FOIA Number: 2018-0764-F

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001. email	re: Receipt of letter (Personal) [partial] (1 page)	11/14/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19396

FOLDER TITLE:
Issues - Areas - Chautauqua County, New York

2018-0764-F
jm2154

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

November 13, 1997

How Investigator Found Hidden Strands of H.I.V. Outbreak

Related Articles

- H.I.V. Fears Ease in Upstate County
- Mental Illness Considered in Suspect in H.I.V. Cases (Nov. 4)
- From Bad Child to One-Man Epidemic, Suspect Is Recalled as Out of Control (Oct. 30)

By RICHARD PEREZ-PENA

On Sept. 6, 1996, a state health investigator drove to the tiny Chautauqua County jail in upstate New York to talk to a young man charged with stealing a car. A blood test at the county clinic showed that the man had HIV, and the investigator tracked him down in jail to talk about medical options and urge him to identify sexual partners so they could be warned.

That part, often the hardest, was easy: the young man seemed proud of his exploits and recounted them in detail.

Almost a year later, on Aug. 20, 1997, the same investigator at the clinic in nearby Jamestown spoke to a 13-year-old girl who had just learned that she, too, had the AIDS virus. She told of having had sex last winter with a young black man whom she knew only by street names, a man with short braids and a long scar on his arm, who had hung around certain schools and parks.

There was no hint then that the two cases were connected. But the girl's description rang a bell, and the investigator decided to look back at earlier cases to see whether other young women with HIV had described the same man.

That suspicion set off a two-month statewide manhunt by health and law enforcement officials. Starting with little more than descriptions, nicknames and a hunch, they eventually followed a thread that led back to the jailhouse interview with the boastful car-theft suspect.

He was Nushawn J. Williams, and last month the authorities tracked him down and accused him of infecting at least nine women and girls with HIV, one of the most notorious outbreaks in the 16 years that AIDS has been known.

The gumshoe work of piecing together Williams' story, recounted in interviews with health and law enforcement officials, turned on bits of luck and the persistence of that initial investigator. It shows how easily he might have gone undetected for even longer, and how hard it is to trace sexual contacts in a subculture of rootless young people, drugs, abandoned tenements and anonymous sex.

The tale also highlights both the strengths and the weaknesses of the state's strict HIV confidentiality laws. The rules help to encourage people with sexually transmitted disease to identify their partners, experts say -- but they can also make it all the harder to find an infected person who does not want to be found.

Though investigators like the one in the Williams case, known as contact tracers, have been used for decades in the fight against venereal diseases, their work has taken on even greater urgency in the age of AIDS. But for all the life-and-death stakes, the effort often depends mostly on persistence and drudge work.

It may mean placing phone calls to middle-class homes, or knocking on the doors of crack houses. A tracer can be successful in one try or search fruitlessly for months. Getting names may be easy, or it may require the skills of a therapist and the patience of a confessor.

The job was particularly difficult in the circles traveled by Williams, who was described by those who knew him as a squatter in abandoned buildings and a drug dealer. Some of the girls who knew him in Chautauqua County are homeless, some are drug users or sellers, and many are school dropouts.

The contact tracer in the Williams case refused to discuss it, out of a desire to remain anonymous. But in interviews over the last two weeks, colleagues in the state and county health departments and local law enforcement officials for the first time gave a detailed chronology of how the investigator spun the thread that tied so many HIV cases together.

In December, three months after the jailhouse conversation with Williams, a woman who tested HIV-positive at a Chautauqua County clinic talked to the investigator but refused to name contacts (under the law, no one can be forced to cooperate). Another woman tested positive at a private site in January but did not immediately seek counseling.

But the contract tracer was persistent. Finally, in March, both women agreed to talk about their sexual partners, and the investigator began the painstaking task of tracking those people down.

Meanwhile, the investigator talked to two other HIV-positive women in May and June about their contacts. All four women ruled out intravenous drug use as a means of infection, and all four named multiple sexual partners.

