Originally Processed With FOIA(s):
Systematically Processed; 1998-0091-F

FOIA Number:
1998-0091-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the George Bush Presidential Library Staff.

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

OA/ID Number: 13710
Folder ID Number: 13710-010

Folder Title:
National Coalition on AIDS 3/29/90 [OA 6854] [2]

Stack: **Row:** **Section:** **Shelf:** **Position:**

FACSIMILE TRANSMISSION REQUEST

ADDRESSEE: (NAME, ORGANIZATION, CITY, STATE & PHONE#)	FROM: (NAME, ORGANIZATION & PHONE #)
Bob Simon White House 456-2930	Jerry Becker 245-1856

TOTAL PAGES	FAX MACHINE PHONE NUMBER(IF KNOWN)	DATE	CHARGE SYMBOL
12	456-6218	3/22	

REMARKS

IF RETRANSMISSION IS NECESSARY CALL: HQS COMMCEN FTS 8-245-6277 (AC 202) WASH

INSTRUCTIONS TO COMMCEN: (CHECK ONE)

- ☐ MAIL COPIES BACK TO ROOM____/BUILDING_____
- ☐ CALL EXT_____WE WILL PICKUP/INCLUDE ROOM NUMBER_____
- ☐ RETAIN COPIES IN FILES

COPIES NOT PICKED UP WITHIN 24-HOURS WILL BE RETURNED VIA MAIL.

DEPT OF HEALTH &
HUMAN SERVICES
RECEIVED HHS COMM CEN
MAR 22 PM 2:32

March 22, 1990

FOR BOB SIMON, WHITE HOUSE SPEECHWRITING

FROM: JERRY BECKER, HHS SPEECHWRITING, 245-7470

SUBJECT: Draft of Secretary Sullivan's speech to National Leadership Conference on AIDS.

I am directed to send you this draft of recommended remarks for the Secretary's use at the March 29th conference. They have been reviewed internally and are to be submitted to the Secretary later today.

Thanks very much.

RECOMMENDED REMARKS FOR SECRETARY LOUIS SULLIVAN, M.D.

PLEASE NOTE REFERENCES TO INTERNATIONAL TRAVEL ON PAGE 7.

SECRETARY'S WORKING COPY: March 22, 1990

EVENT: National Leadership Conference on AIDS

AUDIENCE: 400 Business and Labor Leaders; some AIDS advocates

TIME/DATE: 8 a.m. Thursday, March 29th

PLACE: Crystal Gateway Marriott, Arlington

FORMAT: 18 Minutes

WRITER: JERRY BECKER, 245-7470

THIS DRAFT IS FOR THE SECRETARY'S REVIEW.

THIS SPEECH WAS REVIEWED AND APPROVED BY OASH, HCFA, OGC, ASMB, AND SSA. ASPE REPORTED NONCONCURRENCE, SAYING THE SPEECH IS INACCURATE, DISJOINTED, INAPPROPRIATE AND DOES LITTLE TO ADDRESS THE DEPARTMENT'S ACTIVITIES ON HIV/AIDS.

(The Secretary will be introduced by David Rogers, M.D., Chair, National Community AIDS Partnership.)

Thank you very much, David. It is a great pleasure for me to be with you this morning. I consider this audience to be among the leaders in the fight against HIV infection and AIDS. I am delighted to join those from business, labor, and others who play a critical role in our nation's efforts to address the AIDS epidemic. Together, we will make progress.

While AIDS is still a fatal disease, we can now call it a treatable disease, at least to the extent that we can delay the onset, or slow its progress. But "treatable" is not good enough for me. My goal is to make AIDS a curable disease. The irony is that AIDS is a preventable disease.

I was asked to speak on AIDS and the federal agenda. Since I time my speeches by the clock, not the calendar, there are limits to what I can cover. I will focus on what we are doing at Health and Human Services through our Health Care Financing Administration and the Public Health Service. I will offer some thoughts on international travel by those with HIV infection, and I will share with you the advice I give to health care professionals on their approach toward people with HIV and AIDS.

First, I want to talk about HCFA, our Health Care Financing Administration.

HCFA plays a major role in financing health care services to people with AIDS. It does so under the Medicaid and Medicare programs.

Most of the money HCFA spends on people with AIDS is spent through Medicaid, a medical assistance program jointly funded by the federal government and the states. Almost all people with AIDS who qualify for disability under the Supplemental Security Income program are automatically eligible for Medicaid in most states. Forty percent of those with AIDS are served by Medicaid. In fact, about one-fourth of the total cost of direct medical care for all those with AIDS is met through the Medicaid program.

We estimate that about one percent of the people with AIDS are covered under Medicare. It is reasonable to assume that because AIDS is now treatable, the number of people with AIDS who benefit from Medicare coverage of physician, hospital, and other medical care expenses, could increase over the coming years.

During this fiscal year, federal expenditures for people with AIDS -- through Medicaid and Medicare -- will total $780 million, more than twice the amount provided only two years ago. State Medicaid expenditures are expected to total $630 million this year.

For 1991, we seek over $1 billion to help those with AIDS through Medicaid and Medicare. In fiscal year 1992, spending on this aspect of our program is expected to go over $1.3 billion, and to nearly $1.7 billion in 1993. Let me emphasize that this federal spending is just through Medicaid and Medicare -- an essential part of what we do at HHS, but only part of what we do.

We have continuing research programs underway to guide us in serving those who need help. Within HCFA, our Health Care Financing Administration, we will attempt to forecast the cost of AIDS based on information about the types of illnesses those with AIDS experience, their eligibility under Medicaid and Medicare, and the use they make of the services we offer. In addition, we will study the economic consequences of AIDS and HIV infection for Medicaid and Medicare programs under a variety of different policy assumptions.

In treating AIDS, in attempting to move it from a fatal disease to a treatable disease and, yes, even to a curable disease, we are relying extensively on our Public Health Service. Your tax dollars have worked wonders there. Funding for the fight against HIV/AIDS through the Public Health Service was increased from $6 million in 1982 to almost $1.6 billion in this fiscal year. Next year, we expect to spend almost $1.7 billion.

What has the Public Health Service done for people with AIDS? Let me count some of the ways:

The National Institutes of Health expanded AIDS clinical trials programs; funded 18 community based trial centers to gain a broader base of participation; and developed the rapid drug discovery program that is now capable of screening 40,000 new compounds annually.

The Food and Drug Administration accelerated the review process of experimental therapies; expanded the use of investigational new drugs (INDs) to make experimental therapies more widely available.

The Health Resources and Services Administration funded development of innovative health care delivery demonstration projects which includes models of coordinated care for pediatric patients and families. It also has demonstration programs to provide drug users coordinated primary health care and drug abuse treatments.

The Centers for Disease Control expanded public education programs through newly developed targeted education programs for schools and college aged youth for those in and out of school.

It also expanded support for counseling, testing and partner notification to provide early diagnosis and education of people at risk.

Our Alcohol, Drug Abuse and Mental Health Administration developed research programs on the most effective behavior change methods so as to work with people to reduce or eliminate their risky behavior. These are some of the things PHS does.

I am proud of our department. The men and women at HHS work together. Those in the Health Care Financing Administration work with those in the Public Health Service to make certain that we fully coordinate our efforts to respond to the crisis of AIDS and HIV infection. In addition, HCFA helps state agencies coordinate their Medicaid efforts, and works with hospitals and other care providers to improve reimbursements under Medicaid and Medicare.

As a well-integrated department, Health and Human Services is able to meet the needs of a diverse population with a variety of coordinated services -- all provided by one Cabinet-level department. These include disability benefits through Social Security and Supplemental Security Income cash benefits; Medicaid and Medicare benefits; approval of drug therapies; innovative research in the basic sciences; and education for health promotion and disease prevention.

There are many ways to save a life and to improve the quality of that life. It takes many different skills. We find them all at HHS, and we are proud of the progress that has been made in helping people with AIDS. We are the lead federal agency in the war against AIDS, and while there are far too many casualties, I am convinced that in time we will win this war.

Let me return to one aspect of our program I just mentioned -- education. The simple fact is -- education works. If you remember nothing else I say here, remember this: Education works. It prevents disease. Knowledge of how HIV and AIDS are spread will prevent infections in those not yet infected. And it will help prevent fear and prejudice caused by misinformation.

We must share with others what we already know: HIV and AIDS cannot be spread through casual contact, such as in the workplace. I am a doctor, and I know what I am saying. Our experts have been watching for evidence that HIV/AIDS is spread through casual contact. There is no such evidence. So let me repeat, and let me emphasize: HIV and AIDS cannot be spread through casual contact.

It is spread by unprotected sexual activity, including high-risk sexual activity, by sharing contaminated needles, and from an infected mother to her baby.

One issue that has received special attention recently is travel. I believe we should explore every solution, including a legislative solution, if necessary, to remove discriminatory barriers and make international travel by HIV-infected persons easier. We will explore all possible alternatives. We will be faithful to the health of the American people, fair to those infected, and guided by our understanding of the scientific facts, and not societal fears.

There is one more point I would make today. Most of our health professionals are doing an outstanding job in treating people with HIV and AIDS. They are knowledgeable, caring, compassionate. And they are properly cautious. Let me focus on two professions, dentistry and medicine.

Thirty percent of those with HIV infection find their first symptoms in the oral cavity. Their dental health problems are often painful, severe, complicated, and costly to treat. I find it fascinating and reassuring that of some 180,000 dentists in the nation, only one dentist has been found to be HIV-positive because of occupational transmission. The American Dental Association says this dentist often did not wear gloves, even though he had obvious breaks in the skin on his hands. Moreover, ADA says that he followed infection control procedures only intermittently. That is one dentist out of some 180,000.

I will note that a second dentist was found to be HIV-positive during a screening; however, not enough information is available to confirm that this case is due to occupational transmission. I must also add that there are 89 dentists reported with AIDS, but they have risk factors that are <u>not</u> related to their profession.

Now let me turn to physicians. There is evidence that in choosing residencies, some medical students may be moving away from specialties and locations in which the care of AIDS patients is concentrated. A survey of recent medical school graduates reported that one-in-four said they did not want to treat AIDS patients because of the risks.

We need <u>more</u> qualified and compassionate people to treat people with AIDS, not fewer.

AIDS is different from other diseases to which physicians, dentists, nurses and other health professionals are at risk. While we have always gone where communicable disease is rampant, those diseases over the past half century have almost always been seen as treatable. AIDS is just now becoming treatable.

I am proud of all of our health professionals, and yet I know that there are <u>some</u> whose compassion antennae require adjustment when treating people with HIV and AIDS. The health care industry is being tested. Medicine, dentistry, nursing and all of the other health care professions are not private professions. <u>They are a franchise granted by society.</u>

Health professionals must remember that they were given the opportunity to become successful and respected care givers because <u>society</u> has underwritten the <u>real</u> costs of their education. There is a <u>compact</u> between medical professionals and all of those who provide grants and gifts from the public and private sectors. That compact requires health care professionals to be of <u>service</u> to society. So if there are some health professionals who must heal themselves of the horror and hatred in their hearts before they can free a nation of its fear of AIDS, then let the healing begin.

There are times when a legislative remedy is one solution to discrimination. That is why I join the President in his call for the House to match the Senate in approving legislation that will help prevent overt discrimination against those with HIV infection or AIDS, and other types of disability.

Yet law alone cannot solve all of our problems. No one sector of society can stem the tide of infection, provide all of the care and treatment, all of the research and all of the education required to put HIV/AIDS in perspective and prevent their spread. This is a job that must be done at many different levels, by many different people. Yes, the federal government has its role, but so do state and local governments, and so does the private sector, voluntary societies, and those who advocate the rights of people with AIDS.

Martin Luther King, Jr. once said that, "the ultimate measure of a man [or woman] is not where he [or she] stands in moments of comfort and convenience, but where he [or she] stands in times of challenge and controversy."

I know where you stand. You are there with the baby with HIV infection. You are with adult men and women who suffer from AIDS and, yes, still die from it. You stand with those who seek treatment and are well enough to return to work and resume their productive place in society. You stand with the providers and researchers.

In the midst of the battle, you stand at the front of the line, and I salute you.

###

THE WHITE HOUSE
WASHINGTON

March 20, 1990

TO: CHRISS WINSTON

Attached are some points which may prove helpful in drafting the AIDS speech.

This particular group is high-powered, and has been largely organized as a means of involving the business community in the fight against AIDS. I think Burt Lee can vouch for them.

Thanks.

Jim

Jim Cicconi

NATIONAL
LEADERSHIP
COALITION
ON AIDS

1990 MAR 20 AM 10:51

19 March, 1990

BOARD OF DIRECTORS

Officers

John R. Taylor
Chairman & CEO (Ret.)
The Principal Financial Group
Chair

J. Richard Munro
Chairman & CEO
Time Warner Inc.
Vice Chair

David N. Sundwall, M.D.
Vice President
AmHS Institute
Vice Chair

Karen Ignagni
Assoc. Dir., Occupational Safety and Environmental Affairs, AFL-CIO
Secretary

Michael Pollard
Partner
Michaels & Wishner, P.C.
Treasurer

B.J. Stiles
President

Members

Gwynn C. Akin, Ph.D.
Syntex Corporation

Lewellys F. Barker, M.D.
American Red Cross

Nora Kizer Bell, Ph.D.
University of South Carolina

Erline Belton
Digital Equipment Corporation

Edward N. Brandt, Jr., M.D., Ph.D.
College of Medicine, Oklahoma University Health Sciences Center

Sharon Canner
National Association of Manufacturers

Glenn E. Haughie, M.D.
International Business Machines Corp.

William R. Hendee, Ph.D.
American Medical Association

Stephen E. Herbits
Joseph E. Seagram & Sons, Inc.

Stanley G. Karson
Center for Corporate Public Involvement

Larry Kessler
AIDS Action Committee of Mass.

Bryan Lawton, Ph.D.
Wells Fargo Bank

Sam S. McKeel
The Sun-Times Company

Stephen T. Moskey
Aetna Life & Casualty

T.M. (Terry) Mulready
Pacific Bell

Emilio R. Nicolas, Jr.
KMEX-TV, Los Angeles

Beny J. Primm, Jr., M.D.
Addiction Research Treatment Corporation

Mervyn F. Silverman, M.D.
American Foundation for AIDS Research

The Rt. Rev. William E. Swing
Episcopal Diocese of California

Larry H. Williford
Allstate Insurance Company

Via Messenger

Jim Cicconi
The White House
Washington, D.C.

Dear Jim:

Thanks for your interest in the National Business Leadership Conference which President Bush will address March 29th. The program for the conference, and a one-page description of our goals and purposes are enclosed.

You agreed to take a look at suggested highlights for the speech. I've done such a draft, which is attached.

One component not in this draft is a roster of companies, CEOs, and business group which warrant specific acknowledgment for their outstanding responses to AIDS. I did not include such citations, as someone advised that it was against White House policy to include such specific citations without prior approval from such sources. I assure that we could obtain such approval, or direct the appropriate office at the White House to the source if that is the preferred mechanism. Generic thank-you's aren't quite sufficient for AIDS, and I know that those in the vanguard of providing business and civic leadership will find their jobs far easier if Presidential acknowlegments are possible.

Some of those in the vanguard are cited in the enclosed publication, Business and Labor Speak Out on AIDS. But there are others.

Thank you for any counsel you can provide.

Cordially,

B.J. Stiles
President

BJS/st
Enc.

1150 17th Street N.W.
Suite 202
Washington, D.C. 20036
202/429-0930
FAX: 202/872-1977

19 March 1990

NATIONAL
LEADERSHIP
COALITION
ON AIDS

National Business Leadership Conference on AIDS
March 29, 1990

I. <u>The AIDS epidemic is far from over; we face great challenges ahead. We must work together.</u>

- This is a painful, difficult disease and we're losing far too many Americans.

- You heard the specifics earlier this morning from Secretary Sullivan, Dr. Fauci, and Dr. Curran. Just as important are the panels (of the Quilt) which hang around us today. Like each of you, Barbara and I have lost too many friends to AIDS, and these celebrations of their lives remind us that each number we hear is about a human being.

- Although AIDS is a fatal disease, we will have far more people living and working longer with AIDS. That means the opportunity to live and work together, and to help one another.

II. <u>Private sector responses to AIDS have been outstanding, but the job isn't finished. We must do more.</u>

- Business and labor have stepped forward, and in some communities you have been among the pioneers. Yet, it seems that only about 20 percent of the largest companies are doing much about AIDS, and we must get others to follow your lead.

- Most of the business response has been from the nation's largest companies, but as the epidemic spreads and worsens, small and medium sized businesses will also be affected.

- Corporate giving to AIDS has grown, and I am pleased to know that private foundations and corporations have given over $100 million to support thousands of AIDS projects. But now is not the time to slack off or abandon these important commitments. I believe that the next $100 million--or more--will bring us closer to winning this battle.

- Press and media have been important allies in getting the AIDS message to everyone. But some are tired of the story, or believe there isn't a new angle or hook. Please don't stop now. The message is too urgent. The lives of countless

Americans depends upon understanding how the HIV virus is and is not transmitted, and the mass media plays a critical role in helping change behaviors and attitudes.

- The churches, synagogues, and spiritual leaders of America are getting involved, and I hope that more will come forward. We need you to help ensure that people with AIDS aren't rejected by their families and neighbors: to help provide care--to literally offer food, clothing and shelter for those suffering from AIDS. I call upon America's religious leaders--lay and clergy--to increase the love and compassion so badly needed and to dispel the anger and rejection directed toward those with AIDS.

- We must all resist the instinct to blame the sufferer, and instead find solutions for the suffering.

III. Federal, state and municipal resources have been marshaled to provide critical support, but the job isn't finished. We in government must do more, too.

- We are committed to federal support for all the core components of the epidemic: research, education, care and services, and treatment.

- We must ensure that no person with AIDS or affected in any way by AIDS is subjected to discrimination. That is one of the foremost messages from Admiral Watkins and his colleagues on the Presidential AIDS Commission, and this Administration is in complete agreement. I want to restate my full support for passage of the Americans with Disabilities Act still pending before Congress, and ask you to join me in seeking swift passage of this important bill.

- Although we remain opposed to categorical approaches to solving problems, I believe that the special impact of AIDS on parts of our society are so burdensome and costly that I am today announcing support, in principle, for legislation to help locales especially burdened by AIDS, and for individuals with AIDS who fall outside the health care system in this country. We have the mechanisms to respond promptly to disasters like hurricanes, earthquakes, and tornadoes. We must consider how to provide similar assistance for those hardest hit by the AIDS epidemic.

- I return to the importance of education, and commend you in the business community who are providing excellent HIV information for your employees, their families, and the communities in which they live. Today I am asking each Member of the Cabinet to identify how we as government employers can increase our effectiveness in helping to educate all federal government

employees about AIDS. The guidelines already developed by the Office of Personnel Management are excellent; we now need to make them known throughout the government workforce.

In conclusion, I want to strongly endorse the work of those here today, and those you represent, in marshaling support from the private sector to help us resolve the pain, fear, and stigmatization surrounding AIDS. This nation has never shirked a challenge of this magnitude, and we will not turn our back on this one.

We have the mechanisms at our disposal. This Administration does care and is resolved to work together with you and others in containing this threat to our personal and social welfare.

We will work diligently with the Congress and leaders of both parties to pass the Americans with Disabilities Act, and to develop any other legislation required to ensure that persons with AIDS do not suffer discrimination.

We welcome the work of the National AIDS Commission and look forward to close communication with one another as they continue to examine what is needed to resolve this painful, costly, and complex epidemic.

We urge you who are here today to return to your places of work, and take this message to your co-workers and bosses: <u>The AIDS epidemic is not over, and we cannot sit back and leave this challenge to others. We must do our share.</u>

NATIONAL
LEADERSHIP
COALITION
ON AIDS

BOARD OF DIRECTORS

Officers

John R. Taylor
Chairman & CEO (Ret.)
The Principal Financial Group
Chair

J. Richard Munro
Chairman & CEO
Time Warner Inc.
Vice Chair

David N. Sundwall, M.D.
Vice President
AmHS Institute
Vice Chair

Karen Ignagni
Assoc. Dir., Occupational Safety and Environmental Affairs, AFL-CIO
Secretary

Michael Pollard
Partner
Michaels & Wishner, P.C.
Treasurer

B.J. Stiles
President

Members

Gwynn C. Akin, Ph.D.
Syntex Corporation

Lewellys F. Barker, M.D.
American Red Cross

Nora Kizer Bell, Ph.D.
University of South Carolina

Erline Belton
Digital Equipment Corporation

Edward N. Brandt, Jr., M.D., Ph.D.
College of Medicine, Oklahoma University Health Sciences Center

Sharon Canner
National Association of Manufacturers

Glenn E. Haughie, M.D.
International Business Machines Corp.

William R. Hendee, Ph.D.
American Medical Association

Stephen E. Herbits
Joseph E. Seagram & Sons, Inc.

Stanley G. Karson
Center for Corporate Public Involvement

Larry Kessler
AIDS Action Committee of Mass.

Bryan Lawton, Ph.D.
Wells Fargo Bank

Sam S. McKeel
The Sun-Times Company

Stephen T. Moskey
Aetna Life & Casualty

T.M. (Terry) Mulready
Pacific Bell

Emilio R. Nicolas, Jr.
KMEX-TV, Los Angeles

Beny J. Primm, Jr., M.D.
Addiction Research Treatment Corporation

Mervyn F. Silverman, M.D.
American Foundation for AIDS Research

The Rt. Rev. William E. Swing
Episcopal Diocese of California

Larry H. Williford
Allstate Insurance Company

NATIONAL BUSINESS LEADERSHIP CONFERENCE
ON AIDS
March 29, 1990

Purpose of this meeting:

1) To convene 400 top business executives, labor leaders, and others in a one-day session to address the impact of AIDS in the 1990s, with special focus on the consequences for the business community.

2) To provide a platform for the President to address the nation on this critical subject.

3) To marshal further support from the private sector to respond to the growing needs stemming from the AIDS crisis.

Goals for this meeting:

1. To underscore the considerable impact of AIDS on all Americans, and to highlight the necessity for an ongoing response to the epidemic.

   Bottom line: AIDS is not over; even more will be required from all of us in the decade ahead.

2. To acknowledge the role which the private sector has played in reducing infections; providing support; and creating a compassionate and favorable response to all those affected by AIDS.

   Bottom line: Many in the private sector--especially corporate America--are likely to back away from continuing attention to AIDS unless there is strong Presidential encouragement and new incentives.

3. To send participants in this meeting back to their offices with a clear Presidential mandate, and some new insights which will provide their bosses and colleagues with a renewed understanding of the nature and scope of the epidemic.

   Bottom line: Don't back away; get more of your associates and neighbors involved. Don't go it alone; work with others, especially public health and community service organizations, religious leaders, and other business and labor groups.

1150 17th Street N.W.
Suite 202
Washington, D.C. 20036
202/429-0930
FAX: 202/872-1977

The National Business Leadership Conference on AIDS
March 29, 1990
Crystal Gateway Marriott, Arlington, VA

Tentative Agenda

7:30 a.m. - 8:30 a.m.
Registration

Continental Breakfast

8:30 a.m. **Welcome and Introduction**

Speakers:
Lawrence H. Williford
Senior Vice President
Allstate Insurance Company

John R. Taylor
Chair, Board of Directors
National Leadership Coalition on AIDS

David E. Rogers, M.D.
Chair
National Community AIDS Partnership

AIDS and the Federal Agenda

Speaker:
The Honorable Louis W. Sullivan
Secretary
Department of Health and Human Services

A Critical Look at AIDS in the '90s

Research and Treatment Issues

Speaker:
Anthony S. Fauci, M.D.
Director
National Institute of Allergy and Infectious Diseases

The Numbers and What They Mean

Speaker:
James W. Curran, M.D., M.P.H.
Director, Division HIV/AIDS
Center for Infectious Diseases
Centers for Disease Control

AIDS From A CEO's Perspective

Speaker:
Robert D. Haas
Chairman and Chief Executive Officer
Levi Strauss & Co.

SPECIAL KEYNOTE ADDRESS (CONFIRMED)

Speaker:
PRESIDENT GEORGE BUSH

Luncheon

Luncheon Speaker

J. Richard Munro
Co-Chairman and Co-Chief Executive Officer
Time Warner, Inc.

Belinda A. Mason
President, National Association of People With AIDS, and Member, National Commission on AIDS

Health Care Costs and the HIV Epidemic

Speaker:

Carl J. Schramm
President
Health Insurance Association of America

Labor Responses to AIDS

Speaker:

John J. Sweeney
International President
Service Employees International Union

Living and Working with AIDS

Interviewer:

Renée Poussaint
News Anchor
WJLA-TV

Panelists:

Erline Belton
Manager, Corporate Employee Relations
Digital Equipment Corporation

Cleve Jones
Founder
The NAMES Project

Phil K. Morrow
Founder and President, IMDT, Inc.
Board of Directors, AIDS Services of Dallas

3:30 p.m. Close

EDITED BY

Elizabeth Fee

AND

Daniel M. Fox

AIDS

THE BURDENS OF HISTORY

The certificate was routinely requested from all children under the age of sixteen before embarkation for travel at all ferry and rail terminals as well as steamboat piers. Those who managed to leave without such cards were not allowed to disembark at their destination.[99]

Although thousands of certificates were issued in the following weeks, many communities around New York City refused to accept them. Some demanded similar documents from the accompanying adults, and other communities, such as those in Connecticut, quickly escorted arriving families out of town and abandoned them in open fields. One child from Brooklyn, who possessed a health certificate, came down with polio in Rochester, forcing Emerson to reiterate that the examination given prior to issuance of a permit card could not detect disease during the early stages of incubation.[100]

Given the presence of large numbers of healthy carriers, Emerson actually questioned the ban on travel out of New York City. In his view, such quarantine measures were futile and had no effect on the spread of the epidemic. "I know that nothing has developed so many automobile detours, such ingenuity in the violation of the laws, and such wholehearted disrespect for reasonable sanitary law and its enforcement."[101] Strangely enough, Emerson's opinion about quarantines outside New York was totally at odds with his strong belief in their utility within the city.

Emerson's reference to travel detours was pertinent. Anxious parents planning summer outings or more extended vacations flooded the Automobile Club of America with requests for routing around the more than five hundred quarantines imposed by towns and villages bordering New York City. In many instances guards with red flags were posted at the entrance of such towns, stopping every automobile and carefully searching for concealed children. Those carrying anybody under the age of sixteen had to report to police stations or health offices.[102] "I hardly need to recall the countless instances of inconvenience, hardship, yes, real brutal inhumanity which resulted from the application of the general quarantine," admitted Emerson.[103] No wonder so many people "developed a most perverse ingenuity in discovering automobile detours."[104]

During the month of August, reported cases of polio began to ebb, and doubts were increasingly voiced concerning the success of Emerson's quarantine measures. The vector theory of the stable fly was discredited;[105] dissemination of polio was now thought to occur mostly via unrecognized carriers through person-to-person contacts. It was also thought that the decline in polio cases resulted from the depletion of

susceptible children who lacked natural immunity.[106] "Perhaps twenty-five years from now our present prophylactic efforts may appear to have been too troublesome, over strenuous, or even ill advised," conceded one editorial in a medical journal.[107] With the epidemic now abating, it was safe to criticize such measures. In nearby Oyster Bay irate fathers interrupted a town council meeting on August 28 demanding the return of their children who had been removed to isolation hospitals. The local quarantine was branded as another instance of "propaganda to terrify the people."[108]

One cannot avoid noticing a sobering skepticism which overtook public health officers, medical practitioners, and scientists as the polio epidemic of 1916 came to an end. The New York City Health Department had tried in part to control the outbreak by teaching the public everything known about the disease with the help of professional groups, volunteer organizations, the press, and leaflets. After all, responsibility for infectious diseases had significantly shifted in the twentieth century from the environment to individuals, their way of life, and behavior. But public education alone was certainly not enough; it only heightened the fears of many, failed to reach others because of ethnic and social barriers, and, moreover, failed to stem the epidemic.

Emerson was persuaded to adhere to sanitary principles and isolation methods employed since the Renaissance. As he wrote: "Health of the individual is a public asset in which the civil government has an interest and for the protection of which broad police powers may be exercised."[109] Such functions were specifically authorized by law, then executed and enforced for the public good at the expense of individual rights. Environmental sanitation, quarantines, and isolation of the sick were among the key objectives of such a campaign.

None of the approaches was entirely successful. "As to the lessons we have learned during the epidemic," declared one physician, "we have learned very little that is new about the disease, but much that is old about ourselves."[110] Scientists were still debating the nature of the agent causing polio and its method of transmission. Physicians, while expressing appreciation for the great clinical opportunities furnished by the epidemic, argued about the usefulness of spinal fluid examinations and convalescents' serum treatments.[111] Five hundred children with varying forms of paralysis presented formidable challenges to those entrusted with their rehabilitation.

And then there was public health. Isolation and quarantine had appeared to help stem the onslaught of polio. But, did they really, or was

disclose," wrote one editorialist.[88] Indeed, the poor lacked the airy, clean, and cheerful rooms which Emerson recommended for the domestic treatment of polio cases. They seemed unable or even resistant to following the rules of hygiene which presumably contributed to a disease-free environment. "Defilers of the streets are to blame," commented one writer.[89] Even New York's mayor stressed cleanliness. "There is no occasion for alarm or panic," read Mitchell's statement published July 9 "Careful observance of the simple directions given by the Health Department as to personal and household cleanliness will go far to prevent further spread of or exposure to infection."[90]

Not surprisingly, poor Italian families bearing the early brunt of the epidemic were suspected of having introduced polio from their homeland, although inquiries by Emerson to the quarantine station at Ellis Island failed to confirm such an impression. Both the immigration authorities and American consular staff in Italy declared that no polio cases had been reported in that country. In spite of such reassurances, suspicion lingered and quickly included Lower East Side Jews and Poles, who also furnished a disproportionate number of polio cases. Certain neighborhoods appeared to be especially dangerous. One of them was "Pigtown," an Italian section of Brooklyn around Albany Avenue and Maple Street.[91]

As the toll from the epidemic mounted in July, the New York Health Department increased its "war" against the crippling scourge. Among the newly recruited "forces" were 21,000 citizens organized by the city's police commissioner under the banner of "Home Defense League." Its members spread out to every precinct, where they worked thirteen-hour shifts accompanying policemen on patrol and searching for violations of the sanitary code. Grocery stores, fruit markets, and street vendors came under strict surveillance. One hundred and fifty gangs with water trucks were placed into service. All theaters and movie houses were closed to children under the age of sixteen.[92]

Public acceptance of and cooperation with such a health campaign were critical, and Emerson was quite aware of the difficulties awaiting him if he failed to persuade the community through educational means about the importance of sanitary and quarantine measures. "Anything which causes antagonism of the public to the policy of reporting and removal to isolation hospitals, develops deception, hiding of cases, and such methods of obstruction as to frustrate to a great degree any approach to successful separation of the sick from the well."[93] But how could the public be convinced? Repeated visits by public health nurses

trying to educate families at risk proved only partially successful. The pitch was directed to the children of immigrants themselves, who apparently grasped the importance of the measures before their parents; because of cultural and language barriers, these parents were less amenable to the sanitary gospel. "Results obtained among adults were largely due to fear of authority and the force of the department and not to voluntary action on their part," commented one newspaper editorial.[94]

There was, of course, resistance to the actions of the Health Department. As the seemingly conflicting messages of environmental hygiene and personal contagion took hold, fear began to grip the wary. "Many a family of children was housed for weeks, often in tight-shut rooms, the children's pale faces pressed against the window panes, mute evidence of their unreasonable imprisonment," recalled Emerson.[95] Others slammed the door in the faces of visiting nurses, who were suspected of carrying polio from one family to another. One nurse stationed at a pediatric clinic in Brooklyn, who had repeatedly reported cases of the disease as well as violations of the sanitary code in "Pigtown," received a life-threatening "black hand" letter and from then on had to be escorted by a policeman between her home and place of work.[96]

The Red Cross, in turn, provided its nurses for home visits because they apparently generated less fear among mothers who worried that their children would be summarily confiscated and removed to hospitals. The latter were rumored to be hotbeds of polio infection easily transmitted to arriving children and health personnel. Even many private schools and colleges refused to admit students on trivial grounds.[97]

By mid-July publicity surrounding the polio epidemic in New York City prompted a major effort by neighboring communities and indeed the rest of the nation to confine the city's children within the metropolitan area, thus avoiding a possible spread of the disease to other cities and villages. Towns on Long Island, a favorite summer destination for countless New York families, placed billboards at their city limits urging city dwellers with children to return home. Hotel-owners admitting them overnight were heavily fined. At numerous railroad stations families traveling with children were turned back or placed under observation.[98]

With assistance from the U.S. Public Health Service, the New York Health Department agreed to issue one-day health certificates or traveler's identification cards, certifying that the child was free of symptoms and did not come from an infected household. The same document could also be obtained from a private physician after an examination.

Mothers were advised to bring all febrile children, especially those with "weak legs" or to send for a doctor.[77] All physicians in affected areas were urged to cooperate. Moreover, the authorities offered diagnostic lumbar punctures and spinal fluid examinations free of charge.

As the house-to-house searches were stepped up with the help of additional inspectors and nurses, quarantine procedures went into effect to isolate the suspected victims of polio.[78] Many children were promptly and forcibly separated from their parents and removed to specially outfitted pavilions at nearby hospitals for proper diagnosis and treatment. Initially, most patients arrived at Kingston Avenue and Queensboro hospitals.[79] Only two visits to the sick by members of the family were allowed over the next eight weeks. Confirmed cases of the disease were made public, and their names as well as addresses were published daily in the newspapers. Parents were urged to read the lists and keep their children far away from the infected places. Houses yielding victims of the disease were immediately placarded. Like a scarlet letter, the clearly visible sign was placed outside on the street front and in tenement buildings on the street door, entrance hall, and apartment door. Inspectors checked on the yellow signs daily, trying to discourage their removal, which was subject to a heavy fine.[80]

Well-off parents, of course, could keep their sick children if they could provide them with a separate room and adequate nursing as well as medical care. Such isolation lasted eight weeks and required comprehensive cleaning of the premises, provision of separate bedding and utensils, and careful disposal of bodily discharges. If a child died at home, coffins were immediately sealed and burial occurred without a church ceremony. Houses were thoroughly fumigated and new wallpaper installed. All surviving siblings under the age of sixteen were quarantined in the house for the next two weeks.[81]

To ensure public support for such draconian isolation measures, Haven Emerson and his Health Department prepared half a million yellow leaflets for distribution. New Yorkers were told that polio was "a catching disease," its method of spread "not yet definitely known." Its germ was present in discharges from the nose, throat, and bowels of ill and even healthy persons, and therefore it was essential for children to stay away from crowds in parks, swimming pools, movie houses, and stores. Fresh air, wholesome food, shower baths, and general cleanliness were recommended as the best prophylaxis.[82]

The role of filth in poliomyelitis and its implications for public and personal hygiene was ambiguous but attractive to public health officials.

Because the spread of the disease was unpredictable—ignoring class distinctions and geographical boundaries—the idea of an environmental factor responsible for transmission of the disease was quite appealing. Moreover, experiments carried out in 1912 by Milton Rosenau, a professor of preventive medicine at Harvard, suggested that flies, especially the biting stable fly, could transmit polio. Although the importance of this possible vector was still under investigation, the Health Department could not ignore it.[83] All scientific studies concerning infantile paralysis were problematic at this time. Although a virus believed responsible for the disease had already been isolated in 1909, virology was still in its infancy; given the contemporary climate of fear, no one could take any chances.[84]

The New York Health Department therefore embarked on a vigorous cleaning campaign. Four million gallons of water were dumped daily on the city's streets, paradoxically *before* the garbage was hauled away. Refuse and ash piles accumulating in halls of tenement houses and on sidewalks had to be removed. All stray cats and dogs were collected; according to the Society for the Prevention of Cruelty to Animals, three hundred to four hundred fifty cats and dogs were put to death daily in early July. Flyswatters and screens to fend off the gregarious stable fly and its less aggressive domestic cousin were widely dispensed. Parents were urged to keep their homes spotless, and to go over all woodwork daily with a damp cloth, sprinkling floors with damp tea leaves or shredded newspaper before sweeping; to take daily baths; and of course, to keep covers over each garbage pail.[85]

Homeowners caught depositing refuse on the streets were fined. Brooklyn, an early locus of the epidemic, became the black sheep in the eyes of Commissioner Emerson. He accused its citizens of lacking enough civil pride to keep their streets clean, suggesting that perhaps they were responsible for the abundance of cases there.[86] An army of thousands of volunteers began patrolling the neighborhoods on foot and on motorcycles, checking for violations of the Sanitary Code. By July 11 the authorities had already charged 148 individuals with violations; eventually 2,266 such summonses were listed.[87]

As most public health measures increasingly focused on environmental filth and garbage, polio began to be viewed as another plague of poverty primarily affecting the same marginal slumdwellers who had been blamed for previous epidemics. "If we could get rid of ignorance and the filth and superstition that go with it, there would be little need to hunt down the mysterious germs that no filter can stop and no microscope

thing seems to be resuming its wonted appearance."[69] The sky, clear because of idle factories and unused domestic fireplaces, gave way again to "the dense cloud of smoke which always lays over the city."[70]

As in the previous case of plague, the cholera epidemic of 1832 constitutes another paradigm for social responses to disease. Here again, the poor—often immigrants—were the primary victims both of the disease and of the blame. In this view, moral failings thought to be responsible for poverty and dissipation provided a fertile substratum for cholera to break out among those marginal sectors of society "different" from the hard-working, God-fearing majority. Public health measures sought to clean up the environment, thus reassuring the anxious public, but the activities were selective: Slums such as the Five Points area continued to wallow in garbage and to be without fire protection. Epidemic disease served once more as a focus for the expression of religious, political, and cultural biases within society.

POLIO

The third and final case study presented in this chapter deals with the serious epidemic of poliomyelitis, or infantile paralysis, which erupted among inhabitants of New York City in the year 1916. The disease had been rare before 1907, although minor episodes occurred in Austria (1898) and Scandinavia (Norway and Sweden, 1904). In Rutland, Vermont, an outbreak of polio was reported in 1894 which took the lives of 132 people before striking New York in 1907 and killing an estimated 2,500 persons. After 1907 polio epidemics became increasingly more frequent. Between 1910 and 1914 alone about five thousand deaths and thirty thousand cases were reported in the United States.[71]

As in previous instances, human actions contributed decisively to the creation of a favorable ecological setting for poliomyelitis. Ironically, the culprits were improved public sanitation and personal hygiene, slowly achieved after decades of cholera and typhoid fever. Such relative cleanliness presumably reduced the transmission of wild and ubiquitous polioviruses that had hitherto routinely infected most infants and young children without producing paralytic complications. As a consequence, these groups became increasingly unprotected and susceptible to the crippling form of disease. In fact, many children became polio victims soon after being weaned and thus deprived of maternal immunity.[72]

Ever since poliomyelitis had become a reportable disease in 1910,

public health authorities everywhere carefully monitored its appearance. This was especially true during the summer months, when polio was known to strike. Authorities in New York were especially on alert because the city had already suffered two serious epidemics of the disease in 1907 and 1910. The new administration of Mayor John P. Mitchell was proud of its Health Department. This unit was composed of competent professionals and led by Haven Emerson, a former medical practitioner who had treated the last cases of cholera. Successful campaigns against unsanitary boarding rooms, subway and streetcar crowding, as well as trade in patent medicines had bolstered the department's morale. In the eyes of its officials, a declining infant mortality rate testified to the city's sanitary standing. Its combined population from all five boroughs was estimated at 5,570,000.[73]

All but forgotten in the midst of an election year, the war in Europe, and a Mexican-American crisis prompted by Pancho Villa's raid, the first cases of polio in New York were reported on June 6. All of the sick children came from a densely populated section of Brooklyn near the waterfront, primarily populated by Italians. Visiting nurses making a house-to-house search soon discovered another twenty-two victims of the disease, some ill for several weeks but not severely enough to demand medical attention.[74]

There was no denying it. Polio had returned to New York. In the following days 327 new cases were disclosed in Brooklyn alone, with a mortality rate of about 20 percent. Before it was all over in November, New York City reported a total of 8,927 true cases of polio and 2,343 deaths, with the two less-populous boroughs, Richmond and Queens, actually showing the highest case rates. Nearly half of the victims—4,500, were seen in or admitted to the city's hospitals. Nationwide, the poliomyelitis epidemic of 1916 affected 27,000 people in 26 states and caused about 6,000 deaths.[75]

One of the first tasks of the New York Health Department was to ascertain the dimensions and geographic contours of the new epidemic, a coordinated process based on numerous field reports provided by an army of inspectors and nurses. As one publication stated: "It is the health officer's task in an epidemic to know where all cases are in his bailiwick."[76] Detection and disclosure of new cases was paramount to achieving control of the epidemic, and it could only be carried out with the help of the medical profession and the public. Neighborhood health stations were at the forefront of these search-and-report missions. Some infants brought in for regular visits could not hold on to their bottles.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
Building : 31
Room : 7A03
(301) 496- 2263

March 7, 1990

Mr. Robert Simon
The White House
Old Executive Office Building
Washington, DC 20500

Dear Mr. Simon:

As per our recent telephone conversation, I am enclosing an outline for my presentation at the National Leadership Coalition on AIDS, which will be held at the Crystal City Gateway Marriott on March 29. In addition, I have enclosed an article which I recently wrote entitled "AIDS: The Challenge to Biomedical Research."

I hope that you find these materials useful. If I can be of any further assistance, please feel free to contact me. Thank you and best personal regards.

Sincerely,

Anthony S. Fauci, M.D.
Director
National Institute of Allergy
and Infectious Diseases

ASF:lr

Enclosures

Brief Summary of Presentation

Anthony S. Fauci, M.D.

As we enter the 1990s, the number of reported cases of AIDS continues to mount and the urgency to develop effective strategies to prevent and control HIV infection becomes more pronounced. The United States Public Health Service estimates that by the end of 1992 there will be approximately 365,000 cumulative cases of AIDS in this country, with close to 263,000 cumulative deaths. Yet there is reason for cautious optimism that the shape of the epidemic can be changed.

From a scientific perspective, progress in understanding this disease process has moved forward at an impressive rate. The fundamental manifestations of the disease have been documented and the general contours of the epidemic delineated. Basic research efforts have led to the discovery of the causative agent (HIV), as well as insights into the targets for the virus in the body, the body's responses to infection with the virus, and the pathogenic mechanisms whereby the virus produces its deadly effects. A nation-wide clinical trials program has been established to test experimental AIDS therapies, and several trials of potential AIDS vaccine candidates are currently underway.

While a cure for AIDS or a vaccine against HIV infection remains elusive, steady progress in survival and in the quality of life for HIV infected individuals is being achieved. As scientific advances offer many more options for treating HIV infected individuals more effectively and earlier in the course of disease, HIV infection is coming to be seen as a potentially chronic, manageable disease.

In his presentation, Dr. Anthony S. Fauci will review important accomplishments and the current status of biomedical AIDS research efforts. With an eye towards the many challenges HIV infection/AIDS will present for the 1990's, Dr. Fauci will focus on the promising new avenues for scientific pursuit and, importantly, the prospects for therapeutic intervention.

