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June 19, 1995

Memorandum for Patsy and Jeff

From: Julie Blessing

Subject: Today's News

In the news:

President Clinton's new Advisory Council on HIV/AIDS seems to have much support, although Steve Michael of Act Up Washington criticizes it. (New York Times, 6/16/95)

The President has sent letters to the gay elected officials apologizing for the glove incident last Tuesday. (Washington Post, 6/19/95)

This weekend many gay and lesbian individuals attended the Lesbian and Gay Freedom Festival parade. There was a large turnout which gave a feeling of support to many who attended. (Washington Post, 6/17/95)

In the Loop:

The President's new Advisory council on HIV/AIDS is to chaired by R. Scott Hitt. Bob Hattoy, Phyllis Greenberger, and H. Alexander Robinson were also named to the council. (Washington Post, 6/19/95)

According to a preliminary analysis by the Congressional Budget Office, President Clinton's budget proposal would not meet his expectations to eliminate the deficit in 10 years. Instead, it would allow the deficit to hover around \$200 billion a year throughout the decade. (Washington Post, 6/17/95)

Editorials:

*President Clinton's new stand on Medicaid is "good", however his stand on Medicare is "weak". (Washington Post, 6/19/95)

*a response to a May 29th editorial about mandatory testing of babies and their mothers for the HIV virus (Washington Post, 6/17/95)

*the writer believes that HIV testing should be mandatory for newborns because the knowledge of being infected is important for the health of the baby (Washington Post, 6/17/95)

*an editorial regarding the strain that the public health system is under due to all the recent changes and financial burdens

*a cartoon regarding the gloves incident

Clinton Creates Group to Improve Campaign Against AIDS

By DAVID W. DUNLAP

President Clinton created a new council yesterday, headed by an openly gay doctor from Los Angeles, to advise him on how the Government might improve AIDS prevention, treatment and research.

But the most urgent item on the Administration's AIDS agenda, for the moment, was recovering from an incident on Tuesday in which a delegation of gay and lesbian elected officials was met at the White House by uniformed Secret Service officers wearing rubber gloves.

The officers were apparently concerned about the risk of infection from H.I.V., the virus that causes AIDS. Their action drew sharp criticism and apologies from senior members of the Administration, together with assurances that special training sessions in health and safety issues would be held for the officers.

State Representative George Elghmey of Portland, Ore., played down yesterday the significance of the incident in the wake of front-page newspaper articles and television coverage across the nation.

"This was a very minor incident

The Administration acts to recover from an embarrassing incident.

— albeit offensive," Mr. Elghmey said. "It was immediately corrected, and I am satisfied. The fact that 50 openly gay and lesbian officials came to the White House to be briefed is the story. For the first time, we've been included not only in the information loop but in a request for guidance."

Guidance is also to come from the Presidential Advisory Council on H.I.V./AIDS, as the new panel is called. Patricia S. Fleming, the national AIDS policy director, said its 30 members would bring "real-world experience" to AIDS deliberations. "Each has some personal experience with the AIDS epidemic, which can be useful to us as we make policy," Ms. Fleming said.

The chairman is Dr. R. Scott Hitt of the Pacific Oaks Medical Group,

which the White House press office described as the largest private medical practice in the nation specializing in AIDS and H.I.V.

Dr. Hitt, 36, is also co-chairman of the Gay and Lesbian Victory Fund, a political-action committee, and is on the board of AIDS Project Los Angeles, a service organization.

Several council members have AIDS or H.I.V., including Bob Hattoy, the White House liaison at the Interior Department, and Steve Lew, the executive director of the Gay Asian Pacific Alliance Community H.I.V. Project in San Francisco.

Other members include Mary Boland, director of the National Pediatric and Family H.I.V. Resource Center at the University of Medicine and Dentistry of New Jersey, in Newark; Debra Fraser-Howze, president of the National Black Leadership Commission on AIDS, in New York, and Benjamin Schatz, executive director of the Gay and Lesbian Medical Association.

The council was criticized by Steve Michael of Act Up Washington, who is running for the Democratic Presidential nomination.

"Coming nearly three years into

Clinton's Presidency and two years after the National Commission on AIDS expired," Mr. Michael said, "it proves that he has no commitment to ending the AIDS crisis."

On Capitol Hill yesterday, bills were introduced in both the Senate and House to prohibit job discrimination against homosexuals. There is no such nationwide protection now. Nine states and dozens of cities and towns have enacted such measures, although several of the local laws have been overturned.

Among the sponsors of the bill are Senator Edward M. Kennedy, Democrat of Massachusetts; Senator James M. Jeffords, Republican of Vermont; Representative Gerry E. Studds, Democrat of Massachusetts and Representative Constance A. Morella, Republican of Maryland.

Joining in the announcement yesterday were five gay and lesbian relatives of members of Congress, including Candace Gingrich, a spokeswoman for the Human Rights Campaign Fund and sister of Speaker Newt Gingrich, and Chastity Bono, daughter of Representative Sonny Bono, Republican of California.

6/16/95
New York Times

6/19/95
W. Post

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Clinton Letter Apologizes For Insult to Gay Visitors

President Clinton has written gay elected officials who attended a White House meeting last week, apologizing for "the inappropriate and insensitive treatment" they received by Secret Service officers who put on rubber gloves before admitting them.

In a letter sent over the weekend, Clinton said he had discussed the incident with Secret Service Director Eljay B. Bowron, who, the president added, "is taking steps to ensure that it will not happen again and is already redoubling his efforts on training and education."

Bowron also has expressed regret for the episode in which at least four guards who check visitors' handbags and the like at a White House entrance donned the gloves, apparently out of concern about being infected by HIV, the virus that causes AIDS.

Outraged by the action, homosexual officials saw it as a sign of continuing discrimination against gays and ignorance about how HIV is transmitted, noting that the virus cannot be spread by casual contact.

The White House meeting for about 50 state and local officials had been set up to improve relations with the gay community,

which has been critical of the administration's decision not to intervene in a Supreme Court case involving gay rights.

"I want to apologize for the inappropriate and insensitive treatment several of the participants were subjected to at the entrance gate of the White House," Clinton wrote, according to a copy of the letter obtained by The Washington Post. "It was wrong."

The president thanked the gay officials for attending the meeting. "I deeply regret any insult or embarrassment you suffered," he added. "You are welcome in the White House, and I look forward to continuing to work with you in the future."

Protesters chanting "shame, shame" festooned the iron fence of the White House with at least 75 rubber gloves yesterday afternoon, according to an Associated Press report. The protesters, who apparently had left a march in a Gay Pride Day parade, jammed the gloves over the spikes of the black iron fence.

Police did not remove the gloves while the protesters were in the area but carried them away in garbage bags a short while later, the AP reported.

The Freedom To Celebrate Gay Pride

Festival Draws Thousands To New Downtown Site

By Eric L. Wee

Washington Post Staff Writer

For 20-year-old Charlotte Hernandez, yesterday's Lesbian and Gay Freedom Festival parade was about the support she felt seeing thousands of other gays together as she danced on a float weaving its way through downtown Washington.

For others, the party was the thing. They listened to music and celebrated their sexual orientation.

But for Si Snow, a Uniglobe travel agent, yesterday was all business.

"The gay and lesbian travel market is exploding," Snow said at his booth at Freedom Plaza as he handed out vacation brochures. "It's a burgeoning market, and we wanted to get a foothold. Events like this are one way to get exposure."

No longer a block-party-style event limited to the Dupont Circle area, the parade and festival moved downtown this year, reflecting what organizers said is its increasing popularity as well as their efforts to have the celebration become more mainstream.

Thousands lined the route of the parade, which began at New Hampshire Avenue and 17th Street NW. The more than 75 floats and groups included everyone from bare-chested men wearing chaps and leather G-strings to drag queens to those in ethnic gay groups. The parade wound past Dupont Circle and down Connecticut Avenue NW before ending in front of cheering crowds at Freedom Plaza.

There, rows of information booths, T-shirt stands and food vendors lined the closed sections of Pennsylvania Avenue and E Street NW.

"We feel it's time for the gay and lesbian community to take its rightful place in the heart of the city," Lois Wesly, festival co-chairwoman, said of the event's move

See PRIDE, B6, Col. 1

Thousands Turn Out for Gay, Lesbian Festival

PRIDE, From B1

downtown. "We're from everywhere, from Takoma Park to Dupont Circle to Arlington, and now we can come together in one central spot and celebrate our diversity."

The mainstreaming of the festival was reflected in the presence of representatives from Uniglobe and other companies that are trying to attract business from the gay market.

Sandi Tedder, a Long & Foster real estate agent from Fairfax, aggressively called out to anyone walking near her booth in the hopes of making them a future customer.

"A colleague came down to the festival last year and got a lot of sign-ups," Tedder said, as she chewed the last of her barbecued pork chops. "There is a lot of business down here—a lot of business."

The spectrum of services offered

to the gay community also was represented. Dave, 32, sat with his wife and two young children and gave out information for the Gay Married Men's Association, a group that supports husbands in heterosexual marriages who realize they're gay.

Another group was offering to care for pets belonging to those suffering from HIV or AIDS.

With afternoon performances from groups such as disco icons the Village People, as well as the Gay Men's Chorus, the festival took on a party atmosphere as people sat on blankets and beach chairs listening to the music. D.C. Mayor Marion Barry and Del. Eleanor Holmes Norton (D-D.C.) addressed the crowd.

Many at the event said the festival gave them a chance to freely express their homosexuality without fear of retribution.

"We just love this," said Jeff Minnich, 37, of Arlington, as he cheered for some drag queens go-

ing past on their floats. "We can be who we are. We can kiss; we can hold hands. It's such a free and open day."

Relatives of gay men and lesbians also came to show their support. Robert and Claudia Egger, who live in the District, took their 5-year-old daughter, Julia, to watch the parade and to be with Robert Egger's two lesbian sisters.

"It's part of living in the city," Robert Egger said.

Yesterday's parade was the culmination of a week-long schedule of events that included film festivals, sports contests and a ceremony to remember those lost to the AIDS epidemic.

"The expansion was to appeal to the diversity in our community," said Keith Clark, president of One in Ten, a gay-rights group that sponsored the event. "There are so many different types of people in the gay and lesbian community, it was next to impossible to appeal to

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W. Post
6/19/95

Putting CIA's Counsel to the Test

By Al Kamen
Washington Post Staff Writer

The office of the CIA's general counsel has been involved in some highly embarrassing scandals in the past decade or two, including then-counsel, now judge, Stanley Sporkin's memorable creation of a retroactive authorization for the arms-for-hostages deal at the heart of the Iran-contra affair in the late 1980s. It included an astonishing instruction that the CIA's director was "not to brief the Congress" on the deal.

More recently, under the Bush administration, lawyers at the spy agency produced a memorandum on the politically charged Banca Nazionale del Lavoro bank fraud case that the agency later admitted was misleading and incomplete. Charged with stopping illegal covert activities, the office at times acts as if it were pursuing a political agenda by turning a blind eye to the agency's misdeeds, critics say.

Since 1991, Sen. John Glenn (D-Ohio)—one of the CIA's most ardent supporters—has been waging a fairly lonely battle to require that the agency's top lawyer be subject to Senate confirmation. He says that doing so would give the post higher visibility and more prestige, force the president to choose more wisely, and bring some accountability to the role.

But the agency and its former directors R. James Woolsey and Robert M. Gates successfully blocked Glenn's move. Now, with a new wind evidently blowing at the CIA, the idea has been sanctioned by Director John M. Deutch. Deputy director nominee George M. Tenet noted at a Senate hearing last week that the general counsel gives "critical legal advice, often in secret. . . . This is a person who should be confirmed."

Makes you wonder, what's next? Official disclosure of how much the taxpayers lavish on intelligence—at \$28 billion, one of the CIA's worst-kept secrets?

Ambassador to the Court of Monaco?

■ Rumors have been sweeping Europe that Democratic Party doyenne and Ambassador to France Pamela Harriman is going to marry Monaco's Prince Ranier and become Her Royal Highness. The rumor, denied by the embassy and called ludicrous by a knowledgeable source, was probably fueled by the 75-year-old Harriman's recent appearance, along with a huge crowd, at a charity ball in Monaco and perhaps by her recent legal battles with the Harriman family over a dwindling trust fund. Her Georgetown house is still on the market and we hear the price reportedly has dropped from \$3.5 million to \$2.75 million, with only controversial biographer Kitty Kelly giving it a second look.

Despite that, and despite the castle in Monaco and all, latest word is Harriman, who has gotten rave reviews for her work in Paris, is not set to marry the 72-year-old prince, dismissed by one source as a "lugubrious bore."

Looking for a 'G' Whiz in a Democrat

■ The search is on for a replacement for White House communications director Mark Gearan, penciled in as Peace Corps director.

Some folks are mentioning White House speechwriter Donald Baer for the job. Word is Baer is not interested. He moved up recently from a deputy assistantship to become assistant to the president and recently moved over to an office in the coveted west wing, leaving a palatial suite in the C Executive Office Building for the tiny, windowless office and setting off a feeding frenzy for his old furniture. Sources say Clinton wants a Democratic variant of David R. Gergen.

This may take a while.

Comings, Goings and Stayings

■ Heading out. . . . Lawrence J. Caviola, now special assistant to Defense Secretary William J. Perry and before that a deputy undersecretary of defense for acquisition operations, who also had been deputy staff director on the House Armed Services Committee, is off to the private sector, working for Loral, the big defense conglomerate. Neal Flieger, formerly chief flack for the House hunger committee and more recently deputy administrator of the Agriculture Department's Food and Consumer Service, is going private today, working for Edelman Public Relations.

Staying in. . . . Melissa T. Skolfield, deputy assistant secretary for public affairs at the Department of Health and Human Services, is said to be in line to move up to assistant secretary, replacing Avis La Velle.

James M. Jaffee, press secretary for the House Ways and Means Committee under former chairman Dan Rostenkowski, has landed a job as a speechwriter for Internal Revenue Service Commissioner Peggy Richardson. Bob Weiner, formerly press secretary for the House Government Operations Committee and before that at the House narcotics committee, is now at the White House, running the press operation for drug control policy director Leo P. Brown.

Oh Yeah, There's an AIDS Advisory Council

■ Lost last week amid the White House Secret Service officers' Blue Rubber Gloves Brouhaha was Clinton's executive order setting up a presidential advisory council on HIV and AIDS and naming 23 members to it.

The council is to be chaired by R. Scott Hitt, a California physician who is on the board of directors of AIDS Project Los Angeles. Interior Department White House liaison Bob Hattoy, an advocate for people with AIDS and related viruses, was also named to the council, along with two District residents, Phyllis Greenberger, executive director of the Society for the Advancement of Women's Health Research, and H. Alexander Robinson, president of the National Task Force on AIDS Prevention.

6/19/95 W. Post

CBO: Clinton Plan Falls Short

Deficits Would Stay at \$200 Billion, Agency Says

By Eric Pianin
Washington Post Staff Writer

President Clinton's latest budget proposal to eliminate the deficit in 10 years would fall far short of its goals and would allow the deficit to hover around \$200 billion a year throughout the decade, according to a preliminary analysis by the Congressional Budget Office (CBO).

The analysis by the nonpartisan congressional agency, which began circulating on Capitol Hill late yesterday, helped to buttress congressional Republican leaders' com-

plaints that Clinton's proposals would not reduce the deficit.

The deficits during the 10 years estimated by CBO are far higher than Clinton's estimates because the Office of Management and Budget used more optimistic projections for economic growth and federal spending for Medicare and Medicaid.

House Budget Committee Chairman John R. Kasich (R-Ohio) yesterday charged that the president's plan relied on "a very rosy scenario" while providing few details of how it would achieve its goal. Senate Budget Committee Chairman Pete V. Domenici (R-N.M.) said while he agreed with some of Clinton's ideas, such as reducing the growth of Medicare and Medicaid and maintaining current levels of defense

See BUDGET A8, Col. 4



Clinton's Budget Plan Would Fall Short Of Ending Deficits, Hill Analysis Says

BUDGET, From A1

spending, "I just don't think [his budget] gets close to balance."

While GOP leaders initially praised the president for finally climbing on the balanced budget bandwagon, they are shifting the debate away from the merits of the GOP budget plans to Clinton's credibility.

Kasich and Domenici warned Republicans would discount the president's proposals and forge ahead with a compromise of their own for eliminating the deficit over seven years unless the administration came up with more realistic spending cuts. The two chairmen met yesterday with House Speaker Newt Gingrich (R-Ga.) and Senate Majority Leader Robert J. Dole (R-Kan.) to step up efforts to resolve their differences on the budget and tax cuts.

But administration officials insisted Republicans were exaggerating differences between CBO and administration "scoring" of the president's plan and urged them to begin meaningful negotiations to avert a deadlock later this fall that could shut down the government.

"By the administration's economic assumptions and deficit projections—which are prudent, accurate and consistent with mainstream private economists—our policies will bring the budget to balance in 10 years," Alice M. Rivlin, director of the Office of Management and Budget, said last night.

A White House spokesman said, "We believe the administration's forecast is the most accurate.... Ultimately, there has to be a compromise. When and how we get there remains to be seen, and right now the ball is in their court."

After deciding to finally engage Republicans in a debate over the best way to achieve a balanced budget, Clinton unveiled his plan on



REP. JOHN R. KASICH

... Clinton's plan a "rosy scenario"

Tuesday that he said would achieve \$1.1 trillion of savings over 10 years, primarily by slowing the growth of Medicare, Medicaid and hundreds of other domestic programs and by assuming major savings in interest payments on the debt. According to administration projections, the deficit would gradually decline from \$183 billion next year to an \$18 billion surplus by the year 2005.

The analysis prepared by CBO for Republicans shows the deficit instead going from \$196 billion next year to \$210 billion in 2002—the year the Republicans say they will balance the budget—and roughly the same by 2005, the president's target date for deficit elimination.

Rivlin said the projections by CBO and OMB are difficult to make and that administration and congressional estimates frequently differ. The differences this year

amount to an average of about 0.1 percentage point per year in expected economic growth, she said, and fractions of a percentage point per year in growth of spending under Medicare and Medicaid, compounded over 10 years.

According to CBO Director June E. O'Neill, although the differences between the techniques used by CBO and the OMB to project changes in the economy and the deficit are relatively minor, the accumulative effect over time is quite substantial. Also, the CBO projects much faster growth in the consumer price index, which affects indexed benefit programs like Social Security and retirement benefits, than does OMB.

The debate over the relative merits of the baseline projections used by the administration and the Congress is arcane and complicated, but the political ramifications in the current budget war are significant.

When Clinton introduced a major deficit reduction plan in 1993, he intentionally used CBO baselines instead of the administration's projections to underscore the credibility of the proposals and to undercut charges he was using "smoke and mirrors." This time, however, the president is using the more upbeat administration estimates, which has left him open to attacks by Kasich and others that he is engaging in "rosy scenario" tactics. That is a reference to the budgetary sleight of hand used by Reagan administration budget director David A. Stockman during the early 1980s.

A House GOP budget aide yesterday gleefully described Clinton's political gambit as "lose-lose" because he had simultaneously alienated the liberal wing of his party while handing Republicans the issue of credibility.

... And a Clinton Response

IN TAKING a new position on the budget last week, President Clinton also took new positions on Medicaid, Medicare and this year's likely version of health care reform. His Medicaid ideas are good; the Medicare position is disappointingly weak; and it's still too early to tell about the reform proposals. Their strength will depend on fine print yet to be supplied.

To balance the budget in seven years, the Republicans would impose tight cost controls on Medicaid and Medicare alike. The Medicaid limits would likely do serious harm. Partly because enrollment has been rising, the cost of the program, which mainly serves people without the means to pay for health care on their own, has been rising at a rate of 10 percent a year. The budget resolutions now in conference would reduce that to 4 percent, or not much more than the likely overall inflation rate. To enforce the cuts, the Republicans have discussed converting the program from an entitlement, in which payments depend on how many people show up each year, to a system of fixed allotments, so much to each state, in the form of block grants.

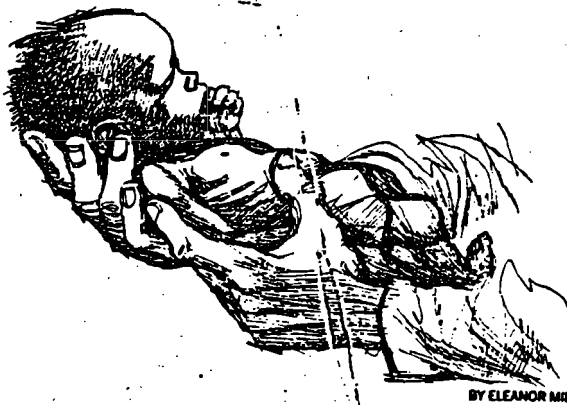
Block grants are a bad idea that tend to strand states and the poor in moments of maximum need. The Republicans are in the process of finding this out on welfare and have already sensibly abandoned the notion with regard to food stamps. Mr. Clinton proposes that they abandon it with regard to Medicaid as well and control costs instead by limiting cost increases per recipient in each state each year. That's the right way to do it, elastic and tough at the same time. The president also would cut costs less than the Republicans propose. That, too, is right. Exactly how much of a cut the Medicaid program can safely sustain then becomes a negotiable item.

Medicare, on the other hand, is a fatty program

that could more easily withstand some greater cost constraint and might even benefit from it. Among much else, there are many Medicare recipients who could afford to pay a little more for their care; there are almost no Medicaid recipients who can. The Republicans propose to extract considerable savings from Medicare; it took guts to make the proposal. Mr. Clinton proposes much smaller savings and says the entire amount should come from providers rather than recipients. If anyone runs the risk of offending the elderly, it will be the Republicans, not he. The real risk in the maneuvering is that a major opportunity for reform will be lost.

Mr. Clinton also proposes (as do many in Congress) that new federal regulations be imposed on the sale of private insurance, so that insurers, for example, could not deny coverage to people with so-called preexisting conditions or refuse to renew the policies of those who got sick. Who will pay the cost if such people are brought within the insurance tent? That's the next question; it was one of the many that dogged last year's health care reform deliberations. The administration says the healthy will be called upon to pay the cost in that insurers "will be limited in their ability to vary or increase premiums on the basis of claims history." That's one of the details to come—whose premiums will likely go up how much?—and other issues that arose last year are also likely to recur.

For the moment, though, the details of the president's proposals may be less important than the outline, and the fact that he is now at the bargaining table. On the health care issues as on the budget generally, it seems to us there's a far better chance of making progress with the administration involved in the process than a week ago when it was not.



'Mothers, Babies And AIDS Tests'

Attempting to address the controversy over mandatory HIV testing for pregnant women and newborns in a few brief paragraphs is bound to oversimplify, distort and ultimately misinform. This is precisely the case with regard to your May 29 editorial "Mothers, Babies and AIDS Tests."

First, the anonymous tests to which you refer are part of an epidemiological study formerly administered by the Centers for Disease Control for the purpose of tracking the incidence of HIV in childbearing women. Yes, as you state, newborns are routinely treated for a number of conditions, including sickle-cell anemia, syphilis and hepatitis B. But there is a world of difference between these tests and the test for HIV.

In the latter case, although it is the newborn's blood that is used to detect the HIV antibody, it is the mother's HIV status that is actually being tested. Every delivering woman whose baby has a positive result for the HIV antibody is deemed to be infected with HIV; however, the HIV antibody is not indicative of infection in the infant. About 15 percent to 25 percent of antibody-positive infants are infected with the virus. In most instances, this diagnosis cannot be made accurately until long after birth.

The sero-prevalence study is blinded, meaning that nobody—including the testing labs, the hospitals and the medical providers—has identifying information. This is not done for some nefarious scheme, as some have implied, but rather for ethical reasons, because the test is done without the consent of the mother and without any provision of follow-up care for her newborn.

As lifelong health care providers and public health advocates for women and children living with this disease, let us state at the outset that we strongly believe that everyone should know his or her HIV status, so that whatever treatment and care is needed can be administered as early as possible. But the way to attain that information is not through mandatory testing. HIV is not equivalent to syphilis, hepatitis or any other treatable, curable illness; HIV is ultimately fatal and carries with it consequences—all well documented—that reach far beyond the infected individual: discrimination in housing and employment, the potential violence of the infected person's partner, fear of losing children to the child-welfare system, the general social stigmatization that accompanies this disease and, not to be minimized, the natural fear of knowing such potentially devastating information. (The state of Illinois, the only state to implement a mandatory HIV testing program—of people seeking marriage licenses—repealed this misguided law when, after two years, 40,000 people decided to marry elsewhere.)

If the goal is to get as many HIV-positive women and children into adequate care as early as possible, medical providers should be required to offer their patients, as a routine standard of care, HIV education and counseling on the benefits of testing. Even if the patient initially refuses, every effort must be made to create an atmosphere of trust and respect for the patient's decisions and to keep her connected to general medical and/or prenatal care.

Mandatory testing of newborns and their mothers will not save lives and will do nothing to stem the spread of HIV. But fortunately, we now have a way to save lives, as your editorial rightly points out. The results of an NIH-sponsored study showed that when the drug AZT was given to HIV-positive pregnant women during pregnancy and delivery and to their newborns during the first six weeks of life, the rate of transmission from mother to child was reduced from 25 percent to 8 percent—a significant outcome. The existence of this treatment makes it all the more urgent that women of childbearing age be offered counseling and testing, ideally even before they become pregnant.

—Helen Rodriguez-Trias
Ana O. Dumois

Helen Rodriguez-Trias is an executive board member of the National Women's Health Network and former director of the AIDS Institute of the New York State Department of Health. Ana O. Dumois is executive director of a network of women's health centers serving low-income neighborhoods in New York City.

AIDS Tests for Babies

WE PUBLISH on the preceding page today an article by Helen Rodriguez-Trias, a pediatrician, and Ana O. Ijuinois, a social scientist, both of whom specialize in the area of women's health and AIDS. The writers disagree with a May 29 editorial that criticized a decision of the U.S. Centers for Disease Control to suspend anonymous testing of newborns for the AIDS virus. Our position was, and remains, that these tests should be resumed, extended and handled in a manner that will make it possible to match blood samples with individuals so that test results can be provided to those infected.

The writers argue that it is preferable to counsel pregnant women about AIDS and persuade them to be tested voluntarily so that treatment that might help their babies can be begun before birth. We agree entirely. Studies have indicated that the rate of transmission of the virus from mothers to children can be reduced by two-thirds if the drug AZT is administered late in pregnancy, during labor and for six weeks after birth. CDC guidelines strongly recommend counseling and voluntary testing, and experience indicates that more than 90 percent of pregnant women approached in this manner will consent to testing.

But what should be done for the children whose mothers have never been tested and who might benefit greatly from AZT therapy even if it's only made available after birth? Contrary to what the writers indicate, the CDC advises that HIV test results

can be made available in a matter of hours. Knowing the baby's status right away would also allow an informed decision about breast feeding, which transmits the virus too.

State public health laws make all sorts of tests mandatory for newborns. If it is so important to learn whether a baby has been infected with syphilis or hepatitis, why isn't knowledge about HIV status just as critical? We understand that a certain invasion of the mother's privacy is involved here—as it is in the case of other tests—and we acknowledge the interest of doctors in maintaining the trust of patients by emphasizing persuasion. But it makes sense to us to put the baby's life first and require testing of infants whose mothers adamantly refuse to be tested.

Data collection on HIV in newborns has been suspended since May 10, and next month a conference will be held at CDC headquarters in Atlanta to review the situation. The data collection suspension came after pressure began to build in Congress and elsewhere to change anonymous testing to procedures that permit identification and notification of participants. That pressure in fact was merited and deserves support. We believe that the test ought to be given at birth to all babies whose medical status in this respect is unknown so that treatment can be undertaken immediately. The welfare of all children at risk should be the scientists' priority.

Endangering Public Health

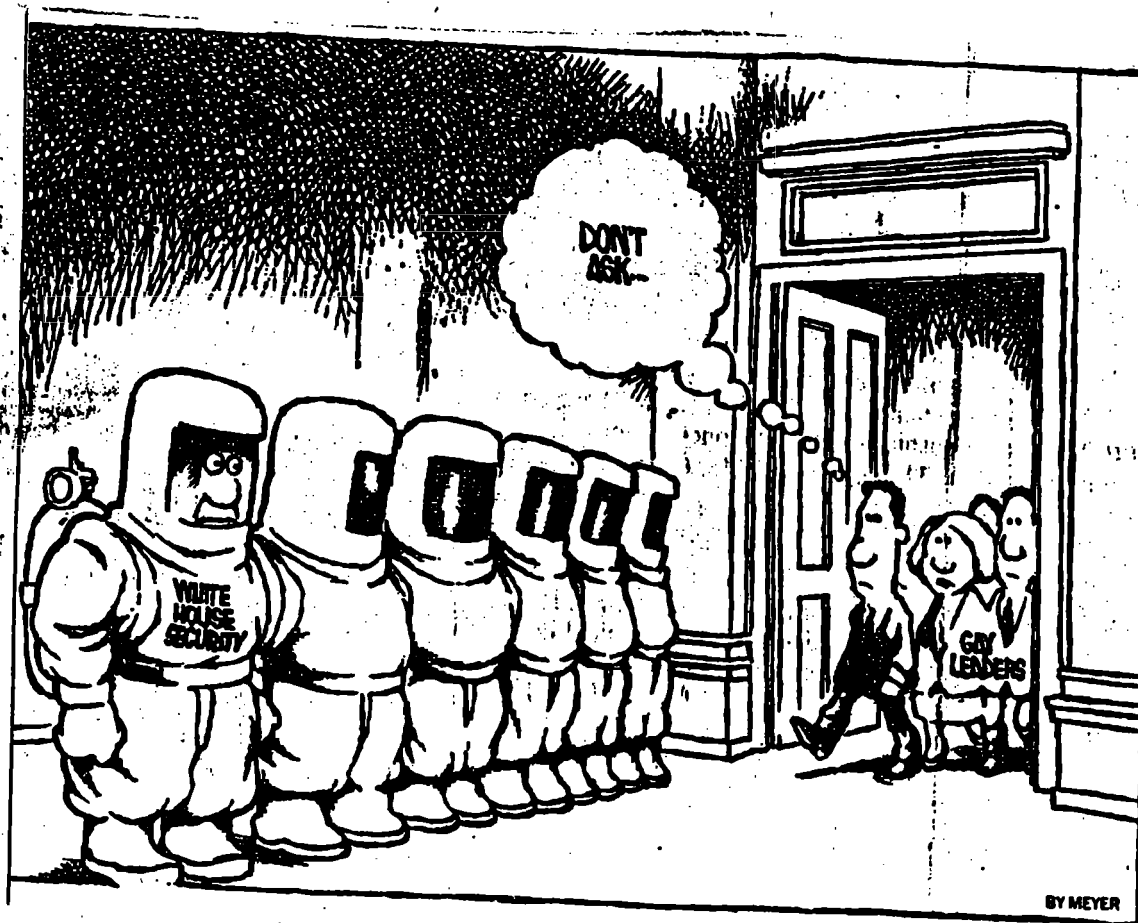
TUBERCULOSIS and AIDS are two of the District's most serious public health threats. Yet because of the budget problem, the job of finding and controlling the spread of these infectious diseases is faltering badly in the city. District officials, having to make some tough spending calls in order to keep the city afloat, have been putting the squeeze on medical supplies necessary to test for those diseases. Tightening controls on vital medical materials is as shortsighted as it is harsh. Lowering the public health system's defenses against TB and AIDS costs lives and money.

Reportedly the city's TB clinic has been forced to stop giving chest X-rays on several occasions, usually up to a week at a time, because of shortages of film and developing solution. The city's main medical laboratory quit testing blood samples for AIDS for two months last winter and again last month for two weeks because it had run out of the required chemicals. These shortages are the result of a decision by finance officials to clamp down on city buying in order to stave off insolvency. But surely

the bookkeepers must know that all city purchases are not of the same importance or priority. Randi Abramson, medical director of Zacchaeus Medical Clinic, a free clinic in the Shaw area, noted that "the basic reason public health exists" is to control the spread of infectious diseases such as TB and AIDS. "It goes along with having a good sewage system and clean water. This isn't the Third World," she said.

The District's beleaguered public health system is under an enormous strain, what with having to serve a city in which nearly half of its citizens receive Medicaid or have no insurance at all. This is a system, by the way, that has shut five of 15 neighborhood health clinics, discharged 41 doctors at D.C. General Hospital, closed a clinic that specializes in sexually transmitted diseases and cut the overall work force by about 200 employees. But there is a limit to what the public health system can be made to absorb without become a burden and threat itself. Undercutting the system's struggle to find and control these costly diseases makes no sense. It's time City Hall got that message.

6/17/95 W. Post





**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20500**

**FOR IMMEDIATE RELEASE
Tuesday, June 20, 1995**

**CONTACT: Bob Weiner and Alexis Yeoman
(202) 395-6618**

PRESS ADVISORY

**WHITE HOUSE DRUG CZAR APPEARS ON "CRONKITE DRUG SPECIAL"
TONIGHT ON DISCOVERY CHANNEL AT 10:00 P.M.
LEE BROWN AND WALTER CRONKITE ADVOCATE MORE TREATMENT
AND PREVENTION TO WIN DRUG BATTLE**

Washington, D. C. --- The White House Director of National Drug Control Policy, Dr. Lee P. Brown will be a guest on a Walter Cronkite Special that airs tonight at 10:00 p.m.(EST) on the Discovery Channel about the drug war. "The Cronkite Report: The Drug Dilemma War or Peace?" makes the point that the fight against drugs cannot be won by enforcement and interdiction alone, money must be redirected to treatment, education and prevention in order to make any significant headway in the war on drugs. "Spend the money, but spend it on treatment and prevention, not enforcement. Spend some on enforcement but reprioritize the money," Cronkite said on *CBS This Morning* in promoting tonight's piece. He also suggested that legalization is the wrong approach and that a bi-partisan blue-ribbon commission come up with a comprehensive drug policy.

"Walter Cronkite is right on target with the President's 1995 National Drug Control Strategy which calls for a comprehensive balanced approach to the drug crisis in America. It combines aggressive enforcement with increased efforts in treatment and prevention," said Dr. Brown. "He demonstrates that legalization is not the answer and recommends alternatives to punishment such as drug courts. This is exactly the type of strategy the Administration now has to protect our nation from the consequences of drug use, particularly our young people.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 15, 1995

PRESIDENT CLINTON SIGNS EXECUTIVE ORDER FOR CREATION OF THE PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS AND ANNOUNCES TWENTY-THREE MEMBERS OF THE COUNCIL

The President yesterday signed an Executive Order for the creation of a Presidential Advisory Council on HIV/AIDS. Pursuant to the President's Executive Order, the Council will be established at the Department of Health and Human Services to: provide advice, information and recommendations regarding programs and policies to promote effective prevention of HIV disease, advance research on HIV and AIDS, and promote quality services to persons living with HIV disease and AIDS.

The President also announced today that Secretary Shalala will appoint the following 23 individuals to serve on the Council. The Council will be composed of not more than 30 individuals, seven of whom will be announced at a later date.

R. Scott Hitt of California, who will serve as Chair of the Council, is a nationally recognized medical doctor who practices with the Pacific Oaks Medical Group, the country's largest private practice health care providers for patients with HIV disease. Dr. Hitt has been recognized for his philanthropic work on behalf of AIDS service organizations. He serves on the Board of Directors of AIDS Project Los Angeles.

Terje Anderson of Vermont is the AIDS Program Chief for the Vermont Department of Health and founder of the Vermont Committee for AIDS Resources, Education and Services (Vermont CARES).

Regina Aragon of California is the Deputy Director for Public Policy for the San Francisco AIDS Foundation. In addition, Ms. Aragon was formerly Chair of the CAEAR Coalition (Cities Advocating Emergency AIDS Relief), which represents the nation's 42 cities hardest hit by the AIDS epidemic.

Mary Boland of New Jersey is Director of the National Pediatric and Family HIV Resource Center at the University of Medicine and Dentistry of New Jersey in Newark. She is a registered nurse who has worked in the pediatric and adolescent HIV/AIDS wards since 1983 when HIV was first diagnosed in children.

Nicholas Bollman of California is currently Co-Chair of the Public Policy and Leadership Committee of Funders Concerned About AIDS. Mr. Bollman is also a program officer with the James Irvine Foundation, a grant making foundation which provides funding for numerous HIV and AIDS related programs.

Robert L. Fogel of Illinois is an attorney with the firm of Hillman and Fogel of Chicago. He also is an active supporter of the Chicago House and Social Service Agency which provides housing and services for people with HIV/AIDS.

Debra Frazer-Howze of New York is the President/CEO of the National Black Leadership Commission on AIDS, which is the oldest and largest Black HIV/AIDS organization of its kind in America, working in 17 cities throughout the country.

Kathleen M. Gerus of Michigan, who is Chair of the Board of Directors of the National Hemophilia Foundation, serves as a member of the Board of the National Association of People With AIDS. Ms. Gerus is the widow of a man with hemophilia and AIDS.

Edward Gould of California just completed a three year term as Co-Chair of the Board of Directors of the Los Angeles Gay and Lesbian Community Service Center and remains a member of the Board of Directors of the Center. He is also a member of the Board of Directors of the United Way of Greater Los Angeles.

Phyllis Greenberger of the District of Columbia is the Executive Director of the Society for the Advancement of Women's Health Research. She is also a member of The National Advisory Environmental Health Services Council.

Bob Hattoy of California is currently White House Liaison at the Department of the Interior. Mr. Hattoy, who is living with AIDS, is an advocate, speaker and organizer for people with AIDS and AIDS related viruses.

Carole laFavor of Minnesota is a registered nurse and a member of the Ojibwa Tribe. She is a founding member of Positively Native, a national organization for Native Americans with HIV/AIDS.

Jeremy Landau of New Mexico is the Founder of the National Rural AIDS Network, which provides services and education for people living with the HIV/AIDS virus. He is living with HIV.

Alexandra Mary Levine of California is a Professor of Medicine and Chief of Hematology at the University of Southern California School of Medicine. She also serves as the Chairman of the AIDS Policy Committee at the USC

School of Medicine.

Steve Lew of California is the Executive Director of the Gay Asian Pacific Alliance Community HIV Project and serves as Co-Chair of the San Francisco Ryan White Planning Council. He is living with HIV.

Altagracia Perez of California is the Rector of the Church of Saint Philip the Evangelist, Episcopal. She is an active member of HDI Inc., Educational Leadership Council on Latinas and AIDS, and has served as Writer and Consultant for "Teens for AIDS Prevention."

H. Alexander Robinson of the District of Columbia is President of the National Task Force on AIDS Prevention and the Senior Legislative Representative for the American Civil Liberties Union AIDS and Lesbian and Gay Rights Projects. Mr. Robinson is living with HIV.

Debbie Runions of Tennessee is a freelance writer and has written a chapter in AIDS and Women's Experience: Emerging Policy Agenda to be published this year. She also serves on Tennessee's HIV Prevention Community Planning Group.

Benjamin Schatz of California serves as Executive Director of the Gay and Lesbian Medical Association. He was the first attorney to work full time on issues of AIDS-related discrimination on a national basis by establishing the AIDS Civil Rights Project at the National Gay Rights Advocates.

Denise Stokes of Georgia is a free-lance AIDS and substance abuse educational consultant and former Lead Peer Counselor for OUTREACH Inc., the first HIV organization based in the African American Community in the Southeast.

Charles Quincy Troupe of Missouri who is a Missouri State Representative, is nationally respected for his presentations on minority health issues- focusing on the impact of AIDS on women and minorities.

Sandra Thurman of Georgia is the Director of Advocacy Programs for the Task Force for Child Survival and Development at the Carter Center in Atlanta. She previously served as Executive Director of AIDS Atlanta, the Southeast's largest and oldest community based AIDS service organization.

