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Meeting with U.S. Conference of Mayors 1/26/94

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THE WHITE HOUSE

WASHINGTON

November 14, 1993

Jose A. Ortiz Daliot
The Jefferson Group
1341 G Street N.W., Suite 1100
Washington, DC 20005

Dear Mr. Ortiz:

This letter confirms the participation of Kristine M. Gebbie, National AIDS Policy Coordinator, at the U.S. Conference of Mayors' AIDS Task Force meeting, on Wednesday, January 26, 1994. But please note your September 22 letter states that the meeting is January 27 -- please clarify this as soon as possible.

Ms. Gebbie plans to arrive at 10:30 a.m. to participate in discussion among task force members.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant to
National AIDS Policy Coordinator

Enclosures

309. 759 9955
Jose

The Jefferson®
GROUP

SEP 27 1993

September 22, 1993

AA (Return
Calendar

Ms. Kristine M. Gebbie
Coordinator
Office of National AIDS Policy
Executive Office of the President
The White House
Washington, DC 20500

26th? 1030-1200

Dear Ms. Gebbie:

As agreed, we hereby confirm Mayor Héctor Luis Acevedo's invitation as Chair of the AIDS Task Force of the U.S. Conference of Mayors (USCM), to attend the Task Force meeting in January 27th, 1994, during the USCM Annual Winter Meeting.

Ms. Enid Morales, of my office, will call your assistant Regina to follow up on this matter with specific time and place, but we would appreciate if you can reserve this date for the meeting.

The Mayor was very pleased to meet you and make your acquaintance as well as Dr. Arthur J. Lawrence, with whom he had a very interesting exchange.

In the near future, we will send you a copy of the Ruben Blades videotape used in the AIDS awareness campaign in San Juan. We also want to take this opportunity to reteirate the Mayor's interest in assisting your office with the development of any visual material for a culturally sensitive campaign for Hispanic communities in the U.S., as well as in Puerto Rico. Also, the Mayor wanted me to convey to you his availability to assist you in seeking Congressional action through either legislation or appropriations, to increase the emphasis on prevention and education, the primary tools in the fight against AIDS.

Thanking you for your attention to these matters, I remain,

Cordially,

José A. Ortiz Daliot

JAOD/edm
cc: Dr. Arthur J. Lawrence, Ph.D.

The Jefferson Group, Inc. The Colorado Building
1341 G Street, N.W., Suite 1100, Washington, D.C. 20005 (202) 638-3535 Fax (202) 638-3536

US Conf. of Mayors

AIDS Task Force

I. Introduction

A. Overall figures

B. Ryan White Cities

II. Priorities

A. Research

1. biological/behavioral

2. basic/applied

B. Services

1. Health Reform

2. Ryan White

3. Substance Abuse

C. Prevention

1. Community partnerships

2. Prevention Marketing Initiative

III. Local Policy and Emerging Issues

A. Ryan White Reauthorization

B. Prevention

1. Leadership

2. Local decision-making

C. The involvement of all cities

1993

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

RYAN WHITE CARE ACT
DIVISION OF HIV SERVICES

Health Resources and Services Administration
Rockville MD 20857

FY 1993 EMERGENCY RELIEF GRANTS--TITLE I

EMA	FORMULA AWARD	SUPPLEMENTAL GRANT
ANAHEIM 1993	$ 979,113	$ 860,613
ATLANTA 1991	2,445,365	3,045,206
BALTIMORE 1992	1,312,875	1,937,468
BOSTON 1991	1,663,443	2,491,301
CHICAGO 1991	2,707,310	4,683,453
DALLAS 1991	1,923,565	2,618,469
DETROIT 1993	955,066	1,136,673
FORT LAUDERDALE 1991	2,314,150	2,277,065
HOUSTON 1991	3,471,981	4,348,338
JERSEY CITY 1991	1,638,806	1,979,414
LOS ANGELES 1991	7,818,374	11,371,895
MIAMI 1991	4,410,774	5,305,490
NASSAU-SUFFOLK 1993	975,081	1,037,728
NEWARK 1991	3,542,848	-0-
NEW ORLEANS 1993	1,104,782	692,190
NEW YORK 1991	28,643,925	15,825,294
OAKLAND 1992	1,367,609	1,235,207
PHILADELPHIA 1991	2,194,894	2,534,336
PONCE 1993	624,396	655,968
SAN DIEGO 1991	1,580,386	2,181,593
SAN FRANCISCO 1991	11,462,925	15,754,151
SAN JUAN 1991	2,540,586	2,139,191
SEATTLE 1993	1,091,801	1,732,769
TAMPA 1993	1,079,809	1,185,744
WASHINGTON, D.C. '91	3,313,635	4,133,943
TOTAL	91,163,499	91,163,499

TOTAL FY 1993 TITLE I GRANT FUNDS--$182,326,998

1994

THE RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT OF 1990

TITLE I HIV EMERGENCY RELIEF GRANT PROGRAM

FY 1994 SUPPLEMENTAL GRANT APPLICATION GUIDANCE FOR THE NEW ELIGIBLE METROPOLITAN AREAS OF:

BERGEN–PASSAIC, NEW JERSEY
DENVER, COLORADO
KANSAS CITY, MISSOURI/KANSAS
NEW HAVEN, CONNECTICUT
ORLANDO, FLORIDA
PHOENIX, ARIZONA
RIVERSIDE/SAN BERNARDINO, CALIFORNIA
ST. LOUIS, MISSOURI/ILLINOIS
WEST PALM BEACH, FLORIDA

September 30, 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Bureau of Health Resources Development
Division of HIV Services
Room 7A–55 Parklawn Building
5600 Fishers Lane, Rockville, Maryland 20857
Telephone: 301–443–6745

1995

For certains: Jacksonville
Portland
Cuayusas
Probable: San Antonio
Austin

1991 + 1992

The 18 eligible metropolitan areas (EMAs) and supplemental grants awarded are listed below, with an additional column giving each EMA's Title I formula grant awarded in February 1992:

CITY	Supplemental Grant	Formula Grant	TOTAL FY 92 Title I
Fulton County/ Atlanta, Georgia	$ 1,442,148	$ 1,669,518	$ 3,111,666
Baltimore, Maryland	978,162	920,399	1,898,561
Boston, Massachusetts	1,627,003	1,196,765	2,823,768
Chicago, Illinois	2,493,485	1,834,118	4,327,603
Dallas, Texas	1,782,137	1,337,551	3,119,688
Broward County/ Ft. Lauderdale, Florida	1,560,298	1,505,529	3,065,827
Harris County/ Houston, Texas	3,285,014	2,517,997	5,803,011
Hudson County/ Jersey City, New Jersey	1,023,959	1,157,894	2,181,853
Los Angeles, California	4,350,088	5,437,999	9,788,087
Metro-Dade County/ Miami, Florida	3,337,103	2,585,962	5,923,065
Newark, New Jersey	2,774,243	2,589,320	5,363,563
New York, New York	15,173,601	20,721,087	35,894,689
Oakland/Alameda County, California	1,118,871	1,004,595	2,123,466
Philadelphia, Pennsylvania	2,002,139	1,568,896	3,571,035
San Diego, California	1,617,297	1,161,427	2,778,724
San Francisco, California	10,594,765	8,349,464	18,944,229
San Juan, Puerto Rico	1,738,192	1,841,790	3,579,982
Washington, D.C.	2,814,495	2,312,689	5,127,184
TOTALS	$ 59,713,000	$ 59,713,000	$ 119,426,000

HIV/AIDS

SURVEILLANCE REPORT — Third Quarter Edition

U.S. AIDS cases reported through September 1993 — **Issued October 1993, Vol. 5, No. 3**

Contents

Acquired immunodeficiency syndrome (AIDS) is a specific group of diseases or conditions which are indicative of severe immunosuppression related to infection with the human immunodeficiency virus (HIV).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Infectious Diseases
Division of HIV/AIDS
Atlanta, Georgia 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Table 1. AIDS cases and annual rates per 100,000 population, by state, reported October 19[illegible] through September 1992, October 1992 through September 1993;[1] and cumulative totals, by state and age group, through September 1993, United States[2]