Outline of Dr. Anthony S. Fauci's Speech

to the

National Leadership Coalition on AIDS

March 29, 1990

Crystal City Gateway Marriott Hotel

Crystal City, Virginia

AIDS: Considerations for the 1990s

I. Issues for the 1990s:

A. The changing profile of the HIV epidemic

B. Basic research

C. Therapeutic intervention

D. Vaccine development

E. Special considerations for the 1990s

II. The changing profile of the epidemic:

In the 1990s we can expect an even greater concentration of new HIV infection among IV drug abusers, particularly in the inner city areas. This will lead to a situation in which there will be a disproportionatly greater burden of HIV infection among minority populations. Since an IV drug using population will be the major target of new infections in 1990s, by definition this will lead to a greater number of heterosexually transmitted cases, cases among women, as well as HIV infection among newborns. At the same time as the rate of infection will increase in IV drug users, there will very likely be a decrease in new infections among homosexual and bisexual men. Nonetheless, there will still be large numbers of homosexual men who are already infected who will become sick in the 1990s.

III. Basic research:

New opportunities in basic biomedical research regarding HIV infection will be discussed.

IV. Therapeutic intervention:

A. Drug development

B. Clinical trials

C. Early intervention:

A greater emphasis has already been placed on treating individuals who are HIV infected who have not yet developed symptoms or those who have very few symptoms. Most recently in the summer of 1989 a number of clinical trials have indicated that at least one drug (AZT) is beneficial in delaying the onset of symptoms in individuals early on in their infections. This has already led to a philosophy which will be further realized in the 1990s of early intervention of HIV infection.

D. Access to therapy:

The Public Health Service is already implementing a mechanism for expanded access to therapy simultaneous with the conduct of clinical trials.

V. Advances in vaccine development:

Over the past year there have been a number of important advances in the development of vaccines for HIV infection. Of note is the fact that in at least three separate studies in an animal model (monkey) of AIDS there have been clear-cut indications that a vaccination with the whole killed monkey virus can lead to protection against challenge with the live virus. This has important implications for the possible development of a vaccine for HIV in humans in the 1990s.

VI. Special considerations for the 1990s:

The large numbers of individuals who have been infected with HIV have brought into focus a number of important problems in society which must be addressed, including the widespread use of drugs in society and the lack of adequate health care services for a number of segments of society.

COPY from ORM

119369
TR001

Feb. 16, 1990

Aboard Air Force One

Dear Steven, Leonard,
Ray, John, Chris,
Joseph & William -

I read and re-read your touching letter of Feb. 6th - so did Barbara. We do care and we learned from our visit with you - we learned a lot about courage and also a lot about hope.

Good Luck and
May Thanks for your letter

Ever Bush

OVER

900221

Mr. Stephen Welch and Friends
Department of Health & Human Services
Public Health Service
National Institutes of Health
Building 10, Room 11C442
Bethesda, Maryland 20892

We are flying to Maine to see our daughter, but I wanted to send my love also. We do love you and worry about you.

Barbara Bush

Mr. Stephen Welch and Friends
Department of Health & Human Services
Public Health Service
National Institutes of Health
Building 10, Room 11C442
Bethesda, Maryland 20892

THIS IS A BEAUTIFUL LETTER.

TO SHIRLEY GREEN'S OFFICE TO MAIL OUT.

see attached ID 101953

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
Building : 10
Room : 11B-13
(301) 496- 7196

Send F. Lig
I Hotchkiss
F.Y.I.

February 6, 1990

President Bush
White House
Washington, D.C. 20500

Dear Mr. President:

Two days before Christmas Eve, in the midst of what must have been an extremely taxing and exhausting week for you, with the situation in Panama demanding your attention and leadership, you took the time to meet with seven of us, living with HIV infection, on the 11th floor clinic of the National Institutes of Health. What a gift you gave each of us that day.

Living with AIDS and HIV infection can be like living in a world without hope. The only ultimate truth that we know about living with AIDS is that in time, it has the potential to devastate us. In the meantime, each of us looks for hope in very personal ways. We seek comfort and warmth from those that 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 those who don't understand us. We seek a voice, a compassionate voice that can address the concerns of hundreds of thousands of people that will die from a disease that we have discovered does not discriminate.

That is the gift that you gave us on the Friday of your visit. You have given us hope of a strong voice and leadership in the area of AIDS research and education, and of continued compassion and concern as America learns to live with people living with AIDS.

From our hearts our thanks to you and Mrs. Bush for a gift that we will hold dear all the days of our lives.

Sincerely,

Stephen Welch
Leonard Jackson
Ray Lyall
John Rooney

Chris Shepherd
Joseph Smith
William Talley

George Bush for President

CONTACT: ALIXE GLEN
(202) 842-1988

FOR IMMEDIATE RELEASE
Monday, June 1, 1987

CONTACT: 202/456-6772

REMARKS FOR
VICE PRESIDENT GEORGE BUSH
THIRD INTERNATIONAL CONFERENCE ON AIDS
WASHINGTON D.C.
MONDAY, JUNE 1, 1987

well not at risk
not so mysterious

It is truly an honor to address this distinguished group today. And I want to offer my sincere thanks to the Department of Health and Human Services and the World Health Organization for their work in making this conference possible.

Coming as you do from around the globe, united in purpose, what you accomplish here is of vital importance to every nation on earth. It is no exaggeration to say that the health and well-being of literally millions of men and women depend on you.

The cause that unites us, of course, is our battle against AIDS, a new and mysterious disease. The number of victims is almost doubling every year. As of a year ago the United States had a total of 16,000 cases of AIDS reported since 1981. Today that total is over 36,000. Over one-half of those victims have died of the disease. And the tragedy is that the rest may, too.

By this time next year we will have added more than 23,000 new cases of AIDS. And by the end of 1990, the U.S. Public Health Service predicts a quarter of a million Americans will have contracted AIDS.

When we in the United States first began to confront the AIDS epidemic six years ago, the victims were easily categorized. There were the homosexuals, the bisexual men, the I.V. drug users, and the recipients of blood and blood products. And these groups still account for 9 out of every 10 cases here in the United States.

But now we're receiving more and more reports of the AIDS virus infecting heterosexual men and women who are not I.V. drug users. In fact, their heterosexual activity seems to be their only risk factor. Close to four percent of all reported AIDS cases in this country are reported to result from heterosexual contact.

On the face of it, four percent does not seem like much. But that number is expected to increase dramatically during the next five years.

It is projected that by 1991, most people in certain cities in America will know someone who died of AIDS.

So make no mistake about it. AIDS is spreading and killing, in every corner of the world. It does not discriminate. It is an equal opportunity merchant of death.

Cases of AIDS have been reported in 112 countries. The World Health Organization estimates that as many as 100 million people will become infected with AIDS during the next decade.

As if these figures are not appalling enough, there is more. A large number of individuals who do not knowingly practice high-risk behavior are also being infected by the AIDS virus -- people like the wives of bisexual men, the spouses of I.V. drug users, and the husbands and wives of promiscuous spouses, and, saddest of all, babies born to I.V. drug users or otherwise infected mothers. Tragically, some infants are being abandoned, left to die alone in hospital nurseries.

Business need to accelerate, too.

What can be done to help? Well, first and foremost we desperately need a cure or a vaccine. I chair the President's Task Force on Regulatory Relief and earlier this year we worked with the Food and Drug Administration to accelerate the availability of experimental drugs to AIDS patients. We did this to encourage more research and development on potential AIDS vaccines by the private sector.

Meanwhile, our government will spend $766 million this year and close to $1 billion next year on AIDS. And as we look into the 1990's we may have to spend even more.

But money alone won't stop AIDS.

Those at high risk must be educated on how to avoid contracting the disease. The only guaranteed way to halt the spread of AIDS, given what we know now, is a change of behavior. And those at risk will not change unless they know the terrible dangers they face.

As a world community, we have a tradition of taking a straight-forward approach to health warnings. When, through careful scientific research, a health hazard is identified, warnings are issued by health officials, and most people take steps to reduce their risk to disease or danger.

Research, warning, risk reduction -- three phases that have served us well in the past, and must continue to serve us well in combatting the AIDS crisis.

If we know that dirty needles and certain kinds of sexual behavior can transmit AIDS, we have an obligation to make the public aware of the risks involved.

I am not a scientist or a researcher or a medical doctor. But as an elected official, I think an important role of the federal government is to provide timely, factual, and impartial information about this deadly, insidious disease.

I have spoken with the Secretary of Health and Human Services, Dr. Bowen, Surgeon General Koop, and many others about the possibilities of finding a cure or a vaccine as soon as possible. And I applaud the efforts they've made to educate the American people about AIDS.

In April, I toured the research facilities at the National Institutes of Health. I visited an AIDS patient, and talked to him about what he was going through. I saw firsthand what this disease can do. It is brutal. It is unforgiving.

We must wage an all-out war against the disease. Let me repeat: an all-out war against the disease -- not against people. Not against the victims of AIDS, but an all-out war against the disease itself.

The most important thing we can do is to tell our people the facts about AIDS and what they can do to protect themselves from it and to prevent it from spreading any further.

We've got to put into the hands of parents and students and people throughout America essential facts about AIDS in a thoughtful, sensitive manner. I recognize some of the countries represented here have already successfully completed nationwide mailings. I hope we can learn from your experience and find creative ways to distribute some of the very good material that has been developed.

I believe that education is primarily a local matter. Parents and the community should control what goes on in their schools. That system has worked well for more than 200 years and I don't want to change it. I don't want the Federal government to mandate some insensitive educational program.

Most schools now offer some kind of sex education during the junior high or middle school years. Depending on local standards and after a meeting of the minds with parents and school officials, education about AIDS should be incorporated into the curriculum. If the curriculum is well-planned and thoughtfully

carried out, we can teach children the facts about sexually transmitted diseases -- and AIDS in particular.

This kind of education can and should be non-threatening. It should teach traditional values. It should teach morality. It should help develop the child's own sense of personal responsibility. And it should strengthen the concept of the family.

When it comes to educating our young people about AIDS, we must all work together -- parents, educators, religious and community leaders, medical doctors and scientists.

As difficult or as awkward as it may seem, parents must assume much of the responsibility for educating their children about AIDS. They need to talk to their children in a way that only a parent can -- with a special love, compassion, respect, and understanding.

Not long ago, my wife Barbara and I received a telephone call from our second oldest son, Jeb. He was concerned about the threat of AIDS and how to explain to his children the dangers of this terrible disease. It seems that Jeb's 11-year-old son, Barbara's and my grandson, had come home from school one day asking about AIDS. That really brought home to me the absolute necessity of educating our young people.

Right now, education is our best weapon against this dreadful disease. In some respects, education is our only weapon.

And let me repeat again the crux of our battle. It is a battle against a disease and not against people. We must remember that the sick and the dying require our care and our compassion, no matter how the illness was contracted.

Which brings us to perhaps the most controversial subject in dealing with AIDS: testing. Who should be tested?

This issue raises some difficult and troublesome questions for me. It puts in conflict the need for more information and knowledge to benefit the majority versus our basic Constitutional right to privacy.

We have often had these questions where two of our basic rights or needs come into conflict. We use our political process and our government to resolve these conflicting interests.

Testing is an extremely complex issue for that very reason. But it is the responsibility of the political leadership to decide among competing principles. Ultimately, we must protect those who do not have the disease.

Thus, we have made the decision that there must be more testing. As the President said last night, the federal government will soon require testing for prisoners, immigrants and aliens seeking permanent residence. Tests are already being conducted in the military and in the foreign service. Additionally, we are encouraging the states to offer routine testing for those who seek marriage licenses and for those who visit sexually transmitted disease or drug abuse clinics. We are also encouraging states to require routine testing in state and local prisons.

Of course, any mention of testing must be hurriedly followed by the word, "confidentiality." If society feels compelled, in some circumstances, to test its citizens, then it is absolutely imperative that those records are kept appropriately confidential. It is also imperative that help be available to those who test positive.

In closing, let me say we need money for research and treatment. We need education. We need testing, but only accompanied by guarantees that everyone is treated fairly.

We all have a duty -- and I don't use that word loosely. Elected officials must use their position as a bully pulpit to get out our message about the dangers of AIDS. And the experts -- all of you -- the doctors and the researchers who deal with this disease on a daily basis must not let up until a cure is found.

Although our respective roles are different, we do share one common responsibility. And that is to remain understanding, caring and compassionate toward those afflicted with AIDS. We must not succumb to the demagoquery or the irrational ideas of some out there. The fight against AIDS is not a partisan fight. It is not a witch hunt.

It is our duty to do all we can not only to find a cure and a vaccine, but also to make sure we never create a climate in America, or in any other country, where friend turns against friend, where countryman turns against countryman.

All of you here today are working toward a common goal, a common purpose that pits mankind, with all of our genius and expertise, all of our high technology and laboratories, and all of our great educational institutions against a microscopic virus that has declared war against our bodies.

The challenge is upon us. And it is a challenge we must meet.

Good luck to all of you. I hope you have a tremendously productive and fruitful conference. We're counting on you.

# # # #

FROM: Hans Kuttner

Two audiences:

- o GB on the record on AIDS: Presidential leadership for compassion.

- o Business and other institutional executives who have come to the conference to decide if this is something they have to worry about.

Significance of the NLC speech

- o Marks the transition of AIDS from being new and different to being an ordinary part of the fabric of American life.

  - More and more infected people will experience HIV infection as a long-term, chronic disease.

  - And this requires thinking about the disease in our institutions' and our society's long term.

- o Key fact of this stage: AIDS is not going away anytime soon. It will be a chronic condition of society and individuals afflicted.

Take Away Line for Firms

- o AIDS isn't a one-time crisis. It is something more and more firms can expect to experience, either through an employee or family member of an employee. You need to be ready.

Cancer Analogy

- o We have to face AIDS just like we did with cancer a decade ago. Once we were threatened by cancer. No longer. Need a sense of compassion so that those who suffer, either personally or as family members, do not feel alone.

Leadership at all levels

- o President: Asking Americans to show their best instincts -- be compassionate and caring.

  - American people are responding in the traditional American way: they are being compassionate.

  - This is another opportunity to help people in need. [pts of light]

- In our communities: Having a response proportional to the problem.

  San Francisco, itself a thousand points of light in response to the AIDS epidemic there, shows what can be accomplished when those lights shine. The volunteers who provide so much community-based care make it possible for cost per AIDS victim to be substantially lower than in other high incidence cities like New York or Los Angeles. Communities must come together; a thousand points of light isn't a frill, its a necessity.

- In our workplaces: Letting co-workers know they are safe when someone with HIV works nearby.

FROM: HHS Dr. Mason's office Asst. Sec. for Health

DRAFT

Draft Talking Points

President's Presentation to the Business Leaders Forum on AIDS

March 29, 1990

POLIO

- Welcome
- Opening. Capsule summary of the AIDS epidemic as a problem without precedent in our time. We have had numerous other epidemics of infectious diseases, but this problem at this point in our history is unique -- and it demands a unique response from all of us.

  It is important to focus not just on AIDS but on HIV, the virus that causes AIDS, since people become infected long before they develop symptoms and become ill.

- Acknowledge role of business in the fight against AIDS. Thank business leaders who have been involved to date for the work they have done. Cite examples of the efforts and programs that business and labor have developed.

  Reiterate that unlike many of the diseases that strike our elderly population and cause disability or chronic illness, AIDS affects primarily people in the prime of life -- those who are in the labor force or being groomed for the corporate structure. More than 115,000 persons in the U.S. with AIDS, 95% of the total reported, are in people aged 20-59.

  Many more adults who are infected are in the work force now, and it is essential to have more involvement of the business community in addressing the issues that will be raised and developing the programs that will be needed.

- The AIDS epidemic is not over. Dr. Curran has presented information this morning about the trends of the epidemic. We can all be encouraged that current projections suggest that the numbers will not be as large as we thought just a year ago. But the epidemic is not over.

  We have lived with AIDS for almost a decade. It took almost 2 years to diagnose and report the first thousand cases. It took another 3 years to report the first 10,000 cases. In the last 12 months we had more than 36,600 cases reported from our States and territories. It is predicted that even more cases will be diagnosed during the next 12 months and on into the decade of the nineties.

DRAFT

A few cities and States have been particularly hard hit, with thousands -- or even tens of thousands of cases reported -- but there is no area of our country that has not been affected to at least some degree. We all must be involved. None of us can afford to say that AIDS is not our problem.

In particular, the response of the business community is critical because you work with and employ so many of those who are already infected and who will become ill in the future; those who may be at risk because of behavior choices they make and who need the information to reduce their risk; and those who will be concerned about whether it is safe or proper to become involved or to extend a helping hand. Employees trust and act on information provided by their company and their boss. You in business are in a unique position to influence the response of this country to the AIDS epidemic in the decade ahead. We need an educated population to prepare for the future -- and for adults, education in the workplace and by example is the best answer.

- The AIDS epidemic is having a major impact on our society and our health care system. We have a unique health-care system in the U.S. that has developed the most sophisticated care available in the world. It is a system that is built on a diversity of patterns of care and sources of support. Business and the business-related health insurance programs have been an integral facet of that system.

  No system is without problems, however. AIDS has magnified some of the weaknesses and flaws in our system, particularly that of equity of access. In my State of the Union Message in January, I asked Dr. Louis Sullivan, my Secretary of HHS -- who has already spoken to you -- to lead a Cabinet-level working group t address this issue. Last year, Dr. Sullivan formed a task force in HHS to address a similar set of issues. It will not be easy, but we are making progress on this front.

  Business also will be a part of the answer, because as we develop more effective therapies for people with HIV infection and AIDS -- therapies that delay or prevent many of the complications and the progression of the disease -- we will be able to keep people in the workplace and functioning normally. They will continue to be productive members of our society. Business has a real interest in seeing this come true.

DRAFT

We have other pieces of the puzzle that need to be put in place also. We still need to solve the problem of discrimination against people with AIDS. I support -- my administration supports -- the Americans with Disabilities Act that was passed by the Senate last year. We need to see it passed by the House this year. This type of broad-based legislation was strongly recommended by Admiral James Watkins and the Presidential Commission on the HIV Epidemic that he chaired. [Acknowledge Secretary Watkins, who should be in the audience, and Dr. Burton Lee, also a member of the Presidential Commission].

o Closing. In closing, I want to reiterate that this epidemic is important and that our response to it is important.

The leaders of the National Commission on AIDS have been keeping me informed about the progress that they have been making. I am asking them as part of the work that they do to meet with leaders of the business community and together to explore and recommend ways in which business can address this epidemic and our response to it.

We all must work together and pledge our commitment to stop the spread of new infections through education and behavior change, and to provide the support and services needed by those who are already infected and their families. Together, we can make a difference!

OVERVIEW ON AIDS

AIDS was recognized as a discrete disease in 1981. Since that time the size and scope of the epidemic has grown rapidly.

As of November 1989, 115,158 AIDS cases have been reported to the Centers for Disease Control, including 1,947 cases in children less than 13 years of age. Of this number 68,441 of the reported individuals have died, including 1,059 children.

Based on current projections, there are approximately 1 million people in the U.S. infected with HIV. Data available suggest that by 1992 the cumulative number of diagnosed AIDS cases will be 365,000 with nearly 263,000 cumulative deaths.

The Federal Government has played a major role in addressing HIV infection and AIDS since the disease was identified in 1981. In fiscal year 1989, total Federal spending for HIV/AIDS was $2.25 billion, with HHS receiving $1.98 billion (88% of total Federal AIDS budget), and the PHS receiving $1.29 billion (57% of total Federal AIDS budget)(Budget table attached).

DEPARTMENTAL ACTIVITIES

The Departmental components with major HIV/AIDS activities and responsibilities are:

Within PHS:

-- The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) supports research on neurological and behavioral aspects of HIV/AIDS and intravenous drug abuse.

-- The Centers for Disease Control (CDC) supports surveillance, epidemiologic studies, monitoring of trends, and public information and education, including efforts to target High-risk groups. The CDC-supported National AIDS Information Clearinghouse mails nearly 1 million pieces of HIV/AIDS information per week.

-- The Food and Drug Administration (FDA) provides for evaluation and approval of new drugs and vaccines that proved safe and effective against HIV infection and clinical manifestations of AIDS and assures the safety of the blood supply.

-- The Health Resources and Services Administration (HRSA) supports 20 AIDS service demonstration projects designed to provide innovative ways of providing care to AIDS patients. In addition HRSA, in conjunction with NIH, established 13 pediatric AIDS demonstration centers to develop community-based, family centered care for AIDS infants and their families.

12. 21. 89 01:18PM *DHHS/IOS 245—7591 P03

-- The Indian Health Service (IHS) provides AIDS related services and health care for American Indian and Alaskan Native populations in the United States.

-- The National Institutes of Health (NIH) supports basic, applied, preclinical and clinical research efforts. Principal activities include research on the virology of HIV and its variants, natural history of the disease, AIDS drug discovery and design, clinical trials, vaccine development, training for health professionals and international research. Currently, the NIH supports 35 Clinical Trials Units, 16 Drug Discovery Groups, 6 Vaccine Evaluation Units.

Within HHS:

-- The Health Care Financing Administration (HCFA) funds direct treatment costs for AIDS patients through its Medicaid and Medicare Programs.

-- The Social Security Administration (SSA) provides cash assistance to individuals with HIV-related illinesses through Disability Insurance and Supplementary Security Income programs.

-- The Office of Human Development Service Administration (OHDS) funds foster care demonstration grants to states to address the problems of HIV-infected infants who are abandoned at hospitals.

INTERNATIONAL ACTIVITIES

Because HIV/AIDS is a global issue, the Department has worked with relevant agencies to coordinate international efforts directed toward epidemiology, prevention, treatment and information sharing.

Various PHS agencies along with the Office of International Health have worked with the U.S. Agency for International Development, Department of State, The Pan American Health Organization, and the World Health Organization's AIDS-related efforts.

In addition, the U.S. has entered into bilateral agreements with countries such as the U.S.S.R., Japan, France, India, West Germany and Thailand.

12. 21. 89 01:18PM *DHHS/IOS 245—7591 P05

Total Federal Government Spending HIV/AIDS
(dollars in millions)

	1982	1983	1984	1985	1986	1987	1988	1989	1990	Change 89/90	
Public Health Service	$6	$23	$61	$109	$234	$502	$962	$1,289	$1,582	+$293	(+23%)
Medicaid (Federal share)	—	10	30	70	130	200	330	490	670	+180	(+37%)
Other HHS	1	1	6	18	38	65	106	199	325	+126	(+63)
Subtotal, HHS	*6*	*39*	*97*	*197*	*402*	*787*	*1,398*	*1,978*	*2,577*	*+599*	*(+30)*
Veterans Administration	2	5	7	11	23	56	84	142	179	+37	(+26%)
Defense Department	—	—	—	—	79	74	53	86	107	+21	(+24)
Agency for International Dev.	—	—	—	—	2	17	30	40	41	+1	(+3%)
Other Federal Government	—	—	—	—	1	3	4	5	8	+3	(+60%)
Total, Federal Spending	*8*	*44*	*104*	*209*	*507*	*916*	*1,569*	*2,251*	*2,912*	*+661*	*(+29%)*

AIDS UPDATE

Key PHS Accomplishments:

1981 - Recognized AIDS as a new disease.

1982 - Established that the disease was spread through sexual intercourse and transfusions of contaminated blood, sharing of needles by drug abusers and from an infected mother to her baby during pregnancy or at the time of birth.

- Developed the first of numerous guidelines to protect the public against infection in the workplace, schools, and the community at large and to let them know that the disease is not spread by casual contact with an infected individual.

1983 - Established a toll-free national AIDS hotline.

1984 - Identified human immunodeficiency virus (HIV) as the cause of AIDS.

1985 - Licensed HIV antibody blood test which allowed blood to be screened, greatly improving the safety of the blood supply.

1986 - Established an HIV prevention program in every State.

1987 - Approved in record time a new drug application for one significant drug therapy - Azidothymidine (AZT).

- Initiated testing of two experimental AIDS vaccines in human volunteers.

- Established the National AIDS Information Clearinghouse.

1988 - Distributed 107 million copies of Understanding AIDS, an educational booklet, to every household in the United States.

- Greatly expanded the existing national network of centers conducting the clinical trials of promising new drugs for the treatment of AIDS and HIV infection.

1989 - Third wave of "America Responds to AIDS" public education campaign is initiated.

- Approved Aerosol Pentamidine as a treatment against Pneumocystis carinii pneumonia and issued guidelines for use as a prophylactic agent.

12. 21. 89 01:18PM *DHHS/IOS 245—7591 P06

THE WHITE HOUSE
WASHINGTON

Date:

To: _____

NOTE --
POTUS has not yet seen. Beverly Ward of this Office is currently preparing a draft for his signature.

TERESA DONOVAN
Presidential Correspondence
Office
Room 94, x7610

March 1, 1990

President George Bush
The White House
Washington, D.C. 20500

Dear Mr. President:

We are writing as members of the Mayor's HIV Task Force in San Francisco and as religious leaders who are deeply concerned about our community.

As you know, the AIDS epidemic has taken an extraordinary toll on our city. AIDS has already claimed more San Franciscans than all the wars in this century -- World War I, II, Korea and Vietnam -- combined and tripled.

Our response to this crisis has been a model for the nation. Individuals, businesses, health care workers, churches and synagogues have built a compassionate system of care and support which has helped people with AIDS live with dignity and receive quality medical care.

The message we must deliver today is that this system of support and care is crumbling. Even with renewed commitments from each of us, our community will need more help from outside sources to keep up with growing caseloads and skyrocketing costs of health care and services.

For all the suffering and sacrifice that the epidemic has brought us, we know that more people will live and die with AIDS in the next decade than did in the last.

What is needed is direct aid to communities like ours which have been hardest hit by the epidemic. We need immediate help just to provide basic services: housing for those who are ill with no place to go, medical care to prolong the productive lives of those infected with the HIV virus, and outpatient services which reduce costly and unwanted hospital stays.

The AIDS epidemic tests our willingness to define the word "community" in its broadest sense. AIDS is not a problem of one neighborhood, city or sector of our society. All of us are affected and all of us must respond.

We urge you to actively support legislation which would provide substantial additional assistance to communities most profoundly affected by the AIDS epidemic. Thank you for your attention to this urgent concern.

Sincerely,

Robert Kirschner

Dr. Robert Kirschner, Rabbi
Temple Emanu-el
P.O. Box 18247
San Francisco, CA 94118

+ John R. Quinn

Most Reverend John R. Quinn
Archbishop of San Francisco
445 Church Street
San Francisco, CA 94114

+ William E. Swing

Rt. Reverend William E. Swing
Episcopal Bishop of California
1055 Taylor Street
San Francisco, CA 94108

ng editor of The Jewish Daily ws.

n 1928 when the latter paper s merged with The Jewish rning Journal, Mr. Danzis joined staff of The Day, of which he came editor in 1950. He served this capacity until 1952, when became an editorial staff mem-r.

He was a former vice president the Jewish Writers Club (Peretz rein). Mr. Danzis had traveled tensively in Europe, Asia and tin America, and had made ree trips to Israel, publishing ac-unts of his travels in Yiddish.

Surviving are his widow; a son, dney; a daughter, Mrs. Helen naikin, and a grandson.

ASKELL BEARERS NAMED

oover, Dewey and Lehman isted for Rites at West Point

Special to THE NEW YORK TIMES.

ALBANY, Aug. 15—Former resident Herbert Hoover and Gov-rnor Dewey will be honorary pall-earers tomorrow at the funeral f Lieut. Gen. William N. Haskell, ormer Commanding General of the lew York National Guard.

Other honorary bearers will be enator Herbert H. Lehman, Lieut. Gen. Willis D. Crittenberger, com-manding General of the First Army; Lieut. Gen. Robert C. Rich-rdson Jr., retired; Maj. Gen. Karl F. Hausauer, chief of staff to the Governor and Commanding General of the New York National Guard; Hiram C. Todd, Alvin E. Blomquist and Duncan G. Harris of New York, and Richard K. Mellon of Ligonier, Pa.

Also Lieut. Gen. Cornelius W. Wickersham, retired; Maj. Gen. Howard McC. Snyder, retired; Brig. Gen. Troup Miller; Maj. Gens. John K. Herr and Frank P. Lahm, re-tired; Brig. Gens. William H. Kelly, Charles E. Saltzman, Hampton An-derson and Gerard W. Kelley and Col. Alfred D. Reutershan.

Msgr. George C. Murdock, for-mer chaplain of the United States Military Academy, will represent Cardinal Spellman at the requiem mass at 12:30 P. M. in the Catholic Chapel at West Point.

WALTER S. GLADFELTER

Special to THE NEW YORK TIMES.

PHILADELPHIA, Aug. 15—Walter S. Gladfelter, assistant Pro-fessor of Business Administration at Temple University, where he had been on the faculty for twen-ty-two years, died Wednesday night in the York General Hos-pital. He was 62 years old.

Mr. Gladfelter, whose home was in this city, was graduated from Temple in 1927 and received a master's degree from the Univer-sity of Pennsylvania.

Pierce Corson of the Philadel-phia Methodist Area, and Ralph G. Luff, president of the Ocean City Tabernacle Association, Ocean City, N. J., will visit Heidelberg, Germany, soon to confer with Army chaplains and officers on occupation problems.

Before going to Germany, Bishop Corson, who is president of the Council of Bishops of the Methodist Church, will preach in Wesley's Chapel, Mother Church of Methodism, London, on Aug. 24. At the end of the month, the church representatives will go to Stuttgart, Germany, as fra-ternal messengers to the Kirchen-tag Assembly of all German Protestants, and also to Zurich, Switzerland, to address a Meth-odist gathering.

Bishop Corson will leave from New York International Airport, Idlewild, Queens, on Tuesday and will be joined in London by Mr. Luff.

AID SOUGHT FOR CHINESE

U. S. Group Wants $1,000,000 to Help 20,000 in Hong Kong

Twenty thousand Chinese intel-lectuals who have sought refuge in Hong Kong are being wooed by the Communists to bring their skills back to their homeland, an American back from the British colony declared yesterday. He as-serted that they should be aided by the Allies as they are a tremen-dous resource against communism in Asia.

Harold L. Oram, special repre-sentative of Aid Refugee Intellec-tuals, Inc., which is headed by Representative Walter H. Judd, returned Thursday after surveying the possibilities of bringing them help.

Mr. Oram said his organization would try to raise $1,000,000 to-ward this end in a nation-wide campaign this fall. He said his group would concern itself with registration of the qualifications of the refugees, in conjunction with a survey by the Nationalist Chi-nese Government on Formosa as to which ones are needed there.

Because of overcrowding on For-mosa, he said, only about 5,000 refugee intellectuals could be ac-commodated there.

HILLEL DIRECTOR NAMED

Rabbi Frimer of Chicago Chosen by New York Foundations

Rabbi Norman Frimer of Chi-cago has been named regional director of the B'nai B'rith Hillel Foundations in the New York area and director of Brooklyn College Hillel Foundation. The founda-tions offer religious and cultural

responsibility of the [illegible]

Mrs. Frank Higgins, a Chicago policewoman who is director of the Chicago Crime Prevention Bureau, will conduct panel sessions on "Family and Youth." Other ses-sions will be devoted to Girl Scout-ing, mission work, scholarships, activities on behalf of the blind and the federation's educational and literary projects.

Cardinal Spellman will speak at a dinner at 7:15 P. M. Thursday. Other speakers will be John F. Bresnan of the State Board of Regents and Mrs. James J. Sheeran of Mineola, L. I., a co-founder of the federation. Mrs. James F. Looram of Elmhurst, Queens, chairman of the federation's de-partment of motion pictures, will introduce the speakers.

Catholic Students to Meet

The fifteenth national conven-tion of the Catholic Student's Mis-sion Crusade will be held Aug. 21-24 at the University of Notre Dame, in Notre Dame, near South Bend, Ind., with 3,000 delegates ex-pected. Among the items on the agenda is a round table forum, with representatives of the tech-nical assistance agencies of the United States Government and the United Nations participating.

Among the Roman Catholic prelates to speak will be Arch-bishop Karl J. Alter of Cincinnati, Mission Society in Mexico City, and Bishop Raymond A. Lane, su-perior general of the Maryknoll Missioners.

School Plans Sessions Here

The Summer School of Catholic Action, which has scheduled its New York City sessions for Aug. 18 to 23 at Fordham University, has as its theme this year "God's Law, the Measure of Man's Con-duct." The school, which was started in 1931, has traveled 120,-000 miles and currently has twenty-five lay and clerical in-structors on a trip of 8,000 miles, stopping at ten cities for the sessions.

With the completion of this year's schedule, twenty-three cities will have been visited, including one in Canada. A group of courses will end in Boston today, and the fourth group will be given Aug. 25 to 29 in Chicago. The key speaker in all the cities has been the Rev. Daniel A. Lord, editor of "The Queen's Work," published in St. Louis. An estimated 140,000 stu-dents will have attended the sessions this year.

Humanists to Meet

The first international congress on humanism and ethical culture will be held Aug. 21 to 26 in Am-

A special program [illegible] be conducted at 11 A. M. tomor-row at the Broome Street Taber-nacle, 395 Broome Street. The Rev. Gustavo Verdesi will preach.

The Rev. Dr. Theodore Cuyler Speers will interrupt his vacation to preach from his pulpit at 11 A. M. tomorrow at the Central Presbyterian Church, Park Ave-nue and Sixty-fourth Street. His topic will be "Mid-Summer's Dream."

Christian Science Services

The topic of the Lesson-Sermon in Christian Science churches to-morrow will be "Soul." The Golden Text is: "I have longed for Thy salvation, O Lord; and Thy law is my delight. Let my soul live, and it shall praise Thee; and let Thy judgments help me." (Ps. 119: 174, 175.)

Archbishop Makary Elevated

Archbishop Makary of New York, exarch of the Moscow Pa-triarchate since 1948, has been elevated to be Metropolitan of the Patriarchal Russian Orthodox Church in the Aleutian Islands and North America. The vice-exarch is Archbishop Adam, who returned this week after a six-week trip to Moscow by air to give an offic[illegible] routine report.

NYT

LUND, Aug. 15 (AP)—Dr. Martin Niemoeller, German Protestant leader, said tonight he believed the Russian church would participate in a world-wide Christian unity movement if permitted by the Kremlin to do so. Dr. Niemoeller recently visited Moscow.

DDT SPRAYED ON RAHWAY

Drive Against Insects Conducted as Anti-Polio Measure

Special to THE NEW YORK TIMES.

RAHWAY, N. J., Aug. 15—Manned by a Union County Mos-quito Exterminating Commission crew, a spray truck today started "fogging" DDT throughout this city in an attempt to combat in-fantile paralysis, which killed three persons here in a month.

The spraying started in the Whittier Street-Koening Place sec-tion, where there have been five cases of the disease.

The operation, authorized by the Rahway Common Council as a step toward eliminating a possible cause of polio through the killing of flies, mosquitoes and other in-sects, should be completed by to-morrow, a County Mosquito Com-mission spokesman said.

Mayor James E. Egolf said to-day that the commission had agreed to do the job without charge.

RELIGIOUS SERVICES 8-16-52

ABSOLUTE SCIENCE

(ABSOLUTE SCIENCE) NEW A-26 SUP. A-26
HEAR DR. JOSEPH LARSON
OF CALIFORNIA
"Fruit Out of Season"
SUN. 11:00 A.M. 111 W. 57 ST. RM. 614

BAHA'I

BAHA'I WORLD FAITH
119 West 57th St., 6th Floor
SUNDAY, AUG. 17, 4 P.M.
"THE BAHA'I FAITH TODAY'S WORLD"

BAPTIST

FIRST BAPTIST CHURCH
Broadway at 79th Street
PASTOR, ARTHUR B. WHITING
10 A.M.—Bible School
Services 11 A.M. and 7:30 P.M.
Preaching by the REV. DONALD J. MacKAY
FRIDAY, 8 P.M.—Prayer Meeting

Calvary Baptist 123 W. 57
Dr. John Summerfield Wimbush, Pastor
9:45 A.M.—Bible School
11:00 A.M.—"The Devil's Double Crosser"
7:30 P.M.—"A Fish Out of Water"
Broadcast—11:00 and 8 Station WMGM
AM—1050 Kc. FM—100.1 Mcgs.

Madison Avenue Baptist Cor. of 31st St.
CHURCH OF THE CORDIAL WELCOME
REV. DR. J. EARLE EDWARDS, Guest Preacher
SERVICES 11 A.M. AND 8 P.M.

THE RIVERSIDE CHURCH
Riverside Drive at 122nd Street
DR. ROBERT J. McCRACKEN, Minister
11 A.M.—DR. JOSEPH R. SIZOO
New Brunswick Theological Seminary,
New Brunswick, New Jersey

DIVINE SCIENCE

Church of DIVINE UNITY
REV. HELEN ZAGAT
Carnegie Recital Hall, 154 W. 57th St.
Services Resumed Sept. 7
Tel. Plaza 7-1400

Church of the Truth
DR. ERVIN SEALE
Minister
ENGINEERING AUDITORIUM
(Entrance 41 West 25th St. (bet. 5th and 6th Aves.)
HARRY JEFFRIES
Guest Speaker
Speaks Sunday at 11 A.M. on
"The Anthropomorphic God"

First Church of Religious Science
(See Display Advertisement This Page)

SECOND CHURCH RELIGIOUS SCIENCE
Dr. Paul Martin Brunet
55 ST. & 5 Ave. Gotham Hotel Sun., 11 A.M.
"RICHES WITHIN YOUR REACH"
Thurs. 8 P.M., How to Heal Yourself & Others

INTERDENOMINATIONAL

—THE ASSEMBLY—
GUILD OF CHRIST
HOTEL WELLINGTON, 147 W. 55TH ST.
Sunday, 11 A.M.—Spiritual Maturity
COMMUNION SERVICE
CHARLES H. WAITE, Speaker
Wed., 8 P.M.—A New Mind and Heart
AIMEE LEVY, Speaker

JEWISH

Cong. Rodeph Sholom
7 W. 83rd St., Fri., 5:30 P.M. Sat. 10:30 A.M.
RABBI NEWMAN

PRESBYTERIAN

The Brick Church
Park Avenue at 91st Street
THE REV. PAUL WOLFE, D.D., Minister
11 A.M.—DR. MILLARD G. ROBERTS
Isa McIlwraith, Organist

Broadway Presbyterian
Broadway at 114th Street
DR. JOHN H. McCOMB, Minister
REV. WILLIAM McLEISTER, Guest Preacher
Pastor, Mount Lebanon
United Presbyterian Church, Pittsburgh, Pa.
11 A.M. AND 8 P.M.
Wed., 8:15 P.M.—MR. McLEISTER
Prayer and Bible Hour
RADIO BROADCAST, SUN., 9:30-10 A.M.
WINS, 1010 ON THE DIAL

Central Presbyterian
Park Avenue at 64th Street
REV. THEODORE CUYLER SPEERS, D.D.
11 A.M.—DR. SPEERS will preach
"MID-SUMMER'S DREAM"

Fifth Avenue Presbyterian
Fifth Ave. at 55th St.
John Sutherland Bonnell, D.D., LL.D.
11 A.M.—The Importance of Secret Thoughts
4:30 P.M.—How to Obtain Eternal Life
The Rev. Hamish C. MacKenzie, M.A.
of Scotland, preaching at both services

First Presbyterian Church
5TH AVE. BET. 11th and 12th STREETS
11 A.M.—REV. GEORGE G. CAMERON
of Dundee, Scotland
8 P.M.—LAWN SERVICE
MR. CAMERON

Madison Avenue Church
Madison Ave. at 73rd Street
Rev. Frank Grebe, Preaching
11 A.M.—The Diligence of Your Hands
8 P.M.—"Through Jesus Christ Our Lord"

PROTESTANT EPISCOPAL

Cathedral of St. John the Divine
8, 9, & 11 (Morn. Prayer &), Holy Communion
10, Morning Prayer 4, Evensong
Preacher at 11 and 4:
The Rev. Stanley A. H. Eley
Prebendary of St. Paul's London
Weekdays, 7:45, 8 (and Wednesday, 10), 5
Cathedral Tours: Sundays, 12:30 and 5
Weekdays, 11, 12, 2, 3, 4

ST. JAMES' Madison Ave. at 71st Street
Rev. ARTHUR LEE KINSOLVING, D.D., Rector
8, Holy Communion. 11, Morning Prayer
Sermon at 11: The Rev. James F. Martin

ST. MARY THE VIRGIN 139 West 46th St.
Low Masses: 7 and 9
High Mass with Sermon (Fr. Taber), 11
Missa secunda—Hassler
Evening Prayer, Address, Benediction, 8
Catholic Worship—Gospel Preaching
Liturgical Music

ST. MICHAEL'S 99TH STREET OFF BROADWAY
REV. WILLIAM CORKER, RECTOR
8, H. C. 11, M. P. Sermon—Rev. J. M. Waterman

ST. STEPHEN'S 69th Street, near B'WAY
Rev. Dr. J. Wilson Sutton
8, 11 A.M.—The Rev. Dr. Samuel H. Prince

St. Thomas' Fifth Avenue & 53rd Street
Rev. ROELIF H. BROOKS, S.T.D., Rector
8 and 9 A.M.—Holy Communion
11 A.M., Morning Prayer; Rev. J. C. Francis
Daily 8:30 A.M., Holy Communion
Thursday, 11 A.M., Holy Communion

LITTLE CHURCH AROUND THE CORNER
Transfiguration One East 29th Street
Rev. RANDOLPH RAY, D.D., Rector
Holy Communion 8 and 9 (daily) 8
11, Choral Eucharist and Sermon—Fr. Griesmyer

The Parish of

Margaret A. Hamburg, M.D., and
Anthony S. Fauci, M.D.

AIDS: The Challenge to Biomedical Research

THE SUDDEN, UNEXPECTED EMERGENCE of the acquired immunodeficiency syndrome (AIDS) has become the focus of extraordinary attention and concern. First recognized as an entity less than eight years ago, this infectious, debilitating, and ultimately lethal disease represents the most severe stage of a spectrum of infection with the human immunodeficiency virus (HIV). It has appeared, in epidemic proportions, in an era when advances in medicine and public health have fostered great confidence in the ability of biomedical science to conquer disease. The prematurely complacent belief that infectious diseases would no longer threaten the developed world has been abruptly and definitively shattered by the onset of AIDS.

As of December 1988, the United States has had more than 81,000 documented cases of AIDS and close to 46,000 deaths from the disease.[1] In the United States, 1 million to 1.5 million individuals are thought to be infected with HIV but have not yet developed clinical symptoms.[2] In the entire world, current estimates indicate that there are presently more than 250,000 cases of AIDS and somewhere between 5 million and 10 million individuals infected with HIV.[3] It

Margaret Hamburg is Special Assistant to the Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health in Bethesda, Maryland.

Anthony Fauci is Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health in Bethesda.

Daedalus
Spring 1989
Vol 118, No. 2

is even more sobering to examine projections for the future. Accounting for both the rates of progression from infection to disease and the rates of new infection, the United States Public Health Service estimates that by the end of 1992, this country will have had a total of approximately 365,000 cases of AIDS and close to 263,000 AIDS deaths. In 1992 alone, it is projected that there will be 80,000 new cases of AIDS diagnosed in this country—nearly as many cases in one year as have occurred in our entire experience with the disease to date.[4]

As the number of reported cases of AIDS mounts, the magnitude and severity of the problem becomes increasingly evident, and the urgency of developing effective strategies to prevent and control HIV infection more pronounced. From a scientific perspective, progress in understanding this disease process has moved forward at an impressive rate. Since the initial descriptions of the syndrome in the early 1980s, the fundamental manifestations of the disease have been documented and the general contours of the epidemic delineated. Basic research efforts have led to the discovery of the causative agent (HIV), the development of a blood test for the virus, as well as insight into the targets for the virus in the body, the body's responses to infection with the virus, and the pathogenic mechanisms whereby the virus produces its deadly effects. In recent years, a nationwide clinical trials program has been established to test experimental AIDS therapies, and several trials of AIDS vaccine candidates are currently under way.