Most of those partners turned out to be uninfected. But on each woman's list was one young man who could not be found, a sexual partner from the previous fall or winter. In each case, with the other contacts ruled out, the missing man appeared to be the source of the infection.

Still, there was no obvious connection. Not all the women said they met the man outside a school or park. Not all mentioned a scar. And they gave a variety of street names and nicknames. "The contact tracer isn't hearing 'Nushawn Williams,' " said state Health Commissioner Barbara DeBuono. "It's 'Face,' 'Sly,' 'Shyteek.' "

Not until the 13-year-old emerged in August did all the threads start to come together. The investigator began to go back through earlier patient interviews, looking for similarities to the young girl's account.

Increasingly alarmed, the investigator called county and state health officials. But the tracer was prohibited by confidentiality laws from naming victims, and could only warn that a man who had had sex with a minor appeared to be spreading HIV, and could not be found.

County health officials alerted the district attorney and the sheriff, who raised the possibility of statutory rape charges. But they had nothing to go on.

"Usually, you have a victim's name and a suspect's name," Sheriff Joseph A. Gerace said. "We didn't have either." The contact tracer encouraged the 13-year-old to talk to law enforcement officials, but, mired in deep depression, she refused.

Meanwhile, the tracer continued to search back through earlier cases, hunting for more connections and clues.

By the standards of urban areas, sexually transmitted diseases are rare in Chautauqua County, a hilly region of 140,000 people. Sixty-three people there tested positive for HIV last year, and the investigator in the Williams case is the only full-time contact tracer for all of Chautauqua, Cattaraugus and Allegany counties.

In fact, that may have been a key to unraveling the mystery: the links became clear only because the same investigator interviewed everyone involved.

In a city like New York, with many clinics and contact tracers, "You wouldn't have one counselor listening to all of these interviews, and it would be very difficult to make the connections and the linkages to a single individual," Dr. DeBuono said. "If the guy didn't have distinguishing characteristics, even one counselor would not have been able to piece this together."

A search through the files turned up the four women from earlier in the year who had seemed

to describe the same man. To be certain of the connections and possibly jar loose new information, the investigator found them and other HIV-positive women and questioned them again, asking for physical descriptions, nicknames and habits of men they had sex with. A fifth woman, who had not mentioned a man matching that description in earlier interviews, described him during a follow-up interview Sept. 24.

Going back still further, the investigator came upon notes from two interviews with the suspected car thief -- the one who had spoken so freely of all the women he had had sex with. The final details fell into place, and the tracer was convinced that the mystery man had been found: Nushawn Williams.

It was ordinary contact tracing for a venereal disease that had led to the investigator's first contact with Williams a year earlier. A woman with chlamydia, a bacterial infection, had identified him as one of her sexual partners, and while he was treated for chlamydia and gonorrhea, he took an HIV test.

It is not uncommon for people with HIV to learn of their infection almost by chance, health officials said. "Not one of the girls he infected had thought of HIV, either," said Chautauqua County Health Commissioner Robert Berke. "They all came forward for other reasons, like other infections or family planning."

Those 1996 interviews with Williams had themselves led to a flurry of detective work and unveiled a small cluster of HIV infections. Williams named 21 local women as sexual partners, and 2 men who had had sex with some of the same women. The investigator had tracked all of them down, and all but one were tested at county clinics. Two women and one man turned up HIV-positive, and the one woman who refused to come in for a test said she had already tested positive.

The infected man gave the investigator the name of yet another woman, who in turn volunteered that she had also slept with Williams, though he had not named her. She, too, tested positive.

Adding those earlier cases to the ones unearthed later, the investigator and State Health Department officials concluded about six weeks ago that as many as 12 HIV cases in the county were connected -- with Williams at the center of the web.