State of residence	Oct. 1991-Sept. 1992		Oct. 1992-Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/adolescents	Children < 13 years old	Total
Alabama	465	11.4	705	17.0	2,275	43	2,318
Alaska	18	3.2	60	10.2	154	2	156
Arizona	408	10.9	1,202	31.3	3,059	14	3,073
Arkansas	237	10.0	420	17.5	1,239	21	1,260
California	8,641	28.4	17,474	56.4	62,201	356	62,557
Colorado	415	12.3	1,193	34.5	3,516	18	3,534
Connecticut	538	16.3	1,693	51.4	4,415	98	4,513
Delaware	126	18.5	346	49.9	830	7	837
District of Columbia	724	121.0	1,370	232.3	5,231	78	5,309
Florida	5,007	37.7	9,613	70.6	32,008	751	32,759
Georgia	1,348	20.4	2,597	38.4	9,255	87	9,342
Hawaii	175	15.4	324	27.9	1,250	10	1,260
Idaho	36	3.5	71	6.6	203	2	205
Illinois	1,842	16.0	3,005	25.8	10,522	140	10,662
Indiana	370	6.6	831	14.6	2,443	17	2,460
Iowa	86	3.1	196	7.0	577	6	583
Kansas	188	7.5	335	13.3	1,031	5	1,036
Kentucky	207	5.6	316	8.4	1,148	13	1,161
Louisiana	829	19.5	1,172	27.4	4,811	67	4,878
Maine	50	4.0	126	10.2	427	4	431
Maryland	1,096	22.6	2,353	47.6	7,187	152	7,339
Massachusetts	767	12.8	2,532	42.4	7,238	132	7,370
Michigan	784	8.4	1,752	18.6	4,904	62	4,966
Minnesota	237	5.3	624	13.9	1,829	13	1,842
Mississippi	231	8.9	468	17.9	1,483	20	1,503
Missouri	650	12.6	1,679	32.3	4,626	33	4,659
Montana	22	2.7	35	4.3	134	2	136
Nebraska	68	4.3	179	11.1	469	4	473
Nevada	235	18.3	601	44.0	1,641	15	1,656
New Hampshire	48	4.3	99	9.0	368	6	374
New Jersey	2,051	26.4	4,390	56.3	18,106	423	18,529
New Mexico	90	5.8	307	19.4	831	2	833
New York	8,232	45.6	16,031	88.4	63,660	1,321	64,981
North Carolina	648	9.6	1,059	15.5	3,735	75	3,810
North Dakota	4	0.6	4	0.6	32	—	32
Ohio	696	6.4	1,490	13.5	4,944	68	5,012
Oklahoma	228	7.2	716	22.3	1,795	15	1,810
Oregon	283	9.7	732	24.4	2,233	9	2,242
Pennsylvania	1,338	11.2	2,556	21.2	9,086	120	9,206
Rhode Island	102	10.2	305	30.3	842	9	851
South Carolina	347	9.7	1,395	38.4	3,022	38	3,060
South Dakota	8	1.1	23	3.2	57	2	59
Tennessee	442	8.9	967	19.2	2,734	26	2,760
Texas	2,944	17.0	7,164	40.4	23,572	213	23,785
Utah	145	8.2	270	14.9	818	20	838
Vermont	26	4.6	60	10.5	176	2	178
Virginia	606	9.6	1,590	24.9	4,710	82	4,792
Washington	573	11.4	1,459	28.2	4,765	18	4,783
West Virginia	61	3.4	78	4.3	359	5	364
Wisconsin	224	4.5	700	13.9	1,705	19	1,724
Wyoming	4	0.9	36	7.7	91	—	91
Subtotal	**44,900**	**17.8**	**94,703**	**37.0**	**323,747**	**4,645**	**328,392**
Guam	1	0.7	2	1.5	12	—	12
Pacific Islands, U.S.	—	—	—	—	2	—	2
Puerto Rico	1,796	50.5	2,621	73.1	10,436	256	10,692
Virgin Islands, U.S.	19	18.6	42	40.8	147	5	152
Total	**46,716**	**18.2**	**97,368**	**37.5**	**334,344**	**4,906**	**339,250**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]During the third quarter of 1993, CDC received reports of 23,664 cases and 9,951 deaths among adults/adolescents and 196 cases and 105 dea[illegible] among children.

Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1991 through September 1992, October 1992 through September 1993;[1] and cumulative totals, by area and age group, through September 1993, United States — Continued

Metropolitan area of residence[2]	Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Orlando, Fla.	331	26.1	870	66.3	2,249	42	2,291
Philadelphia, Pa.	1,005	20.3	2,110	42.5	7,082	87	7,169
Phoenix, Ariz.	292	12.8	863	36.9	2,236	9	2,245
Pittsburgh, Pa.	148	6.2	214	8.9	1,026	6	1,032
Portland, Oreg.	249	15.9	655	40.3	1,943	6	1,949
Providence, R.I.	96	10.5	285	31.1	791	8	799
Raleigh-Durham, N.C.	128	14.5	189	20.8	787	18	805
Richmond, Va.	140	15.9	385	42.9	1,006	13	1,019
Riverside-San Bernardino, Calif.	435	16.0	1,045	36.6	2,727	27	2,754
Rochester, N.Y.	76	7.1	243	22.4	742	8	750
Sacramento, Calif.	287	20.7	453	31.5	1,490	14	1,504
Saint Louis, Mo.	290	11.6	841	33.3	2,224	21	2,245
Salt Lake City, Utah	129	11.7	241	21.3	726	14	740
San Antonio, Tex.	217	16.1	426	31.1	1,591	14	1,605
San Diego, Calif.	631	24.8	1,474	56.7	4,877	32	4,909
San Francisco, Calif.	1,896	116.9	4,592	279.8	17,397	27	17,424
San Jose, Calif.	183	12.2	502	33.2	1,514	11	1,525
San Juan, P.R.	1,075	57.9	1,638	87.3	6,577	168	6,745
Sarasota, Fla.	90	18.0	148	28.9	570	12	582
Scranton, Pa.	26	4.1	54	8.4	188	3	191
Seattle, Wash.	424	20.4	1,043	49.1	3,536	10	3,546
Springfield, Mass.	92	15.3	210	35.0	574	15	589
Stockton, Calif.	34	6.9	109	21.6	307	8	315
Syracuse, N.Y.	71	9.5	168	22.2	497	6	503
Tacoma, Wash.	38	6.3	137	21.9	360	7	367
Tampa-Saint Petersburg, Fla.	535	25.5	1,421	66.6	3,781	53	3,834
Toledo, Ohio	33	5.4	90	14.6	271	4	275
Tucson, Ariz.	93	13.7	258	37.6	619	5	624
Tulsa, Okla.	70	9.7	236	32.1	549	5	554
Ventura, Calif.	73	10.8	130	19.0	378	1	379
Washington, D.C.	1,345	31.3	2,560	58.7	9,366	138	9,504
West Palm Beach, Fla.	529	59.7	787	86.5	2,916	107	3,023
Wichita, Kansas	62	12.6	96	19.2	276	2	278
Wilmington, Del.	93	17.8	261	49.1	617	6	623
Youngstown, Ohio	23	3.8	29	4.8	148	—	148
Metropolitan areas with 500,000 or more population	**39,112**	**24.8**	**81,352**	**50.9**	**284,441**	**4,131**	**288,572**
Metropolitan areas with 50,000 to 500,000 population	**4,821**	**10.5**	**10,306**	**22.0**	**31,977**	**485**	**32,462**
Non-metropolitan areas	**2,587**	**4.9**	**5,288**	**10.0**	**16,621**	**268**	**16,889**
Total[3]	**46,716**	**18.2**	**97,368**	**37.5**	**334,344**	**4,906**	**339,250**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]Based on Metropolitan Statistical Areas (MSA) revised June 1993. See technical notes.
[3]Totals include 1,327 persons whose area of residence is unknown.

Table 4. Male adult/adolescent AIDS cases by exposure category and race/ethnicity, reported October 1992 through September 1993,[1] and cumulative totals, through September 1993, United States

Exposure category	White, not Hispanic				Black, not Hispanic				Hispanic			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%
Men who have sex with men	30,094	(73)	125,392	(78)	9,614	(37)	34,166	(42)	5,638	(42)	21,475	(4
Injecting drug use	4,285	(10)	12,670	(8)	9,667	(37)	29,762	(36)	5,094	(38)	18,143	(3
Men who have sex with men and inject drugs	3,001	(7)	11,959	(7)	1,568	(6)	5,974	(7)	712	(5)	3,021	(
Hemophilia/coagulation disorder	794	(2)	2,349	(1)	110	(0)	260	(0)	68	(1)	224	(
Heterosexual contact:	607	(1)	1,654	(1)	2,125	(8)	6,279	(8)	570	(4)	1,375	(
Sex with injecting drug user	*227*		*804*		*682*		*2,118*		*185*		*599*	
Sex with person with hemophilia	*6*		*13*		*1*		*4*		*2*		*4*	
Born in Pattern-II[2] country	*1*		*8*		*605*		*2,571*		—		*10*	
Sex with person born in Pattern-II country	*10*		*52*		*31*		*86*		*2*		*11*	
Sex with transfusion recipient with HIV infection	*25*		*72*		*26*		*51*		*6*		*28*	
Sex with HIV-infected person, risk not specified	*338*		*705*		*780*		*1,449*		*375*		*723*	
Receipt of blood transfusion, blood components, or tissue	431	(1)	2,519	(2)	157	(1)	606	(1)	91	(1)	385	(
Risk not identified[3]	2,032	(5)	4,380	(3)	2,807	(11)	5,127	(6)	1,234	(9)	2,728	(
Total	**41,244**	**(100)**	**160,923**	**(100)**	**26,048**	**(100)**	**82,174**	**(100)**	**13,407**	**(100)**	**47,351**	**(10**

Exposure category	Asian/Pacific Islander				American Indian/Alaska Native				Cumulative totals[4]			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%
Men who have sex with men	445	(74)	1,583	(79)	158	(63)	388	(63)	46,025	(56)	183,344	(6
Injecting drug use	28	(5)	79	(4)	23	(9)	62	(10)	19,142	(23)	60,835	(2
Men who have sex with men and inject drugs	22	(4)	57	(3)	42	(17)	107	(17)	5,353	(7)	21,142	(
Hemophilia/coagulation disorder	12	(2)	35	(2)	6	(2)	16	(3)	990	(1)	2,890	(
Heterosexual contact:	15	(2)	29	(1)	4	(2)	10	(2)	3,328	(4)	9,361	(
Sex with injecting drug user	*6*		*12*		*1*		*5*		*1,102*		*3,539*	
Sex with person with hemophilia	—		—		—		—		*10*		*22*	
Born in Pattern-II country	—		*3*		—		—		*607*		*2,597*	
Sex with person born in Pattern-II country	—		*1*		—		—		*43*		*150*	
Sex with transfusion recipient with HIV infection	*2*		*2*		—		—		*59*		*154*	
Sex with HIV-infected person, risk not specified	*7*		*11*		*3*		*5*		*1,507*		*2,899*	
Receipt of blood transfusion, blood components, or tissue	12	(2)	72	(4)	1	(0)	5	(1)	695	(1)	3,596	(
Risk not identified	69	(11)	152	(8)	15	(6)	26	(4)	6,174	(8)	12,474	(
Total	**603**	**(100)**	**2,007**	**(100)**	**249**	**(100)**	**614**	**(100)**	**81,707**	**(100)**	**293,642**	**(10**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]See technical notes.