Yet despite these advances, no definitive cure or effective vaccine is yet available, and the toll of the epidemic continues to rise. The more knowledge is accumulated about the virus and the disease it produces, the more complex the picture becomes. In this article we shall attempt to outline the important accomplishments and the current status of basic and clinical AIDS research efforts and to identify certain of the promising new avenues for scientific pursuit, as well as obstacles to progress and some of the special problems that have arisen.

THE INITIAL CHALLENGE: THE SEARCH FOR A CAUSE

In the late 1970s, a rare type of cancer and a variety of serious infections were recognized to occur in increasing numbers of previously healthy young men who resided predominantly in New York

and California. Most of this initial group of patients had Kaposi's sarcoma, an unusual skin tumor generally not seen in this age group, or *Pneumocystis carinii* pneumonia, a rare lung infection that virtually never occurs in individuals with normal immune function.[5] First formally described in 1981 as a disease affecting homosexual and bisexual men, AIDS was later reported in intravenous drug users, hemophiliacs, and recipients of blood transfusions. It was also noted that the sexual partners of AIDS patients could contract the disease.[6]

Despite the lack of an established cause for AIDS at this time, efforts to respond to the challenge of this new disease process were vigorous and drew upon many disciplines. Review of the medical literature, autopsy records, and tumor registries revealed no precedent for the striking new incidence of such cases. Epidemiologic studies in the United States and abroad were initially undertaken to define the affected populations and to search for clues to the cause of the disease. Such research activities, along with natural-history studies of the disease, provided important insights into modes of transmission, patterns of disease occurrence and progression, as well as possible cofactors.

Immunologic evaluation of AIDS patients revealed severe defects in their immune systems, making them susceptible to unusual cancers and so-called opportunistic infections, which a normal immune system would protect against. The damage to the immune system was observed to result predominantly from the selective depletion of a certain subset of white blood cells referred to as T4 lymphocytes.[7] These T4 lymphocytes play a critical role in orchestrating the entire immune system and are essential to the body's defense mechanisms. It was presumed that the immune defect in these patients was acquired, but the mode of acquisition was undetermined.

In 1983, a previously undescribed T-lymphotropic virus was concurrently isolated from AIDS patients by Dr. Robert Gallo at the National Institutes of Health and by Dr. Luc Montagnier at the Pasteur Institute in Paris. Early on, the virus was multiply designated as human lymphotropic virus (HTLV) III, lymphadenopathy-associated virus (LAV), and AIDS-associated retrovirus (ARV).[8] Now officially called the human immunodeficiency virus (HIV), considerable evidence demonstrates that this organism, an RNA retrovirus belonging to the lentivirus family, is the causative agent of AIDS. Little is known with certainty about the biologic and geo-

graphic origins of this virus, but this would appear to be the first time in recorded history that it has spread widely in the human population. Related viruses have been observed in animal populations but do not produce disease in humans. A distinct but related virus (HIV-2) does cause disease in humans, and it is now being actively studied.[9]

RESEARCH ON HIV INFECTION AND AIDS

The initial recognition of AIDS as a distinct entity created the need for intensive scientific study directed at this new disease. Truly rapid advances have been achieved, due in large part to the extraordinary foundation in basic science research developed over the past few decades. The remarkable expansion of knowledge in the areas of immunology, virology, microbiology, molecular biology, and drug and vaccine development have enabled AIDS scientists to proceed in a rational and expeditious manner.

Broadly viewed, biomedical research on HIV infection and AIDS can be divided into five major scientific categories: (1) the study of the distribution of HIV infection and AIDS in the population (epidemiology) and the pattern of disease progression (natural history); (2) the identification and characterization of the virus that causes AIDS (the etiologic agent); (3) delineation of the mechanisms by which the virus destroys the immune system and produces disease (pathogenesis); (4) the development and testing of potential therapies for HIV infection and its complications; and (5) the development and evaluation of potential AIDS vaccines.

Modes of Transmission and the Epidemiology of Infection

The routes of HIV infection have been studied extensively. Researchers have isolated HIV from a number of body fluids, including blood, semen, saliva, tears, urine, cerebrospinal fluid, breast milk, and cervical and vaginal secretions. However, epidemiologic evidence strongly indicates that HIV is transmitted through only three primary routes: sexual contact (including anal and vaginal intercourse) with an infected person, exposure to infected blood or blood products, and passage from an infected mother to her infant before or during birth.[10]

Current U.S. statistics reveal that the majority of sexual transmissions of HIV have occurred between homosexual or bisexual men, representing approximately 62 percent of all AIDS cases. Exposure to HIV-infected blood through the sharing of needles or other drug-related paraphernalia is another source of HIV infection, and intravenous drug abusers comprise approximately 20 percent of the present cases of AIDS. An additional 7 percent of HIV cases occur among individuals who are both homosexual and intravenous drug abusers. Heterosexual HIV transmission in the United States accounts for roughly 4 percent of all reported AIDS cases. About 3 percent of the AIDS cases occurred through transfusion of infected blood or blood products, although the current practice of screening blood donors and testing all donated blood and plasma for HIV antibodies has virtually eliminated this route of transmission.[11] HIV transmission in breast milk is an extremely uncommon mode of spread, although it has been sporadically reported.[12] There is no scientific evidence to support the idea that the virus is transmitted through ordinary nonsexual contact.[13] Claims that HIV can be transmitted by insect transmission have been repudiated by both laboratory and epidemiologic studies.[14]

Careful, ongoing epidemiologic surveillance studies are essential to monitoring levels of HIV infection and trends in new infection among groups recognized to be at increased risk (such as homosexual males and intravenous drug abusers), various demographic subgroups (based on sex, age, and race or ethnic group), and the general population. Considerably more needs to be learned about the contributing factors and quantitative risks of HIV infection through various transmission modes, including type of sexual contact, mother-to-infant transmission, patterns of intravenous drug abuse, receipt of blood or blood products, and occupational exposures to blood or infected fluids. Such data are of critical importance to assessing the mechanisms of transmissibility of the virus, its biologic determinants, and/or the cofactors influencing individual susceptibility to infection. Both the biomedical and the public-health implications of such information are enormous.

Following infection with HIV, a person may experience an acute, transient, mononucleosis-like febrile illness but generally remains virtually asymptomatic for several years before progressive immunologic deterioration results in the opportunistic infections or cancers

that characterize the diagnosis of AIDS.[15] The period between initial infection with HIV and the development of AIDS can be quite variable. Recent data indicate that 15 percent to 46 percent of HIV-infected individuals will develop AIDS within seven years of infection.[16] Over the longer term, statistics on HIV disease progression remain to be determined, but many scientists fear that in the absence of the discovery of effective therapeutic interventions, virtually 100 percent of those infected with the virus will eventually develop acute AIDS. Furthermore, although asymptomatic HIV-infected individuals may appear healthy, a growing body of evidence suggests that they progressively experience subtle but important subclinical defects of immune function.

There is increasing recognition that the clinical syndrome of AIDS represents the terminal stage of a spectrum of HIV infection. Once the diagnosis of AIDS is made, the clinical course generally follows a relentless decline, with death occurring within one or two years. However, earlier diagnosis, the development of the antiviral agent Zidovudine (AZT), and improvements in the treatment of the complications of HIV infection are leading to prolonged survival for persons with AIDS.[17]

In addition, intensive research efforts are being focused now on the critical period between initial infection and the fully developed disease. New insights may enable early interventions to arrest or slow progression of HIV infection prior to the development of AIDS.

The Nature of the Virus

Following identification of the causative agent of AIDS (HIV-1), intensive efforts to investigate the nature of the virus, its functions, and its effect on human cells began. Knowledge has accumulated at a pace unprecedented for research on disease-causing microorganisms.

As seen through an electron microscope, the HIV RNA retrovirus appears as a dense cylindrical core encasing two molecules of the viral genome (genetic material). A spherical outer envelope surrounds the central core.[18] The genetic material of the virus has been cloned and sequenced and its precise structure delineated. For the most part, the specific functions of the viral genes as well as the functions of the proteins encoded by those genes have been identified and studied.[19] Such understandings serve as the basis for many important AIDS

research endeavors, including attempts on a molecular level to interfere with specific functions of the virus and to influence infectivity by manipulating specific components of the virus. Scientists are also using information about the nature and function of the HIV genome to provide a framework for the development of potential AIDS vaccines and to attempt to develop antiretroviral drugs in a targeted fashion designed to interfere with the ability of the virus to replicate itself or cause infection. In addition, isolation of the virus has made possible the development of HIV blood-screening tests. This has important public-health applications for safeguarding the blood supply, as well as for diagnostic and surveillance purposes.

Significant progress has also been made in understanding the life cycle of the virus. Similar to other viruses, HIV cannot reproduce without taking over the biosynthetic machinery of the host cell. Like all retroviruses, HIV possesses a special enzyme, reverse transcriptase, which is capable of making a DNA copy of the viral RNA. This enables the virus to reverse the normal flow of genetic information from RNA to DNA (referred to as proviral DNA), which is then incorporated or integrated into the genetic material of the host. Once integrated, the virus can remain in a latent state for a variable, often lengthy, period until activated.[20]

That HIV is a retrovirus, with this unique ability to insert its genes into the genetic machinery of the host cell, greatly complicates the task of developing effective therapies and vaccines. HIV can remain dormant or latent, shielded from either pharmacologic or immunologic attack. While developing therapies for viral diseases has always been problematic, devising an antiretroviral therapy may prove even more difficult.

Nonetheless, the HIV replicative cycle offers several opportunities for effective intervention. One area of investigation concerns the critical step in HIV infection whereby the virus binds to a host cell receptor to gain entrance to the cell. It has been demonstrated that a molecule called CD4—expressed predominantly on the surface of T4 lymphocytes—serves as a receptor for HIV.[21] Thus, the T4 cell represents a major target for HIV infection; however, other cells expressing the CD4 surface molecule are capable of binding and becoming infected with HIV. Various mechanisms have been proposed to interfere with this process of virus-receptor binding and entrance into host cells. Several are under active study.[22] Another

area of investigation involves interfering with the activity of the enzyme reverse transcriptase, thereby disrupting a crucial initial step in the replicative cycle of the virus. Other potential targets of vulnerability of the virus include interference with proviral DNA transcription (the process by which genetic information contained in DNA is translated into an RNA message), disruption of the subsequent protein synthesis, processing, and assembly and the final stage of viral replication in which mature virions bud off from host cells.[23]

The Attack on the Immune System

HIV infection can result in a wide range of immunologic and clinical abnormalities. Although multiple components of the immune system are at least indirectly affected in individuals with HIV infection, it is the impairment of the responses mediated by the class of lymphocytes called T4 cells that appears to produce the most significant clinical consequences.[24] Because the T4 cell is pivotally involved in virtually all immune responses, a major host defense defect results from T4-cell depletion and renders the body highly susceptible to opportunistic infections and neoplasms. It has recently been demonstrated that certain other types of white blood cells called monocytes and macrophages, including bone marrow precursor cells, can be infected without marked cell damage.[25] The monocyte, which moves relatively freely throughout the body, may serve as a reservoir for HIV and may play a significant role in the propagation of HIV infection and the development of AIDS. It is now well established that the brain is also a target for HIV.[26] Present evidence suggests that many of the central nervous system manifestations of HIV are produced by infected monocytes that travel into the brain and indirectly damage neuronal tissue. Research reveals no evidence to support direct infection of nerve cells by HIV.

The development of a new technique called polymerase chain reaction (PCR) will greatly enhance the ability of scientists to detect the presence of HIV genetic material in cells. This technique involves selective DNA amplification and makes it possible to multiply otherwise undetectable fragments of DNA. Using PCR, it is possible to determine the presence of HIV viral genes in blood samples in which as few as 1 in 1 million lymphocytes is infected.[27] The

expanding use of PCR in AIDS research will result in important new insights into the nature and extent of HIV infection.

Considerable progress has been made in understanding the pathogenic mechanisms of HIV infection, including the receptor whereby the virus gains entry into the cell and the subsequent intracellular events of the virus life cycle and replication. The disease complications that result from the virus-induced destruction of immune cells have also been fairly extensively delineated. Nonetheless, some of the most basic mechanisms by which HIV exerts its lethal effects on host immune cells remain unknown. In test-tube experiments, HIV can be demonstrated to rapidly kill the cells it infects. It is not clear, however, that such a phenomenon can fully explain the profound depletion of T4 cells observed in patients with AIDS, since only a small percentage of the T4 cells in the peripheral blood (perhaps less than 1 in 10,000) is found to express the virus at any given time. Several proposed explanations for this apparent discrepancy are currently being explored.[28] A better understanding of the process of cell destruction by HIV will therefore be important to the development of effective interventions.

Because the clinical syndrome of AIDS follows infection with HIV after a variable, often long, period, there is a pressing need to learn more about this interval between initial infection and acute disease. It may well be that our best prospects for treatment and control of HIV disease will come through interventions during this critical time. Toward this end, intensive efforts must be directed toward unraveling the mechanisms of immune-system dysfunction and the factors that influence or control disease progression.

Laboratory experiments have demonstrated that when certain cells are infected with HIV, latent infection may ensue, with the viral DNA becoming integrated into the DNA of the host cell without virus production.[29] In addition, infection may be chronic in a given cell with a low level of virus production or expression. A variety of activation signals, including other viruses as well as substances produced by immune-competent cells following stimulation, appear to contribute to the conversion of a latent or a chronic infection to a productive one.[30] Modification of these activation signals—either pharmacologic or otherwise—may have important implications for

potential strategies to limit the progression of HIV infection and of AIDS.

The Search for a Treatment

Researchers are in the midst of a major effort to discover, develop, and test potential therapies for HIV infection and AIDS. These efforts have focused on two major areas: (1) antiviral drugs with a direct effect against the causative agent, HIV, and (2) immunomodulators that act to reconstitute or enhance immune-system function in patients with HIV infection and AIDS. Efforts to develop and improve approaches to treat the specific opportunistic infections and cancers associated with AIDS are also moving forward.

The successful development of antiviral and/or immune enhancement therapy represents a challenge of enormous magnitude. Basic scientific understandings must obviously underlie the process of rational development of therapeutic agents. Unlike any other known pathogen, HIV infects the very cells of the immune system that are intended to direct the immune system's attack against such invaders. In addition, because the virus becomes intimately associated with the host cells during the course of its life cycle, the task of finding a safe and effective therapeutic agent is even more formidable. It will be necessary to discover a means to interrupt the life cycle of the virus within the cells it invades without killing the cells themselves and destroying the already threatened immune system. Also, cell-free viruses must be eliminated, and the spread of the virus to uninfected cells prevented. Furthermore, recent studies indicate that there may be several important reservoirs for HIV in the body that will be difficult to eliminate without causing fundamental damage to the host cells involved. For example, cells of the monocyte-macrophage line, important components of the immune system, can not only be infected but can also support HIV replication while harboring the virus from the body's immune surveillance. Circulating monocytes and macrophages appear to play an important role in the dissemination of HIV throughout the body, including the brain.[31] Recent studies suggest that bone-marrow precursor cells of monocyte lineage may be an additional reservoir of HIV.[32] In the search for effective therapy, due consideration must be given to ensuring that the agent(s) can penetrate into the involved sites. For example, as the brain is an important target for HIV infection, any effective anti-HIV agent

should be able to cross the blood-brain barrier. Other practical considerations in AIDS drug development must include cost, dosing schedule, and the route of administration.

Preclinical Drug Development—Researchers attempting to discover and develop anti-HIV drugs are pursuing two approaches: screening large numbers of existing compounds for activity against HIV and targeting drug development with information gained about unique properties and critical functions of the virus to design agents that interfere with structural components or the life cycle of the virus.

To date, literally thousands of compounds have been studied in the test tube for activity against HIV. Of these, several have been identified to show significant anti-HIV activity and have advanced to clinical trials in humans.[33] Nonetheless, there is fairly broad scientific consensus that definitive therapies for HIV infection will derive from precise, targeted drug development based on intimate knowledge of the virus, its life cycle, and the delineation of specific sites and mechanisms for disrupting viral replication or viability. This may be a painstaking and difficult process, requiring the talents of virologists, molecular biologists, pharmacologists, physical chemists, and crystallographers, among others, and may take years to show results.

Clinical Trials of Experimental Drugs—Clinical trials are designed to investigate the beneficial and adverse effects of drugs that show promise in the laboratory or in preliminary clinical studies. Because of the experimental nature of such potential therapies, it is essential that they be carefully and scientifically studied for safety and efficacy before being widely distributed. Many clinical research efforts are under way, including a major, nationwide clinical trials network established by the National Institutes of Health (NIH) to study potential antiretroviral and immunomodulatory treatment approaches in persons infected with HIV, as well as specific therapies (including prophylaxis) for the opportunistic infections and malignancies associated with HIV infection.

At the present time, AZT, a compound that interferes with virus replication, is the only drug licensed by the Food and Drug Administration (FDA) for the treatment of HIV infection. Its potential use as a therapeutic agent against HIV was originally demonstrated in the test tube by the screening procedure mentioned above. Carefully conducted clinical trials subsequently demonstrated that AZT admin-

istration could significantly prolong life for certain individuals with AIDS, although its use can be associated with considerable toxic side effects, including bone-marrow suppression.[34] A number of related antiviral compounds are being investigated now to see if they might be equally effective with fewer side effects. Other drugs, both alone and in combination with lower doses of AZT, are also being tried in the hope of achieving greater benefit with reduced toxicities.

In many ways, combination therapy represents the most promising new approach to the treatment of HIV infection. For example, the agent 2′,3′-dideoxycytidine (ddC) has good antiviral activity without AZT's marrow-suppressive effects, but it has the dose-limiting toxicity of producing what is called a peripheral neuropathy with severe, damaging pain in the feet. By alternating AZT treatment with ddC, patients may be able to receive therapy for longer periods of time, at higher doses, and with fewer side effects. Similarly, bone-marrow suppression might be lessened through the combination of drugs like AZT with compounds that can boost blood-cell counts, such as erythropoeitin or granulocyte-macrophage-colony-stimulating factor (GM-CSF). Another intriguing approach involves combining antiviral therapy with immunologic reconstitution, either with biological response modifiers that can boost immune response such as alpha-interferon and interleukin-2 or through bone-marrow transplantation techniques.[35] This approach provides a potential two-pronged attack aimed at suppressing viral replication at the same time that the damaged immune system is restored.

Several drugs have shown evidence of therapeutic value against the major opportunistic illnesses seen in AIDS. Important examples include the use of aerosolized pentamidine to prevent *Pneumocystis carinii* pneumonia (the leading cause of death among AIDS patients), as well as the use of the antiviral drugs foscarnet and ganciclovir (DHPG) in controlling the progression of cytomegalovirus retinitis. Studies of these and other potential therapies are currently under way to evaluate definitively their safety and efficacy. Altogether, dozens of agents for use in HIV infection and AIDS are currently being tested in clinical trials in this country and around the world.

There is a growing emphasis on exploring means for early therapeutic intervention in HIV infection in order to limit or prevent progression to full-blown AIDS. A number of important studies are near implementation or are already under way to examine the

influence of experimental therapies in early stages of the disease, in infected but asymptomatic individuals, and even in pregnant women who are HIV-infected (so as to prevent infection in the fetus). Considerable attention is also being directed at finding treatments that will prevent the onset of certain opportunistic complications of HIV disease.

The advances currently being made in drug discovery, development, and therapeutic intervention provide a basis for cautious optimism that a number of useful agents may be available relatively soon. Realistically, there may never be an absolute cure for AIDS. At least for the next few years, it is likely that the best hopes for treatment will come from drugs or combinations of drugs that will permit sufficient control of the infection so that HIV-infected individuals can live healthier lives with a reasonable life span and no longer infect others.

Need for Continued Commitment to Scientific Basis for Clinical Trials—Given the life-threatening nature of HIV infection and AIDS, there is a growing tension between the understandable desire to make potential therapies available as quickly and as widely as possible, and the need to obtain correct and enduring answers through carefully designed scientific research.

Concern has been expressed that scientists are rigidly adhering to experimental traditions that are not relevant to the AIDS crisis and that impede progress to solutions. In view of the lethal threat posed by the underlying disease, the very rationale for conducting methodical, controlled clinical trials of experimental AIDS therapies has been called into question; many believe that experimental clinical drug protocols are too complex, take too long to develop, and once developed are too restrictive in their criteria for admission and execution. Correspondingly, there is strong pressure on the scientific community to loosen the standard practices used for evaluating drugs and to abandon the need to scientifically prove both safety and efficacy. Yet, for reasons of both safety and science, carefully controlled clinical trials are necessary.

Clinical trials may put conditions or restrictions on participation that may be perceived as unnecessary but that are critical to obtaining clear, unambiguous results. For example, it is essential that the population participating in the clinical trial be carefully defined and

relatively homogeneous in certain manifestations and stages of the disease because a given drug may be effective only at a certain stage in the disease process or for a particular subpopulation of patients. Furthermore, there may be circumstances in which the endpoints of drug efficacy are not as dramatic as life and death but may, rather, involve subtle changes in parameters that require careful monitoring. Potentially important results may not be recognized without careful attention to study design and conduct.

Because of the risks inherent in any experiment involving human subjects—and a clinical trial is indeed an experiment—there is a valid and generally agreed-on principle to expose the minimal number of individuals to the risks of the experiment. Nonetheless, many persons with AIDS, desperate for access to any potentially useful drug, argue that they are more than willing to assume such risks.

While greater availability of experimental drugs does offer some initial hope and the immediate gratification of taking some action against this relentless disease, it would be incorrect to equate the showing of compassion with the widespread distribution of untested agents to HIV-infected individuals. Open distribution of unproven therapies is unlikely to help their recipients in the short term and will certainly undermine long-term prospects to conclusively determine effective therapies.

From a purely analytic perspective, there is little disagreement that well-designed clinical trials provide the most efficient mechanism to determine definitively what treatments work. Such clinical trials will ultimately benefit more patients, and sooner, than any other approach. Past experience warns that compromising the precepts of scientific evaluation may lead to deleterious results. Truly effective drugs may be overlooked or discarded, either because of failure to appreciate subtle beneficial effects that might be missed in a poorly designed and implemented trial or because of exaggerated concern about the relative risks of side effects. Conversely, harmful or useless drugs may be accepted for use; such drugs may even be prescribed in lieu of other treatments of more proven benefit. It is only through carefully designed clinical research efforts that definitive answers will be found for this devastating disease—both for those presently suffering from AIDS as well as for the hundreds of thousands of persons who are infected with HIV but not yet sick.

Without compromising sound scientific principles, there is an ongoing effort to expedite clinical trials. For example, the possibility of shortening the trial process and providing earlier access to experimental drugs that have shown promise of efficacy without serious toxic side effects is under consideration by the FDA. The challenge for policymakers will be to achieve the difficult balance between the rigorous demands of the scientific method necessary to improve therapy and the rights of patients suffering from life-threatening diseases to gain access to new therapies at the earliest possible time.

Improved Access to Clinical Trials—In a distinct but related matter, there is a pressing need to provide a broader spectrum of the infected population with greater access to clinical trials of investigational drugs. Clinical research activities are usually conducted at academic medical centers, whereas most patients with HIV infection are cared for in a community setting by nonacademically affiliated providers. Not surprisingly, this situation has been reflected in an underrepresentation of minorities, women, children, hemophiliacs, and those with problems of IV drug use in clinical trials. Future AIDS clinical research efforts must expand the population profile enrolled in clinical trials and foster a greater involvement on the part of community-based primary health-care providers.

Worthwhile opportunities exist to broaden the base of clinical research efforts by increasing the participation of community physicians and patients in both the design and the implementation of AIDS-related research projects. At this time, concerted efforts are being directed toward developing research activities that are innovative and responsive to community needs as well as consistent with sound criteria for scientific research.

Valuable treatment research could be conducted at the community level, including clinical trials of new therapies, but might also involve surveillance of ongoing clinical experience with some of the many therapies being used on an *ad hoc*, "on the streets" basis. In addition, systematic collection of data from actual practice settings—if done prospectively and in a careful, rigorous fashion—could provide very

useful, albeit exploratory, information about the value of popular but unstudied treatments.

The Search for a Vaccine

The development of a vaccine against HIV infection has assumed a prominent position in the strategies for prevention and control of AIDS. However, despite intensive research in this area and considerable scientific advance, there is little hope of having a safe and effective vaccine available in the near future.

Developing a successful vaccine against HIV infection will be difficult for several reasons. The first is due to properties of the virus itself. Many different strains of HIV exist, and even within one person's body the virus can undergo mutations rapidly and easily.[36] In addition, scientists still do not fully understand the nature of an effective immune response that can protect against initial infection or disease progression following infection. The process of vaccine development for other diseases, such as polio and influenza, has been facilitated by the ability to study the nature of the immune response in individuals who have recovered without treatment and then to use their natural immune response as a model for vaccines. AIDS researchers have had no such opportunity, since no one has yet recovered from the disease. The task of researchers in this area is further complicated by the lack of adequate animal models for AIDS.

Despite these handicaps, scientists using knowledge about the structure of the HIV and sound immunologic principles have been attempting to develop a vaccine. The aim is to induce neutralizing antibodies as well as cell-mediated responses against HIV and thereby to protect uninfected individuals against subsequent infection if they are exposed to the virus.

Vaccine development and testing must be carefully designed to ensure that the vaccines will be safe and will elicit an immune response. The approaches to vaccine development that are being explored include the use of whole killed virus, purified natural products of the virus, synthetic preparations of virus components, recombinant DNA products, recombinant vaccinia virus containing parts of the HIV genome, and what is termed anti-idiotype, meaning antibodies generated against antibodies to the virus.[37] To eliminate the possibility that the vaccine itself might be infectious, most AIDS vaccine researchers are using some form of subunit vaccine product

(consisting of protein components of the virus rather than the whole virus) in their attempts to stimulate immune responses.

The whole killed virus approach raises some concern because of the ability of HIV to integrate into the cell's genetic machinery. Theoretically, a whole killed virus vaccine could introduce viral genetic material into host cells and trigger tumor development or other undesirable side effects. However, given the multiple and variable strains of HIV found, the whole killed virus approach may prove preferable because of its ability to elicit a protective immune response that is effective against many strains of HIV. This hypothesis is based on the observation that the individuals naturally infected with live HIV develop antibodies that are broadly reactive with a range of HIV isolates or strains. In contrast, the immune response to the subunit vaccine appears at this point to be limited to the original strain of virus used to make the vaccine.[38]

To date, some studies using subunit vaccines—in particular those based on segments of the viral envelope—have been shown to stimulate antibody synthesis in rodent and primate models. Certain of the antibodies produced have been shown to be so-called neutralizing antibodies, capable of blocking HIV infection in tissue culture systems. However, the neutralizing antibody responses were unable to protect against subsequent HIV infection in the animals.[39] These findings are in keeping with clinical observations in which no correlation is found between levels of neutralizing antibody and the progression of infection in patients.[40]

In general, candidate vaccines are clinically evaluated in humans only after safety and immunogenicity are demonstrated in laboratory and animal studies. However, given the urgency of the AIDS epidemic, the FDA has approved human trials of a limited number of potential AIDS vaccines, despite the lack of animal data or a clear delineation of the requirements for a protective immune response in humans. Several candidate vaccines are now in the early phases of testing in human volunteers, in both the United States and elsewhere.[41]

A significant dilemma in the evaluation of an AIDS vaccine is how to test candidate vaccines for efficacy. Because AIDS is a fatal disease, it would be ethically unthinkable to deliberately expose a study volunteer to HIV. Therefore, the only available way to show efficacy is to administer the vaccine to a large number of individuals identified

as being at risk for developing HIV infection and then follow them over a long period of time. If the incidence of new infection in a population at risk is low—as is currently the case for male homosexuals in the United States—literally thousands of people would have to be enrolled in a vaccine trial to achieve meaningful results. Furthermore, ethical considerations would dictate that participants in the vaccine trial receive appropriate instruction about how to avoid HIV infection, making the demonstration of the efficacy of a vaccine still more difficult.

It has been suggested that a candidate vaccine would be most effectively evaluated for efficacy if tested in areas of the world where incidence and prevalence rates for HIV infection are highest. Studies conducted in such locales—including certain developing nations particularly hard hit by the HIV epidemic, such as those of central Africa—would yield more rapid and discernable results, and the potential benefits would be considerable.[42] Nonetheless, vaccine testing in such settings has numerous complications. These include problems of different strains of the virus, difficulties in long-term followup, lack of infrastructure for appropriate clinical evaluation, and multiple social, cultural, and political considerations.

* * *

The magnitude of the AIDS epidemic and the urgency of developing treatments or a cure represent an enormous challenge for biomedical research. Building upon a strong foundation of knowledge accumulated over several decades of research in such fields as immunology, microbiology, infectious diseases, molecular biology, and epidemiology, AIDS research efforts have moved forward swiftly and productively since this new disease was first recognized. Seldom has biomedical science progressed so rapidly, yet real solutions to the control and prevention of HIV infection remain elusive. Perhaps more than any other disease, AIDS has raised a host of complex questions, from the most fundamental nature of biological systems to the role of scientific research in society at large. And beyond the challenge to biomedical research, there are profound and broader implications of the AIDS crisis for many aspects of health care, law, ethics, and society. The needs are tremendous and the answers difficult, but we are moving forward and new solutions are within

our grasp. The benefits will be far-reaching—not just for AIDS, but for many other areas of health and disease as well.

ENDNOTES

[1]Centers for Disease Control, *Acquired Immunodeficiency Syndrome Weekly Surveillance Report*, (Atlanta, Ga.: Centers for Disease Control, 26 December 1988).

[2]Public Health Service, Department of Health and Human Services, *Quarterly Report to the Domestic Policy Council on the Prevalence and Rate of Spread of HIV in the United States* (Atlanta, Ga.: Centers for Disease Control, July 1988).

[3]P. Piot, F. A. Plummer, F. S. Mhalu, et al., "AIDS: An International Perspective," *Science* 239 (4840) (1988):573–79.

[4]Public Health Service.

[5]M. S. Gottlieb, R. Schroff, H. M. Schanker, et al., "*Pneumocystis Carinii* Pneumonia and Mucosal Candidiasis in Previously Healthy Homosexual Men: Evidence of a New Acquired Cellular Immunodeficiency," *New England Journal of Medicine* 305 (1981):1425–31; and H. Masur, M. A. Michelis, J. B. Greene, et al., "An Outbreak of Community-Acquired *Pneumocystis Carinii* Pneumonia: Initial Manifestation of Cellular Immune Dysfunction," *New England Journal of Medicine* 305 (1981):1431–38.

[6]Masur et al.; and Centers for Disease Control, "Kaposi's Sarcoma and Pneumocystis Pneumonia among Homosexual Men—New York City and California," *Morbidity and Mortality Weekly Report* 30 (3 July 1981):305–8.

[7]Public Health Service; and Centers for Disease Control, "Update on Acquired Immune Deficiency Syndrome (AIDS) United States," *Morbidity and Mortality Weekly Report* 31 (24 September 1982):507–14.

[8]R. C. Gallo, S. Z. Salahuddin, M. Popovic, et al., "Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and at Risk for AIDS," *Science* 224 (1984):500–502; F. Barre-Sinoussi, J. C. Chermann, F. Rey, et al., "Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome (AIDS)," *Science* 220 (1984):868–71; and J. A. Levy, A. D. Hoffman, S. M. Kramer, et al., "Isolation of Lymphocytopathic Retroviruses from San Francisco Patients with AIDS," *Science* 225 (1984): 840–42.

[9]R. C. Gallo and L. Montagnier, "AIDS in 1988," *Scientific American* 259 (1988): 40–48.

[10]J. W. Curran, H. W. Jaffe, A. M. Hardy, et al., "Epidemiology of HIV Infection and AIDS in the United States," *Science* 239 (4840) (1988):610–16.

[11]Centers for Disease Control, *Acquired Immunodeficiency Syndrome*.

[12]S. Logan, M. Newell, T. Ades, et al., "Breast Feeding and HIV Infection," *Lancet* (11 June 1988):1346.

[13]M. A. Sande, "Transmission of AIDS: The Case against Casual Contagion," *New England Journal of Medicine* 314 (6) (1986):380–82.

[14]U. S. Congress, Office of Technology Assessment, "Do Insects Transmit AIDS?" a staff paper in OTA's series on AIDS-related issues (Washington, D.C.: Government Printing Office, 1987).

[15]R. R. Redfield and D. S. Burke, "HIV Infection: The Clinical Picture," *Scientific American* 259 (October 1988):90–98.

[16]Curran et al.

[17]Redfield and Burke.

[18]A. B. Rabson and M. A. Martin, "Molecular Organization of the AIDS Retrovirus," *Cell* 40 (1985):477–80.

[19]W. A. Haseltine and F. Wong-Staal, "The Molecular Biology of the AIDS Virus," *Scientific American* 259 (October 1988):52–62.

[20]Ibid.

[21]S. Koenig and A. S. Fauci, "AIDS: Immunopathogenesis and Immune Response to Human Immunodeficiency Virus," in V. T. DeVita, Jr., S. Hellman and S. A. Rosenberg, eds., *AIDS: Etiology, Diagnosis, Treatment, and Prevention*, 2nd ed. (Philadelphia, J. B. Lippincott Company, 1988), 61–77.

[22]S. Broder and A. S. Fauci, "Progress in Drug Therapies for HIV Infection," *Public Health Reports* 103 (May–June 1988):224–28.

[23]Ibid.

[24]Koenig and Fauci.

[25]Ibid.; and T. M. Folks, S. W. Kessler, J. M. Orenstein, et al., "Infection and Replication of Human Immunodeficiency Virus-1 (HIV-1) in Highly Purified Progenitor Cells from Normal Human Bone Marrow," *Science* 242 (1988): 919–22.

[26]R. W. Price, B. Brew, J. Sidtis, et al., "The Brain in AIDS: Central Nervous System HIV-1 Infection and AIDS Dementia Complex," *Science* 239 (4840) (1988):586–92.

[27]S. Kwok, D. H. Mack, K. B. Mullis, et al., "Identification of Human Immunodeficiency Virus Sequences by Using in Vitro Enzymatic Amplification and Oligomer Cleavage Detection," *Journal of Virology* 61 (1987): 1690–94.

[28]A. S. Fauci, "The Human Immunodeficiency Virus: Infectivity and Mechanisms of Pathogenesis," *Science* 239 (4840) (1988):617–22.

[29]Gallo and Montagnier.

[30]Kwok, Mack, Mullis, et al.

[31]Fauci.

[32]Price, Brew, Sidtis, et al.

[33]Folks, Kessler, Orenstein, et al.

[34]Broder and Fauci.

[35]Ibid.

[36]A. G. Fisher, B. Ensoli, D. Looney, et al., "Biologically Diverse Molecular Variants within a Single HIV-1 Isolate," *Nature* 334 (1988):444–47.

[37]W. C. Koff and D. F. Hoth, "Development and Testing of AIDS Vaccines," *Science* 241 (1988):426–32.

[38]Ibid.

[39]A. M. Prince, B. Horowitz, B. L. Baker, et al., "Failure of an HIV Immune Globulin to Protect Chimpanzees Against Experimental Challenge with HIV," *Proceedings of the National Academy of Sciences* (forthcoming).

[40]Broder and Fauci; and M. Robert-Guroff, M. Brown, and R. C. Gallo, "HTLV-III-neutralizing Antibodies in Patients with AIDS and AIDS-related Complex," *Nature* 316 (1985):72–74.

[41]Koff and Hoth.

[42]Institute of Medicine, *Prospects for Vaccines against HIV Infection*, report of the Conference on Promoting Development of Vaccines Against Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (Washington, D.C.: National Academy Press, 14–15 December 1987).

Justice / State

waiver of AIDS

S.F. (June 30th) conf.

---

amer. disabilities Act.

go along w/ W.H.O.

Document Originally
Attached to
Previous Page

STEVE

CA PRESS GUIDANCE
Wednesday, January 17, 1990

VISAS: POLICY RE AIDS VICTIMS

Q: Is it true that the U.S. Government is easing, but not eliminating, restrictions on the freedom of people infected with AIDS to enter the U.S.?

A: -- UNDER THE IMMIGRATION & NATIONALITY ACT, VISA APPLICANTS WHO ARE HIV-POSITIVE ARE INELIGIBLE FOR VISAS BECAUSE THEY ARE AFFLICTED BY A "DANGEROUS CONTAGIOUS DISEASE." AS IN ALL SUCH CASES, WAIVERS MAY BE OBTAINED FROM THE IMMIGRATION & NATURALIZATION SERVICE.

-- A SIXTH INTERNATIONAL CONFERENCE ON AIDS IS BEING PLANNED FOR JUNE 1990 IN SAN FRANCISCO. THE WORLD HEMOPHILIA CONFERENCE IS SCHEDULED FOR AUGUST 1990 IN WASHINGTON, D.C.

-- THE STATE DEPARTMENT, THE IMMIGRATION & NATURALIZATION SERVICE, AND THE U.S. PUBLIC HEALTH SERVICE HAVE AGREED ON CERTAIN SPECIAL PROCEDURES SO AS TO FACILITATE TRAVEL TO THE U.S. BY HIV-POSITIVE PERSONS WISHING TO ATTEND EITHER OF THESE CONFERENCES.

-- THE PROCEDURES ARE AS FOLLOWS:

(1) IN THOSE CASES WHERE AN HIV-INELIGIBLE APPLICANT INDICATES AN INTENTION TO REMAIN IN THE U.S. FOR THIRTY DAYS OR LESS TO PARTICIPATE IN THE SIXTH INTERNATIONAL CONFERENCE ON AIDS OR THE WORLD HEMOPHILIA CONGRESS, AND REQUESTS A WAIVER OF INELIGIBILITY, THE CONSULAR OFFICER SHALL ASSUME IMMIGRATION & NATURALIZATION SERVICE APPROVAL OF A WAIVER REQUEST AND ISSUE THE VISA.

(2) IF THE HIV-POSITIVE APPLICANT OBJECTS TO HAVING THE WAIVER ANNOTATION PLACED IN HIS OR HER PASSPORT, THE CONSULAR OFFICER SHALL STAMP THE VISA AND PLACE THE NOTATION ON A SPECIAL FORM.

(3) ALL APPLICATIONS, WAIVER REQUESTS, OR OTHER RECORDS OR COMMUNICATIONS ON HIV-POSITIVE PERSONS TRAVELING TO THE U.S. TO ATTEND THESE TWO CONFERENCES WILL BE TREATED AS CONFIDENTIAL (LIMITED OFFICIAL USE). ONLY AMERICANS AND FOREIGN SERVICE NATIONAL EMPLOYEES WITH APPROPRIATE CLEARANCES WILL BE ALLOWED ACCESS TO SUCH INFORMATION.

Q: Do you expect these procedures to satisfy those groups now threatening to boycott the conferences because of U.S. policy?

A: WE DO NOT EXPECT THESE CHANGES TO SATISFY EVERYONE WHO OBJECTS TO U.S. LAW ON THE ADMISSION OF HIV-POSITIVE APPLICANTS. HOWEVER, WE BELIEVE THAT THIS IS AS MUCH AS WE CAN DO WITHIN THE LIMITS OF THE LAW AS IT NOW STANDS.

Q: Will this apply to future AIDS conferences?

A: WE WILL CONSIDER FUTURE CONTINGENCIES AS THEY ARISE.

Drafted: CA/PA:FTJones
01/17/89 ext. 71488 Doc#:0103y

Clearance:
CA/PA:PCovington
CA/VO/F/P:CHoward

Info:
H:PDoherty
ARA/P:ASigmund
EUR/P:NWhite
AF/P:GMorris
EAP/P:MCYates
NEA/P:DGoode

☐ ROUTINE ☒ RUSH 111 MESSAGE NO. _____

TO Peggy Polk DATE 3/7/90

FROM Lee C. Smith, Levi Strauss International NUMBER OF PAGES 2

SUBJECT _____

ADDITIONAL DOCUMENTS ATTACHED ☐ IF THERE IS A TRANSMISSION PROBLEM, CALL 415/544-6091

TEXT:

LEVI STRAUSS & CO. P.O. Box 7215, San Francisco, CA 94120 Phone: 415/544-6000
FAX: 415/544-3939

Following are the suggested themes for the March 29th "Presidential Address".

OBJECTIVE

To provide national leadership and legitimize the HIV disease thereby providing hope to those directly and indirectly affected by AIDS. Setting the fiscal pressures aside, there is a vital need for leadership, vision, education and collaboration from the executive branch.

TONE

Positive, direct, encouraging and supportive.

ISSUES

1. The AIDS epidemic is NOT over. We have made huge gains and enormous advances. But hundreds of thousands of Americans are infected and will become ill, and thousands are at risk for new infection. We must be vigilant in our commitment to AIDS prevention as we move forward to address the ever changing health care needs of those with HIV disease. We must support the healthy, positive behavior change that has occurred in communities at great risk for HIV disease.

2. The federal government intends to take a leadership role in wiping out discrimination against people who are HIV positive - including immigration restrictions. Those with the disease must not be abandoned, must not be written off. They are part of the American fabric and are deserving of our support, our compassion and our respect.

3. At a time when federal budget resources are tight, I want to work cooperatively with Congress to ensure that the 1991 budget includes adequate funds for research, prevention, public eduation and patient care.

03. 07. 90 11:35 AM *LEVI SF 415 544 3353 P01

4. AIDS is everyone's responsibility. Every American, every public official and every business organization needs to enlist in the fight against the HIV virus.

   Business leadership is vital at the local level. We need our business leaders to lend their expertise, volunteers and resources to our local community-based AIDS service organizations that have shouldered the burden in the struggle to date.

5. The business community can improve health benefits and access to decent, affordable health care for its employees.

   AIDS is exacerbating an already over burdened and costly health care system. The business community should lead the way in addressing systematic changes necessary to lower health care costs, provide access to treatment for those in need and prevent or delay disease progression.

   The private sector must carry its fair share of the health care burden without instituting or condoning unfair discriminatory practices in private insurance coverage.

   This is critical to implementing sane early intervention programs making life extending drugs available, through insurance coverage, to all who require them.

SUMMARY

My goal is to eliminate further HIV infection and I want to be sure that those already infected receive appropriate care and compassion. The only way to accomplish this is through an effective, efficient public/private partnership where we can step up public education programs, support early intervention and provide a continuum of care for our fellow citizens that have the HIV disease.

03. 07. 90 11:35 AM *LEVI SF 415 544 3353 P02

of millions of dollars of illegal income in the form of bribes and kickbacks.

This ban is consistent with international efforts to further isolate the Noriega regime, which is currently shunned by the democratic nations of Latin America and around the world. The resolution of the recently concluded General Assembly of the Organization of American States was sharply critical of the Noriega regime and is only one example of the international condemnation of Noriega. The President has made it very clear that there will be no accommodation with the illegal Panamanian regime.

The United States will continue various efforts designed to assist the Panamanian people in their endeavor to bring about Noriega's departure and the establishment of democratic institutions responsive to the will of the people.

The United States regrets the hardships which Noriega has brought to the people of Panama, who deserve to be led by a government of their choice. The United States will continue to exercise its rights and comply with its obligations under the Panama Canal Treaties and looks forward to a time when it can work closely with a democratically elected, constitutional government in Panama, dedicated to serving the interests and welfare of the Panamanian people.

Statement on the Observance of World AIDS Day

November 30, 1989

On December 1, World AIDS Day, there will be a commemoration in Washington to remember all those with HIV infection and all who have died from it. The end result of this infection, AIDS, has been diagnosed in over 112,000 people in this country as of October 1989, and 65,000 people have died since the beginning of the epidemic. Though the problem is great and taxing our health care system now, far greater difficulties await us in terms of human suffering and provision of health care.

