Denver, Colo.	265	15.5	313	18.0	1,047	5	1,052
Detroit, Mich.	326	7.6	344	8.1	1,048	16	1,064
El Paso, Tex.	13	2.3	34	5.8	76	1	77
Fort Lauderdale, Fla.	427	35.9	537	44.4	1,622	25	1,647
Fort Worth, Tex.	137	10.3	146	10.6	450	5	455
Fresno, Calif.	46	7.4	52	8.2	140	1	141
Gary, Ind.	12	2.0	35	5.8	71	—	71
Grand Rapids, Mich.	28	4.2	20	3.0	71	1	72
Greensboro, N.C.	56	6.1	55	5.9	169	3	172
Greenville, S.C.	16	2.6	36	5.8	84	—	84
Harrisburg, Pa.	40	6.9	48	8.3	131	4	135
Hartford, Conn.	121	11.1	143	13.1	412	10	422
Honolulu, Hawaii	71	8.2	135	15.4	379	2	381
Houston, Tex.	964	28.2	989	27.7	3,630	31	3,661
Indianapolis, Ind.	85	6.9	147	11.9	333	2	335
Jacksonville, Fla.	155	17.4	205	22.5	508	11	519
Jersey City, N.J.	453	61.4	307	55.2	1,395	33	1,428
Kansas City, Mo.	236	15.4	280	16.8	744	3	747
Knoxville, Tenn.	28	4.3	22	3.6	83	—	83
Las Vegas, Nev.	82	13.5	126	20.2	331	4	335
Little Rock, Ark.	33	6.4	42	8.1	119	1	120
Los Angeles, Calif.	1,946	23.0	2,278	26.5	8,472	73	8,545
Louisville, Ky.	55	5.7	52	5.4	150	2	152
Memphis, Tenn.	92	9.5	75	7.7	248	4	252
Miami, Fla.	774	42.9	856	47.1	2,921	124	3,045
Middlesex, N.J.	217	22.6	179	18.5	650	21	671
Milwaukee, Wis.	60	4.4	61	5.9	253	1	254
Minneapolis-Saint Paul, Minn.	148	6.3	161	6.8	566	6	572
Monmouth-Ocean City, N.J.	145	14.9	186	18.9	484	17	501
Nashville, Tenn.	123	13.0	75	7.8	259	6	265
Nassau-Suffolk, N.Y.	359	13.4	362	13.5	1,285	37	1,322
New Haven, Conn.	137	17.4	120	15.2	462	26	488
New Orleans, La.	241	17.8	339	24.9	1,090	16	1,106
New York, N.Y.	6,055	70.7	5,953	69.3	23,885	576	24,461
Newark, N.J.	1,054	56.0	979	52.1	3,450	99	3,549
Norfolk, Va.	60	5.6	127	9.1	322	7	329

**Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported March 1988 through February 1989, March 1989 through February 1990; and cumulative totals, by area and age group, through February 1990 — Continued**

Metropolitan area of residence	Mar. 1988- Feb. 1989		Mar. 1989- Feb. 1990		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children <13 years old	Total
Oakland, Calif.	380	19.0	391	19.3	1,480	10	1,470
Oklahoma City, Okla.	23	2.3	24	2.3	152	—	152
Omaha, Neb.	32	5.1	34	5.4	100	—	100
Orlando, Fla.	179	18.5	185	16.5	493	5	498
Oxnard-Ventura, Calif.	40	6.3	35	5.4	114	—	114
Philadelphia, Pa.	643	13.3	853	17.6	2,594	40	2,634
Phoenix, Ariz.	187	9.0	263	12.3	765	4	769
Pittsburgh, Pa.	80	3.8	174	8.4	444	1	445
Portland, Oreg.	138	11.8	186	15.7	580	1	581
Providence, R.I.	85	8.5	79	8.8	277	6	283
Raleigh-Durham, N.C.	71	10.4	96	13.8	257	7	264
Richmond, Va.	55	6.7	121	14.5	290	1	291
Riverside-San Bernardino, Calif.	170	8.0	243	11.0	724	12	736
Rochester, N.Y.	85	8.6	60	6.0	272	1	273
Sacramento, Calif.	162	11.9	155	11.2	510	5	515
Saint Louis, Mo.	187	7.7	202	8.2	578	6	584
Salt Lake City, Utah	63	5.8	70	6.4	221	4	225
San Antonio, Tex.	267	20.1	207	15.2	604	9	613
San Diego, Calif.	424	18.4	548	23.3	1,702	16	1,718
San Francisco, Calif.	1,734	105.3	1,866	112.1	7,707	15	7,722
San Jose, Calif.	151	10.3	141	9.5	553	6	559
San Juan, P.R.	868	77.4	968	86.1	2,155	80	2,235
Scranton, Pa.	22	3.1	34	4.7	90	3	93
Seattle, Wash.	296	16.4	349	19.1	1,204	9	1,213
Springfield, Mass.	31	5.3	46	7.8	122	1	123
Syracuse, N.Y.	23	3.5	39	5.9	122	4	126
Tacoma, Wash.	18	3.3	34	6.2	100	1	101
Tampa, Fla.	435	21.6	367	17.8	1,155	21	1,176
Toledo, Ohio	21	3.5	26	4.3	80	1	81
Tucson, Ariz.	41	6.6	57	9.1	195	2	197
Tulsa, Okla.	46	6.0	63	8.1	155	2	157
Washington, D.C.	520	22.6	907	24.6	3,420	53	3,473
West Palm Beach, Fla.	310	38.5	319	38.3	1,043	44	1,087
Wilmington, Del.	62	11.1	62	11.0	192	3	195
Worcester, Mass.	45	6.8	36	5.4	127	3	130
<b>Metropolitan area subtotal<sup>1</sup></b>	<b>27,870</b>	<b>19.6</b>	<b>30,303</b>	<b>21.1</b>	<b>104,496</b>	<b>1,777</b>	<b>106,273</b>
<b>All other areas</b>	<b>5,224</b>	<b>4.9</b>	<b>6,839</b>	<b>6.3</b>	<b>18,372</b>	<b>339</b>	<b>18,711</b>
<b>Total</b>	<b>33,094</b>	<b>13.3</b>	<b>37,142</b>	<b>14.8</b>	<b>122,868</b>	<b>2,116</b>	<b>124,984</b>