But where was he? He had skipped two court dates and no one in Chautauqua County had seen him since January. Friends said he had returned to New York City, his hometown. The state Health Department asked the New York City Health Department to look through its records for him, but that turned up nothing.

Frustrated health officials were desperate for new leads that would help them head off Williams before he could infect anyone else. And law enforcement officials, who by now knew the outlines of the story, were determined to find a way to bring charges against him.

On Oct. 9, the 13-year-old girl, assured that her identity would remain secret, finally agreed to talk to sheriff's investigators. But she did not know the name of the man they were looking for, and health officials were not allowed to reveal it.

Chautauqua County District Attorney James Subjack and Gerace wanted not only a statutory rape case, but to prosecute the man for knowingly spreading the virus, but they could do nothing since his name and his HIV status were still protected by the confidentiality law. By mid-October, five of the six women infected had agreed to talk, but law enforcement was still stymied.

County health officials, with the state's backing, decided to take the extraordinary step of seeking a court order to strip away the secrecy that cloaked Williams' HIV test. The state's 10-year-old HIV confidentiality law allows the government to publicly identify an infected person who poses an imminent threat to public safety, but the provision had never been used before.

On Oct. 16, in Chautauqua County Supreme Court Justice Joseph Gerace, the sheriff's father, granted a court order allowing health officials to give Williams' name to law enforcement.

Even with the name, they thought they faced a daunting task. "We had these visions of looking for him down in New York City, with him out on the street, sleeping in flophouses, having sex with more people each week," the sheriff said.

But luck intervened. On Oct. 22, word came from the city that Williams was in jail at Rikers

Island, having been arrested a month earlier for selling crack. The next day, a city Health Department investigator interviewed him in jail, and Williams said he had slept with 50 to 75 women in the city.

On Oct. 24, Chautauqua officials got a second court order to take the case public in the hope of finding more victims. On Monday, Oct. 27, they called a news conference and began telling the story to the world.

November 13, 1997

H.I.V. Fears Ease in Upstate County

Related Article

- How Investigator Found Hidden Strands of H.I.V. Outbreak

ALBANY, N.Y. -- More than 1,000 people have been tested for HIV in Chautauqua County over the last two weeks, but only one of those people has turned out to have the virus, state health officials said Wednesday.

The flood of tests came in response to the revelation on Oct. 27 that one man, Nushawn Williams, had infected nine women, and possibly a 10th, in Chautauqua County from late 1995 to early 1997, and that one of those women, in turn, infected a man.

Officials have said Williams gave the AIDS virus to six women after learning that he was HIV-positive.

The fact that only one new infection has been found in the latest tests could ease widespread fear that far more people in the area might have been infected by Williams or one of his partners. There was no indication whether the person who tested positive was linked, directly or indirectly, to Williams.

The case sent hundreds of people to Chautauqua County's three health clinics, which normally deal with about five HIV tests daily. The clinics drew blood samples for 221 tests on a single day, Oct. 29, and have handled well over 1,000 since Williams' case was made public.

By the end of the day Tuesday, 1,166 of those tests had been completed, said Frances Tarlton, a spokeswoman for the state Health Department.

GEORGETOWN UNIVERSITY LAW CENTER

Lawrence O. Gostin, J.D., LL.D. (Hon.)
Professor of Law
Co-Director
Georgetown/John Hopkins University
Program on Law and Public Health

November 3, 1997

Eric Goosby, M.D.
Director, Office of HIV/AIDS Policy
Department of Health and Human Services
Room 730E, Humphrey Bldg.
Washington, DC
20201

Dear Eric:

As you know, Deborah Von Zinkernagel, Senior Policy Analyst on your staff, and Dan Riedford, Office of the General Counsel at the CDC, have been discussing the legal and policy implications resulting from the cluster of HIV cases in Chautauqua County, New York. Dan asked me to send you a brief letter containing my opinion about various state and federal responses. I am pleased to do so.