We have committed resources at an unprecedented rate to HIV-related research of all kinds. Though there is no cure for AIDS at present, we will continue the most vigorous research efforts. At the same time, we must also educate and prevent. The disease is spread through known ways, and it is clear that education on the facts is our best means of combating AIDS at this time.

Finally, we must remember those Americans who have become infected with the virus, including some who may be unaware of their infection. These people need our help and our compassion. Our hearts go out to those afflicted, as our heads work towards finding solutions. In the meantime, we must continue to educate those around us regarding the prevention of this terrible disease.

Statement by Press Secretary Fitzwater on the Attempted Overthrow of the Philippine Government

November 30, 1989

We reiterate the unequivocal support of the U.S. Government for Philippine democracy and the government of President Corazon Aquino. We strongly condemn the effort to destabilize the elected Philippine Government. According to U.S. law, all U.S. foreign assistance to the Philippines would be suspended if the elected Government of the Philippines were removed by a military coup.

Statement by Press Secretary Fitzwater on United States Military Assistance for the Government of the Philippines

December 1, 1989

At the request of President Aquino, the President has authorized U.S. military assistance to the Government of the Philippines in defending itself against a coup attempt. This assistance is intended to allow the democratically elected government of the Philippines to restore order. The President also is determined to protect the lives of Americans in the Philippines.

Statement by Press on the 1990 Houst Summit

December 1, 1989

President Bush wil of the seven major July 9–11, 1990, in nomic summit is th leaders of the world mocracies to discus review other key in ticipating in the Hou will be Canada, th Germany, France, I Kingdom, the Unite mission of the Europ

The President has Malek to serve as I with the personal r that capacity he wi for and staging of th currently president and cochairman of mercial Group.

The President ha ard T. McCormacl State for Economic as his Personal Re for preparation of p nomic summit. Mr. similar capacity dur Paris.

Points of Light R

The President name uals and institutio commitment to ma central to the life a can. The daily rec tended as a nation order to every singl difference in the

The President ex the following:

November 27

Dr. William and Mr City, OK. The rec operate a free med serious medical pr sclerosis. The clini

will back up those who put their lives on the line every single day—our local police officers.

My budget asks for beefed-up prosecution, for a new attack on organized crime, and for enforcement of tough sentences—and for the worst kingpins, that means the death penalty. I also want to make sure that when a drug dealer is convicted there's a cell waiting for him. And he should not go free because prisons are too full. And so, let the word go out: If you're caught and convicted, you will do time.

But for all we do in law enforcement, in interdiction and treatment, we will never win this war on drugs unless we stop the demand for drugs. So, some of this increase will be used to educate the young about the dangers of drugs. We must involve the parents. We must involve the teachers. We must involve the communities. And, my friends, we must involve ourselves, each and every one of us in this concern.

One problem related to drug use demands our urgent attention and our continuing compassion, and that is the terrible tragedy of AIDS. I'm asking for $1.6 billion for education to prevent the disease and for research to find a cure.

If we're to protect our future, we need a new attitude about the environment. We must protect the air we breathe. I will send to you shortly legislation for a new, more effective Clean Air Act. It will include a plan to reduce by date certain the emissions which cause acid rain, because the time for study alone has passed, and the time for action is now. We must make use of clean coal. My budget contains full funding, on schedule, for the clean coal technology agreement that we've made with Canada. We've made that agreement with Canada, and we intend to honor that agreement. We must not neglect our parks. So, I'm asking to fund new acquisitions under the Land and Water Conservation Fund. We must protect our oceans. And I support new penalties against those who would dump medical waste and other trash into our oceans. The age of the needle on the beaches must end.

And in some cases, the gulfs and oceans off our shores hold the promise of oil and gas reserves which can make our nation more secure and less dependent on foreign oil. And when those with the most promise can be tapped safely, as with much of the Alaska National Wildlife Refuge, we should proceed. But we must use caution. We must respect the environment. And so, tonight I'm calling for the indefinite postponement of three lease sales which have raised troubling questions, two off the coast of California and one which could threaten the Everglades in Florida. Action on these three lease sales will await the conclusion of a special task force set up to measure the potential for environmental damage.

I'm directing the Attorney General and the Administrator of the Environmental Protection Agency to use every tool at their disposal to speed and toughen the enforcement of our laws against toxic waste dumpers. I want faster cleanups and tougher enforcement of penalties against polluters.

In addition to caring for our future, we must care for those around us. A decent society shows compassion for the young, the elderly, the vulnerable, and the poor. Our first obligation is to the most vulnerable—infants, poor mothers, children living in poverty—and my proposed budget recognizes this. I ask for full funding of Medicaid, an increase of over $3 billion, and an expansion of the program to include coverage of pregnant women who are near the poverty line. I believe we should help working families cope with the burden of child care. Our help should be aimed at those who need it most: low-income families with young children. I support a new child care tax credit that will aim our efforts at exactly those families, without discriminating against mothers who choose to stay at home.

Now, I know there are competing proposals. But remember this: The overwhelming majority of all preschool child care is now provided by relatives and neighbors and churches and community groups. Families who choose these options should remain eligible for help. Parents should have choice. And for those children who are unwanted or abused or whose parents are deceased, we should encourage adoption. I propose to reenact the tax deduction for adoption expenses and to double it to $3,000. Let's make it easier for these kids to have parents who love them.

Speech to Congress State of the Union

We have a moral contract with our senior citizens. And in this budget, Social Security is fully funded, including a full cost-of-living adjustment. We must honor our contract.

We must care about those in the shadow of life, and I, like many Americans, am deeply troubled by the plight of the homeless. The causes of homelessness are many; the history is long. But the moral imperative to act is clear. Thanks to the deep well of generosity in this great land, many organizations already contribute. But we in government cannot stand on the sidelines. In my budget, I ask for greater support for emergency food and shelter, for health services and measures to prevent substance abuse, and for clinics for the mentally ill. And I propose a new initiative involving the full range of government agencies. We must confront this national shame.

There's another issue that I've decided to mention here tonight. I've long believed that the people of Puerto Rico should have the right to determine their own political future. Personally, I strongly favor statehood. But I urge the Congress to take the necessary steps to allow the people to decide in a referendum.

Certain problems, the result of decades of unwise practices, threaten the health and security of our people. Left unattended, they will only get worse. But we can act now to put them behind us.

Earlier this week, I announced my support for a plan to restore the financial and moral integrity of our savings system. I ask Congress to enact our reform proposals within 45 days. We must not let this situation fester. We owe it to the savers in this country to solve this problem. Certainly, the savings of Americans must remain secure. Let me be clear. Insured depositors will continue to be fully protected. But any plan to refinance the system must be accompanied by major reform. Our proposals will prevent such a crisis from recurring. The best answer is to make sure that a mess like this will never happen again. The majority of thrifts in communities across the Nation have been honest. They've played a major role in helping families achieve the dream of home ownership. But make no mistake, those who are corrupt, those who break the law, must be kicked out of the business; and they should go to jail.

We face a massive task in cleaning up the waste left from decades of environmental neglect at America's nuclear weapons plants. Clearly, we must modernize these plants and operate them safely. That's not at issue; our national security depends on it. But beyond that, we must clean up the old mess that's been left behind. And I propose in this budget to more than double our current effort to do so. This will allow us to identify the exact nature of the various problems so we can clean them up, and clean them up we will.

We've been fortunate during these past 8 years. America is a stronger nation than it was in 1980. Morale in our Armed Forces has been restored. Our resolve has been shown. Our readiness has been improved. And we are at peace. There can no longer be any doubt that peace has been made more secure through strength. And when America is stronger, the world is safer.

Most people don't realize that after the successful restoration of our strength, the Pentagon budget has actually been reduced in real terms for each of the last 4 years. We cannot tolerate continued real reduction in defense. In light of the compelling need to reduce the deficit, however, I support a 1-year freeze in the military budget, something I proposed last fall in my flexible freeze plan. And this freeze will apply for only 1 year, and after that, increases above inflation will be required. I will not sacrifice American preparedness, and I will not compromise American strength.

I should be clear on the conditions attached to my recommendation for the coming year: The savings must be allocated to those priorities for investing in our future that I've spoken about tonight. This defense freeze must be a part of a comprehensive budget agreement which meets the targets spelled out in Gramm-Rudman-Hollings law without raising taxes and which incorporates reforms in the budget process.

I've directed the National Security Council to review our national security and defense policies and report back to me within 90 days to ensure that our capabilities and resources meet our commitments and strategies. I'm also charging the Department of Defense with the task of developing a plan to improve the defense procurement proc-

proper avenue there, but I cannot—and you ask a good question—I simply cannot tell you with authority who is calling the shots there today.

Q. Let me follow by asking you this then. When you were in China earlier in the year, you met with Li Peng, and I believe you told him that China was exempted from your policy review because you knew China, you understood China. Have you been let down personally? Have you been misled in any way?

The President. I feel a certain sense of personal disappointment. But they weren't exempt from the norms of behavior that are accepted internationally in terms of armed people don't shoot down unarmed students. Nobody suggested that.

There was an interesting point in there—and I don't want to delve into the detail of private conversations—but one of the Chinese leaders, a very prominent name, told me, "We want change, but people have to understand it's very complicated here, how fast we move on these reforms. We've come a long way." And indeed, they did move dramatically faster on economic reforms than I think any of us in this room would have thought possible.

But what hasn't caught up is the political reforms and reforms in terms of freedom of expression. The freedom of press caught up a little bit; but it hadn't gone, obviously, near far enough. And now there's martial law and censorship. But we were cautioned on that visit about how fast China could move. Some of it was economic, and clearly, some of the message had to do with how fast they could move politically.

AIDS Testing

Q. Mr. President, turning your attention to a matter that's devastating here at home and all over the world, the question of AIDS. Respected experts are now starting to suggest that instead of the anonymous testing that has existed in the past, there should be mandatory reporting of new cases by name and numerous followups on sexual partners and needle-sharing partners. Do you favor such an approach, sir?

The President. I've spoken at an international AIDS conference, at which I was roundly booed, 2 years ago or so, advocating certain kinds of testing. And I don't want to have—you said mandatory for everybody?

Q. Yes. Or at least an end to the anonymity of it?

The President. No, I don't favor that. I think there is a certain right to privacy that we should respect. And so, in terms of anonymity, I would like to suggest that records of that nature should be kept private. There's a lot of suffering for AIDS victims. There's a lot of human tragedy that we haven't really focused on too much. And I think something less than very discreet handling of that information would not be helpful. But do I encourage people to come forward and talk to their doctors and all about partners that may affect others? Yes, I do think you need that kind of frankness, and I do favor certain kinds of testing.

Lesley [Lesley Stahl, CBS News]?

China-U.S. Relations

Q. Mr. President, back to China. There are reports tonight that the Government there has begun rounding up the student leaders, who face at the very least, persecution, at the most, possibly charges of treason and whatever punishment that will bring. You have talked tonight about your strong desire to keep this relationship going and to keep the dialog and all our business as usual moving forward. If the——

The President. Not all of them. Excuse the interruption——

Q. Well, except for the military——

The President. Yes.

Q. Except for the military, sir. If we find out that the people who perpetrated the killings in Tiananmen Square and who were rounding up these students are running the Government, can the United States maintain fairly normal relationships with them, given our aim to foster human rights and promote democracy?

The President. It would make it extraordinarily difficult. But the question is so hypothetical that I'm going to avoid answering it directly. But anything that codifies the acceptance of brutality or lack of respect for human rights will make things much more difficult. There's no question about that.

Visa Extensions for Chinese Students

Q. I have one followup. There are 20,000 Chinese students in the United States.

The President. Yes.

Q. Many of them have spoken out. Are you prepared to grant them political asylum in this country, should these——

The President. They're not seeking asylum. I'll tell you why I answer the question that way. They're not seeking asylum. We had four of them in the other day. And the first thing that one of them—Jia Hao—said, "I love my country." And he wants to go back to his country. But what I have done is extend the visas so that people are not compelled to go back to our country. He's not seeking asylum. This man is not going to turn his back on his own country. He wants to change things. But he also wants to know that he is going to be safe, and I don't blame him for that. So, it's not a question of all these people—asylum is a legal status, and that's not what they're looking for.

Q. ——in light of the student roundups. I mean, if they face——

The President. I think it's appalling, and so I would simply say that what we've already done would say to these people, You don't have to go back. But I'm not going to ask them to turn down the flag that they love and turn their back on China. These are patriotic young people who fear because of seeing their own brothers and sisters gunned down. But they're not seeking asylum. They don't want to flee China; they want to help change China.

Soviet Union

Q. Mr. President, we can discuss another Communist country for a while. Your attitude towards the Soviet Union seems to have shifted a bit since you became President, from deep skepticism to seeming acceptance of their intentions. Do you now accept Mr. Gorbachev's sincerity in regard to his pledge of new thinking? And can you tell us a little bit about why you've changed——

The President. I don't think it's shifted as much as you think, Michael [Michael Gelb, Reuters]. I don't think it's shifted as much. What I did was to say, We need a time to make some prudent investigation and discovery and then to go forward with a proposal. And we've done exactly that. The proposal we made at NATO has unified the alliance, and some of the leaders told me that it's more unified than it's been in history. We've made a good proposal now, and I hope the Soviets will take it on good faith, and I am encouraged by the response so far.

Having said that, in dealing with the Soviet Union, I am going to continue to keep my eyes wide open. I will also say I want to see *perestroika* succeed. I want to see it succeed, not fail. And I told Mr. Gorbachev that one-on-one last fall at Governors Island. So, I don't think he believes that I view this as some kind of a Cold War relationship, or that I want to see *perestroika* fail. He did say that he felt there were some elements in this country that did. But I hope that now he knows that I don't look at it that way.

Q. Well, let me just follow up. Do you accept that he is sincere in terms of—are you operating on the assumption that he is sincere when he says he's interested in new thinking in international affairs?

The President. He's already demonstrated that he's interested in new thinking. Who would have thought that we would sit here and, on television, see a relatively lively debate? It's nothing like our Congress, but it had some similar aspects to it. And so, I think he has already demonstrated his commitment to change and to reform.

But there's ways now to solidify these changes. They have 600,000 troops, and we have 305,000. And I made an offer to him. I said the best way to guarantee stability and less warlike attitude is to go to equal numbers. And they are being asked to take out many, many more troops than we are. But I've said, What's wrong with being equal? The United States will have 275,000 troops deployed, and you, sir, will have 275,000. So, here's a test now. Nobody can argue the inequity of that, particularly since we've put aircraft and helicopters and these other categories on the table.

And I am inclined to think that if I do my work properly and we keep NATO moving forward on this quick timetable, that we can succeed. And if we do, he will once again have demonstrated his desire for change.

Bush

George Bush for President

CONTACT: ALIXE GLEN
(202) 842-1988

FOR IMMEDIATE RELEASE
Tuesday, June 28, 1988

STATEMENT BY THE VICE PRESIDENT
ON THE AIDS COMMISSION REPORT

The Commission Report is a landmark analysis of the problems facing our country due to the AIDS epidemic. There is little doubt that it will be the benchmark for future discussions. Admiral Watkins, the Commission members and staff have done an excellent job.

They have proved their critics wrong. Many pundits believed that the Commission would fail, yet Admiral Watkins and his colleagues have set the right tone for how we should approach AIDS in the months and years to come.

I am particularly pleased that the Commission recognizes the need for patient notification and wide-spread testing as a means to limit the spread of AIDS. Such programs will be ineffective without being coupled with strict confidentiality and anti-discrimination provisions.

I am also encouraged by their understanding that the AIDS crisis and the drug crisis are intertwined. We will be unable to stop the spread of AIDS if we do not stop the spread of drug abuse.

The Commission identified the problems confronting our scientific and medical communities in the search for a cure, vaccine and treatment of those with the disease. The Commission's recommendations to make these efforts more effective should be given the highest priority.

It is our duty to do all we can, not only to find a cure and a vaccine, but also to make sure we never create a climate in America where friend turns against friend, where countrymen turn against countrymen.

# # #

733 15TH STREET, N.W., SUITE 800, WASHINGTON, D.C. 20005
TELEPHONE: (202) 842-1988
Paid for by George Bush for President

Polio Prognosis

No one could convince Mr. and Mrs. Donald F. DeMars that 1951 wasn't a bad year for polio. Within a few days the Van Nuys, Calif., couple (see cut) had seen six of their eight children stricken with the disease. But at the week end officials of the National Foundation for Infantile Paralysis were far from certain whether this year's occurrence of polio would approach the record-breaking epidemics of 1949 and 1950.

Some very sore spots had already appeared. Polio was raging in Colorado, particularly around Denver and Pueblo, and in the Caddo and Red River parishes of Louisiana. Mississippi was having the worst outbreak in years, centered in Sunflower County in the delta country. Milwaukee, with the worst epidemic in its history, reported twice as many cases as at this time last year. The number of cases was rising in the Salt Lake City area. And Texas and California, endemic areas, were suffering from their usual summer upswing.

But as of Aug. 4, 1951, polio was running behind 1950—6,845 cases reported as compared with 7,298 at the same time last year. The foundation judged that the present situation is "not abnormally serious, nor is the rate abnormally low." Until the epidemic reaches its peak, no one can tell how serious it will become. Last year when 33,351 cases were reported throughout the country, the peak came in the third week of September. In 1949, which set the record of 42,366 cases, polio reached its height in the third week of August.

Live Cortisone

As a manufacturing process it wasn't worth an inflated nickel. But as a scientific achievement, fellow chemists agreed, two teams of Harvard researchers headed by Profs. Robert B. Woodward and Louis F. Fieser had scored one of the triumphs of the century.

The accomplishment, announced last week in the Journal of the American Chemical Society, was the complete synthesis of cortisone. Now for the first time chemists could, if they so desired, make the drug from its basic elements—carbon, hydrogen, and oxygen.

Meanwhile, in the same journal, chemists of Merck & Co. reported that they could synthesize cortisone from four natural substances much more abundant than the ox bile currently most used as the starting point for commercial production. The four were: ergosterol, from yeast; diosgenin, from the Mexican yam*; stigmasterol, from soybeans; and cholesterol, which can be extracted from wool fat or the spinal cords of cattle.

Meantime, scientists of the United States Public Health Service had been off on another tack: making cortisone or its natural counterpart from the adrenal glands of cattle. After two years of work Dr. Max K. Sweat (rhymes let), biochemist of the National Insti of Health, last week reported suc

Dr. Sweat first grinds the ad glands (which look like frozen shri He then centrifuges the pinkish "g getting a clear pink-tinged fluid. finally small crystals of an enzy protein which spurs biological act

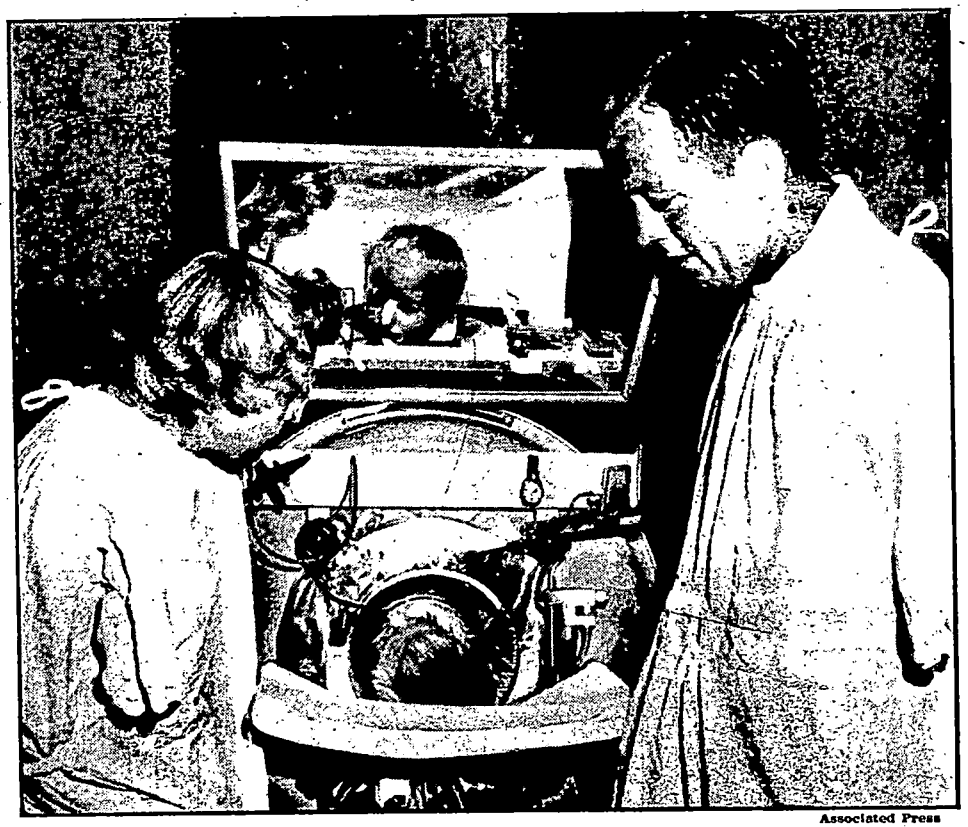
Mixed with stigmasterol from beans (see above), the enzyme to work and produces small amoun hydro-cortisone, a near cousin of sone and just as good if not b

Sweat says frankly: "It is quite ce that synthetic methods will be the mary source of the [cortisone-like] mones. The main contribution of work is that it helps us understand of the intricate mechanisms occu inside the adrenal glands."

He is fascinated particularly by key enzyme—"a wonderful and u substance that acts like a lever in ducing the hormone. It is probabl first enzyme to be identified in the ing of a hormone."

Sweat has reason to be proud. enzyme accomplishes in one fifteen ute step what takes 27 steps in current commercial process. More esting is the conjecture that the en itself might some day be given to people to help them speed up natural hormone production and fight disease.

*The raw material used by Syntex, Inc., of Mexico City (NEWSWEEK, July 16).



Associated Press

Richard DeMars, aged 3, with parents: How many will follow him?



National Institutes of H

Sweat: A biochemical lever

Healthmanship

Stephen Potter, author of "Games ship" and "Lifemanship," the defi works on psychological warfare ap to polite society, last week came out

NEWSWEEK 8-20-51

Services of Mead Data Central

3RD STORY of Level 1 printed in FULL format.

Copyright (c) 1989 The Washington Post

October 8, 1989, Sunday, Final Edition

SECTION: METRO; PAGE D3; COURTLAND MILLOY

LENGTH: 737 words

HEADLINE: A Fabric of Love, Pain, Anger

BYLINE: COURTLAND MILLOY

BODY:

I did not expect to find anybody I knew memorialized in an AIDS quilt on the Ellipse yesterday. I did not expect to cry. I'd been to the Vietnam Veterans Memorial wall, seen cemeteries filled with rows of cold gravestones, and pretty much figured that there was nothing to do for the dead except pay my respects.

But somehow these 10,848 panels of cloth rocked my soul in a way that granite never did. So delicate and vulnerable to nature's elements, each fiber became the very embodiment of the AIDS victim that it represented.

There were squares with poems for the babies who had died, squares with photographs of innocent children woven into them. A black baby, dressed in a new pink dress and matching bonnet -- dead of AIDS before she could grow out of her bell shoes.

There was a square with a row of mournful teddy bears, stitched onto a window sill, crying into the night for a man called "Boo Boo," whose photograph was sewn in near them.

"We whispered . . . . 'We miss you!' " said the little bears. "But there was no reply. We sat by the window, and heard the moon sigh."

Thoughtful words and pictures sewn onto a piece of cloth, breaking the hearts of all who saw them. Those weren't just little bears speaking -- but children, mothers, fathers, sisters, brothers, friends and lovers who have been deeply hurt by death.

A sister of a man who had AIDS sat at the edge of a square she had sewn, so sorry that she had not spoken to him in the years before the disease took his life. Now he was gone. Would he please forgive her, she prayed, leaving a handful of roses as she tearfully staggered away.

People who thought they were just taking a curious stroll, such as I, suddenly found themselves wiping away tears. I had forgotten about my fellow journalist, ABC newsman Max Robinson. But a panel honoring him was there. I had forgotten about Melvin Boozer, the first black president of the Gay Activist Alliance. But there was cloth for him too. There were even squares for people whom I hadn't even known were ill. Suddenly, I discovered they were dead.

Among the living were heartwarming people such as Ray Kinlock, whose job is to repair damaged squares. Surely it would be easier for him to handle his feelings, having seen the squares hundreds of times. It was.

LEXIS® NEXIS® LEXIS® NEXIS®

Services of Mead Data Central

(c) 1989 The Washington Post, October 8, 1989

"I don't fight it. I just cry -- all the time," Kinlock said. "It is so sad. I have made quilts for 30 friends who have died. I can see a certain color, a certain fabric or read a certain poem, and something breaks inside me. Every time I see the panel of Baby Jessica, the first infant to die of AIDS, I am moved to tears."

He added, "I think of the quilts as educational art, and notice how it has brought so many people together, how it has helped reduce the fear."

Evelyn Martinez, organizer of the quilt repair crew, also worked feverishly to keep the panels looking like new. For her, there was no point trying to keep her emotions in check either.

"Sometimes I feel so guilty, like I am not doing enough," she said. "I work full time on the panels, but I always feel like they are not going to hold up. It's as if they were human beings. As they get older, they begin to fall apart. But if you can fix it, restore it to beauty, that is such a satisfying feeling."

Joseph van Es-Ballesteros, the logistics coordinator for the AIDS quilt, was not totally satisfied. Pointing angrily beyond the quilt toward the White House, he criticized the federal government's response to the AIDS crisis.

"The inaction and insincerity that comes from the president, as well as Congress, is abhorrent," he said. "The compassion and caring on the part of the friends and family is wonderful, but without serious action on the part of our leaders, it won't amount to anything."

Philip Pannel, who worked at an AIDS awareness table for the United Black Fund, was angry too. Very few black people, he noted, had bothered to make squares or visit the display, even though blacks have a higher rate of AIDS infection than whites.

"I guess if they don't care about AIDS victims when they are alive, no reason to expect they'll care once they are dead," he said.

The displayed squares represented only 18 percent of those who have died of AIDS in the United States.

Yet, on and on they went, for 14 acres, so that after 49 miles of walking around the cloth, the effect of a major catastrophe was more than apparent. It was overwhelming.

TYPE: COLUMN

SUBJECT: ACQUIRED IMMUNE DEFICIENCY SYNDROME; DISTRICT OF COLUMBIA; DEATH AND DEATH CEREMONIES

LEXIS® NEXIS® LEXIS® NEXIS®

Services of Mead Data Central

4TH STORY of Level 1 printed in FULL format.

Copyright (c) 1989 The Washington Post

October 8, 1989, Sunday, Final Edition

SECTION: METRO; PAGE D3

LENGTH: 544 words

HEADLINE: AIDS Quilt Captures the Fear Behind the Loss;
Panels That Don't Identify Loved Ones Serve as Reminder of Public Stigma

BYLINE: Brooke A. Masters, Washington Post Staff Writer

BODY:

The Names Project AIDS Memorial Quilt is above all about preserving people's identities.

From the gold lame' rectangle dedicated to Broadway choreographer and director Michael Bennett to a calico quilt pieced together by the friends and relatives of Helen Beckey, each of the 10,848 panels on display at the Ellipse this weekend serve as handsewn reminders that AIDS has killed individuals.

Throughout the weekend, the names of the people memorialized on the 14-acre quilt and of those who have died too recently to have their own squares boomed overhead, read over a loudspeaker by activists and family members.

But amid all the emphasis on names and identity, many people have sought anonymity.

Organizers estimated that up to 10 percent of the panels are not embroidered with full names. Fifty-three of the squares are dedicated only to Jims or Jimmys, and 57 memorialize anonymous Johns and Johnnys.

Then there was the panel for Robert W.

Pinned across Robert's last name was a blue felt strip embroidered with the words "Family fear removed this name. Love can remove this patch."

Quilt visitors who have lost family members to AIDS said they understand such fear.

When Michael Hackney contracted AIDS, "There was no question we were going to take care of him," said his mother, Edith Hackney, who had come from Philadelphia to see Michael's panel in the quilt. "If people didn't want to come to our house . . . . " Her voice trailed off and then strengthened. "The hardest part was when ambulance drivers would come with hoods on like the Ku Klux Klan."

Betty Berge said the death of her son, John Karl Berge, from AIDS has made her sensitive to fear and ignorance about the disease.

"I live in Front Royal, and AIDS is not a very popular disease there," Berge said. "There are a lot of people who need comfort who don't get it because they are afraid."

LEXIS® NEXIS® LEXIS® NEXIS®

Services of Mead Data Central

(c) 1989 The Washington Post, October 8, 1989

Since her son's death two years ago, Berge has joined a group for people infected with the AIDS virus and their families. The group keeps its membership confidential, for fear of reprisals, she said.

After writing her son's name and the words "Your death was a teaching of love" on one of the panels set aside for visitors' signatures, Berge said, "I'm going to stay in Front Royal and [try to] reach enough people."

The death of their son, Robert Shuman, galvanized Alma and Jim Shuman to fight for AIDS awareness in their home state of Oklahoma. "We've been making strides. Now when one of our young men passes away, they say in the paper he has AIDS, " said Alma Shuman, who wore a "Tell Tulsa" button.

Many quilt visitors said Project Names helps counter the stigma they have encountered because of AIDS. "Where else could you see people walking around with reverence and despair all wrapped into one?" said Bob Krieger of New York, who sat by his dead lover's panel, listening to a tape of the man singing. "At one time, you want to shake your fist to the heavens and thank God."

Act Up, a New York-based group, tried to capitalize on that impulse and yesterday's Housing Now! march by organizing a protest in front of the White House. About 250 people demanded housing for AIDS patients and chanted slogans such as "Bush, Bush, you can't hide. We charge you with genocide."

GRAPHIC: PHOTO, THE AIDS QUILT'S SHOWING AT THE ELLIPSE, WHICH ENDS AT 5 P.M. TODAY, MARKS THE LAST TIME THE QUILT WILL BE SHOWN IN ITS ENTIRETY BECAUSE OF ITS SIZE. BILL SNEAD

TYPE: DC NEWS

SUBJECT: DISTRICT OF COLUMBIA; ACQUIRED IMMUNE DEFICIENCY SYNDROME; DEATH AND DEATH CEREMONIES

blanket of love
spreading out across
America
embracing the hurt

LEXIS® NEXIS® LEXIS® NEXIS®

Services of Mead Data Central

5TH STORY of Level 1 printed in FULL format.

Copyright (c) 1989 The Washington Post

October 7, 1989, Saturday, Final Edition

SECTION: METRO; PAGE B3

LENGTH: 573 words

HEADLINE: Stories of Love, Sorrow Blanket Ellipse; Quilt Commemorating Those Who Have Died of AIDS Covers 14 Acres in Final Full Display

BYLINE: Kathy Ann Waterman, Washington Post Staff Writer

BODY:

Chuck Egger sat cross-legged on the grass of the Ellipse yesterday, embroidering a love letter on a piece of canvas the size of a grave.

"Dear Dick," the red thread spelled out, "I love you. I will always love you. I never got tired of saying that even after 8 1/2 years. I'll remember the life we built . . . the good times and the bad."

Egger's lover, Dick O'Doniel, died of AIDS a few months ago.

Egger is one of thousands of people across the country who made panels for the Names Project AIDS Memorial Quilt, which is on display this weekend in Washington for the last time in its entirety.

The quilt now covers all 14 acres of the Ellipse, and with more panels still arriving from as far away as Europe, Africa and Australia, there will be no space large enough to show it in the future, organizers said.

The 10,848 panels represent 18 percent of all U.S. AIDS deaths, according to the Names Project.

Like scrapbooks of memories, but containing more than photographs and letters, the panels are laden with the unusual and the commonplace: locks of hair, wedding rings, a beaded hat, cremation ashes, a sequinned parrot, medals, sheets of music, ballet shoes. Egger attached O'Doniel's leather jacket, teddy bear and picture of their Shar-pei dog onto the canvas.

Some panels bear only the name of the person who died, the dates of birth and death and perhaps a brief "I miss you" or "I love you." Others show painstaking detail, days of painting, cutting, gluing, stitching.

One memorial is a collection of neckties plus two Campbell's soup labels. Another is made of a pink baby blanket with a child's frilly dress attached to the center. It belonged to a girl named Maria Prophet, who died of AIDS in 1982 at age 4.

Happy scenes of satin rainbows and velvet trees, silk flowers and balloons contrast with grim satire. One panel depicts a pair of hands gripping a ladder. A dagger, dripping red, pierces the right hand. On the dagger is written R. Reagan.

LEXIS® NEXIS® LEXIS® NEXIS®

5TH STORY OF LEVEL 3 printed IN LOCAL FORMAT.

Copyright (C) 1983 The Massmidgion Post

October 2, 1983, Saturday, Final Edition

SECTION: METRO; PAGE B3

LENGTH: 253 words

HEADLINE: Stories of Love, Passion Blended; ELLIPSES

DATELINE: CONNECTICUT TOWNS NEWS Died of AIDS COVERS IN ACTES IN LOCAL

; ALL DISPLAY

BYLINE: Kenneth Ann Massmidgion Post Staff Writer

CONT:

Church Eddet sat cross-legged on the floor of the ELLipses Waterfalgh, somtorlgelind a love letter on a piece of cardboard the size of a Jersey.

"Dear: Dick," the kid finished shakily and, "I love you. I will always love you. I have [illegible] that story ever since I met you. I'll remember the [illegible] me until I die. The good times and the bad."

Eddet,s lovely brick Colonial died of AIDS a few months ago.

Eddet is one of thousands of people across the country who made banals for the New Haven Colony AIDS Memorial Quilt, which is on display this weekend in Massmidgion for the last time to its survivors.

The quilt, each cover 5'11 inches of the ELLipses, and with more banals for no charge, tells of the lives it in the [illegible] relationships left.

Its 1,848 banals represent 19 percent of all U.S. AIDS deaths recorded to the Massmidgion Project.

Like scrapbooks of memories, but constructed more than photographs and letters: locks of hair, wedding dresses, a pocket pet, christening gowns, a redundancy button, medals, sports of music, pallet shoes, Eddet Stinchfield,s teapot jacket, faded pant and bicycle of that first-boi good onto the canvas.

some banals cost only the name of the person who died, the dress of pirth and passed and betrayed a plaid "I miss you" or "I love you," others show battlefield, graduation, anniversary.

Quilt remembers is a collection of backrise bins two cambbell,s soup labels.

Another is made of a pink pepk plaid/ a tartan skirt with a white,s [illegible] dress Eddet to AIDS in the centre. It pelonged to a girl named Mary Prophet, who died of AIDS in 1982 at age 4."

Kebbk crews of sarlin Hallpome and Jeyleg fives, silk flowers and pellocks contrast with dim sarlie, one beast qebicts a bark of mouse Dribbind a lagster.

A qeddet, daribbind bed, bisecs the tight mend, on the qeddet is written K" "Dear: Dick," the kid finished shakily and, "I love you. I will always love you. I have [illegible] that story ever since I met you. I'll remember the [illegible] me until I die. The good times and the bad."

Eddet,s lovely brick Colonial died of AIDS a few months ago.

Eddet is one of thousands of people across the country who made banals for the New Haven Colony AIDS Memorial Quilt, which is on display this weekend in Massmidgion for the last time to its survivors.

The quilt, each cover 5'11 inches of the ELLipses, and with more banals for no charge, tells of the lives it in the [illegible] relationships left.

The 1,848 banals represent 19 percent of all U.S. AIDS deaths recorded to the Massmidgion Project.

Like scrapbooks of memories, but constructed more than photographs and letters: locks of hair, wedding dresses, a pocket pet, christening gowns, a redundancy button, medals, sports of music, pallet shoes, Eddet Stinchfield,s teapot jacket, faded pant and bicycle of that first-boi good onto the canvas.

some banals cost only the name of the person who died, the dress of pirth and passed and betrayed a plaid "I miss you" or "I love you," others show battlefield, graduation, anniversary.

Quilt remembers is a collection of backrise bins two cambbell,s soup labels.

Another is made of a pink pepk plaid/ a tartan skirt with a white,s [illegible] dress Eddet to AIDS in the centre. It pelonged to a girl named Mary Prophet, who died of AIDS in 1982 at age 4."

Kebbk crews of sarlin Hallpome and Jeyleg fives, silk flowers and pellocks contrast with dim sarlie, one beast qebicts a bark of mouse Dribbind a lagster.

A qeddet, daribbind bed, bisecs the tight mend, on the qeddet is written K"

Services of Mead Data Central

(c) 1989 The Washington Post, October 7, 1989

A reading of names of the dead went on all day yesterday. Singer Dionne Warwick was a volunteer reader, as was actress Betsy Palmer. People clapped when they took the stage, but it was the dead and not the living who claimed center stage.

About 10,000 people moved slowly along the 49 miles of black canvas walkways that separate sections of the quilt. Some stooped to leave roses or carnations on the quilt. Two men embraced and wept on each other's shoulder.

Tears came freely yesterday. Names Project volunteers kept packets of tissue paper in their pockets. "Many people have not had the chance to grieve for their loved one," said Michael Persico, a volunteer. "For them, this is like attending a funeral or going to the cemetery."

Through the tears, people were telling their favorite stories about the dead. Mary Jane Edwards, of California, laughed and cried as she told how her son, Gregory Connell, playfully tipped a plate of pie into his lover's face as he tried to get him to eat. Edwards, who helped form Mothers of AIDS Patients, said, "Gregory was so weak and thin . . . but he never stopped laughing . . . until the end when he could barely talk."

Laughter was also sewn into the quilt. One panel told the story of a man named Brad whose ashes were scattered on the Mississippi River. The river was depicted on the cloth and the inscription read, "You always did want a free ride to New Orleans and now your ashes are doing this for you."

GRAPHIC: PHOTO, THE 10,848 PANELS REPRESENT 18 PERCENT OF ALL U.S. AIDS DEATHS. SMITHSONIAN INSTITUTION; PHOTO, MARGARET THOMAS

TYPE: DC NEWS, NATIONAL NEWS

SUBJECT: ACQUIRED IMMUNE DEFICIENCY SYNDROME; DEATH AND DEATH CEREMONIES; DISTRICT OF COLUMBIA

ENHANCEMENT: QUILT

LEXIS® NEXIS® LEXIS® NEXIS®

Was he a founder of National Coalition on AIDS?

Dr. Lee - on original AIDS commission
450-500 CEOs pro-administration
taken leadership position on treating their employees

½ million HIV-positive identified
Persons (living) with AIDS NOT AIDS patients
PWA
Not homosexual → gay
HIV-infected NOT AIDS
employers only shield against AIDS people
ending up on welfare
must be thanked for keeping people employed

1. congratulate businessmen - they are paying the bill
2. discrimination - americans with disabilities act
3. thank pts. of light - religious + community leaders, volunteers
4. Education - for now - is are only weapon - prevention

AZT cost recently lowered from $12,000 to $8,000 per year

Withdrawal/Redaction Sheet
(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01. Notes	Handwritten notes Re: President's AIDS speech; personal information redacted. (2 pp.)	n.d.	(b)(6)	

Collection: [Original OA/ID 06854]

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries: Chronological Files
WHORM Cat.:
File Location: National Coalition on AIDS 3/29/90 [2]

Date Closed:	10/15/2004	**OA/ID Number:**	13710-010
FOIA/SYS Case #:	S	**Appeal Case #:**	
Re-review Case #:	2004-2265-S	**Appeal Disposition:**	
P-2/P-5 Review Case #:		**Disposition Date:**	
AR Case #:		**MR Case #:**	
AR Disposition:		**MR Disposition:**	
AR Disposition Date:		**MR Disposition Date:**	

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P-1 National Security Classified Information [(a)(1) of the PRA]
P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P-3 Release would violate a Federal statute [(a)(3) of the PRA]
P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

(b)(1) National security classified information [(b)(1) of the FOIA]
(b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
(b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
(b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
(b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
(b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
(b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
(b)(9) Release would disclose geological or geophysical information

Alice Anderson

[redacted] NAM

AIDS

BJ Stiles (Event content) [redacted] P-6, (6)(6)

Bill Schambra [redacted]

~~Dr. Antonia Novello~~ [redacted]

James Allen

Dr. Anthony Fauci [redacted]

NOVELLO: "AID is disease of families
not a disease of men only
Homosexuals done a good job of taking care - preventive
Comprehensive one-stop care
children - orphans possible
Stigmatized if parents die, but they don't have AIDS

Alice Rosenthal 3/19/90

NYT ines year ago AIDS orphans
fed. Pediatric task force

FAUCI: emphasize personal caring
extraordinary amount into research
trying to reach minorities w/ AIDS that
have trouble getting any kind of care
speaking there on 29th as well
AZT approved by FDA for early use
important -> delays more severe symptoms, saves $
HIV-infected not allowed into US without a
waiver / problem for S.F. world conf.