Bruce G. Weniger of Georgia is a medical epidemiologist with international research and training experience on the HIV/AIDS epidemic in Asia and South America. He works at the United States Center for Disease Control and Prevention in Atlanta.

June 16, 1995

Memorandum for Patsy and Jeff

From: Julie Blessing *JB*

Subject: Today's News

In the news:

Tuesday, senior Clinton administration officials met with several gay and lesbian elected officials for a meeting. Upon their arrival, the security guards put on rubber gloves. It was the guards' ignorance of HIV transmission which caused this offense behavior. (Washington Times, 6/15/95)

A scientist at the Harvard School of Public Health said that a long term study in Senegal showed that people who are infected with HIV-2, a weak type of the AIDS virus, had about 70% less likelihood than uninfected prostitutes of acquiring HIV-1. (Washington Post, 6/16/95)

Yesterday, it was announced that drinking tap water may be harmful to people who have weak immune systems. The harmful element in the water seems to be a parasite. (Washington Post, 6/16/95)

Washington D.C.'s main medical laboratory has not continued to test all blood supplies for AIDS due to lack of appropriate medical supplies. The shortage of medical supplies has effected other health services in the Washington D.C. area. (Washington Post, 6/16/95)

The congressional Republican budget aides concluded that the President's budget plan was a good effort, but would fall short of reducing the deficit as promised. (Washington Post, 6/16/95)

California Gov. Pete Wilson declared today that he is a candidate for the Republican nomination and began a campaign tour through Florida and Iowa. (Washington Post, 6/16/95)

*** Editorial - NY Times, Gloves Incident

Gays get rubber-glove reaction at White House

By J. Jennings Moss
THE WASHINGTON TIMES

A group of homosexual elected officials who went to the White House for a meeting with senior Clinton administration officials Tuesday said yesterday that they were offended when officers at the White House greeted them wearing rubber gloves.

The gloves, which the officers wore apparently in fear of exposure to the AIDS virus, set off a chain of events that led White House Chief of Staff Leon Panetta to ask Treasury Secretary Robert Rubin to investigate the incident.

"It's safe to say that the chief of

Guards' protection offends officials

staff or others were distressed by that," White House spokesman Michael McCurry said yesterday. "And it seems to have been an error in judgment."

Four or five uniformed officers put on the gloves when the first members of the group arrived at the tourist entrance to the White House, said several people who were on the tour.

George Eighmey, a state representative from Oregon, asked the officers why they were wearing the gloves, and the officers said they were doing it to protect them-

selves. The AIDS-causing human immunodeficiency virus is not believed to be spread through casual contact unless open sores or cuts come in contact with the virus.

Mike Nelson, an alderman in Carrboro, N.C., who was with Mr. Eighmey on the tour, said he was "offended and disappointed."

"Disappointed because of the clear lack of understanding about the transmission of HIV which the guards were exhibiting. ... Offended because it showed how far gay people still have to go and it was an insult as well to assume

that everyone who is gay has AIDS."

A spokesman for the Secret Service was not available for comment.

Coincidentally, as Mr. McCurry explained the administration's response to the incident, President Clinton issued an executive order creating the Presidential Advisory Council on HIV/AIDS.

The homosexual elected officials approached the White House with a wary attitude, one of them said. Last week they reacted angrily when Attorney General Janet Reno announced the adminis-

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GLOVES

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tration would take no role in the Supreme Court case to determine the constitutionality of a Colorado measure prohibiting cities from enacting laws making homosexuals a protected class.

The tour of the White House for the 40 or so elected officials and their guests was taken at the start of an afternoon of meetings with senior administration officials.

When the elected officials were done with the tour, they walked to the Old Executive Office Building, next door to the White House, and again were cleared by the Secret Service. This time the officers were not wearing gloves, the participants said.

The homosexual representatives met with a number of senior administration officials and had a 10-minute visit with Vice President Al Gore at an afternoon reception.

"The White House view is that the meeting itself was very good in providing a further basis for discussion," Mr. McCurry said.

"It seems to have been an error in judgment."

—Michael McCurry

Some participants praised the White House for having a "real honest dialogue" with them. Others said they were still angry.

"We worked hard for Clinton's election in 1992, and there wasn't anything said that showed they were working hard for us," said a participant who asked not to be identified.

The relationship between Mr. Clinton and the homosexual community has been rocky from the beginning. Homosexuals embraced his candidacy with money and votes, hoping he would follow through on a number of sweeping promises, such as ending the military's ban on homosexuals and working to enact a federal law protecting homosexuals.

But once in office, Mr. Clinton learned that many of his promises were unpopular with the public

and on Capitol Hill, and his political advisers told him that redeeming the promises could hurt him among middle-of-the-road voters.

On the military ban, Mr. Clinton developed a compromise known as "don't ask, don't tell," which satisfied few people on either side. Since then, he has rarely spoken about sexual orientation in public.

Several of Mr. Clinton's backers, among them Rep. Barney Frank, Massachusetts Democrat and one of Congress' three openly homosexual members, have argued that criticism from the homosexual community is shortsighted and that Mr. Clinton has done more to help homosexuals than any previous president.

One of Mr. Frank's homosexual colleagues, Rep. Gerry E. Studds, Massachusetts Democrat, noted during a reception for the elected officials Monday night that while Congress is now under Republican control, the White House is still in Democratic hands.

"These are the good guys, and that — notwithstanding the drink [in your hand] — is a very sobering thought from time to time," Mr. Studds said.

Washington Times 6/15/95

Weaker Type of HIV May Help Fight AIDS

Associated Press

A weaker type of the human immunodeficiency virus may teach the body to defend itself against the more virulent virus that causes most cases of AIDS, researchers concluded after studying infections among prostitutes in Africa.

Phyllis Kanki, a scientist at the Harvard School of Public Health, said a nine-year study in Senegal showed that prostitutes infected with HIV-2, a weak type of the AIDS virus, had about 70 percent less likelihood than uninfected prostitutes of acquiring HIV-1, the virus that causes most of the world's AIDS deaths.

"Our study suggests that maybe this related virus can tell us how we can make a vaccine that will create

immunity against HIV-1," Kanki said. She said the work is "a call to arms" for AIDS researchers to look for the elements in HIV-2 that prompt the immune system to protect itself against HIV-1.

Kanki noted that it was the relationship between a relatively benign virus and a more lethal one that led to the defeat of smallpox. Inoculation against smallpox was begun after Edward Jenner, an 18th century British doctor, observed that people infected with cowpox, a mild disease, seldom contracted the deadly pox.

HIV-2 can cause AIDS, but it is much less aggressive and much less virulent, she said. It can take up to 25 years for people infected with HIV-2 to develop AIDS, while HIV-1 is lethal in about half that time. Kanki said

that HIV-2 also is much less infectious than HIV-1.

In the study, published today in the journal *Science*, Kanki and her colleagues tracked the health of 756 prostitutes in Dakar, Senegal. At the start, 138 women were infected with HIV-2 and 618 were free of HIV-1 and HIV-2. After nine years, women infected with HIV-2 experienced less than a third as many HIV-1 infections as women who were infection-free at the start.

Kanki said the difference did not occur because prostitutes with HIV-2 infection started practicing safe sex. The study showed that the HIV-2 patients developed 50 percent more gonorrhea than did the other women in the study—indicating that their behavior, if anything, was more risky.

U.S. Warns Of Parasite In Tap Water

By Gary Lee

Washington Post Staff Writer

Two federal agencies yesterday warned that drinking tap water could be fatal to Americans with weakened immune systems and suggested that they may want to take precautions, such as boiling water before consuming it.

Recent tests have shown that cryptosporidium, a waterborne parasite that caused 104 deaths in Milwaukee in 1993, is commonly found in lakes, rivers and some reservoirs across the country, according to the Centers for Disease Control and Prevention.

"We do not know if the level of the organisms in the water poses a public health threat," said Dennis Juranek, associate director of the division of parasitic diseases at the CDC. "But we cannot rule out that there will be a low level of transmission of the bacteria" to people who consume water directly from the tap, he added. A study published in March found that cryptosporidium is much more infectious than researchers previously believed. Volunteers became infected after ingesting as few as 30 organisms.

The CDC estimates that up to 6 million Americans suffer from weakened immune systems, the body's cellular and chemical defenses that help fight disease. That figure includes an estimated 1 million persons infected with HIV and 3 million to 5 million cancer patients, organ

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WATER, From A1

transplant recipients and individuals born with genetic immune deficiencies.

Yesterday's guidelines, distributed by the CDC and the Environmental Protection Agency, said that people with suppressed immune systems should consult with their physicians about whether to consume tap water.

"Those who wish to take extra precautions . . . can bring their drinking water to a rolling boil for one minute," the guidelines say. Other options mentioned include attaching filters to home water taps or drinking bottled water, although CDC officials have said in the past that they are not certain whether bottled water is safer.

The carefully worded statement stopped short of recommending that

"People with normal immune systems will survive the exposure."

— Robert Morris,
cryptosporidium expert,
University of Wisconsin

immuno-compromised persons stop drinking tap water. Further studies are needed to determine the extent of cryptosporidium contamination in the nation's reservoirs and whether it poses a public health threat, Juranek said.

Critics said the federal guidelines were far too cautious. "If I knew a person with AIDS, I would tell them definitely not to drink tap water," said Robert Morris, a cryptosporidium expert at the University of Wisconsin Medical School. "Experience has shown that it's too risky."

The American Water Works Association, an industry-backed educational organization, concurred. In a statement released earlier this month, the organization suggested that people with AIDS should always boil tap water before consuming it. "These guidelines are a solid move in the right direction," spokesman Jack Sullivan said yesterday.

Morris estimated that between 60,000 and 1.5 million Americans a year fall ill from exposure to waterborne cryptosporidium parasites. The severity of illness varies widely, but common symptoms include nausea, vomiting and abdominal pains.

"People with normal immune systems will survive the exposure," Morris explained. "Many of those with weakened systems will not."

Major cryptosporidium outbreaks have been infrequent in the United States. Thirteen thousand people became ill in Carlton, Ga., in 1987. Another outbreak occurred in Milwaukee two years ago, resulting in 104 deaths and 400,000 illnesses.

After the Milwaukee incident, federal officials, AIDS activists and medical specialists met to consider whether water systems across the country were adequately protecting public health. The CDC conducted a major study of reservoirs and bodies of water and found that the problem was significant enough to merit action.

A recent study by the Natural Resources Defense Council, a large environmental group, found that water systems serving one in five Americans contained cryptosporidium parasites. Some samples from the Potomac River contained cryptosporidium, but the organisms were filtered out during water treatment, the report said.

Cryptosporidium parasites often are present in feces of farm animals, particularly cattle, and may contaminate lakes and rivers through agricultural runoff. Although usually removed from water during the treatment process, the parasites sometimes end up in reservoirs used for drinking water.

Environmentalists said the new guidelines illustrate that federal statutes designed to protect the nation's water supplies, including the Clean Water Act and the Safe Drinking Water Act, should be strengthened. Both statutes are under attack from lawmakers and industry officials, who consider current regulations overly strict.

6/16/95
Washington Post

Washington Post
6/16/95

Shortages Lower D.C. Health Defenses

Supply Problems Disrupt AIDS, TB Screening During Fiscal Crisis

By Amy Goldstein
Washington Post Staff Writer

Periodic shortages of routine medical supplies have eroded the ability of the District's public health system to perform one of its most basic roles: finding and controlling infectious diseases, including AIDS.

The city's main medical laboratory has not tested blood samples for AIDS since mid-May, when it ran out of necessary chemicals. The tuberculosis clinic has intermittently stopped giving chest X-rays during recent months because it has run out of film and, most recently, developing solution.

Such interruptions mean that thousands of low-income residents have been unable to learn whether they are infected with two diseases that are serious public health threats in Washington. The shortages also are hampering many nonprofit groups that treat poor or homeless patients and have relied for years on free services from the city's public health system.

Several groups have started to pay private laboratories for the work, hurting meager budgets already strained by recent cuts in city subsidies. Planned Parenthood of Metropolitan Washington is charging its District patients \$38 for a for-

merly free AIDS test, after starting to send specimens to the lab at the Whitman-Walker Clinic.

"It costs me immense amounts of time calling around trying to con somebody to do a chest film" at private hospitals, said Richard A. Sheville, a physician at Salud Inc., a clinic in Mount Pleasant that treats Latino patients.

Marlene N. Kelley, the city's acting public health commissioner, said: "These services have been sporadically unavailable. . . . I can't say it is all fixed yet, but we are trying to make it better."

The interruptions in testing are
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A18 FRIDAY, JUNE 16, 1995

Shortages of Medical Supplies Weaken D.C. Defenses Against Disease

HEALTH, From A1

the latest evidence of the fraying of the District's public health system, an important source of care for a city in which nearly one-half of the residents are uninsured or receive Medicaid.

Because of the District's budget crisis, the city has closed five of its 15 neighborhood clinics and laid off nearly 200 workers, including 41 doctors, at D.C. General, the public hospital.

One of the city's two clinics specializing in sexually transmitted diseases has closed, and D.C. General's AIDS clinic has been struggling since the resignation of two of its three doctors last month.

The problems with TB and AIDS tests began several months ago, ac-

cording to Kelley and other city health officials. They said the city lab, which performed 58,000 AIDS tests last year, was unable to do any for two months last winter because of a lack of chemicals. They estimated that the TB clinic, which gives about 4,000 chest X-rays a year, has suspended them five or six times, usually for about a week at a time.

Health officials attribute the interruptions largely to the tightening of controls recently on all city buying to try to keep the city from insolvency. AIDS tests are paid for by federal grants; TB diagnoses and treatment are financed through a combination of federal and local money.

The TB clinic, on the grounds of D.C. General, resumed X-rays this week, after a three-week hiatus, and

has been told by finance officials that it will be able to buy developing solution and pay for overdue maintenance on its X-ray machine at least

The problems with TB and AIDS tests began months ago.

through September, according to Richard Levinson, chief of preventive health services for the District. AIDS administrators said they were told this week by finance officials that they may buy laboratory chemicals, which they expect to arrive within days.

James B. Thomas Jr., the laboratory's director, said that all AIDS specimens were frozen until they could be tested and that clinics were notified last month that the lab work had stopped.

But the community groups that rely on those services said the situation remains chaotic. Randi Abramson, medical director of Zacchaeus Medical Clinic, a free clinic in Shaw, said the staff first learned there were no AIDS tests last week, after a courier delivered an unmarked manila envelope containing 10 to 15 vials of blood.

When a mystified Zacchaeus worker called the lab, she was told that the lab was returning the specimens, because tests were unavailable.

Abramson said she was urged to

send the specimens to another lab but later discovered the blood was too old to send elsewhere. "We had to call all those patients and tell them what happened," she said.

Peter Hawley, Whitman-Walker's medical director, said patients are less likely to return to get the results of AIDS tests if the lab work takes too long. And people who are nervous about their HIV status might change their minds about finding out if they learn the test is unavailable even temporarily.

Controlling the spread of infectious diseases "is the basic reason public health exists," Abramson said. "It goes along with having a good sewage system and clean water. This isn't the Third World."

GOP Aides Dismiss Clinton Budget Plan

Republican Leaders Are Urged to Finalize Their Own Proposals

By Eric Pianin
Washington Post Staff Writer

Congressional Republican budget aides concluded yesterday that President Clinton's new budget proposal would deliver hundreds of billions of dollars less in deficit reduction than promised and have urged GOP leaders to disregard Clinton's plan and press ahead to complete work on a final version of their own plan.

"The president made a good-faith effort, but we still think it falls short of achieving the goals that we are seeking," a knowledgeable Senate Republican source said.

Senate Budget Committee Chairman Pete V. Domenici (R-N.M.) told reporters yesterday he and other GOP leaders would reserve judgment until he had received a full briefing by his staff, but added that he remained "very skeptical" of the president's plan.

Senate and House GOP sources also said yesterday that GOP budget negotiators were close to a compromise on a tax cut of between \$170 billion and \$250 billion that would resolve the most contentious issue of the talks.

The House and Senate each have approved plans to eliminate the deficit within seven years through dramatic downsizing of government and massive savings in major spending programs. The House plan calls for \$354 billion of tax cuts, while the

more cautious Senate plan would provide \$170 billion of tax cuts provided Congress adopts a plan certified to balance the budget.

House conservatives, including Majority Leader Richard K. Armey (R-Tex.), are pressing for a tax cut in the range of \$300 billion, but Senate Republicans say it would be impossible to pass such a plan in their chamber.

Clinton temporarily sidetracked GOP budget negotiations Wednesday when he went on national television to unveil his proposal for balancing the budget in 10 years and providing a far more modest tax cut for middle-income Americans. While many Democrats denounced his plan, which includes reductions in Medicare and Medicaid, Republican leaders generally praised Clinton and said they were willing to incorporate some of his proposals in their plan.

However, House and Senate GOP aides, who spent the past day poring over Clinton's plan, concluded the plan would deliver far less in deficit reduction than the \$1.1 billion of savings touted by Clinton.

Only about half of the promised savings would be achieved by 2002, the Republicans' target date for balancing the budget, and nearly 40 percent of those savings would come from projected savings on interest payments on the debt. Clinton provided practically no additional cuts in

domestic spending over the next seven years, GOP aides said, and only what they viewed as modest savings in health care expenditures.

Moreover, Republicans said, Clinton relied on Office of Management and Budget deficit projections that are more optimistic than the Congressional Budget Office projections used by Congress. For example, OMB foresees a deficit of \$240 billion in 2002 with no change in policy, while CBO projects a deficit of \$349 billion. When measured against the more pessimistic CBO baseline, Clinton's plan would leave deficits in excess of \$200 billion for practically every year, according to Republicans.

White House economics adviser Gene Sperling yesterday disputed the GOP assessment and said Clinton had presented "a real, hard-nosed plan," and "we continue to hope that [Republicans] will take very seriously a framework that balanced the budget while protecting education and Medicare beneficiaries."

The two sides also remained divided on another budget front. Rep. Bob Livingston (R-La.), chairman of the House Appropriations Committee, said hopes were fading for a compromise with the administration over a \$16.4 billion spending-cuts bill for 1995 programs. If a deal is not struck by next week, the spending-cuts measure is dead, he added.

Washington Post
6/16/95

Wilson Proclaims Candidacy Embarks on Campaign Tour

Move Targets Doubts About Bid for GOP Presidential Nod

By William Claiborne
Washington Post Staff Writer

LOS ANGELES, June 15—California Gov. Pete Wilson, whose presidential ambitions have suffered from persistent throat problems and a series of political missteps, today declared he is a candidate for the Republican nomination and launched a campaign tour through Florida and Iowa.

After two mostly inanimate months of recovering from minor vocal cord surgery, Wilson told 600 GOP contributors and supporters in a telephone conference call, "Let there be no doubt in anyone's mind that I am running for president."

Wilson had previously said he would delay his announcement until the California legislature adopts a state budget in mid-July or later. Although he said he would make a "formal declaration of candidacy" next Thursday on CNN's "Larry King Live" show, Wilson's statement appeared to be nothing short of a formal entry into the race against a field of Republican candidates led by Senate Majority Leader Robert J. Dole (Kan.), the early front-runner.

With Dole dominating the Republican Party's moderate-to-conservative wing—Wilson's targeted constituency in the primaries—many of the governor's supporters had become jittery over a string of setbacks in his undeclared campaign for the 1996 nomination.

These include a sluggish fund-raising campaign; the disclosure he had hired an illegal immigrant as a maid in the 1970s, in contrast to his more recent tough stance on illegal immigration; and charges that he has retreated from his pledge to fight for the removal of the antiabortion plank from the GOP's platform at next year's nominating convention.

In California, whose winner-take-all primary is considered essential to securing the nomination, Wilson has been under attack for reneging on a promise he made in his reelection campaign last year to serve his full gubernatorial term and not seek the presidency.

Wilson today sought to dispel rumors that he may drop out of the presidential race: ceremoniously removing an "exploratory committee" banner in his Sacramento campaign headquarters and replacing it with a "Pete Wilson for President" banner, an act he said was "more than symbolic." He said suggestions by critics that he planned to formally enter the campaign only if Dole stumbled in early caucuses and primaries was little more than "wishful thinking."

Speaking in a voice that occasionally dissolved into a croak—underscoring the frustration he has endured since he had a benign nodule removed from his vocal cords in April—Wilson said, "I think we have heightened the suspense enough." He said he hoped his candidacy would generate "the kind of

press coverage other candidates have enjoyed."

Wilson's press secretary, Sean Walsh, said the governor had become increasingly concerned over a gradual lowering of his profile on the national political stage during his weeks of recuperation, and that the purpose of the announcement and the weekend campaign swing was to "let people know we're on the radar screen again."

But Walsh said that the "final" announcement will be contained in a 30- or 40-minute speech in which Wilson plans to "articulate" in much greater detail his vision for America.

Recent polls have found Wilson supported by just 7 percent of Republican voters nationwide, compared with up to 54 percent for Dole and 19 percent for Sen. Phil Gramm (Tex.). Even California voters favor Dole over Wilson by a 2-to-1 split for the March 26, 1996, state GOP primary, according to a poll released last month by the Field Institute.

Wilson said that as his voice improves, he will step up his campaign activities. "We have been raising money, getting endorsements, busily organizing," he told supporters in the telephone conference call.

Campaign aides said Wilson will tour Florida on Saturday, announcing leadership teams and endorsements in Orlando and Tampa, then will fly to Iowa, where he will do the same in Des Moines and Waterloo before traveling to San Diego for a campaign appearance.

One of his main supporters, Massachusetts Gov. William F. Weld (R), told Wilson in the conference call that he intends to raise \$10 million for the Wilson campaign in the Northeast. "The tectonic plates of this campaign are absolutely in alignment for Pete to come in and run away with this thing," said Weld, who is a campaign fund-raising committee co-chairman.

Walsh said that until Wilson wins approval of a state budget late next month his campaigning probably will be limited to weekends, although he will continue to speak on national issues.

Wilson signaled his intent to restart his campaign on Tuesday at a Burbank conference on fatherhood at which he criticized Hollywood for its portrayals of sex and violence. In his brief remarks on the subject, Wilson said, "It's wrong, simply wrong, to profit from selling this trash to children."

The governor, whose comments echoed an earlier attack on the entertainment industry by Dole, was accused by his critics of hypocrisy because he had received hundreds of thousands of dollars in contributions from entertainment companies during his 1994 reelection campaign.

Walsh said Wilson, whose political supporters include action film stars Arnold Schwarzenegger and Bruce Willis, received about 2.5 percent of his total \$29 million in contributions last year from the entertainment industry.

NY TIMES
6/16/95

White House Inhospitallity

Those uniformed Secret Service guards who donned rubber gloves to greet a delegation of gay elected officials shamed their service and embarrassed the White House they are supposed to protect. The guards presumably thought they were protecting themselves against the AIDS virus by should any of the visitors be infected. But their actions revealed either a deplorable ignorance of how AIDS is spread, or a malicious determination to denigrate a group of respected officials who had been invited to the White House as a peace overture to the gay and lesbian communities.

The incident occurred on Tuesday as some 40 gay leaders arrived for a daylong conference with senior Administration officials, including Cabinet members and Vice President Al Gore. Several guards put on rubber gloves before inspecting the guests' bags and briefcases. One guard reportedly explained that they were using the gloves "for protection."

This was a ludicrous proposition. The AIDS virus is spread only through an exchange of bodily fluids, as in sexual intercourse or the use of hypodermic needles contaminated with the virus. It is not spread through casual contact, such as handshakes, touching an infected person, or inspecting

an infected person's briefcase. Mr. Gore illustrated that point by shaking the hands of every gay official he could find at the evening reception.

The White House and Secret Service expressed regret for the incident, and the Treasury Department, which has jurisdiction over the Secret Service, is investigating how it happened. The offense clearly justifies stern disciplinary action. If this was an act of stupidity by low-level guards, then special training and administrative punishments seem in order. But if this was a calculated attempt to insult homosexuals, dismissal from the service is the only fit response. If Secret Service superiors sanctioned use of the gloves in advance, they, too, should be disciplined or dismissed.

That such an event should happen not in some benighted backwater but at the gates of the White House is a shocking reminder of how intolerant this society remains toward its gay citizens. The White House press secretary said officials were "distressed" about the incident. But this is a matter upon which President Clinton should speak for himself, as he surely would if foreign guests or members of an ethnic minority or religious group had been insulted in his house as a result of ignorance or malice.

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SEX RACE DEATH AIDS

THE LATINO STEALTH EPIDEMIC

Ann Louise Bardach

CASUALTIES AND CONSPIRACIES IN BLACK AMERICA

Hanna Rosin

A SECOND WAVE COMING?

Dante Ramos



THE WHITE CLOUD

By Ann Louise Bardach

Freddie Rodriguez is discouraged. He has just come from his afternoon's activity of trying to stop men from having unprotected sex in Miami's Alice Wainwright Park, a popular gay cruising spot. Rodriguez, 29, is a slim, handsome Cuban-American with a pale, worried face who works for Health Crisis Network. "I take a bag of condoms to the park with me and I try talking to people before they duck in the bushes and have sex," he explains. "I tell them how dangerous it is. Sometimes I beg them to use a condom. Sometimes they listen to me. Today, no one was interested." Most of the men, he says, are Latinos and range in age from 16 to 60. Many are married and would never describe themselves as gay. "Discrimination is not really the issue here. Most Latinos do not identify themselves as gay, so they're not discriminated against," he says, his voice drifting off. "Ours is a culture of denial."

To understand why the second wave of AIDS is hitting Latinos particularly hard, one would do well to start in Miami. Once a mecca for retirees, South Beach today is a frenzy of dance and sex clubs, for hetero- and homosexual alike. "We have the highest rate of heterosexual transmission in the country, the second-highest number of babies born with AIDS and we are number one nationwide for teen HIV cases," says Randi Jensen, reeling off a litany that clearly exhausts him. Jensen supervises the Miami Beach HIV/AIDS Project and sits on the board of the Gay, Lesbian and Bisexual Community Center. "And we have the highest rate of bisexuality in the country." When I ask how he knows this, he says, "Trust me on this one, *we know*. . . . The numbers to watch for in the future will be Hispanic women—the wives and girlfriends."

Already, AIDS is the leading cause of death in Miami and Fort Lauderdale for women ages 25 to 44, four times greater than the national average. According to the Centers for Disease Control and Prevention (CDC), AIDS cases among Hispanics have been steadily rising. But any foray into the Latino subculture shows that the numbers do not tell the whole story, and may not even tell half. CDC literature notes that "it is believed that

AIDS-related cases and deaths for Latinos are understated by at least 30 percent. Many Hispanics do not and cannot access HIV testing and health care." Abetted by widespread shame about homosexuality, a fear of governmental and medical institutions (particularly among undocumented immigrants) and cultural denial as deep as Havana Harbor, AIDS is moving silently and insistently through Hispanic America. It is the stealth virus.

"No one knows how many Latino HIV cases are out there," Damian Pardo, an affable Cuban-American, who is president of the board of Health Crisis Network, tells me over lunch in Coral Gables. "All we know is that the numbers are not accurate—that the actual cases are far higher. Everyone in the community lies about HIV." Everyone, according to Pardo, means the families, the lovers, the priests, the doctors and the patients. "The Hispanic community in South Florida is far more affluent than blacks. More often than not, people see their own family doctor who simply signs a falsified death certificate. It's a conspiracy of silence and everyone is complicitous."

Freddie Rodriguez—smart, affluent, urbane—didn't learn that Luis, his Nicaraguan lover, was HIV-positive until it was too late to do anything about it. "He was my first boyfriend. He would get sick at times but he refused to take a blood test. He said that it was impossible for him to be HIV-positive. I believed him. One day, he disappeared. Didn't come home, didn't go to work—just disappeared." Frantic, Rodriguez called the police and started phoning hospitals. Finally, Luis turned up at Jackson Memorial Hospital. He had been discovered unconscious and rushed to intensive care. When Rodriguez arrived at the hospital, he learned that his lover was in the AIDS wing. Even then, Luis insisted it was a mistake. Two weeks later, he was dead. "I had to tell Luis's family that he was gay," Rodriguez says, "that I was his boyfriend and that he had died of AIDS. They knew nothing. He lived a completely secret life."

Although Rodriguez was enraged by his lover's cowardice, he understood his dilemma all too well. He remembered how hard it was to tell his own family. "When I was 22, I finally told my parents that I was gay. My mother screamed and ran out of the room. My father raised his hands in front of his eyes and told me,

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'Freddie do you see what's in front of me? It's a big, white cloud. I do not hear anything, see anything and I cannot remember anything because it is all in this big white cloud.' And then he left the room." One of Rodriguez's later boyfriends, this one Peruvian, was also HIV-positive, but far more duplicitous. "He flat out lied to me when I asked him. He knew, but he only told me after we broke up, *after* we had unsafe sex," says Rodriguez, who remains HIV-negative. "Part of the *machismo* ethic," Rodriguez explains, "is not wearing a condom."

Miami's Body Positive, which provides psychological and non-clinical services to AIDS patients, is housed in a pink concrete bubble off Miami's Biscayne Boulevard. The building and much of its funding are provided by founder Doris Feinberg, who lost both her sons to AIDS during the late 1980s. The gay Cuban-American star of MTV's "The Real World," Pedro Zamora, worked here for the last five years of his life and started its P.O.P. program—Peer Outreach for Persons Who Are Positive. Ernie Lopez, a 26-year-old Nicaraguan who has been Body Positive's director for the last five years, estimates that 40 percent of the center's clients are Latino, in a Miami population that is 70 percent Hispanic. On the day I visit, I see mostly black men at the facility. Lopez warns me not to be fooled. "The Latino numbers are as high as the blacks, but they are not registered," he says. "Latinos want anonymity. They come in very late—when they are desperate and their disease is very progressed. Often it's too late to help them."

"*Soy completo*," is what they often say in Cuba, meaning, "I'm a total human being." It is the preferred euphemism for bisexuality and in the *machista* politics of Latino culture, bisexuality is a huge step up from being gay. It is this cultural construct that prevents many Latin men from acknowledging that they could be vulnerable to HIV, because it is this cultural construct that tells them they are not gay. Why worry about AIDS if only gay men get AIDS? "To be bisexual is a code," says Ernesto Pujol, a pioneer in Latino AIDS education. "It means, 'I sleep with men but I still have power.' I think there is a legitimate group of bisexuals, but for

many bisexuality is a codified and covered homosexuality." Self-definitions can get even more complex. "I'm not gay," a well-known intellectual told me in Havana last year. "How could I be gay? My boyfriend is married and has a family."

Without putting too fine a point on it, what defines a gay man in some segments of the Latino world is whether he's on the top or the bottom during intercourse. "The salient property of the *maricon*," my Cuban friend adds, "is his passivity. If you're a 'top,'—*el bugaron*—you're not a faggot." Moreover, there are also many heterosexual Latino men who do not regard sex with another man as a homosexual act. "A lot of heterosexual Latinos—say, after a few drinks—will fuck a transvestite as a surrogate woman," says Pujol, "and that is culturally acceptable—absolutely acceptable." Hence the potential for HIV transmission is far greater than in the mainstream Anglo world.

According to Pujol, "only Latinos in the States are interested in other gay men. They have borrowed the American liberated gay model. In Latin America, the hunt is for 'straight' men. Look at the transvestites on Cristina's (the Spanish-language equivalent of "Oprah") talk show. Their boyfriends are always some macho hunk from the *bodega*." Chino, a Cuban gay now living in Montreal, typifies the cultural divide. "I don't understand it here," he says scornfully. "It's like girls going out with girls."

"If you come out," says Jorge B., a Cuban artist in

Miami Beach, "you lose your sex appeal to 'straight' men" (straight in this context meaning married men who have sex with other men). The Hispanic preference for "straight men" is so popular that bathhouses such as Club Bodycenter in Coral Gables are said to cater to a clientele of older married men who often pick up young lovers after work before joining their families for dinner. Some men will not risk going to a gay bar, says Freddie Rodriguez. "They go to public restrooms where they can't be identified." While many gay Hispanics do eventually "come out," they do so at a huge price—a shattering loss of esteem within their family and community. "The priest who did Mass at my grandfather's funeral denied communion to me and

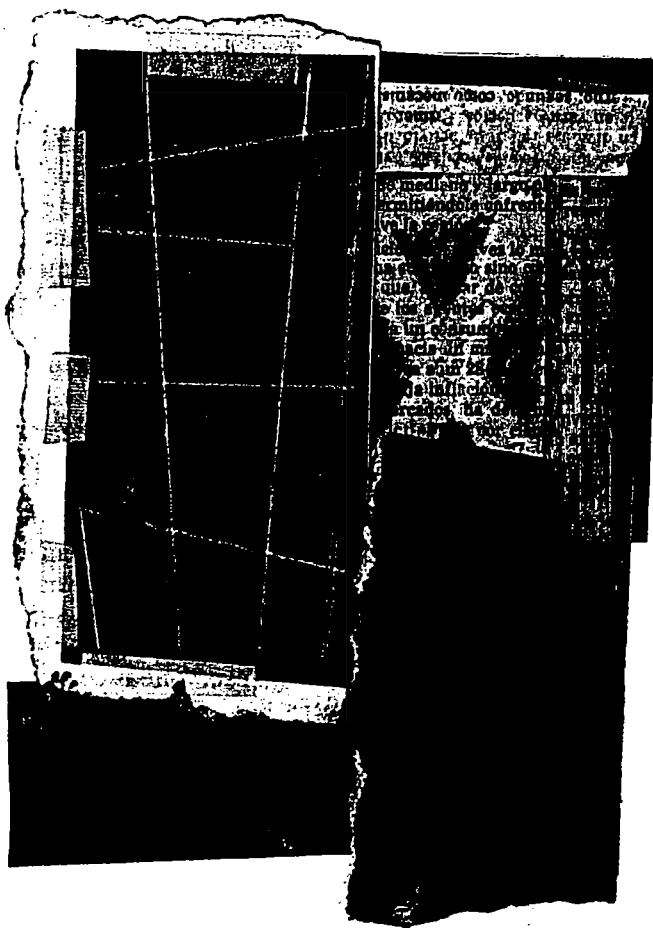


ILLUSTRATION BY TOM PRESTON FOR THE NEW REPUBLIC

A second wave

Physicians in AIDS clinics and epidemiologists who go out on the streets all testify that a second wave of infections is underway—not as massive as during the early 1980s, but far greater than anything since. The trouble is, the hard data don't reveal much about it. Part of this is intrinsic to the disease; HIV-positive people don't develop symptoms until ten years, on average, after seroconversion, and until then infection is essentially invisible. Because of the stigma attached to having the virus, those who test positive may lie to survey-takers about when and how they got it. Most don't get tested. Some poor people who don't receive medical treatment for characteristic infections aren't ever diagnosed. With all the cultural and practical obstacles arrayed against it, attempts to measure the HIV epidemic with accuracy barely stand a chance.

What *do* we know? For starters, we have a rough idea of how many people have been diagnosed with AIDS. The federal government's Centers for Disease Control and Prevention (CDC) publishes an official clinical definition of AIDS and, in theory, keeps count of all AIDS cases diagnosed each year. That number peaked in 1993 at 106,618 and fell in 1994 to 80,691. But this doesn't mean *infection* rates are falling—only that use of anti-viral drugs may have prolonged life in some cases and thus created a temporary drop in the numbers, and that a sharp drop in infections occurred around a decade ago. This makes sense; the mid-1980s saw the purification of the blood supply—and the closing of the bathhouses and the stigmatization of unsafe sex. Clearly, people can change their behavior drastically.

We know this much because, since 1982, CDC has required health care providers nationwide to report new AIDS diagnoses to state health departments. The reporting, however, is often slow and shoddy. Of all the reports that states ever receive from physicians, only half come in within three months after diagnosis and only three-quarters arrive within a year. Other reports never arrive—even for cases that have been clinically diagnosed. The good news that the numbers are down should be balanced, then, by the underreporting of the overall numbers. Right now, the chief AIDS statistician at CDC estimates that between 50,000 and 100,000 people

with AIDS die each year—far more than the 32,330 CDC counted in 1994.

Yet even if the data on AIDS cases and deaths were completely accurate, they say nothing about new infections. Only twenty-five states require health care providers to report all new HIV diagnoses and California, New York and Florida, where the highest number of new infections are probably occurring, aren't among them. What indicators we do have suggest that the biggest growth in infection rates is occurring among ethnic minorities. In states that require reporting of HIV cases, the number of new diagnoses between 1993 and 1994 rose 11 percent among white men, 20 percent among black men and 60 percent among Hispanic men. Cases diagnosed last year accounted for 22 percent of all white men ever reported, 30 percent of all blacks and 41 percent of Hispanics. In other words, a disproportionate number of black and Hispanic HIV diagnoses occurred recently.

To an optimist, these data might confirm that AIDS educators have just started to overcome taboos against HIV testing. Yet they could mean that blacks and Hispanics are now seroconverting at a much higher rate than whites are. Other data support the latter conclusion. Forty-four states use blood tests performed routinely on all newborn babies to measure seroprevalence among childbearing women. Among new mothers in New York state in 1992, HIV-positivity was eight times as common among Hispanics and seventeen times as common among blacks as among whites. By 1994 it was ten times as common among Hispanics and twenty-one times as common among blacks. The disparity had grown.

The rate of infection among white gay men is also rising again. In the first two months of 1995, twelve gay male patients—the same number as in all of 1992—were treated for rectal gonorrhea at Washington, D.C.'s Whitman-Walker Clinic. Most of these cases occurred in men under 30—a sign that condom use among younger gay men has decreased. Of course, it's possible to measure the incidence of new infections more systematically. In 1993 researchers at the University of California at San Francisco concluded a household-by-household study of gay men aged 18 to 29. They found a seroconversion rate of 2.6 percent of the HIV-negative men in the sample per year of sexual activity. That means that of 100 HIV-negative gay men who were 17 years old in 1993, twenty-three will

be infected by age 28, and fifty-one will be infected by age 44. "That's as bad as in 1981," says Andrew Moss, a USCF epidemiologist. By all anecdotal accounts, the rate has increased since then. Only from 1982 to 1984 was it higher.

Unfortunately, the best publicized estimates of HIV incidence don't rely upon such exhaustive studies, which are expensive and hard to conduct outside minority or gay neighborhoods. The Public Health Service, which estimates that 40,000 Americans become infected each year, derives that number from surveys of the seroprevalence of HIV in various populations. The principle goes like this: if seroprevalence stays the same, and a certain number of people died of AIDS last year, then the same number of people must have become infected last year. Likewise, if seroprevalence fell, fewer people were infected than were killed by the virus.

But even if deaths could be counted accurately, a slight mismeasurement of seroprevalence can inflate or reduce the new infection estimate by tens of thousands. The potential for error is vast. The numbers show, for example, that while seroprevalence remained roughly constant among men who have sex with men in Washington, D.C., between CDC's 1989 and 1992 reports it fell from 45.8 percent to 29.7 percent in Miami. Either the data are unreliable, or seroprevalence is volatile across cities and short periods of time.

The obstacles to filling in the gaps aren't just methodological. In city and state budgets, and under the federal Ryan White Comprehensive AIDS Resource Emergency Act (1990), funding for some human services depends upon AIDS case counts. Political pressures encourage researchers to count AIDS cases rather than to gather better information about infection rates. "The numbers aren't perfect," says Derek Hodel, chief lobbyist for Gay Men's Health Crisis. "They're still all we have. . . . That's how we offer a rationalization for any government program."

The bottom line is that some people are sick, others will get sick and many have died. And you knew all that already. But important fragments of evidence suggest that infection is gathering pace. A second wave of infections now will produce another wave of AIDS in the next decade, and this wave won't affect just gay white men. We'll have no excuse for not seeing it coming, if we simply couldn't be bothered to find out for sure.