I am asked to discuss two questions: 1) Is the knowing or intentional transmission of HIV primarily an issue of state or federal law; and 2) Do the states have sufficient police powers to deal with the issue?

The knowing or intentional transmission of HIV is primarily a matter for the states under our American system of federalism. Public health powers are a quintessential function of the states under the U.S. Constitution. The Supreme Court has emphasized on numerous occasions the primary responsibility of the state to exercise its police powers to protect the public health. Police powers to protect the health, safety, and morals of the community are reserved to the states under the Tenth Amendment to the Constitution.

Federal activity in this area is normally limited to specific activities surrounding its enumerated powers under the Constitution such as the commerce clause power and the spending power. In this context Congress could, if it wished, encourage (but not require) states to take firm action to prevent HIV transmission by attaching conditions to various federal spending programs. This occurred, for example, in the Kimberly Bergalis bill. Beyond this limited role, there is a strong consensus in constitutional law that public health powers and criminal law are principally matters for state governments.

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States have ample powers under the Constitution and state law to deal with threats to the public health. Police powers under the Constitution provide near plenary authority to the states to implement strong measures to protect the public health, including coercive powers. Moreover, virtually all states have public health and HIV-specific laws dealing with these issues. These laws, *inter alia*, permit states to issue orders to cease and desist risk behaviors, and to bring criminal prosecutions for the intentional or knowing transmission of HIV or other sexually transmitted diseases. There have been several cases in which states have successfully brought prosecutions for risking transmission of HIV. See the AIDS Litigation Report, originally supported by the Public Health Service.

Existing state laws in this area are, to be sure, highly variable, and not always ideal. Some state laws are overly protective of civil liberties and privacy and some are overly punitive and contrary to most public health opinion. Yet, finding the right balance is a matter traditionally left to the states. Unless the federal government had a very clear and thoughtful method of proceeding that had a strong consensus in the public health community, it ought to allow individual states to deal with these questions. If such a uniform approach could be devised, it could be implemented only by encouraging states to act by conditioning federal funding.

I hope this brief review is helpful. If I can be of any further assistance, I would be delighted.

Yours Sincerely, with best wishes,

Larry

Lawrence O. Gostin, J.D., LL.D (Hon.)
Professor of Law and Co-Director,
The Georgetown/Johns Hopkins Program on
Law and Public Health

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	re: Receipt of letter (Personal) [partial] (1 page)	11/14/1997	b(6)

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Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19396

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2018-0764-F
jm2154

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Author: Deborah Von Zinkernagel at -OPHS_DC
Date: 11/14/97 12:09 PM
Priority: Normal
Receipt Requested
TO: gostin@law.georgetown.edu at INTERNET
CC: Daniel G (CDCSMTP.DGR0) Riedford at INTERNET
BCC: Deborah Von Zinkernagel
Subject: Receipt of Letter of Nov. 3

Larry,

Thank you for the letter you prepared for Eric Goosby on the public health powers available to states to address situations of knowing transmission of HIV. Your rapid response [redacted] (b)(6) [001]

I would like to pick up on one point for a moment. You noted the significant variability of state laws and HIV-specific laws related to public health duties. I have been operating under the assumption that, in the case of knowing HIV transmission, states also have broad police powers to use in situations of assault or reckless endangerment -- much as they would use for drunken driving or randomly firing a gun in a parking lot. Would these provisions supercede, or enter into conflict with, state privacy provisions governing HIV information?

The bottom line quickly becomes are there adequate authorities in every state, public health or otherwise, to address situations of knowing HIV transmission through the courts? My lack of legal training makes me highly vulnerable to misunderstanding key concepts or nuances here, so I apologize in advance for this query.

With appreciation,

Deborah von Zinkernagel
(202) 690-5566

THE BOSTON GLOBE • THURSDAY, NOVEMBER 6, 1997

We'd rather focus on punishment than programs that work.