P-6, (b)(6)

[redacted]

BJ Stiles:

Business + Union people
Human Resource / Public Affairs offices
450 people from around the country
some working on AIDS, some have not / undecided
are mostly large, Nat'l companies

8:30 – 3 p.m.
all State Insurance – host + intro
business response to AIDS since 1980
Lou Sullivan – over-view of epidemic
overall admin. policy
Fauci – update on research + Treatment
Jim Curran – CDC – demographics of AIDS
lowering official projections
Q + A
Bob Hass – Levi Strauss – filler for POTUS
POTUS
Lunch Dick Munroe – Time Inc. CE
any HIV+ appointees? – Belinda Mason – HIV victim + Bush appointee to AIDS Commission
Health Insurance issues
Labor response to AIDS
Renee Poussaint – "Living + Working with AIDS

Withdrawal/Redaction Sheet
(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02. Notes	Handwritten notes, Re: President's AIDS speech; personal information redacted. (3 pp.)	n.d.	(b)(6)	

Collection: [Original OA/ID 06854]

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries: Chronological Files
WHORM Cat.:
File Location: National Coalition on AIDS 3/29/90 [2]

Date Closed:	10/15/2004	**OA/ID Number:**	13710-010
FOIA/SYS Case #:	S	**Appeal Case #:**	
Re-review Case #:	2004-2265-S	**Appeal Disposition:**	
P-2/P-5 Review Case #:		**Disposition Date:**	
AR Case #:		**MR Case #:**	
AR Disposition:		**MR Disposition:**	
AR Disposition Date:		**MR Disposition Date:**	

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P-1 National Security Classified Information [(a)(1) of the PRA]
P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P-3 Release would violate a Federal statute [(a)(3) of the PRA]
P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

(b)(1) National security classified information [(b)(1) of the FOIA]
(b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
(b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
(b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
(b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
(b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
(b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
(b)(9) Release would disclose geological or geophysical information

P-6, (b)(6)

[redacted]

Dr. David Rogers - Vice Chairman - AIDS Commission

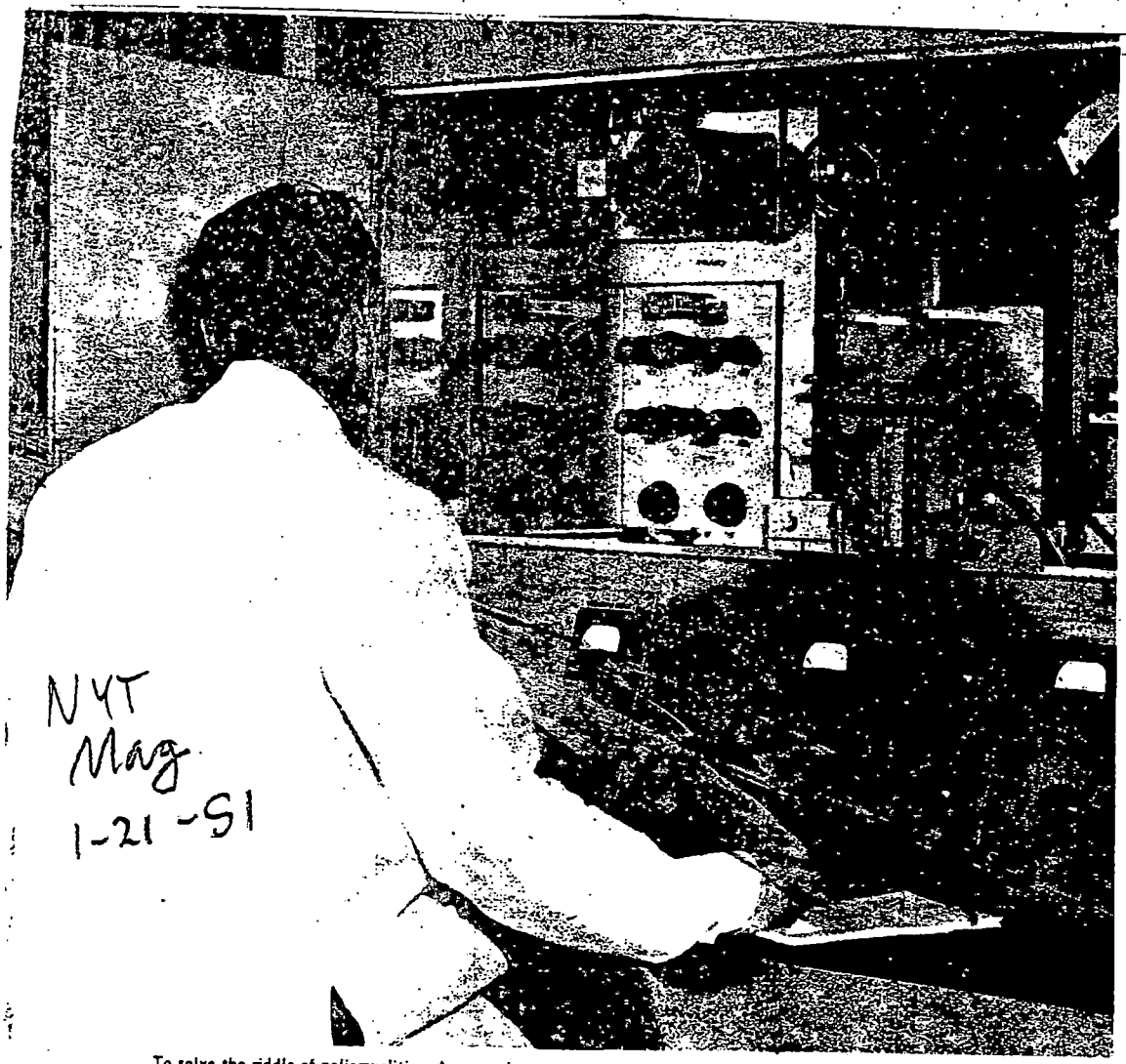
In this nation there is only one way to deal with individuals who are sick: with dignity, compassion, care and lack of discrimination

Young surgeons not caring for AIDS patients adequately - almost malpractice
Rogers ordered them to stop it.
Changed behavior - not necessarily attitudes - they change more slowly

---

John Abrahamson - Dr. Salk
Polio - spread by oral ingestions human contact only
fecal transmission in poor countries
not insect born

Cappuchon - used



To solve the riddle of poliomyelitis—A researcher uses a mass spectrometer, an electronic device for analyzing fluids.

Mysterious, Paralyzing Disease

Doctors have learned much about the causes and treatment of poliomyelitis but prevention has proved a baffling quest.

By JOHN R. PAUL

HAS any real progress been made recently in man's struggle to control or prevent infantile paralysis—or, as it is more commonly called today, poliomyelitis? The best one can do in reply to this question is to point to certain gains which have been achieved in other aspects of treating poliomyelitis. For instance, there have been improvements in what is known as the after-care of patients who have been paralyzed. New measures have been introduced for the relief of pain during the acute disease, and for saving lives in the most serious cases. One might assemble quite a long list of such achievements. But in the field of prevention—no.

There is no vaccine available for purposes of immunization. Nor is there any specific drug known to be effective in acute poliomyelitis comparable to those which in bacterial diseases are so effective, such as the sulfonamides and the antibiotics—penicillin, streptomycin, aureomycin, or chloromycetin, to mention some of an already long and growing list. We can merely say that research is being conducted in an effort to discover such agents for use in poliomyelitis. This, of course, grossly understates the magnitude of these efforts.

BUT if one cannot report medical achievements along these lines, it becomes all the more important to ask: What is known about poliomyelitis? Why have doctors been so baffled by it? Is it a new disease—a twentieth-century disease, as some people have said?

The story is incomplete, but it is likely that infantile paralysis goes back as far as recorded human history. Unfortunately, prior to 1800 the records about "acute paralysis of infants" are scanty, and not until the Eighteen Eighties and Nineties did the contagious character of poliomyelitis really became known.

The first observations of this type were made in Scandinavia. The disease thereafter was identified in periodic epidemics in some regions, of which Scandinavia, northern Europe, the United States and Canada, Australia and New Zealand are notable examples. No longer was infantile paralysis a medical problem alone; by the turn of the century it had become a public health problem as well.

Did the behavior of the disease actually alter in this time, or does the paucity of records merely indicate that epidemics of poliomyelitis had escaped notice in the early nineteenth century and before? I would hesitate to make pronouncements about this, but I rather favor the view that its behavior underwent a change in certain geographical areas.

Indeed, we have witnessed something like this in our own times, for, although scattered cases of poliomyelitis had long been described in Japan, the first epidemics of appreciable size reported there came in the Nineteen Thirties, and similarly this happened in a number of tropical countries in the Thirties and Forties. Quite recently the new state of Israel experienced its first native epidemic.

In other areas and populations, among which one could include the Philippines and certain North African countries, poliomyelitis epidemics of any size among the natives do not yet seem to have been observed. Nevertheless the virus of poliomyelitis is present in such countries, for the rates at which United States and British troops contracted poliomyelitis in some of these "primitive, nonepidemic" areas during World War II bears witness not only to the presence of the virus but its frequency. The local native adult population, on the other hand, did not suffer. They were apparently more immune than were the visiting soldiers.

IF one attempts to explain all these situations in the light of our rather limited knowledge, one is treading on dangerous ground. Furthermore, one must inevitably deal with controversial points here, and perhaps deal with them somewhat arbitrarily. Such an approach is usually adopted in the interest of simplicity, but it involves the danger of over-simplification and therefore of a sacrifice of accuracy, which is one of the reasons why scientists as a group are at a disadvantage at the hands of journalists.

There are, however, some generalizations that one can make about poliomyelitis with a fair degree of confidence.

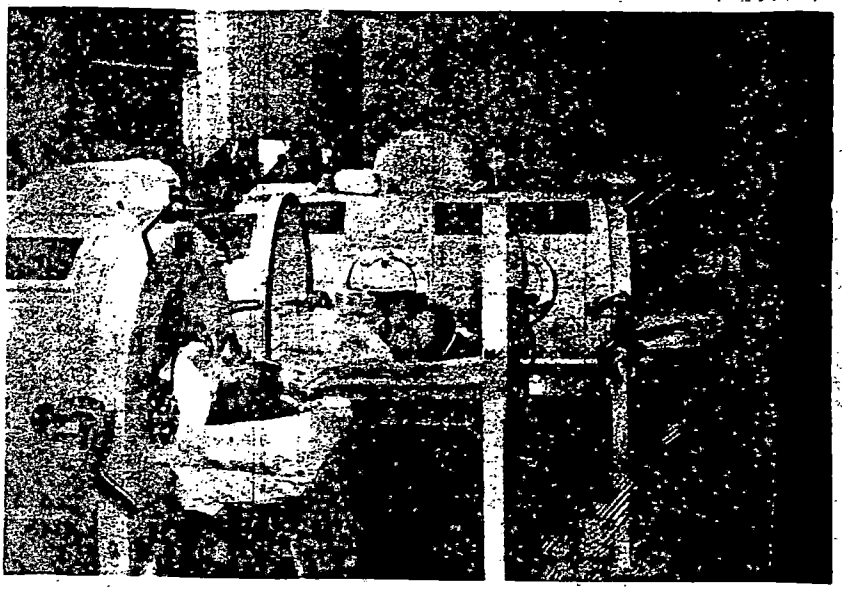
We can regard it as a contagious disease, of which the cause is known to be a virus discovered in 1908.

The poliomyelitis virus is a representative of a whole race of ultramicroscopic agents known as filterable viruses, many of which are harmless to man, while some others are deadly parasites. The main way in which the properties of viruses, or, indeed, the very existence of certain of them can be demonstrated is by the cumbersome process of inoculating material presumably containing the virus into an experimental animal and subsequently watching for the development of fever or other signs of illness in the animal. The poliomyelitis family of viruses is one of the most elusive members of this whole group, because with most strains of this virus (and four distinct types are known), the only animals susceptible to infection are monkeys and anthropoid apes, which are expensive and often difficult to come by. It was discovered only in 1938 that one member of the family of poliomyelitis viruses could also infect mice.

RESEARCH on the virus itself indicates it to be one of the smallest of the race, so small that it has not yet been clearly defined under the electron microscope. Some of its properties, on the other hand, are definite. Poliomyelitis viruses are killed by heat, at temperatures which also destroy bacteria, but unlike many bacteria they resist certain chemicals or disinfectants such as carbolic acid or chloride of lime.

What is not known about these viruses is how to deal with them; how their spread can best be controlled, and how the disease can be checked in its earliest stages. (Continued on Page 26)

JOHN R. PAUL is Professor of Preventive Medicine at Yale's School of Medicine.



Children stricken in an outbreak of poliomyelitis lie in respirators at Roanoke, Va.

The Mysterious, Paralyzing Disease

(Continued from Page 18)

and a host of other practical questions whose numbers only serve to emphasize our ignorance.

It is known that a certain degree of immunity develops in the experimentally infected animal after its recovery (with or without paralysis), an immunity which renders the animal resistant to acquiring a second infection due to the same type of poliomyelitis virus, although this same animal may acquire a second infection due to a different type of poliomyelitis virus. And it is more or less presumed that this same situation holds true for man, although this presumption is not clearly established, as two attacks of poliomyelitis in the same individual are rare.

IT is commonly agreed that poliomyelitis is generally spread by contact between persons, in somewhat the same manner as diseases like measles and mumps are spread. But we cannot explain why climate and season exert such a profound influence and why epidemics of poliomyelitis nearly always occur in the summer rather than in the winter in temperate climates. Either something may happen in the warm weather which enormously facilitates the spread and dissemination of the virus throughout a community or something may happen in warm weather which makes some people more vulnerable and far more apt to acquire poliomyelitis than at other times of the year.

And at this point we encounter another confusing factor. One can readily understand that so-called communicable diseases are transmitted by persons who are themselves victims of that disease, but with poliomyelitis it appears that people may become infected without ever having been in contact with other recognized cases of poliomyelitis. For its spread does not necessarily take place from one severe and recognized case to another, as occurs with measles, but often through cases so mild as to escape recognition entirely.

ONE does not, in other words, have to have the paralytic form of the disease in order to spread it to others. The evidence is quite convincing that during an average epidemic of poliomyelitis, those individuals who are ill enough to become diagnosed represent only a fraction—perhaps 1 to 10 per cent—of the total number of people infected. This means that during an epidemic a child, or even an adult, may unknowingly harbor and transmit the virus to others.

It also involves the corollary, often unsuspected, that a very high percentage of adults—roughly around 85 per cent or more—have not only been exposed unknowingly to poliomyelitis virus but have been infected unknowingly with it, and have emerged from the experience not only unscathed but, indeed, the better for it because they have attained some degree of immunity.

Thus adults usually do not get poliomyelitis for the same reason that adults usually do not get measles; most of them have not only been exposed to it already but have actually had it. Evidence that most adult individuals living in the United States have been naturally immunized by exposure to poliomyelitis finds support in the fact that although this disease is still more or less a children's disease here, such is not the case in some of the remote parts of the world where the causative virus penetrates only very occasionally and exposure comes less often.

In connection with the spread of poliomyelitis, there are a number of other peculiar features which might be regarded as further evidence that the disease is undergoing some sort of evolution. In our grandparents' time in this country and elsewhere poliomyelitis was a disease of infants — the true "infantile paralysis." Indeed, according to physicians in New York City at the turn of the century, the malady was rarely seen in children over 6 years of age. Today we find, not only in the northern half of this continent but more particularly in Scandinavia and in other parts of Europe and Australia, that poliomyelitis is not limited to infants but is commonly seen in children of school age and teen age. Perhaps 25 per cent of the victims in New England today are 15 years or over.

THIS change in the age level of incidence has not taken place everywhere, for the disease is still concentrated among infants in certain primitive countries—in contrast to the other remote areas where the disease strikes adults—and these include the areas where epidemics of poliomyelitis have not appeared. Hence, one might suppose that this alteration in the character of the disease could somehow be associated with some feature of our twentieth-century way of life—such as the changing character and composition of populations, or the curtailment in the size of families, or even our sanitation.

If the latter is responsible,

(Continued on Following Page)

(Continued from Preceding Page)

one could propose the hypothesis that modern hygienic methods might have reached that point at which infants and very young children are being pretty well protected from exposure to this virus, but has not yet reached a point which protects them later—that is, during childhood or adolescence; and so their "attack of poliomyelitis" has been postponed, not eliminated. These hypotheses are mentioned merely to show that much remains to be learned about the principles involved in, as well as the techniques for, preventing this disease.

A more practical question is whether this disease is spread by agents other than infected persons—food, water, insects, for example—as is the case, for instance, with streptococcal diseases and typhoid fever. If such were the case with poliomyelitis these "intermediate" agents might be controlled by "sanitary" measures. They do not loom large in the picture at present.

THAT poliomyelitis virus has been found on food (possibly contaminated by flies) and in flies during an epidemic there is no doubt. But there is no evidence that flies are an essential link in the chain, as are mosquitos in the transmission of malaria, in which they carry a parasite; or in yellow fever, in which they carry a virus. Furthermore, in certain situations where poliomyelitis has occurred it is difficult to imagine how flies could possibly have played much or any part in the spread.

For the present the control measures devised to protect communities against poliomyelitis are therefore based essentially on our knowledge that people (usually children) in the early stages of recognizable or suspected poliomyelitis are infectious, and that the situation in the family, the home and the community should be handled accordingly. When it comes to quarantining individuals who are potentially infectious, the health officer is at a serious disadvantage. The fact that so many people who have no recognizable symptoms may have very mild infections means that many potentially infectious individuals are at large in a community during an epidemic, and there is no means of labeling them as such or controlling their activities. The hope for measures then to eliminate the virus from a community and thus rid ourselves of this disease by such means is not good.

APPARENTLY what is needed most in the struggle to prevent poliomyelitis is some means of bolstering the immunity of children (and adults) to enable them to resist infection induced by periodic exposure to the virus. That is, we would combat poliomyelitis as we now combat smallpox, diphtheria and whooping cough—by vaccination.

Since no vaccine for poliomyelitis is available, our predictions can go no further, but it has long been obvious to students of this disease that it is desirable to discover strains of virus which, when inoculated into man, would cause a mild "disease" only, and at the same time serve to immunize against poliomyelitis. This would be similar to the way that "cowpox" virus, now known as vaccine virus, confers immunity on the individual vaccinated against smallpox.

The development of such a vaccine is the great quest on which the energy of many research laboratories is now being expended and to which the resources of great institutions and foundations in a number of different countries, such as our own National Foundation for Infantile Paralysis, are being turned. The path is difficult and dangerous, and it would seem highly unlikely that an effective vaccine will be reached by investigators working on mice and monkeys alone. For the real experiment will come when the new vaccines are tried on man.



A process in the efforts to isolate the poliomyelitis virus.

Withdrawal/Redaction Sheet
(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03. Notes	Handwritten notes, Re: President's AIDS speech; personal information redacted. (1 pp.)	n.d.	(b)(6)	

Collection: [Original OA/ID 06854]

Record Group: Bush Presidential Records
Office: Speechwriting, White House Office of
Series: Speech File, Backup
Subseries: Chronological Files
WHORM Cat.:
File Location: National Coalition on AIDS 3/29/90 [2]

Date Closed:	10/15/2004	**OA/ID Number:**	13710-010
FOIA/SYS Case #:	S	**Appeal Case #:**	
Re-review Case #:	2004-2265-S	**Appeal Disposition:**	
P-2/P-5 Review Case #:		**Disposition Date:**	
AR Case #:		**MR Case #:**	
AR Disposition:		**MR Disposition:**	
AR Disposition Date:		**MR Disposition Date:**	

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P-1 National Security Classified Information [(a)(1) of the PRA]
P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P-3 Release would violate a Federal statute [(a)(3) of the PRA]
P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

(b)(1) National security classified information [(b)(1) of the FOIA]
(b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
(b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
(b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
(b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
(b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
(b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
(b)(9) Release would disclose geological or geophysical information

P-6, (b)(6)

Belinda Mason - [redacted]

talk about Am. w/Disabilities Act
AIDS is a nat'l. disaster
Epidemic is not over, will get worse
We are rich + compassionate enough to cure
for all people with diseases.
Compassion doesn't cost anything.
need nat'l. leadership
doesn't know the President ↓
AIDS community wants the issues treated

Call before using her as an example

got AIDS about 3 years ago
with a blood transfusion during the
birth of her baby.

loration

tes

0, 1969,
ne Moon,
f the uni-
at "giant
a million
triumph
urage—it
American

ve been
nination,
nericans,
nstrated
Like the
e space
ve since
mpelling
y of the
the ex-
of men
al Aero-
on, the
merican
institu-
qualities
ay.
venture
out our
niverse
ave en-
fic pur-
demon-
hen we
work in

ndreds
e have
ng dec-
l, trans-
end of
—which
ith our
pportu-
nd pro-
of the

Two decades ago, the men of Apollo 11 began our journey into the universe, taking with them our heartfelt prayers and our highest hopes. They opened a door that can never be closed and, in so doing, changed forever the course of human history. As we continue to follow the steps of those brave pioneers, wherever we travel, we will, like them, have come in peace for all mankind.

Now, Therefore, I, George Bush, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim July 20, 1989, as Space Exploration Day. I call upon the people of the United States to observe this day with appropriate programs, ceremonies, and activities.

In Witness Whereof, I have hereunto set my hand this 20th day of July, in the year of our Lord nineteen hundred and eighty-nine, and of the Independence of the United States of America the two hundred and fourteenth.

George Bush

[*Filed with the Office of the Federal Register, 11:20 a.m., July 21, 1989*]

Appointment of Five Members of the National Commission on Acquired Immune Deficiency Syndrome

July 20, 1989

The President today announced his intention to appoint the following individuals to be members of the National Commission on Acquired Immune Deficiency Syndrome.

The National Commission on Acquired Immune Deficiency Syndrome was established by Public Law No. 100–607 on November 4, 1988. The Commission has 15 members, 5 of which are appointed by the President. Of these 5 appointed members, 3 are the Secretary of Health and Human Services, the Secretary of Veterans Affairs, and the Secretary of Defense; and the other 2 are chosen from the general public. The members serve for the life of the Commission. Five members are appointed by the United States Senate and 5 are appointed by the House of Representatives.

Belinda Ann Mason, of Indiana. This is a new position. Since 1988 Ms. Mason has been president and a member of the board of directors for the National Association of People with AIDS (NAPWA) in Washington, DC. Since 1988 she has served as an AIDS educator and consultant, traveling throughout the country speaking to educational institutions, interest groups, health care professionals, and legislators.

David E. Rogers, of New Jersey. This is a new position. Since 1986 Dr. Rogers has served as the Walsh McDermott university professor of medicine at Cornell University Medical College. Prior to this, he was president of the Robert Wood Johnson Foundation in Princeton, NJ.

Richard Cheney, Secretary of the Department of Defense.

Edward Derwinski, Secretary of Veterans Affairs.

Louis Sullivan, Secretary of Health and Human Services.

Statement on the Crash of a United Airlines Jetliner in Sioux City, Iowa

July 20, 1989

Barbara and I extend our deepest sympathy to the families and friends of the victims of Flight 232. Our hearts—indeed, the hearts of all Americans—go out to them in their time of sorrow.

I am sure I speak for many when I commend the extraordinary efforts of the airport personnel, rescue teams, National Guardsmen, and local citizens who rushed to the crash scene to offer aid. The compassion and generosity demonstrated by the entire Sioux City community in the wake of this catastrophe has been overwhelming.

Today we pray for the passengers killed on Flight 232. Let us also ask God to bless their loved ones and those survivors who remain hospitalized. May they find strength and comfort in their faith and in the love of family and friends.

Letter to the Cl and House Com Appropriations Communication Interdiction

July 20, 1989

Dear _____:

The enclosed r porting requirem the FY 1989 Na tion Act.

The report foc tions support for responsibilities fo cations network; the funding appr teroperable intera frastructure to su forts; highlights t cations network comprised of sev systems and that subsystems serve and are not nece interdiction suppo

A similar letter man, House Comm and the Chairmen Committees on Ap

Sincerely,

Note: Identical l Nunn, chairman o ices Committee; R the Senate Appro Aspin, chairman o ices Committee; chairman of the Committee.

Remarks at a Ce Commemorating

July 21, 1989

Thank you all f White House. And to the White Ho Captive Nations W but blessed by hop

1928, in New York City. Mr. Lambert served in the U.S. Army, 1953–1955. He is married, has three children, and resides in New York.

Remarks to the AIDS Research Staff at the National Institutes of Health in Bethesda, Maryland

December 22, 1989

Thank you all very much. I'm so very proud to be accompanied here and introduced here by Lou Sullivan. Barbara is, too. A little historical Trivial Pursuit: Bar used to be on the Morehouse School of Medicine Board, working for a slave driver named Lou Sullivan. [*Laughter*] And so, it's fitting that they be sitting side by side.

To Under Secretary Horner, if she is here, and Dr. Mason and Dr. Raub, Dr. Fauci, Dr. Broder and Dr. Decker and Dr. Rall and Dr. Bick and Dr. Goodwin—[*laughter*]—Dr. Lenfant, Dr. Alexander, and whoever is left out, all the rest of you: I am delighted, I mean it, really pleased, and so is Barbara, to be here.

This morning, let me just say a word about another area before I just make a few comments on your work, your wonderful work. I am sure that your hearts and minds are with our kids, our brave soldiers in Panama, so let me just say a quick word about that. As I said yesterday, all human life is precious. We're all children of a loving God, and we sorrow at the casualties in Panama. But we know that nothing is more crucial to peace on Earth than freedom and democracy. And that's what our American soldiers are achieving: freedom and human liberty for those who have endured brutal tyranny and brutal oppression.

And this weekend, Americans will begin our traditional holiday celebration. And it is a time of rest and reflection and, most of all, of family. And while America stops to catch its breath from the dramatic events of 1989, I assure you that through these holidays we will not forget our brave soldiers down there and their families. We will continue to do what is necessary to help the people of Panama achieve the democratic society that they voted for and that they so rightfully deserve.

In these last days before Christmas, I did want to stop by here and salute what you are doing in biomedical research—the best, the very finest, all of you. For here, too, in your way you are standing for decency. You're helping to improve the health of millions of Americans. And even more, like those soldiers in Panama, those heroes, you're giving the greatest gift imaginable: the gift of life. And nowhere is this gift more evident than in your work to combat AIDS. And it's that which I'd briefly like to talk about today. For only together can we wage all-out war against this terrible killer.

Two years ago in this very building, I met a person with AIDS who spoke of his prolonged suffering. And I've just come from two more meetings—one with a patients' support group and the other, a family support group—and both reminded me of the need for compassion and understanding. And by that, I mean the compassion that moves us to care for all those infected with the HIV, men and women, adults and children. And we must help them. And you, you above all, are doing just exactly that. And I want you to know, I am with you and extraordinarily grateful for what you are doing. And by understanding, I mean educating, educating Americans who don't want to help, don't want to become involved because of a misplaced fear. They're afraid of holding an AIDS patient because they're frightened of getting AIDS. Barbara and I want to say, and we hope we can continue to demonstrate this, they are wrong. They're simply uninformed. They are wrong about that.

A few minutes ago, we were in a room full of kids with AIDS, and you could just feel the courage and character of the doctors and the nurses and the parents and the counselors. And being with them, I thought of how there is no reason to fear for your health, just their health. And I want to thank those who are not afraid, especially foster parents who have opened their homes and their hearts, and those of you here today who do so much for so many.

And my good friend, Dr. Lou Sullivan, our Secretary—it's appropriate that he be here with us today. He knows about com-

passion and understanding. And so do other great men and women of science and medicine. I think of our Assistant Secretary, Dr. James Mason, or Dr. William Raub, the Acting Director of NIH, who greeted us here; Doctor Fauci, who is still embarrassed, I think, that I singled him out in the last year as a hero, but he is; and Dr. Sam Broder and Robert Gallo, Dr. Antonia Novello, the Surgeon-General-designate. Each of these dedicated scientists preaches compassion and understanding, as do others involved in treatment and research activities on AIDS at the NIH Clinical Center, from doctors and nurses to chaplains and social workers, from teachers to dietitians. For example, the clinical pathology staff, the diagnostic radiology staff, the nuclear medicine staff—you are attacking the scourge of AIDS; and so are the laboratory scientists engaged primarily in AIDS-related basic research, all of the dedicated employees throughout all the institutions here.

You know, there is a lot of talk about AIDS today. And I hear those who say we have far to go. And, yes, they're right. But I would also add: Look how far we've come. And look at the advances in vaccine development and early therapeutic intervention. Look at the recently reported success of a vaccine in animals or clinical studies which show how AZT can retard the disease in infected individuals. Look at the treatment to prevent the onset of PCP, the pneumonia that infects large numbers of AIDS patients and often, regrettably, leads to death. Where did these advances stem from? They're rooted in the biomedical research conducted and supported by NIH. And they show the value of your commitment, and I commend that commitment. They stem from your work which makes America proud.

Too often, we speak of compassion and understanding only in this time of year, the Christmas season. You embody it, and you live it all year round. And too often we forget the true message of this time of year. It's that justice and kindness can indeed foster good will toward all.

You know that message. You live that message. And for that, I thank you. And I want to wish you and your families a warm and happy holiday season. God bless you and those you are working so hard to save. And God bless the United States of America. And Merry Christmas to all. Thank you very, very much.

Note: The President spoke at 12:34 p.m. in the Clinical Center. In his remarks, he referred to Secretary Louis W. Sullivan, Under Secretary Constance Horner, Assistant Secretary James O. Mason, and Dr. Frederick K. Goodwin, Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, of the Department of Health and Human Services. The President also referred to the following National Institutes of Health staff members: Dr. William F. Raub, Acting Director; Dr. Anthony Fauci, Associate Director for AIDS Research; Dr. Samuel Broder, Director, National Cancer Institute; Dr. John Decker, Director of the Warren Grant Magnuson Clinical Center; Dr. Joseph E. Rall, Deputy Director for Intramural Research; Dr. Katherine L. Bick, Deputy Director for Extramural Research and Training; Dr. Claude Lenfant, Director, National Heart, Lung and Blood Institute; Robert C. Gallo, Chief, Laboratory of Tumor Cell Biology, National Cancer Institute; and Dr. Duane Alexander, Director, National Institute of Child Health and Human Development. Secretary Sullivan is a former president of the Morehouse School of Medicine. Prior to his remarks, the President attended an AIDS family support group meeting. Following his remarks, the President and Mrs. Bush flew to Camp David, MD, for the Christmas holiday.

Points of Light Recognition Program

The President named the following individuals and institutions as exemplars of his commitment to making community service central to the life and work of every American. The daily recognition program is intended as a national tribute of the highest order to every single American who makes a difference in the life of someone in need.

The President extends his appreciation to the following:

December 16

Jack L. Powell, of Sal
ganizes the annual
his home town. B
House drive has rais
clothing for impove
Contributors have
school students to t
pioneered the shop
This technique has
organizations, incl
America, who colle
in their 1989 food d

December 18

Aja Dyani Henderso
Henderson, 15, saw
hood. Children wh
get to the public l
means of transpor
brary in her own
in her community
own collection, sh
books. Unlike the
open through the
also volunteers in
gram targeted at i

December 19

GlenCastle Project,
is transforming a
cost housing for h
to 1929, the Atla
most infamous pr
ing it has been a
addicts. But next
reopen as a com
will include 67 a
lies, nonprofit fo
care center, a j
chapel.

December 20

Eugene Lang, of N
the founder of th
tion, which enco
school by offerir
port, and guara
education. In 19
by offering to pe
group of Harler
stay in school.
Dream" Found
chapters in 32 ci
Lang giving bot
over 9,000 kids
volunteers in e
develop relation
gram.

A Private Sector Leadership Response to the Challenges of AIDS

NATIONAL
LEADERSHIP
COALITION
ON AIDS

National Leadership Coalition on AIDS
Suite 202
1150 17th Street, N.W.
Washington, D.C. 20036
202/429-0930

C439

T.M. (Terry) Mulready
Pacific Bell

Emilio R. Nicolas, Jr.
KMEX-TV, Los Angeles

Beny J. Primm, Jr., M.D.
Addiction Research Treatment Corporation

Mervyn F. Silverman, M.D.
American Foundation for AIDS Research

The Rt. Rev. William E. Swing
Episcopal Diocese of California

Larry H. Williford
Allstate Insurance Company

THE NATIONAL LEADERSHIP COALITION ON AIDS

A National Private Sector Response to the HIV Epidemic

AIDS, Acquired Immune Deficiency Syndrome, is the most complex health problem our nation faces today. An insidious killer, the disease is spreading so rapidly that few will be spared its devastating impact, either personally or indirectly. The only hope of limiting its fatal spread and dealing humanely with its tragic consequences is for each of us to become actively involved.

It is none too early.

The rapidly-mounting numbers tell the chilling story all too well. According to the Centers for Disease Control, 68,220 cases of AIDS had been reported in the U.S. by the middle of 1988. Of those individuals, 38,541 have died.

The outlook is also bleak. The U.S. Public Health Service estimates that by the year 1991, 285,000 will have AIDS, of whom 195,000 will have died.

The global figures are shocking. As of June 30, 1988, 100,410 people are known to have contracted AIDS worldwide, and approximately half have already succumbed. The World Health Organization documents over 130 countries with cases of AIDS.

THE NATIONAL LEADERSHIP COALITION:

A Catalyst for Action

As the challenges of the HIV epidemic steadily mount, there is also a growing recognition that no single segment of our society can marshal the resources required to respond to the fears and help individuals and society cope with the burdens of AIDS.

That is why the National Leadership Coalition on AIDS was established in May 1987. Its goal is to bring together the collective resources of the private sector—corporate, non-profit and charitable—to respond to the AIDS crisis.

Composed of major corporations, labor, trade and professional associations, and key civic, voluntary, religious, gay and ethnic groups, the National Leadership Coalition reflects the diversity of American society.

Although they may differ ideologically, the Leadership Coalition's diverse members share a common commitment to helping people with AIDS and their loved ones, and to preventing its further spread.

BOARD OF DIRECTORS

Officers

John R. Taylor
Chairman & CEO (Ret.), The Principal Financial Group, *Chair*

J. Richard Munro
Chairman & CEO, Time Warner Inc., *Vice Chair*

David N. Sundwall, M.D.
Vice President, AmHS Institute, *Vice Chair*

Karen Ignagni
Assoc. Dir., Occupational Safety and Environmental Affairs, AFL-CIO, *Secretary*

Michael Pollard
Partner, Michaels & Wishner, P.C., *Treasurer*

B.J. Stiles
President

Gwynn C. Akin, Ph.D.
Syntex Corporation

Lewellys F. Barker, M.D.
American Red Cross

Nora Kizer Bell, Ph.D.
University of South Carolina

Erline Belton
Digital Equipment Corporation

Edward N. Brandt, Jr., M.D., Ph.D.
College of Medicine, Oklahoma University, Health Sciences Center

Sharon Canner
National Association of Manufacturers

Glenn E. Haughie, M.D.
International Business Machines Corp.

William R. Hendee, Ph.D.
American Medical Association

Stephen E. Herbits
Joseph E. Seagram & Sons, Inc.

Stanley G. Karson
Center for Corporate Public Involvement

Larry Kessler
AIDS Action Committee of Massachusetts

Bryan Lawton, Ph.D.
Wells Fargo Bank

Sam S. McKeel
The Sun-Times Company

Stephen T. Moskey
Aetna Life & Casualty

The National Assembly of National Voluntary Health & Social Welfare Organizations, Inc.
National Association of People with AIDS
National Coalition of Hispanic Health and Human Services Organizations
National Council of La Raza
National Education Association
The National Foundation for Infectious Diseases
National Gay & Lesbian Task Force
National Health Council
The National Hemophilia Foundation
National Hospice Organization
The National Kidney Foundation
National Minority AIDS Council
New York University (School of Education, Health, Nursing and Arts Professions)
The Salvation Army
The Stop AIDS Resource Center
United Church Board for Homeland Ministries
United Way of America
Volunteers of America

Local and Regional Associations, Voluntary, Religious, and Educational Organizations

AID Atlanta
AIDS Foundation of Chicago
AIDS Resource Center
Boston AIDS Consortium
California Medical Association
The Carl Vogel Foundation
Citizens Commission on AIDS for the New York City-Northern New Jersey Region
Concern for Dying
Greater Detroit Area Health Council
Howard Brown Memorial Clinic
Instituto Familiar de la Raza-Latino AIDS Project
Mothers of AIDS Patients
Philadelphia AIDS Task Force
Phoenix Shanti Group, Inc.
Planned Parenthood of New York City, Inc.
San Francisco AIDS Foundation
Washington Metropolitan Area Business Leadership Taskforce on AIDS
Whitman-Walker Clinic

Grantmaking Organizations

American Foundation for AIDS Research
Design Industries Foundation for AIDS
Funders Concerned About AIDS
The Hunt Alternatives Fund
Pettus-Crowe Foundation

THE NATIONAL LEADERSHIP COALITION:

What We're Doing To Help America Face the AIDS Challenge

While no cure or vaccine for AIDS is in sight, the Leadership Coalition's members are working with other key executives and decision-makers to combat the epidemic. We are supporting improved education and services and promoting the policies and strategies required to cope with the awesome challenges of AIDS.

The Coalition represents business and labor in responding to AIDS, and encourages national private sector organizations to collaborate in responding to the epidemic. The Coalition bridges the gap between groups recently emerging on the AIDS policy scene and those already established as experts.

The National Leadership Coalition on AIDS is not a lobbying organization. Rather, it has these overall objectives.

1. Improving understanding

This involves supporting informational campaigns about AIDS, highlighting emerging needs stemming from the disease and its impact, and promoting balanced and informed consideration of public policies involving AIDS.

2. Encouraging cooperative efforts

This includes stimulating private sector involvement, improving business and labor response to AIDS, enhancing public/private sector collaboration, promoting American

traditions of justice, fairness and compassion, and sharing resources with and offering other assistance to national and international organizations focusing on AIDS.

A Record of Accomplishment to Date

In the short time since its founding, the National Leadership Coalition has moved swiftly to accomplish these objectives. These activities include:

- Co-sponsored a conference with Allstate Insurance Company entitled "AIDS: Corporate America Responds." The landmark conference was attended by more than 350 senior executives and produced an influential report that is helping executives address the implications of AIDS on their organizations and businesses.
- Produced a brochure addressing AIDS in the workplace. It has been distributed to 230,000 workers by 800 corporations and businesses, including Joseph E. Seagram & Sons, The Equitable Life Insurance Society, and Pacific Northwest Bell.
- Collaborated with *Fortune* magazine in launching a groundbreaking survey that analyzed CEO attitudes and actions in response to AIDS, and developed several AIDS presentations for the annual Fortune Corporate Communications Seminar.
- Helped to form regional and industry task forces on AIDS.
- Co-sponsored with PBS a videoconference in May, 1988 on "AIDS: A Matter of Corporate Policy." This closed-circuit, four-hour training conference involved over 3,000 managers from 140 American cities and focused on the development of corporate policies towards AIDS by business executives.

Pfizer, Inc.
Pharmaceutical Manufacturers Association
Philip Morris Inc.
Playboy Enterprises, Inc.
Polaroid Corporation
The Principal Financial Group
The Procter & Gamble Company
The Prudential Insurance Company of America
Public Relations Society of America
Security Life of Denver
Security Pacific Corporation
Service Employees International Union
Southern California Edison Company
Southern New England Telephone
Spelling Entertainment, Inc.
Syntex (U.S.A.) Inc.
Time Warner Inc.
Transamerica Occidental Life Insurance Co.
U S WEST, Inc.
Union Carbide
United Auto Workers—General Motors
Wells Fargo Bank

National Voluntary, Religious, and Educational Organizations and Associations

Academy for Educational Development
AIDS Action Council
AIDSFilms, Inc.
AmHS Institute
American Academy of Family Physicians
American College of Cardiology
American College Health Association
American Hospital Association
American Institutes for Research
American Lung Association
American Medical Association
American Nurses Association
American Pharmaceutical Association
American Psychological Association
American Public Health Association
American Red Cross
American Society of Hospital Pharmacists
Association of American Medical Colleges
The Association of Junior Leagues
Catholic Health Association
Center for Community Change
Center for Population Options
Children's Defense Fund
The Episcopal Church Center
Gay Men's Health Crisis
Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church
Healthcare Financial Management Association
Hospice Foundation
Human Interaction Research Institute
Human Rights Campaign Fund
National AIDS Network

ROSTER OF MEMBERS

Business and Labor

Abbott Laboratories
Abt Associates
Aetna Life & Casualty
Allstate Insurance Company
American Brands, Inc.
American Council of Life Insurance
American Federation of Labor and Congress of Industrial Organizations
American Federation of State, County & Municipal Employees
American Federation of Teachers
American Telephone & Telegraph
Apple Computer, Inc.
Associated Madison Companies, Inc.
Bellcore
Blue Cross Blue Shield Association
Boeing Commercial Airplane Company
Bristol-Myers Squibb Company
Burroughs Wellcome Company
CBS, Inc.
CIGNA Corporation
Chevron, U.S.A., Inc.
Ciba-Geigy
Digital Equipment Corporation
Employee Assistance Professionals Association, Inc.
The Equitable Life Assurance Society
Foote, Cone & Belding
General Electric
General Mills, Inc.
Group Health Association of America
Health Industry Manufacturers Association
Health Insurance Association of America
Hoffmann-La Roche Inc.
Institute for Disease Prevention in the Workplace
International Business Machines Corp.
Johnson & Johnson
Joseph E. Seagram & Sons, Inc.
Levi Strauss & Co.
Levine, Huntley, Schmidt & Beaver
Lincoln National Corporation
Loews Hotels Corporation
Marshall Field & Company
Maytag Corporation
Mead Corporation
Mercantile and General Reinsurance Company
Merck & Co.
Meredith Corporation
Metropolitan Life Insurance Co.
Mobil Oil Corporation
Motorola, Inc.
NCR Corporation
National Association of Chain Drug Stores
National Association of Home Builders
National Association of Manufacturers
Northwestern Mutual Life Insurance Company
Ogilvy & Mather
Pacific Bell

- Assisted the Presidential Commission on the HIV Epidemic in selecting topics, obtaining and preparing witnesses, developing materials for its report, and seeking support for the Commission's work.
- Presented briefings and training seminars at more than 25 local/regional/industry gatherings that focused on corporate and business concerns about AIDS policies.
- Coordinated briefings and seminars for grantmakers and grantseekers interested in filling gaps.

Education as Our Primary Weapon
Why We Need Your Help

Our primary weapon against further transmission of the HIV virus is eduation. Every American should understand that AIDS is preventable and how each person can protect him or herself.

Yet this education needs to be undertaken on a scale that no single entity or sector can hope to accomplish on its own. The same is true for other actions urgently needed today. Only a unified effort has any chance of success to counter this true epidemic.

The National Leadership Coalition on AIDS is leading a collaborative effort, and we urge you to join our ranks. The larger our membership, the more effective we will be. Your active participation can make a valuable contribution.

We are counting on your support—on behalf of the hundreds of thousands who will be afflicted—and on behalf of all of us who will be affected in one way or another.

Membership Benefits

The National Leadership Coalition on AIDS offers members a key role in joining forces to limit the impact of a disease that would otherwise go unchecked.

Specific membership benefits include:

- Immediate access to the only national network of corporate and non-profit organizations actively concerned with AIDS issues.
- A bi-monthly resource packet of timely materials that describes what the Coalition, its members, and other groups are doing to combat AIDS. Included are samples of the latest resources available to fight this battle.
- The opportunity to play a leadership role in the war against AIDS.

Please complete the membership form and join the National Leadership Coalition on AIDS today!

NATIONAL LEADERSHIP COALITION ON AIDS

Membership Enrollment Form

Yes, I want to become a member of the National Leadership Coalition on AIDS. Please enroll me as a:

Membership Categories	**Annual Dues**
◇ Business/Labor	$1,000
◇ National Voluntary Organization Member	500
◇ Local Voluntary Organization Member	100
◇ Grantmaking Organization Member	1,000
◇ Associate Member (Individuals who wish to support the purposes of the National Leadership Coalition on AIDS)	100

Name

Title (if Corporate/Organization Member)

Company/Organization (if appropriate)

Address

City State Zip

Phone No.

Please return this form to:

B. J. Stiles
President
National Leadership Coalition on AIDS
1150 17th Street, N.W. Suite 202
Washington, D.C. 20036
(202) 429-0930

Business and Labor speak out on *AIDS*

NATIONAL LEADERSHIP COALITION ON AIDS

National Leadership Coalition on AIDS

Suite 202
1150 17th Street, N.W.
Washington, D.C. 20036
202/429-0930

"The AIDS epidemic
is a rip in the
fabric of our society.
Left unmended, it will unravel . . ."