DANTE RAMOS

my brother," recalls Pardo. "He knew from my mother's confession that we were gay."

Latino attitudes here are, of course, largely imported, their cultural fingerprints lifted straight out of Havana, Lima or Guatemala City. Consider Chiapas, Mexico, where gay men were routinely arrested throughout the 1980s; many of their bodies were later found dumped in a mass grave. Or Ecuador, where it is against the law to be a homosexual, and effeminate behavior or dress can be grounds for arrest. Or Peru, where the Shining Path has targeted gays for assassination. Or Colombia, where death squads do the same, characteristically mutilating their victims' genitals.

While Latino hostility to homosexuals in the United States tends to be less dramatic, it can also be virulent, particularly when cradled in reactionary politics. In Miami, right-wing Spanish-language stations daily blast their enemies as "communists, traitors and Castro puppets." But the epithet reserved for the most despised is "homosexual" or "*maricon*." When Nelson Mandela visited Miami in 1990, he was denounced daily as a "*marijuanero maricon*"—a pot-smoking faggot—for having supported Fidel Castro.

On the other side of the country, AIDS Project Los Angeles is the second-largest health provider for AIDS patients in the United States (after Gay Men's Health Crisis in New York). It's a sparkling facility with a food bank, a dental program and all manner of support services. Housed in the David Geffen Building at the corner of Fountain and Vine, it is well-provided for by a generous Hollywood community. Currently, AIDS Project Los Angeles attends to the needs of more than 4,500 clients, 60 percent of whom are gay men. Roughly one-fourth of the total are Latinos, and the majority of those are Mexican. Thirty-two-year-old Troy Fernandez is one of the project's senior aides on public policy. Born in Yonkers and of Puerto Rican descent, Fernandez is a caramel-colored black man with long dreadlocks streaming down his back. Dressed in crisp white jeans, he's as slim and elegant as a fountain pen. He's also HIV-positive—part of the second wave.

Although Fernandez "did the downtown dance scene and Fire Island," in his 20s, he didn't go to the bathhouses, and he was never on the front line of the party scene. Even when the political equation of the gay revolution—"the more promiscuous, the more liberated"—still had currency, Fernandez was warier than his peers. By 1981, friends of his had started to die of the mysterious illness then known as the gay plague. Fernandez got himself checked out as soon as HIV testing became available, and came up negative year after year while he continued to practice safe sex. Then he moved to Los Angeles and met Rodrigo.

Rodrigo was a well-educated Mexican-American, a high-level insurance executive, a Republican conservative and "completely closeted." Among Rodrigo's tightly knit family, only one of his brothers—also gay—knew his secret. When Fernandez asked his partner if he was

HIV-positive, he said no. He'd never been tested, but he knew he wasn't. He also insisted he was monogamous. "It's all about what risks you are willing to take," says Fernandez slowly. "I understand why people stop practicing safe sex. One is always renegotiating the risk factors at some level. You see, you want to believe that your lover is telling you the truth."

In 1990, Rodrigo got sick. By then Fernandez had become suspicious, and pressed his partner to be tested. "I told him he had to do it for my sake," he says, "if nothing else." When Rodrigo learned he was positive "it was a double whammy," says Fernandez. "He had to admit that he was sick and dying and worse—he had to admit that he was gay." Within the year, Fernandez learned that he, too, had the virus. Remembering, he lets loose a long sigh. "I don't have an answer for why I took a chance. I knew better, but it only takes one time." Fernandez surmises on the basis of personal anecdotal experience that as many as "90 percent [of gay] Latinos are closeted. Many may have self-identified but tell no one else." He bases his estimate on the number of married men who come into AIDS Project Los Angeles. "They always say they need the information for their brother or brother-in-law."

Rarely visible in the statistics are the wives and girlfriends of these men—the group that experts predict will soar to the top of the AIDS charts by the end of the decade. Currently, blacks and Latinas make up 77 percent of all AIDS cases among women; the number of Latina cases is seven times higher than that of Anglo women. Researchers have long known that the "receptive partner," is at greater risk of contracting not only HIV but all sexually transmitted diseases. For reasons generally unknown, women tend to get sicker sooner and die faster. Moreover, for many Latinas striving to be good Catholic wives in a culture where church and family are the co-pillars of the community, contracting HIV is an unfathomable betrayal and an irredeemable disgrace.

Ernesto Pujol remembers a Salvadoran housewife in her mid-50s, then living in Brooklyn. "She had just tested positive. She was crying. She was so bitter—so angry at her husband and the waste of her life. She had bought the whole Latina martyrdom of being the faithful wife." The husband was a drunk who had battered her, belittled her, and who would finally kill her. Still, she maintained that her husband had been infected by female prostitutes—and never looked at the evidence that he had had sex with men. "None of the women I worked with ever admitted that their spouses were gay or bisexual," says Pujol. "They would say, 'He drinks, you know.' They would rather blame prostitutes than consider the culturally unacceptable possibility of other men."

Wanda Santiago, 36, has lived much of her life as a pariah. A Puerto Rican lesbian, born and raised in Brooklyn, Santiago learned in 1989 that she was HIV-positive. At 13, she started doing drugs when her family

moved to a rough neighborhood in Williamsburg. At 16, she was pregnant and married and drinking. After three years, her husband left. "I knew I was gay since I was 8," she says, "but I thought getting married would cure me." In 1978, Santiago came out and turned the care of her young son over to her mother.

Santiago suspects she contracted HIV during her romance with an Ecuadoran woman who was stationed with the Navy in Virginia. "I was crazy about her," says Santiago, who lived with the woman for three years. "Every now and then, she would bring a man to our bed," says Santiago. "It could have been one of them, or maybe I got it from a needle." A few years after her relationship hit the skids, Santiago sobered up for good, but by then she was feeling tired all the time. "For a week after I tested positive, I refused to believe it," she says. "Total denial."

Until 1991, Santiago worked for the Health & Rehabilitation Service screening Latinas with sexually transmitted diseases for HIV. "A lot of them refused to be tested," she says. "If they did test positive, they wouldn't believe it. The fear overwhelmed them. They would say, 'Don't talk about it,' 'I don't have it' and 'Don't tell my husband.' Many were in denial about their husbands screwing around. They thought they would get blamed for getting the disease. It's much worse in Hispanic culture than it is for whites or blacks because Hispanics won't even talk about it. A lot of the women were afraid to use condoms because they would get beat up by their husbands. See, if you're infected by a man, you're a whore. If you're infected by drugs, then you deserve it. But it's OK for a man to have HIV because it's OK for a man to whore around."

Mary Lou Duran has been working with the community in East Los Angeles for twenty-one years, the last three and a half of them as a case manager for the HIV patients at Altamed Services. Her clients are women: primarily Mexican-American or Central American refugees, both legal and undocumented, ranging in age from 17 to 56, and including "several grandmothers." A few of the older women may have gotten the virus from blood transfusions during surgery in Mexico, before the availability of HIV testing. But the overwhelming majority were infected by spouses or lovers. "One woman, from Guatemala, died in October," Duran says. "She had a very aggressive virus and died in less than three and a half years. She got it from a boyfriend and left a child behind. I feel the majority of the women I see are innocent victims—wives and girlfriends who have no idea what is going on." Duran then relates a more personal experience: "In my own family, there have been three deaths—three nephews who were gay. But my family says, 'No one has died of AIDS.' They call it cancer. We can't comfort each other because we can't discuss it. 'They weren't gay,' they say, and 'They didn't have AIDS.'"

By coincidence, one of Duran's ailing nephews ran into her at a clinic where she was working. "He was shocked to see me," she remembers. "He was sick—very

progressed by the time he came in for help." They chatted briefly, awkwardly. It was her only personal contact with the tragedy in her family. "I have always been a community worker and my family has come to me when they have a need of sorts, but never while I do this work. They have never asked for my help. They have no interest or curiosity in my work. They never ask any questions. Nothing is ever said. The entire community is in denial. They just don't believe it is happening. They think that AIDS is about gay white males."

When not manning the AIDS project, Troy Fernandez makes the rounds of Hollywood bathhouses, doing what amounts to "interventions"—foisting condoms on men before they have sex. "The culture of the bathhouses has changed," he says, his voice brightening. "Some people sit around and talk. Sure, it's still mainly sex but there's some talk." Fernandez doesn't believe closing the bathhouses serves any purpose. "If you close the Hollywood Spa or the Compound, people will simply go to Plummer Park or the restroom at the Beverly Center. My friends in New York say the bathrooms at Juilliard are very busy these days. Face it, we are not going to stop people from having sex."

What then are the prospects of halting the second wave? Fernandez is initially speechless, and it takes a few minutes for him to get pumped up again. "We should get real that what we're doing is not working." He sings the praises of another program he's involved in—*Saber es Poder* (Knowledge is Power), which enables him and others to go into heavily Hispanic schools and talk to kids in grades seven through twelve. "But I can't say 'dick' to a kid in a school program without losing funding," he complains. "The truth is, Joycelyn Elders was right. We have to start talking to kids when they're young, not when it's too late or the second wave will keep rolling along and then the third wave and then the fourth wave."

As for Ernesto Pujol, he says he will never forget Carla, a soft-spoken, graceful Puerto Rican he met during his days running the Brooklyn AIDS unit of New York's Crisis Intervention Services. Happily married to a Brazilian man, Carla was at work on her doctorate. "The entire family got sick about the same time," says Pujol. "Her husband, she and their 2-year-old daughter. He died first, then the baby. I remember the day in the hospital that she told her family that she had AIDS and of course they became hysterical. It was very sad. She was a devout Catholic and AIDS caused her a great crisis of faith—like a slap in the face. As a couple, they had everything going for them—white upper-middle-class Latinos who could pass, educated and charming. Her husband had told her that he got it from an old girlfriend who was an addict but I suspected that he had had prior bisexual behavior. She chose to believe what her husband told her and I wasn't about to take that away from her. He was a very terrific, wonderful guy who was also working on his doctorate. But he was haunted by his past—and HIV is a past that won't ever let go of you." •

Clinton seeks support of gays with new panel

Council members to include HIV carriers

By J. Jennings Moss
THE WASHINGTON TIMES

The Clinton White House, on the heels of a decision on a Colorado case that infuriated homosexuals, this week will try to calm some of the anger by announcing the formation of a new presidential AIDS panel.

But rather than embrace President Clinton's action, AIDS activists have either panned the long-anticipated development or have criticized what Mr. Clinton has done thus far to fight the disease.

"We are in the final stages of putting together this council. We hope to announce it soon," said Patricia S. Fleming, White House director of AIDS policy.

Clinton administration sources said the 30-member panel has been in the works for a year. The panel will advise Mrs. Fleming and work to enact various proposals.

In contrast to past groups, like the AIDS commissions created under Presidents Reagan and Bush, Mr. Clinton's Presidential Advisory Council on HIV and AIDS is expected to have more people on it who are infected with HIV, the virus that causes AIDS.

Administration sources said the White House would announce formation of the panel this week, possibly as early as today when about 45 homosexual elected officials go to the White House to meet with senior administration officials.

White House sources said they hoped the news would mollify some of the anger among homosexuals expressed toward the administration's decision last week to not take a position before the Supreme Court on an anti-homosexual rights statute in Colorado.

Homosexuals were a key political constituency for Mr. Clinton in 1992 but since then have doubted him because he backtracked on his promise to lift fully the military's ban on homosexuals and because of disappointment over Mr. Clinton's record on AIDS.

"He makes promises and throws us a little scrap.... The president couldn't care less about AIDS policy," said Stephen Michael, an activist with ACT UP Washington who plans to run against Mr. Clinton in February's Democratic primary in New Hampshire to draw attention to AIDS issues.

During the 1992 campaign, Mr. Clinton promised to create an AIDS czar, to speed up the drug approval process, to spend more on research, to fund fully the Ryan White Care Act and to lift the immigration ban for those with HIV.

His accomplishments have been mixed:

- There is an Office of National AIDS Policy, but the director's powers are

limited, and the first person who held the job left after a critical drubbing by activists.

- Rather than speed up drug approvals, a panel is studying it.

- AIDS funding has increased — Mr. Clinton's budgets over three years have shown a 40 percent rise in AIDS spending.

- Mr. Clinton reversed his position on lifting the ban on HIV-infected immigrants.

When an AIDS activist confronted Mr. Clinton June 1 in Billings, Mont., about his record, the president responded by saying his administration "has done far more on research and care and raising the visibility of the issue than anyone ever has."

"I don't mind you being frustrated because it's frustrating until we find a cure," Mr. Clinton said during a televised town hall meeting.

He said his commitment during the ongoing "budget wars" was to ensure AIDS-research spending increased, and he pledged to work for health reforms that would help those with the disease.

Tom Sheridan, a lobbyist on AIDS issues, gave Mr. Clinton a mixed report card and said he welcomed the new AIDS panel "if it has the appropriate power and authority. If this is more window dressing, thanks, but no thanks."

"The epidemic rages, and there's so much to do. What we consistently miss in this is presidential leadership. We need an active, visible president on HIV and AIDS. That's what Bill Clinton told us he would be, and that has not happened," Mr. Sheridan said.

Even those set to be on the panel have doubts about the Clinton record. H. Alexander Robinson, a lobbyist for the American Civil Liberties Union and board president of the National Task Force on AIDS Prevention, said if he were not on the panel, he also might be a vocal critic now.

"We have not done what is necessary to bring about solutions and I don't think that anyone — the administration included — is exempt from that criticism," said Mr. Robinson, who is HIV-positive and whose name has surfaced as a possible co-chairman for the panel.

One of the chief goals of the panel reportedly will be to work on a new public education campaign, especially to tell younger Americans about the danger of HIV infection. U.S. statistics show 40,000 new HIV infections develop each year, 25 percent of those are in people under age 20 and half under 25.

Statistics at the end of last year by the Centers for Disease Control and Prevention indicate that 444,000 cases of AIDS have been reported since officials discovered the disease in 1981.

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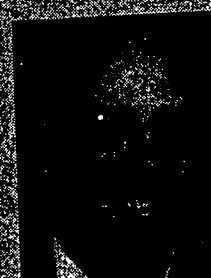
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Guards Don Gloves As Gay Officials Visit White House

Secret Service Expresses Regret

By Al Kamen
Washington Post Staff Writer

Secret Service Director Eljay B. Bowron said last night that he regretted that White House guards put on rubber gloves before admitting 50 gay elected officials to a meeting with senior administration officials Tuesday.

Describing what he called the "unfortunate actions," Bowron said "it is not the policy of the Secret Service to wear gloves merely based on known sexual preference," although officers of the uniformed branch of the service "have discretion to wear protective gloves in the performance of their duties."

In a statement issued by the Treasury Department, Bowron said the Secret Service took "serious discrimination of any sort" and that he would "hold a special training session directed specifically at these matters."

Gay officials were outraged by the incident, which they called a bitter reminder of the need for more education on AIDS. Medical authorities say the virus that causes AIDS cannot be transmitted by casual contact.

"It was insulting," said Mike Nelson, an alderman on the Carrboro, N.C., City Council who said he was among the first people to enter the East Wing reception area. Nelson said he saw at least four Secret Service officers put on rubber gloves taken from a nearby closet. Nelson said two of the officers with gloves worked at the conveyor belt for items to be checked, and the other two with gloves examined bags and looked into briefcases.

Nelson said Oregon state Rep. George Eighmey asked one of the officers why he was putting the gloves on, and the guard reportedly told Eighmey: "For protection."

The day-long meeting included briefings by presidential aide George Stephanopoulos, White House Counsel Abner J. Mikva, Health and Human Services

See GLOVES, A12, Col. 1

A12 THURSDAY, JUNE 15, 1995 ... R

THE WASHINGTON POST

Guards Wear Gloves to Greet Gay Visitors

GLOVES, From A1

Secretary Donna E. Shalala, Housing and Urban Development Secretary Henry Cisneros and other senior officials. The new White House liaison for gay and lesbian issues, Marsha Scott, a longtime Clinton friend from Arkansas, was introduced.

Officials found out about the officers' actions when Eighmey recounted the incident involving the gloves.

Vice President Gore, who spoke Tuesday night at a reception for the gay and lesbian officials, was "appalled" when apprised of the incident, according to HHS spokesman Victor Zonana. Gore then made sure to shake hands with every elected official in the room, Zonana said.

The meeting for the state and local officials had been set up to improve relations with the gay community, which has been critical of the administration's decision to stay out of an important Supreme Court case involving gay rights.

Administration officials and several guests said the overall political mission had been accomplished, but several sources said the incident at the visitors' entrance was a bitter reminder of chronic discrimination against gays.

Bowron's statement last night came after White House Chief of Staff Leon E. Panetta asked Treasury Secretary Robert B. Rubin, who oversees the Secret Service uniformed officers who guard the White House, to investigate the incident.

A White House source said it appeared last night that "four of seven officers" at that entrance "did put on gloves."

White House press secretary Michael McCurry said the incident did not affect the meetings, which he said were "very good and established a basis for further discussions." "It's safe to say that the chief of staff and others were distressed by that and believe it to be an error of judgment."

Staff writer Hamil R. Harris contributed to this report.

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June 15, 1995

MEMORANDUM FOR PATSY AND JEFF

FROM: Katie Smeltz

SUBJECT: Today's News

In the news:

Secret Service said that last night White House guards put on rubber gloves before admitting 50 gay elected officials to a meeting with senior administration officials Tuesday. (A12, POST)

Lawmakers are proposing cuts in small preventive care programs despite the studies that show that they are effective financially than many more forms of medical care. (Post)

Now that Federal Agencies are being cut back, some field offices may be restructured. The Social Security Administration also plans to revamp its field structure. (POST)

The General Services Administration has set up a toll-free number to obtain information on security matters at federal buildings controlled by GSA. (POST)

GIANTS Jon GLOVES As Gay Officials Visit White House

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Thursday, June 15, 1995
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What Coroner Reports Are Really Telling Us

By Spencer Rich
Washington Post Staff Writer

Lawmakers are proposing major cuts in small preventive care programs despite Public Health Service studies showing that they often are more effective dollar for dollar in promoting health than many forms of medical care.

The House budget resolution mentions the possibility of cutting in half the \$842 million combined appropriation for the preventive health grant program and the maternal and child health grant program, which subsidizes preventive health services; phasing out some of the funds for injury research control, and eliminating a sports and physical fitness promotion program.

But a series of studies dating to the 1970s suggests that in terms of promoting health and longevity, it is penny-wise and pound-foolish to scrimp on public health programs designed to clean up the environment, reduce the risk of injury, and persuade people to shun fatty food, drugs, tobacco and alcohol.

"The coroners tell us that people died of heart disease, cancer and stroke," said Michael McGinnis, deputy assistant secretary for health of the Department of Health and Human Services. "And if we continue to shape public policy based on what the coroners tell us people died of, then we're ignoring a whole generation of biomedical research that tells us what actually causes these conditions: tobacco, alcohol, dirty air and water, benzene, sulfates and health conditions that are preventable with immunizations" administered when people are healthy.

That being so, he said, a case can be made to pay more attention to efforts to get people to improve lifestyles and behavior, to clean up environmental and job hazards.

After all, he said, "95 percent of the trillion dollars a year we spend on health goes for medical treatment, yet we know it only affects a tenth of the preventable mortality in this century."

A study conducted last year by the Public Health Service, a division of HHS, concluded that since the turn of the century,

"Approximately 50 percent of deaths in people under 75 are due to personal behaviors which can be modified."

— Public Health Service study

the life expectancy of Americans has increased 30 years, from 45 to 75 years old, but "only five of the additional years of life expectancy can be attributed to medical care.

"The remaining 25 years of added life," said the study, result from "better nutrition, housing, sanitation and occupational safety," adding that "approximately 50 percent of deaths in people under 75 are due to personal behaviors which can be modified."

The study, "For a Healthy Nation," was coordinated by PHS officials Steven Teutsch and Marthe Gold in collaboration with the Battelle Centers for Public Health Research and Evaluation.

Teutsch said yesterday that reductions in death rates from many diseases since the turn of the century have resulted primarily from improved hygienic safer water supplies, better nutrition and diets, safety on the job and the like, rather than treatment of disease.

"Cardiovascular disease in recent years has shown a remarkable decline" primarily as result of "exercise, diet changes and smoking control."

He said there are three strategies for improving health: clinical, which means direct treatment of disease; behavioral which means changing people's behavior in matters like smoking and drinking; and environmental which means cleaning up pollution and other hazards.

"Clinical treatment is important but it is only one of the ways in which we improve health," he said.

McGinnis said a study in Boston in 1977 looked at improvements mortality rates in five diseases in children: influenza, pneumonia, diphtheria, pertussis and polio.

"Clinical interventions only accounted for 3.5 percent of the improvement in mortality rates," he said.

The rest were from improved sanitation, nutrition, immunization and the like.

Another study, "Ten Leading Causes of Death in the United States, 1977," concluded that "lifestyle risk factors" such as use of tobacco and poor diets were responsible for 50 percent of premature deaths (earlier than expected on the basis of general population statistics).

Environmental factors (such as air and water pollution) caused about 20 percent, genetic factors about 20 percent, and "inadequacies in the health care system," meaning lack of adequate medical treatment, 10 percent.

In 1993 McGinnis and William Foege, former director of the HHS Centers for Disease Control and Prevention, reviewed the literature on the causes of death in 1990 and concluded that of 2.1 million deaths, 1.06 million were the result of use of tobacco and alcohol, poor diet and lack of exercise, firearms, autos, illicit use of drugs and similar factors.

User-Friendliness Urged in Reconfiguration of Government

By Stephen Barr
Washington Post Staff Writer

Nearly 90 percent of federal employees work outside the Beltway, with close to 1 million of them serving in 30,000 field offices. But with federal agencies facing reorganizations and job cuts, it appears that the government's field network also will be under new pressures to shrink.

"Overlapping and conflicting agency responsibilities, programs, jurisdictions and separate offices have made ordinary citizens' contact with the federal government a nightmare of frustrating, even harrowing experiences," Rep. Steve Horn (R-Calif.) said at a hearing Tuesday. "Now that many federal programs are being cut back, maybe not all of the field offices are still needed, and possibly they could be combined in some scheme of user-friendly clusters of related functions and services."

Almost 12,000 field offices have five or fewer employees, said Horn, chairman of the House Government Reform and Oversight subcommittee for management and technology issues, who called the hearing as part of a series of sessions on "making government work."

Specialists in public administration testified that the government has too many field offices, but noted that members of Congress have been reluctant to close field offices and let communities they represent lose a federal payroll.

One of the most elaborate field structures has been oper-

ated by the Agriculture Department, which is reducing the number of its county offices and creating "one-stop service" centers for farmers seeking federal assistance or information.

Wardell C. Townsend Jr., Agriculture's assistant secretary for administration, testified that the department has shed 6,000 employees over the last 2½ years through "buy-outs" and early retirement programs. Agriculture intends to cut another 7,500 workers by 1999, he said.

The department has maintained field offices in 3,700 U.S. locations, but plans to close or move 1,170 of them by the end of 1997. The restructuring will help create 2,535 service centers, which will offer a wide range of services and will be linked to other offices by computer networks.

The Social Security Administration also plans to revamp its field structure, Commissioner Shirley S. Chater said. SSA's 10 regional offices will be consolidated into five or fewer, she said, with at least one layer of management eliminated between the field offices and regional commissioners.

The agency will reduce its staff of about 66,000 to about 61,000 by 1999. About half of SSA's employees are in field offices and telephone service centers, and Chater hopes to redeploy 30 percent of headquarters and regional office staff to the field.

Townsend and Chater said their agencies hope to offset some of the personnel cuts by relying on technological improvements—through improved telephone service or com-

puters—to maintain or improve their delivery of service. But Townsend noted that services will not be maintained without increased short-term spending on equipment and on retraining employees.

Rep. Thomas M. Davis III (R-Va.) asked Townsend if changes to the federal pension system proposed in the GOP budget resolutions would create a rush of workers seeking to quit before the law was enacted. Townsend said that if the department cannot retain enough skilled and experienced employees, the delivery of services would undoubtedly suffer.

Davis, along with Reps. Frank R. Wolf (R-Va.) and Constance A. Morella (R-Md.) as well as 13 other House Republicans, recently sent House Budget Committee Chairman John R. Kasich (R-Ohio) a letter urging him to drop federal employee pension cuts from the proposed congressional budget resolution.

The pension changes would raise the employee contribution rate by 2.5 percentage points and change the salary base used to compute pensions from the average annual salary in a worker's highest-paid three years to the highest consecutive five years.

"We ask you to reject any proposal that singles out federal workers for unfair treatment and ask you to ensure that federal employees are treated fairly and equitably," the letter to Kasich stated.

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6/15/95

GSA Opens Security Line

The General Services Administration has set up a toll-free number to obtain information on security matters at federal buildings controlled by GSA.

The number, 1-800-215-8419, will be answered between 8 a.m. and 8 p.m. Eastern time Monday through Friday by a security specialist who will respond to questions and provide information about general and personal safety and security concerns in federal buildings, the GSA said.

Messages will be taken by GSA employees between 8 p.m. and 8 a.m. weekdays and on weekends and holidays, with return calls made the next business day.

The number should not be used for reporting emergencies, officials said. Emergencies should be reported to the nearest Federal Protective Service control center or 911 local emergency numbers.

GSA has stepped up security at federal buildings since the April bomb attack on the Oklahoma City federal building, which killed 168 people.

—Stephen Barr

THE WHITE HOUSE

WASHINGTON

Halifax

June 16, 1995

Thank you for coming to the White House June 13 for briefings with members of my cabinet and senior staff and a reception with the Vice President. I was pleased to receive a report that the discussions were productive and that we have set in place a process for a continued dialogue.

I want to apologize for the inappropriate and insensitive treatment several of the participants were subjected to at the entrance gate of the White House. It was wrong.

As you know, Secret Service Director Eljay Bowron issued a statement expressing regret for these actions. I have spoken personally with Director Bowron, and he is taking steps to ensure that it will not happen again. He is already redoubling his efforts on training and education.

Again, I thank you for coming. I deeply regret any insult or embarrassment you suffered. You are welcome in the White House, and I look forward to continuing to work with you in the future.

Sincerely,

Bill Clinton

ART BUCHWALD

Rubber Glove Treatment

There is a bit of a dust-up at the White House because Secret Service uniformed guards wore rubber gloves when 50 gay elected officials paid a visit there.

The White House had to apologize, but so far no one has come up with an explanation as to why the guards took such extraordinary measures.

My visit to 1600 Pennsylvania Ave. raised more questions than it answered.

As a precaution I wore rubber gloves when I showed my pass.

The guard looked at me suspiciously and asked, "Why are you wearing rubber gloves?"

I winked at him. "You know as well as I do. You can never tell who you're going to shake hands with around here."

He let me in and I started moseying around. I asked another guard, "Why do Secret Service guards wear rubber gloves?"

He replied, "Because of the squirrels—they are always eating out of our hands."

"What about the lobbyists?"

"The White House staff are always eating out of *their* hands. We don't want to get infected by them, either."

It sounded like a good reason, but not good enough.

Another uniformed officer, who was wearing not only rubber gloves but a face mask as well, said, "You never know when you might get infected with Lyme disease by a visiting head of state."

"Then you didn't wear the rubber gloves because you had gay visitors to the White House?"

"That would be insanity and also show prejudice against a certain group of people. Rubber gloves have always been part of a Secret Service uniform. They go extremely well in parades with our blue uniform. They also look very smart when you're saluting the president."

"Whoever says we wear gloves to make a statement about homosexuality doesn't know what he's talking about."

The nearer I got to the White House administration the more embarrassed everyone seemed to be.

One White House spokesman said, "If people handling food in restaurants are required to wear rubber gloves, why shouldn't Secret Service police wear them when handling tourists?"

"I didn't know it was that unhealthy handling tourists."

"Have you seen some of them lately?"

I tried to shake hands in my rubber gloves with congressmen and senators who had just seen the president, but they kept backing away.

"What are you afraid of?" I asked one gay-bashing congressman.

"Why are you wearing rubber gloves if you don't have a horrible disease?" he asked me.

"All the guards are doing it," I protested.

"How do I know they're not sick, too?"

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STATEMENT OF

ERLINE BELTON AND MICHAEL R. LAUBER

ON BEHALF OF THE NATIONAL LEADERSHIP COALITION ON AIDS

BEFORE

THE HOUSE OF REPRESENTATIVES

COMMITTEE ON GOVERNMENT REFORM & OVERSIGHT

SUBCOMMITTEE ON CIVIL SERVICE

JUNE 22, 1995

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE. We appreciate this opportunity to appear before the Subcommittee on Civil Service and share our views on the importance of effective HIV/AIDS training in the workplace.

We are here today as business people to speak about the impact the AIDS epidemic has had on America's business community, and upon the Americans who staff our assembly lines, offices and plants. We are here to talk about the emotional toll and the economic damage that AIDS exacts from our workforce. And we are here to talk about what we believe is the Federal Government's role in defeating the ignorance that directly perpetuates the spread of HIV/AIDS.

First, we believe people must acknowledge that AIDS may be 100 percent fatal, but it is also 100 percent preventable. Scientists know precisely how the disease is transmitted. From that information, we know precisely what Americans must do to protect themselves. And we believe Americans have a right to that information, a right to protect themselves from this always-fatal virus.

Many businesses have addressed this dilemma effectively on a very pragmatic basis. We know, for example, that AIDS is the leading cause of death among Americans age 25 to 44. According to the Statistical Abstract of the United States, 54 percent of this nation's workforce fall into this same age category. So AIDS is striking hardest at the very core of this nation's workforce.

Two out of three of our nation's largest businesses, and at least one in 10 of our smallest businesses have already experienced AIDS in their workplace. When AIDS strikes among an ill-informed workforce, we have seen the workplace disrupted, coworker fears run rampant and production halted.

Treating an employee with AIDS costs businesses a lot of money. The CDC estimates it's costing this nation \$15 billion a year. An employer can expect to spend a maximum of \$32,000 over five years on an HIV-infected employee, while the average cost runs about \$17,000 per year over five years, again according to CDC statistics.

But these medical expenses -- and the expenses associated with loss of productivity and disruptions in the workplace -- are easily avoided through effective workplace education on HIV and AIDS.

Importantly, we believe effective workplace education protects a business's single most important asset: its investment in its employees. The business community views HIV/AIDS education as an economic issue. And we see the potential for greater economic damage in the future if we don't act now. AIDS threatens to make further inroads in the young adult population -- where the epidemic is growing fastest.

Educating our workforces on HIV and AIDS makes sound business sense. We believe strongly that all American workers should receive a comprehensive HIV/AIDS prevention education. And we believe we must look to the Federal Government for leadership and its strong support for this critically important workplace education.

At the same time we acknowledge that discussing AIDS may make some people uncomfortable. It is, for the most part, a sexually transmitted disease that all sexually-active adults are at risk of contracting. We believe, however, that the discomfort some may feel over a public discussion of sex is far outweighed by the critical life-saving information that this discussion can convey. And we believe adults -- with a compelling interest in protecting their lives and the lives of their families and loved

ones -- will respond favorably to an adult discussion of this issue.

Indeed, it may surprise you to learn that American workers already agree that AIDS education should be available. In a study done by The National Leadership Coalition on AIDS in 1992, 50 percent of working Americans cited AIDS as their chief health concern. More than 75 percent said that employers should offer AIDS education in the workplace. And 94 percent of employees whose boss offered AIDS workplace education approved of such a program.

AIDS is not a lifestyle issue, although some may focus on lifestyles they do not share with others as a rationale for eliminating such training. The Federal Government has had for years an effective anti-drug use training program. People agree you don't have to embrace a drug user's lifestyle to be against drugs. But you do have to understand the what drive's people to take drugs, and you need to know enough about the drug user's lifestyle to help others and protect yourself.

At the same time, we cannot allow the misconception to be perpetuated that AIDS is a disease that strikes only homosexual men and only intravenous drug users. Statistics from the Centers for Disease Control and Prevention support the tragic realization that HIV and AIDS have made strong inroads into the heterosexual population, among Hispanics and women of color. It has moved into all socioeconomic levels and out into all parts of the country.

All Americans, everywhere, are at risk. That makes it a national problem requiring leadership from the federal government. The federal government can exercise that leadership by making HIV/AIDS in the workplace training mandatory for all federal employees. It can demonstrate its strong support for the effectiveness of HIV/AIDS education through the example it sets with its own employees.

Help keep federal workers safe and productive through mandatory HIV/AIDS education in their respective workplaces. Help save taxpayer dollars by promoting a healthy federal workforce free of HIV and AIDS because they're smart about the virus. Help end AIDS by leading the way in educating all Americans about this tragic, always fatal disease.

Mr. Chairman, the business community is working hard to do its part to stem the spread of HIV and AIDS. HIV/AIDS education in the workplace works. It saves lives, protects our employees and helps keep us productive and profitable. We ask that the federal government heed the lessons learned by the business

community when responding to the information needs of federal employees.

Mr. Chairman, this concludes our statement. We appreciate the opportunity to appear before this subcommittee to discuss our views on the federal government's role in HIV/AIDS in the workplace education.

Erline Belton, is President of The Lyceum Group and a partner in Belton & Nobles Consultants. She has been Senior Vice President for Human Resources for The Progressive Companies. Prior to this, she was international Corporate Employee Relations Director at Digital Equipment Corporation. Ms. Belton was an advisor for Harvard University's Center for Social Policy and Change for the Massachusetts Schol System as well as several corporations. Ms. Belton has also served as a member of the Board of Directors of The National Leadership Coalition on AIDS.

Michael R. Lauber is president and CEO of Tusco Display, one of the nation's leading point-of-purchase display manufacturers, located in Gnadenhutten, Ohio. Mr. Lauber is Vice Chairman of the Board for the Point-of-Purchase Advertising Institute. He holds a B.A. in Economics and English from the College of Wooster and an M.B.A. from the Amos Tuck School of Business Administration at Dartmouth College. he has been an active member of the National Leadership Coalition on AIDS minority and Small Business advisory panel. He also serves on the Coalition's Board of Directors.

The National Leadership Coalition on AIDS is the nation's only non-profit organization that deals exclusively with AIDS in the workplace. The Coalition is comprised of member businesses both large and small, as well as labor groups and organizations. The Coalition produces materials on AIDS workplace policies, practices, education and other tools that help businesses effectively minimize their legal risks, manage employee benefits and educate the workforce about AIDS. The Coalition's mission is to marshal the collective resources of business and labor to prevent and combat the spread of HIV disease.

NATION

6/23/95

Federal AIDS training decried

Lawmakers told of coarse courses

By Rowan Scarborough
THE WASHINGTON TIMES

People who attended mandatory federal AIDS awareness training told a House panel yesterday that instructors veered into inappropriate talk about sexual practices, broaching such subjects as sex toys, flavored condoms and an oral sex survey.

Family-values researchers and lawmakers said federal workers have complained to them about AIDS lecturers who used models of erect penises to demonstrate condom use. They said some workers received brochures that promote seminars on "wet and wild" lesbian sex.

Lyn Mickley, a 13-year employee at the National Institutes of Health, told the Government Reform and Oversight subcommittee on civil service she was offended when an AIDS trainer from the Whitman-Walker Clinic made crude jokes and seemed fixated on sex.

"We were lectured on the use of condoms — what kind to buy, the colors they come in, proper storage and the use of spermicides," Mrs. Mickley testified. "Throughout the lecture, I kept wondering 'What does this have to do with the workplace?' In fact, it seemed to be more a class in sex education, rather than a seminar to educate federal employees about the challenges posed by the HIV-AIDS epidemic."

She said her instructor suggested an oral-sex survey to determine the risks of contracting HIV,



Republican presidential hopeful Robert K. Dorman offers his views at House hearings yesterday on the Clinton administration's AIDS training program, which was criticized for repeated references to condoms and sex toys. AP

the virus that causes AIDS.

"Hoping to get a laugh from the audience, she suggested a sign-up sheet at the back of the room for those who wanted to participate in such a study," Mrs. Mickley testified.

But AIDS advocates and officials in the Clinton administration, which started the mandated training in 1993, said such abuses, if they occurred at all, were rare.

"It has been suggested that these trainings involved extended discussions on various bizarre sexual practices and is an assault on religion and traditional family values. Nothing could be further from the truth," said Ken Goodman, who directs the Whitman-Walker Training Institute, the largest provider of AIDS training to the federal government.

"How has this training been received by the work force? In a single word: enthusiastically," he said.

Conservative activists, however, said they have received scores of complaints and suggested there are additional workers who do not

like the program but remain silent for fear of reprisal.

Thomas Herron, a civilian Navy employee, said his supervisor threatened to fire him in January when he refused to attend the training after reviewing the brochures. Mr. Herron said he found the language "a put-down of premarital chastity."

Trudy Hutchens, a researcher at the conservative group Concerned Women for America, said President Clinton's 1993 AIDS training directive "became a vehicle for activists to push acceptance of homosexuality on each and every federal worker."

Ms. Hutchens said she attended a session at the Federal Deposit Insurance Corp. conducted by an American Red Cross instructor.

"What I experienced in that class was in line with everything federal workers had reported to me," she said. "... The entire two-hour class was littered with the instructor's off-color jokes ranging from anything from condoms to bizarre lubricants. I fail to see how these discussions are crucial

to the federal workplace."

Stephen Michael, a member of the AIDS activist group ACT UP, in an interview blasted the administration for designing what he considers a flawed program.

He said seminars should have focused on preventing workplace discrimination against AIDS victims and on "universal prevention" techniques for people in the medical and law enforcement fields.

"If you are targeting federal government employees in Topeka, Kansas, you're not going to act as if you're talking to gay men at a bar in Manhattan," Mr. Michael said. "You don't go on about sex itself when you are talking about AIDS in the workplace. ... This training was absolutely worthless."

Rep. John Mica, Florida Republican and subcommittee chairman, will likely draft legislation later this summer placing restrictions on federal AIDS trainers.

He said yesterday he spent the previous evening reading pamphlets handed out by instructors.

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AIDS Daily Summary
 June 28, 1995

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"Teen Fear: Getting AIDS from Doctors"
 "Cross-Species Transplants Debated"
 "Bill Would Protect Sellers of Houses with Pasts"
 "Honoring an Auctioneer with a Benefit for AIDS"
 "New Issue Update: Sequus Pharmaceuticals Inc."
 "Natural Protection Against HIV-1 Infection Provided by HIV-2"
 "HIV-Positive Technician Not 'Otherwise Qualified'"
 "Empathic Learning: An Innovative Teaching Strategy to Improve Attitudes Toward Caring for Persons with HIV/AIDS"

"Teen Fear: Getting AIDS from Doctors"

Philadelphia Inquirer (06/28/95) P. A1; Santiago, Denise-Marie
 A new study published in the Journal of the American Medical Association reveals that many teenagers are worried about contracting HIV or another disease from their doctors. The study asked more than 6,800 ninth graders in Philadelphia to identify what they considered important characteristics of health-care providers and sites that affect their decision to seek health care. Four of the 10 leading characteristics concerned issues of cleanliness and infection control. Follow-up sessions with the students revealed that their primary concern was contracting HIV and AIDS from their doctors. Many recalled media reports about Kimberly Bergalis, who contracted HIV from her dentist. The students also estimated that between 100,000 and 1 million AIDS patients had been infected by health-care providers. There have, however, only been six such cases--those involving the Florida dentist who infected Bergalis. The study's authors were surprised by the HIV issues, having expected that confidentiality and respect would be the teens' main concerns.