[3]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

[4]Includes 573 men whose race/ethnicity is unknown.

Table 6. Pediatric AIDS cases by exposure category and race/ethnicity, reported October 1992 through September 1993, and cumulative totals, through September 1993, United States

Exposure category	White, not Hispanic				Black, not Hispanic				Hispanic			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Hemophilia/coagulation disorder	13	(9)	141	(14)	1	(0)	24	(1)	4	(2)	33	(
Mother with/at risk for HIV infection:	118	(84)	663	(68)	489	(97)	2,556	(95)	197	(93)	1,074	(9
Injecting drug use	*38*		*290*		*153*		*1,133*		*69*		*483*	
Sex with injecting drug user	*22*		*132*		*70*		*390*		*40*		*318*	
Sex with bisexual male	*4*		*39*		*2*		*28*		*3*		*20*	
Sex with person with hemophilia	*2*		*13*		—		*5*		*1*		*3*	
Born in Pattern-II[1] country	—		*3*		*37*		*300*		—		*2*	
Sex with person born in Pattern-II country	—		—		*5*		*22*		—		*1*	
Sex with transfusion recipient with HIV infection	*1*		*6*		*1*		*5*		*1*		*8*	
Sex with HIV-infected person, risk not specified	*10*		*45*		*57*		*148*		*27*		*77*	
Receipt of blood transfusion, blood components, or tissue	*6*		*29*		*12*		*43*		*5*		*25*	
Has HIV infection, risk not specified	*35*		*106*		*152*		*482*		*51*		*137*	
Receipt of blood transfusion, blood components, or tissue	9	(6)	167	(17)	6	(1)	74	(3)	7	(3)	76	(
Risk not identified[2]	1	(1)	9	(1)	8	(2)	29	(1)	4	(2)	11	(
Total	**141**	**(100)**	**980**	**(100)**	**504**	**(100)**	**2,683**	**(100)**	**212**	**(100)**	**1,194**	**(10**

Exposure category	Asian/Pacific Islander				American Indian/Alaska Native				Cumulative totals[3]			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Hemophilia/coagulation disorder	—		3	(14)	—		1	(7)	18	(2)	202	(
Mother with/at risk for HIV infection:	2	(50)	10	(45)	2	(100)	13	(93)	814	(94)	4,328	(8
Injecting drug use	*1*		*3*		*1*		*6*		*264*		*1,920*	
Sex with injecting drug user	—		*2*		*1*		*2*		*133*		*846*	
Sex with bisexual male	—		*1*		—		—		*9*		*88*	
Sex with person with hemophilia	—		—		—		—		*3*		*21*	
Born in Pattern-II country	—		—		—		—		*37*		*305*	
Sex with person born in Pattern-II country	—		—		—		—		*5*		*23*	
Sex with transfusion recipient with HIV infection	—		—		—		—		*3*		*19*	
Sex with HIV-infected person, risk not specified	*1*		*1*		—		*2*		*96*		*275*	
Receipt of blood transfusion, blood components, or tissue	—		*1*		—		—		*23*		*98*	
Has HIV infection, risk not specified	—		*2*		—		*3*		*241*		*733*	
Receipt of blood transfusion, blood components, or tissue	2	(50)	9	(41)	—		—		24	(3)	327	(
Risk not identified	—		—		—		—		13	(1)	49	(
Total	**4**	**(100)**	**22**	**(100)**	**2**	**(100)**	**14**	**(100)**	**869**	**(100)**	**4,906**	**(10**

[1]See technical notes.

[2]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

[3]Includes 13 children whose race/ethnicity is unknown.

Table 8. AIDS cases by sex, age at diagnosis, and race/ethnicity, reported through September 1993,[1] United States

Male	White, not Hispanic		Black, not Hispanic		Hispanic		Asian/Pacific Islander		American Indian/ Alaska Native		Total[2]	
Age at diagnosis (years)	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**
Under 5	329	(0)	1,167	(1)	478	(1)	8	(0)	8	(1)	1,992	(1)
5-12	248	(0)	183	(0)	155	(0)	7	(0)	1	(0)	594	(0)
13-19	473	(0)	299	(0)	186	(0)	11	(1)	11	(2)	980	(0)
20-24	4,735	(3)	3,282	(4)	1,938	(4)	75	(4)	23	(4)	10,071	(3)
25-29	23,298	(14)	12,067	(14)	7,742	(16)	267	(13)	123	(20)	43,576	(15)
30-34	37,653	(23)	19,017	(23)	11,723	(24)	420	(21)	173	(28)	69,100	(23)
35-39	35,879	(22)	19,483	(23)	10,671	(22)	443	(22)	126	(20)	66,742	(23)
40-44	25,717	(16)	13,213	(16)	7,088	(15)	346	(17)	85	(14)	46,548	(16)
45-49	15,223	(9)	6,869	(8)	3,793	(8)	218	(11)	34	(5)	26,191	(9)
50-54	8,173	(5)	3,800	(5)	2,012	(4)	108	(5)	17	(3)	14,140	(5)
55-59	4,671	(3)	2,121	(3)	1,174	(2)	62	(3)	9	(1)	8,066	(3)
60-64	2,775	(2)	1,155	(1)	587	(1)	20	(1)	10	(2)	4,551	(2)
65 or older	2,328	(1)	869	(1)	437	(1)	37	(2)	3	(0)	3,680	(1)
Male subtotal	161,502	(100)	83,525	(100)	47,984	(100)	2,022	(100)	623	(100)	296,231	(100)
Female												
Age at diagnosis (years)												
Under 5	320	(3)	1,143	(5)	455	(5)	1	(0)	5	(5)	1,933	(4)
5-12	81	(1)	189	(1)	106	(1)	6	(3)	—		384	(1)
13-19	102	(1)	262	(1)	68	(1)	1	(0)	1	(1)	435	(1)
20-24	672	(6)	1,347	(6)	594	(7)	12	(5)	10	(9)	2,641	(6)
25-29	1,875	(18)	3,801	(16)	1,699	(19)	23	(10)	23	(21)	7,430	(17)
30-34	2,455	(23)	5,618	(24)	2,126	(24)	48	(20)	34	(31)	10,300	(24)
35-39	1,918	(18)	5,094	(22)	1,707	(19)	38	(16)	14	(13)	8,792	(20)
40-44	1,093	(10)	2,826	(12)	988	(11)	37	(16)	9	(8)	4,961	(12)
45-49	594	(6)	1,187	(5)	472	(5)	21	(9)	5	(5)	2,286	(5)
50-54	359	(3)	706	(3)	273	(3)	14	(6)	2	(2)	1,356	(3)
55-59	344	(3)	381	(2)	168	(2)	8	(3)	1	(1)	903	(2)
60-64	249	(2)	248	(1)	87	(1)	12	(5)	3	(3)	599	(1)
65 or older	632	(6)	258	(1)	91	(1)	16	(7)	1	(1)	999	(2)
Female subtotal	10,694	(100)	23,060	(100)	8,834	(100)	237	(100)	108	(100)	43,019	(100)
Total	**172,196**		**106,585**		**56,818**		**2,259**		**731**		**339,250**	

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]Includes 575 males and 86 females whose race/ethnicity is unknown.

Table 10. AIDS cases by year of diagnosis and definition category, diagnosed through September 1993,[1] United States

Definition category	Period of diagnosis: Before Sept. 1989 No.	(%)	Oct. 1989–Sept. 1990 No.	(%)	Oct. 1990–Sept. 1991 No.	(%)	Oct. 1991–Sept. 1992 No.	(%)	Oct. 1992–Sept. 1993 No.	(%)	Cumulative total No.	(%)
Pre-1987 definition	106,479	(79)	28,634	(64)	29,523	(58)	28,340	(47)	13,876	(29)	206,852	(61)
1987 definition	26,788	(20)	13,559	(30)	16,078	(31)	17,521	(29)	9,537	(20)	83,483	(25)
1993 definition[2]	1,610	(1)	2,402	(5)	5,467	(11)	15,032	(25)	24,404	(51)	48,915	(14)
Severe HIV-related immunosuppression[3]	*1,181*		*2,021*		*4,669*		*13,587*		*22,718*		*44,176*	
Pulmonary tuberculosis	*362*		*333*		*706*		*1,195*		*1,115*		*3,711*	
Recurrent pneumonia	*55*		*44*		*85*		*223*		*541*		*948*	
Invasive cervical cancer	*16*		*8*		*13*		*38*		*48*		*123*	
Total	**134,877**	**(100)**	**44,595**	**(100)**	**51,068**	**(100)**	**60,893**	**(100)**	**47,817**	**(100)**	**339,250**	**(100)**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]Persons who meet only the 1993 AIDS case definition and whose date of diagnosis is before January 1993 were diagnosed retrospectively. The sum of diagnoses listed for the four conditions under the 1993 definition do not equal the 1993 definition total because some persons have more than one diagnosis from the added conditions of pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer.

[3]Defined as CD4+ T-lymphocyte count of less than 200 cells/μL or a CD4+ percentage less than 14 in persons with laboratory confirmation of HIV infection.