The face of AIDS

ELLEN GOODMAN

He appeared in the packed Bronx courtroom on Monday. A young black man who had turned 21 just two days earlier in his solitary cell. He was outfitted in jeans and dreadlocks. He was silent, unaccompanied by any family member.

Standing there, waiting to be sentenced for selling crack to an undercover policeman, he could have been an ordinary drug dealer. But ordinary drug dealers do not get such attention.

This was Nushawn Williams, who achieved infamy as a one-man HIV epidemic. This was Nushawn Williams who had knowingly had sex with dozens of girls and women without using one condom or offering one explanation. This was Nushawn Williams who had infected at least nine who had in turn infected others in a list that is by no means complete.

The man called "Face" had indeed become the latest face of the AIDS epidemic: the sexual predator, the serial infector.

The media had already rolled in and out of the small town of Jamestown on its national tour of moral melodramas. Reporters had lit up the shabby places where Williams used to hang with homeless, hapless girls of 13, 15, 17 who had needed his drugs or his attention.

Infotainment news had scooped up girls who had known Face, slept with Face. Girls waiting to see whether the last gift he had given them was a lethal virus were quoted and featured. They were videotaped and dropped as abruptly as any one-night stand.

By the time Monday rolled around, when the judge postponed sentencing on his drug charge for psychiatric evaluation, the story had been permanently filed under E for evil. If the court was unclear whether Williams was a monster or a schizophrenic, morally warped or mentally ill or both – that distinction was lost on the public.

Indeed, on the day that Williams was ushered in and out of court in two minutes, New York State legislators filed a bill to make a new felony. To knowingly expose an uninformed partner to HIV would be "aggravated reckless endangerment," worth up to 15 years in jail – if he lived that long.

Well, I hold no brief for this mad/bad man. If the stories hold true, this drug dealer and statutory rapist, this man who went through a community spreading HIV like some horrific Johnny Appleseed, has lost his right to freedom. Give me the key and we will never see his Face again.

But I am struck by how much more attention is given to the most extreme, deliberate, menacing, even maniacal individual than to the menace itself. Do we think that corralling one mad/bad man or two, or two dozen, who maliciously infect unsuspecting partners is an effective public health policy? That it will make a dent in the statistics?

Consider the passion with which we go after the predator and the neglect of prevention. I don't know how Williams was infected, but most of the cases in the country now come directly or indirectly from drug use, from people who share needles or share beds with people who share needles. Needles are the most efficient way to transfer this disease, far more so than sex.

The "Nushawn Williams Bill" prepared for the New York Assembly would also make it a felony for a drug user with HIV to knowingly share needles with an unsuspecting person. But where are all the programs for clean needle exchange?

We are playing a certain kind of "let's pretend." While we ratchet up the punishment, we withhold programs that work.

At a hastily assembled high school forum on AIDS, parents in Jamestown were actually warned about the risks of sharing toothbrushes. They were told to pack several in their children's camp and college bags.

But in Washington, Congress has just made another move in a destructive and relentless campaign to continue withholding federal funds for needle exchange programs. Instead of condoms and clean needles, should we ask for toothbrushes?

The reader-grabber, viewer-grabber stories are about irresponsible individual behavior, not irresponsible collective behavior. Predators stir the imagination. Prevention is the boring reality. We react to the Faces.

Nushawn Williams, monster or schizophrenic, irresponsible or pathological, is now beyond the reach of everything except punishment. But in the struggle to contain AIDS, the tools of education, of condoms and clean needles, deserve much more of our attention.

At high noon in the AIDS epidemic, this is what we need to face.

Ellen Goodman is a Globe columnist.