<sup>1</sup> Only includes data from metropolitan areas which have populations of 500,000 or more.

**Table 3. AIDS cases by age group, exposure category, and sex, reported March 1988 through February 1989 and March 1989 through February 1990; and cumulative totals, by age group and exposure category, through February 1990, United States**

Adult/adolescent exposure category	Males		Females		Totals		Cumulative total <sup>1</sup>
	Mar. 1988-Feb. 1989	Mar. 1989-Feb. 1990	Mar. 1988-Feb. 1989	Mar. 1989-Feb. 1990	Mar. 1988-Feb. 1989	Mar. 1989-Feb. 1990	
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Male homosexual/bisexual contact	18,563 (84)	20,572 (83)	—	—	18,563 (57)	20,572 (56)	73,990 (60)
Intravenous (IV) drug use (female and heterosexual male)	6,087 (21)	6,618 (20)	1,823 (54)	1,944 (50)	7,910 (24)	8,563 (23)	26,092 (21)
Male homosexual/bisexual contact and IV drug use	2,193 (8)	2,193 (7)	—	—	2,193 (7)	2,193 (6)	8,530 (7)
Hemophilia/coagulation disorder	304 (1)	258 (1)	4 (0)	9 (0)	308 (1)	277 (1)	1,114 (1)
Heterosexual contact:	634 (2)	834 (3)	1,044 (31)	1,266 (33)	1,678 (5)	2,099 (6)	6,027 (5)
Sex with IV drug user	273	391	673	815	946	1,206	3,102
Sex with bisexual male	—	—	99	97	99	97	366
Sex with person with hemophilia	1	3	10	22	11	25	55
Born in Pattern-II country	256	301	121	133	377	434	1,724
Sex with person born in Pattern-II country	18	13	5	12	24	25	89
Sex with transfusion recipient with HIV infection	9	13	21	21	30	34	90
Sex with HIV-infected person, risk not specified	77	113	114	165	191	278	601
Receipt of blood transfusion, blood components, or tissue <sup>2</sup>	505 (2)	471 (1)	345 (10)	322 (8)	850 (3)	793 (2)	2,884 (2)
Other/undetermined <sup>4</sup>	852 (3)	1,622 (5)	177 (5)	348 (9)	1,029 (3)	1,970 (5)	4,131 (3)
Adult/adolescent subtotal	29,138 (100)	32,579 (100)	3,393 (100)	3,888 (100)	32,531 (100)	36,467 (100)	122,868 (100)
<b>Pediatric (&lt;13 years old) exposure category</b>							
Hemophilia/coagulation disorder	34 (11)	24 (7)	—	1 (0)	34 (6)	25 (4)	108 (6)
Mother with/at risk for HIV infection:	232 (74)	293 (83)	229 (92)	285 (89)	461 (82)	578 (86)	1,734 (82)
IV drug use	122	142	118	119	240	261	881
Sex with IV drug user	51	73	37	67	88	140	364
Sex with bisexual male	3	7	6	6	9	13	39
Sex with person with hemophilia	—	—	1	—	1	—	7
Born in Pattern-II country	24	28	23	27	47	55	182
Sex with person born in Pattern-II country	—	1	—	3	—	4	7
Sex with transfusion recipient with HIV infection	2	1	2	4	4	5	10
Sex with HIV-infected person, risk not specified	13	9	8	15	21	24	66
Receipt of blood transfusion, blood components, or tissue	1	4	9	7	10	11	36
Has HIV infection, risk not specified	16	28	25	37	41	63	142
Receipt of blood transfusion, blood components, or tissue	40 (13)	27 (8)	14 (6)	17 (5)	54 (10)	44 (7)	219 (10)
Undetermined	8 (3)	11 (3)	6 (2)	17 (5)	14 (2)	28 (4)	55 (3)
Pediatric subtotal	314 (100)	355 (100)	249 (100)	320 (100)	563 (100)	675 (100)	2,118 (100)
<b>Total</b>	<b>29,452</b>	<b>32,934</b>	<b>3,642</b>	<b>4,208</b>	<b>33,094</b>	<b>37,142</b>	<b>124,984</b>

<sup>1</sup> Includes 3 patients known to be infected with human immunodeficiency virus type 2 (HIV-2). See MMWR 1989;36:572-580.

<sup>2</sup> See technical notes.