"Cross-Species Transplants Debated"

Philadelphia Inquirer (06/28/95) P. A6; Neergaard, Lauran
 Last spring, doctors were prepared to inject baboon bone marrow into AIDS patients in an attempt to boost their immune systems, but the government told them to wait. Now, some experts say that such cautious federal conduct with animal organs is overdue, especially because it is not known whether such transplants could promote new diseases. The question is whether the U.S. Food and Drug Administration (FDA) should regulate the increasing number

June 29, 1995

MEMORANDUM FOR PATSY AND JEFF

FROM: Julie Blessing

SUBJECT: Today's News in the Washington Blade

In the News:

Pat Christen, executive director of the San Francisco AIDS Foundation, has resigned her position on the board of directors of AIDS Action Council. Her resignation from the board is a consequence of the conflict between the organizations' political decisions.

"Departure signals rift in ranks at AIDS group" *Washington Blade*

President Clinton's most recent proposed budget plan continues to support the AIDS program spending. Richard is quoted several times about the support Clinton seems to be giving to AIDS.

"AIDS advocates nervous about Clinton budget" *Washington Blade*

Last week, the House of Representatives passed a bill that would prohibit Department of Defense spending to universities where ROTC programs were banned. Many of these universities that bar the ROTC do so because of the military's ban on Gays.

"House passes DOD bill with HIV provision" *Washington Blade*

Nine of the 23 people named to the President's new Advisory Council on AIDS are "open Gays" & four are people who are HIV positive. There is a brief description of these individuals in the article.

"Presidential AIDS panel includes Gays, PWAs" *Washington Blade*

Yesterday, at hearings looking into the federal AIDS training programs as a promotion for the "Gay agenda," several disruptions occurred. Rep. Robert Dornan (R-Calif.) spoke against the training because it seems, in his opinion, to support the "Gay agenda." At the end of his testimony, several other Representatives put on blue rubber gloves and raised their hands.

"Dornan attacks federal AIDS training program" *Washington Blade*

On June 16, President Clinton sent several letters of apology to those who attended the meeting at the White House and were greeted by guards in rubber gloves.

"Clinton apologizes for rubber glove treatment" *Washington Blade*

The D.C. Council passed a bill on Tuesday that makes HIV antibody testing mandatory for sex offenders at the request of the victim.

"Council OKs testing for sex offenders" *Washington Blade*

Tuesday, the D.C. Council authorized the District government to pay up to \$48 million to AIDS service providers who had provided services to the city without a valid written contract.
"D.C. to pay \$48 million to vendors" *Washington Blade*

Departure signals rift in ranks at AIDS group

by José Zuniga

The San Francisco AIDS Foundation's executive director has resigned her position on the board of directors of AIDS Action Council citing "continuing, fundamental differences" with the way AIDS Action does business.

The resignation of Pat Christen, who had served on the AIDS Action Council board since 1987 and whose organization contributes more than \$700,000 annually to AIDS Action, is but the latest, and loudest, example of an apparent rift in the ranks between major national AIDS organizations and coalitions over how and where best to focus AIDS lobbying efforts.

Some AIDS advocates worry the split — in the past, diplomatically limited to back-room rumbling between organizations like

Continued on page 31

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the San Francisco AIDS Foundation and AIDS Action — might prove detrimental in the following weeks as Congress considers reauthorization of major AIDS funding legislation.

Christen resigned June 13 in a seven-page faxed letter to board Chair Mario Cooper. Both Christen and Cooper refused requests made last week to share the fax with the *Washington Blade*. But earlier this week, a copy of Christen's letter was anonymously faxed to the *Blade*.

In her letter, Christen said she was resigning "after months of reflection and numerous attempts to give the Council the benefit of the doubt" as Mark Barnes assumed his new role as executive director.

In the end, she said, "it [became] all too clear that the goals of the San Francisco AIDS Foundation and the current strategic and political decisions being made by the Council are in severe conflict."

Christen also said she does "not believe the interests of people with HIV — particularly poor individuals, especially those in urban areas across the country where the vast majority of people with HIV live — are being well served [by AIDS Action]."

Christen listed prominently among her reasons for resigning from the board a growing frustration with AIDS Action's push for consolidation of Titles I and II of the Ryan White CARE Act despite the opposition of several national AIDS advocacy organizations, including the San Francisco AIDS Foundation. She also questioned AIDS Action's ability to coordinate the National Organizations Responding to AIDS (NORA), which AIDS Action founded in 1987 to bring together the multitude of national organizations concerned about AIDS issues. Today, NORA is a 150-member broad-based coalition of different constituencies.

"There is a growing and, quite frankly, overwhelming sense among NORA members that when you work with AIDS Action it is not on a partner level — that they [AIDS Action] are convening a coalition while pushing their own, sometimes very different, agenda," Christen said in a June 16 telephone interview. "They [AIDS Action] seem to want to sweep this [her claims] under the carpet and call it an opinion unique to the San Francisco AIDS Foundation. It's not."

While a number of other AIDS advocates share opinions similar to those

Christen expressed in her letter — some even agree there exists a general feeling of "disconnect" with the AIDS Action Council — most, including NORA Co-Chair Winnie Stachelberg, quickly add that differences of opinion are "a healthy part of any substantive discussion, so long as they do not interfere with our advocating for people living with HIV/AIDS."

Appropriations, NORA

Ryan White reauthorization legislation, now on hold in the Senate and making its way through House committees, includes a controversial provision that would create a single appropriation for Titles I and II of the act.

Title I provides funding to cities facing high HIV/AIDS caseloads, and sustains and develops systems of care that emphasize a continuum of services. Title II gives funds to states for improving the quality, availability, and organization of health and support services for people with HIV and their families.

Additionally, the legislation would establish a formula that shifts funds from cities with a history of high AIDS cases but a stabilizing caseload now to those cities with a currently growing caseload. The formula, which includes a "floor" for losses to stabilized cities, limits the loss of funds to those cities to 7.5 percent over five years. The formula takes effect only if the Ryan White CARE Act does not receive funding increases over the next five years.

Barnes said he strongly supports the single appropriations measure because it serves to unify both community and congressional interests, and offers a strong counter to any attempt to block grant Ryan White.

"In the past, in the appropriations process Titles I and II have really bashed each other, one has either claimed or *has* taken money away from the other guy. What single appropriations does is compel community and congressional interests to work together to push for greater funding for the whole, not just Title I or Title II," Barnes said.

Barnes added that "continuing warfare between the Titles is not good for people with AIDS, whether they live in San Francisco, New York, or rural Kentucky." He said that instead of setting up a dynamic where states and cities view themselves as

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SF AIDS Foundation pulls out of AIDS Action

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(Cont.)



Mark Barnes

competing with each other for funds, a single appropriation "hitches both mules together to work for people with AIDS."

Christen, however, said she believes AIDS Action's support of single appropriation is based more on appeasement than the needs of people with AIDS.

"They're more interested in looking good to Hill staffers than they are how this epidemic affects poor people affected by HIV and AIDS in rural communities," Christen said.

Reading from her letter, Christen added that "the Council's strategy of [supporting] a floor on losses of not greater than 10 percent and not less than five percent is particularly insidious because, for the first time ever, the Council is advocating for a position that literally takes desperately needed resources away from people with AIDS in one community in order to give those resources to people with AIDS in another needy community."

Christen added that by advocating for the 7.5 percent floor on losses, "the Council is aggressively robbing Peter to pay Paul and calling it equity. This [advocating for the floor on losses] was done despite the fact that more than 70 percent of the people with AIDS in the country live in Title I EMAs [Eligible Metropolitan Areas]. For an agency that purports to serve the interests of [people living with HIV] nationally, I find this position and the passion with which the Council has advanced it, odd at best."

Several other national AIDS advocates disagree with Christen's charge that AIDS Action's support of single appropriations and a floor on losses is but a tool to win favor on the Hill, but they have expressed concerns about the two issues. Among the groups that have come out against the two provisions are the Cities Advocating Emergency AIDS Relief (CAEAR) Coalition, National Minority AIDS Council (NMAC), the National Association of People with AIDS (NAPWA), Mobilization Against AIDS, National Task Force on AIDS Prevention, National Women and HIV/AIDS Project, and the Latino/a Lesbian and Gay Organization (LLEGO).

Ernest Hopkins, national chair of the CAEAR Coalition, has strongly opposed the single appropriation concept.

"The opinions of groups representing people of color are being dismissed here," said Hopkins. "Both single appropriations and the stop loss would disproportionately affect people of color with HIV and AIDS. How is it that they are coming to such an incredibly different position? I can speculate, but I don't really know, and that is a grave concern."

Mario Solis-Marich of the National Task Force on AIDS Prevention cited the fact that 71 percent of the people diagnosed with AIDS today live in urban Title I areas, and that most are men and women of color and their children, as the reason his group objects to single appropriations.

"Single appropriation ratios based on historic appropriation numbers is not the way to go because that ignores the emerging needs of communities of color, most of which are in Title I areas and does not allow Congress the flexibility to target funds to at-need populations," Solis-Marich said.

Barnes said he understands that some fellow advocates disagree with certain positions AIDS Action has taken, but added that the reality of the Nov. 8 elections in which the GOP took control of Congress has forced a major rethinking and retooling of lobbying efforts in most groups.

"We're dealing with political realities here," said Barnes. "In this budget climate, you have to be very careful to advocate in the most effective way and that means not putting forth positions for which you're going to be laughed at later."

He added that some advocates have expressed disagreement with AIDS Action's use of President Clinton's AIDS budget mark.

"That's OK," he said, "but lengthy discussions resulted in our decision to forward an appropriations number 'within the ball-park' — anything in excess of the president's budget would be, in our opinion, a recipe for failure."

In the end, Barnes said, some organizations will agree on positions, some will disagree, and, "hopefully," others will agree to disagree.

Asked to comment on Christen's comments questioning AIDS Action's ability to coordinate NORA, Barnes said "the record speaks for itself."

NORA's Stachelberg did not hesitate, however. She said that although there have been some growing pains as the coalition has expanded to meet the challenge of the AIDS epidemic, the AIDS Action Council has for the most part been a good coordinator for the coalition. ▼

AIDS advocates nervous about Clinton budget

by Kristina Campbell

President Bill Clinton last week proposed a revised budget plan for the next seven years which would drastically cut discretionary spending but does not change Clinton's proposal for AIDS program spending in the next fiscal year.

Clinton released his original budget for Fiscal Year 1996 in February, and at that time included projections for reducing the deficit over the next several years. His longterm budget projections did not include specific projections for spending on AIDS or other similar issues. In response to various GOP plans that would balance the budget during over next decade, Clinton revised his proposals and released them last week.

The proposals include saving about \$54 billion over the next seven years from trimming growth to the Medicaid program, a major source of medical care funding for people with AIDS.

Richard Sorian, spokesperson for National AIDS Policy Director Patsy Fleming, said Clinton

remains committed to his funding proposals for AIDS spending in FY 1996, and will continue to make AIDS a spending priority in subsequent years.

"Every dollar the president requested in February, he's still requesting and we're still fighting for," Sorian said.

He added that Clinton will "continue to request increases" in AIDS spending in the years beyond FY 1996.

Some AIDS advocates cautioned that Clinton's longterm budget is vague on AIDS spending and expressed concern that the president will not embrace AIDS prevention and housing programs as priorities.

In his comments announcing his revised budget proposal on June 13, Clinton singled out AIDS as an area of concern, as well as breast cancer, a disease that is believed to strike Lesbians in higher proportion than the general population of women.

"We'll still be able to protect the environment and invest in technology and medical re-

search for things like breast cancer and AIDS; but, make no mistake, in other areas, there will be big cuts and they'll hurt," Clinton said in a televised speech.

Sorian suggested that the president does place an emphasis on AIDS prevention programs.

"It's significant that the president has, on the discretionary side, singled out AIDS as a continued priority of his in the areas of research, prevention, and care," he said, "and that on the coverage side, we're taking important steps to meet the needs of people with AIDS on retaining and affording private health insurance and protecting their ability to get Medicaid coverage."

AIDS advocates, however, said they want to hear the president directly express his commitment for prevention and housing programs such as Housing Opportunities for People with AIDS. That program, known as HOPWA, provides rental assistance to low-income people with the disease.

"We need to be very careful about the commitment to prevention programs and to housing," said Winnie Stachelberg, senior health policy advocate at the Human Rights Campaign Fund. "... The HOPWA program and other Section 8 housing was not at first among the priorities in the FY 96 budget that was being developed by [the Office of Management and Budget]. It got in there, but it didn't happen without a great battle, and by looking at the consolidations projected into '97 and '98, it doesn't seem that the housing programs are going to be among the priorities."

Christine Lubinski, deputy director for AIDS Action Council, agreed.

"We have tried at various times to get some explicit assurance from the White House that the investment package for AIDS would, in fact, reflect a comprehensive AIDS response, with housing and prevention in the mix," Lubinski said. "We've been unsuccessful at getting at that."

Clinton's budget proposal in-

cludes much more modest savings on Medicaid than the GOP budget resolutions before the Senate and House. Clinton's \$54 billion in savings over seven years compares with proposals that would trim either \$176 billion from the program (Senate version) or \$187 billion (House version). The GOP proposals also would involve block-granting the Medicaid program, which could lead to some people with AIDS being denied services they need, the advocates said.

But they said they were disappointed in seeing Clinton trim any money from Medicaid.

"This is not the way you slow the growth," Stachelberg said. "I think there are other mechanisms to look at to slow growth that do not seriously affect those people who rely on the program. ... This is the insurance program for the poor and if those people are cut off, no matter what their disability is ... we will face just a huge public health crisis, one that I don't think we're really prepared to address."▼

House passes DOD bill with HIV provision

by Kristina Campbell

The House of Representatives last week passed legislation that includes a provision to prohibit Department of Defense funding to universities that bar Reserve Officers Training Corps (ROTC) programs from their campuses.

The military recruiting provision came as an amendment by Reps. Richard Pombo (R-Calif.) and Gerald Solomon (R-N.Y.) on the House floor and passed with a vote of 302-125.

Voting in favor of the amendment were a group of consistent allies of the Gay community, including openly Gay Rep. Steve Gunderson (R-Wis.) and Reps. Connie Morella (R-Md.), Christopher Shays (R-Conn.) and Peter Torkildsen (R-Mass.).

Many colleges and universities that bar ROTC do so out of protest against the military's ban on Gays, in many cases because the university has its own anti-bias language forbidding discrimination on the basis of sexual orientation.

The provision passed last week by the House was part of a bill that authorizes federal spending for DOD programs. The measure supplements a similar provision enacted into law last year, which enabled the DOD to deny funding to schools that do not allow military recruiters on campus.

The overall bill also contains a measure, incorporated into the bill at the subcommittee level by Rep. Robert Dornan (R-Calif.), that would force the military to discharge all servicemembers who carry HIV. Military leaders have said they do not support such a policy. Rep. Jane Harman (D-Calif.) proposed

an amendment at the committee level to try and strip Dornan's HIV language, but her amendment was defeated. No efforts were made to strip the language on the House floor. Insiders said they will focus on keeping language such as Dornan's out of the Senate version and stripping the House language in conference committee.

Debate around the amendment touched only briefly on the issue of Gays in the military, when Rep. Ronald Dellums (D-Calif.), the ranking minority member on the House Committee on National Security, accused those proposing the amendment of trying to stifle free speech.

"Let us ... be aware," said Dellums, "that this is about compelling universities to respect the Department of Defense position that does not allow Gay men and Lesbians to serve openly in the service. This is also one of the targets of this amendment. In that regard ... it could have a chilling impact on the free speech rights of university campuses, the prerogatives of academic centers, and administrations around the country."

Amendment co-sponsor Pombo said, "I believe that when a college vents its policy protests by denying its students the opportunity to participate in ROTC, then that school should be denied Department of Defense dollars. It is just that simple.... Colleges and universities need to know that starry-eyed idealism comes with a price."

The other co-sponsor, Solomon, pioneered passage of the military recruiting provision last year.

Bill Teator, a press aide to Solomon,



"Its effect, regardless of its stated intent, is anti-Gay," said Daniel Zingale of Human Rights Campaign Fund.

by Clint Steib

said this year's effort focused on ROTC because it came to Solomon's attention after last year's effort that ROTC programs also were a target of universities protesting military policy.

"We didn't realize that [ROTC] was a program threatened last year," Teator said, "or we would have just included it all.... Some topnotch schools were making that move" of kicking ROTC off their campuses. "We had to address it."

Teator said the recruiters language passed in last year's defense bill will remain law unless it is repealed.

The *Blade* reported in March that at

least one university, Bowdoin College in Maine, had altered its policy regarding military recruiters because of the inclusion of the Solomon language in the FY 1995 Defense Department authorization bill.

Daniel Zingale, public policy director for the Human Rights Campaign Fund, said his organization did not lobby heavily against the Pombo-Solomon amendment this year, but will watch for other opportunities to remove the language from the bill.

"Its effect, regardless of its stated intent, is anti-Gay," Zingale said. "When and if we can identify an opportunity to take this on, we will. This particular point in the process was clearly not such an opportunity" because of strong support for the measure in the House.

The provision regarding servicemembers with HIV is similar to one enacted last year, at Dornan's urging, that would have discharged all servicemembers classified as non-worldwide deployable. But a secondary amendment by Harman weakened Dornan's measure by leaving any discharge decisions to the discretion of each branch's secretary.

Under current military policy, all branches of the service administer HIV antibody tests to servicemembers once a year. If servicemembers test positive, they are barred from being deployed overseas and are required to undergo periodic medical examinations. But similar to servicemembers with other types of health conditions, servicemembers with HIV infection are allowed to remain in the service as long as they can perform their duties. ▼

Presidential AIDS panel includes Gays, PWAs

by Lou Chibbaro Jr.

Nine of the 23 people named to President Clinton's newly created Advisory Council on HIV/AIDS are open Gays and four are people living with HIV.

The White House released the names of the advisory council members last Thursday, June 15, one day after Clinton signed an executive order creating the panel.

According to a White House statement, the president's order places the council under the authority of the Department of Health and Human Services. The statement said Clinton assigned HHS Secretary Donna Shalala the task of appointing the 23 members named last week and with appointing an additional seven members at a later date.

The statement said the council's mission will be to "provide advice, information, and recommendations regarding programs and policies to promote effective prevention of HIV disease, advance research on HIV and AIDS, and promote quality services to persons living with HIV disease and AIDS."

Among the openly Gay members Shalala appointed to the council is R. Scott Hitt, a Los Angeles physician who practices with the Pacific Oaks Medical Group, the nation's largest private health care organization treating people with AIDS. Hitt, who serves on the board of directors of AIDS Project Los Angeles, an AIDS service group, has been involved in Gay political groups.

The other open Gays on the council are:

- * Terje Anderson, AIDS program chief for the Vermont Department of Health, founder of the Vermont Committee for AIDS Resources, and member of the Democratic National Committee;

- * Nicholas Bollman, California AIDS activist who serves in leadership positions with Funders Concerned About AIDS and the James Irvine Foundation, which raise funds for AIDS services;

- * Edward Gould, former co-chair of the Los Angeles Gay and Lesbian Community Services Center and member of the board of United Way of Greater Los Angeles;

- * Bob Hattoy, White House liaison to the Department of the Interior, AIDS activist and environmentalist;

- * Jeremy Landau, founder of the New Mexico-based National Rural AIDS Network;

- * Steve Lew, executive director of the San Francisco-based Gay Asian Pacific Alliance Community HIV Project and member of the San Francisco Ryan White Planning Council;

- * H. Alexander Robinson, senior legislative representative, American Civil Liberties Union's AIDS and Lesbian and Gay Rights Project and president of the National Task Force on AIDS Prevention; and

- * Benjamin Schatz, executive director of the San Francisco-based Gay and Lesbian Medical Association.

The members identified by the White House as living with HIV are Hattoy, Landau, Lew, and Robinson.

Clinton's decision to create a new advisory panel on AIDS drew mixed reactions from Gay and AIDS groups. Most groups, such as the National Gay and Lesbian Task Force and the AIDS Action Council, said they were hopeful the council would prod the government to move more quickly and effectively in administering and implementing AIDS programs, especially programs to find an effective treatment, vaccine, and cure for the disease. Other groups, such as ACT UP/Washington, D.C., called the new council a "farce." The San Francisco-based Project Inform, a national group that provides AIDS treatment information to people with AIDS, urged the Clinton administration to either "create a real mechanism for substantive, broad, and ongoing community input" or disband the council and allocate the money for its budget to AIDS research.

"The problems are fairly well defined and almost every possible solution has already been proposed," said Project Inform official Anne Donnelly. "The issue continues to be that none if it gets turned into action."

Others named to the council are Regina Aragon, deputy director for public policy, San Francisco AIDS Foundation; Mary Boland, director, National Pediatric and Family HIV Resources Center, University of Medicine and Dentistry,

Newark, N.J.; Robert L. Fogel, attorney and supporter of Chicago House and Social Service Agency, an AIDS housing support group, Chicago, Ill.; Kathleen M. Gerus of Michigan, chair, National Hemophilia Foundation and member of the board, National Association of People With AIDS; Phyllis Greenberger, executive director, Society for the Advancement of Women's Health Research, Washington, D.C.; Carole LaFavor, registered nurse, native American activist, and member, Native Americans with HIV/AIDS; Alexandra Mary Levine, professor of medicine and chief of Hematology, University of Southern California School of Medicine, Los Angeles; Altigracia Perez, rector, Church of Saint Philip the Evangelist and member, Educational Leadership Council on Latinas and AIDS; Debbie Runions, freelance writer and member, Tennessee HIV Prevention Community Planning Group; Denise Stokes, AIDS and substance abuse educational consultant and advocate for HIV programs for African Americans, Atlanta, Ga.; Charles Quincy Troupe, Missouri State Representatives, specialist on impact of AIDS on minority communities; Sandra Thurman, director, Advocacy Programs for the Task Force for Child Survival and Development, Carter Center, Atlanta, Ga.; Bruce G. Weniger, epidemiologist, specialist on AIDS in Asia and South America, U.S. Center for Disease Control and Prevention, Atlanta, Ga. ▼

Dornan attacks federal AIDS training program

by José Zuniga

Rep. John Mica (R-Fla.) said yesterday's hearings looking into allegations that President Clinton's federal AIDS training program promotes the "Gay agenda" were "fair and objective."

But Gay civil rights advocates who attended the hearings said they were more like a "lynching" than fair and objective debate. The victim: "HIV/AIDS in the Workplace Training."

"Rep. Mica certainly put it all out on the table very early in the hearings," said Beth Barrett, public policy associate at the National Gay and Lesbian Task Force. "...His opening statement set the tone and made it abundantly clear these hearings would be anything but fair hearings. Lynching might be a better word."

In his opening statement, Mica, chair of the House Subcommittee on Civil Service, said he believes there "may be a place" for AIDS training in the workplace because "AIDS is a horrific disease." But, he added, "my constituents would be outraged to discover their tax dollars used to force federal employees to learn how to use a condom ... [and] would also object to training aimed at ... changing their personal attitudes and beliefs [about homosexuality]. It is no wonder that many federal workers have found these training programs offensive."

The flap over "HIV/AIDS in the Workplace Training" began almost four months ago when *The Washington Times* reported increasing complaints from federal employees who said the training was either "too graphic" or pushed people to "accept homosexuality as a viable lifestyle."

In the March 5 *Washington Times* article, Rep. Robert Dornan (R-Calif.), who is seeking the GOP presidential nomination, said the AIDS prevention training is "... not AIDS education. It is advancing the homosexual agenda." Dornan then promised to hold hearings to "investigate the matter."

At Thursday's hearings, Dornan reiterated earlier statements made to the press. He also made other sur-



Robert Dornan: "The last time I checked, abusing drugs and having sex in the workplace [were] not specified job responsibilities for any federal worker."

prising and, at one point, shocking comments.

Dornan claimed that while federal AIDS training was "supposedly" designed to foster tolerance in the workplace for people with HIV/AIDS, he is concerned "that it is, instead, being used to aggressively advance a redefinition of the family and, in many cases, a blatant pro-homosexual agenda."

He added that, while the federal government is responsible for job-related training, "it is not the responsibility of the federal government to subject federal work-

ers to seminars that lecture them on how to live their sex lives or use illegal drugs in order to avoid contracting the HIV virus," Dornan said. "The last time I checked, abusing drugs and having sex in the workplace [were] not specified job responsibilities for any federal worker," he added.

At one point during the hearings, Rep. Dan Burton (R-Ind.) asked for the floor and expressed his apparent rage about some aspects of the training. Burton said "it is trash" to conduct graphic "safer sex" presentations where men and women are present together, "where they're talking about putting a condom on an artificial erect penis! It's just *wrong!*" Burton exclaimed.

Dornan and Rep. James Moran (D-Va.) engaged in several testy exchanges. Moran tried to personalize the AIDS epidemic by talking about a clergy friend of his who recently died of AIDS complications. After unsuccessfully trying to answer a string of Moran's questions about "unsubstantiated claims and facts" in Dornan's testimony, Dornan said, "If your priest friend had not sought a cheap thrill he would be alive today."

Dornan's comment provoked an "ooh" from stunned audience at the hearing and a stern rebuke from Moran who labeled Dornan's remark "stupid."

In another surprise comment, Dornan said any training the federal government conducts is "worthless unless it talks about abstinence and, why not, phone sex as the only ways to prevent HIV transmission." Dornan's seeming endorsement of phone sex as a "safer sex" tool drew a chuckle from subcommittee and audience members alike.

As Dornan concluded his testimony, seven representatives from major AIDS and Gay civil rights organizations donned blue rubber gloves and raised their hands. The action, Barrett said, was meant as a reminder of an incident two weeks ago in which Secret Service agents wore rubber gloves while checking in Gay elected officials visiting the White House. Mica warned the group that further disruptions would not be tolerated. There was no further disruption. ▽

W. BLADE
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"I want to apologize for the inappropriate and insensitive treatment several of the participants were subjected to at the entrance gate of the White House."

-Bill Clinton



by Kristi K. Gasaway

Clinton apologizes for glove incident

by Lou Chibbaro Jr.

President Clinton on June 16 sent individual letters of apology to 45 openly Gay elected officials for an incident last week in which uniformed Secret Service officers donned rubber gloves as they admitted the Gay officials into the White House grounds.

"I want to apologize for the inappropriate and insensitive treatment several of the participants were subjected to at the

entrance gate of the White House," the president said in his letter. "It was wrong."

Clinton's apology came shortly after White House Chief of Staff Leon Panetta ordered an investigation of the glove incident and Gay activists and press commentators denounced the action by the Secret Service officers as an insult to Gays and people with AIDS.

Witnesses said the Secret Ser-

Continued on page 23

Clinton apologizes for rubber glove treatment

Continued from page 1

vice officers put on bright blue rubber gloves while they inspected the hand bags and brief cases of a contingent of Gay elected officials, including mayors, state legislators, and city council members from throughout the country. The officials had been invited by the White House to a briefing with high level administration officials, including cabinet members and senior White House staffers.

The glove incident occurred when the officials were entering the White House grounds to take a White House tour about an hour before the briefing began at the Old Executive Office Building next to the White House.

Clinton sent his letter of apology to the Gay officials from Halifax, Canada, where he was attending an economic summit meeting.

"I deeply regret any insult or embarrassment you suffered," Clinton said in the letter. "You are welcome in the White House, and I look forward to continuing to work with you in the future."

The Gay elected officials said Secret Service officers who wore the gloves said they put them on to "protect" themselves from the possibility of contracting AIDS.

The glove incident, which some Gay activists have dubbed "glove-gate," quickly eclipsed the meeting itself as newspaper and network news programs

gave it extensive coverage.

Secret Service Director Eljay B. Bowron issued a statement expressing "regret" over the incident. But the Secret Service's chief press spokesperson, Carl Meyers, insisted the officers in question acted properly and "did what they are supposed to do."

Meyers's comment appeared to contradict statements by White House staffers and White House Press Secretary Michael McCurry, who asserted that the decision to wear gloves was improper and contrary to normal procedures.

White House press spokesperson Mary Ellen Glynn said this week that the investigation ordered by Panetta is continuing. She said the White House and the Department of the Treasury, which has jurisdiction over the Secret Service, will wait for the findings of the investigation before they take further action.

The New York Times called for the firing of the officers if the investigation finds that they used the gloves to insult the Gay elected officials.

Meyers told the *Washington Blade* in a telephone interview that the Gay officials entered the White House grounds through a tourist gate. He noted that although the officials had been invited to a special tour after normal tourist hours, Secret Service officers "always" wear gloves when they search belongs of persons entering

through the tourist gate. He said Secret Service officers staffing the tourist gate have worn gloves "every day since 1993," when the U.S. Occupational Safety and Health Administration (OSHA) directed the Secret Service to provide protective gloves to its uniformed officers.

He said they would not have encountered the gloves if they entered through one of the business gates.

"We take in a cross-section of humanity," Meyers said, in describing the scene at the tourist gate. "Some of the those bags have dirty diapers and soiled clothes. It's unbelievable what we find in those bags."

According to Meyers, Secret Service officers do not wear gloves to admit visitors to the White House business gates or press gate because persons entering those gates must obtain prior clearance for White House entry. He said the business gates and press gate are equipped with metal detector machines that accommodate hand bags, while the tourist gate does not have such equipment.

When asked if the officers who admitted the Gay officials knew the officials were Gay when they put on their gloves, Meyers said, "It doesn't matter. The procedure is the same. It wouldn't matter if they were a Papal delegation."

However, Paul Richard, an openly Gay White House staffer until last October,

when he joined the staff of the U.S. Equal Employment Opportunity Commission, disputed Meyers's claim that officers always use gloves while stationed at the tourist gate.

"I've been through those gates and I've never seen anyone wearing gloves," said Richard.

Last September, Richard said, he escorted a group of teenagers and their adult chaperons, who were visiting the U.S. from the Middle East, through the White House tourist gate and saw Secret Service officers inspect their bags without wearing gloves. Richards said he entered the tourist gate on other occasions, including last July 4th, when a large group of visitors entered the gate for an Independence Day party. None of the Secret Service officers wore gloves while receiving those guests, Richard said.

Most federal workers have attended AIDS education seminars as part of a program implemented by the Clinton administration's Office of AIDS Policy. Among other things, the seminars point out that AIDS cannot be transmitted through casual contact, such as handshaking, according to AIDS Policy Office spokesperson Richard Sorian.

Meyers said he did not know whether the Secret Service officers who greeted the Gay elected officials had taken the AIDS education seminar. ▼

Council OKs testing for sex offenders

The D.C. Council on Tuesday passed a bill which mandates HIV antibody testing for convicted sex offenders upon the request of the victim.

In order to receive full funding under a portion of the federal Crime Control Act of 1990, all states and the District of Columbia are required to enact such legislation. The legislation must also provide for counseling and medical referrals for the victim and the convicted sex offender. The District was faced with losing a \$198,000 grant this year if it did not pass such a law by September 30.

Many AIDS activists and health care professionals oppose

mandatory HIV antibody testing under any circumstance, believing that it may open the door to further mandatory testing laws.

The legislation was opposed by Councilmember Jack Evans (D-Ward 2), who wrote to the D.C. Committee on the Judiciary that the bill would be "of no benefit to the victim since it is quite possible the assailant could have contracted HIV *after* the date of the sexual assault. A more rational policy would be to educate victims of sexual assault of the need to take an HIV test."

— Sue Fox

D.C. to pay \$48 m'l on vendors

by Sue Fox

After absorbing more than six hours worth of desperate pleas from AIDS service providers and composed reassurances from city officials during hearings held last week, the D.C. Council on Tuesday authorized the District government to pay up to \$48 million to vendors who had provided services to the city without a valid written contract.

The decision limits payments to those who provided services to the Department of Human Services, where the bulk of the unpaid invoices for services rendered without contracts have accumulated since last October. The authority to pay the vendors extends until July 31, at which point City Administrator Michael Rogers promised all 520 contracts would be established, ensuring that such a backlog will not happen again.

To pay the vendors, as well as its employees and retired workers, the District on Tuesday asked the U.S. Treasury to borrow \$146.7 million.

The legislation spells relief for hundreds who have done business with the District of Columbia, including many AIDS and substance abuse treatment agencies, nursing services, and foster care programs that serve people in dire need who have few other resources.

"Isn't it wonderful?" said Marsha Richerson, program director at Safe Haven Outreach Ministry, which provides housing for people with HIV or substance abuse issues. Richerson said that her agency was not one of those owed money for services rendered with-

out a contract, but that Safe Haven and many others have been adversely affected by burgeoning caseloads as a result of displaced clients from providers who have had to limit services because they weren't being paid.

"The fallout will have beneficial impact on all the other agencies because we can go back to a more reasonable workload," Richerson said.

The predicament took shape in August of last year as District agencies, limited by quarterly spending restrictions imposed by former Mayor Sharon Pratt Kelly, continued to commission services without first securing a valid contract. According to City Administrator Rogers, these services were within the budget, but spending limits prevented the contracts from being entered into the city's financial management system in a timely fashion.

Many of the service providers who testified before the D.C. Council this week said that they had been repeatedly assured by contract officers and other city officials that a contract was forthcoming and were told to continue rendering their services. The most conspicuous offender by far was DHS, which reported it owed more than \$30 million through May 1 to vendors who had continued providing services in "good faith."

"We have asked every month: how long do we go on?" Jim Graham, director of the Whitman-Walker Clinic told the packed Council chambers at a June 15 hearing to discuss the problem. "When do we go to the [substance abuse] recovery groups and say, 'We're sorry but your recovery program is over'?" because the District has failed to renew its contract, Graham said. The Whitman-Walker Clinic is owed about \$100,000 for three programs whose contracts expired and, despite remaining option years, were not reissued.

Many Councilmembers openly expressed their dismay during last week's hearings at being asked by the Barry administration to support what they see as sloppy business.

"If you just say, 'Oh, let's pay these people,' you've fixed nothing. It's going to keep happening," said Councilmember Harold Brazil (D-Ward 6), who introduced the emergency legislation which passed Tuesday. "That's what is so troubling."

But the specter of the complete deterioration of the city's social services and accounts of the misery it would and has already caused ultimately prevailed over

other concerns.

"It appears that we're not acting rationally, but what really matters is the community," Rogers testified at the hearings. "I hope we can join together to end the suffering and also the embarrassment."

To insure that only those with valid claims were paid and to prevent the problem from recurring, the Council included a number of restrictions in the legislation. In addition to imposing a spending cap and time limit and confining the payments to vendors owed money by DHS the Council required that both the contracting city officials and the vendors certify that services were delivered. Violations of the act are punishable by disciplinary action including fines or termination for the District employee and debarment for the vendor.

"It will be extremely beneficial if they pay," said Donald Babb-Maldonado, director of SALUD. "We have one AIDS prevention program for Latino youth that hasn't been paid since September, including three months [for which] we do have a contract."

SALUD is owed more than \$275,000 for services provided after two contracts expired and has lost four employees for lack of city payments. Babb-Maldonado said that when he told contracting officials SALUD would not continue to provide AIDS prevention services unless a new contract was issued, he was told that if the organization did not continue to provide services it would lose the remaining option years on its contract.

Other service providers said at the Council hearings that they were still awaiting overdue payments even for programs with valid contracts. A promising sign appeared Monday when the Whitman Walker Clinic received two checks totaling \$380,225.58 for its major AIDS contracts with the District. More than \$543,000 is still overdue the Clinic, but Graham said the payment was "very reassuring."

But even the Council's decision this week left some skeptical. Six weeks earlier, Rogers authorized payments for the vendors without contracts, promising that payments would begin reaching vendors on May 17. Legal considerations, however, made it necessary to bring the matter before the Council, according to Derrick Barnes, legislative assistant to Councilmember Kathy Patterson (D-Ward 3).

"I have heard so many people say that were going to get paid in the last two months," Babb-Maldonado said. "I'll believe it when I see the check."▼

June 29, 1995

Memo to Patsy and Jeff

From: Jessica

Today's News

An international research team has discovered a gene that causes the most aggressive form of Alzheimer's disease, one that strikes people in their 30s. This finding may help solve the mystery of what goes wrong in the brain to cause Alzheimer's.

"Gene Discovery May Aid Fight Against Alzheimer's" *Washington Post*

The Justice Department took its first practical steps towards reshaping the federal affirmative action programs, outlining strict new standards the programs must meet in order to survive. After each government department and agency reports back, the administration will programs to restructure, kill or protect.

"Justice Dept. Outlines Standards for Affirmative Action" *Washington Post*

Editorial skeptical of the health insurance reform that is being advanced in Congress.

"Not a Cure" Editorial *Washington Post*

Gene Discovery May Aid Fight Against Alzheimer's

Associated Press

NEW YORK, June 28—An international research team has found a gene that causes the most aggressive form of Alzheimer's disease, one that can strike people in their 30s.

Although this form of the disease is rare, scientists say the discovery might help solve the mystery of what goes wrong in the brain to cause Alzheimer's disease. That in turn might yield clues to better treatment.

"It's obviously a very fundamental and severe form of the disease," said Peter St. George-Hyslop, one of the researchers reporting the discovery.

When defective, the gene causes trouble at an early age. Alzheimer's usually appears after the age of 65.

The finding is reported in the June 29 issue of the journal *Nature* by scientists from the United States, Canada, the United Kingdom, France and Italy.

John Hardy of the University of South Florida in Tampa, who had been looking for the gene but was not part of the team that found it, estimated that scientists have reported only about 100 families in the world with the aggressive form of Alzheimer's.

But "what we believe is that the

gene will be somehow important in Alzheimer's disease in general, even if it's not mutated in most people," he said.

The gene is the third to be linked to Alzheimer's. Another gene causes Alzheimer's in rare cases at an early age, although not as early as the newfound gene. And a separate gene has been shown to raise the risk of developing the disease after age 60. Scientists say they expect more Alzheimer-related genes to be found.

About 4 million Americans have Alzheimer's, a progressive brain disease that impairs memory and other mental processes. Although medications can help, no cure is known.

St. George-Hyslop, an assistant professor of neurology at the University of Toronto, said perhaps 10 percent of cases are caused simply by defective genes. The rest appear to result from varying mixes of genetic predisposition plus nongenetic factors that have not been clearly identified, he said.

Researchers found that the newly discovered gene was altered in people with aggressive Alzheimer's from seven families in the United States, Canada and Italy. It was normal in unaffected family members and in a sample of unrelated, healthy people.

Justice Dept. Outlines Standards for Affirmative Action

By Ann Devroy and Kevin Merida
Washington Post Staff Writers

The Justice Department yesterday took the first practical steps toward redrawing the federal affirmative action programs, outlining tough new standards the programs must meet in order to survive.

The 37-page memorandum to the general counsels of all government departments and agencies sets out what it will take for the programs to comply with the June 12 Supreme Court ruling requiring that programs based on racial or ethnic classifications be narrowly tailored to meet a "compelling government interest." That standard has previously applied only to state affirmative action programs.

After conducting their reviews, each department will report back to Justice on what programs are legally vulnerable. Administration officials will then decide whether to try to restructure the programs, kill them or seek more justification to protect them.

A senior official said the detail of the memo was meant to signal to Republicans in Congress, who have threatened a variety of assaults on affirmative action programs, that a substantive, serious review is underway and that the White House will fight to protect some, but not all, affirmative action programs.

There were indications yesterday that Senate Majority Leader Robert J. Dole (R-Kan.) is close to introducing his long-promised legislation to overhaul federal affirmative action programs. A "summary-draft" of the legislation obtained by The Washington Post calls for elimination of all federal programs "that seek to divide Americans through the use of quotas, set-asides, timetables, goals and other preferences."

Dole's office has circulated the 3½-page document for comment but aides insisted that it was an "old staff draft" that Dole has not even seen. "We're working on it, but that's all I can say," said Dole aide Dennis Shea, who has been leading the process.

Nonetheless, the draft represents the first look at what has been generated by Dole, a GOP presidential contender and party leader whose office has been conducting meetings on the subject for several months. Armstrong Williams, a conservative radio commentator who has been involved in some of the meetings, called the draft "a working document" that is "close to being introduced as legislation."