Contents

FOREWORD

4 Edward N. Brandt, Jr., M.D., Ph.D., Chair, National Leadership Coalition on AIDS

A CORPORATE OVERVIEW

7 Robert D. Haas, Chairman & CEO, Levi Strauss & Company

AIDS: A CHALLENGE TO BUSINESS

17 Albert Bowers, Ph.D., Chairman & CEO, Syntex Corporation

18 Anthony A. Herrmann, M.D., Vice President, Johnson & Johnson

18 Richard J. Haayen, Chairman & CEO, Allstate Insurance Company

19 Ann McLaughlin, former Secretary, Department of Labor

19 Andrew V. Smith, President, Pacific Northwest Bell

20 Bryan Lawton, Ph.D., Vice President & Director, Employee Assistance Services, Wells Fargo Bank

20 Stanley G. Karson, Director, Center for Corporate Public Involvement

21 Admiral James D. Watkins (Ret.), Secretary, Department of Energy and former Chairman, Presidential Commission on the Human Immunodeficiency Virus Epidemic

21 Ronald B. Eisenhauer, Vice President, Sales, U.S. Central Area, Digital Equipment Corporation

22 Peter W. Bertschmann, Vice President, Human Resources, New England Telephone

22 Robert V. Van Fossan, Chairman & CEO, Mutual Benefit Life Insurance Company

23 Robert A. Beck, Chairman Emeritus, Prudential Insurance Company of America

23 Sandra S. Person, Executive Director, Houston Area Health Care Coalition

AIDS: A NEED FOR CIVIC RESPONSIBILITY

24 John J. Sweeney, International President, Service Employees International Union

25 Lawrence H. Williford, Senior Vice President, Allstate Insurance Company

25 David R. Carpenter, Chairman & CEO, Transamerica Occidental Life Companies

26 Herbert E. Lister, Chairman, Allstate Insurance Company

26 Charles E. McKittrick, Jr., Vice President, Governmental Programs, International Business Machines

27 P. Roy Vagelos, M.D., Chairman & CEO, Merck & Company

27 Richard S. Schweiker, President, American Council of Life Insurance

28 John B. Carter, President & CEO, Equitable Life Assurance Company

28 Jordan A. Barab, Occupational Safety & Health Coordinator, American Federation of State, County and Municipal Employees

29 Carl J. Schramm, President, Health Insurance Association of America

30 Margaret M. Seminario, Associate Director, Department of Occupational Health, Safety and Social Security, AFL-CIO

31 William F. Sinclair, President, Greater Washington Board of Trade

31 Al Shanker, President, American Federation of Teachers

32 Gwynn C. Akin, Ph.D., Director of Health Policy, Syntex Corporation

AIDS: A CALL FOR LEADERSHIP

33 Admiral James D. Watkins (Ret.), Secretary, Department of Energy and former Chairman, Presidential Commission on the Human Immunodeficiency Virus Epidemic

34 John J. Creedon, President & CEO, Metropolitan Life Insurance Company

34 Benneville N. Strohecker, President, Harbor Sweets

35 Sam S. McKeel, Publisher & Chairman, Philadelphia Newspapers, Inc.

35 Theodore Cooper, M.D., Ph.D., Chairman & CEO, The Upjohn Company and Chair, Committee for the Oversight of AIDS Activities, Institute of Medicine

36 Mary Hatwood Futrell, President, National Education Association

36 Terry M. Mulready, Vice President-External Affairs/Corporate Communications, Pacific Bell

37 Paul A. Ross, Ed.D., Manager, AIDS Program Office, Digital Equipment Corporation

37 William K. Borwegen, Director, Occupational Health & Safety, Service Employees International Union

38 Arthur H. White, President & CEO, WSY Consulting Group, Inc.

39 James W. Curran, M.D., M.P.H., Director, AIDS Program, Centers for Disease Control

40 Sanford Cloud, Jr., Vice President, Corporate Public Involvement, Ætna Life & Casualty Foundation

40 Otis R. Bowen, M.D., former Secretary, Department of Health and Human Services

Edward N. Brandt, Jr., M.D., Ph.D
Chair, National Leadership Coalition
on AIDS

Foreword

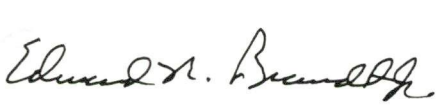
AIDS is one of the most serious health problems facing America today. Measured in terms of actual and potential costs, and in human suffering, AIDS challenges every sector of society. It calls for bold, innovative responses. It demands leadership as the nation mobilizes its resources.

AIDS presents opportunities as well as challenges, especially for business and labor. It may challenge our ability to do business. But we can meet this challenge by actively dealing with AIDS as a workplace issue. AIDS also offers us an opportunity to fulfill an important civic responsibility. We can serve the public interest by sponsoring education, mobilizing communities, supporting AIDS services and programs, and actively contributing to the nation's response. Finally, AIDS is a call for leadership in a time of crisis.

AIDS is not a problem of government. It is a problem of society. Everyone, including business and labor, must become involved in finding solutions. Local communities need help as they mobilize their resources to fight AIDS. Above all, they need leadership. Business and labor can provide this leadership, just as we have at other critical times in our nation's history.

Many companies and labor unions have courageously spoken out on AIDS. The speech by Robert D. Haas, Chairman & CEO of Levi Strauss & Company, delivered in Boston on March 16 in conjunction with the presentation of the George S. Dively Award for Corporate Public Initiative, exemplifies the highly visible leadership role of one outstanding corporate executive. Other executives and labor leaders cited in this booklet also have taken forceful positions.

Some companies remain on the sidelines. They are convinced that because they and their communities are not yet directly experiencing the impact of the epidemic, there is no need to become involved. The AIDS epidemic has just begun, however. The full impact is still in front of us. The costs to business and labor, as well as to society, could be high. But in fact, tomorrow's costs will depend in large part upon what business and labor do today.



AIDS:
Meeting Tomorrow's Challenge

ROBERT D. HAAS, CHAIRMAN & CEO, LEVI STRAUSS & COMPANY

Delivered at the presentation
of The George S. Dively Award
For Corporate Public Initiative
Harvard University
March 16, 1989

A Corporate Overview

It is a great honor for me to address this audience of influential business, academic and community leaders. We are joined together today by our concern about AIDS, a subject of critical importance.

Often when we talk about the HIV epidemic, we get caught up in the technical language of medicine or the impersonal realm of statistics. I think it's important to focus on the human dimension of the epidemic.

Every day in this country, and around the world, an increasing number of people find themselves locked in the battle with this grave and relatively new illness. They wage this fight with courage. Sometimes they are alone. Sometimes they have the love and support of family, friends and community.

When I think about AIDS, I see people's faces—a dear friend, employees with whom I worked closely. You may recall faces of people you know who have been stricken by this relentless disease. Please remember these faces as I speak. By recalling them, what I am going to say will become more personal for each of us.

AIDS reaches well beyond those we know. Its deadly embrace ensnares men, women and children of all ages, colors and nationalities; in San Francisco, in Boston and around the globe. For every individual who is diagnosed, there's an immediate circle of family and friends who are affected. Many of you know and deal directly with the consequences of AIDS.

While scientists struggle to find a cure, the grim toll keeps rising. If we were to pause now and devote a second to each person with AIDS, our silent tribute would last nearly 24 hours. Two years ago, it would have been 10 hours. Five years from now, we would sit silently for five days. Even then we would be a little short. That's how fast the number of cases is rising.

As of 1986, there were 37,000 cases. As of last year, 85,000 cases. The Public Health Service estimates that five years from now, there will be over 450,000 cases.

Public health experts say it won't be long—a mere three years—before American deaths from AIDS will reach roughly three times the number of deaths of all American service personnel in the Vietnam War. To use another yardstick, in its first decade, AIDS deaths will exceed all lives lost during the polio epidemic that raged for 40 years. This rising tide of suffering and sorrow means a flood of new faces for us to remember in the future.

Yet despite these horrifying statistics, our response to AIDS has been belated and tentative. Why? I believe our hesitancy is due to the fact that in this country, AIDS has had its greatest impact on people without a voice—people in groups that our society shuns or ignores: gay men, IV drug users and the poor.

Our task, as a "kinder and gentler" nation, as compassionate people, is to make sure that those with AIDS are not isolated. Our task is to break the silence about AIDS, to give help to those in need, and to limit the further spread of this heartless epidemic.

Today, I stand before you representing a corporation headquartered in San Francisco. Our company has operations in large cities such as Knoxville, El Paso and Little Rock. We also have plants in smaller communities such as Valdosta, Georgia; Florence, Kentucky; and San Benito, Texas. We also have facilities in Canada, Europe, South America and in the Pacific Rim countries.

From our experience in each of these communities, I can tell you that business cannot hide from this disease, no matter where it operates, whether in the U.S. or abroad, in small cities or large. Yet in this country, fewer than one company in 10 has an AIDS program or policy.

The front lines of the AIDS war are advancing beyond cities like San Francisco and New York. The Public Health Service says that within a few years, 80 percent of new HIV infections will occur outside those areas where the infection currently is concentrated.

Clearly, one way or another, the HIV epidemic will have an impact on every business, large and small. Business leaders have a simple choice. We can wash our hands of the problem and be content with the decisions made by others, or we can roll up our sleeves and influence how this horrible epidemic is managed and mitigated.

If you have not already confronted the direct impact of HIV on your operations, you soon will. What will happen in your company when a person diagnosed with AIDS returns to work? Will other employees walk off the job? What will happen in your company when co-workers become hysterical because they think the memos the department secretary has been handling might transmit AIDS? What will happen when a key member of your staff is working on a critical assignment and becomes too ill to handle the task?

None of us should underestimate the practical impact this epidemic will have on us, our customers, our suppliers and the way we conduct our everyday business. Additionally, business has a stake in this epidemic that goes well beyond its short-term effects on our operations and financial results.

Business cannot shoulder the burdens of government or family or individual responsibility. But neither can it shirk its own obligation to address a social problem of this magnitude. It would be immoral and unconscionable for us to do so. Each of us must act to ensure that this does not occur.

Six major areas need our attention and involvement. Each is crucial. Taken together, these issues represent an agenda for action that addresses the legitimate needs of business and our communities.

Discrimination

At the top of the list is discrimination. The Presidential Commission on the Human Immunodeficiency Virus Epidemic identified discrimination as the most significant obstacle to progress against the epidemic. A few months ago, researchers

at the Harvard School of Public Health published a study. It showed just how great that obstacle is. Here are some of the findings:

- One in four Americans would refuse to work beside a person with the disease.
- Forty percent are opposed to having people with AIDS live in their neighborhoods.
- About half that group—17 percent—said people with AIDS should be banished to an island as lepers once were.
- Nearly a third of the people favored requiring anyone with a positive HIV blood test to be tattooed.

These are views grounded in fear and ignorance. But they affect every region of our country and every person fighting the virus.

This kind of discrimination destroys housing and jobs for those afflicted. It blocks access to education, insurance and health care. It tears families apart. Ultimately, it undermines efforts to control the disease. So long as those infected or those at high risk fear losing their jobs or housing or insurance, they will be reluctant to come forward for testing, counseling and care.

The sad thing is that from a health standpoint, there's no need to treat people with AIDS differently. As the Presidential Commission pointed out, in the vast majority of settings—the workplace, housing, schools—there's virtually no risk of contracting the disease from someone who has it.

The Harvard report also suggested that if past epidemics are any guide, hostility and discrimination will increase as more people are personally threatened with the disease. This may indeed be the case as the epidemic spreads rapidly—as it is—among IV drug users and urban low-income and minority communities.

What can business do to fight discrimination? It must start by weeding out discriminatory practices in its own operations. Dismissal of workers with AIDS must stop. Using pre-employment testing to screen out HIV-infected persons must stop. From a purely practical standpoint, litigation costs arising from such policies can be ruinous.

But more importantly, business men and woman have a responsibility to their fellow human beings not to abandon or discard them when they most need our care and concern. Employees with AIDS have the right to assume that their employers will fulfill their contract to provide medical care and disability benefits.

Business must also support federal legislation to shield HIV-infected people from discrimination in the private sector. Currently, they are protected by law only in the public sector.

Education

The second issue on my agenda is education. Fear and ignorance fuel discrimination. They also foster the spread of the epidemic. To press the attack on both fronts calls for greater use of a powerful and indispensable weapon—education about HIV.

Education programs must be clear and direct so there's no confusion about how HIV is transmitted. Last month, the National Research Council reinforced the importance of clear, explicit communication, customized for each specific group. Education programs must be pushed aggressively into every corner of society, from schools to the workplace. We especially must reach young people. The number of AIDS cases is doubling each year among those 13 to 21 years of age. A small study conducted at a shelter for run-away youths in New York City found that approximately 40 percent of the adolescents were infected with HIV.

What can business do to fight fear and ignorance? Every company must establish an education program for its workers and their families. Employers have one of the clearest and most direct channels of communication to enormous numbers of people. Experience bears out that workers' attitudes and reactions reflect those of management. Straight talk about AIDS can dispel myths that cause fear.

Educating employees also has a beneficial ripple effect—informed employees share important concerns with family members,

friends and neighbors. Workers at Levi Strauss & Company have responded well to AIDS information presented in the workplace. We also know that having an education program in place *before* the problem arises can minimize disruption, maintain employee morale, and reduce incidence of discrimination against HIV-infected employees.

In short, AIDS education works well in business. And it works for communities, too. San Francisco's experience has shown that education, when part of a broad-based community prevention strategy, can help stop the epidemic. In San Francisco, the annual rate of new infections among gay men is less than 1 percent. That compares to a rate of 10 to 25 percent just several years ago.

This experience must be replicated across the country. But this cannot be done without leadership from the business and public health communities. As a community citizen, business can act as a catalyst to bring together the appropriate community organizations and leaders to start a community on the road to halting the epidemic. Once a forum is created, business can use its influence to ensure calm and considerate deliberation of the issues.

I am pleased that business task forces on AIDS, such as the New England Corporate Consortium in Boston and the Metropolitan Business Task Force in Washington, D.C., are becoming active in a growing number of cities. I also want to recognize the pioneering and excellent work being done by the National Leadership Coalition on AIDS to marshal the resources of both business and labor.

Prevention

A third issue we must face is prevention. Here, our efforts are thwarted by uncertainties about the scope of the epidemic and our inability to identify people who require treatment and care. Widespread, confidential testing is essential if we are to stop the spread of AIDS. But it will happen only if it's voluntary, and only if the results are kept absolutely confidential. And it will never happen if we don't take the anti-discrimination measures I talked about first.

What can business do to limit the spread of AIDS? We should support voluntary, confidential testing and oppose efforts that threaten people's basic rights. This is important so people with HIV are identified and can get treatment and care.

Recently, business in California did just this. Scores of major employers, including Levi Strauss & Company, stood up with doctors, nurses and others and said that violating confidentiality was bad medicine and bad public health policy. Our intervention helped defeat, by a two-to-one margin, a very damaging initiative to require mandatory reporting of the names of those testing positive for HIV. Past epidemics have often pitted the civil liberties of individuals against the rights of the public. This time, fortunately, supporters of civil liberties and public health authorities are on the same side.

Additionally, business should encourage new approaches for changing behaviors which lead to HIV infection. We can educate our employees who can then educate their young people.

Paying for Health Care

Next on my agenda is the need to review the way we pay for health care in this country. The HIV epidemic has exposed and intensified the shortcomings of our current system. One in five AIDS patients has no insurance. Forty percent of all AIDS patients must rely on Medicaid—more than four times the proportion in the population at large. At one public hospital in Texas, fully 75 percent of its AIDS patients have no health insurance.

This trend may become even more pronounced in the future. Increasingly, private health insurance carriers appear to be screening out HIV-infected persons, thus shifting the cost of their care to the public sector. Infected workers who are employed by self-insured companies or companies with small group plans are being denied coverage.

What can business do to address the payment issue? It must forcefully articulate three messages. First, Medicaid's purse strings must

be loosened and its waiting period reduced. Second, the public sector must respond to this issue. Third, private health insurance must be bolstered.

Health care must be accessible to everyone, including those with HIV. Business must work cooperatively with insurance companies to devise new cost-effective and humane solutions, such as volunteer home care. Then business must lead the way in testing these solutions and adopting the best.

Managing Health Care Services

The next issue on my agenda is the need to deliver health care services in more efficient ways. HIV is becoming a chronic disease. People are living longer and need ongoing health care.

What can business do to change the way health care services are managed? One promising innovation is case management. This technique involves assigning one person to manage all aspects of a patient's care—from dealing with social workers and arranging housing, food, home and hospice care to helping decide when a patient must be hospitalized. Business can make a difference by taking the lead in bringing together the appropriate community resources to implement new models of care. We must challenge our benefits people. We must tell them to pull together and draw upon these resources so we can help our employees with AIDS rather than restrict them, and ourselves, to traditional formulas.

San Francisco has developed a case-management model that provides a comprehensive, integrated system of community-based services for people with HIV. This model resulted from a creative collaboration between the private and public sectors. Other communities can cut the costs of health care by following this approach or by developing their own models.

Government HIV Policy

The final issue on my agenda is the need to develop a government policy toward the HIV epidemic. Confused and cautious thinking and a lack of leadership in government only makes it more difficult to address AIDS-related issues in the workplace.

What can business do to infuence government policy? Employers have a responsibility to themselves and their employees to promote enlightened approaches to the epidemic and to oppose political measures based principally on fear. We should exert our influence at the local, state and national levels to assure rational government policies regarding the disease. These policies must be free from hysteria and political agendas. They must reflect scientific facts rather than extremist views.

Whenever business leaders talk to government leaders, at whatever level, on whatever topics, we must raise the question of what's being done about AIDS.

Radical solutions may be needed in some instances. Consider the magnitude of the nation's drug problem and the ineffectiveness of what we have done so far to solve it. Yet health experts tell us our ability to control the course of the HIV epidemic depends greatly on our ability to control drug abuse. With lives being lost at an alarming rate, now is not the time for caution. AIDS isn't a conventional problem. So when we think about how to deal with it, we have to open ourselves to unconventional solutions. And that involves risk.

Call for Leadership

I call upon the business leaders of our nation—including those at the top of our biggest, most prestigious, most powerful corporations—to join me in the fight to defeat this devastating disease. It's not someone else's fight. It's ours. We have the resources to do it. We have the ability to make a difference. The question is, do we have the will?

Can we break the inertia of "business as usual?" Can we put aside political differences? Are we willing to fight homophobia and indifference toward the poor?

If we can't, several things will happen. There will be more AIDS cases than need be. Expenses of dealing with AIDS will be higher than they should be, draining resources from other national priorities. And it will cost business more—in inefficiency and disruption in the workplace, in employees' lives, in health insurance premiums, and in tax dollars. This need not, and should not be, the case.

The business community cannot do this alone. We need partners. It will take a concerted and cooperative effort—federal, state and local governments, business, labor, our educational institutions, the religious community, health care professionals, and private citizens.

As a nation, we are good at facing local, limited emergencies—quenching forest fires, rescuing a tiny child from an abandoned Texas well, or freeing whales from the ice in Alaska. But can we pull together as a nation to face this emergency of national proportions?

I believe we can, if prominent leaders from every segment of society are engaged in the battle against AIDS, starting with the President of the United States. President Reagan glossed over the findings of his own Presidential Commission. As Vice President, George Bush endorsed the Commission's work, particularly the anti-discrimination recommendations. I am eager for President Bush to tell the nation what his administration will do to address AIDS.

The AIDS epidemic is a rip in the fabric of our society. Left unmended, it will unravel. If we don't act, the issues of the future won't be the six I've outlined here. There will be only nagging questions: Why didn't we move sooner? Why did we hang back, fearful and timid?

And if this comes to pass, the faces we remembered earlier today will haunt us forever.

AIDS:
A Challenge to Business

All of us in business should be asking ourselves the following questions: *What will you do when an employee develops AIDS? When an employee is believed to be infected with the AIDS virus? When co-workers refuse to work with a person thought to have AIDS? When an infected employee asks for your help?* I urge you to take action. Because this is a crisis situation.

ALBERT BOWERS, Ph.D, CHAIRMAN & CEO, SYNTEX CORPORATION

San Francisco Chronicle
March 14, 1988

AIDS cuts across all segments of society. It can disrupt families, schools, communities and workplaces. Johnson & Johnson is no exception. Like other corporations, we are committed to the health and safety of our employees and their families. This commitment cannot be met unless we are willing to join the effort against AIDS.

ANTHONY A. HERRMANN, M.D., VICE PRESIDENT, JOHNSON & JOHNSON

Testimony before the Presidential Commission on the Immunodeficiency Virus Epidemic, May 10, 1988

AIDS is on the verge of becoming a multi-billion dollar a year problem for American business—just in terms of lost productivity. These costs will be passed on to corporations and individuals. So it makes sense from a purely practical point of view to invest time and money in the effort to deal with this social issue. And these economic considerations add to—not detract from—our very human response to the suffering associated with AIDS.

RICHARD J. HAAYEN, CHAIRMAN & CEO, ALLSTATE INSURANCE COMPANY

Allstate Forum on Public Issues, AIDS: Corporate America Responds, October 13, 1987

A recent survey of U.S. executives ranked AIDS as the third most pressing problem facing the United States, behind the federal deficit and drug abuse. Yet only seven percent of all corporations have an AIDS policy. It's time now for businesses to act.

ANN McLAUGHLIN, FORMER SECRETARY, DEPARTMENT OF LABOR

AIDS Frontline Healthcare Conference, Washington, D.C., January 9, 1989

Corporate America is long overdue in stepping up to the problem of AIDS as it affects the workplace—and our lives in general. AIDS leaves a trail of sorrow, bitterness, and fear. It can immobilize a workforce. It can damage productivity. No business wants or can afford that. So we must address AIDS directly. AIDS challenges business—as a community and a family—to renew our commitment to love one another today. Because for those with AIDS, there is no tomorrow.

ANDREW V. SMITH, PRESIDENT, PACIFIC NORTHWEST BELL

Speech before the Seattle Rotary, August 10, 1988

Large companies have a duty and responsibility not only to help their employees deal with AIDS, but also to share information, expertise and resources with smaller companies and with the community. AIDS is a community problem. Because of this, it is a problem for business. If we don't unite around our common best interests, AIDS will cause devastating problems for business.

BRYAN LAWTON, Ph.D., VICE PRESIDENT & DIRECTOR, EMPLOYEE ASSISTANCE SERVICES, WELLS FARGO BANK

Second Annual National Disability Management Conference, Washington, D.C., October 17, 1988

One measure of good corporate management is its ability to assess and adjust to new conditions and needs. Corporate leadership and support in the battle against AIDS are surely logical results of good corporate management. It would also be in the finest tradition of corporate public involvement.

STANLEY G. KARSON, DIRECTOR, CENTER FOR CORPORATE PUBLIC INVOLVEMENT

Editorial, Response, August 1986

The easy work—building a national strategy to deal with AIDS—is over. Now the tough part—implementing that strategy—has begun. Business has a mandate not just to participate, but also to help lead the nation as it undertakes its response to AIDS. It has a mandate because AIDS is a problem of human resources and human capital, and of our ability to compete. And these are fundamentally business problems.

ADMIRAL JAMES D. WATKINS (RET.), SECRETARY, DEPARTMENT OF ENERGY AND FORMER CHAIRMAN, PRESIDENTIAL COMMISSION ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Private Sector Leadership Conference on AIDS, Chicago, 1988

Businesses cannot afford to ignore or walk away from the AIDS problem. AIDS will affect the workforce for years to come. If we do not address AIDS now from a business perspective, we might not be able to recoup our losses in the future.

RONALD B. EISENHAUER, VICE PRESIDENT, SALES, U.S. CENTRAL AREA, DIGITAL EQUIPMENT CORPORATION

Private Sector Leadership Conference on AIDS, Chicago, 1988

When nine major corporations band together on any issue, as we have done in the New England Corporate Consortium for AIDS Education, it makes a powerful statement. And we wanted to make a powerful statement to our employees, to other businesses, and to the community at large, that we are concerned for our employees, and for the community as a whole.

PETER W. BERTSCHMANN, VICE PRESIDENT, HUMAN RESOURCES, NEW ENGLAND TELEPHONE

Testimony before the Presidential Commission on the Human Immunodeficiency Virus Epidemic, May 10, 1988

We must not lose sight of the fact that social problems, including AIDS, affect every sector in society. Corporate America can help to build stronger communities. Stronger communities make for a stronger economy, and that is good for business.

ROBERT V. VAN FOSSAN, CHAIRMAN & CEO, MUTUAL BENEFIT LIFE INSURANCE COMPANY

Annual Forum, National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., June 1988

No one in the private sector can feel that AIDS is someone else's problem. By 1991, in addition to human tragedies, AIDS-related illnesses and premature deaths are expected to cost business and industry more than $50 billion in lost productivity. So we have a clear reason to become involved—not just for altruistic reasons but also because it is in our own self-interest.

ROBERT A. BECK, CHAIRMAN EMERITUS, PRUDENTIAL INSURANCE COMPANY OF AMERICA

National AIDS Network Skills-Building Conference, New Orleans, October 21, 1988

AIDS offers a window of opportunity for business, as well as the nation. If we can jump the barriers for AIDS, we can also jump them for mental health, low birthweight babies, cancer, heart disease and the litany of plagues in American health. The real cost of AIDS will be in lost life. Families will lose loved ones. Industries will lose workers. No one can yet predict the full costs of AIDS to business or to our nation.

SANDRA S. PERSON, EXECUTIVE DIRECTOR, HOUSTON AREA HEALTH CARE COALITION

Health Agenda 1988, the Washington Business Group on Health and National Association of Manufacturers

AIDS:
A Need for Civic Responsibility

If AIDS is truly "Public Enemy Number One," then all unions have a responsibility to become involved, to push for increased support for research, education, and services to people with AIDS.

JOHN J. SWEENEY, INTERNATIONAL PRESIDENT, SERVICE EMPLOYEES INTERNATIONAL UNION

AIDS Frontline Healthcare Conference, Washington, D.C. January 10, 1989

In a pluralistic society, business, like every other institution, must serve the public interest. AIDS qualifies as one of society's major problems. It's going to become even more serious in the near future. By helping fight AIDS, we can dispel the myth that big business can't act quickly or decisively when confronted with a significant challenge.

LAWRENCE H. WILLIFORD, SENIOR VICE PRESIDENT, ALLSTATE INSURANCE COMPANY

Fortune Corporate Communications Seminar, LaQuinta, California, March 23, 1988

The question isn't whether business should become involved. It's what can business do. The answer is straightforward. Make sure employees get the real facts about AIDS. Support the activities of worthwhile AIDS groups in the community. Provide financial help to medical and research organizations. AIDS is too big for any one of us to battle alone. Other businesses must join us in this fight. By working together, we can make a real difference.

DAVID R. CARPENTER, CHAIRMAN & CEO, TRANSAMERICA OCCIDENTAL LIFE COMPANIES

Press Conference for the American Foundation for AIDS Research, Los Angeles, January 14, 1986

Companies large and small must move AIDS to the top—or near the top—of their public service agendas. We want people to join with each other—inside and outside the business community—to emphasize everyone's stake in dealing with this deadly disease. For once and, I hope, for all, business can make a difference. In the process, we can demonstrate that business believes in values beyond the bottom line. We can show that when the call to care was sounded, corporate America answered.

HERBERT E. LISTER, CHAIRMAN, ALLSTATE INSURANCE COMPANY

Allstate Forum on Public Issues,
AIDS: Corporate America Responds,
January 20, 1988

AIDS raises serious questions for business, not the least of which is how we can prepare not just our employees but also our communities. If we start working together now, we can come up with answers that will help us deal with this problem fairly and responsibly.

CHARLES E. McKITTRICK, JR., VICE PRESIDENT, GOVERNMENTAL PROGRAMS, INTERNATIONAL BUSINESS MACHINES

Press conference announcing the formation of the Washington Metropolitan Area Business Leadership Task Force on AIDS,
January 11, 1989

The scientific, medical, and educational progress needed to control AIDS will depend largely on support from all influential elements of society, including business leaders like yourselves. I urge the leaders of American business to do their part. Because business leaders can exert a very constructive influence on the outcome of this epidemic.

P. ROY VAGELOS, M.D., CHAIRMAN & CEO, MERCK & COMPANY

Address to The Business Council, October 10, 1987

Business must be involved in the fight againt AIDS. First and foremost, it must educate its employees. But it can do far more. Business can support community-based AIDS organizations and activities. It can reach out to minorities, drug abusers and young people. The possibilities for making a major impact are limitless.

RICHARD S. SCHWEIKER, PRESIDENT, AMERICAN COUNCIL OF LIFE INSURANCE

PROJECT HOPE Conference on the Socio-Economic Impact of AIDS on Health Care Systems, Washington, D.C., March 25, 1987

AIDS must be a national priority. There's lots to do in combatting AIDS. The work starts with communication. Each of us in business has a responsibility to communicate as authoritatively as possible the AIDS story, and to do it often.

JOHN B. CARTER, PRESIDENT & CEO, EQUITABLE LIFE ASSURANCE COMPANY

Interview, Insurance Compensation, October 1987

Labor has an important role to play in the AIDS crisis. My union has made a commitment. We are working to make sure that all the recommendations made by the Presidential Commission and the Institute of Medicine are adopted, from the federal government all the way down to the workplace. Other unions must make the same commitment.

JORDAN A. BARAB, OCCUPATIONAL SAFETY AND HEALTH COORDINATOR, AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

Private Sector Leadership Conference on AIDS, Chicago, 1988

We have a strong pluralistic tradition in this country, a history of mixing public and private sector roles. This should be the foundation for our fight against AIDS. State risk pools can address the problem of the medically uninsured. Medicaid could be expanded to pay the full costs of appropriate care for all the poor. Incentives and subsidies should be used to maintain private insurance for those who become disabled and lose their employee benefits. Case management should be encouraged. Laws against discrimination in employment must be enforced. And we must prohibit the use of sexual orientation in underwriting.

CARL J. SCHRAMM, PRESIDENT, HEALTH INSURANCE ASSOCIATION OF AMERICA

Testimony before the Presidential Commission on the Human Immunodeficiency Virus Epidemic, April 27, 1988

Unions historically have responded to broad social problems, including hunger, illiteracy, and disenfranchisement. Now, we must expand these efforts to include AIDS.

As representatives of working men and women, unions are uniquely situated to confront and dispel people's fears about AIDS. We have an historic obligation to fight discrimination. As the number of those with AIDS increases, we have a responsibility to ensure that those with AIDS, as well as all Americans, have access to the best, highest quality health care services.

MARGARET M. SEMINARIO, ASSOCIATE DIRECTOR, DEPARTMENT OF OCCUPATIONAL HEALTH, SAFETY AND SOCIAL SECURITY, AFL-CIO

Private Sector Leadership Conference on AIDS, Chicago, 1988

AIDS challenges business and our community. It is a challenge that cannot be ignored. In Washington, D.C., businesses have joined with academia, medicine, religious institutions, local government and community groups to pool their expertise and resources to address this problem. The Board of Trade encourages this active business response.

WILLIAM F. SINCLAIR, PRESIDENT, GREATER WASHINGTON BOARD OF TRADE

Press Conference announcing the formation of the Washington Metropolitan Area Business Leadership Task Force on AIDS, January 11, 1989

By working together, organized labor, the schools, business, government, the health care industry, parents and community organizations can create an effective partnership to help prevent the transmission of HIV and meet the needs of all in the community who suffer from this terrible disease.

AL SHANKER, PRESIDENT, AMERICAN FEDERATION OF TEACHERS

AIDS Education Project Report, March 1989

AIDS stands for Acquired Immune Deficiency Syndrome. It also means "American Industry Do Something!" Syntex did something in the battle against AIDS. We believe all businesses should. Why? Because this is an unprecedented epidemic. Because it will be a long time before there will be a vaccine or a cure. Because education about the epidemic is essential. And most importantly, because we believe strongly that business can, and should, make a difference.

GWYNN C. AKIN, Ph.D., DIRECTOR OF HEALTH POLICY, SYNTEX CORPORATION

Private Sector Leadership Conference on AIDS, Chicago, 1988

AIDS:

A Call for Leadership

AIDS challenges every segment of society. Why are we waiting to do something until we are in a crisis situation? I can't tell you the passion that's out there in this country waiting for the leadership to say "OK, we're beyond the rejection and the denial and the vilification of others and we're ready to wage war on the virus rather than on groups of people." It won't be an easy war. For me, the military was a lot easier. Being Chief of Naval Operations at the Joint Chiefs of Staff was a piece of cake compared with AIDS.

ADMIRAL JAMES D. WATKINS (RET.), SECRETARY, DEPARTMENT OF ENERGY AND FORMER CHAIRMAN, PRESIDENTIAL COMMISSION ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

PBS AIDS Quarterly, February 28, 1989, produced by WGBH Boston

What the nation needs is leadership, a commitment by heads of corporations, public officials, leaders of community groups and charitable organizations, to direct our energies to defeating AIDS. If we are strong enough to accept the challenges of leadership, the defeat of AIDS could be our finest hour as a caring people.

JOHN J. CREEDON, PRESIDENT & CEO, METROPOLITAN LIFE INSURANCE COMPANY

National AIDS Awareness Test, September 15, 1987

AIDS, although already in epidemic proportions, seems easy to ignore since it does not yet touch most of us personally. But it will. And it will touch us with disastrous potential. For precisely this reason, chief executive officers, presidents, and chairmen must assert themselves now, and take an aggressive leadership position on AIDS.

BENNEVILLE N. STROHECKER, PRESIDENT, HARBOR SWEETS

You Can Do Something About AIDS, Second Edition (in press)

It is sometimes said that the most important quality a newspaperman can have is a sense of outrage—outrage at human injustice and at the ineffectiveness of government and institutions in times of crisis. Well, AIDS is a crisis—of human, economic, medical, social, ethical and political proportions. It's time for the leaders of America—those in government, medicine and business—to hone their own senses of outrage and begin leading.

SAM S. McKEEL, PUBLISHER AND CHAIRMAN, PHILADELPHIA NEWSPAPERS, INC.

Private Sector Leadership Conference on AIDS, Chicago, 1988

Business must accept AIDS as a special problem, in the workplace, and in the community. Business can assume a leadership role, and point the way. The absence of our leadership will convince others that AIDS is really not an important problem.

THEODORE COOPER, M.D., Ph.D., CHAIRMAN & CEO, THE UPJOHN COMPANY AND CHAIRMAN, COMMITTEE FOR THE OVERSIGHT OF AIDS ACTIVITIES, INSTITUTE OF MEDICINE

Private Sector Leadership Conference on AIDS, Chicago, 1988

Management and labor must join forces on AIDS. Now is the time to fulfill the definition of the term "leadership" by working together—to increase knowledge, reduce fear, and fight prejudice. Most importantly, management and labor must foster public concern and compassion for those living with HIV.

MARY HATWOOD FUTRELL, PRESIDENT, NATIONAL EDUCATION ASSOCIATION

Conference on AIDS Education in the Schools, Atlanta, May 1988

There's a widespread misconception among corporate executives that getting involved with AIDS spells disaster. That the safest route is to do nothing. But our employees, our companies, our communities, our country face a crisis. There is no excuse for inaction. People are looking for leadership. If you give it, you'll be the leader.

TERRY M. MULREADY, VICE PRESIDENT-EXTERNAL AFFAIRS/CORPORATE COMMUNICATIONS, PACIFIC BELL

Speech to The Arthur Page Society, September 28, 1987

I'm very proud of Digital Corporation for putting a stake into the ground and showing corporate leadership both in the community and within our company. I firmly believe that as business leaders, we must bring our skills to bear on AIDS. We must go forth into the communities where we are known and work. There, we can make the difference we surely were meant to make.

PAUL A. ROSS, Ed.D., MANAGER, AIDS PROGRAM OFFICE, DIGITAL EQUIPMENT CORPORATION

AIDS in the Workplace Symposium, Harvard University, March 16, 1989

AIDS is not going to go away any time in the near future. And as with any other issue of concern to workers and their communities, the need for leadership from labor has never been more clear.

WILLIAM K. BORWEGEN, DIRECTOR, OCCUPATIONAL HEALTH AND SAFETY, SERVICE EMPLOYEES INTERNATIONAL UNION

AFL-CIO Community Services Annual Convention, June 13, 1988

Employees, communities and stockholders may not hold American business accountable today for helping to fight AIDS. But they will tomorrow. Business leaders often ask what they can do. I tell them to watch what companies in San Francisco, New York, Boston, places where the problem is more acute, are doing. They are providing models of corporate leadership and responsibility. Their example should be an example for American business.

ARTHUR H. WHITE, PRESIDENT & CEO, WSY CONSULTING GROUP, INC.

Private Sector Leadership Conference on AIDS, Chicago, 1988

Coming from Detroit, I learned as a child that what's good for General Motors is good for the country. Well, I turn that around and say, "What's good for the country is good for American business."

AIDS is the societal challenge of the Eighties, the Nineties, and the next hundred years. It also presents an opportunity for real pioneering in corporate leadership. You have a chance to do something you've never done before. But to lead, you must know the facts. And if you're going to get involved, jump in with both feet. Or don't jump in at all.

JAMES W. CURRAN, M.D., M.P.H., DIRECTOR, AIDS PROGRAM, CENTERS FOR DISEASE CONTROL

Private Sector Leadership Conference on AIDS, Chicago, 1988

Business is a vital force in the community. As such, the primary role for business is to set the tone for leadership as communities mobilize to fight AIDS. Each of us is being given the opportunity to demonstrate the highest standards of compassion and humanitarian support for those affected by this terrible disease.

SANFORD CLOUD, JR., VICE PRESIDENT, CORPORATE PUBLIC INVOLVEMENT, AETNA LIFE AND CASUALTY FOUNDATION

Start now, because the clock is ticking. Government and the private sector must work together on AIDS. But nothing will happen unless you make it happen. The key is your leadership.

OTIS R. BOWEN, M.D., FORMER SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Address to The Business Council, October 10, 1987

Board of Directors

Edward N. Brandt, Jr., M.D., Ph.D.
College of Medicine, Oklahoma University, Chair

J. Richard Munro
Time Inc., Vice Chair

Karen Ignagni
AFL-CIO, Secretary

Michael Pollard
Michaels & Wishner, P.C., Treasurer

B.J. Stiles
President

Gwynn C. Akin, Ph.D.
Syntex Corporation

Lewellys F. Barker, M.D.
American Red Cross

Erline Belton
Digital Equipment Corporation

Sharon Canner
National Association of Manufacturers

Jane Delgado, Ph.D.
National Coalition of Hispanic Health and Human Services Organizations

Richard Dunne
Gay Men's Health Crisis

William R. Hendee, Ph.D.
American Medical Association

Stephen E. Herbits
Joseph E. Seagram & Sons, Inc.

Stanley G. Karson
Center for Corporate Public Involvement

G. Douglas Lawrence, Jr.
International Business Machines Corp.

Bryan Lawton, Ph.D.
Wells Fargo Bank

Stephen T. Moskey
Ætna Life & Casualty

T.M. (Terry) Mulready
Pacific Bell

Woodrow A. Myers, Jr., M.D.
Indiana State Board of Health

Ed Pitt
National Urban League

Beny J. Primm, Jr., M.D.
Addiction Research Treatment Corporation

Mervyn F. Silverman, M.D.
American Foundation for AIDS Research

The Rt. Rev. William E. Swing
Episcopal Diocese of California

Larry H. Williford
Allstate Insurance Company

Roster of Members

BUSINESS AND LABOR

Abbott Laboratories
Abt Associates
Addiction Recovery Corporation
Ætna Life & Casualty
Allstate Insurance Company
American Brands, Inc.
American Council of Life Insurance
American Federation of Labor and Congress of Industrial Organizations
American Federation of State, County, & Municipal Employees
American Federation of Teachers
American Telephone & Telegraph
Apple Computer, Inc.
Associated Madison Companies, Inc., a Subsidiary of Primerica Corporation
Association of Labor Management Administrators and Consultants on Alcoholism, Inc.
Baltimore Gas & Electric Company
Blue Cross Blue Shield Association
Bristol-Myers Company
Burroughs Wellcome Company
Caremark Homecare
Centel Corporation
Chevron, U.S.A., Inc.
Digital Equipment Corporation
The Equitable Life Assurance Society
General Electric
General Mills, Inc.
Group Health Association of America
Health Industry Manufacturers Association
Health Insurance Association of America
Hoffmann-La Roche Inc.
Institute for Disease Prevention in the Workplace
International Business Machines Corp.
Johnson & Johnson
Joseph E. Seagram & Sons, Inc.
Levi Strauss & Co.
Levine, Huntley, Schmidt & Beaver
Loews Hotels Corporation
Marshall Field & Company
Mead Corporation
Mercantile and General Reinsurance Company plc.
Metropolitan Life Insurance Co.
Mobil Oil Corporation
NCR Corporation

National Association of Chain Drug Stores
National Association of Home Builders
National Association of Manufacturers
National Education Association
Ogilvy & Mather
Pacific Bell
Pharmaceutical Manufacturers Association
Philip Morris Inc.
Playboy Enterprises, Inc.
The Principal Financial Group
The Prudential Insurance Company of America
Scott Paper Company
Security Life of Denver
Security Pacific Corporation
Service Employees International Union
Squibb Corporation
Syntex Corporation
Time Inc.
Transamerica Occidental Life Insurance Co.
Union Carbide
United Food and Commercial Workers
Wells Fargo Bank

NATIONAL VOLUNTARY, RELIGIOUS, AND EDUCATIONAL ORGANIZATIONS AND ASSOCIATIONS

Academy for Educational Development
AIDS Action Council
AIDSFILMS, Inc.
American Academy of Family Physicians
American College of Cardiology
American College Health Association
American Health Care Institute
American Hospital Association
American Institutes for Research
American Lung Association
American Medical Association
American Nurses Association
American Pharmaceutical Association
American Psychological Association
American Public Health Association
American Red Cross
American Society of Hospital Pharmacists
Association of American Medical Colleges
The Association of Junior Leagues, Inc.
Catholic Charities, USA
Catholic Health Association
Center for Community Change
Center for Population Options
Children's Defense Fund
The Episcopal Church Center
Health and Welfare Ministries, General Board of Global Ministries, United Methodist Church

Healthcare Financial Management Association
Human Interaction Research Institute
Human Rights Campaign Fund
National AIDS Network
The National Assembly of National Voluntary Health & Social Welfare Organizations, Inc.
National Association of People With AIDS
National Coalition of Hispanic Health and Human Services Organizations
National Council of Churches AIDS Task Force
National Council of La Raza
The National Foundation for Infectious Diseases
National Gay & Lesbian Task Force
National Health Council
The National Hemophilia Foundation
National Hospice Organization
The National Kidney Foundation
National Minority AIDS Council
Public Relations Society of America
The Salvation Army
Society for the Right to Die
The Stop AIDS Resource Center
United Church Board of Homeland Ministries
United Way of America
Volunteers of America

LOCAL AND REGIONAL ASSOCIATIONS, VOLUNTARY, RELIGIOUS, AND EDUCATIONAL ORGANIZATIONS

AID Atlanta
AIDS Foundation of Chicago
AIDS Resource Center
Citizens Commission on AIDS for the New York City-Northern New Jersey Region
Concern for Dying
Gay Men's Health Crisis
Howard Brown Memorial Clinic
Instituto Familiar de la Raza-Latino AIDS Project
Mothers of AIDS Patients
New York University (School of Education, Health, Nursing and Arts Professions)
Philadelphia AIDS Task Force
Philadelphia Commission on AIDS
San Francisco AIDS Foundation
Whitman-Walker Clinic

GRANTMAKING ORGANIZATIONS

American Foundation for AIDS Research
Design Industries Foundation for AIDS
The Hunt Alternatives Fund
Pettus-Crowe Foundation

"The AIDS epidemic
is a rip in the
fabric of our society.
Left unmended, it will unravel . . ."

"... a solid publication which will assist managers in building and improving on business AIDS education programs."

C. Everett Koop, M.D.
Surgeon General

Publishers:
American Foundation for AIDS Research
American Council of Life Insurance
Health Insurance Association of America

Sponsors:
AIDS National Interfaith Network
American Federation of TV and Radio Artists
American Hospital Association
American Medical Association
American Red Cross
California Business Roundtable
Citizens Commission on AIDS
League of Women Voters of the United States
Minority AIDS Project
National AIDS Network
National Association of Manufacturers
National Conference of Christians and Jews
National Leadership Coalition on AIDS
National PTA (National Congress of Parents and Teachers)
National Small Business United
Screen Actors Guild
The Business Roundtable
United Auto Workers/General Motors
United Way of America
United States Conference of Mayors



A·I·D·S EDUCATION

A Business Guide

FOREWORD

AIDS Education: A Business Guide represents the combined efforts of several groups to produce a comprehensive guide to AIDS education in the workplace.

This guide addresses the need for a basic manual that describes principles and programs for AIDS education in the workplace. The U.S. Department of Labor estimates that the work force comprises 66.1% of the American population. Because so many people can be reached there, the workplace is one of the primary targets for AIDS education. Fifty thousand copies of this manual will be distributed to American businesses and companies; the initial mailing will be provided at no cost. It is designed to assist managers, human resource departments, and CEOs in planning and implementing AIDS education programs for their employees. Also, it seeks to avoid unnecessary duplication of effort in establishing AIDS education programs by describing resources already available to businesses and companies.