<sup>3</sup> Includes 6 transfusion recipients who received blood screened for HIV antibody, and 1 tissue recipient.

<sup>4</sup> "Other" refers to 2 health-care workers who seroconverted to HIV and developed AIDS after occupational exposure to HIV-infected blood. "Undetermined" refers to patients whose mode of exposure to HIV is unknown. This includes patients under investigation; patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation. See Figure 4.

**Table 4. AIDS cases by age group, exposure category, and race/ethnicity, reported through February 1990, United States**

Adult/adolescent exposure category	White, not Hispanic	Black, not Hispanic	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Total <sup>4</sup>
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Male homosexual/bisexual contact intravenous (IV) drug use (female and heterosexual male)	53,155 (77)	12,222 (37)	7,808 (41)	567 (74)	83 (52)	73,990 (60)
Male homosexual/bisexual contact and IV drug use	5,244 ( 8)	13,010 (39)	7,704 (40)	31 ( 4)	27 (17)	26,082 (21)
Hemophilia/coagulation disorder	5,031 ( 7)	2,225 ( 7)	1,229 ( 6)	12 ( 2)	21 (13)	8,530 ( 7)
Heterosexual contact:	932 ( 1)	72 ( 0)	85 ( 0)	15 ( 2)	6 ( 4)	1,114 ( 1)
Sex with IV drug user	1,217 ( 2)	3,747 (11)	1,012 ( 5)	29 ( 4)	9 ( 6)	8,027 ( 5)
Sex with bisexual male	681	1,572	827	12	4	3,102
Sex with person with hemophilia	192	120	46	6	1	366
Born in Pattern-II <sup>1</sup> country	49	4	1	1	—	55
Sex with person born in Pattern-II country	3	1,703	9	4	—	1,724
Sex with transfusion recipient with HIV infection	26	60	3	—	—	89
Sex with HIV-infected person, risk not specified	66	14	8	1	—	90
Receipt of blood transfusion, blood components, or tissue <sup>2</sup>	200	274	118	5	4	601
Other/undetermined <sup>3</sup>	2,147 ( 3)	482 ( 1)	285 ( 1)	61 ( 8)	3 ( 2)	2,984 ( 2)
Adult/adolescent subtotal	1,552 ( 2)	1,569 ( 5)	913 ( 5)	48 ( 6)	10 ( 6)	4,131 ( 3)
	69,278(100)	33,327 (100)	19,036(100)	763(100)	159(100)	122,868(100)
<b>Pediatric (&lt;13 years old) exposure category</b>						
Hemophilia/coagulation disorder	75 (16)	15 ( 1)	14 ( 3)	3 (33)	—	108 ( 5)
Mother with/at risk for HIV infection:	259 (56)	1,012 (92)	452 (85)	3 (33)	4(100)	1,734 (82)
IV drug use	126	512	239	1	2	881
Sex with IV drug user	55	163	145	—	—	364
Sex with bisexual male	13	18	8	—	—	39
Sex with person with hemophilia	5	1	1	—	—	7
Born in Pattern-II country	2	179	1	—	—	182
Sex with person born in Pattern-II country	—	6	—	—	—	7
Sex with transfusion recipient with HIV infection	5	3	2	—	—	10
Sex with HIV-infected person, risk not specified	11	28	24	1	1	66
Receipt of blood transfusion, blood components, or tissue	13	13	10	—	—	36
Has HIV infection, risk not specified	29	89	22	1	1	142
Receipt of blood transfusion, blood components, or tissue	122 (26)	48 ( 4)	48 ( 9)	3 (33)	—	219 (10)
Undetermined	9 ( 2)	29 ( 3)	17 ( 3)	—	—	55 ( 3)
Pediatric subtotal	465(100)	1,104 (100)	529(100)	9(100)	4(100)	2,116(100)
<b>Total</b>	<b>69,743</b>	<b>34,431</b>	<b>19,565</b>	<b>772</b>	<b>163</b>	<b>124,984</b>

<sup>1</sup> See technical notes.<sup>2</sup> Includes 5 transfusion recipients who received blood screened for HIV antibody, and 1 tissue recipient.<sup>3</sup> "Other" refers to 2 health-care workers who seroconverted to HIV and developed AIDS after occupational exposure to HIV-infected blood. "Undetermined" refers to patients whose mode of exposure to HIV is unknown. This includes patients under investigation; patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation. See Figures 4.<sup>4</sup> Includes 310 persons whose race/ethnicity is unknown.

**Table 5. Adult/adolescent AIDS cases by sex, exposure category, and race/ethnicity, reported through February 1990, United States**