The Justice memorandum and draft legislation are yet additional proof that the Supreme Court ruling in *Adarand Constructors v. Peña* re-ordered the playing field on affirmative action, reshaping the review the Clinton administration had already launched on the issue and making mandatory the changes in programs that were discretionary when the president began his review.

"We have all been struggling to figure out how strict scrutiny applies to these programs," Penda Hair of the NAACP Legal Defense and Educational Fund said yesterday. "There are a lot of debating questions and questions of facts that have to be answered. We believe that when the administration looks at the facts of the programs and applies the law [as outlined in the memorandum], the programs will mostly survive."

Others, including some in the administration, were less optimistic that the bulk of the federal programs will survive as structured. One official said that many state programs had to be substantially changed, sometimes restructured to use economic disadvantage or some other criterion not based on race.

In the memo, Assistant Attorney General Walter Dellinger assesses in detail the state affirmative action programs that have survived and provides a "nonexhaustive checklist" of 46 questions to help departments determine if their programs will past muster.

Programs begun without congressional authorization are probably vulnerable, according to the guidelines, along with the programs that set aside for minorities specific percentages of contracts or jobs without specific, current, provable evidence of discrimination.

To survive, affirmative action programs cannot address general, historic discrimination but must grow out of specific discrimination the program is narrowly drawn to overcome. A program that sets aside for minorities a percentage of guardrail

contracts for federal roads, for example, is justified if based on evidence that qualified minority contractors were in place and denied contracts, but not by the fact that fewer minorities in an area get such contracts relative to their representation in the overall population.

The memo, which grows out of a case involving government contracts, asserts that the findings in *Adarand* apply not only to federal contracting but to all federal affirmative action measures employing racial classifications, from hiring to health, education and other programs.

The memo also warns that using affirmative action to promote and expand racial and ethnic diversity is

not a legally sufficient reason. Some objective beyond the social good of diversity is needed, such as a proof that diversifying a police force produces a vital public safety and operational need and thus enhances its ability to carry out its functions.

The administration has assured civil rights leaders that the presidential executive order that propelled affirmative action three decades ago is not affected by the court case or government review, with Justice concluding that its goals and benchmarks for diversity in the firms that do business with the government are, as one official put it, "a different animal" than affirmative action programs. Protecting the executive or-

der has been a key goal of the civil rights community.

On Capitol Hill, the draft Dole legislation, however, takes aim at the 1965 executive order that requires contractors with at least 50 employees and \$50,000 or more in business with the federal government to set goals and timetables for hiring minorities and women if those groups are underrepresented in their work force. The draft says the executive order has gone from a program "aimed at eliminating discrimination to one which relies on preferences."

The draft equates "preferences" with "numerical objectives," which the document describes as having "an inherently coercive effect."

The Dellinger memo, in a seg-

ment some read as a way to "rehabilitate" programs that do not now pass muster, argues that the Supreme Court gives more deference in programs that Congress has specifically authorized and those programs may not have to meet as high a standard of scrutiny. It also suggests that Justice reads the case law now to find that evidence of discrimination needed to justify some of the programs can be produced after the fact.

Some states and localities finding their programs justified have done extensive surveys of particular segments of their economy or business and found enough evidence of discrimination against minorities in a particular field to produce the justification the court is seeking, the memo notes.

W. Post 6/29/95

Not a Cure

IN THE NAME of health insurance reform, a proposal is being advanced in Congress whose effect could well be to weaken rather than strengthen the health insurance system. To some extent that's even its goal. It's an idea that should be approached with the greatest caution.

The proposal is to change tax law to allow what are known as medical savings accounts. Instead of normal insurance, a person or his boss would buy a high-deductible policy that would kick in only after the first several thousand dollars a year of medical expenses. To help pay the uninsured expenses, the individual or employer would then also put some money in a special savings account. The savings account contributions, whether made by the employer or the beneficiary, wouldn't count as part of the beneficiary's taxable income.

The new wrinkle here would be that part of the "insurance" would be in cash that the employee could keep in the account for future use if he didn't spend it all. Advocates say the great virtue is that employees would have an incentive they currently lack to limit their health care spending while increasing national savings. They add that the health care costs of employers would likely decline under the plan, while the cost to the government would increase only marginally (in part because more people would be at least partially insured).

The problem is that the savings accounts would likely split the insurance market. The healthy would be drawn to the new system. The

others—those likely to face high costs—would not. Health insurance is supposed to be a system for spreading risk. You put as large a cross-section of premium payers as possible into a common pool, and the healthy at any given moment then support the sick, secure in the knowledge that when they become sick in turn, they too will be supported. To the extent that you take away the healthy, the sick are left to support themselves, and the system unravels.

The American Academy of Actuaries commissioned a study of the savings account idea. "Employees who have little or no health care expenditures stand to reap a real financial reward. The biggest losers will be employees with substantial health care expenditures," said the head of the study group. The head of Blue Cross and Blue Shield of Ohio calls the proposal "the ultimate 'cherry-picking' scheme invented by some insurers to guarantee themselves large profits by only insuring the healthiest among us."

The risk is the greater if people can ultimately use the medical savings for non-medical purposes. A bill by Chairman Bill Archer of the House Ways and Means Committee, on which a hearing was held the other day, seeks to prevent that. Some people doubt that for all the debate it has stirred the bill would have the momentous effect that either side expects, and therefore that it's safe to enact. That's not much of a claim for it. Congress should look twice at this one.

June 30, 1995

Memorandum for Patsy and Jeff

From: Julie Blessing

Subject: Today's News

In the news:

Congress, yesterday, approved a seven-year budget plan. Included in the plan are several cuts in Medicaid and Medicare.

"Budget Plan Wins Final Approval" *Washington Post*

President Clinton and congressional leaders agreed on a spending cuts bill. This is a revised plan that President Clinton previously vetoed.

"Hill Leaders, Clinton Agree On \$16.4 Billion in Cuts" *Washington Post*

*Another article about the approved budget plan

"Hill Vote Is Milestone for Forces Of Government 'Containment'" *Washington Post*

Yesterday, a woman attempted to kill herself by jumping in front of a metro train.

"Train Injures Woman After Apparent Leap" *Washington Post*

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Budget Plan Wins Final Hill Approval

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page

GOP Blueprint Aims For Balance by 2002

By Eric Pianin

Washington Post Staff Writer

The Republican-dominated Congress yesterday gave final approval to a historic seven-year budget plan designed to dramatically downsize the federal government, slash taxes and eliminate the deficit by 2002.

The politically risky plan, a blend of Reagan-era "supply side" economics and hard-boiled budgetary austerity, would provide a total of \$245 billion of tax cuts over seven years while squeezing \$894 billion from Medicare, Medicaid and virtually every major program except defense.

This resolution, which lays out spending limits and a broad outline for major policy changes through the turn of the century, is not subject to a presidential veto. The real battle begins when congressional committees turn the outline into legislation. Republican leaders snubbed President Clinton's recent plan for balancing the budget over 10 years. Clinton will loom much larger this fall, when his veto pen could stop the GOP revolution in its tracks. White House spokesman Michael McCurry predicted a "long, hot summer" of negotiations between the president and Congress.

Congressional leaders late yesterday resolved differences with the White House over a \$16.4 billion spending cuts bill Clinton vetoed June 7. In a concession, GOP leaders agreed to shorten the period allowed in the bill for special logging. And in exchange for other cuts, Republicans agreed to add back \$733 million for White House priorities in education, job training, child care and environmental spending. (Details, Page A9.)

See CONGRESS, A6, Col. 1



Congress Gives Final Approval to 7-Year Plan for Balanced Budget

CONGRESS, From A1

Following yesterday's passage of the budget resolution, McCurry renewed the White House warning that Clinton might reject the subsequent GOP spending and tax measures "if we are going to protect the interests of the American working family and protect the American economy."

House Speaker Newt Gingrich (R-Ga.), who recently indicated he would welcome a confrontation with the president this fall, told reporters yesterday, "I hope we can work something out."

The House capped a long day of partisan bickering and Democratic delaying tactics by approving the budget plan, 239 to 194, with eight Democrats joining 231 Republicans. One Republican, freshman Rep. Michael Patrick Flanagan (Ill.), who represents a heavily Democratic Chicago district, voted no. The Senate later followed suit, voting 54 to 46 along strict party lines to approve the resolution.

House Budget Committee Chairman John R. Kasich (R-Ohio) and other Republican leaders hailed the budget plan as the embodiment of the GOP's campaign pledges to reverse years of unimpeded government growth, cut taxes and spare future generations the economic onus of huge deficits. "Today is a giant step for saving America," he said. "We are about to guarantee a prosperous America and a better planet."

Senate Majority Leader Robert J. Dole (R-Kan.) said the plan would put the government on a new course toward fiscal solvency, and "we do it

without—as some have dramatically suggested—throwing seniors, children and the less fortunate out on the streets."

But Democratic leaders charged that the proposed savings in Medicare, Medicaid, student loans and other programs were "too extreme" and that the large tax cut would benefit the wealthy at the expense of lower-income Americans.

"We don't have to have a budget that gives huge tax breaks to people who already have it made and take it out of the hide of the hard-working middle-income people of this country," said House Minority Leader Richard A. Gephardt (D-Mo.).

The far-reaching budget blueprint, the product of nearly three weeks of closed-door talks between House and Senate GOP leaders and staff, represents the first step in the process of shaping long-term budget policy by the start of the new fiscal year Oct. 1.

The budget resolution includes suggestions for specific program changes and cuts. But the recommendations are not binding on other committees, which can cut spending and change or kill programs as they draft legislation, provided they achieve the specific targets for savings contained in the resolution.

Because the leadership put off House and Senate Budget Committee deliberations well beyond the traditional April 15 deadline for completing a resolution, many of the recommendations in the budget plan have been superseded by the House Appropriations Committee, which is well along in writing the 1996 spending bills.

The budget resolution is silent on the specifics of the proposed tax cuts. However, Dole and Gingrich have said the tax-writing committees would include a \$500-per-child tax credit for most families, a reduction in the capital gains tax, a new Individual Retirement Account, elimination of the marriage tax penalty and business tax breaks—key elements of the House GOP "Contract With America."

The proposed tax cut was among the most contentious issues throughout the negotiations, and key congressional Republicans have warned that Congress will face a bruising battle over tax cuts even after the budget has been put in place.

Several moderate Senate Republicans—including James M. Jeffords of Vermont and Olympia J. Snowe and William S. Cohen of Maine—also warned that they wanted some cuts in social programs eased by committees.

The original House-passed plan included \$354 billion of tax cuts over seven years, while the Senate-passed plan allowed only \$170 billion of tax cuts. House Republican conservatives insisted on retaining a substantial tax cut, but they encountered strong resistance from Senate Budget Committee Chairman Pete V. Domenici (R-N.M.) and other moderates, who favored smaller tax cuts and more deficit reduction.

When Dole and Sen. Phil Gramm (Tex.), rivals for the GOP presidential nomination, came down strongly in favor of large tax cuts, Domenici

See CONGRESS, A7, Col. 1

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BUDGET HIGHLIGHTS

The seven-year budget plan passed by the House and Senate yesterday promises to eliminate the deficit by 2002 and slash taxes. Overall federal spending would continue to

rise — from \$1.5 trillion in 1996 to nearly \$1.9 trillion in 2002 — but at a slower growth rate than currently projected. Savings would total \$894 billion.

Taxes



Provides \$245 billion of tax cuts, if Congress first enacts spending cut legislation certified by the Congressional Budget Office to achieve a balanced budget by 2002. The budget leaves it up to the tax-writing committees to devise a package, but congressional GOP leaders have promised a \$500-per-child tax credit, a new Individual Retirement Account, a reduction in the capital gains tax, elimination of the marriage tax penalty and business tax breaks.

Health Care



Reduces projected Medicare spending by \$270 billion and reduces projected Medicaid spending by \$182 billion, without prescribing specific program reforms.

Other Entitlements and Benefits



Reduces welfare by \$100 billion, including cuts in food stamps, Aid to Families with Dependent Children, child nutrition and the Earned Income Tax Credit for the working poor. Cuts agriculture subsidies and programs by \$13 billion, veterans benefits by \$6 billion and student loans by \$10 billion.

Downsizing



- Cuts spending for general government operations and other domestic programs by \$190 billion.
- Eliminates the Commerce Department and hundreds of government programs, including the Office of the Surgeon General.
- Privatizes the air traffic control system.
- Phases out spending for the National Endowment for the Arts, the National Endowment for the Humanities, operating subsidies for mass transit and Amtrak and the president's national service programs.
- Reduces funding for job training by 20 percent, community development block grants by 28 percent and federal building construction by 30 percent.

Defense



Increases overall spending by \$58 billion — mostly for weapons procurement and development, about \$33 billion more than the Clinton administration proposal.

Foreign Aid



Provides \$23.4 billion of cuts, and calls for complete reassessment and restructuring of the State Department and the foreign affairs apparatus.

Economic Assumptions



Assumes a \$170 billion "fiscal dividend" of reduced interest costs and a 0.2 percent reduction in the Consumer Price Index (CPI) beginning in 1999, which would substantially reduce the impact of cost-of-living adjustments.

SOURCES: House and Senate Budget committees

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Plan Intended to Provide \$245 Billion in Tax Cuts

CONGRESS, From A6

had little choice but to reluctantly go along.

As a concession to Domenici and the other moderates, approval of a tax bill was made contingent on Congress completing work on spending-cut legislation this fall that is certified by the Congressional Budget Office to put the government on the path of a balanced budget by 2002.

Since winning control of Congress, Republican leaders have pledged that their tax cut would be fully offset by spending cuts. However, under the final compromise, only \$170 billion of the tax cut would be directly offset, with an anticipated "fiscal dividend" of reduced interest costs and higher revenue.

The remaining \$75 billion of the tax cuts would be absorbed through higher deficits during the early years of the plan, before the deficit is expected to begin its descent toward zero, according to congressional Republicans.

"There are a million and one different paths of how you get to zero, but the bottom line is we're still getting to zero," said Richard May, a top aide to Kasich.

While overall government spending would continue to grow each year under the budget plan, from \$1.5 trillion in 1996 to nearly \$1.9 trillion in 2002, the rate of growth would be ratcheted back, from a projected 5.5 percent to 3 percent.

The budget plan would dismantle the Commerce Department, eliminate the Office of Surgeon General, phase out funding for the National Endowment for the Arts and the National Endowment for the Humanities, end operating subsidies for Amtrak and cut student loans, job training, farm subsidies, federal construction and block grants to the states.

A House proposal to cut subsidies to Howard University Hospital was dropped from the final plan.

More than 60 percent of the total savings would come from Medicare and Medicaid, the health insurance programs for the elderly and the poor, and from food stamps and other social welfare programs. Defense spending would be increased by \$58 billion over seven years, or about \$33 billion more than Clinton had proposed.

The eight House Democrats who voted for the budget resolution were Reps. Gary A. Condit (Calif.), W.J. "Billy" Tauzin (La.), G.V. "Sonny" Montgomery (Miss.), Mike Parker (Miss.), Gene Taylor (Miss.), John S. Tanner (Tenn.), Ralph M. Hall (Tex.), and Pete Geren (Tex.).

The three Senate Democrats who supported that chamber's original version of the plan last month—Sens. Bob Kerrey (Neb.), Sam Nunn (Ga.) and Charles S. Robb (Va.)—abandoned the House-Senate compromise, which contained deeper tax cuts.

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THE WASHINGTON POST

Hill Leaders, Clinton Agree On \$16.4 Billion in Cuts

By Dan Morgan
Washington Post Staff Writer

Congressional leaders resolved a weeks-long stalemate with the White House over a \$16.4 billion spending cuts bill and last night sent the revised version of the measure to the House floor, where it passed on a vote of 276 to 151.

President Clinton, who vetoed a similar bill on June 7, issued a statement saying he was pleased with the changes and supported the new measure. It restores some \$733 million for education, job training and environmental programs with a high priority for the administration.

The new bill achieves the same amount of deficit reduction as the previous bill, but it does so the right way, by protecting investments in children, education, national service, job training and the environment," he said in a statement from Chicago, where he was attending a fund-raiser.

But the president acknowledged that he remains concerned about the environmental effect of provisions that will allow expedited "emergency" harvesting of dead and dying timber across the Rocky Mountains and the Pacific Northwest.

Most of the original language, which has been strongly supported by the home building and wood products industries, was not changed. In a concession to the administration, GOP leaders agreed to shorten the period allowed in the bill for the special logging, so that it will end Dec. 31, 1996, instead of nine months later.

Clinton said in his statement that the administration had preserved its ability "to implement the current forest plans and their standards."

But Kevin Kirchner, attorney with the Sierra Club's legal defense fund, described the concession as "cosmetic at best" and largely face-saving. He said the timber provisions will still allow cutting of "salvage" wood to go forward without opponents being able to block them under various environmental laws.

Nonetheless, White House acceptance of the timber language produced the first major understanding between the president and the new GOP Congress on spending legislation. Unlike the spending cuts package, which will become law, the long-range budget plans approved by Congress yesterday are only blueprints and do not require a presidential signature.

While the measure still cancels \$16.4 billion worth of spending commitments made by earlier Congresses, it reduces the cuts in the president's national service program by \$105 million and restores \$280 million that was cut in the earlier bill for Clinton's Goals 2000 education program and the safe and drug-free schools program.

Some funds cut earlier for adult job training, housing for people with AIDS and drug courts also were added back.

To offset the money that was restored, additional cuts were made in administrative and housing accounts. But in a final concession, Republi-

cans agreed not to make cuts in the National Oceanic and Atmospheric Administration's GLOBE program, which funds schoolchildren abroad who collect environmental data and send it back to the United States.

Even so, 150 Democrats and one independent refused to go along with the deal, noting that the bill still cuts money for veterans medical care, summer jobs for youth, public broadcasting, low-income fuel assistance and housing programs for the poor.

Rep. David R. Obey (D-Wis.) said he would cast a "protest vote" against the bill's "misguided priorities."

The Senate is scheduled to take up the measure today before adjourning for the July 4 recess.

Yesterday's deal preserved legislation that, in addition to cutting spending, also provides \$6.6 billion for disaster relief to California and 40 other states; \$290 million for enhanced counterterrorism activities; and \$275 million for debt relief for Jordan.

Moreover, without the spending cuts in the measure, appropriators drawing up 1996 spending bills would have had to cut far more deeply to reach their budget targets.

Ultimately, these political and fiscal pressures were decisive in forcing a compromise.

But final agreement was preceded by a day of feverish meetings and telephone negotiations sometimes involving White House Chief of Staff Leon E. Panetta and House Speaker Newt Gingrich (R-Ga.).

With adjournment only a day away and the prospect of wasting months of work on the spending cuts package confronting the lawmakers, House leaders threatened to bring a new bill to the floor even without an agreement from Clinton. Final White House approval made it unnecessary for the House to act unilaterally.

Hill Vote Is Milestone for Forces Of Government 'Containment'

Budget Plan May Dominate Political, Policy Agendas

By Thomas B. Edsall
Washington Post Staff Writer

Congress's approval yesterday of a balanced budget resolution is a landmark victory in the conservative movement's 15-year drive to contain the liberal Democratic agenda that has dominated national policy since the Great Depression, leaders on both sides said.

"This is the containment strategy," said Grover G. Norquist, president of Americans for Tax Reform and a close ally of House Speaker Newt Gingrich (R-Ga.), describing it as the domestic counterpart to the Cold War containment policy used against the Soviet Union. "This is the strategy that any successful movement to reduce the size of government must employ," he said.

Labor Secretary Robert B. Reich described yesterday's vote as an assertion of control over the national agenda by the conservative wing of the GOP. "If the dominant question is how to balance the budget or how do you reduce the size of government, Republicans win. That is their football field. If the dominant question is how do you raise incomes, how do you restore income growth, then Democrats can win. That is our football field," he said.

The GOP victory yesterday establishes a favorable environment for convincing "the public that balancing the budget is more important than investing in our collective future," Reich said. "If they prevail in their attempts to gut these programs, that is the ballgame. They win," he said, adding, "Not forever, obviously."

In a similar analysis, Kate Walsh O'Beirne, vice president for government relations at

the conservative Heritage Foundation, said: "The conventional liberal wisdom is now over. . . . Now the dominant wisdom is that tax cuts and defense readiness are not mutually exclusive, and entitlements are not sacrosanct. That is a dramatic change in the terms of the debate."

Described by left and right as a decision with the potential power to shape national politics and policy for the foreseeable future, approval of the budget plan by the House and Senate is in fact the second stage in a process set in motion in 1980 with the election of Ronald Reagan, a Republican Senate and a House dominated by a conservative majority. In 1981, the conservative majority controlling Congress passed a tax cut of \$749 billion over five years along with modest domestic spending reductions and the start of a massive defense buildup.

The deficits that followed these actions throughout the 1980s and until the present served to choke off any Democratic notions of initiating substantial new domestic spending programs, and expanded opposition to deficit spending from a wing of conservatism to a mainstream political movement. The sea of red ink and the accumulation of a debt totaling more than \$3 trillion pushed Democratic liberalism into a fiscal stall.

Deficit reduction has always had profound political appeal to conservatives. "All reductions in federal government spending weaken the left in America. Defunding government is defunding the left," Norquist said.

Beyond containment, Norquist said, crucial elements of conservative strategy include the targeted elimination of federal grants to such groups as the American Asso-

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House Budget Committee Chairman John R. Kasich speaks at a news conference with GOP Reps. Rick Lazio, left, and Christopher Shays. BY RAY LUSTIG—THE WASHINGTON POST

ciation of Retired Persons and Planned Parenthood; the seizing of "the moral high ground" by portraying federal programs such as welfare as damaging instead of helping beneficiaries; and ending the aura of "inevitability" of the growth of federal government.

Norquist said that when the choice changes from deciding how to spend funds from a growing revenue base to the more brutal question of who has to be "thrown off the lifeboat," the beneficiaries of federal spending will turn against each other, publicly declaring: "I know how wasteful his program is, he is a phony, his work is not productive."

Norquist's logic is not lost on his adversaries.

The legislative arena has become "a fight for the scraps," said Gerald W. McEntee, president of the American Federation of State, County and Municipal Employees, describing what happens within the liberal coalition when the drive to achieve a balanced budget under a tight deadline dominates the national agenda.

"It puts you in the same kind of box where you say: 'Let's fight for school lunches. But, we can move on school lunches if we cut people at OSHA [the Occupational Safety and Health Administration],' " McEntee said.

He pointed to the recent meeting of the U.S. Conference of Mayors where the hardest-fought battle was over a resolution to ex-

empt upper-level municipal employees from the provisions of federal wage and hour laws, pitting organized labor against big-city mayors. One of the prime sponsors of the resolution was probably the best-known Democrat of all big-city mayors, Richard M. Daley of Chicago, McEntee noted.

"Ronald Reagan may not have been the smartest fellow in the world, but the people around him were very bright," McEntee said, in acknowledgment of the sustained success of conservative strategy. "What you find today is people who are in favor of social programs put in the position of fighting over the bones that are left on the table because of the size of the deficit."

6/30/95 W. Post

Train Injures Woman After Apparent Leap

A woman apparently jumped in front of a train on Metro's Red Line during rush hour yesterday in a suicide attempt, a Metro spokeswoman said.

Witnesses told Metro officials that the woman jumped about 4:30 p.m. in front of a train from the platform at the Gallery Place station, the spokeswoman, Patricia Lambe, said.

The woman was taken to George Washington University Hospital where a hospital official said she was in critical condition. Her identity was not released because relatives had not been notified.

Red Line service between Judiciary Square and Farragut North was interrupted for about an hour, Lambe said. Passengers were shuttled to other stations on buses. Trains ran on one track for about 20 minutes before service was resumed on both tracks about 5:50 p.m., she said.

July 5, 1995

Memorandum for Patsy and Jeff

From: Jessica Purdy

Subject: Yesterday's and Today's News

In the News:

A Senate subcommittee has called for major changes in the operation of the nation's 67 Blue Cross and Blue Shield plans. Recommendations have been made in hopes of ending the "gross mismanagement, ineffective oversight and regulatory failing" that plague the system.

"Senate Panel Urges Changes in Blue Cross" *Washington Post* 7/4/95

Unwed couples in "committed relationships"- including gay male and lesbian companions- are allowed to adopt children under District law. "Unwed Couples, Including Same Sex, May Adopt Children, D.C. Court Says" *Washington Post* 7/4/95

Babies and HMOs editorial *Washington Post* 7/4/95

Senator Jesse Helms wants to reduce the amount of Federal money spent on AIDS sufferers, because, he says, it is their "deliberate, disgusting, revolting conduct" that is responsible for their disease. He argues that AIDS is only the ninth- leading cause of death in America but accounts for more Federal financing than diseases that (supposedly) kill more people. Helms Puts the Brakes to a Bill Financing AIDS Treatment" *The New York Times* 7/5/95

Senate Panel Urges Changes In Blue Cross

By Justin Gillis
Washington Post Staff Writer

A Senate subcommittee has called for major changes in the operation of the nation's 67 Blue Cross and Blue Shield plans, including those in Maryland and the District, which a new report says have suffered from a pattern of "gross mismanagement, ineffective oversight and regulatory failings."

Among other recommendations, the Senate's permanent subcommittee on investigations says Congress should pass laws that include criminal prosecution of and civil penalties against insurance executives who violate the public trust.

The report also calls for tougher financial standards and authority to put the management of Medicare up for competitive bidding, to which it has never been subject. Blue Cross and Blue Shield, on which more than 65 million Americans depend for their medical coverage, handles more Medicare claims than any other insurer.

In the plans covering Maryland and the District, new executives say they have worked to solve problems.

They note that both plans are under new management and have reported improved financial results.

Regulators in Maryland and the District also have stepped up their scrutiny of the plans.

Blue Cross and Blue Shield of the National Capital Area covers policyholders in the District, Northern Virginia and the Maryland suburbs of Washington. The Maryland plan, based in Owing Mills, near Baltimore, covers the rest of the state.

The Senate panel also said in its report that Congress is wasting money by refusing to pay for extra federal auditors to examine health care providers, notably the Blues, that do business with the federal government. It contends that millions in taxpayer dollars could be saved if there were enough auditors to monitor the companies.

"It's kind of like opening the doors of the bank and saying to the tellers, 'You're too expensive. Let's just let everybody help themselves to the money,'" said Sen. Sam Nunn (D-Ga.). "It's an example of very short-sighted thinking."

Nunn, once chairman and now the ranking minority member of the Senate subcommittee, led an investigation of Blue Cross and Blue Shield that took several years and focused on their nationwide federal contracts, as well as on the plans in Maryland, the District, New York and West Virginia. The probe began when the plan in West Virginia collapsed in 1990, leaving many families without health coverage. That was the first time in the nation's history that a Blue plan had failed.

The Nunn hearings found overspending, poor management practices and other problems at the Blue plans in the District, Maryland and New York, as well as problems in the big contracts the federal government holds with the Blues to cover federal workers and Medicare recipients.

The hearings led to two indictments against former Blue Cross executives in Maryland, who were acquitted, and one perjury indictment against a former executive in New York, who is awaiting trial. Only last week, two men were indicted in Richmond on charges that they defrauded the Maryland Blue Cross plan.

Nunn sparked an investigation of Blue Cross overcharges in Virginia that resulted in \$23 million in refunds to 132,634 policyholders, and his staff uncovered a scheme to defraud Blue Cross in New York of \$27 million. The hearings prompted new laws in several states and soul-searching in Blue Cross boardrooms across the country.

The report summarizes what the panel considers to be broken and describes in detail how to fix it.

The recommendations have a lot of common sense to them," said Robert Eicher, a partner with A. Foster Higgins & Co., an insurance consulting firm in New York. "They would go a long way toward correcting some of the problems."

The report, completed earlier this month, says former managers at the Maryland and District Blue Cross plans stumbled into disastrous investments. The report concludes that the Blue Cross and Blue Shield National Association, a trade group that knits together the 67 independent plans, wasn't scrutinizing the state plans closely enough.

The national Blue Cross association has strengthened its financial stan-

dards since the Nunn committee started work. Executive Vice President Harry Cain said it now requires a higher level of reserves in each plan to protect against potential losses.

As of this year, Cain said, the national association has a detailed blueprint of how to strip troubled plans of the Blue Cross and Blue Shield trademarks. The theory is that the mere threat would spur action to correct problems.

And by year's end, every Blue Cross and Blue Shield in the country must set up safeguards to keep families from being unprotected if a Blue plan ever failed again.

"I'd give the association credit for making efforts and improvements," Nunn said.

He added, however, "I think they've got a long way to go."

Robert Willis, former insurance commissioner for the District and now a lawyer in private practice, credited Nunn with focusing attention on a crucial series of problems. For example, when Nunn learned that federal law undercut the District's ability to regulate the local Blue Cross, the senator got Congress to pass an amendment within two months. That, in turn, set the stage for a \$60 million loan to the local plan from the national Blue Cross association, restoring the District's plan to financial health.

"I feel real good about what we've all been able to accomplish," Willis said. "We stuck our necks out to make sure they were able to survive, instead of having to close them. We kept about 2,000 jobs in the city, which is pretty important. The financial condition of the company has improved rather dramatically."

Larry Glasscock, who took over in 1993 as chief executive of Blue Cross and Blue Shield of the National Capital Area, said that at one point the plan's reserves, its hedge against future claims, fell as low as \$5 million above regulatory requirements. By cutting jobs and costs, moving toward automation, terminating unsound investments and taking other steps, Glasscock has improved the reserve to a healthy \$62 million above requirements. "We've made a tremendous amount of progress," Glasscock said in an interview.

In Maryland, likewise, new chief

executive William Jews is credited with a turnaround. The company got rid of its Orioles skybox and other perquisites that proved embarrassing in the Nunn hearings. It shed unprofitable subsidiaries and focused on its core business. "They certainly are much stronger today than they were several years ago," said Maryland's insurance commissioner, Dwight Bartlett.

But the Senate panel contends that there is still work to do.

For a third of a century, Blue Cross plans have held much of the responsibility for processing Medicare claims for the federal government. While taxpayers bear the risk, the Blues are paid to handle the paperwork.

The Senate panel said it's time to find out if that processing could be done less expensively, giving the federal government legal authority to put the program out for competitive bids. But it's unclear what the political prospects for such a measure would be in Congress. Moreover, some people doubt that any insurance network other than the Blues would be big enough to bid on a huge Medicare contract.

In another recommendation, the investigations subcommittee called for extra auditors in the federal government to closely examine what taxpayers are being charged by the Blues and other health plans. The government spends more than \$12 billion a year with the insurers to cover 8.5 million federal workers, dependents and retirees.

The inspector general of the federal personnel office, Patrick E. McFarland, recently estimated that by spending \$1.9 million a year for new auditors and investigators, he could recover \$18.7 million a year in questionable charges to taxpayers.

But so far Congress has not given him the money. McFarland said in a recent report that the staff shortage "translates into billions of dollars that remain unaudited, resulting in the loss of millions of dollars in potential recoveries to the government."

SOME RECOMMENDATIONS

Among the major recommendations made by a congressional panel that investigated problems in the Blue Cross and Blue Shield system:

■ **Solvency guidelines:**

Establish nationwide guidelines stiff enough to ensure that Blues plans would be able to pay all claims. The effect of such guidelines, in many cases, would be to raise the reserves that plans are required to hold. The national Blue Cross association says it already has moved in this direction, adopting complex new capital requirements and rules to make sure member plans meet them.

■ **New law:** Create a new federal law that would make it a crime to violate one's "fiduciary duty" to an insurance company

and its policyholders. This would allow the prosecution of executives responsible for the most egregious cases of mismanagement.

■ **Create a safeguard system:**

Require that every Blue Cross and Blue Shield plan belong to a safeguard system so that claims would be paid if the carrier failed. The national Blue Cross Association says this requirement will take effect by the end of 1995.

■ **Increase oversight:** Make sure that state offices that regulate insurance plans have increased staff, training and oversight. Maryland, for example, passed a sweeping reform bill in response to the Blue Cross crisis, increasing the insurance commissioner's staff.

14/95 WP Unwed Couples, Including Same Sex, May Adopt Children, D.C. Court Says

By Nancy Lewis
Washington Post Staff Writer

Unmarried couples in "committed relationships"—including gay male and lesbian companions—are permitted to adopt children under District law, the D.C. Court of Appeals has ruled.

In a 2 to 1 ruling made available yesterday, a panel of the court held that the District's current adoption law, passed by Congress in 1954, does not specifically prohibit adoptions by unmarried couples and therefore should be interpreted liberally in the best interests of the child.

"If children available for adoption are likely to be denied permanent, loving homes when unmarried couples are refused the opportunity to adopt, we would have to say it would be absurd and unjust if the adoptions were denied, Associate

Judge John M. Ferren wrote in the majority opinion.

Ferren wrote that the language of the District's current statute, unlike previous versions of the law, is neutral on the sex of people who may adopt.

"It is entirely possible that every legislator who voted on the adoption statute would answer, if asked, that Congress only intended for married couples to adopt children. But the fact is, Congress did not say so," he wrote.

The judge wrote that permitting unmarried couples to adopt would give a child the legal protections of both parents on a range of matters, including inheritance and health insurance coverage.

No similar rulings have been made regarding adoptions by unmarried couples in Maryland or Virginia, lawyers familiar with the D.C. Court of Appeals opinion said.

The 77-page decision was handed down in the case of two men identified in court papers only as Mark M.D. and Bruce H.M., a homosexual couple who seek jointly to adopt Hillary, a "happy, healthy" girl who will be 4 years old next month. The child earlier had been adopted by Bruce.

The D.C. Department of Human Services had supported Hillary's adoption by the two men.

Nancy Polikoff, an American University law professor who is the attorney for the men, said yesterday she is pleased with the decision, which she described as being similar to rulings on adoption statutes in some states.

She said her clients remain a couple and still want to adopt Hillary. The case was sent back to D.C. Superior Court for final action on the men's adoption petition. "Noth-

See ADOPT, A6, Col. 1

7/4/95 WP Unmarried Couples May Adopt, Court Says

ADOPT, From A1

ing has changed except the child is a year older," Polikoff said.

The decision by the D.C. Court of Appeals comes less than three months after the Virginia Supreme Court revoked a lesbian mother's custody of her 3-year-old son, citing the moral climate in her home and the "social condemnation" the boy would face because of his mother's sexual orientation.

In the District case, D.C. Superior Court Judge Susan R. Holmes Winfield ruled last year that the adoption statute must be interpreted strictly and turned down the men's joint adoption, as well as Mark's solo attempt to adopt Hillary. Winfield ruled that the D.C. statute permitted only married couples or a single person to adopt a child and said that to interpret the law otherwise might lead to joint adoptions by several people, perhaps including cults.

Winfield ruled that, under the adoption statute, if Mark adopted Hillary, Bruce's parental rights would have to be terminated.

But Winfield also noted that she believed that Bruce and Mark were

both suited to be Hillary's parents, except under the provisions of the D.C. adoption law. Nonetheless, she ruled that the "best interests" doctrine could not override her interpretation of the D.C. law.

The appeals court judges said that permitting Mark, as well as Bruce, to adopt Hillary would be analogous to permitting a stepparent to adopt the child of a spouse.

"It doesn't just apply to same-sex couples," Polikoff said of the court's decision. "It really allows a trial judge to make determinations of what's in the best interest of the child." Polikoff noted that another trial judge in D.C. Superior Court recently approved the adoption of a boy by the stepfather who had raised, but never adopted, him. The boy's adoption came after the boy's mother and his stepfather were divorced. Both parents retained all parental rights.

Polikoff noted that the appeals court's decision does nothing to change current adoption procedures in the District. "Adoptions are not rubber-stamped by judges," Polikoff said. "There is no such thing as an

automatic adoption. All adoptions are closely reviewed by judges."

In the ruling filed June 30, Ferren said, "We are satisfied that the paramount statutory purpose—the 'best interests' of the adoptee—will be served . . . by a liberal inclusive interpretation . . . that says: unmarried couples, whether same-sex or opposite-sex, who are living together in a committed personal relationship are eligible to file petitions for adoption."

Associate Judge John M. Steadman, dissenting, said that Ferren's lengthy analysis fails to include the "common-sense understanding of human thought and expression" of the legal theories he espoused.

Senior Judge Gladys Mack, joining Ferren in the majority, nonetheless tweaked him for his analysis, which was replete with many Latin phrases. "I write as one who, although never exposed to the scholarly exercise of Latin, heartily embrace the importance of 'a common-sense understanding of human thought and expression'" that Steadman mentioned in his dissent but said that her common sense led her to concur with Ferren.

Babies and HMOs

7/4/95
WPost

TO SQUEEZE real money out of the health care system, as everybody wants to do, involves making painful decisions about the limits of medical care, sometimes with the kind of grim results that nobody wants. Since the costs won't come down without some serious cutting, it's all the more imperative that the people making those life-and-death calls do it in a conscientious and morally serious fashion and not create a situation in which the attending doctor's opinion counts for nothing at all. The apparent lack of such caution is what's shocking about reports that large numbers of health maintenance organizations, in order to save costs on hospital stays, have imposed a de facto ironclad requirement that hospitals discharge newborn babies and their mothers within 24 hours of delivery, regardless of the doctor's opinion as to whether the discharge is safe.

The point here isn't that all mothers should stay 48 hours or more in the hospital after giving birth without complications, any more than they should be obliged to stay—or insurers to cover—the four to eight days that were standard for childbirth a generation ago. The point is, rather, that in this case insurers looking for a place where a change of practice would bring significant savings—and childbirth is the most common of all reasons for hospitalization, one that a large number of people on any general health plan can be expected to make use of—sought to impose such a change even in cases where individual doctors had serious safety concerns.

The American College of Obstetrics and Gynecology

recommends 48 hours' stay after a normal birth to monitor babies' health and teach first-time mothers the basics. Over the past few years, since the 24-hour discharge became widespread, accounts have multiplied of such mothers who failed to realize their babies were not breast feeding properly and were actually starving. In a small but worrisome number of cases, doctors whose medical judgment told them it was risky to send a baby and mother home after 24 hours were obliged to do so anyway or face being kicked out of their insurance group, which would mean losing most or all of their patients.

Since this is in the purest sense a motherhood issue for politicians, capable of stoking strong emotions, it has led in short order to action by the state legislatures of New Jersey and Maryland and perhaps soon by others to soften this practice or to mandate that insurance companies cover a second day of hospitalization after birth if a doctor rules it necessary. No one could call this the most efficient way to make decisions about health care, nor is it likely to prove practical for medical care across the board, since most such arguments over proper practice lack the immediacy and simplicity of this one, not to mention its political appeal. Still, it's a reminder that over-zealousness in cost-cutting is a danger and that the tug-of-war between what's financially feasible and what's medically necessary can't be left to the decision of only one of the parties to the transaction.

Helms Puts the Brakes to a Bill Financing AIDS Treatment

By KATHARINE Q. SEELYE

WASHINGTON, June 29 — Senator Jesse Helms, the North Carolina Republican who has vigorously fought homosexual rights, wants to reduce the amount of Federal money spent on AIDS sufferers, because, he says, it is their "deliberate, disgusting, revolting conduct" that is responsible for their disease.

Moreover, he argues, AIDS is only the ninth-leading cause of death in America but accounts for more Federal financing than diseases that kill more people (an assertion not supported by Public Health Service figures).

"We've got to have some common sense," Mr. Helms maintained in an interview, "about a disease transmitted by people deliberately engaging in unnatural acts."

The Senator's determination to reduce AIDS spending comes as Congress considers reauthorizing the Ryan White Care Act of 1990, the five-year Federal program for the care and treatment of people with AIDS. The law, named for an Indiana teen-ager who died after contracting AIDS through a blood transfusion, expires at the end of September.