This manual was originally developed as a project of and in consultation with the Orange County, California Business Leadership Task Force on AIDS and Alcohol & Drug Abuse convened and chaired by the Chairman of the Executive Committee of Pacific Mutual, Walter B. Gerken, and Pacific Mutual's Chairman of the Board and Chief Executive Officer, Harry G. Bubb.

Pacific Mutual coordinated, staffed, and underwrote the development of **Facilitating AIDS Education in the Work Environment**, the first edition of this manual. Some of the material was obtained from and used with the permission of the San Francisco AIDS Foundation. The Project Director was Robert G. Haskell, Second-Vice President, Pacific Mutual. Suzanne D. Hoehl of Pacific Mutual's Corporate and Public Affairs Department was the Project Coordinator.

This edition was revised by the American Foundation for AIDS Research (AmFAR). Steven S. Chapman, a loaned executive from AT&T, was Project Manager. New material was contributed by Trish A. Halleron, M.P.H., AmFAR Director of Education. The following individuals reviewed the manuscript and offered other valuable assistance: Mathilde Krim, Ph.D, founding Co-Chair, AmFAR; Suzanne Hoehl, Pacific Mutual; Eve Katz, Director of Public Affairs Projects for the American Council of Life Insurance (ACLI) and the Health Insurance Association of America (HIAA); Michael Samuels, Dr.P.H., Chair of the Department of Health Administration, School of Public Health at the University of South Carolina, and former Assistant to the Surgeon General; Jerry Wagner, United Auto Workers/General Motors Human Resource Center; Patricia Morrow, former Corporate Liaison for AmFAR; Mary M. Anderson, California Business Roundtable; and Alan Pardini, Harder Kibbe Research & Consulting. The publishers gratefully acknowledge the support and contribution of these individuals.

The costs incurred in the development and distribution of this manual were underwritten by the following:

Drexel Burnham Lambert
AT&T
Pacific Mutual
American Council of Life Insurance
Health Insurance Association of America

The following organizations have reviewed this manual and are sponsors of it. They agree in principle with its concept and contents, and support its distribution:

AIDS National Interfaith Network
American Federation of TV and Radio Artists
American Hospital Association
American Medical Association
American Red Cross
California Business Roundtable
Citizens Commission on AIDS
League of Women Voters of the United States
Minority AIDS Project
National AIDS Network
National Association of Manufacturers
National Conference of Christians and Jews
National Leadership Coalition on AIDS
National PTA (National Congress of Parents and Teachers)
National Small Business United
Screen Actors Guild
The Business Roundtable
United Auto Workers/General Motors
United Way of America
United States Conference of Mayors

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

The Surgeon General of the
Public Health Service
Rockville MD 20857

August 1, 1988

Scott J. Tilden
Executive Director, American
Foundation for AIDS Research
Richard S. Schweiker
President, American Council of
Life Insurance
Carl J. Schramm
President, Health Insurance
Association of America

Dear Messrs. Tilden, Schweiker and Schramm:

Thank you for the opportunity to review the draft of AIDS Education: A Business Guide. I am pleased that the previous edition, Facilitating AIDS Education in the Work Environment, was well received. This updated edition is comprehensive and well-designed and will support corporate efforts to contain the spread of HIV infection. It is a solid publication which will assist managers in building and improving on their AIDS education programs.

The American Foundation for AIDS Research, the American Council of Life Insurance, the Health Insurance Association of America, and your sponsors should be congratulated for collaborating on this venture. Your work is an outstanding example of the private sector's assuming responsibility for an issue of major importance to American society. I applaud your leadership and initiative.

Sincerely yours,

C. Everett Koop, M.D.
Surgeon General

TABLE OF CONTENTS

Impact on Business and Society 1

How to Run an AIDS Employee Education Program 3

Understanding AIDS 17

Integration of Benefits 21

Appendices 25

Resources 25

Common Questions and Answers About AIDS 33

Centers for Disease Control Guidelines 43

OSHA Enforcement 44

AIDS EDUCATION: A Business Guide

Editor
Lee E. Klosinski, Ph.D.

First Edition, **Facilitating AIDS Education in the Work Environment** *Copyright © September, 1987 by Pacific Mutual Life Insurance Company*

Second Printing November, 1987

Revised Edition, **AIDS EDUCATION: A Business Guide** *Copyright © September, 1988 by the American Foundation for AIDS Research, the American Council of Life Insurance, and the Health Insurance Association of America.*

All rights reserved. No part of this publication may be reproduced in any form or language without written permission from the Publishers. For such permission, please contact the American Foundation for AIDS Research.

CHAPTER

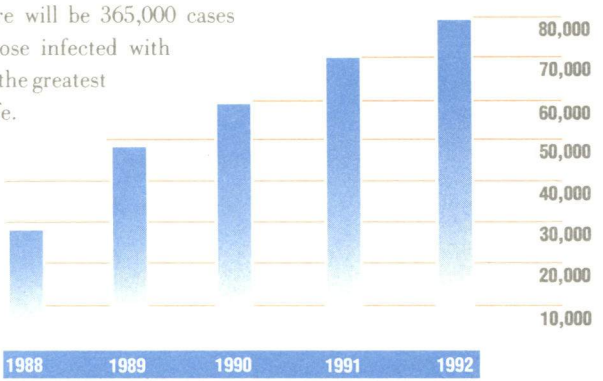
IMPACT ON BUSINESS AND SOCIETY

As of the summer of 1988, over 68,000 cases of AIDS have been diagnosed in the United States alone. As alarming as this figure is, the worst years of the AIDS epidemic are yet to come. The impact of AIDS on society is inevitable. It will be felt in terms of human suffering, the loss of productivity, and increased taxes, and health care bills.

It is estimated that at this time 1.5 million persons in the U.S. alone are infected with HIV (human immunodeficiency virus), the viral agent responsible for causing AIDS. The current projection of the Centers for Disease Control is that by 1993 there will be 365,000 cases of full-blown AIDS. Many scientists have projected that all of those infected with HIV will eventually develop HIV-related illnesses or AIDS. Of course, the greatest impact and expense to businesses and society is the loss of human life.

Large and small companies alike are seeing that they are not immune to HIV-related illnesses. American businesses will feel these costs in terms of losses in productivity, higher insurance expenses, and possible costly litigation. Concern about AIDS and its transmission in the workplace can also impact businesses by causing fear and work disruption. Companies will need to develop cost-effective health care programs, as well as strategies to communicate information about health benefits and company policy on HIV-infected individuals to employees.

CDC Projections of
New Cases of AIDS
In the U.S. 1988-1992



50,265 *total cases at the end of 1987*

365,000 *total cases estimated at the beginning of 1993*

Health Care Costs

Economists have estimated that the total annual U.S. costs associated with AIDS may reach $66.4 billion in 1991, up from $8.7 billion in 1986. Personal medical care costs alone are projected at $8.5 billion for 1991. The large increase in costs projected for 1991 is explained by the dramatic increase in the number of cases of full-blown AIDS estimated by the Centers for Disease Control.

Hospitalization accounts for 80-90% of the direct medical costs of treating HIV-related illnesses. Lifetime treatment costs for persons with AIDS range from $24,500 to $147,000 per patient. These costs vary because the presence of local support services and out-patient care reduces the cost of patient care.

Productivity Costs

Because HIV-related illnesses generally strike persons 25 to 44, significant productivity is lost due to illness, disability, and premature death. Among this age group, AIDS is second only to cancer as a cause of death. By 1991, AIDS will account for 12% of all income lost due to illness; the annual costs of illness and death from AIDS will be over $55 billion in productivity.

Paying for the AIDS Epidemic

Methods of treating AIDS are evolving, and assumptions about current and future infection in the population are problematic. As a result, projecting national costs for personal medical care of AIDS is difficult. Estimates for 1986-1991 have gone as high as $112.5 billion. One thing is certain: the cost of this epidemic will continue to spread throughout society, increasingly affecting the private sector, which will encounter larger bills for benefits and productivity losses.

The Cost of the Epidemic *(in billions of dollars)*

	'85	'86 . . . . '91
Medical Care	$0.6	$1.1 $8.5
Research, education and screening	0.3	0.5 2.3
Lost wages from disability and death	3.9	7.0 55.6
Total	**$4.8**	**$8.6 . . . . $66.4**

Source: Anne Scitovsky, Palo Alto Medical Foundation/Research Institute (1987)

Federal support of AIDS education, research, and treatment has expanded in recent years. In fiscal year 1988, the federal outlay for AIDS-related Public Health Service programs and Medicaid benefits will be over $1.3 billion. By 1991, an estimated $2.3 billion will be spent by the federal government alone on research, blood screening, education, and support services. State and local governments provide funds for HIV-related illness through state obligations for Medicaid, and education and social services programs.

Higher taxes will be required to fund state and local governments facing shortages of facilities and staff to provide necessary care. Through government funding, business and corporate leadership, and individual responsibility, the future course of the AIDS epidemic can be controlled.

CHAPTER 2

HOW TO RUN AN EMPLOYEE AIDS EDUCATION PROGRAM

As the AIDS epidemic continues to spread, its consequences will increasingly be felt in the workplace. Employers will be forced to confront issues related to AIDS such as employee fears, company policy decisions, and benefits programs. Education is the best prevention against spread of this disease as well as the best guarantee that workers will respond rationally and compassionately to a co-worker with AIDS.

American businesses can play a leading role in AIDS education as they already have with other employee welfare concerns like physical fitness and smoking reduction. Employees need to know that AIDS is a preventable disease and that there is no risk of transmission through casual contact in the workplace. Company-based education programs can provide factual, non-judgmental information to employees and their dependents.

Employees need to know that AIDS is a preventable disease and that there is no risk of transmission through casual contact in the workplace

The following steps can assist in planning a consistent and comprehensive employee education program:

- Educate top management and solicit their support. If a collective bargaining unit exists, include its leadership in this process. This support should then be announced to all employees. The remainder of the staff is then educated, with each manager able to take some responsibility for facilitating the education of his or her staff.

Responding to AIDS: Ten Principles for the Workplace

1 People with AIDS or HIV (Human Immunodeficiency Virus) infection are entitled to the same rights and opportunities as people with other serious or life threatening illnesses.

2 Employment policies must, at a minimum, comply with federal, state, and local laws and regulations.

3 Employment policies should be based on the scientific and epidemiological evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to coworkers through ordinary workplace contact.

4 The highest levels of management and union leadership should unequivocally endorse nondiscriminatory employment practices and educational programs about AIDS.

5 Employers and unions should communicate their support of these policies to workers in simple, clear, and unambiguous terms.

6 Employers should provide employees with sensitive, accurate, and up-to-date education about risk reduction in their personal lives.

7 Employers have a duty to protect the confidentiality of employees' medical information.

8 To prevent work disruption and rejection of coworkers of any employee with AIDS or HIV infection, employers and unions should undertake education for all employees before such an incident occurs and as needed thereafter.

9 Employers should not require HIV screening as part of general pre-employment or workplace physical examinations.

10 In those special occupational settings where there may be a potential risk of exposure to HIV (for example, in health care, where workers may be exposed to blood or blood products), employers should provide specific, ongoing education and training as well as the necessary equipment to reinforce appropriate infection control procedures and ensure that they are implemented.

The Citizens Commission on AIDS for New York City and Northern New Jersey is a private, independent group of prominent business, union, and civic leaders. It was established by a consortium of 17 private foundations to develop leadership in meeting the challenges of AIDS. They developed principles for the workplace as a framework for policy development to be offered to employers, unions, and other employee and business organizations for their endorsement. A fuller report can be obtained by writing to: Carol Levine, Executive Director, Citizens Commission on AIDS, 51 Madison Avenue, Room 3008, New York, New York 10010.

- Establish a Resource/Education Committee composed of managers and employees. This increases the sense of ownership and acceptance for any program developed. Composition of the committee should include representatives from human resources, legal, medical, labor, management, communications, housekeeping, EAP, and special interest groups. Once selected, these representatives need to be educated about the issues surrounding AIDS, the company's policies, and the availability of community resources.

  Once trained, this committee can work together to design the company's AIDS educational program, respond to employee questions and concerns, and promote a positive attitude about AIDS.

  It may be helpful to your business or company to use the committee process to develop your program. However, any individual appointed to organize an employee education program can easily handle the task with the assistance of this manual and the utilization of local resources. The use of a committee or an individual to direct the AIDS education program will be determined by the needs of individual companies.

- Decide on the information needs for the company and its employees. This should include:
  - Why AIDS **is not contagious** at the work site.
  - How HIV is spread.
  - What behavior puts one at risk, and how those individuals at risk can change their behavior.
  - Why the stigma that accompanies the diagnosis of AIDS often leads to irrational and unfair behavior.

- Identify the special needs of specific audiences (e.g., non-English speaking/reading, parents, etc.) within the general employee population.

- Plan educational strategies. Educational materials and programs about AIDS are available from numerous sources (see the Resources section in this manual). Collect a variety of materials for the Resource/Education Committee to review. Several pamphlets are available in Spanish and various Asian languages. Education materials made available to employees should be medically accurate, non-judgmental, and deliver a consistent message.

Delivery of the AIDS education program needs to be more than a one-time effort. People learn at different rates and through different methods. Thoughtful planning can provide AIDS information in a variety of forms: brochures, videos, posters, and workshops. A combination of approaches ensures that the greatest number of people will be reached. Utilize established communication channels within the company: payroll stuffers, in-house newsletters, and in-service meetings. Small companies and large corporations will have different needs to consider as they plan their AIDS education programs.

Repetition should be a key element of the program. After an inaugural communications piece, information can focus on "a fact a month" or "update on AIDS." Fear reduction and behavior modification are not easily accomplished and are impossible without repeated emphasis of the basic messages. A stream of relevant information can reinforce fact-based messages about AIDS to employees and give them the ability to confront breaking news stories and new developments concerning AIDS.

The National AIDS Information Clearinghouse has specialists who can provide data on AIDS resources, speakers, services, and educational materials to managers who are planning work site AIDS programs.

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, Maryland 20850
301-762-5111
Ordering materials:
1-800-342-AIDS National AIDS Hotline
1-800-458-5231 Bulk Orders

Some specific forms that AIDS education programs can take include the following:

Designate an "AIDS Resource Person"

Designating an "AIDS Resource Person" at each plant or office is an important step. This person should be able to answer questions about company policy on benefits and other personnel issues related to AIDS. By using a single individual such as an EAP person, the company can help to ensure the confidentiality of affected employees and the competence of persons giving advice on company policy.

Brochure and Poster Distribution

Another effective method of reaching employees is through the distribution of brochures. They are a convenient method of providing information about basic facts and available resources such as AIDS hotline phone numbers. The Resources section of this manual provides many suggestions about where brochures and posters can be obtained.

Some brochures are specific to the workplace and are appropriate to send to every employee, either through the mail, with paychecks or via your current method of distribution. Other

brochures geared to specific groups, such as gay and bisexual men or intravenous drug users, can be made available to employees in a manner that ensures privacy.

Posters displayed on company bulletin boards are useful visual reminders that AIDS is a problem for all of our society and that we all need to know the basic facts. Posters also serve to remind employees that the company is concerned about AIDS and wants its employees to be concerned as well.

Video Lending Library

Establishing an AIDS video lending library where employees can check out videos for use at home is an effective way of communicating the information to the families and friends of your employees. The Resources section of this manual contains information about a variety of educational videotapes.

Employee Meetings and Workshops

One effective method of providing education to employees is through group employee meetings or in-service training sessions. They are relatively easy to conduct and are effective in reaching employees. Members of the Resource/Education Committee, or other knowledgeable experts, should conduct the meeting. If you do not have resources within the company, the Health Department, Red Cross or state AIDS Prevention Project Directors (listed in the Resources section of this manual) can provide information about competent speakers who are available for these types of meetings.

If you choose to conduct the program yourself, follow these basic steps in planning an effective employee meeting or workshop:

When:
There are several alternatives as to when to conduct an AIDS workshop. It can be incorporated into an existing employee seminar series. It can be part of a department update session, staff meeting or a specially-planned program. The meeting or meetings can even be conducted during the lunch hour.

Who:
All employees should be educated. There is no risk of contracting HIV through casual contact in the workplace. Employees need to understand why this is true, and how to prevent transmission of the virus outside the workplace if education programs are going to be effective.

Format:
Keep it simple. A good program is one that is easy to implement and takes relatively little support.

AIDS Workshop Outline

Introduction *(5-10 minutes)*

Welcome
Personnel policy (if applicable)
Introduce Videotape

Videotape *(15-30 minutes depending on video selected)*

Discussion *(30 minutes)*

Highlight important facts discussed in the videotape
Respond to questions from the group

Closing Remarks and Brochure Distribution *(5 minutes)*

Distribute AIDS information brochures and workshop evaluation forms
Highlight company and community resources
Stress education and sharing information with family and friends

Introduction (5-10 minutes)

Begin by welcoming employees to the program and thanking them for taking the time to learn the facts about this deadly disease. Refer to the "Surgeon General's Report on Acquired Immune Deficiency Syndrome" and the brochure "Understanding AIDS."

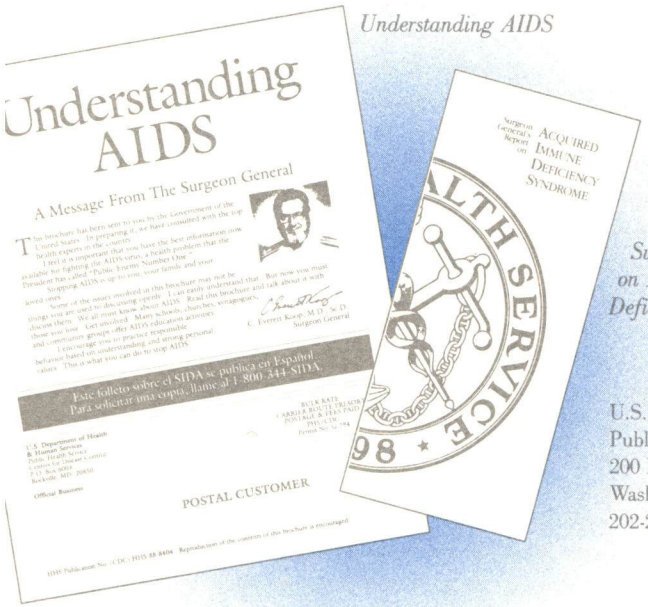
Stress that HIV is not casually transmitted; the vast majority of work sites pose no risk. This program will explain why this is the case. Answer their questions emphasizing there are no "dumb questions" when dealing with a complex disease such as AIDS.

If there is a personnel policy regarding AIDS or catastrophic illness, state it. A company policy on AIDS (and other catastrophic illnesses) is useful in conveying information about medical, benefit, and legal issues to all employees.

Introduce any videotape you might be showing. Explain that the video provides the basic facts about AIDS and that a discussion will follow.

Videotape (15-30 minutes)

There are a variety of videotapes available for use during the workshop. (See the Resources section of this manual for information about sources from which to obtain videotapes.) Pay particular attention to the descriptions of these videotapes: some are designed specifically for teenagers, others for an older audience. Preview any video before you use it to ensure that



Understanding AIDS

Surgeon General's Report on Acquired Immune Deficiency Syndrome

U.S. Public Health Service
Public Affairs Office
200 Independence Avenue, SW
Washington, D.C. 20201
202-245-6867

The U.S. Public Health Service has produced these two important documents dealing with AIDS. *The Surgeon General's Report on Acquired Immune Deficiency Syndrome* has received wide circulation. *Understanding AIDS* was mailed to each household in the U.S. These brochures contain basic discussions on HIV, how it is transmitted, the relative risks of transmission, and how to prevent AIDS. They are in the public domain and may be reproduced without any prior approval. Both are available in Spanish. The Public Health Service encourages their reproduction and suggests that businesses and companies add their logo to them as a sign of support and increased credibility. Employees may already be familiar with these pamphlets and they are good starting points for education programs.

it is appropriate for your particular employees. Some businesses or companies may wish to add a special introduction or trailer to existing tapes to customize the video or to provide specific information to their employees.

Discussion (30 minutes)

Follow the videotape with a brief discussion of the information presented in the videotape. After doing so, ask for questions from the audience. (See the "Common Questions and Answers" section of this manual for the most frequently-asked questions.) A local resource person or health professional knowledgeable about AIDS can be useful in answering employee's questions.

Closing Remarks and Brochure Distribution (5 minutes)

As the program concludes, distribute general information brochures to the audience. Inform the audience who in the company can provide them with further information. Also, provide information about local community resources that are available.

Some people may be embarrassed about asking questions. Prepare and distribute a confidential workshop evaluation form, and be sure to provide space on the form for these questions. Answer them later in a follow-up mailing or employee newsletter.

Close the session by again stressing the importance of AIDS education. Request that people take the information they have learned and share it with family and friends.

Sample AIDS Workshop Evaluation Form

AIDS Education Program Confidential Evaluation Form

Please do not write your name on this form, as your answers are *confidential*. We would like your help in evaluating the AIDS Education Program by completing this confidential evaluation form. Your opinion will help us determine how we can best offer this information to other employees.

Using the sentence and scale below, please circle the number that best describes your reaction to the AIDS Education Program:

	No				Yes
Were the goals of the AIDS Education Program stated in a clear and concise manner?	1	2	3	4	5
Were these goals met?	1	2	3	4	5
Was the Personnel Policy described in a clear and concise manner?	1	2	3	4	5
Was the videotape:					
Interesting?	1	2	3	4	5
Informative?	1	2	3	4	5
Too basic?	1	2	3	4	5
Too technical?	1	2	3	4	5
Did it address your questions?	1	2	3	4	5
Did it answer your questions?	1	2	3	4	5
Would you recommend it to a friend?	1	2	3	4	5
Did the workshop leader highlight the important facts discussed in the videotape?	1	2	3	4	5
Did the workshop leader lead the discussion period in an engaging manner?	1	2	3	4	5
Did the workshop leader encourage questions?	1	2	3	4	5
Was the workshop leader able to answer questions in a clear and concise way?	1	2	3	4	5
Did the workshop leader respect the opinion of those who asked questions?	1	2	3	4	5
Do you feel that you clearly understand the company's policy on AIDS?	1	2	3	4	5
Do you want/need additional information on AIDS?	1	2	3	4	5

Some employees may have additional questions about AIDS that they were not able to ask, or did not feel comfortable asking. Please write down any additional questions that you have. Do not sign your name. All questions will remain confidential. They will be answered in the near future in another segment of the company's AIDS Education Program.

We value your opinion. Please make any additional comments about our company's AIDS Education Program that you wish. All information you share with us will remain confidential. (Please use reverse side to make comments.)

Sample Newsletter Articles and Letters from Management

Another useful method of providing information about AIDS is through employee newsletter articles. In addition, a letter from the CEO to every employee demonstrates leadership support and is useful in conveying information about AIDS. It is important to distribute a listing of services and materials available to employees through the company. This will also help to ensure that everyone knows information is available. Here are sample letters and newsletters on AIDS:

Sample Employee Letter on AIDS

TO: All Employees
FROM: Chief Executive Officer
SUBJECT: AIDS Awareness and Education Program

AIDS, Acquired Immune Deficiency Syndrome, is an infectious disease which kills thousands of people annually. In 1981, when AIDS was first identified, it was thought to be limited to homosexual men and drug abusers. It is now clear that anyone can contract AIDS through high risk behavior. The disease continues to spread and there is still no vaccine or cure in sight. The danger of AIDS to society is so great that we feel no one can afford to be unaware of the facts. We want to help you understand how AIDS is transmitted and how it is not, and how you can protect yourself from infection.

With this in mind, the company is introducing an AIDS Awareness and Education Program for all employees. The program will include educational seminars with health experts to discuss the most current information about AIDS and to answer your questions. In addition, we will make videotapes available through a "lending library" basis to bring the educational aspects of the program to your families. Articles in the monthly newsletter will discuss the latest information on AIDS. AIDS information material will be placed on bulletin boards throughout the company. Educational brochures will be made available for you and your family.

One goal of the AIDS Awareness and Education Program is to dispel myths about AIDS. For example, there is a popular misconception that AIDS can be contracted through casual contact with a person carrying the AIDS virus. This is not true. The medical evidence confirms that sharing work space or telephones with a person who has the AIDS virus or full-blown AIDS does not increase your risk of becoming infected or developing AIDS. This program intends to rid individuals of misconceptions and unnecessary anxiety about AIDS.

We want to help you become informed through the company's AIDS Awareness and Education Program. Our hope is that you will share with your family what you learn about AIDS. It is only through awareness that we can prevent the spread of this disease.

Sincerely,

Chief Executive Officer

Sample Employee Newsletter Article # 1 on AIDS

The discovery of any new disease is a natural cause for public concern. The identification of Acquired Immune Deficiency Syndrome (AIDS) in 1981 was no exception. What makes AIDS unique is that fear is growing among those considered at low risk, despite scientific assurance that it is not an easy disease to catch.

If you are one of the many who think you are at low risk of contracting AIDS, but who are nevertheless worried about it, it is important to arm yourself with accurate information. AIDS is a fatal disease for which there is currently neither a cure nor a vaccine. Public education on the subject of AIDS is of paramount importance. Misconceptions about AIDS abound. For example, contrary to the popular casual-contact myth, the AIDS virus is not spread through normal daily contact at work, in school, or at home. Education programs in the workplace aimed at dispelling fear and misinformation about AIDS encourage employees to learn the facts.

Here at our company, we have introduced a comprehensive work site education program about AIDS. We hope you will make participation in this program a personal priority. It is important for all of us to recognize that we can all join the battle against AIDS by fighting fear with the facts.

Sample Employee Newsletter Article # 2 on AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a deadly disease which was first identified in 1981. By mid-1988, there had been more than 68,000 cases of AIDS reported in the United States alone.

Despite all the bad news about AIDS, there is some good news. Scientists have discovered a great deal about viruses and the function of the immune system. This information has enabled scientists to reach certain conclusions about how the AIDS virus is and is not transmitted.

The cause of AIDS is a specific virus known as the human immunodeficiency virus or HIV. The virus attacks the body's immune system, making it vulnerable to opportunistic infections and cancers which, in turn, result in fatalities. There is no vaccine or cure yet, but research is in progress. There is a specific blood test which can tell whether an individual has been infected with the virus.

HIV is difficult to catch. The virus is not easily spread from person to person and has never been spread by casual contact. For the virus to infect, it must be in a life-sustaining, chemically-balanced liquid environment. For

Continued on page 12

Sample Employee Newsletter Article # 2 on AIDS

Continued from page 11

transmission of the virus to occur from person to person, both the virus and susceptible, uninfected cells must be in a liquid environment that sustains both the virus particles and cell life. The fluids that offer the virus the environment needed for infection to occur are blood, semen, vaginal fluids, and breast milk. Saliva, sweat, urine, and tears are not life-sustaining fluids for cells. They are not examples of fluids in which transmission of HIV infection can occur. Nor is transmission caused by sneezing or coughing. AIDS is not transmitted through preparation or serving of food or beverages.

Medical authorities who have studied tens of thousands of cases agree that AIDS is contracted in these four ways:

- Sexual intercourse (vaginal, anal, or oral) with a person who is infected with HIV;
- Sharing intravenous drug needles or syringes with an infected person;
- Injection of HIV-contaminated blood or blood products; this method of transmission has become very rare because blood is now being screened for contamination;
- A woman infected with HIV who becomes pregnant can pass it to her baby.

No cases of AIDS have resulted from the type of casual contact found in the workplace. No cases have ever been linked to sharing typewriters, telephones, tools, papers, water fountains, chewed pencils, eating facilities, showers, or even toilet seats.

Our company has not yet had to deal with a person with AIDS, but if and when it happens, it is our hope that our employees will be well-informed, act rationally, and give the same support and concern they would like to get themselves if they had a serious disease.

Sample Employee Memo on AIDS and the Workplace

INTEROFFICE MEMO

Our company is committed to providing a work environment which allows all of us to perform our jobs in a safe and productive manner. Our business philosophy, which states that we respect the dignity and worth of every person, reinforces this commitment, as does our Equal Employment Opportunity statement, which explains our policy and practice with respect to prohibiting discrimination in every phase of employment.

Employees with a disability or medical condition (life threatening or otherwise), who are able to meet, with reasonable accommodations, adequate performance standards and whose continued employment does not pose a current threat to the health and safety of others are assured equal employment opportunities in their employment here. This has been and continues to be the policy and practice of our company.

I am reemphasizing this policy because of the media attention currently being given to Acquired Immune Deficiency Syndrome (AIDS) and its impact on the workplace. Any employee who contracts AIDS will be guaranteed the same rights as any other employee who has a handicap or illness.

The "AIDS Issue" is surrounded by myths and misunderstandings. To deal with it openly and honestly in the workplace, we must begin with the facts. Over the next couple of months, we will introduce special educational programs providing factual, medical information on AIDS, how it can be transmitted and, more importantly, how it cannot be transmitted. This should help to dispel rumors, lessen fears, and raise our comfort level about this dreaded disease.

If you have questions or need assistance at any time, please contact either EEO Administration or Employee Relations.

Questions and Answers About Business Education and AIDS

Q *What special challenges will our company's managers face in dealing with employees with AIDS and how can I assist them?*

A A manager must first address his or her own fears about AIDS. Each manager must be assured that there is no risk of transmission in the workplace. Then a manager needs to be prepared to deal with confidential information. Further, he or she needs to be prepared to deal compassionately with the special needs of the person with AIDS. The manager must also be prepared to address the concerns of other employees: he or she may need strategies to deal with crisis intervention among employees fearful of working with a person with AIDS.

It may be useful to hold a "For Managers Only" session on AIDS to discuss the special issues that a manager will face when confronted with an employee or employees with AIDS. Perhaps a panel with a personnel representative, medical and legal counsel, and an AIDS educator could provide the necessary additional information that managers need to deal with the issues surrounding an employee with AIDS.

Q *Since AIDS is primarily a sexually-transmitted disease and information about its transmission frequently contains sexually explicit material, not all employees may want or need it. How can I respect the sensitivities of my employees?*

A One possible way to distribute this information to employees without offending anyone is to do a mailing of the information to all employees. This should be done using a sealed envelope, and on the envelope something similar to the following could be printed: "Please note that the information contained in this packet discusses sexual material surrounding AIDS risk reduction."

Q *What is the best response to the following question: "Why is this company keeping on its payroll perverts, drug addicts, and other immoral people, in violation of everything that religion and America stand for?"*

A This company is not taking a stand one way or the other on these "moral" issues. We are saying that if one of our employees, to whom we have some responsibility as employers, comes down with a disease that is not a threat to anyone in the workplace, we will treat that disease the same way we would treat any other disease. We do not make any moral judgments about any other disease. If someone got lung cancer, we would not say, "Well, it's his fault because he smoked for years." If someone got heart disease, we would not

say, "It's her fault because she was overweight or drank too much or didn't exercise enough." We would treat those employees with respect, try to accommodate their willingness to continue working, and would expect their fellow employees to demonstrate compassion and understanding. Like most responsible organizations, we do not see any legitimate reason to treat this disease any differently.

It is your right to disagree with certain lifestyles. You may disapprove of the lifestyles of many of your co-workers and they may disapprove of yours. We are each entitled to our own point of view. However, in this organization, we think tolerance, cooperation, understanding, and compassion are useful human qualities. A fatal disease like AIDS provides an opportunity to demonstrate those qualities.

CHAPTER 3

UNDERSTANDING AIDS

Despite all the bad news we are constantly hearing about AIDS, there is some promising news to report. Since AIDS was identified as a new medical condition in 1981, scientists have discovered important information about viruses and the function of the immune system. These biological facts concerning infectious diseases, the immune system, and AIDS have helped scientists reach certain conclusions about how the AIDS virus is and is not transmitted.

HIV—the AIDS Virus

The AIDS virus is the *human immunodeficiency virus*, or *HIV*. It can enter and infect certain cells, for example, the white blood cells that constitute the immune system, certain brain cells, and certain cells lining the lower bowel.

As HIV infects and kills certain white blood cells essential to the normal function of the immune system, the immune system progressively loses its defensive capabilities. With the body's master defense system down, all sorts of microscopic bacteria, fungi, and viruses have a much better opportunity to cause disease. Certain cancers and infections, called opportunistic because they take advantage of the situation created by a suppressed immune system, plague people with AIDS and eventually lead to death.

HIV-infected individuals who are symptomatic may suffer from a variety of HIV-related diseases and conditions which indicate that the immune system is impaired without having the specific opportunistic diseases associated with AIDS. (In the past, this condition was known as ARC, AIDS Related Complex.)

The Transmission of AIDS

Even under ideal laboratory conditions, HIV does not infect cells readily. It takes concentrated virus, or whole, live, infected white blood cells releasing virus to infect susceptible cells in the test tube.

For transmission of HIV infection between people to be possible, exacting conditions must be realized. HIV-infected cells, carried in a chemically balanced, nutrient-rich liquid environment that sustains cell life, must be contributed by an infected person to an uninfected one. In addition, these infected cells must find their way *into* the body of the uninfected person. Saliva, sweat, urine, and tears are not life-sustaining fluids for cells. These are not fluids through which transmission of HIV occurs. Nor is transmission brought about by sneezing or coughing, nor even, as far is known today, by deep kissing.

The fluids that do offer infected cells the environment needed for the transmission of this viral infection are *blood*, *semen*, *vaginal fluids*, and *breast milk*.

The transmission of HIV can occur:

- during vaginal, anal, or oral intercourse, particularly when the uninfected partner has an open lesion in the mucosal membranes or the skin of the genital area;
- when unclean syringes or hypodermic needles contaminated with HIV-infected blood are used for injection;
- when blood from an HIV-infected mother passes to her child in the womb or at birth;
- when HIV-infected blood is inadvertently transfused into an uninfected person;
- in rare cases when the skin is accidentally punctured with a sharp object contaminated with HIV-infected blood.

Both men and women can become infected through vaginal, anal, or oral intercourse.

The specific circumstances under which HIV infection can be transmitted from person to person have been amply confirmed by detailed epidemiological studies. After several years of observation, it has been shown that HIV infection has never been transmitted from one person to another unless infected semen, blood, vaginal secretions, or infected breast milk had been involved in its transmission.

That is why it can be said today with great confidence that *there is no transmission of HIV under conditions of casual contact between people* such as occurs in the workplace, in schools, and in public transportation systems; there is no transmission of HIV infection through food preparation, food handling, or food sharing. Barring blood transfer or sexual contact, there is no transmission of HIV among people living in the same household or from HIV-infected patients to doctors and nurses caring for them in hospitals, or from health care personnel to patients.

Protecting Oneself and Others from AIDS

There are few situations under which HIV infection can occur. Its spread in the population can be slowed by the adoption of the following:

- practicing sexual abstinence or maintaining a mutually monogamous sexual relationship with an uninfected person;
- decreasing risk of exposure to HIV by decreasing the number of one's sexual partners;
- preventing, through the proper and regular use of latex condoms and a spermicide, direct contact of semen with the vaginal or rectal mucosa (unless sexual partners positively know neither of them is infected);
- avoiding unprotected oral sex;
- using clean needles (whether new or thoroughly disinfected);
- preventing pregnancy in HIV-infected women;
- preventing the use of HIV-infected blood for transfusion, or of HIV-infected tissues or organs for transplantation.

See also the section in this manual entitled "Common Questions and Answers About AIDS." Additional information on the immune system and AIDS can be found in the AmFAR publication "The Facts About AIDS".

CHAPTER 4

INTEGRATION OF BENEFITS

The key to effective care coverage is the integration of all the benefits so that, at any stage of the disease, people with HIV-related illnesses do not fall between the cracks of an otherwise well-designed health-care program.

The Case for Case Management

Case management that is carefully integrated into a total health care program has proven to be an effective method of dealing with AIDS as well as other high-cost illnesses. The term "case management" used here describes the use of a fourth party (a case manager) to analyze the psychosocial, legal, financial, housing, and clinical needs of an individual patient at high risk for catastrophic health care costs.

Case management programs must emphasize the provision of high quality, medically appropriate services for all individuals using their health benefits. Employees should retain control over health care decisions and yet not lose coverage for treatment in situations where their treating physician, who is most familiar with their medical needs, recommends a manner of treatment different from that of the case manager.

It is still not known how much long-term care will be needed for patients with HIV-related illnesses. For instance, the incidence of HIV-related mental impairment (dementia), which will likely require intensive treatment on a long-term basis, is increasing. In order to minimize costs of caring for patients with HIV-related illnesses, long-term disability administrators need to provide the same type of intensive case management as that provided under the medical plan.

Informing Employees About Benefits and Policies

Informing employees about the health benefits and company policy concerning HIV-infected individuals presents a communications challenge. Employers should expect this news to trigger a variety of responses. Many employees will see it as a sign that the company cares about their well-being. For others, however, it may provoke fear that there is a large AIDS problem in the company. Infected individuals may fear discrimination. Managers may feel unprepared to answer questions from employees.

One common, effective strategy is to include AIDS and other HIV-related illnesses under existing policies on catastrophic illness. When this decision is made, no new definition of health benefits is necessary. If a company policy on catastrophic illness does not yet exist, the AIDS education program can be an optimum time to formulate a clear statement of the benefits and policy for employees who suffer from HIV-related illnesses and other major life threatening diseases.

A well-planned communications effort can ensure that the policy on AIDS and other catastrophic illnesses is greeted positively and seen for what it is: practical and compassionate health care coverage. Presenting it in conjunction with a company's AIDS education program will promote its reception.

The following suggestions can help secure a positive reception:

- Garner support from the CEO, chairman of the board, or president of the company. If the business or company has a collective bargaining unit, solicit support from its leadership as well. A memo or letter by a recognized representative from top management and, where appropriate, union leadership, presenting the company's catastrophic illness policy demonstrates important support;
- Emphasize confidentiality and nondiscrimination;
- Alert, don't alarm, employees. Let employees know that the policy is addressing the special needs of individuals infected with HIV, as well as the needs of those who may suffer from other serious illnesses. Assure them that the program goes hand-in-hand with an education and prevention program and that the workplace is safe;
- Meet with managers first. If the business or company has a collective bargaining unit, include the union stewards as well. Give them time to prepare for questions that may arise from employees;
- Take advantage of Employee Assistance Program (EAP) resources. EAPs can play a key role in explaining health-related policies. The EAP is uniquely suited to provide counseling services. Confidentiality, critical in this situation, is a hallmark of an EAP. Companies can work directly with outside organizations or in-house staff to provide the necessary training to deal with AIDS and other diseases. The EAP staff can help diffuse or preempt potential problems associated with the presence of HIV-infected individuals in the workplace, as well as in management-employee relations.

"AT&T's position on AIDS is to treat it as we would any other disabling condition and to emphasize that casual contact in the workplace is not a risk. . . An employee who has AIDS will be treated like those with any other illness. If not disabled, they will be permitted to work."

Dorothea Johnson
AT&T Corporate Vice President for Health Affairs

CHAPTER 5

APPENDICES

Resources

A large number of resources are available to businesses to assist in formulating AIDS Education Programs and to make available accurate information about AIDS, HIV infection, and its transmission to employees. The following listing of resources may be used to obtain further information about AIDS.

Local Resources

Initially, the best resource in your community may be the city, county or state Health Department or a local chapter of the American Red Cross. These agencies can provide accurate information about AIDS, state, and local health policies, and HIV antibody testing sites. Most larger cities or geographical areas have AIDS service agencies which supply expert speakers, brochures, and posters, in addition to direct services to people with AIDS. Many of these agencies staff AIDS information hotlines.

National Resources Service Directories

The following directories provide comprehensive listings of educational and informational materials concerning HIV infection, HIV-related illnesses, and full-blown AIDS. They describe service organizations, brochures, pamphlets, videotapes, curricula, posters, books, manuals, government reports, and other resource documents on AIDS.

AIDS Information Resources Directory

American Foundation for AIDS Research
(AmFAR)
1515 Broadway, 36th Floor
New York, NY 10036
212-333-3118

AIDS Service Profiles - 1987-88 Directory

National AIDS Network (NAN)
1012 14th St., NW, Suite 601
Washington, D.C. 20005
202-347-0390

Local AIDS Services National Directory

United States Conference of Mayors
1620 "I" St., NW
Washington, D.C. 20006
202-293-7330

Directory of AIDS Resources: A Guide to Sources of Information

United Way of America
710 North Fairfax St.
Alexandria, VA 22314-2045
703-836-7100

Organizations and Information Sources

AIDS National Interfaith Network

132 W. 31st St., 17th Floor
New York, NY 10001
212-239-8700

American Foundation for AIDS Research (AmFAR)

1515 Broadway, 36th Floor
New York, NY 10036
212-333-3118

American Red Cross National Headquarters

AIDS Education Program
17th and "D" Sts., NW
Washington, D.C. 20006
202-639-3223

Centers for Disease Control (CDC)

Office of Public Inquiries
1600 Clifton Road, NW
Building 1, Room B63
Atlanta, GA 30333
404-639-3534

National Minority AIDS Council

714 "G" Street, SE
Washington, D.C. 20003
202-544-1076

National AIDS Network (NAN)

1012 14th St., NW, Suite 601
Washington, D.C. 20005
202-347-0390

National Institutes of Health (NIH)
Building 1, Room 307
Bethesda, MD 20892
301-496-5787

For NIH Brochures and Publications:
Building 31, Room 2B03
301-496-4143

National Leadership Coalition on AIDS
1150 17th St., NW, Suite 202
Washington, D.C. 20036
202-429-0930

U.S. Public Health Service (PHS)
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Ave., SW
Washington, D.C. 20201
202-245-6867

Educational Materials

Unless your company has special needs, there is no reason to produce in-house educational brochures or videos. Currently, a variety of high-quality educational materials are available on the market. The following materials are provided as source material only. They are cited as typical educational material which is readily available.

Produced by the U.S. Public Health Service, the **Surgeon General's Report on Acquired Immune Deficiency Syndrome** has received wide circulation, and **Understanding AIDS** was mailed to each household in the U.S. These brochures contain basic discussions of AIDS, how HIV is transmitted, the relative risks of transmission, and how to prevent AIDS. See page 8 for additional information.

Brochures

The following brochures are available from the American Red Cross (contact your local Red Cross Chapter for ordering information):

AIDS and Your Job - Are There Risks?
A general AIDS introduction emphasizing the safety of casual contact with people with AIDS or ARC.

AIDS: The Facts
A general information brochure.

Informate de la que el SIDA
A general information Spanish-language brochure.

AIDS and the Safety of the Nation's Blood Supply
A discussion of the AIDS antibody test and its use in screening the nation's blood supply.

Other brochures available

The Facts about AIDS and How Not to Get It
A general information brochure.

American Foundation for AIDS Research (AmFAR)
1515 Broadway, 36th Floor
New York, NY 10036
212-333-3118

Asian Americans and AIDS *(Equivalent titles in Japanese, Korean, Tagalog, Chinese, and Vietnamese)*
Multicultural Training Resource Center (MTRC)
1540 Market St., Suite 320
San Francisco, CA 94102
415-861-2142

Teens & AIDS: Playing it Safe
A brochure for teenagers about AIDS, abstinence, and how to avoid the dangers of risky sexual practices.

American Council of Life Insurance/Health Insurance Association of America
1001 Pennsylvania Avenue, NW
Washington, D.C. 20004-2599
202-624-2372

Videotapes

Videotapes are available for purchase, rental, or may be available for loan from your local American Red Cross Chapter or AIDS service agencies.

A Letter from Brian
A 25-minute video for use with teenagers. Parent, teacher/leader, and student materials included with the video. Produced by the American Red Cross with funds from the American Council of Life Insurance and the Health Insurance Association of America.