Table 11. Health-care workers with documented and possible occupationally acquired AIDS/HIV infection, by occupation, reported through September 1993, United States[1]

Occupation	Documented occupational transmission[2] No.	Possible occupational transmission[3] No.
Dental worker, including dentist	—	6
Embalmer/morgue technician	—	3
Emergency medical technician/paramedic	—	8
Health aide/attendant	1	9
Housekeeper/maintenace worker	1	6
Laboratory technician, clinical	15	14
Laboratory technician, nonclinical	1	1
Nurse	13	15
Physician, nonsurgical	5	8
Physician, surgical	—	2
Respiratory therapist	1	2
Technician, dialysis	1	1
Technician, surgical	1	1
Technician/therapist, other than those listed above	—	3
Other health-care occupations	—	2
Total	**39**	**81**

[1]Health-care workers are defined as those persons, including students and trainees, who have worked in a health-care, clinical, or HIV laboratory setting at any time since 1978. See *MMWR* 1992;41:823-5.

[2]Health-care workers who had documented HIV seroconversion after occupational exposure: 34 had percutaneous exposure, 4 had mucocutaneous exposure, 1 had both percutaneous and mucocutaneous exposures. Thirty-six exposures were to blood from an HIV-infected person, 1 to visibly bloody fluid, 1 to an unspecified fluid, and 1 to a concentrated virus in a laboratory. Eleven of these health-care workers have developed AIDS.

[3]These health-care workers have been investigated and are without identifiable behavioral or transfusion risks; each reported percutaneous or mucocutaneous occupational exposures to blood or body fluids, or laboratory solutions containing HIV, but HIV seroconversion specifically resulting from an occupational exposure was not documented.

Figure 1. Male adult/adolescent AIDS annual rates per 100,000 population, for cases reportec October 1992 through September 1993, United States

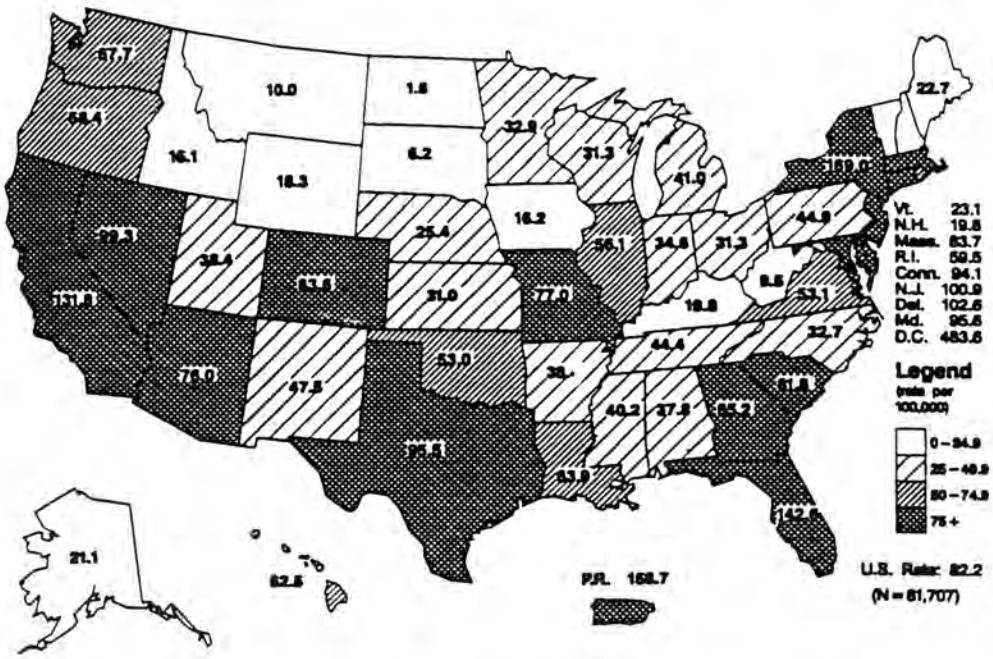


Figure 2. Female adult/adolescent AIDS annual rates per 100,000 population, for cases reported October 1992 through September 1993, United States

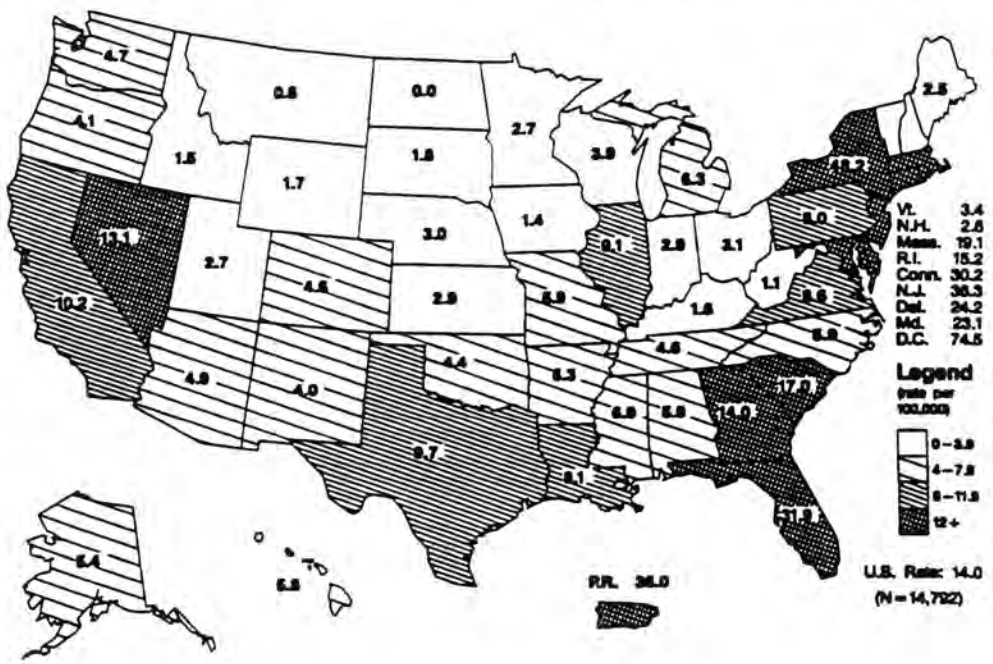
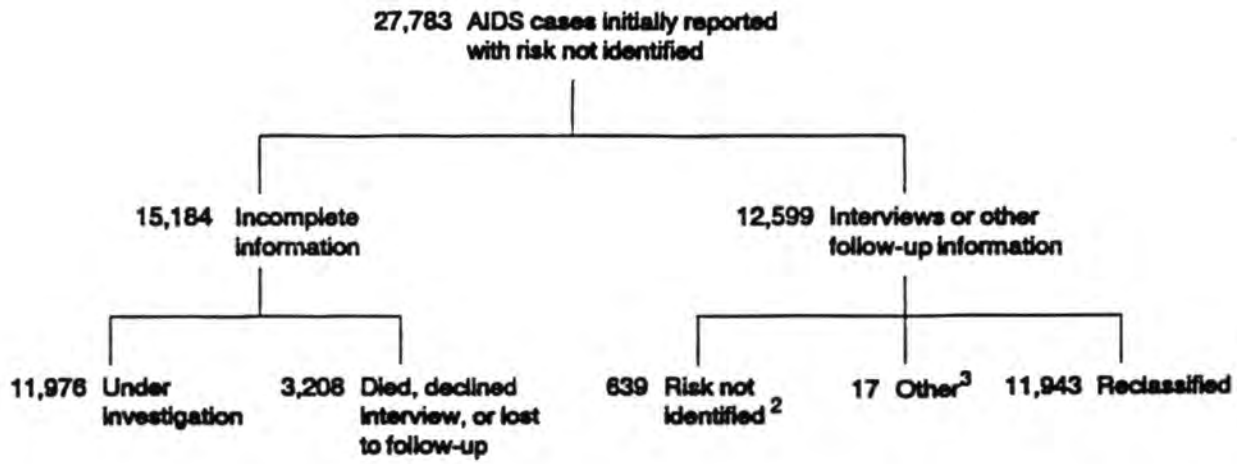


Figure 5. Pediatric AIDS cases reported October 1992 through September 1993, United States

Figure 6. Results of investigations of adult/adolescent AIDS cases with risk not identified, reported through September 1993[1]



[1]Excludes 49 children under 13 years of age whose risk is not identified: 40 children who are under investigation and 9 who have died, declined interview, or were lost to follow-up. An additional 228 children who were initially reported with a risk not identified have been reclassified after investigation.

[2]Heterosexual transmission. 553 of the 639 persons who had no risk identified after follow-up responded to a standardized questionnaire: 185 (36% of 511 persons responding to questions related to sexually transmitted diseases gave a history of such diseases and 123 (36%) of 342 interviewed men reported sexual contact with a prostitute. Some of these persons may represent unreported or unrecognized heterosexual transmission of HIV. See *MMWR*;38:423-4, 429-34.

[3]Eleven are health-care workers who developed AIDS after occupational exposure to HIV-infected blood, as documented by evidence of seroconversion; 4 are patients who developed AIDS after exposure to HIV within the health-care setting, as documented by laboratory studies; 1 is a person who acquired HIV infection perinatally and was diagnosed with AIDS after age 13; and 1 is a person with intentional self-inoculation of blood from an HIV infected person.

mined or reported for all cases. Caution should be used in interpreting case-fatality rates because reporting of deaths is incomplete.

Exposure categories

For surveillance purposes, AIDS cases are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the category listed first in the hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate category.