Despite broad bipartisan support for the measure in both houses of Congress, it appears stalled. In the Senate, the bill has cleared the committee level but has yet to reach the floor. This is in large measure due to Senator Helms, given the latitude any single member of the Senate has

to tie up proceedings. But some critics say it is also due to the majority leader, Senator Bob Dole, and his Presidential campaign. For his part, Senator Dole says he is moving the matter "forward."

In the House, the bill is stalled in committee, opposed by a coalition of religious groups unless the legislation requires the mandatory testing of newborns for H.I.V., the virus that causes AIDS. That provision is resisted by advocates for AIDS sufferers.

AIDS is now the leading cause of death among men and women from 25 to 44, according to the Centers for Disease Control and Prevention, and groups backing the Ryan White bill say the disease is a public health emergency requiring a Federal response. "This is not the time to retreat on AIDS," said Winnie Stachelberg, co-chairwoman of the National Organizations Responding to AIDS, a coalition of 150 health, civil rights, religious and labor groups.

When Senator Helms compared spending on different health issues, he counted only those sums spent for research, prevention and housing. But Public Health Service figures show that when all Federal money, including Medicaid and Medicare, is taken into account, total annual Federal outlays on heart disease (\$36.3 billion) and cancer (\$16.9 billion) dwarf those on AIDS (\$6 billion).

On March 29, the Senate Labor and Human Resources Committee unanimously approved the reautho-

rization of the Ryan White Act, although in keeping with the budget-slashing on Capitol Hill, the annual authorization was cut nearly 22 percent, to \$690 million from the 1990 authorization of \$880 million.

Sixty-one senators across the political spectrum, from Strom Thurmond and Orrin G. Hatch on the right to Christopher J. Dodd and Barbara Boxer on the left, have signed on as co-sponsors. So has Senator Dole, the leading candidate for the Republican Presidential nomination.

But the bill has not moved since the committee action, and AIDS groups believe that Mr. Helms — and the Presidential calculations of Mr. Dole, who has pitched much of his campaign message to conservatives — have combined to slow it.

Unlike the Senate bill, the House measure carries a bipartisan amendment that would deny White Act money to states that did not mandate the testing of newborns for AIDS. Civil liberties and AIDS groups oppose the amendment, saying it is an invasion of privacy and would scare away women fearful that the Government would snatch their infants.

But the amendment's supporters maintain that voluntary testing has not worked and that early intervention can help babies who are otherwise neglected.

The House Commerce Committee was scheduled to vote on the bill before the Fourth of July recess, but

the vote was postponed.

Without the amendment, "we wouldn't support it," said Robert Maginnis, a policy analyst for the conservative Family Research Council. "And Dole is stalling because he is waiting to see what happens in the House."

Mr. Dole said, however, that he had "indicated willingness to move this legislation forward." He said Senator Nancy Landon Kassebaum, a Kansas Republican who is chairman of the Labor and Human Resources Committee, "is working hard to resolve concerns to clear it for floor action," an apparent reference to Mr. Helms.

In any case, many of the legislation's supporters on Capitol Hill blame Mr. Helms more than they blame Mr. Dole. But while the Senate allows any member to privately put a "hold" on a bill, Mr. Helms denies that he has formally done so. "I'm not holding it," he said. "It's a 'notify,' so I can be there to offer amendments when the Senate votes on it."

Mr. Helms wants to amend the bill to reduce the amount of money spent on AIDS relative to the amount for heart disease and cancer, which rank first and second among leading killers of Americans. "I'm going to try to get some equity for people who have had heart trouble," he said, noting that he himself was in that category, having undergone a quadruple heart bypass and valve replacement in 1992.

NYT 7/5/95

July 6, 1995

Memorandum for Patsy and Jeff

From: Julie Blessing

Subject: Today's News

In the News:

An Editorial in opposition to the proposed Medicaid changes:

"Shortsighted Medicaid Fix" *Washington Post* 7/6/95

Yesterday, President Clinton asked the Republican congressional leaders to look beyond the ways that HIV is transmitted and give those who have contracted the virus compassion. This was after Senator Jesse Helms (R-N.C.) had spoken against supporting AIDS.

"Clinton Assails Helm's AIDS Stance" *Washington Post* 7/6/05

Tom Joe and Julie Farber

Shortsighted Medicaid Fix

The states will be left holding the bag.

Until recently, the welfare reform debate centered around the Aid to Families with Dependent Children (AFDC) program, which provides cash assistance to low-income children and families. Propelled by the determination to cut welfare spending and by images of baby-making, couch-sitting, television-watching women and their many children, members of Congress designed legislation to cut federal welfare spending by block-granting and capping federal funds for AFDC. Although the congressional debate is far from over, some governors, drawn in by these politically seductive images, are now champing at the bit for the legislation to be passed.

Now Congress, realizing that the most rapid increases in welfare spending are actually in the Medicaid program, wants to cut costs even more by selling the states a Medicaid block grant, wrapped in the same package as the AFDC block grant. And some governors are again eager to buy.

They should look twice at this deal. Closer inspection of states' Medicaid beneficiaries and expenditures will show governors that the punitive and stereotypical rhetoric that gave birth to the AFDC block grant simply does not apply to Medicaid.

It's true that Medicaid serves almost 25 million poor women and children, many of whom are AFDC recipients. But Medicaid also serves approximately 9 million elderly, blind and disabled persons who consistently account for more than two-thirds of Medicaid expenditures. And these folks aren't going anywhere. They're not getting jobs or getting healthier. If anything, they're getting older, sicker and more expensive. Even if AFDC "reform" is successful beyond our wildest dreams, the needs of low-income elderly, blind and disabled persons will continue to grow steadily. The burden on states to provide for their care will only increase as the baby boomers age, swelling the ranks of the elderly.

Governors clamoring for a Medicaid block grant should reconsider their position in light of the following facts:

- Although elderly, blind and disabled persons make up approximately one-third of Medicaid recipients, these groups have consistently accounted for more than two-thirds of Medicaid expenditures since the 1970s.

- The population of elderly, blind and disabled Medicaid recipients is growing. Between 1988 and 1993, this population grew by 32 percent from 6.6 million to 8.7 million beneficiaries.

- Medicaid expenditures for this group are growing even faster—by 96 percent during the same time period. Obviously, per capita expenditures for these beneficiaries are increasing, as long-term care for the elderly and disabled becomes ever more costly.



BY RICH LIPSON—THE WASHINGTON POST

derly, blind and disabled persons is projected to grow dramatically over the next 25 years; this growth will further increase the demand on states for medical assistance. The number of people age 85 and older is expected to grow by 72 percent by 2018 (from 3.6 million in 1993 to 6.2 million in 2018). Improvements in acute, prenatal and neonatal care are likely to increase the number of persons living with disabilities.

Even without federal cutbacks, it is hard to imagine how states will respond to these demographic pressures and their attendant costs. But under the budget plan recently approved by Congress and a bill proposed by Sen. John Ashcroft (R-Mo.), the crisis facing states becomes much worse. These proposals would block grant and cut Medicaid by at least \$180 billion over seven years, forcing states to choose from the following morally and politically unpalatable options:

- Further restrict program eligibility. Under these proposals, even if states succeeded in holding down costs to the rate of inflation, they would still have to cut 4 million of the nation's most vulnerable citizens from the Medicaid rolls; if these cuts were distributed proportionally, they would affect 400,000 elderly persons, 600,000 disabled persons and 3 million families by 2002. Cutting Medicaid beneficiaries would shift costs to localities and to the private sector.

- Cut payments to providers. Medicaid payments to providers are already significantly lower than those in the private sector. There is evidence that Medicaid beneficiaries experience limited access to services and, sometimes, poor quality services because of low provider payment rates. Additional cuts to provider payments would reduce Medicaid patients' already limited health care access to the number and quality of providers

willing to serve Medicaid patients would further decline.

- Raise revenue for Medicaid through taxes or cuts to other areas of the state budget. If states choose to continue the same level of care to the elderly and disabled, they would have to pursue the politically unpopular strategy of raising revenues through new taxes.

Clearly, none of the options for covering the shortfall of funds is politically or programmatically desirable. The "block granting" of Medicaid is nothing more than a cost-shift to the states, which would inevitably become a cost-shift to localities and the private sector. Even if reform of the AFDC program saves some money by removing some adults and children from the AFDC and Medicaid rolls, the numbers of poor elderly, blind and disabled state residents needing medical coverage for expensive acute and long-term care will remain. Capped federal funding will severely limit state capacity to meet the medical needs of this most vulnerable population and removes the federal government from any more responsibility for this group.

Given these facts, it is impossible to conceive why governors would support the elimination of the entitlement structure of Medicaid, which guarantees federal funds for every person served. States will be left holding the bag for current expenditures with a predictable future of cost increases ahead. Low-income families may be at risk of losing access to necessary health care. Many elderly and disabled persons will face even more uncertain prospects for adequate care. Nobody wins under this scenario except those elected officials who somehow see it as a victory to reduce federal responsibilities regardless of the consequences.

Tom Joe is director of the Center for the Study of Social Policy. Julie Farber is an associate of the center.

Clinton Assails Helms's AIDS Stance

Anti-Gay Remarks Fuel Push for Reapproval of Treatment Program

By Ann Devroy and David Brown
Washington Post Staff Writers

President Clinton, seizing on controversial comments about AIDS sufferers by Sen. Jesse Helms (R-N.C.), yesterday called on Republican congressional leaders to put aside the issue of how people get the disease and move ahead to reapprove a major government program that helps treat it.

Clinton, in letters to Senate Majority Leader Robert J. Dole (R-Kan.) and House Speaker Newt Gingrich (R-Ga.), called for reauthorization of the Ryan White CARE act, a multimillion-dollar federal treatment program named for a young Indiana hemophiliac who died after contracting AIDS.

The act, which provides \$624 million in funding this year, is due to expire in September unless Congress reauthorizes it. The issue has become caught in Republican maneuvering, with some conservatives questioning the level of funding that AIDS programs have received and some seeking to attach amendments.

Helms, a staunch opponent of gay rights, said in comments published yesterday in the New York Times that AIDS funding should be reduced because homosexuals get the disease through their "deliberate, disgusting, revolting conduct." He said, "We've got to have some common sense about a disease transmitted by people deliberately engaging in unnatural acts."

Helms also asserted that AIDS gets more funding than diseases that kill far more people, a contention disputed by Clinton in his letter.

Some Democrats and supporters of gay rights and health care responded angrily to the comments. Even Gingrich disputed Helms's contention that homosexuals are responsible for getting AIDS and thus the treatment programs should be reduced. Gingrich said there are "a lot of people for whom it's not true" that their behavior contributed to getting the disease, but added he did not want to get into an argument with Helms.

Government statistics for last year show that 44 percent of new cases of infection with the human immunodeficiency virus (HIV) occurred in men who had sex with other men. The use of injected drugs accounted for 27 percent of new cases; sexual contact among heterosexuals, 10 percent. Treatment for hemophilia and blood transfusions account for most of the remaining cases with a known source. Infections with unreported or unknown sources accounted for 12 percent of new cases last year.

Rep. Barney Frank (D-Mass.) blasted Helms yesterday as "a bigoted fool" but said he was alarmed that Republican leaders seemed to be stalling on the legislation.

Reauthorizing legislation was approved unanimously by a Senate Committee in March and has 61 Senate

sponsors, including Dole. A House committee is expected to take up the legislation within weeks, but some AIDS activists have charged that the legislation is in trouble because of pressure from conservative House Republicans and the presidential aspirations of Dole, who has been moving rightward all year.

The program pays for outpatient medical care for uninsured poor people with HIV. It supports clinics in every state, 42 cities and numerous rural areas.

About 40 percent of Americans with HIV are covered by Medicaid, about 30 percent have private insurance, and the remaining 30 percent have neither.

Clinton called the program "a model of compassionate caring for people in need," and added, "At a time when AIDS is the leading cause of death of young adults, we cannot let reauthorization of the CARE Act be held up by divisive arguments about how people contracted HIV."

He termed "a false argument" the contention that people with AIDS get more government funding than those with other diseases. Total federal spending during this fiscal year for AIDS research, treatment and other funding was just under \$6 billion. Cancer spending totaled \$17.5 billion and spending for heart disease, \$38 billion.

July 7, 1995

MEMORANDUM FOR PATSY AND JEFF

FROM: Katie Smeltz

SUBJECT: Today's News

In the News:

"The Senator from Emphysema" (Washington Post) This editorial comes out in favor of funding for AIDS. "It would be wrong for the country's leaders to refuse to help the people who deal with the disease day by day or the people who suffer from it."

"AIDS Testing Urged in All Pregnancies; CDC Recommends That All Pregnant Women Be Tested for AIDS Virus" (Washington Post) All pregnant women should be offered a test to see if they are infected with the virus that causes AIDS, the federal Public Health Service recommends in new guidelines published today.

"President Defends His Activism" (Washington Post) President Clinton yesterday launched a solemn defense of government activism and offered himself as the leader of a political center made up of citizens who want to "move beyond division and resentment to common ground."

From The Washington Post, July 7, 1995

The Senator From Emphysema

SEN. JESSE Helms doesn't think the government should spend so much money to care for people suffering from AIDS. Most of the victims have only themselves to blame, he asserts, because they get the disease as a result of their own voluntary activity. This from a legislator who represents the largest tobacco-producing state in the nation. He not only champions the industry that encourages people to smoke, he even manages to wring a federal subsidy out of the budget for the product. Fortunately, others do not make the effort to help or cure the afflicted dependent on how an individual came to be afflicted in the first place, whether with AIDS, lung cancer or emphysema. They support community efforts to aid the sick. House Speaker Newt Gingrich, for one, immediately separated himself from the Helms stance.

It is true, as the senator points out, that the government spends a great deal of money on AIDS programs, as it also does on treatment and research on cancer, stroke and heart disease, each of which kills far more Americans than AIDS. But national attention has focused on AIDS for a number of reasons.

Its primary victims are young. It is now, according to the Centers for Disease Control in Atlanta, the leading killer of both men and women in the 24 to 44 age group. Except in the case of newborns infected by their mothers, it is a disease for which there is neither cure nor really effective treatment. It does not kill suddenly or swiftly, and in most cases, care for the ill must be provided for years. The charities, hospitals, clinics and social service agencies that bear this burden are strained to the breaking point.

The Ryan White Act now up for renewal was designed to provide resources for the ill and, through grants to state and local governments, for the health providers who care for these patients. Sen. Helms may rail against this good work and suggest that the afflicted are undeserving. His position puts him in lonely opposition. The disease is a public health menace of great magnitude. It would be wrong for the country's leaders to refuse to help the people who deal with the disease day by day or the people who suffer from it.

CDC Recommends 'That All Pregnant Women Be' Tested for AIDS Virus

HIV, From A1

begin by the 14th week of pregnancy and continue through labor and delivery; the drug should also be administered to the infant for the first six weeks of life.

The CDC estimates that as many as 2,000 HIV-infected babies are born each year in the United States, and that 7,000 HIV-infected American women give birth each year.

Through December 1994, the CDC had reported 58,428 cases of AIDS among adult and adolescent women, and the numbers are rising faster among women than men. Women made up only 7 percent of all AIDS cases in 1985 but accounted for 18 percent of all cases by 1994. AIDS is the fourth-leading cause of death

among women between the ages of 25 and 44.

The guidelines also suggest that women who do not receive prenatal care should be offered HIV testing for themselves or their babies after birth. The long-term effects of AZT therapy on mothers and children are not yet known; the CDC said it is continuing to monitor patients for long-term side effects, but stressed that "a woman should make a personal decision about taking AZT only after she discusses the benefits and potential risks for herself and her child with her health care provider."

The CDC announcement comes at a time when a multimillion-dollar government program that provides testing and treatment for poor HIV-infected people is up for renewal in

Congress. Reauthorization of the Ryan White Care Act of 1990, a five-year program, is working its way through the legislative process. A coalition that includes some AIDS organizations and religious groups is pushing to have the legislation mandate HIV testing of all newborn babies. Without reauthorization, the program will be abolished in September.

"There is massive bipartisan support for reauthorizing Ryan White," said Mike Collins, spokesman for the House Commerce Committee, which is currently considering the bill.

For several years, the CDC has tested a national sample of newborn infants for HIV. A positive test measures antibodies to the virus in a baby's blood and is evidence that the mother—but not necessarily the baby—is

infected. The anonymous testing was conducted solely to track the progress of the disease within the population. In May, the Department of Health and Human Services announced it would discontinue the program.

The guidelines call for test results to be kept confidential unless state law prohibits it. Studies have shown that most women who receive HIV counseling choose to be tested; in one inner-city Atlanta hospital, 96 percent of pregnant women who received counseling asked to be tested.

A prominent AIDS activist said that the proposals don't go far enough. Shepherd Smith, president of Americans for a Sound AIDS/HIV Policy, said the CDC "got it backwards" and testing should be mandatory.

AIDS Testing Urged in All Pregnancies *Drug 'Breakthrough' Prompted Policy Shift*

By John Schwartz
Washington Post Staff Writer

All pregnant women should be offered a test to see if they are infected with the virus that causes AIDS, the federal Public Health Service recommends in new guidelines published today.

The guidelines, released by the Centers for Disease Control and Prevention (CDC), call for routine prenatal counseling about the human immunodeficiency virus (HIV) and voluntary testing for the 4 million American women who become pregnant each year.

The Public Health Service developed the guidelines after recent studies showed that treating HIV-infected pregnant women with the drug AZT sharply reduced the chances of transmitting the virus to their babies—a finding that CDC Director David Satcher called "an unprecedented breakthrough in HIV prevention" in a statement yesterday. The findings were published late last year in the *New England Journal of Medicine*.

"We believe this should really be the standard of care for pregnant women in the United States," said James Curran, director of HIV/AIDS prevention for the CDC. "This should be a routine part of prenatal care." The CDC is encouraging insurers and the federal Medicaid program to cover the cost of the tests.

The new recommendations mark a shift in policy for the Public Health Service, which had previously recommended testing for women at high risk of infection, such as intravenous drug users and prostitutes.

Last year's study found that HIV-infected pregnant women who take AZT can reduce the chances of transmitting the virus to their babies by approximately two-thirds, from about 25 percent to about 8 percent. For best results, the therapy should

President Defends His Activism

*Georgetown Speech
Avoids Policy Details*

By John F. Harris
Washington Post Staff Writer

President Clinton yesterday launched a solemn defense of government activism and offered himself as the leader of a political center made up of citizens who want to "move beyond division and resentment to common ground."

The president's remarks at Georgetown University, his alma mater and the place that he unveiled his "New Covenant" campaign theme in 1991, was the latest and most vivid example of what has become a Clinton genre: a roving speech woven with spacious themes about the politics and sociology of the nation.

Clinton dived into his remarks "Responsible Citizenship and the American Community"—"more of a conver-



ASSOCIATED PRESS

President Clinton gestures during his address yesterday at his alma mater as Georgetown University President Leo O'Donovan listens at the left.

Washington Post
7/7/95

sation," he promised his audience, than "a formal speech"—at 11:24 a.m. yesterday and broke to the surface 57 minutes later. He spoke pensively about the decline of "middle-class values," brooded about how the "sheer pace and scope" of technological change affects the economy, ruminated on the virtues and vices of each decade since the 1960s, and cited such varied sources of inspiration as Thomas Jefferson, recovering drug addict Roger Clinton and the hit movie "Apollo 13."

Most of the speech eschewed narrow policy debates of the moment in favor of a broad statement about why Clinton believes his brand of government intervention—more money for education, for instance, or more restrictions on assault weapons—is a better response to modern problems than the laissez faire ideology of the Republicans.

Throughout his presidency, but especially since he lost political influence in last fall's elections, Clinton has tried to use his platform to speak expansively not just on policy issues but on the deeper ailments of society.

For the White House such occasions present a dilemma. Clinton and his aides say they believe voters want leaders to talk about values. But such efforts are difficult, in part because of what polls show are widespread doubts about Clinton's personal character. In addition, striking the right tone is not an easy task. Public response was generally favorable following Clinton's words of healing after the Oklahoma City bombing. But even some White House aides acknowledged a speech Clinton gave in May at a "White House Conference

on Character Building" was rambling and uninspired.

Yesterday's event was originally supposed to be a day-long White House conference, including athletes, entertainers and academics talking about citizenship. Many White House aides, however, worried that such a format might seem fuzzy and strange, and Clinton eventually decided simply to give a speech. A White House aide said he plans to return to the same themes soon, including a speech on family issues Monday in Nashville.

For citizens, Clinton urged greater volunteerism in the community—"it's not just enough to bemoan the rising crime rate or how kids are behaving and whatever"—and greater political involvement. "Do you ever have a discussion with somebody that's different from you?" Clinton asked. "You ever listen to one of those radio programs that has the opposite point of view of yours, even if you have to grind your teeth?"

But Clinton had admonitory words for his fellow politicians: "Number one, we need more conversation and less combat. Number two, when we differ we ought to offer an alternative. Number three, we ought to look relentlessly at the long term and remind the American people that the problems we have developed over a long period of years. And, number four, we shouldn't just berate the worst in America, we ought to spend more time celebrating the best."

Only rarely were the president's words anchored to specific Washington policy issues. One exception was

July 12, 1995

MEMORANDUM FOR PATSY AND JEFF:

FROM: Rachael Smith and Vanessa Potkin

SUBJECT: Today's News

In the News:

"Latest Reinventing Proposals Take Aim at Health Forms" (Washington Post) Vice President Gore and First Lady Hillary Rodham Clinton proposed a number of "reinventing government" strategies for the HCFA to an audience of physicians and reporters yesterday. The proposals are directed at simplifying the health care system by "cutting a forest of unnecessary regulatory burdens."

"Panetta Warns GOP on Spending Bills" (Washington Post) Chief of Staff Leon Panetta chastised the House GOP leadership for huge cuts in major appropriations measures. He cautioned that conflict over 1996 spending bills could force presidential vetoes and lead to a shutdown of Federal government in October.

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July 11, 1995

MEMORANDUM TO PATSY AND JEFF

FROM: Vanessa Potkin and Rachael Smith

SUBJECT: Today's News

In the News:

Editorial "AIDS Tests for All Pregnant Women" Supports AIDS tests for all pregnant women and highlights the benefits of testing newborns.

"Do You Know What Your Kids are Doing? A New Survey Highlights Dangerous Teen Habits" (Washington Post) A National Center for Health Statistics survey of youth 12 to 21 years of age found that "a substantial number of U.S. youth are engaging in risk-taking behaviors that can lead to chronic disease, injury and death, including widespread tobacco and alcohol use" and unprotected sex. Executive Director of Metro TeenAIDS states, "In the 1990s, in the age of AIDS, they can die from low self-esteem and life skills that are inadequate."

"Bad Reaction to Drugs Linked to Human Error" (Washington Post) Complications with medication linked to preventable mistakes of doctors and other hospital staff, such as giving a patient four times the recommended dosages.

"Women in Survey Want More Health Research" (Washington Post) A poll commissioned by Warner Consumer Health Care revealed eighty-five percent of 500 women surveyed believe that federal funding levels for women's health research should be increased or maintained at current funding levels.

"Hospital Group Chief Says GOP Cuts Medicare Too Much" (Washington Post) Dick Davidson, head of the AHA warned that the Republican plan to cut 270 billion from Medicare over the next seven years was "too much, too fast." The AHA wants congress to appoint an independent commission to look at ways to make further reforms in Medicare.

"The Body's Balancing Act: In the Fight Against Disease, Compromise is Built In" (Washington Post) "Why We Get Sick, The New Science of Darwinian Medicine" proposes gradual modification of species characteristics may explain why people develop disease. Studying the evolution of human biology may provide insight on reducing the risk of developing disease.

"Infant Mortality Rates Hit Record Low in 1994" (Washington Post) Infant mortality rates hit a record low in 1994, giving researchers reason to believe the overall infant mortality in the

US will reach the goal of 7.0 infant deaths per 1,000 live births by the year 2000. This would meet the federal goals set by the Healthy People 2000 initiative. However, the gains have not been achieved across all social groups.

AIDS Tests for All Pregnant Women

FOR THE LAST 10 years, the federal government's Centers for Disease Control has urged doctors and hospitals to advise pregnant women at risk for AIDS—intravenous drug users and prostitutes, for example—to be tested for the disease. Now the CDC has recommended extending this effort to all pregnant women.

This expansion is due primarily to completion of a study showing that administering the drug AZT to an infected mother during pregnancy and delivery, and to her baby for a period after birth, reduces incidence of transmission of the disease from 25 percent to 8 percent. If only those pregnant women known to be at risk are tested, others with the affliction will inevitably be missed, and their babies won't receive the drug therapy that has proven to be so effective.

Not all women will respond to counseling and advice about tests. Congress is now considering legislation, therefore, that will make AIDS testing of newborns mandatory. In most states babies are tested immediately for syphilis, sickle cell anemia and other conditions. The congressional effort to include AIDS in this category deserves

support. The obvious reason is that an HIV-positive baby can immediately be treated with AZT. Although the research completed so far involved the use of the drug during pregnancy and delivery, there is good reason to assume that it would be effective even if administered to the baby only after birth.

There is another reason to require tests that might save an infant from AIDS. A positive test of the child is a sure indication that the mother has the disease. With this information, breastfeeding, which transmits the disease, could be avoided. In addition, babies with HIV should be on an entirely different health regimen from other infants. Special care must be taken to combat infections, pneumonia, tuberculosis and other ailments, and routine vaccinations must be given in different form or on different schedules. And finally, it is particularly important that the status of children who are placed in foster care be known.

The CDC enumerates all these reasons in support of voluntary testing for all pregnant women. In fact, they are of sufficient weight to require the routine testing of all newborns for AIDS.

DO YOU KNOW WHAT YOUR KIDS ARE DOING?

A New Survey Highlights Dangerous Teen Habits

BY CRISTINE RUSSELL

In the 1983 movie "Risky Business," Tom Cruise played a clean-cut high school senior from the affluent Chicago suburbs. When his parents went out of town, he quickly cut loose, drinking vodka and soda, smoking marijuana, wrecking his father's prized silver Porsche and, with the help of a gorgeous blond hooker, turning his upscale home into a bordello for the night. He still managed to get into Princeton.

Today, being an American adolescent is riskier business. Youthful high jinks that once served as comic Hollywood episodes or were laughed off as part of "growing up" frighten parents. The stakes are serious in an age in which AIDS and violence have emerged as deadly threats. But despite major public health campaigns to warn youngsters about dangerous practices, a new government report documents that unhealthy habits often start young and reach high levels during the teenage years.

A National Center for Health Statistics study released this month warns that "a substantial number of U.S. youth are engaging in risk-taking behaviors that can lead to chronic disease,

injury and death," including widespread tobacco and alcohol use, unprotected sex, unsafe driving, staying out overnight without parental permission and carrying a weapon.

The findings are based on a national 1992 household survey of 10,645 youths from 12 to 21 years of age. Researchers said the study is the most comprehensive effort ever undertaken to measure health risk behaviors of America's 34.4 million young people, including those not in school.

The survey found:

- More than two-thirds of the youths had drunk alcohol at least once. Forty percent of all youth, including 8 percent of 12- and 13-year-olds and one-third of 14-to-17-year-olds, had consumed alcohol on 10 or more days in their lives. Within the past month, 45 percent had a drink. A quarter reported engaging in "binge drinking," or consuming five or more drinks in a row in the past month.
- Nearly three out of 10 adolescent drinkers of driving age had gotten behind the wheel after drinking, and one-fourth of all youngsters said they had ridden in a car in the past month with a driver who had been drinking.
- Two out of three youths did not always use a seat belt.
- Sixty percent have smoked cigarettes and just over a quarter were current smokers.
- About three out of 10 youths had used some type of illegal drug in their lifetimes.
- Six out of 10 never-married youths had had sexual intercourse. This ranged from about three out of 10 youths 14 to 15 years old to nearly eight out of 10 of those 18 to 21 years old.
- About one in seven carried a weapon at least one day in the past month. Ten percent said they had been in four or more physical fights in the past year, with the highest rate among 12-to-13-year-olds.

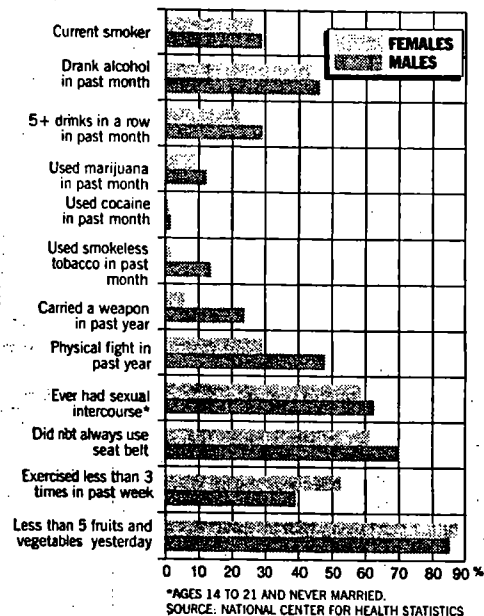
"These statistics should open some parents' eyes. Maybe I'm naive, but I was struck by the high rates of some very high-risk behaviors that may pose health risks for a lifetime and may also cut short their young lives," said Charlotte A. Schoenborn, a statistician with the national center's division of health interview statistics and an author of the report.

The new report comes amid growing concern that problems among adolescents are getting worse, not better.

"During the past few decades, the health status of adolescents in this country has been declining," said two Johns Hopkins University School of Medicine physicians in a June 7 article in the *Journal of the American Medical Association*. Michele D. Wilson and Alain Joffe said adolescent medical problems were largely "behavioral and psychosocial" in origin. They cited violence and injuries, substance abuse and the consequences of unprotected sexual activity—pregnancy and sexually transmitted infections such as the human immunodeficiency virus (HIV) that causes AIDS—as the key health threats to teenagers.

Lloyd Johnston, program director at the University of Michigan Institute for Social Research of a 20-year national survey of teenage drug use, also sees the trend in the 1990s "moving in a negative direction." The survey tracked an increase in illegal drug use in the late 1970s, a subsequent decline in the

UNHEALTHY BEHAVIOR AMONG ADOLESCENTS*



coming in at the bottom end of the spectrum. They have to learn all the same lessons."

Kevin Neil, executive director of Metro TeenAIDS, a nonprofit private group in the District, agrees that effective health education has to go beyond warning teenagers about individual risks or sending messages that may seem hopeless or overly scary to the teenage recipients. "For the most part, they know the information," he said. "We have to take it to the next stage, teaching negotiation skills . . . and teaching refusal skills, where young people have the skills to say no. The main issue for all of the challenges is self-esteem."

"In the 1990s, in the age of AIDS, they can die from low self-esteem and life skills that are inadequate," Neil said. "It needs to start in younger adolescents. Messages need to be repeated and skills need to be built over time" that will help teenagers cope with everything from sex to drugs. "Then when they're in the back seat of a car or faced with a decision they may have enough background to compete with the excitement of the moment."

High-Risk Populations

Overall, noted Schoenborn, the survey found that hazardous health habits are relatively common among youths of all

ages, sexes, races and educational groups. But the results did highlight some significant differences.

"In general, many of the behaviors were practiced at a higher rate among the kids who had dropped out of school," said Laura Kann, chief of the surveillance research section of the division of adolescent and school health at the Centers for Disease Control and Prevention (CDC), which collaborated on the report. Nine percent of the group surveyed, from 12 to 19 years who had not completed high school, were classified as out-of-school. Overall, about 22 percent of the entire sample group from 12 to 21 years old were not in school.

By including youths entering and leaving the teenage years, the survey provided an opportunity to study and document how chronic high-risk behavior increases with age.

The findings "point to the very early age at which experimentation with addictive substances begins and highlight the natural progression from experimentation to regular use as children move from the preteen years to young adulthood," the report concluded.

"Adolescents being curious and having some level of experimentation is normal. But if kids go the full gamut and experiment too early, they are much less likely to protect themselves adequately," said Renee Jenkins, chairman of pediatrics at Howard University College of Medicine and an adolescent medicine specialist for 20 years. "They don't make reasonable choices. Earlier experimentation is more likely to result in adverse outcomes."

There were some gender differences in health attitudes and behaviors. Young males and females are equally likely to try alcohol, tobacco or illegal drugs. But males, particularly young men 18 to 21 years old, do so more often and in larger quantities.

There were also some striking differences by race or ethnic background. Smoking, drinking and drug use were higher among white youths and Hispanic males than among blacks or Hispanic females. Black teens were more likely to have had sexual intercourse or to have been in a fight than white or Hispanic teens.

Risks often clustered together, with youths participating in multiple unhealthy behaviors. Those who smoked were more likely, for example, to also engage in drinking, sex and physical violence.

"Clearly some of these behaviors tend to precede others. The sequence is usually cigarettes and alcohol first and then marijuana and then any number of illegal drugs," said the University of Michigan's Johnston. "I think to some degree people are sorting themselves out as a function of how risk-taking they are."

"It looks to me like we're somehow not communicating effectively," said Schoenborn, "maybe because we're too simplistic in sending out single messages or not tailoring messages to youth that engage in multiple high-risk behaviors. These numbers tell us kids still continue to adopt things they are told are bad."

Tobacco Use

Cigarette smoking in adults almost always begins as experimentation in adolescence, according to a 1994 report from the Surgeon General. "Almost all first use has occurred by the time people graduate from high school," it noted.

The 1992 Youth Risk Behavior Survey found that more

than half of the youths had smoked a whole cigarette in their lifetimes and another 10 percent had taken a few puffs. Even among the youngest, 20 percent had smoked a cigarette and the rates rose dramatically with age.

Girls were nearly as likely as boys under the age of 18 to have smoked a cigarette in the past month, but males 18 to 21 were more likely than females at that age to be current smokers.

Older youths were more likely than younger ones to have smoked every day, and attempts to quit smoking decreased with age among the youths.

Alcohol Use

Despite the laws restricting minors from buying alcohol, liquor is widely used by the nation's youth. More than one-fourth of children 12 to 13 years old said they have had at least one drink of alcohol, rising to two-thirds of the mid-teens, and nearly 90 percent of the young adults. Males and females were equally likely to have tried alcohol, but males 18 and older were more likely to be current or binge drinkers.

Drinking among the youngest youths was more experimental than frequent, but use increased with age.

Of particular concern were the high rates of drinking and driving, since alcohol-related motor vehicle crashes are the leading cause of death among young people.

The report noted that the high rates of drinking and driving persist "despite significant efforts to discourage youth and adults alike from driving under the influence or riding with anyone who has been drinking."

Other Drugs

Nearly one-third of the nation's youth have used some type of illegal drug at some point in their lives, including about 7 percent of 12-to-13-year-olds, 26 percent of 14-to-17-year-olds and 49 percent of 18-to-21-year-olds. Rates were generally similar among males and females.

White and Hispanic males had higher rates of illegal drug use than black males, while white females had higher rates than both Hispanic and black females.

Marijuana use showed similar patterns, with just over one-fourth of all youths having used it at some point and one in 10 in the past month. About 30 percent of white males and females had used marijuana compared to less than one-fourth of black males and females.

Social scientist Johnston says that a recent rise in marijuana use in his survey showed up first in the youngest group—eighth graders—at a time when there were fewer anti-drug messages in the media and schools and more "glamorization" in rock music and videos. He says that in the 1980s increasing concern about the dangers of marijuana seemed to drive down use, but that in the 1990s fewer teenagers see marijuana as risky and there is less disapproval of its use among their peers.

Although less frequent, cocaine use was still significant, with nearly 6 percent of all youth and 12 percent of 18-to-21-year-olds having tried some form of cocaine in their lifetimes. Black youth were the least likely to use cocaine, while lifetime and current use was highest among Mexican American males.

Nearly 13 percent of all youths reported using illegal

See TEEN SURVEY, Page 12

drugs other than marijuana or cocaine, such as LSD, PCP, amphetamines ("speed") or heroin. Use of these other drugs was five times more likely among white youths than among black youths, with use among Hispanic youths in the middle.

Sexual Experiences

The survey found that youths were at great risk for unplanned pregnancies as well as sexually transmitted diseases, such as AIDS. The youngest youths, 12 to 13 years old, were not asked about their sexual experience.

Overall, more than 40 percent of youths had more than one sex partner, and among those aged 18 to 21, more than 60 percent had had more than one sex partner.

Black youths were the most likely to have had sex and to have done so with more than one partner and at younger ages. Nearly eight out of 10 black youths had had sex compared to less than six out of 10 white or Hispanic youths.

Overall, more than one-fourth of sexually active youths failed to use a reliable method of contraception the last time they had intercourse. This included about 16 percent who did not use any type of birth control, while another 12.5 percent said they had used the highly unreliable method of withdrawal.

Condoms, which protect against pregnancy and sexually transmitted diseases, were used by only about half of all sexually experienced youths or their partners the last time they had sex, including 58 percent of males and 45 percent of females. Black adolescents were more likely to have used condoms than white or Hispanic adolescents.

There were also surprising differences by age, with the younger adolescents more likely than older adolescents to use condoms. Sixty-four percent of 14-to-15-year-old teens reported condom use, compared to 47 percent of 18-to-21-year-olds. The older youths were more likely than younger ones to use birth control pills, which are highly effective in protecting against pregnancy but offer no protection against sexually transmitted diseases.

Running Away

The survey was unusual in attempting to get a sense of the frequency of high-risk behaviors that might lead youths to become runaways or homeless, Schoenborn said. It asked teenagers if they had stayed away overnight without permission or stayed in "at risk" locations such as public train or bus stations, subways, abandoned buildings, cars, outdoors, a stranger's home or in a shelter.

"Youths who spend time away from home under such conditions may be at higher risk of using drugs and alcohol and of being victims of sexual, physical and emotional abuse," noted the report.

Black males were the most likely to have stayed out without permission, but white males had the highest rates of staying away at high-risk locations.

About 16 percent of the youths said they had stayed out overnight without needed permission at least once in the past

year, with nearly 10 percent having done so more than once. Nearly 14 percent said they had stayed at an at-risk location within the past year, with males far more likely to do so than females.

Deborah Shore, executive director of the District's Sasha Bruce Youthwork, Inc., a youth and family services agency that serves runaway and homeless youth, said she was surprised the numbers were so high and that "it's so across the board in terms of being in every socioeconomic community in the U.S."

"This should cause some sense of alarm. . . . Even if this is a one-time experience, it puts them into situations that can cause pregnancy or a relationship with someone that passes on the HIV virus," she said.

Violence

Violence is a serious health risk for youths, particularly young males, and homicide is the second leading cause of death for 15-to-24-year-olds in the United States.

Nearly four out of 10 youths said they had been in at least one physical fight in the past year, and 10 percent said that they had fought on four or more occasions. Nearly half of black youths said they had been in a fight, compared with fewer than 40 percent of white or Hispanic youths.

About 15 percent of all youths said they had carried a weapon at least one day in the past month, but there were striking sex differences. Males were four times as likely as females—24 percent vs. 6 percent—to say they had carried a weapon. Of youths who had carried a weapon at least one day in the past month, six out of 10 said they most often carried a knife and nearly one out of four listed a firearm.

There were no racial or ethnic differences in the likelihood of carrying a weapon, although black youths were somewhat more likely to have carried a firearm.

Age of Initiation

The 18-to-21-year-olds provide a bridge from teenagers to young adults. In order to understand when their unhealthy behaviors got started, the survey looked at the "age of initiation" and found that many bad habits started earlier among males.

Among smokers, nearly 14 percent of males in the 18-to-21-year-old group said they had started smoking by age 10 compared with nearly 8 percent of females.

In terms of drinking alcohol, about 16 percent of young adults who had consumed alcohol said they had their first drink by age 12, and 38 percent by age 14. Men were more likely than women to have had their first drink as young teens.

Among young adult marijuana users, over one-third had started using the drug by 14, with the rate slightly higher among males.