Male exposure category	White, not Hispanic	Black, not Hispanic	Hispanic	Asian/Pacific Islander	American Indian/ Alaskan Native	Total <sup>4</sup>
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Male homosexual/bisexual contact intravenous (IV) drug use (heterosexual)	53,155 (80)	12,222 (45)	7,808 (47)	567 (81)	63 (62)	73,990 (66)
Male homosexual/bisexual contact and IV drug use	3,987 ( 8)	9,606 (35)	6,498 (39)	20 ( 3)	13 (10)	20,166 (18)
Hemophilia/coagulation disorder	5,031 ( 8)	2,225 ( 8)	1,229 ( 7)	12 ( 2)	21 (16)	8,530 ( 8)
Heterosexual contact:	908 ( 1)	69 ( 0)	84 ( 1)	15 ( 2)	6 ( 4)	1,086 ( 1)
	379 ( 1)	1,887 ( 7)	186 ( 1)	5 ( 1)	1 ( 1)	2,462 ( 2)
<i>Sex with IV drug user</i>	245	491	130	1	1	868
<i>Sex with person with hemophilia</i>	4	1	—	—	—	5
<i>Born in Pattern-II<sup>1</sup> country</i>	2	1,250	7	3	—	1,265
<i>Sex with person born in Pattern-II country</i>	24	25	3	—	—	52
<i>Sex with transfusion recipient with HIV infection</i>	16	7	1	—	—	25
<i>Sex with HIV-infected person, risk not specified</i>	88	113	45	1	—	247
Receipt of blood transfusion, blood components, or tissue <sup>2</sup>	1,392 ( 2)	255 ( 1)	153 ( 1)	38 ( 5)	1 ( 1)	1,844 ( 2)
Other/undetermined <sup>3</sup>	1,336 ( 2)	1,166 ( 4)	787 ( 5)	41 ( 6)	9 ( 7)	3,369 ( 3)
Male subtotal	66,188 (100)	27,430 (100)	16,745 (100)	698 (100)	134 (100)	111,467 (100)
<b>Female</b>						
<b>exposure category</b>						
IV drug use	1,257 (41)	3,404 (58)	1,206 (53)	11 (17)	14 (56)	5,906 (52)
Hemophilia/coagulation disorder	24 ( 1)	3 ( 0)	1 ( 0)	—	—	28 ( 0)
Heterosexual contact:	636 (27)	1,860 (32)	828 (36)	24 (37)	8 (32)	3,565 (31)
<i>Sex with IV drug user</i>	436	1,081	697	11	3	2,234
<i>Sex with bisexual male</i>	192	120	46	6	1	366
<i>Sex with person with hemophilia</i>	45	3	1	1	—	50
<i>Born in Pattern-II country</i>	1	453	2	1	—	459
<i>Sex with person born in Pattern-II country</i>	2	35	—	—	—	37
<i>Sex with transfusion recipient with HIV infection</i>	50	7	7	1	—	65
<i>Sex with HIV-infected person, risk not specified</i>	112	161	73	4	4	354
Receipt of blood transfusion, blood components, or tissue	755 (24)	227 ( 4)	132 ( 6)	23 (35)	2 ( 8)	1,140 (10)
Other/undetermined	216 ( 7)	403 ( 7)	126 ( 5)	7 (11)	1 ( 4)	762 ( 7)
Female subtotal	3,090 (100)	5,897 (100)	2,291 (100)	65 (100)	25 (100)	11,401 (100)
<b>Total</b>	<b>69,278</b>	<b>33,327</b>	<b>19,036</b>	<b>763</b>	<b>159</b>	<b>122,868</b>

<sup>1</sup> See technical notes.

<sup>2</sup> Includes 6 transfusion recipients who received blood screened for HIV antibody, and 1 tissue recipient.

<sup>3</sup> "Other" refers to 2 health-care workers who seroconverted to HIV and developed AIDS after occupational exposure to HIV-infected blood. "Undetermined" refers to patients whose mode of exposure to HIV is unknown. This includes patients under investigation; patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation. See Figure 4.

<sup>4</sup> Includes 272 males and 33 females whose race/ethnicity is unknown.

**Table 6. AIDS cases in adolescents and adults under age 25, by exposure category, reported March 1988 through February 1989, March 1989 through February 1990, and cumulative totals through February 1990, United States**

Exposure category	13-19 years old			20-24 years old		
	Mar. 1988- Feb. 1989	Mar. 1989- Feb. 1990	Cumulative total	Mar. 1988- Feb. 1989	Mar. 1989- Feb. 1990	Cumulative total
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Male homosexual/bisexual contact	32 (27)	33 (25)	139 (29)	812 (57)	792 (52)	3,104 (58)
Intravenous (IV) drug use (female and heterosexual male)	19 (16)	13 (10)	55 (11)	254 (18)	277 (18)	842 (16)
Male homosexual/bisexual contact and IV drug use	6 (5)	3 (2)	23 (5)	121 (8)	133 (9)	507 (9)
Hemophilia/coagulation disorder	35 (30)	40 (31)	150 (31)	43 (3)	35 (2)	141 (3)
Heterosexual contact:	11 (9)	23 (18)	57 (12)	120 (8)	168 (11)	466 (9)
<i>Sex with IV drug user</i>	5	17	34	75	94	250
<i>Sex with bisexual male</i>	—	1	3	12	9	43
<i>Sex with person with hemophilia</i>	—	1	1	1	8	12
<i>Born in Pattern-II<sup>1</sup> country</i>	3	1	12	11	29	84
<i>Sex with person born in     Pattern-II country</i>	—	—	—	—	2	5
<i>Sex with transfusion recipient     with HIV infection</i>	—	—	—	—	2	3
<i>Sex with HIV-infected person,     risk not specified</i>	3	3	7	21	30	59
Receipt of blood transfusion, blood components, or tissue	13 (11)	5 (4)	38 (8)	25 (2)	8 (1)	79 (1)
Undetermined <sup>2</sup>	1 (1)	14 (11)	24 (5)	58 (4)	99 (7)	225 (4)
<b>Total</b>	<b>117 (100)</b>	<b>131 (100)</b>	<b>486 (100)</b>	<b>1,433 (100)</b>	<b>1,512 (100)</b>	<b>5,364 (100)</b>

<sup>1</sup> See technical notes.