Office of HIV/AIDS Policy

Office of Public Health & Science
Offfice of the Secretary
200 Independence Avenue, S.W., Room 736-E
Washington, D.C. 20201

Deliver To: Sandy

Fax: (____)_____-_____

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From: Deborah von Zinkernagel
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Date: ____/____/____

This fax contains 9 page(s) + cover

If transmission problems occur, please call: Shellie Abramson @ (202) 690-5560

Comments:

CHAUTAUQUA COUNTY INCIDENT

Did the County act appropriately in seeking a court order to disclose the identity of an HIV+ person?

Given the unique circumstances in this case, we believe that the Chautauqua County Health Commissioner acted appropriately and responsibly in seeking a court order to disclose the identity of an HIV-infected individual who represents an imminent danger to young girls in the county. The county commissioner consulted with the State Health Department prior to seeking a court order to disclose the identity of this HIV+ individual to criminal justice authorities and other health officials.

What are the unique circumstances that justify disclosure in this case?

This individual committed multiple acts of statutory rape. He knew he was HIV positive, and was counseled in how to protect others. Yet he stated to county authorities that he planned to continue his unprotected sexual activities. He spread HIV to at least 6 young girls, ages 14 to 18 after he knew he was infected. Disclosure of the individual's identity was deemed necessary to warn other young girls who may have been infected by this person to seek HIV testing and early treatment if they are infected.

Is this a breach of the State's HIV Confidentiality Law?

No. The HIV Confidentiality Law provides strict confidentiality protections to HIV-related information as a means of encouraging potentially infected persons to come forward for testing and counseling on how they can prevent transmission of the virus to others. But, the law is not meant to protect persons who are intentionally and repeatedly putting others -- especially minors -- at risk. The law specifically allows a court to grant an order for disclosure of HIV-related information when there is a clear and imminent danger to the public health.

What is the State's Role?

The State Health Department is providing assistance to Chautauqua County by offering free HIV testing and counseling services and helping with contact tracing and notification of potentially exposed persons.

Is this the first time that the identity of an HIV-infected person has been disclosed in response to a court order based on a showing of a clear and imminent danger to the public health?

To our knowledge this is the first time a court has ordered disclosure of HIV-related information based on a showing of clear and imminent danger to the public health. Although New York courts have ordered disclosure of HIV-related information in the context of civil and criminal trials -- e.g. People v. Anonymous (1992 - prisoner bit others during arrest); DOC v. State (1991 - hospital worker infected by prisoner).

O

Does this action set a precedent that will result in more widespread disclosure of HIV infected people?

No. This is a very unique case which in our judgment warranted this public health action due to the alleged intentional nature of HIV transmission, and the involvement of minors . The State's HIV Confidentiality Law has proven very effective in encoursging persons at risk for HIV infection to seek counseling, testing and treatment. Both State and county health officials remain cognizant of their responsibilities to protect HIV-related information and strictly limit its disclosure under the law.

Why won't the State Health Department disclose the identity of the individual or provide information about the case?

Under the court order, *only* the Chautauqua County Health Commissioner and, secondarily, the Sheriff and District Attorney are authorized to release information about the HIV-infected individual.

Does New York have a law that makes it a crime to knowingly spread HIV?

New York does not have a specific law dealing with intentional transmission of HIV. However, prosecutors in the past have charged HIV infected persons with reckless endangerment or assault when they have exposed another person knowing that they were infected. (Questions on the specifics of the charges should be directed to the Chautauqua County's DA.)

New York State Department of Health news

George E. Pataki, Governor Barbara A. DeBuono, M.D., M.P.H., Commissioner

STATEMENT BY STATE HEALTH COMMISSIONER BARBARA A. DEBUONO, M.D ON CHAUTAUQUA COUNTY HIV EMERGENCY

ALBANY, October 27 --- Today, I am directing our Buffalo Regional Office to make this tragedy their highest priority -- to protect the health and well being of young people in Chautauqua County. We will continue to provide the resources of this Office, including a team of 20 disease intervention specialists, health educators, epidemiologists, HIV counselors and public health physicians to assist the County as it deals with this health emergency.