Sexual activity starts very early for some young men. Thirty percent of sexually experienced men 18 to 21 years old said they had had their first sexual intercourse by age 14, including 12 percent of them by age 12.

In comparison, 18 percent of sexually experienced young

Honest Answers?

The Youth Risk Behavior Survey was conducted in a representative sample of homes across the country in 1992 and 1993 as a special follow-up to a regular 1992 health survey of adults.

With adults, an interviewer generally reads the questions. But pollsters worry that young people simply won't always tell the truth about sensitive subjects, such as sex and drugs, particularly in front of teachers or parents. Even talking with interviewers may make some teenagers nervous.

"If they are sitting in the living room with their parents within earshot, they're not going to admit to some of these behaviors," said researcher Charlotte A. Schoenborn. Small focus groups confirmed that teens would be more candid if the questions could not be heard by others. The researchers also found that younger teens and those with poorer reading skills would have more difficulty with an extensive written questionnaire.

To get around these problems, an audiocassette technology was developed in collaboration with the University of Michigan's Survey Research Center. A generation that has grown up plugged into music by headphone was asked to fill out this health survey wearing a headset that used a tape to give instructions and ask questions. Participants could replay the questions and write answers on a coded questionnaire that insured privacy from parents or others.

"The unique mode of administration insured greater anonymity and presumably enhanced honesty among these young kids," Schoenborn said.

adult females said they had their first sexual intercourse by age 14, including 3 percent by age 12.

"The early age of initiation indicates the need to start [prevention] programs sooner rather than later. In many cases this may be in the junior high years," CDC's Kann said.

Howard University physician Jenkins said that she is "frustrated" that more progress has not been made in improving teens' behavior but feels parents, health educators and physicians need to find new ways to deliver updated health messages. "Basically we're all struggling with how to deliver messages in a way that is going to be listened to," she said.

"I think that one of the strategies is really helping parents deal with it," she said, urging parents to talk to kids about these issues. "By the time [the youths] get to us, the medical people, it's really too late. Parents have few role models. The parents didn't do it for them. But the stakes are a lot higher now."

Bad Reactions to Drugs Linked to Human Error

Hospital Study Finds One-Third Attributable to Such Mistakes as Miscalculating Doses

By Sandra G. Boodman
Washington Post Staff Writer

A team of Harvard University researchers who studied medication complications in patients at two of the nation's most prestigious teaching hospitals reported last week that nearly one-third of such reactions were the result of errors by hospital personnel. Some of the most common mistakes involved miscalculation by doctors of drug dosages.

In the first six months of 1993, researchers uncovered a total of 334 drug errors among 4,031 patients hospitalized on 11 obstetrical units at Massachusetts General Hospital and Brigham and Women's Hospital, Harvard teaching hospitals located in Boston. Half of the errors were deemed significant and 12 percent were life-threatening, such as anesthesia overdoses.

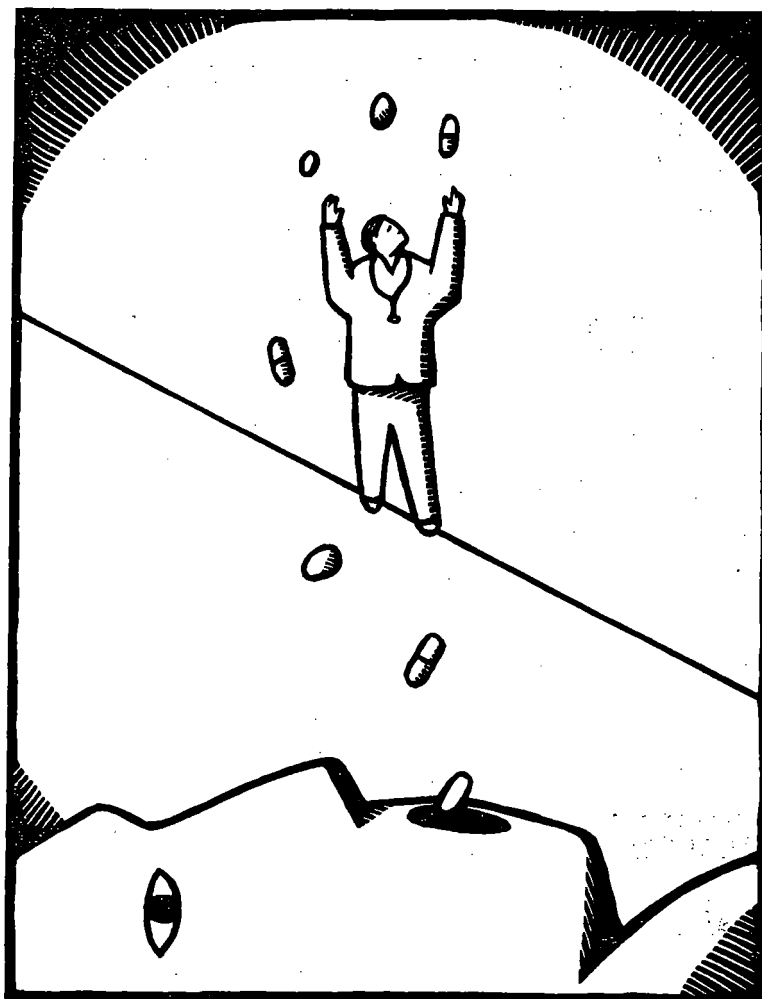
For every 100 patients, the research team found 6.5 cases of drug complications, about two of which were due to preventable errors, such as giving a patient four times the recommended dosage. In another 5.5 out of 100 cases, potential complications and errors were averted, either because they were caught in advance or because a medication was not administered.

"As far as we're concerned, any injuries due to errors is a problem," said Lucian L. Leape, a professor at the Harvard School of Public Health and lead author of the study. "It's important to note that these same patients received 700,000 doses of medication during their hospital stay."

The focus of the study, published last week in the *Journal of the American Medical Association (JAMA)*, was the systemic problems that lead to adverse drug reactions, many of which are caused by preventable mistakes. Such errors are a leading cause of disability among hospitalized patients, a previous Harvard study of malpractice claims in New York demonstrated.

Most drug errors, Leape and his colleagues hypothesize, are not the result of the actions of a single person such as a doctor, nurse or pharmacist, but are the culmination of a series of mistakes and represent a "systems failure." Factors that contribute to such failures include look-alike packaging or sound-alike names of drugs and "work environments where there are frequent interruptions that lead a person to forget to do something."

Improving hospital systems with computerized drug-ordering equipment that blocks



BY RANDY LYHUS FOR THE WASHINGTON POST

errors and may make them difficult to detect once accidents have occurred.

Providing a suggested dose range through a computerized system, they wrote, "could potentially eliminate a multitude of dosing errors by many parties, whereas concentrating on one individual's defective knowledge improves the performance of one physician regarding one drug."

One medical consumer advocate cautions that a systems approach alone is not sufficient to combat the problem of doctors' mistakes. "The assumption of a systems approach is that everyone is educable," said Steven Wolf, a physician who directs the

is likely to have considerable influence in medical circles, in part because of the prestige of the hospitals studied. It also comes at a time of increased scrutiny and public awareness of such errors, highlighted by a spate of disastrous mistakes.

In March, doctors at Dana Farber Cancer Institute, a Harvard teaching hospital in Boston that specializes in aggressive experimental treatment, acknowledged that two patients received massive overdoses of toxic chemotherapy drugs last year for treatment of advanced breast cancer. One patient, Betsy Lehman, a 39-year-old health columnist for the Boston Globe, died as a result. An un-

significantly improved its pharmacy practices and is beefing up its computer systems.

Drug errors are not unique to Dana Farber; they have since been reported by hospitals in Illinois, New York, Ohio and Massachusetts. Last February, a pharmacist at Anne Arundel Medical Center in Annapolis was fired and charged with reckless endangerment after she accidentally substituted a morphine solution for heparin, a blood thinner used to flush the intravenous lines of three infants. Two months before that a baby at the same hospital received the wrong dose of antibiotics, an error traced to another pharmacist.

In a bulletin issued earlier this year, the Food and Drug Administration urged the medical community to report serious errors to a confidential hot line. The agency noted that it had received numerous reports of pharmacies' dispensing errors of drugs that look or sound alike. Among the drugs involved are Norvasc, a calcium channel blocker used to treat heart disease, and Navane, a powerful antipsychotic used to treat hallucinations and delusions.

In the study at Mass General and Brigham and Women's, trained nurse investigators visited the 11 study units several times every day. They reviewed the chart of every patient and talked to staff members who were promised confidentiality in exchange for reporting information about errors, intercepted errors or drug reactions. Researchers had agreed in advance to report any pattern of egregious errors to hospital authorities, but they found none, they said.

The team found that dosing errors were the most common; half occurred when doctors wrote medication orders. In some cases they misplaced the decimal point, in other cases they knew the right dose but wrote down the wrong one. Nearly three quarters of dosing errors were detected by nurses.

Other causes included ignorance of drug interactions and inappropriately high doses of antipsychotic drugs in elderly patients.

In some instances mistakes seemed harder to explain. Fifteen patients were prescribed drugs to which they had a documented allergy. In some cases a doctor wrote the order for the drug underneath the allergy notation.

If physicians ordered drugs with a computer program that screened for allergies and interactions, checked dosages and blocked inappropriate orders, some of the most common problems might be greatly reduced, said David J. Cullen, senior anesthesiologist at Mass General and a member of the re-

WOMEN IN SURVEY WANT MORE HEALTH RESEARCH

Eighty-five percent of 500 women in a survey believe that federal funding levels for women's health research should either be increased (52 percent) or maintained at current levels (33 percent) despite budgetary constraints.

The poll was commissioned by Warner Wellcome Consumer Healthcare, a pharmaceutical company. The women ranged in age from 18 to over 65 and were scattered throughout the country.

Other findings:

- Sixty-three percent of the women said more research on disease and illness among women would be either the most important or second most important improvement to the health care system. Special training for doctors in women's health was cited as most important by 24 percent. Fourteen percent said more women in leadership positions in health research was the most important.
- Forty-eight percent said they believed doctors do not take concerns and complaints of their women patients as seriously as those of their male patients.
- Eighty-two percent said they were very successful or somewhat successful in "controlling and managing their own well-being by adopting healthier behaviors such as eating a balanced diet, getting adequate sleep, exercising, stopping smoking and seeking information about medical problems and concerns."

The survey was conducted by EDK Associates, a polling organization in New York.

— Sandy Rovner

WASHINGTON POST HEALTH/JULY 11, 1995

IN BRIEF

Hospital Group Chief Says GOP Cuts Medicare Too Much

The head of the American Hospital Association warned yesterday that a Republican plan to cut \$270 billion from Medicare over the next seven years was too much, too fast and called on Congress to slow down.

AHA President Dick Davidson repeated suggestions for an independent commission to develop reforms to ensure the long-term solvency of Medicare, which provides health care for senior citizens, saying it should look at everything from raising the retirement age to increasing payroll taxes.

Davidson said it would be next to impossible to devise a Medicare proposal in just three months. Congressional Republicans hope to start voting on Medicare cuts in September as part of overall legislation to balance the federal budget.

"You can't get honest debate in the next 90 days," Davidson said. "These decisions are going to be much too complicated to be made as a part of a budget . . . process."

The AHA envisions \$160 billion-\$170 billion in Medicare savings through greater use of managed care, cuts to hospitals and other providers and increased costs for beneficiaries—about \$100 billion short of the Republican target.

It wants Congress to appoint an independent commission to look at ways to make further reforms in Medicare. The commission would submit cost-cutting recommendations that would be voted up or down by Congress.

The commission would look at issues such as benefits, co-payments, whether to convert Medicare to a defined contribution plan where seniors would be given a set amount of money to buy insurance each year.

A balanced budget blueprint adopted by Congress calls for \$270 billion in Medicare cuts and \$182 billion in reductions in Medicaid.

The Body's Balancing Act

In the Fight Against Disease, Compromise Is Built In

By Lawrence G. Proulx
Special to The Washington Post

■ Why We Get Sick—The New Science of Darwinian Medicine

By Randolph M. Nesse, MD,
and George C. Williams, PhD
Times Books, New York
291 pp.; \$24

Why We Get Sick is an introduction to evolutionary medicine, a collection of insights and hypotheses that is sure to deepen one's understanding of disease.

"Natural selection" was Charles Darwin's explanation for the gradual modification of a species' characteristics through the generations. Environmental factors—climate, predators and so forth—affect individuals in a population differently; some individuals have an advantage over others and tend to reproduce more. "Survival of the fittest" means not of the strongest or of the biggest, but of those best suited to their environment as measured by their ability to reproduce.

Natural selection doesn't work from a drawing board; it operates on what already exists. The same limbs of a common ancestor that became in one lineage the human arms, were modified in others into the whale's flippers and the bat's wings. Each may be a marvel, but none is perfect. "Many of the body's apparent design flaws aren't mistakes," write physician-professor Randolph M. Nesse and ecologist George C. Williams, "just compromises." The human body "is a bundle of compromises."

Analyzing these compromises is largely what Darwinian medicine is about. "If tendencies to anxiety, heart failure, nearsightedness, gout and cancer are somehow associated with increased reproductive success, they will be selected for and we will suffer even as we 'succeed' in the purely evolutionary sense," they write.

This takes a bit of explaining. How can a tendency toward disease improve one's reproductive success? The answer, essentially, is "that all benefits have costs and that many benefits are worth their associated costs." As an example, the authors refer to the work of UCLA physiologist Jared Diamond. About four out of five conceptions are naturally aborted or miscarried; most go unnoticed because they happen so early, around the time of the implantation of the embryo in the uterus.

"If a gene were to decrease the chances of miscarriage even slightly," they write, "it could [have reproductive success] even if it also increased the risk of developing a disease." Diamond believes certain cases of childhood-onset diabetes may be explained this way because more babies are born with the disease than genetic arithmetic would otherwise predict. Apparently embryos with a gene that causes the disease have an advantage in surviving to birth.

In a chapter on aging, Nesse and Williams relay other fascinating yet sobering insights. "The whole immune system is age biased," they write. "It releases damaging chemicals that protect us from infection, but these same chemicals inevitably damage tissues and may ultimately lead to senescence and cancer."

In puzzling out why men don't live as long as women, they suggest that "male reproductive success is so dependent on competitive ability [in early adulthood] that male physiology

"If a gene were to decrease the chances of miscarriage even slightly, it could [have reproductive success] even if it also increased the risk of developing a disease."

cancer-control adaptations and other vital functions were not evolved to keep an 80-year-old alive. The body of anyone that old is an abnormal environment for human genes and their products, one that rarely existed in the Stone Age."

One of the important determinations to make when considering an unpleasant symptom, the authors write, is whether it's a defect or a defense. "Correcting a defect is almost always a good thing . . . but eliminating a defense by blocking it can be catastrophic." As an example, they point to coughing. No one likes to cough, but it is an essential defensive mechanism for keeping the respiratory tract clear.

They also look at allergies and make some interesting points. If you think you know that pollen causes allergies, you need to do some more thinking. "Records imply that hay fever was essentially unknown before 1830 in Britain and 1850 in North America. In Japan its incidence was negligible in 1950, but it now affects about a tenth of the population," they write. Something (or many things) other than pollen—wall-to-wall carpeting? bottle feeding of infants?—seems to be causing or contributing to the increase in allergies. Their intriguing question: Is taking antihistamine for allergies equivalent to repairing a defect or to blocking an annoying but worthwhile defense?

They take a similar approach to mental disorders. What good is anxiety? Well, "the cost of getting killed even once is enormously higher than the cost of responding to a hundred false alarms," they answer dryly. Then they loosen up and offer a perspective on the subject that makes one appreciate the power of evolutionary thinking. "Imagine what would happen if doctors of internal medicine studied cough the way modern psychiatrists study anxiety. First, internists would define 'cough disorder' and create objective criteria for diagnosis. . . . Then researchers would look for subtypes of cough disorder. . . . The knowledge that codeine stops cough would lead other scientists to investigate the possibility that cough results from deficiencies in the body's codeinelike substances."

This facetiousness is balanced by a discussion of the role of depression in keeping hierarchies stable. Depression may be "an involuntary signal of submissiveness that decreases the likelihood of attacks" by dominant people, they write. "Some low mood may be a normal part of the normal hierarchy."

INFANT MORTALITY RATES HIT RECORD LOW IN 1994

Infant mortality in the United States hit a record low in 1994, but continues to be higher than in many other countries, federal researchers report.

Twenty-three industrialized nations have lower infant mortality rates than the United States, according to a study by the National Center for Health Statistics researchers. In 1960, only 11 nations had lower rates.

"In terms of international ranking, we have slipped," said Gopal K. Singh, an NCHS researcher and lead author of the study, which appears in this month's American Journal of Public Health. "But there is good news within the country."

Based on the current trend, infant mortality rates will meet the federal goals set by the Healthy People 2000 initiative, a project of the U.S. Department of Health and Human Services. The study found that there were 7.9 infant deaths per 1,000 live births nationwide in 1994.

National infant mortality rates dropped more than 3 percent per year from 1950 to 1991. That decline has been attributed to decreasing death rates from such leading infant killers as pneumonia, influenza, respiratory distress syndrome, premature delivery and low birthweight, as well as a reduction in birth defects and fewer accidents, the researchers conclude. Based on the current trend, overall infant mortality in the United States will reach the goal of 7.0 infant deaths per 1,000 live births by the year 2000.

But the gains have not been achieved across all societal groups. For example, infant death rates for African Americans have declined far less than the national average. Based on the current trend, death rates for African American infants will be far short of meeting the Healthy People 2000 goal, the study found.

"The gap has always been there," said Singh. "But somehow the gap between those least educated and those most educated has widened and is getting even wider than before."

— Sally Squires

July 10, 1995

MEMORANDUM TO PATSY AND JEFF

From: Dina Levi, Jessica and Katie

Re: News (7/7-7/10)

Editorial "Room at the Inn" (Washington Post, 7/7/95)
Highlighting the positive effects of the NIH Clinical Center.

(Washington Post, 7/7/95) "Drive for Block Grants is Running into a Wall"
The Republican push to turn federal social programs over to the states has stalled as congressional prepare to battle over dividing up a shrinking pool of welfare and Medicaid.

Editorial "Who's Being Disgusting on AIDS?" (N.Y.T., 7/9/95)
This editorial is against Helms' position on cutting AIDS funding. The author points out hypocrisy in Helms' arguments.

"Clinton on Values" (Washington Times, 7/7/95)
At Georgetown University, Clinton spoke about how Americans are at a crossroad of personal and political values. Mr. Clinton highlighted 5 points, some of those were that the middle class is threatened by 30 years of social problems, politics is fractured, Americans must ask what they can do for their communities and must be willing to engage in civil debates with people who think differently. Clinton spoke of the need to care for the homosexual men who make up the largest category of people with AIDS. "The gay people who have AIDS are still our brothers and our sons, our cousins, our citizens."

"Loose Lips" (Washington City Paper, 7/7/95)
Steve Michael, D.C.'s answer to the unabomber, is running for president. He has been described as "ineffective," a "lowlife," "bottom-feeder," and "terrorist."

"Another AIDS Panel" (Clarion Ledger, 7/20/95)
Clinton's panel needs to call for more attention to AIDS and those who suffer from it. The article states that Clinton has the best "AIDS" presidential record so far.

"School's Stance: Hear No AIDS, See No AIDS, Speak No AIDS" (St. Louis Post, 6/24,95)
Grant Lewis, an HIV positive youth, was jointly planning a school dance where the money raised would be contributed to a fund for Grant, who would speak to the kids the day of the dance. But when the idea was run by the school's principal, the plans changed. The principal didn't think it was a good idea to have the children exposed to someone with AIDS.

Editorial "Republicans Have 'Selective Morality' On AIDS" (USA Today, 7/7/95)

Todd Jennings wrote in denouncing Helms' position on AIDS funding, pointing out hypocrisy.

"The Politicians Conjure Up the Different Faces of AIDS" (N.Y.T., 7/8/95)

Patsy is quoted in this article saying that "no one can win if we start pitting one disease against another." She further discusses that Ryan White provided care and services to more than 200,000 people.

Editorial "Are We Willfully Stupid? Just Look At Jesse Helms" (Baltimore Sun, 7/7/95)

The Baltimore Sun, comments on Jesse Helms' remarks on how AIDS is contracted through deliberate conduct. He discusses the many diseases of deliberate conduct which are getting more funding than AIDS, and in which Jesse Helms takes part in.

"Helms Blocks Funding for AIDS Services" (L.A. Times, 7/7/95)

Helms' stalls renewal of the Ryan White Care Act, endangering many treatment programs.

WP 7/8/95

Room at the Inn

IT'S BEEN five years now since President Bush and a group of local dignitaries, volunteers and families of seriously sick children gathered on the wooded grounds of the National Institutes of Health to open a unique "inn" catering to a special clientele. Today, the Children's Inn at NIH—a nonprofit short-term residence for families with children being treated at NIH—is a standout example of how private contributions and spirited volunteers have answered a specialized need. It is a family home-away-from-home for children from all over the United States who must come to NIH for days or even weeks of periodic treatment. Until the facility opened, children who were NIH outpatients and any family members had to stay—if they could afford it—at local motels.

Now, more than 1,300 children a year are treated at no charge at the NIH Clinical Center and stay at the inn, where there is also no charge other than a request for a \$10 to \$50 contribution per stay. Siblings, grandparents and other family members also may stay in the facility,

which offers private accommodations for 36 families, with communal kitchens and recreational areas. For some children, who have made as many as 100 trips to NIH, the inn is an alternative to drab hospital walls, blinking and beeping machinery or the loneliness of a commercial motel full of healthier children.

Volunteer initiatives are not the answer to all of the needs that governments either cannot or do not address. But the Children's Inn at NIH is the product of contributions from more than 4,000 individuals, corporations and organizations, with its expenses kept low, thanks to more than 200 volunteers and seven full-time staff members who handle the tasks of running the inn around the clock, 365 days a year. Says the mother of a 13-year-old girl who has made more than 30 visits for intense treatment of cancer: "You can't quantify what the inn accomplishes. It's the support you find there. It doesn't have a dollar amount that you can attach to it."

Drive for Block Grants Is Running Into a Wall

States Can't Decide Which Way Cuts Should Go

By Judith Havemann
Washington Post Staff Writer

The Republican drive to turn federal social programs over to the states has stalled as congressional leaders prepare to battle over dividing up a shrinking pool of welfare and Medicaid money.

"This is not going to be a pretty sight," said Sen. Daniel Patrick Moynihan (D-N.Y.).

Republicans and many Democrats agree that the big entitlement programs need to be cut, even that they need to be cut a lot. And, the Republicans broadly agree that the programs could be run more efficiently if states are given new flexibility under a block grant or lump sum payment instead of mandates from Washington.

Moreover, the GOP favors block grants as a way of taking control of spending because Washington could simply legislate how much it will send to the states rather than be obligated to pay benefits for every person who qualifies, as is the case now.

But now the Republicans are facing the age-old legislative problem of resolving funding wars among the states.

The Senate already is paralyzed over the \$17 billion welfare block grant as it is beset with competing demands from higher tax states versus lower tax states, richer states versus poorer ones, and states with rapid population growth versus ones that are losing population. Each of these conflicts is developing again with higher stakes over block grant proposals for Medicaid, which would involve more than five times as much money as the welfare proposals.

When Congress returns from recess next week, Republicans will find the Senate Finance Committee apparently deadlocked over how to implement the spending plan passed June 29 in which the GOP-led Congress pledged to cut the growth of Medicare by \$182 billion over the next seven years.

The war between the states over Medicaid is especially brutal because the current program allows for huge discrepancies in what states get from Washington, and cutting spending raises a host of stubborn issues because Medicaid serves such vulnerable constituencies.

Medicaid pays for more than half of all nursing home bills in the country. It also provides health care to 33 million children, elderly and disabled citizens with few other resources. And it does so under a complicated formula for dividing costs between Washington and the states that ends up with New York spending \$4,852 annually for each poor person while Utah spends \$953.

Led by Illinois Gov. Jim Edgar, a few Republican governors have been negotiating with Congress since January to replace Medicaid with a block grant. Their goal is to get as much money as they can with as few restrictions on its use as possible.

All governors have a lot at stake in the Medicaid debate; the program now accounts for nearly a fifth of state spending, second only to education. Medicaid not only is big but it also is growing. The joint federal and state health plan grew at a rate of 16 percent a year from 1988 to 1993.

The congressional budget resolution seeks to reduce that growth to 4 percent in 1998 and thereafter.

At one time a Medicaid block grant looked almost inevitable. It gave GOP congressional leaders a vehicle to control spending and it appeared popular out in the states. By most accounts, the House has been sympathetic to block grants since the new Congress was sworn in. When representatives passed their budget resolution, it included an "assumption" that a Medicaid block grant would occur. The Senate, in its resolution, mentioned block grants as an option.

But by the time the final resolution was published last Monday, the words "block grants" had disappeared. In the meantime, concerns had been raised about the future care of Medicaid recipients and several states that saw themselves as losers under a block grant began to rebel.

Sen. John H. Chafee (R-R.I.), whose refusal to support a block grant leaves the Senate Finance Committee apparently deadlocked 10 to 10, called the governors' block grant proposal "astonishing."

It "would result in the federal government literally handing \$738 billion over to the states over the next seven years with no standards for eligibility, benefits or quality of care," he said.

Medicaid money currently is divided up according to a complex formula that gives poorer states nearly 80 cents from the federal government for every 20 cents they spend of their own money, while richer states get only a 50-50 split. The purpose was to use federal money as a carrot to encourage the poorer states to spend more on health care for poor people.

Moynihan said the formula, first devised for a hospital construction program after World War II, was described by a southern senator as "the South's revenge for the Civil War."

"You gentlemen," Moynihan said to governors testifying before the Finance Committee last week, "have put a lot of things in play" that the governors may live to regret. "In the Senate," he wrote to Gov. Tommy G. Thompson (R-Wis.), "the South always wins formula fights. Something I should have thought widely known, but perhaps not."

Even though the formula is designed to provide huge financial incentives for the poorer states to beef up health care for the indigent, it has had some unintended consequences. A state like New York, with high health care costs and generous benefits, spends five times as much per Medicaid recipient as many southern and mountain states, and as a result it receives far more matching federal funds.

The formula is only one of the issues Congress faces in divvying up money fairly under a new Medicaid program. Some states have found loopholes that have allowed them to shift existing health programs onto the Medicaid reimbursement list. Another special provision that was supposed to help hospitals that treat disproportionately large numbers of poor people has been exploited by states like Louisiana to bring billions of dollars into their treasuries.

President Clinton, in a budget proposal last month, urged Congress to

maintain the guarantee that eligible Americans are entitled to health insurance, but limit the amount that the federal government would spend on each person. But congressional aides say the Clinton proposal is not under serious consideration in the House, and has not even been drafted into legislative form.

Despite the problems it presents, converting Medicaid into a block grant is widely considered the only way to guarantee the spending reduction congressional Republicans have promised. "The only way you can get to the number" for the reduction in spending in the congressional budget resolution "is a block grant," said one official who is familiar with the negotiations.

Some people think that Congress will not reach the \$182 billion Medicaid reduction number in the budget resolution by any means.

"The document will sit out there like some abstract achievement, never to be fully implemented," said Sara Rosenbaum, co-director of the Center for Health Policy Review at George Washington University.

Rosenbaum said that the Republican Medicaid proposal reminds her of Clinton's Health Security Act of last year: too much, too fast. "It attempts to rewrite history in a monumental way that is just not doable."

The Congressional Budget Office

predicts that the number of people eligible for Medicaid will grow by 12 million even as Congress ratchets down the annual growth of the program. For one thing the number of disabled citizens is projected to increase sharply because of more energetic outreach efforts by the Social Security Administration, a broader interpretation of disabled, and because medical technology has become more successful in saving the lives of people who would have died from their disabilities a few years ago.

Donna Checkett, the director of Medicaid in Missouri, said that her state, like many others, is serving increasing numbers of disabled people who have survived sports or car accidents and whose average length of time on Medicaid is 27 years.

Furthermore, as the baby boom population bulge moves into its fifties and sixties, a corresponding bulge is likely to occur in the number of disabled. "The anticipated demographic changes alone will absorb all new money available in the Medicaid program over the next seven years," said Paul E. Peterson, director of the Center for American Political Studies at Harvard University. "There will be nothing left" to take care of inflation, or any unforeseen circumstances.

NYT

Sunday, July 9, 1995

Who's Being Disgusting on AIDS?

It is no surprise that Senator Jesse Helms is seeking to inflame passions over the AIDS crisis and pit one American versus another in a fight over how to allocate Federal health funding. The pity is that Republican leaders in Congress have been slow to challenge him.

The North Carolina Republican displayed his customary malice in slowing action on a Federal funding bill for the care and treatment of people with AIDS. That bill, known as the Ryan White Care Act, would extend programs that currently allocate \$633 million for AIDS treatment around the nation, including some \$70 million in New York, mostly for outpatient care for uninsured people. This worthy legislation deserves passage despite Mr. Helms's maneuvers.

Senator Helms said he wanted to reduce funding for AIDS sufferers because they had contracted the disease through "deliberate, disgusting, revolting conduct." He also complained that AIDS is overfunded compared with heart disease and cancer, which strike far more Americans. He hopes to reduce spending on AIDS and "get some equity for people who have had heart trouble."

Such heartless yawping ill suits a Senator whose own elective behavior, in choice of foods or smoking, may have impaired his own health, leading to a quadruple heart bypass and valve replacement three years ago. Mr. Helms is also a shameless champion of the tobacco industry, whose products kill far more Americans than does AIDS.

Fortunately, most Americans are fair-minded enough to recognize that in health care, blame is not a civilized response. If it were, those who erode their health by smoking or drinking or overeating or wallowing in sloth would be denied care on the ground that they brought it on themselves. But when

people are sick and dying, they need help, not self-righteous condemnation.

The Senator is playing numbers games when he claims that AIDS is overfunded compared with more widespread diseases. That assertion is based on looking at funding only for research and prevention programs, where disproportionate spending for AIDS can be justified because it is a newly emerging, contagious disease that requires an accelerated response compared with long-established, chronic killers like cancer and heart disease.

But if one looks at total Federal funding, including money for treatment under Medicare and Medicaid, then AIDS (\$6 billion a year) trails far behind heart disease (\$38 billion) and cancer (\$17.5 billion). Those seem the most relevant numbers to any discussion of the Ryan White Care Act, which is, after all, a treatment bill, not a research or prevention bill.

Both houses are considering legislation to reauthorize the Ryan White act. The Senate's version has been approved by the Labor and Human Resources Committee and has overwhelming bipartisan support. Its 61 co-sponsors include 38 Democrats and 23 Republicans. The House version is stalled in committee, apparently because of tensions over insurance and testing issues unrelated to Senator Helms's concerns. It should be brought to the floor for a vote.

What's lacking is strong leadership to counteract Senator Helms. The Senate majority leader, Bob Dole, may move his chamber's version of the bill, but right now he appears to be stalling as his Presidential campaign trolls for conservative votes. Surely it is time to end this gruesome posturing and provide needed care for the victims of this widening epidemic.

Clinton on values



Homecoming: President Clinton, a Georgetown alumnus, makes himself at home before yesterday's speech. Photo by Kenneth Lambert/The Washington Times
Wash. Times; 7-7-95 p. 1

By J. Jennings Moss
THE WASHINGTON TIMES

President Clinton, joining Republican presidential candidates trying to define themselves by their stand on the nation's morality, yesterday said Americans stand at a crossroads of personal and political values.

Much of what Mr. Clinton said during the speech, which lasted nearly an hour before 450 invited guests at Georgetown University, was not new — Americans must be responsible for their actions, politicians must look beyond partisanship — but the emphasis on the "values"

President echoes GOP themes at Georgetown

House placed on the speech continued the president's steady move toward the center.

"I believe we face challenges of truly historic dimensions, challenges here at home perhaps greater than any we faced since the beginning of this century we are about the finish and the dawn of the industrialized era," he said.

But a spokesman for one of the Republicans who want to take Mr. Clinton's place, Senate Majority Leader Bob Dole, said the "American people won't be fooled" by the president's embrace of civility.

Mr. Clinton also used the speech at Georgetown, site of many of his most significant addresses as a presidential candidate and as president, to propose more conversations with Republican lawmakers and to comment on Sen.

Cont'd on next page

• Pace of economy could prove too much for Clinton to overcome. 14

N.Y. Times; 7-7-95

Excerpts From the President's Speech at Georgetown University

By The New York Times

WASHINGTON, July 6 — Following are excerpts from remarks by President Clinton at Georgetown University today. They were made available by the Federal News Service, a private transcription service:

Today I want to have more of a conversation than deliver a formal speech, about the great debate now raging in our nation, not so much over what we should do, but over how we should resolve the great questions of our time here in Washington and in communities all across our country. I want to talk about the obligations of citizenship, the obligations imposed on the president and people in power, and the obligations imposed on all Americans.

Two days ago we celebrated the 219th birthday of our democracy. The Declaration of Independence was also clearly a declaration of citizenship. It was a declaration of interdependence. "For the support of this Declaration, with a firm reliance on the protection of divine providence, we mutually pledge our lives, our fortunes, and our sacred honor."

Middle class values, strong families and faith, safe streets, secure futures, these things are very much threatened today, threatened by 20 years of stagnant incomes, of increasing inequality of incomes, and increasing insecurity in jobs, in retirement, in health care.

They are threatened by 30 years of social problems of profound implications, of family breakups, of a rising tide of crime and drugs, of declining birthrates among successful, married couples, an rising birthrates among young people who are not married. They are threatened by the failure of public institutions to respond. The failure of bureaucracies enshrined in yesterday's prerogatives and not meeting the challenges of today and tomorrow. The schools, the law enforcement agencies, the governments and

their economic and their other policies. They are threatened by the sheer pace and scope of change as technology and ideas and money and decisions move across the globe at breathtaking rates.

Politics has become more and more fractured, just like the rest of our lives, pluralized. It's exciting in some ways, but as we divide into more and more and more sharply defined organized groups around more and more and more stratified issues, as we communicate more and more with people in extreme rhetoric through mass mailings or sometimes semi-hysterical messages right before election on the telephone, or 30 second-ads designed far more to inflame than to inform, as we see politicians actually getting language lessons on how to turn their adversaries into aliens, it is difficult to draw the conclusion that our political system is producing the sort of discussion that will give us the kind of results we need. But our citizens, even though their confidence in the future has been clouded, and their doubts about their leaders and their institutions are profound, want something better.

What do we have to do now? First of all, we've got to have this debate that is looming over Washington. It's a good thing. We are debating things now we thought were settled for decades. We are now back to fundamental issues that were debated like this 50, 60, 70 years ago.

There is a group who believe that our problems are primarily personal and cultural. Cultural is basically a word that means in this context, there are a whole lot of persons doing the same bad thing.) And that's what people, and if everybody would just sort of straighten up and fly right, why things would be hunky-dory, and why don't they do it? I'll give you two examples.

The N.R.A.'s position on gun violence, the Brady bill and the assault weapons ban. Their position is: Guns don't kill people,

people do. Find the people who do wrong, throw them in jail and throw the key away.

Second example is the one that dominated the headlines in the last couple of days, what Senator Helms said about AIDS: I'm sick and tired of spending money on research and treatment for a disease that could be ended tomorrow if everybody would just straighten up and fly right.

Why should we spend money on education, on treatment and research for a disease that is a product of people's wrongdoing, illicit sex and bad drugs, dirty needles. Let's just stop it. Now, at one level, this argument is self-evidently right.

Look at the level of violence in America. I don't have a problem with saying, "Look, these assault weapons are primarily designed to kill people. That's their primary purpose. And I'm sorry that you don't have a new one that you can take out in the woods somewhere to a shooting contest, but you'll get over it. Shoot with something else." It's worth it. Now, I'm glad you agree with me, but remember: The other people are good people who honestly believe what they say. That's the importance of this debate. It's the attitudes. The N.R.A. that I knew as a child, the N.R.A. that I knew as a governor for years were the people who did hunter education programs, the people that helped me resolve land boundary disputes.

Look at the AIDS debate. You might think it's a little harder. First of all, the truth is not everybody who has AIDS gets it from sex or drug needles.

I know a fine woman doctor in Texas who got AIDS because she was treating AIDS patients and she got the tiniest pin prick in her finger: a million-to-1, a two-million-in-2 chance. But secondly and more to the point, the gay people who have AIDS are still our sons, our brothers, our cousins, our citizens. They're Americans, too. They're obeying

the law and working hard. They're entitled to be treated like everybody else.

So, I would say to you that there are some things that mere exhortation to good conduct will not solve, that require other responses that are public, or that are private, but go beyond just saying these are personal and cultural problems. I also think that if we want to maintain a public response there must be a relentless effort to change, but not to eviscerate, the government.

I believe that a democracy requires a certain amount of common ground. I do not believe you can solve complex questions like this at the grass-roots level or at the national level or anywhere in between if you have too much extremism of rhetoric and excessive partisanship. Times are changing too fast.

Every citizen in this country's got to say what do I have to do for myself or my family or nothing else counts. The truth is that nobody can repeal the laws of the global economy, and people that don't have a certain level of education and skills are now going to be employable in good jobs with long-term prospects. And that's just a fact.

The second thing is, more of our citizens have got to say, what should I do in my community? You know, it's not just enough to bemoan the rising crime rate or how kids are behaving or whatever.

We can redeem the promise of America for our children. We can certainly restore the American family for another full century, if we commit to each other, as the Founders did, our lives, our fortunes, and our sacred honor. In our hour of greatest peril and greatest division, when we were fighting over the issue which we have still not fully resolved, Abraham Lincoln said, We are not enemies but friends, we must not be enemies. My friends, amidst all our differences, let us find a new common ground.

MIAMI HERALD - 6/17/95
MIAMI, FL.

Doctor as warrior

Violence is a public health threat? Yes. An expensive one that drains billions away from the sagging health care system and years of health and life from millions of Americans. It's just about as bad as

cancer and heart disease, and it's much worse than the scary viruses that attract so much attention (and some hysteria).

Looking at violence as a health threat, not only as a police matter, casts it in a different light and brings in — or should bring in — a new set of people to combat the problem. The American Medical Association's new "national report card" on violence is the latest offensive launched by the health care community.

The Centers for Disease Control and Prevention first labeled violence as an epidemic in 1990 and is studying it with the tools of epidemiology. The AMA followed in 1992 with reports on gunshots as a health crisis. Since then, other medical organizations representing specialties such as pediatrics and trauma medicine also have been emerging as advocates for social change.

Can they succeed? George Lundberg, editor of the AMA's Journal, compared this new effort to a drive 20 years ago to cut deaths in car crashes. Since then, cars have become safer, highway designs have been improved, and the fruits of campaigns against drunk driving now

THE PULSE OF VIOLENCE The AMA's emphasis on violence as a health issue should bring new perspective to the fight.

are evident. Likewise, campaigns against domestic violence are making headway; at the least, women now have considerably more societal support in leaving abusive relationships.

What to do? The physicians are adding their voices in the call for reducing "virtual violence" — that is, violence as entertainment. How much more desensitized can American society become to violence, whether on Saturday morning children's programs or in the gore that passes for film?

Some doctors already are deeply involved, working with kids, offering counseling in emergency rooms and in their offices, and working on alcohol and drug programs and conflict resolution classes. All of that is tremendously helpful but still just a beginning.

The statistics are staggering: \$4 billion a year to treat gunshot wounds; homicide as the second highest cause of death for young men; the suicide rate for young men escalating; the reports of rape up sharply; ... and the ghastly, steady trickle of news about babies caught in a cross-fire, preteens hurting each other in gang fights.

Lots of problems need lots of solutions, lots of leadership. It would be good to count the men and women in white coats among those at the head of the battalions.