<sup>2</sup> "Undetermined" refers to patients whose mode of exposure to HIV is unknown. This includes patients under investigation; patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation. See Figure 4.

**Table 7. AIDS cases by sex, age at diagnosis, and race/ethnicity, reported through February 1990, United States**

Males Age at diagnosis (years)	White, not Hispanic	Black, not Hispanic	Hispanic	Asian/Pacific Islander	American Indian/ Alaskan Native	Total <sup>1</sup>
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Under 5	161 (0)	493 (2)	246 (1)	3 (0)	2 (1)	907 (1)
5-12	125 (0)	68 (0)	42 (0)	3 (0)	—	240 (0)
13-19	195 (0)	112 (0)	68 (0)	5 (1)	3 (2)	384 (0)
20-24	2,389 (4)	1,336 (5)	813 (5)	27 (4)	9 (7)	4,582 (4)
25-29	10,071 (15)	4,538 (16)	2,930 (17)	98 (14)	26 (19)	17,696 (16)
30-34	15,690 (24)	7,106 (25)	4,408 (26)	149 (21)	36 (26)	27,454 (24)
35-39	14,501 (22)	6,395 (23)	3,697 (22)	151 (21)	23 (17)	24,835 (22)
40-44	9,848 (15)	3,581 (13)	2,301 (14)	107 (15)	17 (13)	15,899 (14)
45-49	5,853 (9)	1,997 (7)	1,155 (7)	72 (10)	11 (8)	9,107 (8)
50-54	3,307 (5)	1,126 (4)	659 (4)	39 (6)	3 (2)	5,147 (5)
55-59	2,110 (3)	688 (2)	426 (3)	23 (3)	4 (3)	3,263 (3)
60-64	1,150 (2)	349 (1)	175 (1)	8 (1)	2 (1)	1,689 (1)
65 or older	1,074 (2)	202 (1)	113 (1)	19 (3)	—	1,411 (1)
Male subtotal	66,474 (100)	27,991 (100)	17,033 (100)	704 (100)	136 (100)	112,614 (100)
<b>Females</b>						
<b>Age at diagnosis (years)</b>						
Under 5	150 (5)	480 (7)	209 (8)	1 (1)	2 (7)	843 (7)
5-12	29 (1)	63 (1)	32 (1)	2 (3)	—	126 (1)
13-19	23 (1)	59 (1)	18 (1)	1 (1)	1 (4)	102 (1)
20-24	224 (7)	361 (6)	188 (7)	3 (4)	1 (4)	782 (6)
25-29	592 (18)	1,196 (19)	551 (22)	6 (9)	5 (19)	2,368 (19)
30-34	710 (22)	1,790 (28)	817 (24)	15 (22)	9 (33)	3,149 (25)
35-39	481 (15)	1,288 (20)	451 (18)	6 (8)	4 (15)	2,237 (18)
40-44	252 (8)	586 (9)	235 (9)	13 (19)	2 (7)	1,088 (9)
45-49	134 (4)	252 (4)	96 (4)	6 (9)	—	492 (4)
50-54	113 (3)	147 (2)	48 (2)	4 (6)	1 (4)	313 (3)
55-59	121 (4)	92 (1)	35 (1)	3 (4)	—	252 (2)
60-64	119 (4)	58 (1)	19 (1)	5 (7)	1 (4)	202 (2)
65 or older	321 (10)	68 (1)	23 (1)	3 (4)	1 (4)	416 (3)
Female subtotal	3,269 (100)	6,440 (100)	2,532 (100)	68 (100)	27 (100)	12,370 (100)
<b>Total</b>	<b>69,743</b>	<b>34,431</b>	<b>19,565</b>	<b>772</b>	<b>163</b>	<b>124,984</b>

<sup>1</sup> Includes 310 persons whose race/ethnicity is unknown.

94,970  
between  
age 20-59

**Table 8. AIDS cases, case-fatality rates, and deaths by half-year and age group, through February 1990, United States<sup>1</sup>**

Half-year of diagnosis	Adults/adolescents			Children <13 years old		
	Cases diagnosed during interval	Case-fatality rate	Deaths occurring during interval	Cases diagnosed during interval	Case-fatality rate	Deaths occurring during interval
Before 1981	77	83.1	30	6	86.7	1
1981 Jan.-June	91	92.3	38	8	62.5	2
July-Dec.	186	91.8	83	5	100.0	6
1982 Jan.-June	385	80.6	153	13	76.9	9
July-Dec.	665	89.5	277	14	78.6	4
1983 Jan.-June	1,250	91.4	508	33	93.9	13
July-Dec.	1,613	91.2	904	40	75.0	16
1984 Jan.-June	2,522	88.0	1,361	47	83.0	24
July-Dec.	3,315	88.7	1,896	63	73.0	24
1985 Jan.-June	4,745	87.6	2,706	97	71.1	43
July-Dec.	6,122	85.9	3,662	127	74.8	68
1986 Jan.-June	8,007	83.3	4,829	130	71.5	64
July-Dec.	9,594	79.5	6,125	164	66.5	82
1987 Jan.-June	12,294	76.2	7,092	207	58.9	111
July-Dec.	13,569	66.5	7,429	243	55.1	153
1988 Jan.-June	15,006	56.5	8,556	218	45.0	122
July-Dec.	15,010	47.6	9,594	280	39.2	146
1989 Jan.-June	15,549	34.8	10,340	251	37.1	140
July-Dec.	12,044	21.6	8,576	183	25.8	105
1990 Jan.-Feb.	814	10.4	546	7	0.0	5
<b>Total<sup>2</sup></b>	<b>122,668</b>	<b>60.9</b>	<b>74,687</b>	<b>2,116</b>	<b>54.0</b>	<b>1,143</b>