Our resources will be devoted to the young people who have been infected, or believe they may have been infected and to their families -- to provide the services and counseling they need and deserve. We encourage the schools, churches, health providers and the community to join together to provide a compassionate counseling and education network for the young people of Chautauqua County.

The New York State Department of Health has been assisting Chautauqua County as it has addressed this significant public health threat. We have provided state personnel to carry out partner notification, counseling and testing and have also mobilized local HIV community-based organizations and health educators to provide informational programs in the schools for students, teachers, administrators and school health personnel.

We encourage anyone who has engaged in unprotected sex or needle sharing to seek confidential HIV testing and counseling through the County Health Department (716) 753-4314. We will continue to assist the County in providing compassionate services to anyone who has, or fear they have, been infected with HIV.

-30-

NYSDOH COMMISSIONER DEBUONO'S COMMENTS AT A PRESS CONFERENCE IN CHAUTAUQUA COUNTY 10/28/97

Thank you Dr. Berke.

As many of you know, I directed a staff of approximately 20 State Health Department people to help out Chautauqua County as it deals with this public health emergency.

Dr. Berke and the entire County Government have done a tremendous job responding to this crisis. I salute them for their hard work and its potential for saving lives.

Today, I come here at the direction of Governor Pataki to assess the situation, offer whatever help we can provide and report back to the Governor.

Both Governor Pataki and I are concerned first and foremost with the children, who have been infected, may be infected, or have fears and questions. We want to assure the children and their families that we will do everything possible to get them the information and services they need.

Governor Pataki has also directed the State Police and Superintendent McMahon to provide the local district attorney and law enforcement personnel with whatever investigative resources and assistance they might need. He has also asked State Attorney General Vacco to provide assistance in this matter.

Today, State Health Department staff are assisting the County Health Department at anonymous testing sites in Dunkirk and Jamestown and will begin offering educational

services at schools and youth centers in the county.

We also continue to look at the possibility of other areas of the state being impacted by this public health emergency. We are in contact with New York City health officials – who we know have interviewed the man in question and are following-up on contacts he has identified. We are also working with Monroe County.

In addition to the help we offered yesterday, today we can report that we have taken the following additional steps:

– STD staff have begun reviewing their files to ascertain whether this man has been identified as a sexual partner in any other cases of potentially sexually transmitted disease. This review is ongoing and statewide and will help us determine if this case will extend beyond the areas already reported.

– EMS staff from our Buffalo Regional Office will begin working with and providing additional training to EMS units in Chautauqua County to utilize their networks and linkages in the community to expand our educational and prevention efforts.

– Our labs, which perform the testing for the HIV on blood samples submitted, will prioritize those from Chautauqua County to expedite the turnaround time for both positive and negative tests. Negative test results will be

reported within 24 hours and postive tests, because of the need for additional follow-up steps, will be reported within 4 days. Under normal conditions, these tests are reported back within 2 weeks.

-- We will speed up a new multi-media advertising campaign stressing the need for early HIV testing -- especially in light of the advances of new potentially life saving drugs being used today. This campaign will begin first in Chautauqua County.

Lastly, and most importantly, I want to stress our concern for the victims and their families -- and to offer these very important words of prevention for our children:

First of all, don't engage in high risk behaviors -- unprotected sex or needle sharing. The best advice for preventing the disease is don't have sex. I read today a quote in one of the New York City parents, where a doctor said the girls she sees say they can tell if a guy is alright by "looking in his eyes." That's a utterly false sense of security we can't see perpetuated.

For parents, please talk to your children, give them the support structure they need to resist the peer pressure and make the right decisions.

Thank you. And now Dr. Berke and I will take your questions.

CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH

ANDREW W. GOODELL
County Executive

ROBERT BERKE, M.D.
Commissioner of Health

HIV UPDATE CHAUTAUQUA COUNTY 10/27/97 Contact: Dr. Robert Berke
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Prior to discussing the public health implications of this morning's conference, I would like to remind all of you about the status of HIV confidentially laws and their implications. All individuals in this State are guaranteed strict confidentiality with respect to all aspects of HIV/AIDS that may involve them. This includes testing and counseling, treatment and contact notification. Today's issue deals with a circumstance so extraordinary, that certain legal provisions, outside of the usual public health measures specifically designed to prevent the spread of disease to other persons, have been deemed by the courts to apply.

As part of an ongoing Chautauqua County Health Department investigation, our staff have identified 11 new cases of HIV infection linked to the activity of one individual. What makes this cluster so unique is the fact that although all of the new cases of HIV infection stem from heterosexual contact with this one individual, at least half have occurred after, and I emphasize AFTER, the date that he was tested and counseled as to both his HIV status and modes of disease transmission. Furthermore, it is appears that he did not warn his contacts about his seropositive status. To date, in Chautauqua County, our staff has evaluated 28 direct and 53 secondary contacts of this individual, and continues to work on 17 more. We have had the good fortune of being able to rely on technical assistance from the NYS Health Department, the AIDS Institute and Centers For Disease Control in Atlanta in order to address the many complex issues that this problem poses.

During our ongoing investigations a number of significant concerns have arisen as a result of the information gathered.

These include:

1.) Many of the cases involve teenagers, some quite young, with initial contact apparently begun at school and community parks.

2.) Most of the cases demonstrate a significant number of sexual partners and a lack of concern for barrier contraception.

3). This case demonstrates the unacceptable level of drug and alcohol use in our young teens. Sex for drugs appears to be implicated in at least some of the contacts.

4.) There is strong evidence to suggest that this individual may have had a large number of sexual contacts in other NYS municipal jurisdictions outside Chautauqua County.

The Public Health response to this problem will focus on two main issues:

In The Short Term

It is imperative that all efforts be made to encourage any individuals who may have had sexual contact with the case in question to seek counseling and HIV testing as soon as possible. There are concerns as to the number of individuals that still may not perceive themselves to be at risk due to the drugs, alcohol and numerous aliases involved. Furthermore, anyone with high risk behaviors, in any circumstance, even if seemingly unrelated, that may have put them at risk for HIV infection, should seek appropriate counseling and testing.

To that end;

- the CCHD, with the help of NYS DOH staff, has extended its HIV testing and counseling services in both our Jamestown and Dunkirk offices. This will continue as need dictates.

-Telephone lines have been set up to handle inquiries, and the numbers have been publicly circulated.

-Additional training for school nurses, health staff, school counselors, and hospital infection control nurses, is being completed this morning with help from AIDS Community Services, ECMC, and the NYS DOH.

In The Long Term

Chautauqua County Health department takes pride in the integrated approach to health and human sexuality education that exists in our schools. This community based effort has reduced our teen pregnancy rate from a record NYS 3rd worst in 1982, to its present level consistent with the State average. All our schools are in compliance with NYS Board of Regents HIV Education Mandates.

Yet, in spite of this effort, we find ourselves at this juncture today, facing the most serious public health issue in the recent memory of most of us who live and work in Chautauqua County. To some extent the "problem" is a product of our dillgence in public health field work.Successfully tracking this issue through a maze of detail has been a tribute to the quality of the staff in our department.

There is no doubt that the community, the schools and our department must have a hard look at what has taken place, and following a thorough evaluation of the contributing factors, we will need to explore new avenues necessary to address our concerns. We must also rethink the past and be ready to adjust those processes that may or may not be effectively providing our youth with the tools they require to make better decisions.

Finally, I would be remiss if I did not voice my concern as to the need to reassess the role of parents and families in the lives of our children. As a father of four, a physician and a public health official, I am appalled by the degree of societal dis-ease at our doorstep. There is much work to be done if we are to make use of this incident so that it may serve only as a bitter lesson learned and one that is never again to occur in any community that values its children.