"Men who have sex with men" cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact). "Heterosexual contact" cases include persons who report either specific heterosexual contact with a person with (or at increased risk for) HIV infection (e.g., an injecting drug user), or persons presumed to have acquired HIV infection through heterosexual contact if they were born in countries with a distinctive pattern of transmission termed "Pattern II" by the World Health Organization (*MMWR* 1988;37:286-8, 293-5). Pattern-II transmission is observed in areas of sub-Saharan Africa and in some Caribbean countries. In these countries, most of the reported cases occur in heterosexuals and the male-to-female ratio is approximately 1:1. Injecting drug use and homosexual transmission either do not occur or occur rarely.

"Risk not identified" cases are persons with r reported history of exposure to HIV through any the routes listed in the hierarchy of exposure categ nes. Risk not identified cases include persons wh are currently under investigation by local heal department officials; persons whose exposure hi tory is incomplete because they died, declined to b interviewed, or were lost to follow-up; and perso who were interviewed or for whom other follow-u information was available and no exposure mo was identified. Persons who have an exposure mo identified at the time of follow-up are reclassified in the appropriate exposure category.

Rates

Rates are calculated on an annual basis p 100,000 population, based on U.S. Bureau of Ce sus data from the 1990 census, and on extrapol tions from the 1990 census and official Censu Bureau estimates for 1991. Each 12-month rate the number of cases for a 12-month period divide by the 1991 or 1992 population, multiplied b 100,000.

Case-fatality rates are calculated for each ha year by date of diagnosis. Each 6-month case-fatali rate is the number of deaths ever reported amor cases diagnosed in that period (regardless of th year of death), divided by the number of total case diagnosed in the period, multiplied by 100. Reporte deaths are not necessarily caused by HIV-relate disease.

PM69B175691093

THE WHITE HOUSE

WASHINGTON

December 30, 1993

MEMORANDUM

TO: Kristine M. Gebbie

FROM: W. Steve Lee W. Steve Lee

SUBJECT: U.S. Conference of Mayors AIDS Task Force

The upcoming meeting with the USCM AIDS Task Force is an informal discussion and opportunity for you to present your agenda, to recommend policy areas for USCM to explore, and discuss emerging issues and trends. Traditionally, the USCM Winter meeting is for information gathering rather than policy making. Attached are a series of resolutions, and a list of task force members that may be helpful as you prepare. The meeting is January 26, 1994 from 10:30 a.m. - 12:00 p.m. Incidentally, you are followed by Peter Lewry (sp?) of California (presumably San Francisco), who will discuss his recent report on needle exchange.

Attachments

cc: Carlos Velez

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330
FAX (202) 293-2352

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The U.S. Conference of Mayors

Task Force on AIDS

Chair: Hector Luis Acevedo, San Juan-PR

Sidney Barthelemy
New Orleans, LA

John Daniels
New Haven, CT

Donald Fraser
Minneapolis, MN

Sandra W. Freedman
Tampa, FL

Sharpe James
Newark, NJ

Paul Johnson
Phoenix, AZ

Sharon Pratt Kelly
Washington, DC

Norman Rice
Seattle, WA

Kurt Schmoke
Baltimore, MD

Michael A. Traficante
Cranston, RI

Wellington E. Webb
Denver, CO

Michael R. White
Cleveland, OH

AIDS DISCRIMINATION

WHEREAS, medical studies show no spread of the viral cause of AIDS (HIV) other than through sexual intercourse, transfusion or other direct exposure to infected blood or blood products, and transmission from mother to fetus in utero; and

WHEREAS, no evidence exists to indicate that AIDS is spread by casual person-to-person contact; and

WHEREAS, unwarranted fear about contracting AIDS and fear of persons with AIDS, AIDS-Related Complex (ARC), or HIV positive antibody status is driven by ignorance about the disease and its means of transmission; and

WHEREAS, discrimination against persons with AIDS, ARC, HIV antibody status, and persons perceived to have AIDS has been documented in situations dealing with housing, employment, business establishments, and public accommodations; and

WHEREAS, the federal Office of Personnel Management has adopted regulations concerning AIDS in the workplace which provide a comprehensive, sound approach to offering persons with AIDS, AIDS Related Complex, or HIV positive status the opportunity to continue to work as long as able; and

WHEREAS, these regulations apply only to federal government workers, who constitute a small percentage of the total American workforce,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on the Congress to enact legislation which would ban discrimination in employment, housing, business establishments, and public accommodations, based solely on a person's perceived HIV antibody status, actual HIV antibody status or the fact that a person has AIDS; and

BE IT FURTHER RESOLVED that the Conference of Mayors calls upon states and cities to adopt for their employees regulations and employment policies similar to those adopted by the federal Office of Personnel Management, and

BE IT FURTHER RESOLVED that Congress should enact legislation which would prohibit the use of an HIV antibody status test as a prerequisite for employment, or continued employment, for all employment, both public and private, except in the armed services of the United States or where medically appropriate.

adopted June 1988, Salt Lake City

AIDS EDUCATION

WHEREAS, the Surgeon General of the United States has stated that the best way to avoid AIDS is through education; and

WHEREAS, AIDS education programs have shown remarkable success in increasing the knowledge of target audiences about AIDS, its cause, and how to avoid and protect against transmission of the virus; and

WHEREAS, AIDS education efforts have been correlated with the decline in rates of gonorrhea and syphilis among gay men; and

WHEREAS, AIDS education efforts in the city of San Francisco are associated with a current HIV seroconversion rate of nearly zero; and

WHEREAS, easily understood and straightforward information on all aspects of AIDS, including risk avoidance and risk reduction, will logically be more effective than vague and/or ambiguous information in stemming the spread of AIDS,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on Congress and the Administration to ensure that all federally-funded AIDS education programs be allowed and encouraged to provide straight-forward, frank and accurate information that can be understood by target audiences; and

BE IT FURTHER RESOLVED that this information cover, at a minimum, the cause of AIDS and how to avoid and protect against infection, and

BE IT FURTHER RESOLVED that this information should be culturally sensitive and appropriate, and that the content of education materials used should not be limited in its scope so long as it meets prevailing community standards.

adopted June 1988, Salt Lake City

AIDS -- FEDERAL/CITY RELATIONSHIP

WHEREAS, although AIDS is affecting every facet of American society, the vast majority of persons stricken with AIDS live in our major urban areas; and

WHEREAS, the current system of federal funds dispersal through the states to the cities has not proven to be expeditious nor an effective means of assisting those areas of highest need,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on the Department of Health and Human Services to promulgate regulations which would allow cities with reported AIDS cases levels in excess of 500 to receive direct assistance from the federal government, bypassing the states, and to be otherwise treated as a state in applying for federal assistance with regard to AIDS.

adopted June 1988, Salt Lake City

HIV ANTIBODY COUNSELING AND TESTING

WHEREAS, the availability of confidential and anonymous HIV antibody counseling and testing are essential tools in the fight against AIDS; and

WHEREAS, because of lack of funding, waiting periods for individuals to be tested have been documented to be as long as two months in several major urban centers; and

WHEREAS, fully-funded HIV antibody counseling and testing, with appropriate confidentiality safeguards, serves as an extremely effective manner in which to educate and counsel those whose behavior puts them at risk of infection with HIV; and

WHEREAS, non-confidential/non-anonymous testing may deter members of at risk population from seeking counseling and testing due to fear of the possibility of discrimination in the workplace, housing, or their ability to acquire or maintain health insurance,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls upon the Congress to enact legislation which would provide adequate funding to allow localities to operate HIV counseling and testing sites and to provide immediate HIV testing to those who wish to be tested after appropriate pre-test counseling; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors urges that such HIV testing legislation also contain national safeguards against the use of HIV test results for non-medical reasons, restricts access to HIV test results and provides for appropriate penalties for breach of confidentiality, and

BE IT FURTHER RESOLVED that The United States Conference of Mayors urges the Congress to enact legislation which requires any organization or individual (such as a private physician) which performs HIV antibody testing to include as part of the HIV testing program, pre- and post-test counseling components which discuss AIDS, the HIV antibody test, the meaning of results of the test, and techniques for reducing the possibility of exposure to HIV or its further transmission.

adopted June 1988, Salt Lake City

AIDS

WHEREAS, as of June 1989, over 90,000 Americans have been diagnosed with AIDS, 60,000 of whom have died, and over 1.5 million Americans are estimated (according to federal officials) to be infected with HIV; and

WHEREAS, community based AIDS education activities can help in stemming the further transmission of the HIV virus; and

WHEREAS, there is evidence of a severe shortage of health care practitioners willing and able to care for the thousands of people who are now and will become ill with HIV related disease; and

WHEREAS, the care of a significant majority of persons with AIDS is occurring either in public hospitals or in institutions which rely heavily upon publicly funded reimbursement programs for their revenues; and

WHEREAS, many persons with AIDS, unable to continue gainful employment, will find themselves at the mercy of public programs both to support themselves and to finance their medical care; and

WHEREAS, the AIDS epidemic is a threat to the population of women who have long been denied adequate access to medical care; and

WHEREAS, there is a rapid increase in the number of cases of AIDS among children born to women who themselves face a tragic death from this disease; and

WHEREAS, the responsibility for the care of such children most often falls upon local government,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls for $750 million for funding federal prevention and education activities; and

BE IT FURTHER RESOLVED that the federal government take the lead in funding the education of a wide variety of medical providers in order to enable them to provide compassionate and competent care to persons with HIV related diseases; and

BE IT FURTHER RESOLVED that reimbursement under Medicaid and Medicare account for:

- the increased cost of adherence to universal body fluid precautions;
- the increased cost of providing care to persons with HIV related illnesses; and

BE IT FURTHER RESOLVED that the federal government provide direct programmatic support for the development of case management systems designed to provide access to a wide variety of high quality services for persons with HIV related illnesses; and

BE IT FURTHER RESOLVED that the federal government, through the Title V Maternal and Child Health program, provide additional funding so that pregnant women receiving care through publicly funded programs have access to prenatal HIV education, counseling, and testing services.

adopted June 1989, Charleston

CONDOM ADVERTISEMENTS ON TELEVISION

WHEREAS, each year over 300,000 teenagers become sexually active; and

WHEREAS, there are over one million teenage pregnancies in the U.S. each year; and

WHEREAS, the rates of gonorrhea, syphilis, herpes, chlamydia and other sexually transmitted diseases are rising in many cities; and

WHEREAS, condoms help prevent the transmission of sexually transmitted diseases such as gonorrhea, syphilis, herpes and chlamydia; and

WHEREAS, as of May 1989, over 91,000 Americans have been diagnosed with AIDS, which is transmitted primarily through unprotected sexual acts; and

WHEREAS, the number of Americans infected with the human immunodeficiency virus (HIV) is estimated at between 1 and 1.5 million; and

WHEREAS, according to the federal Centers for Disease Control, after abstinence "condoms are the best preventive measure against AIDS...." and the U.S. Surgeon General has stated "if correctly used [condoms] can dramatically reduce one's risk of exposure" to the HIV virus; and

WHEREAS, The United States Conference of Mayors believes that abstinence and the avoidance of promiscuous sex is the best way to avoid teenage pregnancy and the spread of sexually transmitted diseases; and

WHEREAS, television provides a crucial public access point to information about issues affecting our society; and

WHEREAS, television advertising is a major source of product information; and

WHEREAS, television can play the single most important role in educating the American public about actions and methods that should be followed to protect oneself from exposure to HIV; and

WHEREAS, television programming in the 1980s frequently includes sexually suggestive programs and that the television industry is also including references to barrier contraception in entertainment and news programming; and

WHEREAS, television networks and local stations operate in the public interest and have a responsibility to provide information to the nation and their communities concerning protection against disease; and

WHEREAS, to date, television has been unique among the media in not accepting paid advertising for condoms,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on the television broadcast networks, their local affiliates, cable networks, and independent television stations to accept and air paid advertisements for condoms; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors calls for expanded broadcast use of free public service advertising in large audience time slots especially to enhance public understanding of AIDS and prevention measures to avoid HIV infection, including abstinence and the use of condoms.

adopted June 1989, Charleston

EARLY INTERVENTION FOR THE TREATMENT OF HIV INFECTED PERSONS

WHEREAS, recent medical research indicates that early initiation of treatment for HIV infected persons, particularly before symptoms of HIV-related illness are manifested, (1) increases survival rates; (2) suppresses the onset of HIV-related illnesses; and (3) enhances the likelihood that HIV infection is manageable as a chronic, rather than a fatal, illness; and

WHEREAS, drugs that have proven effective in managing HIV infection and have been approved by FDA as acceptable treatments under FDA's treatment-IND (investigational new drug) program include: Zidovudine (Retrovir, AZT), and aerosol pentamidine, among others; and

WHEREAS, aerosol pentamidine treatments cost $150 per month, and AZT treatments cost $8-10,000 per year; and

WHEREAS, the U.S. Assistant Secretary for Health, James Mason, has indicated the federal Centers for Disease Control will recommend that approximately 200,000 HIV-infected persons begin preventive drug treatment; and

WHEREAS, most drugs used for disease prevention are not generally reimbursable under Medicaid and private insurance; and

WHEREAS, the Public Health Service Intragovernmental Task Force on AIDS Health Care Delivery has recommended consideration of Medicaid and private insurance coverage of FDA-approved treatment-IND drugs, and the National Academy of Sciences has called for required reimbursement for treatment IND drugs,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors endorses Medicaid, Medicare, and private insurance coverage of treatment IND drugs for the treatment of HIV as well as other illnesses; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors calls for federal financing of programs promoting early intervention through the development of linkages between community-based HIV/AIDS prevention education and services for HIV-infected persons.

adopted June 1989, Charleston

HOUSING FOR PEOPLE WITH AIDS

WHEREAS, people with AIDS and AIDS-related complex (ARC) often face a variety of difficulties, due to disabling physical conditions caused by the disease; and

WHEREAS, people with AIDS and ARC may also be subject to discrimination, which may impede their ability to obtain or maintain employment and housing; and

WHEREAS, the President's Commission on the HIV Epidemic concluded that "HIV-related discrimination is impairing this nation's ability to limit the spread of the HIV epidemic;" and

WHEREAS, the Supreme Court of the United States ruled in the School Board of Nassau, Florida v. Arline, that persons with contagious diseases are individuals with handicaps and are thus protected from discrimination under Section 504 of The Rehabilitation Act of 1973; and

WHEREAS, the U.S. Department of Justice has affirmed that both people with AIDS and asymptomatic HIV infected persons are individuals with handicaps and are protected from discrimination under Section 504 of The Rehabilitation Act of 1973; and

WHEREAS, the Fair Housing Amendments Act of 1988 (P.L. 100-430) extended housing anti-discrimination protections to people with AIDS and HIV infection; and

WHEREAS, with access to experimental drugs such as AZT, people with AIDS and ARC are increasingly living productive lives long after diagnosis; and

WHEREAS, people with AIDS and ARC often have impaired mobility and could benefit greatly from group homes or supportive residential housing options; and

WHEREAS, the U.S. Department of Housing and Urban Development has determined that people with AIDS and ARC do not qualify as people with physical handicaps, and thus has refused to permit funding for Section 202 housing for people with AIDS and ARC,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on the U.S. Department of Housing and Urban Development (HUD) to construe the term "handicap" as including people with AIDS and ARC, and reverse its policy of denying people with AIDS and ARC eligibility for Section 202 housing for the handicapped; and

BE IT FURTHER RESOLVED that the Conference calls on HUD to allow organizations desiring to construct or rehabilitate housing for people with AIDS and ARC to be eligible to receive loans under Section 202 of the Housing Act of 1959; and

BE IT FURTHER RESOLVED that the Conference calls on Congress to authorize HUD to undertake a demonstration program to serve as a model for the development of effective housing options for people with AIDS and ARC.

adopted June 1989, Charleston

DRUG TREATMENT AND PUBLIC HEALTH

WHEREAS, the drug epidemic is a public health emergency of major proportions affecting a growing number of men, women, and children; and

WHEREAS, drug abuse is a problem that can be addressed and affected by primary prevention, a basic principle of public health; and

WHEREAS, the increasing prevalence of drug use and addiction among women of child-bearing age and the impact on infants, children, and families will have serious, long-term consequences for a generation of children and families; and

WHEREAS, the impact of the preponderance of these children and their families is taxing local government child protective service systems, foster care services, treatment and family support programs, and, health and hospital services; and

WHEREAS, public hospitals and clinics are faced with the growing problem of drug related admissions, the majority of which are medically indigent; and

WHEREAS, public hospital and clinic patients must wait longer and longer for admission, emergency room treatment, and admission to substance abuse treatment programs; and

WHEREAS, cities are increasingly relying more and more on public funds to compensate for patients who cannot pay but must be treated; and

WHEREAS, the very ability of the nation's health care safety net to survive is being threatened by substance abuse and AIDS; and

WHEREAS, the creation of programs geared specifically to the needs of substance abusers, such as expansion of inpatient and chemotherapy programs, residential treatment, day care, and outpatient services are needed to establish prevention and treatment rather than make the hospital the focus of care; and

WHEREAS, effective drug treatment referral systems and additional treatment slots are urgently needed; and

WHEREAS, a proportion of the money from drug bust seizures is being returned to the cities for use in law enforcement activities aimed at stopping drug-related crimes; and

WHEREAS, the increased use of crack, in particular, has increased the need for and utilization of drug treatment services; and

WHEREAS, the Medicaid program currently covers only methadone treatment, which is not a treatment for crack, a major category of substance abuse today; and

WHEREAS, the Medicaid program currently does not provide treatment to low-income adults who are not pregnant, do not have children, and who would otherwise be financially eligible; and

WHEREAS, there are long waiting lists for drug treatment facilities across the nation; and

WHEREAS, Medicaid law and regulations do not specifically address the use of Medicaid funds for substance abuse treatment; and

WHEREAS, Medicaid funds cannot be used for the treatment of individuals between the ages of 22 and 65 in "institutions for mental disease" (IMDs), and drug treatment centers are classified as IMDs,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls on Congress to greatly expand federal funding for drug treatment slots and to directly support the local health infrastructure to provide such treatment on demand for all those who seek it; and

BE IT FURTHER RESOLVED that the Administration allocate at least 25% of the exclusively federal share of drug seizure assets for direct use by cities for drug abuse prevention and treatment programs, with the understanding that approximately two-thirds of federal drug seizure assets continue to be allocated among all governmental levels for drug prevention and treatment; and

BE IT FURTHER RESOLVED that Congress expand Medicaid reimbursements for drug treatment by allowing states the option of: (1) covering treatment services -- including services in hospitals, outpatient clinics, residential facilities, and any other drug treatment facility licensed by the State; and (2) providing drug treatment to financially-eligible single individuals as well as pregnant women and families; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors supports increased funding for the Alcohol, Drug Abuse and Mental Health Block Grant.