<sup>1</sup> Reporting of diagnosed AIDS cases and deaths in more recent time periods is incomplete. See technical notes.<sup>2</sup> Death totals include 162 adults/adolescents and 5 children known to have died, but whose date of death is unknown.

**Table 9. AIDS cases by year of diagnosis and definition category, diagnosed through February 1990, United States**

Definition category <sup>1</sup>	Year of diagnosis					Cumulative total No. (%)
	Before Mar. 1986	Mar. 1986- Feb. 1987	Mar. 1987- Feb. 1988	Mar. 1988- Feb. 1989	Mar. 1989- Feb. 1990	
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Pre-1987 definition	23,005 ( 96)	17,212 (89)	21,350 (78)	21,645 (70)	18,056 (68)	99,268 (79)
1987 definition: <sup>2</sup>	957 ( 4)	2,072 (11)	5,860 (22)	9,188 (30)	7,639 (32)	25,716 (21)
<i>Specific disease</i>						
<i>presumptively diagnosed</i>	508	1,119	3,166	5,195	4,304	14,292
<i>Specific disease</i>						
<i>definitively diagnosed</i>	189	282	522	822	523	2,136
<i>HIV encephalopathy</i>	70	228	769	1,111	843	3,021
<i>HIV wasting syndrome</i>	190	443	1,403	2,260	1,969	6,265
<b>Total</b>	<b>23,962(100)</b>	<b>19,284 (100)</b>	<b>27,210 (100)</b>	<b>30,833 (100)</b>	<b>23,695 (100)</b>	<b>124,984 (100)</b>

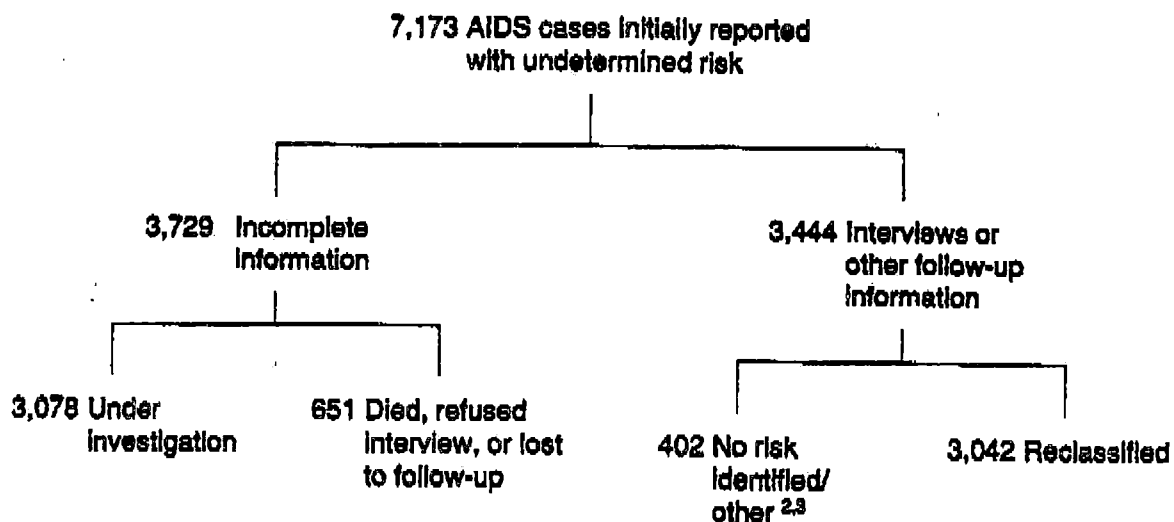
<sup>1</sup> Persons who meet the criteria for more than one definition category are classified in the definition category listed first.

<sup>2</sup> Persons who meet only the 1987 AIDS case definition and whose date of diagnosis is before September 1987 were diagnosed retrospectively.