American Red Cross, contact local chapter

AIDS: Everything You and Your Family Need to Know, But Were Afraid to Ask
A general discussion of AIDS which first appeared as an HBO special. Endorsed by the American Foundation for AIDS Research (AmFAR). Available in segments of different length. (16-minute to 1-hour)

Ambrose Home Video Publishing
Department 1087
381 Park Ave., Suite 1601
New York, NY 10016
800-526-4663
212-696-4545 (NY)

Answers About AIDS
Features U.S. Surgeon General Koop giving an overview of AIDS and frankly answering questions from students in a classroom setting.

American Red Cross, contact local chapter

Beyond Fear
A general discussion of AIDS in three segments: the virus, the individual, and the community. Available in twenty minute segments or a 30-minute version. Produced by the American Red Cross with funds from the American Council of Life Insurance and the Health Insurance Association of America.

American Red Cross, contact local chapter

Don't Forget Sherrie
Provides black and urban youth with information on reducing the risk of AIDS.

American Red Cross, contact local chapter

Sex, Drugs, and AIDS
A frank video which speaks to teenagers in their own language. Some sexually explicit language. Appropriate for teenagers and young adults.

San Francisco AIDS Foundation
333 Valencia Street
Fourth Floor
San Francisco, CA 94103
415-864-4376

The AIDS Movie
A story of three people with AIDS who share the realities of the disease and how to protect against it.

New Day Films
22 Riverview Drive
Wayne, NJ 07470
201-633-0212

Multi-Component Programs

A variety of multi-component programs, like the American Red Cross AIDS Prevention Program for the Workplace (contact local chapter), are available from non-profit organizations and for-profit companies. See the AmFAR AIDS Information Resources Directory listed above (p. 26) for descriptions of these programs.

Telephone Hotlines (Toll Free)

Public Health Service AIDS Hotline
800-342-AIDS
800-342-2437

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

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

Online Sources

AIDS Data
A comprehensive listing of online and periodical AIDS information services.

c/o Chris Hall
National AIDS Network (NAN)
1012 14th St., NW, Suite 601
Washington, D.C. 20005
202-347-0390

Computerized AIDS Information Network (CAIN)
A consumer on-line data base with electronic communication capabilities.

1213 N. Highland
Los Angeles, CA 90038
213-464-7400

Where to Find AIDS Information Online
A description of online sources that provide AIDS information. Reprinted from *Online* 1988 (March): 93-105. Contact Steve Clancy or Rochelle Clary at:

University of California, Irvine
P.O. Box 19556
Irvine, CA 92713
714-856-7309

Sample Corporate Policies on AIDS

American businesses have responded to AIDS in varying degrees and ways. Some companies have chosen to write new policies specifically for AIDS. Most companies have simply adapted existing catastrophic illness policies to include AIDS. Samples of existing company policies on AIDS can be obtained by writing or calling the American Foundation for AIDS Research (AmFAR) at the above (p. 26) address and phone number.

State AIDS Prevention Program Project Directors and Coordinators

Additional information on AIDS can be obtained from the following state AIDS prevention program Project Directors and Coordinators.

ALASKA

Secretary of Epidemiology
AIDS Employee Education Coordinator
Division of Public Health
P.O. Box 240249
Anchorage, AK 99524-0249
907-561-4406

ALABAMA

Department of Public Health
State Office Building
Room 657
434 Monroe St.
Montgomery, AL 36130
205-261-5017

ARKANSAS

Department of Health
AIDS Prevention Program
4815 West Markham
Room 455
Little Rock, AR 72205-3867
501-661-2140

ARIZONA

Division of Disease Prevention
Office of Health Promotion and Education
3008 N. 3rd St., Room 103
Phoenix, AZ 85012
602-230-5819

CALIFORNIA

Office of AIDS
California Department of Health Services
P.O. Box 92732
Sacramento, CA 94234-7320
916-445-0553

AIDS Office
Department of Public Health
1111 Market St.
San Francisco, CA 94103
415-864-5571

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

COLORADO

Department of Health
AIDS Education & Training/ STD Control Program
4210 E. 11th Ave.
Denver, CO 80220
303-331-8320

CONNECTICUT

AIDS Program Coordinator
Department of Health Services
150 Washington St.
Hartford, CT 06106
203-566-1157
203-566-4800 (bulk orders)

DISTRICT OF COLUMBIA

Office of AIDS Activity
1875 Connecticut Ave., NW
Suite 837
Washington, DC 20009
202-637-3679

DELAWARE

Health and Social Services
Division of Public Health
AIDS Program Office
3000 Newport Gap Pike
Bldg. G
Wilmington, DE 19808
302-995-8422

FLORIDA

Health and Rehabilitation Services
AIDS Program
1317 Winewood Blvd.
Tallahassee FL 32301
904-487-2478

GEORGIA

Office of Infectious Diseases
AIDS Projects
Community Health Section
878 Peachtree St., NE
Room 109
Atlanta, GA 30309
404-894-5304

HAWAII
Department of Health
AIDS/STD Project
1250 Punchbowl St.
Room 117
Honolulu, HI 96813
808-548-4580

IOWA
Department of Health
Division of Disease Prevention
Lucas State Office Building
Des Moines, IA 50319
515-281-6438

IDAHO
Department of Health and Welfare
Bureau of Preventive Medicine
450 W. State St.
Boise, ID 83720
208-334-5939

ILLINOIS
AIDS Activities Section
Illinois Department of Public Health
100 W. Randolph St.
Suite 6-600
Chicago, IL 60601
312-917-4846

AIDS Activity Office
Chicago Department of Health
50 W. Washington
Room 233
Chicago, IL 60602
312-744-4312

INDIANA
AIDS Activity Office
State Board of Health
1330 W. Michigan St.
Indianapolis, IN 46206-1964
317-633-0851

KANSAS
Bureau of Epidemiology, AIDS Section
Kansas Department of Health and Environment
Mills Bldg., Suite 605
109 SW 9th St.
Topeka, KS 66612
913-296-5588

KENTUCKY
Kentucky AIDS Project
Department of Health Services
275 E. Main St.
Frankfort, KY 40621
502-564-7112

LOUISIANA
AIDS Project
Office of Public Health
Department of Health and Hospitals
P.O. Box 60630
New Orleans, LA 70160
504-568-5508

MASSACHUSETTS
AIDS Program
Massachusetts Department of Public Health
150 Tremont St.
Boston, MA 02111
617-727-0368

MARYLAND
AIDS Administration
Health and Mental Hygiene
201 West Preston St.
Baltimore, MD 21201
301-225-5013

MAINE
Office on AIDS
Department of Human Services
State House Section, # 11
Augusta, ME 04331
207-289-3747

MICHIGAN
Special Office on AIDS Prevention (SOAP)
Center for Health Promotion
P.O. Box 30035
Lansing, MI 48909
517-335-8399

MINNESOTA
AIDS Prevention Services Section
Division of Disease Prevention
Department of Health
717 SE Delaware St.
Minneapolis, MN 55440
612-623-5698

MISSOURI
Department of Health
Bureau of AIDS Prevention
P.O. Box 570
Jefferson City, MO 65102-0570
314-751-6438

MISSISSIPPI
Department of Health
AIDS Prevention Program
P.O. Box 1700
Jackson, MS 39215-1700
601-960-7728

MONTANA
Montana AIDS Prevention and Surveillance Program
Department of Health
Cogswell Building
Helena, MT 59620
406-444-2454

NEBRASKA
AIDS Program
Department of Health
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007
402-471-2937

NORTH CAROLINA
AIDS Control Program
State of North Carolina
Department of Health
P.O. Box 2091
Raleigh, NC 27702
919-733-3419

NORTH DAKOTA
AIDS Project
Department of Health
State Capitol Building
Bismarck, ND 58505
701-224-2378

NEW HAMPSHIRE
Division of Public Health Services
Bureau of Disease Control
6 Hazen Dr.
Concord, NH 03301
603-271-4477

NEW JERSEY
Department of Health
AIDS Division
CN 360, 363 W. State St.
Trenton. NJ 08625
609-984-6000

NEW MEXICO
Health and Environment
AIDS Prevention Program
P.O. Box 968
Santa Fe, NM 87504-0968
505-827-0086

NEVADA
Division of Health
STD Control
505 E. King St.
Room 200
Carson City, NV 89710
702-885-4800
800-842-AIDS (Nevada only)

NEW YORK CITY
Department of Health
AIDS Program Services
125 Worth St., Room 222
New York, NY 10013
212-566-7103

NEW YORK STATE
Department of Health
AIDS Education and Training
ESP Tower Bldg., Room 372
Albany, NY 12237
518-486-1320

OHIO
AIDS Activities Office
Department of Health
Epidemiology Division
246 N. High St., 8th Floor
Columbus, OH 43266-0588
614-466-5480

OKLAHOMA
Department of Health
AIDS Division
P.O. Box 53551
Oklahoma City, OK 73152
405-271-4636

OREGON
AIDS Coordinator
Department of Human Resources
1400 SW 5th Ave., Room 710
Portland, OR 97201
503-229-5792

PENNSYLVANIA
AIDS Education Manager
P.O. Box 90, Room 912
Harrisburg, PA 17108
717-787-5900

PUERTO RICO
STD Control Program
Call Box STD
Caparra Heights Station
San Juan, PR 00922
809-754-8118, ext. 230

RHODE ISLAND
Department of Health
Disease Control
75 Davis St., Room 105
Providence, RI 02908
401-277-2362

SOUTH CAROLINA
Health and Environmental Control
AIDS Prevention Project
STD Control Division
2600 Bull St.
Columbia, SC 29201
803-734-5482

SOUTH DAKOTA
Department of Health
AIDS Prevention and Surveillance Project
523 East Capitol
Pierre, SD 57501
605-773-3364

TENNESSEE
AIDS Education Coordinator
Department of Health and Environment
100 9th Ave., N
Nashville, TN 37219-5405
615-741-7387
615-741-7500
800-525-AIDS (Tennessee only)

TEXAS
Bureau of AIDS and STD Control
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756
512-458-7207

UTAH
AIDS Control Program
Bureau of Epidemiology
Utah Department of Health
288 N. 1460 West
P.O. Box 16660
Salt Lake City, UT 84116-0700
801-538-6191

VERMONT
Department of Health
STD Control Program
P.O. Box 70
Burlington, VT 05401
802-863-7245

VIRGINIA
STD Control Section, AIDS Program
Madison Bldg.
109 Governor St., Room 722
Richmond, VA 23219
804-275-4844

VIRGIN ISLANDS
AIDS Surveillance and Prevention
Department of Health
P.O. Box 1026
Christiansted
St. Croix, Virgin Islands
00821-1026
809-773-1059

WASHINGTON
Division of Health
Office on AIDS
Mail Stop LP-20
Olympia, WA 98504
206-753-3460

WEST VIRGINIA
AIDS Program
1800 Washington St., E
Charleston, WV 25305
304-348-5358

WISCONSIN
AIDS Program
Wisconsin Department of Health
1 W. Wilson St.
Madison, WI 53702
608-267-9007

WYOMING
AIDS Health Education and Risk Reduction Program
Preventive Medicine
Hathaway Building, 4th Floor
Cheyenne, WY 82002
307-777-5800

Common Questions and Answers About AIDS

Q *Saliva, sweat and tears - why can't the AIDS virus be transmitted that way?*

A This may be the most frequently-asked question about AIDS.

Remember that for HIV (human immunodeficiency virus) to infect someone, it must get from inside an infected person's body to inside someone else's body, via fluid, to cause harm. Two research studies have indicated that HIV could sometimes be present in saliva or tears. These reports received a great deal of press attention. There have been no reports of anyone finding the virus in sweat.

What did not get enough attention in the press were (1) in people who were known to be infected, the presence of the virus in saliva and tears was rare; (2) even when found, the virus was present in such small quantities and was so heavily diluted, that it was unlikely to be of any risk to anyone.

Remember that the virus is fragile outside the body.

Remember that the virus is fragile outside the body. Even if the virus were present in a person's saliva or tears, and even if it managed to remain alive on the surface of something, it still cannot do any harm unless it is allowed inside someone's body. So, the odds are astronomically against it ever happening.

Q *Can mosquitoes transmit AIDS?*

A There have never been any cases of anyone getting HIV infection from mosquitoes.

A mosquito only spreads germs that use the mosquito as part of the germ's life cycle. The malaria organism, for example, has to spend part of its life in an anopheles mosquito in order to mature, so mosquitoes can spread malaria.

However, syphilis, hepatitis, and many other blood-borne infections such as HIV infection are not spread by biting insects. Mosquitoes don't go immediately from person to person. A mosquito will usually bite and feed about once every 48 hours. Even if the virus were there, it would be in incredibly tiny quantities and would die before the next bite. Also, if mosquitoes were transmitting HIV, we would see many more cases of AIDS in those parts of the country where mosquitoes are common.

The answer is — No, mosquitoes do not transmit AIDS.

Q *What about swimming pools and hot tubs?*

A HIV infection cannot be spread via swimming pools or hot tubs.

There are a number of reasons why swimming pools and hot tubs are safe. Remember that in order to do any harm, HIV-infected cells must get from inside the body of an infected person to inside the body of someone else and live cells must constantly be in a life-sustaining body fluid.

If an infected person abundantly bled into pool water, virus and blood cells would be destroyed. Even if the pool were improperly chlorinated or not chlorinated at all, the virus could still not be transmitted.

So, the virus doesn't really have a chance in a swimming pool or hut tub. Pools and hot tubs are safe.

Q *Why isn't the virus transmitted through food handling?*

A The basic principles of transmission apply here as well. To do any harm, the virus must be carried by live cells in a life-sustaining, fluid environment from inside the body of an infected person to inside the body of an uninfected person.

No foods have the ability to keep cells alive, and live infected cells are rapidly destroyed in the stomach. The Centers for Disease Control says "all epidemiologic and laboratory evidence indicates that blood-borne and sexually-transmitted infections are not transmitted during the preparation of serving of food or beverages..." The CDC guidelines about AIDS in the workplace clearly state that "food service workers known to be infected (with the AIDS virus) need not be restricted from work unless they have evidence of other infection or illness for which any food service workers should also be restricted."

The Centers for Disease Control says, "all epidemiologic laboratory evidence indicates that blood-borne and sexually-transmitted infections are not transmitted during the preparation of serving of food or beverages. . ."

Serving or eating utensils pose no risk. Soap and water kill cells. The kind of dishwashing equipment used in restaurants, company cafeterias or even home dishwashers rapidly and easily kill any cells and any amount of virus.

Q *Why should I trust medical authorities? They have been wrong before!*

A Because AIDS is such a highly-publicized and highly-politicized disease, the medical authorities have been more careful about this disease than any in history.

Since 1981, regulations have required the reporting of every case of AIDS diagnosed anywhere in the United States to the Centers for Disease Control in Atlanta. Other studies have traced cases back nearly 10 years. Considerable expertise and expense have been devoted to learning about AIDS, particularly the way in which the disease might be transmitted from person to person.

Each case of AIDS reported in the United States is carefully analyzed as to the possible methods by which the disease was acquired by that patient. Each patient is questioned about possible methods of exposure.

In addition, large group studies have been conducted over time with several thousand volunteer participants, some of whom have the disease, and others only the infection. Risk activities are documented and statistically correlated.

These continuing studies are conducted by independent research groups in several different cities. The data collected by each group from thousands of participants is carefully analyzed and correlated with data from other studies.

Several studies have also traced the health of doctors, nurses, and other health care workers in hospitals where AIDS patients are treated. Additional studies have carefully monitored the health of children living in the same household with a child who has AIDS.

Similar studies are conducted in Europe, Canada, Africa, and Australia. Scientists from these different areas exchange data and compare findings. The results of all of these separate investigations are striking in their consistency.

Q *What are the symptoms of HIV-related illnesses?*

A HIV disease cannot be diagnosed from symptoms alone. In fact, a person can be infected with HIV, but remain without symptoms for several years. However, there are several symptoms that, in combination or if present for an extended period of time, may suggest HIV disease, and are cause for checking with a physician.

The symptoms of HIV-related illnesses are:

- unexplained, persistent fatigue (two or more months);
- unexplained fever, shaking chills, or drenching night sweats lasting longer than several weeks (recurrent or persistent over two or more months);
- unexplained weight loss of more than 15 pounds or 10% of body weight;
- swollen glands (enlarged lymph nodes usually in the neck, armpits or groin) which are otherwise unexplained and last more than two months;
- persistent white spots or unusual blemishes in the mouth;
- persistent diarrhea (two or more months), not explained after medical workup;
- pink to purple flat or raised blotches or bumps occurring on or under the skin, inside the mouth, nose, eyelids or rectum. Initially, they may resemble bruises but do not disappear. They are usually harder than the skin around them;
- persistent dry cough which has lasted too long (two or more months) to be caused by a common respiratory infection, especially if accompanied by shortness of breath.

Please note that this list is very similar to the symptoms of other diseases. Some of them may be symptoms of stress. You cannot tell if someone has an HIV-related illness just by looking or just because that person has one or more of these symptoms. Only a doctor is capable of diagnosing an HIV-related illness, and he or she will need supporting laboratory tests to make that diagnosis.

One or more of these symptoms for a prolonged period is a good reason to see a doctor. The symptoms might not mean HIV infection, but they may mean that some disease is operating in the body that could be serious unless properly treated.

Q *What about the AIDS antibody test?*

A "Antibodies" are substances that are produced by the immune system to help eliminate a specific foreign invader that can cause disease. The body produces specific antibodies for each specific invader. Production of antibodies is an essential element of the human immune response.

The AIDS antibody test detects the presence of those antibodies in a person's blood. It is not a test for AIDS.

Polio antibody is designed to help attack and destroy the polio virus. Measles antibody is designed to deal only with the measles. Viral HIV antibody is produced by the body as a response to the presence of the AIDS virus. Each different antibody can be identified in the blood.

Unlike measles antibody, which can protect the body from measles, and unlike polio antibody, which can protect the body from polio, antibody to HIV does not appear to provide complete protection against the AIDS virus. However, since the body produces this antibody whenever it is infected with HIV, it can serve as a marker for and diagnosis of HIV infection.

The HIV antibody test detects the presence of this antibody in a person's blood. It is not a test for AIDS, though it now appears that most of those who do test positive for the presence of this antibody will go on after a long incubation period to develop HIV-related illnesses or full-blown AIDS.

The HIV antibody test has been used by blood banks since 1985 to screen out HIV-infected blood. However, since it may take the body's immune system up to three months on average to develop antibody to HIV, if an infected person donates blood during that three-month period, the blood may not test positive for AIDS antibodies. As a result, there is still a small risk of contracting HIV infection from receiving a blood transfusion. Physicians are well aware of this remaining small risk and now order transfusions only when absolutely necessary.

The blood test is also utilized by physicians to assist in diagnosing cases of HIV infection and full-blown AIDS. It is being used to screen military recruits, military service persons, applicants for immigrant status to the United States, and to assess risk of AIDS by some life and health insurance policies.

A negative test result, as long as it is performed at least three months after any possible exposure to the virus, is a pretty good indicator that the person tested has never been infected by the virus. A positive test result, when verified by a confirmatory test, quite reliably indicates that the person has been infected with HIV. He or she should consult a physician regarding the medical implications of a positive test result. It is important that persons contemplating taking this test receive expert counseling before and also after the test, irrespective of test results.

Regardless of one's test results, anyone who has not been in a mutually monogamous relationship for at least the last six years should take the necessary precautions to prevent contracting or transmitting HIV. Abstaining from sexual intercourse and intravenous drugs, or participating in a mutually monogamous relationship with an uninfected partner are the most effective ways to prevent transmission of the virus. Otherwise, proper and regular use of latex condoms and a spermicide, and not sharing drug works are the next best methods of reducing the risks of transmitting or contracting HIV infection.

Anyone who has not been in a mutually monogamous relationship for at least the last six years should take the necessary precautions to prevent contracting or transmitting the virus.

Q *Can using a condom protect me from getting the AIDS virus?*

A Abstinence or sexual intercourse with one faithful uninfected partner are the only totally effective prevention strategies. Use of condoms with each act of sexual intercourse (vaginal, anal, or oral) can reduce, but do not completely eliminate, risk of infection with HIV and other sexually transmitted diseases.

Latex condoms provide protection against HIV and other viral sexually transmitted diseases; membrane condoms do not.

For condoms to be effective, they must be used properly. A condom and a water-based lubricant containing a spermicide must be used with each act of sexual intercourse. The condom must be put on and completely unrolled before any genital activity occurs. Oil-based lubricants weaken latex condoms and should not be used.

Condoms are a way of reducing the risk of infection with HIV, but they are not a foolproof, completely safe method for avoiding infection.

Q *What about exposure to someone's blood?*

A Blood should be treated carefully, regardless of AIDS. Although intact skin is an effective barrier against HIV and blood-borne germs, they are common enough and serious enough so that blood should always be dealt with carefully. After contact with another person's blood, one should immediately wash one's hands thoroughly.

An effective way to clean up quantities of spilled blood is by using an ordinary solution of regular household bleach — one part of bleach to ten parts of water, just as it says on the label. Products like Lysol or Tide can also be used. Use common sense about blood contact in the event of a serious accident.

Minor amounts of blood, like the tiny bit of blood that can result from a minor paper cut or pin stick, are not a cause for concern. A common antiseptic or hand washing will remove any risk of HIV infection.

Q *Is it possible for someone to be a carrier of the AIDS virus and still look healthy?*

There is no risk to you from working with a person who actually has AIDS or with someone who may be healthy but is carrying the virus.

A Yes. You cannot tell by looking whether someone is carrying HIV in his or her system, nor would the individual know whether he or she is carrying the virus.

If a person thinks he or she might be a carrier, it is a good idea for that person to consider taking the HIV antibody test. It would be especially important for a woman contemplating pregnancy to take the test if either she or the prospective father might possibly have been exposed to the virus.

As far as the workplace is concerned, it does not matter whether one is a carrier or not, since there is no risk to anyone from working with a person who actually has AIDS or with someone who may be healthy but is carrying the virus.

Q *Why is it safe to donate blood?*

A Some people have the mistaken impression that donating blood is risky. This is not true because people who donate blood cannot be exposed to anything. Blood donors are provided with a sterile, throw-away needle that is used only once. Nothing enters the donor's body that can do any harm. There is no way for any virus to enter the donor's blood-stream when donating blood at a blood bank.

Before the blood screening programs were instituted in the nation's blood banks in 1985, some people were exposed to HIV through receiving transfusions of someone else's contaminated blood. With the implementation of the blood screening program, the risk of getting HIV infection and AIDS from a blood transfusion has decreased substantially.

The blood banks always need blood. Unless you have some reason to think that you might already be infected with HIV, please help out by donating blood at your local blood bank or blood drive.

There is absolutely no risk in donating blood.

Q *If, as you say, the medical evidence is so definite and this disease isn't a danger to us, why is AIDS still such a big deal? Parents are picketing schools, people with AIDS are being fired, the military is testing everyone, and laws are being proposed to bar people from food-handling jobs.*

A AIDS raises a lot of fundamental, serious, and very sensitive questions and issues that have nothing to do with disease or medicine — questions and issues about which many people have extremely strong and very vocal opinions.

AIDS also has many elements that make it a sensational topic for the press: sex, drugs, blood, death.

Much of the excitement about AIDS doesn't really relate to the disease or to HIV itself. It relates to strongly-held beliefs and opinions about the behaviors that are often responsible for transmitting the virus, and about those people who so far most often have been diagnosed with AIDS.

We can expect that AIDS will remain a controversial disease for some time, so long as it remains connected with our beliefs and traditions and differing points of view about morality.

AIDS is a relatively new disease for most people. Since there is no cure, it's scary. We're all afraid of something we aren't used to and that we don't fully understand. And, of course, parents are even more concerned about a new disease where their young children are concerned. They are often not willing to listen to the evidence unless someone will give them an ironclad guarantee that there is absolutely no possible risk under any circumstances. No one is going to give them ironclad guarantees about any aspect of their child's safety and well-being away from the home. Neither can the parents absolutely guarantee the safety and well-being of the child even when the child is at home.

We can expect that AIDS will remain a controversial topic for some time, so long as it remains connected with our beliefs and traditions and differing points of view about morality.

We each have our own deeply-held beliefs on such matters and we are each entitled to those beliefs. But if we are to be responsible about this disease, we must not let the more emotional issues — however valid and important they may be to us — cloud our understanding of the medical facts about the disease and about the way it is spread. Whatever our feelings about how HIV infection is spread, we are still left with the fact that AIDS is not spread in the workplace.

Q *Who gets AIDS?*

A People who have died of AIDS in the United States have been male and female, young and old, rich and poor, white, black, Hispanic, Asian, and American Indian. The male homosexual population was the first in this country to feel the effects of the disease. A significant number of intravenous drug users were also infected. Today members of these two groups constitute the largest number of AIDS cases. The remaining categories include hemophiliacs, transfusion recipients, and heterosexuals and their infants (transmission can occur from an infected female to an uninfected male, or from an infected male to an uninfected female).

It is clear that anyone *can* get AIDS. Engaging in high risk behavior like having unprotected sex (oral, vaginal, or anal intercourse) or using intravenous drugs is a far more significant index of who will become infected with HIV than where one lives or what one's sexual orientation is.

It is clear that anyone can get AIDS.

Q *What happens when a person becomes infected with the AIDS virus?*

A It is not known exactly how many of those infected with HIV will actually develop AIDS, but it is now believed that most of them will, in the long run, develop symptoms. (In the past, this condition was known as ARC, AIDS Related Complex.)

Among them, a substantial number will develop full-blown AIDS, with symptoms of specific life-threatening diseases such as *pneumocystis carinii* pneumonia (PCP) or Kaposi's sarcoma (KS).

It can take anywhere from a few months to several years or more after HIV infection for HIV-related diseases to develop.

It is difficult to generalize how serious the disease will be at any point. Some people with symptoms of HIV infection or even full-blown AIDS can have long periods of good health alternating with periods of illness. Some die very quickly; most remain generally healthy and very active for extended periods. Each case may be quite different.

Q *Can AIDS be treated or cured?*

A There is so far no treatment that will destroy HIV in the human body or that will restore the immune system. Research on antiviral and immunorestorative drugs is under way in the United States and other countries. In many patients, the drug AZT retards viral multiplication and, as a result, reduces the risk of complicating infections and prolongs life.

People with AIDS, however, are often successfully treated for specific opportunistic infections and may lead active lives for long periods of time. People with AIDS, like people with other life-threatening illnesses such as cancer or heart disease, may need extra social and emotional support.

Researchers are not optimistic about the development of any effective vaccine or cure for AIDS in the immediate future. A cure would require a two-fold solution: a way to stop the virus from doing any further damage in the body and a way to restore the damage that has been done. Just as we do not yet have a literal "cure" for many cancers, even after decades of research, a true cure for AIDS may remain elusive for a long time but it is reasonable to expect that progression from HIV infection to full-blown AIDS will be slowed or stopped in the foreseeable future by treatments presently in experimental studies.

However, AIDS is preventable and is not easily spread. Education is currently our best preventive measure.

Q *If AIDS is a venereal disease, why isn't it curable like other venereal diseases?*

People with AIDS are often successfully treated for specific infections and may lead active lives for long periods of time.

A Not all veneral diseases are curable even today; most were not curable until antibiotics became available in the 1940's.

Veneral diseases are now referred to as "sexually transmitted diseases." They have been a problem for centuries. Gonorrhea and syphilis were epidemic diseases in many countries as late as the 20th century. These diseases were incurable, painful, disfiguring, and often led to death.

Syphilis was especially dangerous, usually leading to insanity and death. Many famous people had the disease. Beethoven and Mozart are said to have died from syphilis. Winston Churchill's father died of syphilis. Syphilis wasn't consistently curable until 1944.

Herpes, a sexually transmitted disease caused by a virus, is still incurable. A few years ago, the press gave a great deal of attention to the epidemic of herpes infection. Little is written about it today, even though there are more new cases of herpes diagnosed today than there were then. The press and the public simply lost interest in the topic.

HIV infection may be curable someday, but as with many other diseases, the development of a cure will take time.

Q *I thought science had solved the problem of epidemics. Why are we having an epidemic now?*

A Epidemics of infectious diseases have come along every few generations since the beginning of recorded history. Even as one epidemic ended, people always knew that another one

would eventually come along. Our generation, however, thought that we had developed the medical technology that would make epidemics a thing of the past. We were wrong.

All living things on Earth, including viruses and bacteria, constantly undergo genetic mutations. Some result in organisms that are unusually harmful to humans. When that happens, an epidemic may erupt.

In 1918 and 1919, an epidemic of influenza killed 400,000 Americans in a single year, and millions of people worldwide. That virus mutated itself out of existence.

In this country, an epidemic of polio lasted from the 1930s until well into the 1950s, when a vaccine for polio was finally developed. General immunization stopped the epidemic.

There have been periodic outbreaks of bubonic plague in this country, even into this century. Thanks to antibodies against the bacterium that causes it, this disease is not frightening anymore.

Epidemics may always be a periodic part of human existence.

We tend to take a short view of history sometimes, and tend to exaggerate our faith in technology. Science may eventually solve the problem of AIDS. But we should be prepared for some other mysterious disease to come along in the future, which will take time for technology to eliminate. This is a strong argument for continuing the support of biomedical research programs.

Epidemics may always be a periodic part of human existence.

Q *I don't care what you say about AIDS not being a risk at work. I don't want to work with a person who is carrying that virus. What are you going to do for me and my concerns?*

A Well, suppose that someone was afraid of working with YOU for some reason that had no medical, scientific, or logical basis. We would certainly talk with the person, explain that their fears of working with you were unfounded, offer some counseling if necessary, and try to work it out.

Q *I have some questions about AIDS that I don't want to discuss here today. Where can I get some confidential information?*

A Talk with your doctor. If your doctor isn't yet familiar with AIDS, ask him or her to become educated about AIDS so he or she can answer your questions. Don't be surprised if your physician is not familiar with AIDS. It is a new specialty for many doctors.

(Note: Some employees may find it difficult to talk to a family doctor. Make sure your business or company provides other resources for an employee to get additional or personal information about AIDS. Please indicate how they are available to employees. Also, the Resources section of this manual provides a variety of AIDS hotline phone numbers.)

Centers for Disease Control Guidelines on AIDS in the Workplace

Summary of Centers for Disease Control Guidelines on AIDS in the Workplace, November 1985

The CDC has issued recommendations to provide employers with guidance on the health risks of employing a person with AIDS:

1 The basic recommendation is that an employee with AIDS need not be restricted from work in any area unless they have evidence of other infections or illnesses for which any employee in that area of work should also be restricted.

2 Where blood or other body fluids are present, make use of the following personal protective equipment:

- Use gloves where blood, blood products, or body fluids will be handled;
- Use gowns, masks, and eye protectors for procedures that could involve more extensive splashing of blood or body fluids;
- Use pocket masks, resuscitation bags, or other ventilation devices to resuscitate a patient to minimize exposure that may occur during emergency mouth-to-mouth resuscitation. Employers should place these devices where the need for resuscitation is likely.

The following workplace practices should be observed:

- Wash hands thoroughly after removing gloves, and immediately after contact with blood or body fluids;
- Use disposable needles and syringes whenever possible. Do not recap, bend, or cut needles. Instruments that penetrate the skin, e.g., tattooing and acupuncture needles or ear-piercing devices, should be used once and disposed of or be thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin, but which may become contaminated with blood (e.g. razors) should be used for only one client and disposed of, or thoroughly cleaned and disinfected. Place sharp instruments in a specially-designated, puncture-resistant container located as close as practical to the area where they are used. Handle and dispose of them with extraordinary care to prevent accidental injury.
- Follow general guidelines for sterilization, disinfection, housekeeping, and waste disposal. Use appropriate protective equipment. Place potentially infective waste in impervious bags and dispose of them as local regulations require.

- Clean up blood spills immediately with detergent and water. Use a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1-10 and 1-100 parts water for disinfection.

  No special precautions are required for personal service workers whose services do not involve a risk of blood contamination.

3 The CDC does not recommend a prohibition on employment of a person with AIDS working in food services. No evidence exists of transmission of either HIV or hepatitis B virus during the preparation or serving of food or beverages.

4 Workers with AIDS in a setting such as an office, school, factory or construction site have no known risk of transmitting the infection to co-workers, clients or consumers.

5 The CDC finds the greatest risk of transmission of HIV in the health-care workplace, especially those health-care workers who take part in invasive procedures, such as surgery. It is the CDC's position that even health-care workers who are known to be infected with HIV, but who do not perform invasive procedures, "need not be restricted from work unless they have evidence of other infection or illness for which any (health-care worker) should be restricted."

OSHA Enforcement

Various OSHA standards apply to exposure to the hazards of potential infection of both the HIV and hepatitis B viruses. These standards cover personal protective equipment, sanitation, and waste disposal.

In addition, the General Duty Clause of the OSHA Act requires employers to provide "employment and a place of employment which are free from recognized hazards. . ." Employers must comply with either the federal OSHA standards and the General Duty Clause or with state standards. States with approved plans to operate their own occupational safety and health program enforce standards comparable to the federal standards and are encouraged to enforce state counterparts to the General Duty Clause. State plan standards, unlike federal standards, apply to state, county, and municipal workers as well as to private employers.

Workers whose employers will not correct hazardous situations may complain to federal OSHA or to the appropriate state OSHA in states that operate their own OSHA programs. Complainants' identities will not be revealed to employers. OSHA also investigates employee complaints of discriminatory actions by employers against employees who have exercised safety and health rights.

For more information on OSHA inspection and compliance contact the OSHA office of Health Compliance and Assistance (202-523-8036).

NOTES

NOTES

NOTES

Underwritten by:
Drexel Burnham Lambert • AT&T • Pacific Mutual • American Council of Life Insurance • Health Insurance Association of America

Chriss — F.Y.I.
Good language here — but probably too much for this speech. It does confirm our line about "may even lead to a cure for cancer."
— E.

Ed McNally

HILL AND KNOWLTON

Hill and Knowlton
Public Affairs Worldwide Co.
Washington Harbour
901 31st Street, N.W.
Washington, D.C. 20007-3838
202-333-7400
Telecopy 202-333-1638
Telex 440143 HKDC

March 6, 1990
Just received this today (3/26/90)

The Honorable
David F. Demarest, Jr.
Assistant to The President
for Communications
The White House
Washington, D.C. 20500

Dear Dave:

Enclosed is the material I mentioned during our telephone conversation. As we discussed, an important message which the American people need to hear is that money currently being spent on AIDS research will have a lasting impact on diseases other than HIV. The new doors being opened and new tools being discovered via current research will be of untold benefit to future generations in every segment of American society.

As I mentioned, we are closely working with Dr. Mathilde Krim of AMFAR (American Foundation for Aids Research), Dr. Samuel Broder, Director of the Cancer Research Institute at the National Instititues of Health and Dr. Robert Gallo, Chief of the Laboratory of Tumor Cell Biology at NIH.

I do hope Dr. Krim's letter provides "fodder" for the speechwriters as they prepare The President's remarks for the National Leadership Coalition on AIDS scheduled for March 29th.

Sincerely,

Elaine D. Crispen
Senior Vice President

AMFAR ®

1515 BROADWAY
SUITE 3601
NEW YORK, NY 10036-8901
(212) 719-0033
FAX: 212) 719-0712

BOARD OF DIRECTORS

National Chairman
Elizabeth Taylor

Chairman of the Board
Joel Weisman, D.O

Founding Co-Chairs
Michael S. Gottlieb, M.D.
Mathilde Krim, Ph.D.

President
Mervyn F. Silverman, M.D., M.P.H.

In Memoriam
Sheldon Andelson, Esq.
Peter Scott, Esq.

Directors
Arthur I. Ammann, M.D.
Burt Bacharach
Jonathan Canno
Peter F. Carpenter
Kenneth Cole
Mrs. Michael Eisner
Susie Field
Harvey Fineberg, M.D., Ph. D.
Michael Fuchs
David Geffen
William Haseltine, Ph.D.
Arnold Klein, M.D.
Mrs. John W. Kluge
Barry Krost
Philip Lee, M.D.
Philip B. Miller
Woodrow A. Myers, Jr., M.D., M.B.A.
Rev. Randolph Nugent
Carole Bayer Sager
Wallace Sheft, C.P.A.
The Rt. Rev. William E. Swing
Rosemary Tomich
Abigail Van Buren
Mrs. Lew Wasserman

Director Emeritus
Mrs. Albert D. Lasker

NATIONAL COUNCIL
Woody Allen
Warren Beatty
Leonard Bernstein
Barry Bostwick
Benjamin J. Buttenwieser, Esq.
Joseph A. Califano, Jr., Esq.
Rosalynn Carter
Leo Castelli
Sammy Davis, Jr.
Phil Donahue
Douglas Fairbanks, Jr.
Morgan Fairchild
Harvey Fierstein
Lawrence Fouraker, Ph.D.
Georgia Frontiere
Katharine Graham
Robert D. Haas
George Hamilton
Ashton Hawkins, Esq.
Marilyn Horne
Mrs. Lyndon Baines Johnson
Arthur B. Krim, Esq.
Helen Kushnick
Angela Lansbury
Marguerite Littman
Greg Louganis
The Rt. Rev. Paul Moore, Jr.
Tony Randall
Robert Rauschenberg
Jonas Salk, M.D.
Liz Smith
Michael I. Sovern, Esq.
Barbra Streisand
Jack Valenti
Raquel Welch

LOS ANGELES OFFICE
5900 WILSHIRE BOULEVARD
SECOND FLOOR, EAST SATELLITE
LOS ANGELES, CA 90036-5032
(213) 857-5900
FAX: (213) 857-5920

March 23, 1990

Mr. James Jennings
HILL & KNOWLTON
901 31stStreet, N.W.
Washington, D.C. 20007-3838

Dear Jim:

Following our conversation, I have taken the liberty of forwarding some language that addresses the issue of how AIDS research can affect all Americans:

> Dollars spent for AIDS research are dollars spent for the better health of all Americans. Even more than the technologies developed by the space program, the benefits of bio-medical science moving forward will touch all of us in decisive ways.
>
> AIDS research is broad-based biological research. It includes research on a class of viruses now increasingly believed to be the cause not only of AIDS, but of several currently incurable chronic degenerative or malignant diseases such as muscular dystrophy, multiple sclerosis and at least two forms of leukemia.
>
> AIDS research also concerns itself with the functioning of the immune system: it is clarifying the role played by this system in fighting viruses, microbes and cancer cells and we will learn, through AIDS research, how to restore failing immune defenses. Nothing could have more relevance to a wide array of conditions, from common infections and cancers to potentially life-saving organ and bone marrow transplantations.
>
> AIDS research also addresses the prevention and treatment of the devastating infections and cancers that are common -- and often fatal -- complications in people with AIDS as well as in all those with a weakened

immune defense system, such as debilitated old people and infants. For them, AIDS research has already produced methods for the effective treatment of shingles and the prevention of a deadly form of pneumonia.

Similarly, AIDS research has lead to the discovery of two new drugs for the treatment of herpetic infections, including those infections that lead to serious birth defects or blindness. Many other new drugs to combat viruses are now in development because the pharmaceutical industry is responding to the challenge of AIDS.

AIDS research has also spurred the application of modern molecular technologies to the development of vaccines and even the use of cellular and genetic engineering for therapy.

The intensive research effort developed to combat AIDS is opening vast new frontiers in disease prevention and treatment. It is making real today what was thought impossible only a few years ago.

James Mason, M.D., Assistant Secretary for Health, Department of Health and Human Services, has said that the fruits of research in one area cross over into others. "The breakthroughs in AIDS largely have come because of work that was done in cancer research, and the research that is being done in AIDS will benefit us" in other areas. "In other words, biomedical research is never so targeted." Knowledge about damage of immunological functions from AIDS will be applicable to "cancer and a whole series of other diseases," Mason asserted.

This last paragraph quoting Dr. Mason is taken from the FDC Reports, Inc., March 19, 1990, p. 6.

I hope this information is useful. Please call me if I may be of any further help.

Sincerely yours,

Mathilde Krim, Ph.D.
Founding Co-Chair

MK/hb

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892
Building 37
Room 6A09
Tel: (301) 496-6007
Fax: (301) 496-8394

March 26, 1990

Mr. James Jennings
Hill and Knowlton
Public Affairs Worldwide Co.
901 31st Street, N.W.
Washington, D.C. 20007-3838

Dear Jim:

In response to your inquiry about how AIDS touches all of us, please consider the following points which I have limited to the broad medical implications of AIDS research. Obviously, the economic, social, moral, and global-political implications are even wider.

It is true that most of the major advances in AIDS research came out of basic cancer research. Conversely, one can easily imagine that out of AIDS research will come major advances in several other areas of medical research, even more so than any other area of research. Let me illustrate with some specific examples.

1. Cancer. It should not be forgotten that AIDS is very frequently associated with the development of some cancers. Two are particularly common: B-cell lymphomas (a cancer of the lymph glands) and Kaposi's sarcoma. In fact, in association with infection with the AIDS virus, these have become the fastest increasing cancers. What is important is that from AIDS research new information on the mechanisms of how these tumors develop has already become available. I predict that within 1990-91 new treatments for these cancers will also come directly from AIDS research.

2. Basic understanding of the immune system. AIDS is primarily a failure of a central cell of the immune system. Other than direct studies on the AIDS virus, basic research in AIDS is basic research of our immune system. The immune system is at the heart of many human health problems from infectious disease to aging and cancer. Out of AIDS research new understanding of the function of immune cells has already occurred.

3. The cause of AIDS is a special kind of virus called a retrovirus. The AIDS virus has two cousins which also cause serious diseases in man, including two forms of leukemia and neurological diseases similar to multiple sclerosis. Thus, the studies of these kinds of viruses in general will have spin-offs to an understanding of these problems.

4. Basic molecular biology, i.e., basic mechanisms within the cell. Unexpectedly, out of AIDS research has come mechanisms and insights into some areas of the molecular biology of the cell which are novel.

5. New drugs for infectious diseases. Patients with AIDS develop an incredible number and type of infectious diseases. This has spawned areas of research which have led to new and improved treatment of some of these infectious diseases.

6. Anti-viral chemicals. Before AIDS there were almost no chemicals against a virus and too little research in the whole area. Viruses, of course, unlike bacteria are not killed by antibiotics but require more subtle approaches to control. The AZT story is a story of pioneering research not just for AIDS but for the history of anti-viral agents.

7. Vaccines. No AIDS vaccine exists as yet. No vaccine has ever been successful against a virus which shows considerable variation. (Influenza is sort of an exception but its variation is not at the magnitude of the AIDS virus and the vaccine is not always successful.) The point here is that if a successful AIDS vaccine is made it will mean this kind of problem (the virus variation problem) will have been solved. This will have immediate impact for infectious diseases in general and viral diseases in particular.

I close by reminding you that if we (Americans) solve this problem it will be one of the greatest things we could do for the world and for our own self esteem.

Sincerely yours,

Robert C. Gallo, M.D.

RCG:am

HILL AND KNOWLTON

Hill and Knowlton
Public Affairs Worldwide Co.
Washington Harbour
901 31st Street, N.W.
Washington, D.C. 20007-3838
202-333-7400
Telecopy 202-333-1638
Telex 440143 HKDC

March 27, 1990

The Honorable
David F. Demarest, Jr.
Assistant to The President
for Communications
The White House
Washington, D.C. 20500

Dear Dave:

Attached is some additional information which might be helpful to The President for his remarks this Thursday before the National Leadership Coalition on AIDS.

I realize the speech has already been tasked and know how difficult last-minute material is to deal with, but I wanted you to have this critical information to see if it could be worked into the text.

Being experts in the field, I didn't want the material from Dr. Krim and Dr. Gallo to go unheeded.

Again, many thanks for your attention to this matter.

Sincerely,

Elaine D. Crispen
Senior Vice President

Attachments