adopted June 1990, Chicago

HIV/AIDS PREVENTION, TREATMENT, CARE, EARLY INTERVENTION, HEALTH INSURANCE, AND TRAVEL RESTRICTIONS

WHEREAS, AIDS continues to be the number one public health problem facing the country; and

WHEREAS, as of March 1990, more than 128,000 Americans have been diagnosed with AIDS, more than 78,000 of whom have died, and about 1 million Americans are estimated (by the Centers for Disease Control) to be infected with HIV; and

WHEREAS, the Centers for Disease Control estimates that the number of people diagnosed with the disease will increase each year at least for the next several years; and

WHEREAS, AIDS is increasingly concentrated among low-income people; and

WHEREAS, Medicaid is not available to low-income people who meet the income criteria unless they are over age 65, totally disabled, or a member of a family with dependent children; and

WHEREAS, persons with AIDS receiving inpatient care require more hospital personnel, lab services, and longer hospital stays than the average inpatient; and

WHEREAS, Medicaid reimburses hospitals at far less than the costs of delivering inpatient care for persons with AIDS; and

WHEREAS, the Medicaid program alone is not an adequate federal response to the health care needs of people with HIV disease because it does not provide reimbursement for many kinds of essential and cost effective out-of-hospital services or for early intervention care; and

WHEREAS, HIV early intervention health care and treatment is effective at prolonging the productive lives of people with HIV infection, but thousands of Americans who could benefit from this treatment are not now receiving it; and

WHEREAS, the National Institutes of Health recommend that a person who is HIV-infected and has a severely compromised immune system should be taking medication to prevent pneumonia and should be taking AZT early in order to prevent immune deficiency and illness; and

WHEREAS, early intervention drugs cost less than hospital care, though most HIV-infected people become eligible for federal health insurance only when early intervention is too late and hospitalization is needed; and

WHEREAS, cities and states need significant additional funding to provide life prolonging AZT therapy to all those who need it; and

WHEREAS, the disproportionate impact of the AIDS epidemic has been in urban areas, with thirteen cities having 55 percent of all reported AIDS cases -- now reporting over 2,000 cases each; and

WHEREAS, about 5 percent of the nation's urban public health hospitals treat about 50 percent of all AIDS patients; and

WHEREAS, the financial depletion of urban public health systems due to the rise in indigent care, the lack of adequate federal financing and limited private insurance coverage -- has been exacerbated by the AIDS/HIV epidemic; and

WHEREAS, the AIDS epidemic has struck many cities with the force of a major natural disaster, claiming thousands of lives, and challenging the entire health care system and social services network in these cities; and

WHEREAS, other cities, not yet hit hard by the epidemic, need funding to plan prevention and health care and support services in order to keep AIDS from becoming a disaster in their communities; and

WHEREAS, cities and states have been and will continue to pay some of the costs of HIV health care, but they should not be expected to carry the largest share of the cost for a national health crisis; and

WHEREAS, the bipartisan National Commission on AIDS appointed by President Bush and the U. S. Congress supports disaster relief funding to cities; and

WHEREAS, additional funding for AIDS care and treatment will allow our health care system to save money, since much of the new funding would help provide cost effective outpatient care; and

WHEREAS, the lack of suitable housing for people with AIDS has forced many people with the disease to remain in expensive hospital settings after they are ready to be discharged; and

WHEREAS, Congress has passed legislation requiring the President to add the Human Immune-deficiency Virus (HIV) to the list of "dangerous contagious diseases;" and

WHEREAS, the Immigration and Naturalization Act excludes "aliens who are afflicted with any dangerous contagious disease," from entering the United States; and

WHEREAS, travel restrictions therefore apply to people infected with HIV; and

WHEREAS, the Centers for Disease Control has recommended that all disease except active tuberculosis be removed from the list of dangerous contagious diseases used to exclude aliens from the United States; and

WHEREAS, decisions about the classification of various diseases should be made by public health experts; and

WHEREAS, current policy discriminates against people who are HIV infected and is not based on valid public health concerns,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors calls for expansion of Medicaid, at the states' option, for payment of early intervention drugs and services for low-income HIV-infected people -- including both families and single individuals; and

BE IT FURTHER RESOLVED that the Medicaid Program provide new subsidies to hospitals that bear a disproportionate share of caring for AIDS Medicaid patients; and

BE IT FURTHER RESOLVED that the Congress fully fund disaster-assistance for comprehensive health and support services to cities and states that have been hard hit by the AIDS epidemic, at $600 million annually for fiscal years 1991 through 1995; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors supports federal disaster relief funding to the cities which have been hit the hardest by the AIDS epidemic and additional federal funding for AIDS prevention, care and treatment to cities and states around the country; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors supports substantial increases in federal funding for HIV early intervention counseling, health care and AZT and other drug therapies so that this life prolonging care may be provided to more people in the early stages of HIV infection; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors calls for $3 billion of federal funding annually for prevention, education, and treatment activities; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors supports increased federal assistance for housing for people with AIDS and HIV disease; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors is opposed to public health related travel restrictions which are not based on sound public health concerns; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors supports giving full authority to determine which conditions constitute dangerous contagious diseases to public health officials.

adopted June 1990, Chicago

AIDS: ENTERING THE SECOND DECADE

WHEREAS, 10 years into the AIDS epidemic, there were over 180,000 cases of AIDS as of June 1991; and

WHEREAS, 56 percent (94,134) of the nation's AIDS cases are reported in 26 American cities surveyed by The U.S. Conference of Mayors in its June 1991 report "The Impact of AIDS on America's Cities"; and

WHEREAS, there are an estimated 508,720 to 657,421 persons with HIV infection in those 26 cities, comprising over 50 percent of the estimated one million persons with HIV infection in the U.S.; and

WHEREAS, communicable diseases flourish in an environment of turmoil; and

WHEREAS, the Ryan White CARE Act was authorized for FY91 at $881.5 million but was funded at $350.5 million, of which only $144 million is new funding; and

WHEREAS, Title I of the Ryan White CARE Act, which provides direct funding to cities with the highest number of AIDS cases, was authorized for $275 million but was funded in FY91 at $87.8 million for 16 cities; and

WHEREAS, in FY92, 18 cities are eligible for Title I funding; and

WHEREAS, AIDS represents only the end-stage manifestation of HIV disease, wherein earlier stages range from asymptomatic to symptomatic immune dysfunctions; and

WHEREAS, the nation lacks a system through which to develop standards of care to advise physicians and other health care providers on state-of-the-art treatments and protocols as they are reported from the research and care field, the consequences of which are an uneven and inconsistent level of medical advice and support; and

WHEREAS, women are among the groups with the fastest percentage increase of AIDS cases, representing 10.5 percent of the nation's total cases; and

WHEREAS, there are medical reports that women develop AIDS-related symptoms through a set of "indicator" illnesses which are significantly different from those of men with AIDS-related illness, such as chronic pelvic inflammatory disease and chronic refractory vaginal thrush; and

WHEREAS, the Centers for Disease Control is currently reviewing the surveillance definition for AIDS which is used to track the number of persons with AIDS; and

WHEREAS, the CDC surveillance definition is also used for purposes of defining HIV-related illness in order to qualify for a range of medical and support services;

WHEREAS, a June 1991 Conference of Mayors survey of 26 cities identified significant prevention education gaps, particularly among gay/bisexual minority men, gay/bisexual nonminority men, substance abusers, Blacks, Hispanics, high risk youth (such as runaways), and women; and

WHEREAS, ongoing education, including education designed to reinforce risk reduction messages that will help individuals avoid relapse into unsafe behavior, was identified in the survey as the greatest need across all groups; and

WHEREAS, Surgeon General C. Everett Koop, in his landmark 1986 "Report on AIDS," stated that the best way to avoid AIDS is through education and that easily understood and straightforward information on all aspects of AIDS is essential, and should be provided to school children at an early age, in elementary school; and

WHEREAS, prevention education remains the only effective tool in the fight against AIDS and is a comparatively inexpensive and extremely cost-effective way to support the fight against this epidemic; and

WHEREAS, education is most effective when developed at the local level, by affected communities, and provides culturally and linguistically appropriate information on risk reduction; and

WHEREAS, IV drug use represents one of the fastest growing sectors of increasing numbers of HIV infected persons, comprising 22 percent of the nation's AIDS cases; and

WHEREAS, in 1987 IV drug users comprised 15.8 percent of AIDS cases in 22 cities surveyed by the Conference of Mayors, and through 1990 had risen to 20 percent of the total in those cities; and

WHEREAS, educational interventions for IV drug users to reduce transmission of HIV infection have been undertaken in several cities, including distribution of bleach and instructions on cleaning needles, exchange of used IV needles for clean IV needles and referrals to drug treatment; and

WHEREAS, HIV testing and counseling is an effective means through which to receive one-on-one counseling about HIV/AIDS and risk reduction/avoidance; and

WHEREAS, universal body fluid precautions have proven to be the most effective means of preventing the transmission of HIV in health care settings and under emergency first responder conditions; and

WHEREAS, Secretary of the U.S. Department of Health and Human Services Louis Sullivan, during 1990-91, proposed a revision in federal immigration guidelines that would remove HIV infection, among others, from the list of diseases serving as a basis for exclusion from entry into the U.S.; and

WHEREAS, the AIDS epidemic has overwhelmed AIDS care and prevention systems and has, according to the Conference of Mayors' AIDS Task Force survey, placed a heavy and disproportionate reliance on Medicaid and other public insurance mechanisms to cover AIDS care costs; and