**Table 10. Adult/adolescent AIDS cases by single and multiple exposure categories, reported through February 1990, United States**

Exposure category	AIDS cases	
	No.	( % )
<b>Single mode of exposure</b>		
Male homosexual/bisexual contact	71,026	(58)
Intravenous (IV) drug use (female and heterosexual male)	22,332	(18)
Hemophilia/coagulation disorder	668	(1)
Heterosexual contact	5,737	(5)
Receipt of transfusion of blood, blood component, or tissue	2,984	(2)
Other/undetermined	4,131	(3)
<b>Single mode of exposure subtotal</b>	<b>106,878</b>	<b>(87)</b>
<b>Multiple modes of exposure</b>		
Male homosexual/bisexual contact; IV drug use	7,707	(6)
Male homosexual/bisexual contact; hemophilia	27	(0)
Male homosexual/bisexual contact; heterosexual contact	1,441	(1)
Male homosexual/bisexual contact; receipt of transfusion	1,400	(1)
IV drug use; hemophilia	30	(0)
IV drug use; heterosexual contact	2,933	(2)
IV drug use; receipt of transfusion	602	(0)
Hemophilia; heterosexual contact	5	(0)
Hemophilia; receipt of transfusion	432	(0)
Heterosexual contact; receipt of transfusion	290	(0)
Male homosexual/bisexual contact; IV drug use; hemophilia	11	(0)
Male homosexual/bisexual contact; IV drug use; heterosexual contact	548	(0)
Male homosexual/bisexual contact; IV drug use; receipt of transfusion	229	(0)
Male homosexual/bisexual contact; hemophilia; heterosexual contact	2	(0)
Male homosexual/bisexual contact; hemophilia; receipt of transfusion	17	(0)
Male homosexual/bisexual contact; heterosexual contact; receipt of transfusion	77	(0)
IV drug use; hemophilia; heterosexual contact	4	(0)
IV drug use; hemophilia; receipt of transfusion	17	(0)
IV drug use; heterosexual contact; receipt of transfusion	169	(0)
Hemophilia; heterosexual contact; receipt of transfusion	9	(0)
Male homosexual/bisexual contact; IV drug use; hemophilia; receipt of transfusion	8	(0)
Male homosexual/bisexual contact; IV drug use; heterosexual contact; receipt of transfusion	27	(0)
IV drug use; hemophilia; heterosexual contact; receipt of transfusion	5	(0)
<b>Multiple modes of exposure subtotal</b>	<b>15,990</b>	<b>(13)</b>
<b>Total</b>	<b>122,868</b>	<b>(100)</b>

**Figure 4. Results of investigations of adult/adolescent AIDS cases with undetermined risk, reported through February 1990<sup>1</sup>**



<sup>1</sup> Excludes 55 children under 13 years of age who have an undetermined risk: 48 children are under investigation and 7 have died, refused interview, or were lost to follow-up. An additional 82 children who were initially reported with an undetermined risk have been reclassified after investigation.

<sup>2</sup> **Health-care workers.** 2 of the 402 adults/adolescents are classified as "other" and are health-care workers who seroconverted to HIV and developed AIDS after occupational exposure to HIV-infected blood. For the remaining 400, the mode of exposure to HIV remains undetermined after investigation. 66 of these are health-care workers, 59 of whom responded to a standardized questionnaire. 34 (58%) reported needlesticks and/or mucous membrane exposures to blood and other body fluids of patients. None of the source patients was known to be infected with HIV at the time of the exposure and none of the health-care workers was evaluated at the time of the exposure to document seroconversion to HIV antibody. See *MMWR*, "Update: Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus Infection Among Health-Care Workers," (April 22, 1988)37:229-234,239.

<sup>3</sup> **Heterosexual transmission.** 333 of the 400 patients who had no risk identified after follow-up responded to a standardized questionnaire; 110 (37%) of 297 persons responding to questions related to sexually transmitted disease gave a history of such disease and 71 (34%) of 209 interviewed men reported sexual contact with a prostitute. Some of these persons may represent unreported or unrecognized heterosexual transmission of HIV. See *MMWR*, "Update: Heterosexual Transmission of AIDS and HIV Infection - U.S.," (June 23, 1989) 38:423-424,429-434.

## Technical notes

### Surveillance and reporting of AIDS

All 50 states, the District of Columbia, U.S. dependencies and possessions, and independent nations in free association with the U.S.<sup>1</sup> report AIDS cases to CDC using a uniform case definition and case report form. The original definition was modified in 1985 (*MMWR* 1985;34:373-5) and again in 1987 (*MMWR* 1987;36 [suppl. no. 1S]:1S-15S). The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used human immunodeficiency virus (HIV) diagnostic tests to improve the sensitivity and specificity of the definition. For persons with laboratory-confirmed HIV infection, the 1987 revision incorporated HIV encephalopathy, wasting syndrome, and other indicator diseases that are diagnosed presumptively (i.e., without confirmatory laboratory evidence of the opportunistic disease). AIDS cases that meet the criteria of both the pre-1987 and 1987 definitions are classified in the pre-1987 definition category. Compared with patients who meet the pre-1987 case definition, a higher proportion of patients who meet only the 1987 case definition were female, black, or Hispanic, or were intravenous drug users (*MMWR* 1989;38:229-36).

Each issue of this update includes information received and tabulated by CDC through the last day of the previous month. Data are tabulated by date of report to CDC unless otherwise noted. Data for U.S. dependencies and possessions and for associated independent nations are included in the totals.

Age group tabulations are based on the person's age at diagnosis of AIDS: adult/adolescent cases include persons 13 years of age and older; pediatric cases include children under 13 years of age. Age group tabulations in Table 13 (only included in the year-end edition) are based on age at death.