WHEREAS, the Conference of Mayors' June 1991 report also identified service system strains, including waiting lists for publicly funded HIV early intervention care; inadequate federal AIDS drug treatment funds; staffing shortages and burnout, inadequate space and facilities; and

WHEREAS, Medicaid and federal care systems are overwhelmingly focused on inpatient hospital care and do not provide for outpatient ambulatory care, which is more cost-effective and appropriate; and

WHEREAS, corporations are entitled to earn a fair return on their investments, but when Congress created special incentives for research investment into diseases affecting limited numbers of people, they were not intended to facilitate undue profits; and

WHEREAS, the Conference of Mayors report also identified, across all groups, service shortages for outpatient care, substance abuse treatment, and housing; and

WHEREAS, the private sector has proven crucial in a number of cities in providing leadership in the fight against AIDS by providing support to employees with HIV disease, educating employees on AIDS, and assisting cities as they call for federal support and leadership in the fight against AIDS; and

WHEREAS, there exist in many cities a housing shortage and outpatient care facility shortage for persons with AIDS; and

WHEREAS, because of the Savings and Loan crisis, a number of hotels multi-family dwellings and single family homes have come under the ownership of the Resolution Trust Corporation (RTC);

NOW, THEREFORE BE IT RESOLVED, that The United States Conference of Mayors reiterates its call for full funding by the U.S. Congress of the Ryan White CARE Act; and

BE IT FURTHER RESOLVED, that the Conference of Mayors calls on Congress and the Administration to increase its emphasis on and funding for prevention education

activities which promote high-risk behavioral change in a culturally sensitive and appropriate manner; and

BE IT FURTHER RESOLVED, that the Conference of Mayors calls for a revision of federal and state eligibility criteria to account for the full spectrum of HIV-related illness, which is most appropriately dealt with as "HIV disease;" and

BE IT FURTHER RESOLVED, that the Conference of Mayors calls for an organized national system of prevention and care (early intervention) for HIV-infected people and their families, providing all HIV-infected people with access to long-term medical, behavioral, and psychosocial-managed care; and

BE IT FURTHER RESOLVED, that federal standards of care guidelines be developed to advise physicians and other health care providers on state-of-the-art treatments and protocols as they are reported from the research and care field; and

BE IT FURTHER RESOLVED, that the CDC continue its examination of the surveillance definition of AIDS among women and develop a consensus on the unique implications HIV presents for women and revise the definition accordingly; and

BE IT FURTHER RESOLVED, that community-determined comprehensive sexuality education--which could include ready access to condoms provided within the context of coordinated sexuality and HIV, sexually transmitted disease, and pregnancy education programs-- should be provided to youth; and

BE IT FURTHER RESOLVED, that the federal government should embark upon demonstration programs to study, in a select number of applicant cities, the efficacy of reducing transmission of HIV among IV drug users through a program of controlled and closely evaluated exchange of used IV needles and associated paraphernalia for clean IV needles and associated paraphernalia and whether such exchange increases the availability or use of IV drugs; and

BE IT FURTHER RESOLVED, that the Conference of Mayors opposes efforts to require universal testing of health care workers and other first responders in a misguided attempt to control HIV infection in health care and emergency settings, except in specific categories as determined by public health authorities; and

BE IT FURTHER RESOLVED, that the federal government undertake a review of AIDS drug and treatment research so that the most expedient, cost-effective, and humane means are followed in developing AIDS drugs by the private and public sectors and that undue profits are not realized by companies who benefit from federal subsidies; and

BE IT FURTHER RESOLVED, that the Conference of Mayors supports Secretary of HHS Louis Sullivan's recommendation this Spring, and that of other public health officials at the federal, state, and local level, to lift the ban on immigration for persons with HIV infection and AIDS visiting the United States; and

BE IT FURTHER RESOLVED, that the Conference of Mayors calls upon corporations to forge partnerships with the public sector in providing leadership, education, services, and support for increased federal funding for the HIV epidemic; and

BE IT FURTHER RESOLVED, that some portion of housing and hotels owned by the Resolution Trust Corporation (RTC) be developed and converted for use as outpatient care facilities and/or housing for people with HIV.

adopted June 1991, San Diego

HEALTH/SEXUALITY EDUCATION FOR YOUTH

WHEREAS, more than half of American teenagers have had sexual intercourse and face significant sexual health risks; and

WHEREAS, each year over one million teenagers become pregnant, one in seven teenagers contract a STD, and one in five hundred students on college campuses are infected with HIV; and

WHEREAS, forming a sexual identity is a key developmental task of adolescence; and

WHEREAS, adolescents require accurate information about sexuality, opportunities to explore their values in supportive environments, and encouragement for responsible decisionmaking; and

WHEREAS, responsible adolescent sexual relationships, like those of adults, should be consensual and nonexploitive; and

WHEREAS, adolescents should practice precautions against unintended pregnancies and sexually transmitted diseases, including HIV/AIDS,

NOW, THEREFORE, BE IT RESOLVED, that the U.S. Conference of Mayors endorses the provision of comprehensive sex education to adolescents as endorsed by U.S. Surgeon General C. Everett Koop in 1986; and

BE IT FURTHER RESOLVED, that the Conference of Mayors supports education about abstinence, sexual limit-setting and resisting peer pressure that is designed to support adolescents in delaying sexual intercourse until they are ready for mature sexual relationships; and

BE IT FURTHER RESOLVED, that the Conference of Mayors supports comprehensive sex education that includes information about pregnancy, sexually transmitted diseases and HIV/AIDS, and which provides information, access and/or referral on methods to avoid pregnancy and prevent contracting STDs, including HIV/AIDS.

adopted June 1991, San Diego

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FEDERAL AIDS STRATEGY AND POLICY

WHEREAS, more people have died from AIDS in the United States than from the Korean and Vietnam wars combined, and the Centers for Disease Control estimates that 45,000 persons become infected each year in the U.S., and currently 1 in every 250 U.S. citizens is infected with HIV; and

WHEREAS, at least 9-11 million adults and 1 million children worldwide have already been infected by the HIV virus, and that the World Health Organization (WHO) estimates that HIV infections by the year 2000 will range from 30 to 40 million; and

WHEREAS, the poor, women and the young are the new targets of the epidemic; and

WHEREAS, scientific data indicates that women are more easily infected than men through heterosexual contact; and

WHEREAS, as health insurance providers and employers have singled out individuals afflicted with AIDS by limiting medical benefits for HIV- and AIDS- related claims under their health insurance plans, as was the case in John McGann v. H & H Music Co., et al., (946 F.2d 401), in which employee McGann was diagnosed HIV-positive and had his benefits cut from $1 million to $5,000 by his employer; and

WHEREAS, fear of discrimination and loss of benefits, particularly health, will discourage individuals from seeking early detection and treatment; and

WHEREAS, prevention education is the only "vaccine" currently available for HIV infection; and

WHEREAS, the United States last year actually reduced funding for education and the prevention of AIDS and has yet to adequately fund the Ryan White CARE Act; and

WHEREAS, the federal government is therefore essentially chasing the epidemic rather than containing it strategically through a comprehensive plan; and

WHEREAS, Congress and the Administration have not fully responded to the AIDS emergency we are facing, and this inaction by the government is paid for every day with numerous lives,

NOW, THEREFORE, BE IT RESOLVED, that The United States Conference of Mayors calls upon each presidential candidate to put a high priority on AIDS and to put forward a specific, strategic plan to stop this disease; and

BE IT FURTHER RESOLVED, that the Conference of Mayors calls upon Congress to address the problem of reduction in AIDS health benefits by passing legislation that would require that AIDS be treated fairly by health insurance providers and employers with regard to insurance coverage and other employment benefits; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors join with the American Medical Association, the American Association for Retired Persons, the National Governors' Association and others in support of the plaintiff in Greenberg v. H&H Music Co.; and

BE IT FURTHER RESOLVED, that The United States Conference of Mayors calls on Congress and the President to bring all sectors involved in this epidemic together to formulate a national strategic plan for dealing with AIDS to include, at a minimum, the following elements:

- A substantial increase in prevention education funding for the Centers for Disease Control;
- A comprehensive AIDS education campaign in plain language and available to all levels of instruction;
- Full funding for the Ryan White CARE Act;
- An early detection program that encourages individuals to seek testing, counseling and treatment.

Adopted June 1992, Houston

ROUTINE HIV/AIDS TESTING SERVICE IN LOCAL HEALTH DEPARTMENTS

WHEREAS, in a survey conducted at 20 hospitals by the Centers for Disease Control in fifteen U.S. cities, approximately five percent of randomly sampled blood specimens were positive for HIV; and

WHEREAS, among these HIV-positive patients, 32 percent had symptomatic HIV-infection or AIDS at the time of admission or evaluation; and

WHEREAS, in these twenty hospitals, HIV-seroprevalence was 10.4 times the AIDS diagnosis rate; and

WHEREAS, the CDC estimates that about 225,000 HIV-positive persons were hospitalized in 1990 of whom only one-third were admitted for symptomatic HIV-infection or AIDS; and

WHEREAS, on January 15, 1993 the CDC recommended routine voluntary testing; and

WHEREAS, this recommendation is an important step in the early detection policy recommended by public health officers and previous resolution of the U.S. Conference of Mayors,

NOW, THEREFORE, BE IT RESOLVED that The U.S. Conference of Mayors calls upon the Administration and Congress to appropriate funds to local health departments for routine, voluntary HIV-testing of patients, 15 to 54 years of age, in hospitals reporting one or more newly-diagnosed patients with HIV per every 1000 discharged per year in accordance with CDC recommendations.

1993 New York