Metropolitan areas are defined as the Metropolitan Statistical Areas (MSA) for all areas except the 6 New England states. For these states, the New England County Metropolitan Areas (NECMA) are used. Metropolitan areas are named for a central

<sup>1</sup>Included among the dependencies, possessions, and independent nations are Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, and the Federated States of Micronesia. The latter 5 comprise the category "Pacific Islands, U.S." listed in Table 1.

city in the MSA or NECMA, may include several counties, and may cross state boundaries. For example, AIDS cases and annual rates presented for the District of Columbia in Table 1 include only persons residing within the geographic boundaries of the District. AIDS cases and annual rates for Washington, D.C., in Table 2 include persons residing within several counties in the metropolitan area. State or metropolitan area data tabulations are based on the person's residence at diagnosis of the first AIDS-indicator disease(s).

Data in this report are provisional. Fifty percent of patients are reported to CDC within 3 months of diagnosis. However, reporting delays vary widely and have been as long as several years for some cases. The median delay in reporting appears to have increased, from about 2 months in 1982 to about 3 months in 1988; however, recent analyses suggests that reporting delay may be decreasing.

Completeness of reporting of diagnosed cases to state and local health departments varies by geographic region and patient population; however, mortality studies suggest that 70 to 90 percent of HIV-related deaths in men 25 to 44 years old are identified through national surveillance of AIDS (*MMWR* 1989;38:561-3). In addition, multiple routes of exposure, opportunistic diseases diagnosed after the initial case report was submitted to CDC, and vital status may not be determined or reported for all cases. Caution should be used in interpreting case-fatality rates because reporting of deaths is known to be incomplete.

### Exposure categories

For surveillance purposes, AIDS cases are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy, except for persons with a history of both homosexual/bisexual contact and intravenous drug use. They make up a separate exposure category.

"Heterosexual contact" cases include persons who report either specific heterosexual contact with a person with, or at increased risk for, HIV infection

(e.g., an intravenous drug user), or persons presumed to have acquired HIV infection through heterosexual contact because they were born in countries with a distinctive pattern of transmission termed "Pattern II" by the World Health Organization (*MMWR* 1988;37:286-8,293-5). Pattern II transmission is observed in areas of central, eastern, and southern Africa and in some Caribbean countries. In these countries, most of the reported cases occur in heterosexuals and the male-to-female ratio is approximately 1:1. Intravenous drug use and homosexual transmission either do not occur or occur at a low level.

"Undetermined" cases are persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. Undetermined cases include persons who are currently under investigation by local health department officials; persons whose exposure history is incomplete because of death, refusal to be interviewed, or loss to follow-up; and persons who were interviewed or for whom other follow-up information was available and no exposure mode was identified. Persons who have an exposure mode identified at the time of follow-up are reclassified into the appropriate exposure category.

## Rates

Rates are on an annual basis per 100,000 population. The denominator for computing the rates is based on population estimates derived from 1980 census data and post-census population estimates. Each 12-month rate is the number of cases for a 12-month period divided by the estimated midyear 1988 or 1989 population multiplied by 100,000.

The denominators for computing race-specific rates (Table 9, included only in the year-end edition) are based on 1988 census estimates, the latest which contain racial breakdowns. Race-specific rates are the number of cases reported for a particular race/ethnicity during the preceding 12-month period, divided by the 1988 census population for that race/ethnicity, multiplied by 100,000.

Case-fatality rates are on a semiannual basis by date of diagnosis. Each 6-month case-fatality rate is the number of fatal cases reported, divided by the number of total cases diagnosed in that period, multiplied by 100.

## Trends in AIDS Incidence

Tabulations of AIDS cases by date of report give a general description of AIDS cases, but analyses by date of diagnosis give a more accurate description of trends. Delays in reporting, however, can have a substantial impact on tabulated numbers of cases diagnosed in recent time periods. About half of all cases are reported within 3 months of diagnosis, but about 15% are reported more than 1 year after diagnosis. Delays are substantially longer for pediatric cases and for transfusion-associated cases in adults.

Figure 5 (included only in the year-end report) shows trends in AIDS incidence by month of diagnosis. The points on the plot show the estimated numbers of cases diagnosed, after adjusting for estimated reporting delays. The smooth curve is computed using the Lowess procedure (J.M. Chamber, W.S. Cleveland, B. Kleiner, and P.A. Tukey. *Graphical Methods for Data Analysis*. Duxbury Press, Boston, 1983, Chapter 4).

Reporting delays were estimated by a maximum likelihood statistical procedure for each HIV exposure category (J.M. Karon, O.J. Devine, and W.M. Morgan "Predicting AIDS incidence by extrapolating from recent trends." In: C. Castillo-Chavez, ed. *Mathematical and Statistical Approaches to AIDS Epidemiology. Lecture Notes in Biomathematics*, vol. 83, Springer Verlag, Berlin, 1989). The adjusted incidence used in Figure 5 is the sum of the adjusted incidences for each HIV exposure group.

The Lowess procedure makes no assumption about the overall trends in the data. A fitted value is computed for each month by weighted least squares regression using only the adjusted number of cases diagnosed during an interval about the month (in Figure 5, the 20% of months closest to the chosen month); the weights decrease for times further from the chosen month. The procedure assumes that incidence during the interval about each month is approximately a linear function of time. Lowess tends to produce a curve that is linear at each end, as observed in the figure; predictions of future numbers of cases should not be made by extrapolating the Lowess curve.

The Lowess curve should be considered a description of the overall trend in AIDS cases. This curve emphasizes that the rate of increase in incidence slowed during the middle of 1987. See *MMWR* 1990;39:81-86.