The Atlanta Constitution, 6-28-95



MARIA SAPORTA

New foundation to support CDC on many fronts

When it comes to life-and-death issues, few federal agencies are as important as the Centers for Disease Control and Prevention.

With that in mind, a group of prominent leaders has formed a foundation to help support the Atlanta-based agency's worldwide fight against disease.

The National Foundation for CDC began in February when C. Charles Stokes was hired as its executive director. The foundation has received a \$1 million gift from the Robert W. Woodruff Foundation and a \$500,000 grant from the CDC.

"The CDC is one of the most effective and productive federal agencies," said T. Marshall Hahn, retired CEO of Georgia-Pacific Corp. and chairman of the foundation's board. "Certainly its needs continue to outgrow the services and research that are available."

The CDC, like all federal agencies, now faces budget pressures. In the past two years, it has cut its staff by 1,000. A proposal for a new building and laboratories may be in jeopardy.

"Obviously, the foundation has the ability to give us more flexibility," said Dr. David Satcher, the CDC's director. "CDC does not have a mandate for international health, yet whenever there's an international problem, we get called."

The foundation, which will meet in August, could help the CDC's international efforts by getting support from corporations, foreign governments and worldwide organizations.

CDC's most recent international role was in helping stymie the outbreak of Ebola, a devastating virus that broke out in Zaire in May.

But Ebola is not as dangerous as other epidemics, Satcher told the Atlanta Kiwanis Club on Tuesday. In the same five weeks the Ebola outbreak killed 250 people in Zaire, he noted, thousands died of AIDS.

Another problem for the CDC is having a staff of epidemiologists — scientists who fight epidemics — on hand to respond to emergencies.

"The foundation could give us more flexibility in training the next generation of epidemiologists," Satcher said.

Satcher is broadening the CDC's role in discussing violence in our society.

"We are the national prevention agency," Satcher said. "How do we prevent our children and teenagers from having access to guns and taking guns to school?"

Stokes said the foundation's initial goal will be to support a few "cutting edge" programs at the CDC. After it builds a track record, the foundation could solicit money from businesses to build an endowment.

The foundation has a top-flight board of directors, which includes Bernard Marcus, CEO of Home Depot; entertainer Bill Cosby; and philanthropist Margaret Mahoney.

The CDC, which turns 50 years old next year, was located in Atlanta to be close to swamps for malaria research.

"The original land was provided by Emory [University]. Atlanta has been critical to CDC's history, and it will be critical to CDC's future," Satcher said. "If we can't get support from our hometown, we are in trouble."

Maria Saporta's column, with assistance from Connie Mayberry, appears Tuesday through Saturday.

CLARION-LEDGER - 6/20/95
JACKSON, MS.

Another AIDS panel

THE National Commission on AIDS went out of business two years ago angry.

Commissioners were angry that they hadn't been able to do more to help conquer the disease and angry that few politicians, including those on the national level, were willing to step forward with their support.

Now President Clinton has created a new advisory council on HIV/AIDS. Its mission will be to provide advice to promote effective prevention policies, advance research on HIV and AIDS, and promote quality services to persons living with the virus.

The President's appointment of the council comes when his own support of gay and lesbian causes has come under question. No doubt, the administration would like for the appointment of a new panel to ameliorate strained relations with a group that largely supported Mr. Clinton.

But if the panel's seen only as a political salve, its efforts will fail. The administration has credibility on AIDS that predecessors have lacked. Most significantly, Mr. Clinton has tried to press

for health-care reforms that would benefit all, including AIDS patients.

The President's initial appointments to the panel further signal his commitment. An eloquent Nashville spokeswoman, Debbie Runions, who has AIDS, was among 23 appointees named to the panel.

There's no question that the AIDS commission's last report was right on target: Many people, public officials included, still feel uncomfortable about the topic. The new council should build from the commission's report and help create a new dialogue about the virus.

AIDS has claimed 270,870 lives in the United States. Another 441,000 Americans have been infected. There's no cure, and short of one, the one remaining hope is education not just about prevention but about respect for other human beings.

That's what the panel can do best — call more attention to AIDS and those who suffer from it.

And the new council should borrow something else from the old AIDS commission — its anger. As long as fear about AIDS sufferers survives, everyone should be angry. The new council has the chance to do something about it. ■

School's Stance: Hear No AIDS, See No AIDS, Speak No AIDS

IF YOU HAPPENED to catch the daytime talk shows Wednesday, you already know Wednesday was National Compassion for People with AIDS day. Oprah had guests with AIDS. Jenny had guests with AIDS. Montel had guests with AIDS.

One of Montel's guests was Jake Murphy, a 14-year-old student at Ritenour Middle School. Jake watched his prerecorded 15 minutes of fame from the couch in his living room in Overland. Jake doesn't have AIDS. His best friend, Grant Lewis, has AIDS. Grant, 14, was also a guest on the show.

Jake and Grant met when they were 5 years old and played T-ball together at the YMCA. Grant, a mild hemophiliac, got the AIDS virus from a tainted blood transfusion when he was about 4.

Jake says that AIDS hasn't affected their friendship much over the years, although sometimes he worries about Grant. Most of the time they just goof around and try not to dwell on it. They slosh on cologne and cruise for girls at the Overland Mall. They shoot hoops at the Overland Community Center and hang out at McDonald's. They stay up

late, eat a lot and laugh a lot.

Grant now lives in Licking, Mo. He visits Jake at least once a month, en route to the National Institutes of Health in Bethesda, Md., for experimental AIDS therapy. Jake spends two weeks every summer at Grant's house.

In the past few years, Grant has become an AIDS educator. He travels all over the United States speaking to schools, churches and community groups. He talks about living with AIDS. He tells kids his own age — many of whom are poised on, or over the brink of sexual activity — how important and how simple it is to protect themselves from AIDS. He explains that there isn't anything to fear from sitting in a classroom or going to a dance with someone with AIDS.

Because Jake and Grant are such good buddies, Jake invited Grant to come talk at Ritenour Middle School last year. That February, Jake's mother, Mona, asked the school PTO if it would sponsor Grant's visit. The president of the PTO said fine and offered to make its annual Valentine's Day Dance a fund-raiser for Grant. Grant would speak at

the school the same day. Mona got a DJ and a restaurant to donate music and food.

But when the PTO ran the plan past school principal John Breen, plans changed.

"I was told the dance had been canceled," Mona said.

Breen said some parents thought it wasn't right to hold a school fund-raiser for a non-student. In addition, a fund-raiser for the Heart Association was set for the day before the Valentine's Day dance, he said. Two fund-raisers back-to-back was too many.

Mona found out later that the Valentine's dance hadn't been canceled. Only Grant's involvement in it had.

"They didn't want to have anything to do with AIDS," Mona said. "They wanted to get rid of me and make me shut up about it. Which I won't."

Later that year, Jake asked school officials if a friend could come to classes with him on the last day of school. Jake said Breen agreed. But when Jake told his teachers — the day before the visit — that the friend was Grant, Breen called Jake at home to say there had been a big mistake. Invoking fire codes,

Breen said Grant could not come for the day, only for lunch. Breen says the school has a policy against all-day visitors, except parents.

Jake and Mona don't buy it. They contend Breen was and is afraid of bringing the AIDS issue into the school. Mona isn't just angry about discrimination against Grant. She's angry about ignorance.

Jake and his peers aren't getting the information they need at a critical point in their lives to prevent the spread of AIDS. Statistics show that the number of teen-agers and young adults diagnosed with AIDS increased 77 percent in the last two years.

Although Missouri school standards require all districts to teach AIDS prevention every year in middle school, none is offered at Ritenour Middle School. Gym teachers discuss "feminine hygiene activities," Breen said. Teachers may answer questions, but only if students ask.

In fact, there is no sex education class or curriculum — period — at Ritenour Middle School. This is not surprising, considering that the district's school board is dominated by those with conservative religious views.

Does a school full of teen-agers need sex education or AIDS education?

"No," Breen said. "It gets back to what public schools are held accountable for, and it's the three 'R's.'"

Mona says Breen's attitude is a dangerous one, and she intends to fight it. She is organizing a group of teen-age AIDS educators — including Jake and Grant — to speak to students anywhere minds are open.

"Kids need this information to protect themselves," Mona said. "The sad thing is all these adults don't want to hear about AIDS. What are they going to do when it's their kid?"



Christine Bertelson's column appears Tuesday, Thursday and Saturday. You can reach her on Postline at 923 2323 then tap in 4077, by fax at 340 3050, by e-mail at cbert@online.com or by writing her at the Post-Dispatch, 900 North Tucker Blvd. St. Louis, Mo. 63101

USA Today; 7-7-95

Republicans have 'selective morality' on AIDS

Selective morality as espoused by Republican U.S. senators seeking headlines is based on blind hatred. There is nothing humorous about the hate.

Sen. Jesse Helms wants to reduce AIDS funding because the disease is spread by "deliberate, disgusting and revolting conduct" (News, Thursday). He says this as debate continues on reauthorizing the Ryan White Care Act of 1990. White, of course, contracted AIDS through blood transfusions when he was very young.

Helms goes on to say money not spent on AIDS should be used for heart disease and cancer research.

A leading cause of these latter diseases is cigarette smoking and the use of smokeless tobacco. Helms represents North Carolina, the leading tobacco state.

As such, he presumably sees nothing deliberate, disgusting or revolting about smokers' behavior. Inhaling toxic and addictive fumes deserves research dollars from taxpayers because it is legal, while sharing needles to use other drugs illegally, the leading cause of new HIV infections, does not.

And then there is the homosexual issue. Two presidential aspirants, Sens. Bob Dole and Phil Gramm, have been actively gay bashing lately, sounding like they share a common speechwriting staff with Helms. They appeared together at the Conservative Party Victory Fund's annual pig roast in New Hampshire. The biblical book Leviticus is an often-quoted source for labeling male-to-male sex as immoral. It is one of 75 abominations mentioned in Leviticus, a list that gives equal prominence to the abomination of eating pork products.

Todd Jennings
Greenwich, Conn.

Prudent or prurient?

As the debate over AIDS funding screeches onto the front page via Sen. Jesse Helms, a rare Clinton profundity comes to mind. Said he, and I paraphrase: With God's help America can remedy its mounting social ills.

Now I assume AIDS qualifies as a social ill. If so, what advice has God given that guarantees freedom from venereal disease and, if followed, will save lives and decrease the need for future funding?

AIDS activists have long insisted that explicit information must be dispensed if we're to stymie this epidemic. Agreed. But let's not confuse prudent information with prurient propaganda. Teaching the wayward how to circumvent the natural consequences of risky behavior will not halt the spread of AIDS. To the contrary, it will fuel the epidemic.

To win the war against AIDS, we must rely on medical science and the unfailing truths found in God's word, not on political science and the flimsy suppositions of those who pretend to be wiser than God. A Manhattan-type project could unlock the cure and save millions of lives. I pray that happens. But at this particular time it would be a pointless endeavor, for until we as a nation once again acknowledge that



USA TODAY

HELMs: Under fire for AIDS comments.

sexual promiscuity is a lifestyle unbecoming to beings made in the image of God, I fear the cure's vital keys will be withheld.

Greg Tucker

South Lake Tahoe, Calif.

Tobacco far more destructive

It's ironic that while Sen. Jesse Helms re-victimizes our fellow gayfolk, the senator from North Carolina has unabashedly and staunchly supported and fought to subsidize the far more disgusting, damaging and costly addictive tobacco industry — the pushers of nicotine, a drug which claims half a million of our fellow Americans, gay and straight, every year while addicting hundreds of thousands of America's gay and straight youth annually.

The disgusting perversion is in Helms' thinking about AIDS. Any third- or fourth-grader could tell Jesse that AIDS is not a gay disease, as the senator incorrectly believes. It is a disease that does not discriminate as nastily as does Jesse Helms. Anyone can get AIDS, and they do. Children, straight men and women are increasingly the prevalent victims of this non-discriminatory disease.

The punch line to this disgusting joke is that a person of the limited mental and cognitive ability of Helms could rise to a level of leadership in the greatest democracy on Earth.

Rand Knox
San Rafael, Calif.

The Politicians Conjure Up the Different Faces of AIDS

By DAVID W. DUNLAP

When Senator Jesse Helms explained why he wanted to reduce Federal spending on AIDS care and research, he conjured an image of homosexuals "deliberately engaging in unnatural acts" who had nothing but their own "disgusting, revolting conduct" to blame for contracting the disease.

When President Clinton sought to rebut the Senator, he conjured a different image: that of "Debbie," a 27-year-old woman in a rural area near Orangeburg, S.C., about 75 miles northwest of Charleston, who was served by a county clinic made possible through the Ryan White Comprehensive AIDS Resource Emergency Act of 1990.

The act, named for an Indiana teen-ager who died of AIDS, provided \$633 million this year in care and assistance for people with AIDS or H.I.V., the virus that causes AIDS. The law is due to expire in September and the move to reauthorize it has stalled in Congress, in part because of objections raised by Senator Helms, a North Carolina Republican.

During the debate this week over the future of AIDS financing, the disease was given the face both of sexually active gay men and of impoverished rural women.

In fact, AIDS has many faces. Of 80,691 AIDS cases reported last year by the Federal Centers for Disease Control and Prevention, 43 percent involved men who had sex with other men, 27 percent involved users of injected drugs and 5 percent involved both. Another 10 percent involved men and women who were exposed through heterosexual sex. Children whose mothers had H.I.V. accounted for 1 percent, as did people who received contaminated blood or tissue.

"Not everybody who has AIDS gets it from sex or drug needles," Mr. Clinton said on Thursday, in a speech at Georgetown University. "But secondly, and more to the point, gay people who have AIDS are still our sons, our brothers, our cousins, our citizens. They're Americans, too. They're obeying the law and working

hard. They are entitled to be treated like everybody else."

With that, the President addressed the other question on which the debate over AIDS financing has turned: Are people with AIDS treated like everybody else when it comes to Federal spending, or do they receive a disproportionately large share?

Senator Helms said he wanted to amend the reauthorization bill to reduce the amount spent on AIDS in relation to heart disease and cancer. "I'm going to try to get some equity for people who have had heart trouble," he said.

The American Heart Association estimated that the Department of Health and Human Services spent \$36,763 in research for every AIDS or H.I.V.-related death in 1993, in contrast to \$3,708 for every death from cancer, \$1,032 for every death from heart disease and \$731 for every death from stroke.

But the President said on Wednesday in a letter to Senator Bob Dole, the majority leader, that when Federal spending on treatment, prevention, Medicaid, Medicare and other income supplements was added to the research figures, a different picture emerged. According to Mr. Clinton's calculations, \$8 billion was spent on AIDS this year, \$17.5 billion on cancer and \$38 billion on heart disease.

Dr. Sidney C. Smith Jr., president of the American Heart Association and chief of cardiology at the University of North Carolina, said more Federal support for research on heart disease was badly needed. "But I don't think the answer to this is to neglect the funding of other important disease entities," Dr. Smith said. "So I would disagree that we need to stop other important programs, such as cancer or AIDS. We, as a society, need to recognize the value and importance of research."

The vice president for government relations of the American Cancer Society, Kerrie B. Wilson, said: "In terms of medical research over all, we're not going to get anywhere by fighting the disease war."

And Patricia S. Fleming, the national AIDS policy director, sounded the same theme. "No one can win if we start pitting one disease against another," she said.

Ms. Fleming said that in 1994, the Ryan White law provided care and services to more than 200,000 people with AIDS and H.I.V. who were not covered, or only partly covered, by insurance.

These recipients included "Debbie," the pseudonym for the 27-year-old South Carolina woman whom the President mentioned.

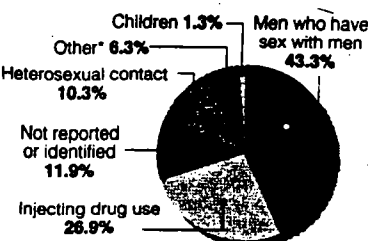
Mary Ann Berry, the nurse who heads the team at the AIDS clinic in the Orangeburg County Health Department, said in a telephone interview yesterday that she was with Debbie at the time of her death last December.

"We're like one big family," Ms. Berry said. "It's not like care given to a patient. Nobody's a number. Every-

UPDATE

Exposure to AIDS

Percentage of people in the United States who contracted AIDS in 1994 by type of exposure.



* Men who have sex with men and inject drugs; hemophiliacs; and recipients of blood transfusions or tissue.

Total number of cases: 80,691

Caring for People With H.I.V.

Cumulative grants awarded through the Ryan White Comprehensive AIDS Resource Emergency Act in the fiscal years 1991 through June 30, 1995. Pending grants yet to be awarded in fiscal 1995, spending will total more than \$2 billion.

Alabama	\$ 1,028,618	Nebraska	\$ 1,031,716
Alaska	1,061,047	Nevada	4,732,261
Arizona	14,504,584	New Hampshire	717,850
Arkansas	4,801,404	New Jersey	96,982,765
California	400,708,580	New Mexico	3,715,398
Colorado	14,991,377	New York	468,074,914
Connecticut	16,291,613	North Carolina	10,832,007
Delaware	1,655,026	North Dakota	419,872
Dist. of Columbia	60,128,380	Ohio	12,858,964
Florida	178,419,854	Oklahoma	4,261,127
Georgia	53,108,595	Oregon	8,963,018
Hawaii	2,113,003	Pennsylvania	54,569,625
Idaho	568,982	Puerto Rico	78,612,601
Illinois	65,195,984	Rhode Island	3,191,069
Indiana	8,968,824	South Carolina	7,209,356
Iowa	1,895,351	South Dakota	500,000
Kansas	2,298,574	Tennessee	5,770,766
Kentucky	2,458,912	Texas	123,014,323
Louisiana	21,953,379	Utah	2,813,523
Maine	810,055	Vermont	748,940
Maryland	33,002,650	Virginia	9,067,739
Massachusetts	49,057,307	Washington	23,870,876
Michigan	22,158,670	West Virginia	774,743
Minnesota	3,956,743	Wisconsin	4,627,555
Mississippi	3,890,029	Wyoming	444,037
Missouri	26,703,492	Guam	16,937
Montana	456,197	Virgin Islands	170,167

Sources: Department of Health and Human Services; Centers for Disease Control and Prevention

Gov. Chiles Out of Hospital

TALLAHASSEE, Fla., July 7 (AP) — Gov. Lawton Chiles was released from the hospital today, smiling and looking rested after treatment for stroke-like symptoms.

"I feel fine," the Governor said at the front door at Tallahassee Memorial Regional Medical Center. "They tell me to take it easy over the weekend and go full bore on Monday."

The Governor's neurologist, Dr. Charles Maitland, examined Mr. Chiles this morning and agreed to discharge him if he would take it easy around the Governor's Mansion this weekend.

body's a person."

The clinic operates six days a month, with a staff of seven and doctors who are brought in on rotation. It has served 202 patients with AIDS and 530 patients with H.I.V., said Leonard F. Rice, district health director for the Edisto Health District, which includes Orangeburg. The district received \$150,000 through the Ryan White act.

"In so many cases the individuals would not have access to any care whatsoever if it were not for the clinic we hold here," Mr. Rice said.

Besides children born to mothers with H.I.V., Ms. Berry said, patients at the clinic ranged in age from 13 to

78. While most cases involved men, she said, "our female population is rising tremendously."

"We're dealing with very indigent people," Ms. Berry said. "Some of them you can't educate. We've got people out here you've got to pull out from the cracks. They're scared. They don't understand."

"If they pull the money away, what are our people going to do?" she asked. "Where are they going to go? I'm the one who has to look them in the face. I used to have to say, 'Sorry, if you have H.I.V., there's no place I can send you.' I hate to think I'd have to go back to doing that again."

Balt. Sun; 7-7-95

Are we willfully stupid? Just look at Jesse Helms

When I first heard that Sen. Jesse Helms was blocking medical spending on people who become sick through their own "deliberate, disgusting, revolting conduct," I thought that was a pretty tough thing to do to smokers.

Smoking is deliberate. It is disgusting. It is revolting. And it is the leading cause of death in America.

Further, smoking harms completely innocent people. Through passive smoke, it harms people who do not engage in this conduct.

But then I thought: Helms, a Republican from North Carolina, comes from a tobacco state. So he couldn't be attacking cigarettes.

Then it became clear to me: Helms was attacking Mickey Mantle.

Sure. Mantle is a guy who, through decades of disgusting, deliberate, revolting boozing, helped kill off his own liver.

And Mantle is alive today only because he got a new liver. So Helms must be angry that medical spending is being squandered on people who willfully drink.

But then I thought: Naw. Mickey Mantle is a national hero, an icon. And Jesse Helms adores such symbols of Americana.

So could Helms be talking about people who willfully eat fatty, high-cholesterol foods and block their arteries? Could he be questioning why we continue to fund research into heart disease if so many people insist on eating things that are bad for their hearts?

But then I took a close look at Jesse Helms. And he does not seem to have the body of a health nut. He seems to have the body of a man who never met a cream pie he did not like.

So who on earth is Jesse Helms steamed at?

Well, you probably know already: People with AIDS.

Helms is blocking the renewal of the Ryan White Care Act of 1990, which would provide \$690 million over the next five years for the care and treatment of people with AIDS.

This amount represents a 22 percent decrease from what was authorized in 1990 — even though we have more people with AIDS today — but Helms thinks that amount is way too much.

"We've got to have some common sense," he told the *New York Times* this week, "about a disease transmitted by people deliberately engaging in unnatural acts."

Which made me wonder just what unnatural act Ryan White, an Indiana teen-ager who died of AIDS, deliberately engaged in.

Answer: A blood transfusion.

So you can see why the kid de-



ROGER
SIMON

served to die.

And how about all those babies born with the human immunodeficiency virus every year? Don't they deserve to be punished, too?

And who can forget Elizabeth Glaser, who spoke at the Democratic National Convention in 1992? She got HIV from a blood transfusion and then unknowingly passed it on to her newborn daughter through breast milk.

Her daughter died at age 10; Glaser died last December at age 47.

And how deliberate, disgusting and revolting can you get?

But deep down we all know why Jesse Helms is against AIDS funding: He has a long-standing hatred of homosexuals.

Helms' personal demons aside, however, his comments do raise a fundamental question: Why do people do things that will harm or even kill them?

Why, you might ask, do homosexuals continue to engage in practices that make them vulnerable to AIDS?

Well, why did Hugh Grant, the dashing heterosexual movie star, not want to use a condom when he picked up a prostitute last week? (And only used one when the prostitute insisted.) Didn't Grant know how dangerous that could be?

I'm sure that he did. I am sure that the majority of people, homosexual and heterosexual, who engage in unsafe sex know the risks involved.

I am sure smokers know about the dangers of what they do. And drinkers. And people who eat unhealthy foods. And people who drive too fast and pass on curves and hills.

I am sure all these people know what they are doing is wrong.

But they do it anyway.

Imperfection is part of what makes us human.

And we can either turn our backs on each other or we can decide to help one another.

Why do people do willfully stupid things?

I don't know. Ask the people of North Carolina.

They've re-elected Jesse Helms three times.

L.A. Times; 7-7-95

Helms Blocks Funding for AIDS Services

■ **Health:** Saying 'revolting conduct' is the cause of the disease, the North Carolina senator stalls renewal of the Ryan White Care Act, endangering many treatment programs.

By FAYE FIORE
TIMES STAFF WRITER

AS

WASHINGTON—Asserting that their "deliberate, disgusting and revolting conduct" is the cause of their disease, Sen. Jesse Helms (R-N.C.) has stalled renewal of the nation's largest health care program for people with AIDS, a delay that threatens to shut down a host of services in Los Angeles if not resolved by summer's end.

The Ryan White Care Act of 1990—named for the late Indiana teen-ager who acquired the virus from a blood transfusion—expires Sept. 30, and Helms has put a hold on the bill that would renew it for another five years.

Only Senate Majority Leader Bob Dole (R-Kan.) can move the bill to the Senate floor, where it enjoys vast bipartisan support. But critics say Dole has hesitated to advance the measure while he courts the Republican conservative wing in his bid for the presidential nomination.

"What this shows is AIDS continues to be held hostage to political interests, particularly presidential politics," said Phill Wilson, director of public policy for AIDS Project Los Angeles, a recipient of Ryan White Act funds. "It appears there are some members of Congress willing to sacrifice the lives of American citizens for their own political gain."

California receives \$110 million in federal dollars, the second-largest chunk of the Ryan White program that this year provided \$624 million for care and treatment of the disease nationally.

AIDS officials say that without it, a host of medical services would shut down almost immediately, leaving scores of AIDS patients without treatment and overburdening the county's already stretched emergency and indigent care network.

A bill to reauthorize the act for five years passed a Senate committee unanimously in March and has 61 co-sponsors, including Dole, making it filibuster-proof. A House committee is set to consider the legislation in a few weeks.

But Helms, a fierce opponent of gay rights, has long argued that too much public money is spent treating people with AIDS. He did not

return phone calls Wednesday or Thursday, but recently told the *New York Times*: "We've got to have some common sense about a disease transmitted by people deliberately engaging in unnatural acts."

A Dole spokeswoman said the senator continues to support the Ryan White Act. "He is a co-sponsor and is committed to moving it forward," said aide Joyce Campbell, although she could not say when.

Campaign spokesman Nelson Warfield rejected the idea that Dole is holding up action on the bill for political reasons. "Politics—presidential or otherwise—has no impact on Senator Dole's actions regarding the Ryan White legislation," he said.

President Clinton this week wrote letters to Dole and House Speaker Newt Gingrich (R-Ga.) calling for reauthorization of funds to treat a virus that has become the leading cause of death among men and women between the ages of 25 and 44.

"At a time when AIDS is the leading cause of death of young adults, we cannot let reauthorization of the CARE Act be held up by divisive arguments about how people contracted HIV," Clinton wrote.

AIDS groups are as concerned about the political ramifications of the program's troubled course as they are about the funds. Los Angeles activists are planning an anti-Dole demonstration in response to his handling of the reauthorizing legislation.

"Bob Dole, the Senate majority leader and likely Republican presidential nominee, doesn't have the guts to back down Jesse Helms, who has been exercising too much power over AIDS issues for a very long time," said Michael Weinstein, president of the AIDS Health Care Foundation, the largest single recipient of Ryan White dollars in the nation. "If Bob Dole allows Jesse Helms to hold the Ryan White funds hostage, then Bob Dole is responsible. And he should pay a political price for that."

Winnie Stachelberg, co-chairwoman of the National Organizations Responding to AIDS, a Washington coalition of 150 groups, said she believes Dole is needlessly distancing himself from the bill. She cites a recent poll by the Tarrance Group showing half of Republican men and Republicans over 45—two groups traditionally less tolerant of AIDS funding—believed that the Ryan White Act should be increased or kept at its current level.

"I think Senator Dole cares, he is a co-sponsor, but he is making a political miscalculation," Stachelberg said.

July 13, 1995

MEMORANDUM TO PATSY AND JEFF

From: Vanessa Potkin

Re: News for 7/13

"FDA Reviews Baboon Cell Experiment: Transplant May Help Humans Fight HIV" (Washington Post) Since baboons are not susceptible to HIV, some researchers believe transplanting specially treated baboon cells into humans will produce infection-fighting cells and antibodies to attack HIV. The FDA is beginning two days of hearings to determine whether the experiment should proceed.

"D.C. Medicaid Spending Overwhelms Efforts to Control Costs" (Washington Post) The District faces a \$55 million increase in the cost of medicaid this year, not including additional millions of unpaid bills. City projections indicate that by September 30 Medicaid expenditures are likely to exceed, by \$113 million, Congress' ceiling on the program.

"Cisneros Assails HUD Budget Cuts" (Washington Post) Cisneros criticizes action taken by a House Appropriations subcommittee to reduce HUD'S budget from \$26 billion in 1995 to \$19 billion next year, describing the action as "Robin Hood in reverse."

July 11, 1995

MEMORANDUM TO PATSY AND JEFF

FROM: Vanessa Potkin and Rachael Smith

SUBJECT: Today's News

In the News:

Editorial "AIDS Tests for All Pregnant Women" Supports AIDS tests for all pregnant women and highlights the benefits of testing newborns.

"Do You Know What Your Kids are Doing? A New Survey Highlights Dangerous Teen Habits" (Washington Post) A National Center for Health Statistics survey of youth 12 to 21 years of age found that "a substantial number of U.S. youth are engaging in risk-taking behaviors that can lead to chronic disease, injury and death, including widespread tobacco and alcohol use" and unprotected sex. Executive Director of Metro TeenAIDS states, "In the 1990s, in the age of AIDS, they can die from low self-esteem and life skills that are inadequate."

"Bad Reaction to Drugs Linked to Human Error" (Washington Post) Complications with medication linked to preventable mistakes of doctors and other hospital staff, such as giving a patient four times the recommended dosages.

"Women in Survey Want More Health Research" (Washington Post) A poll commissioned by Warner Consumer Health Care revealed eighty-five percent of 500 women surveyed believe that federal funding levels for women's health research should be increased or maintained at current funding levels.

"Hospital Group Chief Says GOP Cuts Medicare Too Much" (Washington Post) Dick Davidson, head of the AHA warned that the Republican plan to cut 270 billion from Medicare over the next seven years was "too much, too fast." The AHA wants congress to appoint an independent commission to look at ways to make further reforms in Medicare.

"The Body's Balancing Act: In the Fight Against Disease, Compromise is Built In" (Washington Post) "Why We Get Sick, The New Science of Darwinian Medicine" proposes gradual modification of species characteristics may explain why people develop disease. Studying the evolution of human biology may provide insight on reducing the risk of developing disease.

"Infant Mortality Rates Hit Record Low in 1994" (Washington Post) Infant mortality rates hit a record low in 1994, giving researchers reason to believe the overall infant mortality in the

US will reach the goal of 7.0 infant deaths per 1,000 live births by the year 2000. This would meet the federal goals set by the Healthy People 2000 initiative. However, the gains have not been achieved across all social groups.

AIDS Tests for All Pregnant Women

FOR THE LAST 10 years, the federal government's Centers for Disease Control has urged doctors and hospitals to advise pregnant women at risk for AIDS—intravenous drug users and prostitutes, for example—to be tested for the disease. Now the CDC has recommended extending this effort to all pregnant women.

This expansion is due primarily to completion of a study showing that administering the drug AZT to an infected mother during pregnancy and delivery, and to her baby for a period after birth, reduces incidence of transmission of the disease from 25 percent to 8 percent. If only those pregnant women known to be at risk are tested, others with the affliction will inevitably be missed, and their babies won't receive the drug therapy that has proven to be so effective.

Not all women will respond to counseling and advice about tests. Congress is now considering legislation, therefore, that will make AIDS testing of newborns mandatory. In most states babies are tested immediately for syphilis, sickle cell anemia and other conditions. The congressional effort to include AIDS in this category deserves

support. The obvious reason is that an HIV-positive baby can immediately be treated with AZT. Although the research completed so far involved the use of the drug during pregnancy and delivery, there is good reason to assume that it would be effective even if administered to the baby only after birth.

There is another reason to require tests that might save an infant from AIDS. A positive test of the child is a sure indication that the mother has the disease. With this information, breastfeeding, which transmits the disease, could be avoided. In addition, babies with HIV should be on an entirely different health regimen from other infants. Special care must be taken to combat infections, pneumonia, tuberculosis and other ailments, and routine vaccinations must be given in different form or on different schedules. And finally, it is particularly important that the status of children who are placed in foster care be known.

The CDC enumerates all these reasons in support of voluntary testing for all pregnant women. In fact, they are of sufficient weight to require the routine testing of all newborns for AIDS.

DO YOU KNOW WHAT YOUR KIDS ARE DOING?

A New Survey Highlights Dangerous Teen Habits

BY CRISTINE RUSSELL

In the 1983 movie "Risky Business," Tom Cruise played a clean-cut high school senior from the affluent Chicago suburbs. When his parents went out of town, he quickly cut loose, drinking vodka and soda, smoking marijuana, wrecking his father's prized silver Porsche and, with the help of a gorgeous blond hooker, turning his upscale home into a bordello for the night. He still managed to get into Princeton.

Today, being an American adolescent is riskier business. Youthful high jinks that once served as comic Hollywood episodes or were laughed off as part of "growing up" frighten parents. The stakes are serious in an age in which AIDS and violence have emerged as deadly threats. But despite major public health campaigns to warn youngsters about dangerous practices, a new government report documents that unhealthy habits often start young and reach high levels during the teenage years.

A National Center for Health Statistics study released this month warns that "a substantial number of U.S. youth are engaging in risk-taking behaviors that can lead to chronic disease,

injury and death," including widespread tobacco and alcohol use, unprotected sex, unsafe driving, staying out overnight without parental permission and carrying a weapon.

The findings are based on a national 1992 household survey of 10,645 youths from 12 to 21 years of age. Researchers said the study is the most comprehensive effort ever undertaken to measure health risk behaviors of America's 34.4 million young people, including those not in school.

The survey found:

- More than two-thirds of the youths had drunk alcohol at least once. Forty percent of all youth, including 8 percent of 12- and 13-year-olds and one-third of 14-to-17-year-olds, had consumed alcohol on 10 or more days in their lives. Within the past month, 45 percent had a drink. A quarter reported engaging in "binge drinking," or consuming five or more drinks in a row in the past month.
- Nearly three out of 10 adolescent drinkers of driving age had gotten behind the wheel after drinking, and one-fourth of all youngsters said they had ridden in a car in the past month with a driver who had been drinking.
- Two out of three youths did not always use a seat belt.
- Sixty percent have smoked cigarettes and just over a quarter were current smokers.
- About three out of 10 youths had used some type of illegal drug in their lifetimes.
- Six out of 10 never-married youths had had sexual intercourse. This ranged from about three out of 10 youths 14 to 15 years old to nearly eight out of 10 of those 18 to 21 years old.
- About one in seven carried a weapon at least one day in the past month. Ten percent said they had been in four or more physical fights in the past year, with the highest rate among 12-to-13-year-olds.

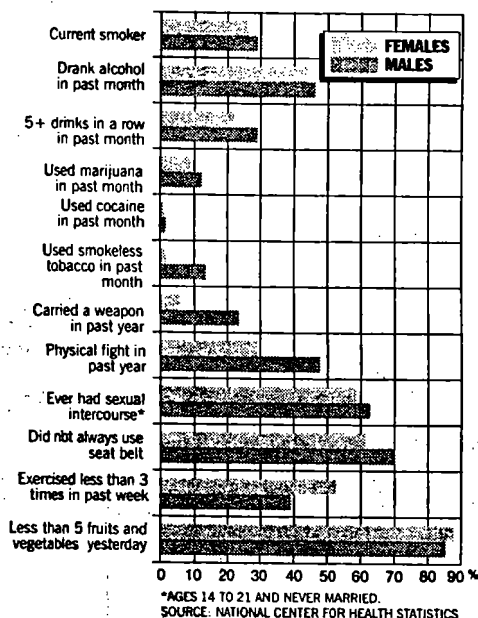
"These statistics should open some parents' eyes. Maybe I'm naive, but I was struck by the high rates of some very high-risk behaviors that may pose health risks for a lifetime and may also cut short their young lives," said Charlotte A. Schoenborn, a statistician with the national center's division of health interview statistics and an author of the report.

The new report comes amid growing concern that problems among adolescents are getting worse, not better.

"During the past few decades, the health status of adolescents in this country has been declining," said two Johns Hopkins University School of Medicine physicians in a June 7 article in the *Journal of the American Medical Association*. Michele D. Wilson and Alain Joffe said adolescent medical problems were largely "behavioral and psychosocial" in origin. They cited violence and injuries, substance abuse and the consequences of unprotected sexual activity—pregnancy and sexually transmitted infections such as the human immunodeficiency virus (HIV) that causes AIDS—as the key health threats to teenagers.

Lloyd Johnston, program director at the University of Michigan Institute for Social Research of a 20-year national survey of teenage drug use, also sees the trend in the 1990s "moving in a negative direction." The survey tracked an increase in illegal drug use in the late 1970s, a subsequent decline in the

UNHEALTHY BEHAVIOR AMONG ADOLESCENTS*



coming in at the bottom end of the spectrum. They have to learn all the same lessons."

Kevin Neil, executive director of Metro TeenAIDS, a non-profit private group in the District, agrees that effective health education has to go beyond warning teenagers about individual risks or sending messages that may seem hopeless or overly scary to the teenage recipients. "For the most part, they know the information," he said. "We have to take it to the next stage, teaching negotiation skills . . . and teaching refusal skills, where young people have the skills to say no. The main issue for all of the challenges is self-esteem."

"In the 1990s, in the age of AIDS, they can die from low self-esteem and life skills that are inadequate," Neil said. "It needs to start in younger adolescents. Messages need to be repeated and skills need to be built over time" that will help teenagers cope with everything from sex to drugs. "Then when they're in the back seat of a car or faced with a decision they may have enough background to compete with the excitement of the moment."

High-Risk Populations

Overall, noted Schoenborn, the survey found that hazardous health habits are relatively common among youths of all

ages, sexes, races and educational groups. But the results did highlight some significant differences.

"In general, many of the behaviors were practiced at a higher rate among the kids who had dropped out of school," said Laura Kann, chief of the surveillance research section of the division of adolescent and school health at the Centers for Disease Control and Prevention (CDC), which collaborated on the report. Nine percent of the group surveyed, from 12 to 19 years who had not completed high school, were classified as out-of-school. Overall, about 22 percent of the entire sample group from 12 to 21 years old were not in school.

By including youths entering and leaving the teenage years, the survey provided an opportunity to study and document how chronic high-risk behavior increases with age.

The findings "point to the very early age at which experimentation with addictive substances begins and highlight the natural progression from experimentation to regular use as children move from the preteen years to young adulthood," the report concluded.

"Adolescents being curious and having some level of experimentation is normal. But if kids go the full gamut and experiment too early, they are much less likely to protect themselves adequately," said Renee Jenkins, chairman of pediatrics at Howard University College of Medicine and an adolescent medicine specialist for 20 years. "They don't make reasonable choices. Earlier experimentation is more likely to result in adverse outcomes."

There were some gender differences in health attitudes and behaviors. Young males and females are equally likely to try alcohol, tobacco or illegal drugs. But males, particularly young men 18 to 21 years old, do so more often and in larger quantities.

There were also some striking differences by race or ethnic background. Smoking, drinking and drug use were higher among white youths and Hispanic males than among blacks or Hispanic females. Black teens were more likely to have had sexual intercourse or to have been in a fight than white or Hispanic teens.

Risks often clustered together, with youths participating in multiple unhealthy behaviors. Those who smoked were more likely, for example, to also engage in drinking, sex and physical violence.

"Clearly some of these behaviors tend to precede others. The sequence is usually cigarettes and alcohol first and then marijuana and then any number of illegal drugs," said the University of Michigan's Johnston. "I think to some degree people are sorting themselves out as a function of how risk-taking they are."

"It looks to me like we're somehow not communicating effectively," said Schoenborn, "maybe because we're too simplistic in sending out single messages or not tailoring messages to youth that engage in multiple high-risk behaviors. These numbers tell us kids still continue to adopt things they are told are bad."

Tobacco Use

Cigarette smoking in adults almost always begins as experimentation in adolescence, according to a 1994 report from the Surgeon General. "Almost all first use has occurred by the time people graduate from high school," it noted.

The 1992 Youth Risk Behavior Survey found that more

than half of the youths had smoked a whole cigarette in their lifetimes and another 10 percent had taken a few puffs. Even among the youngest, 20 percent had smoked a cigarette and the rates rose dramatically with age.

Girls were nearly as likely as boys under the age of 18 to have smoked a cigarette in the past month, but males 18 to 21 were more likely than females at that age to be current smokers.

Older youths were more likely than younger ones to have smoked every day, and attempts to quit smoking decreased with age among the youths.

Alcohol Use

Despite the laws restricting minors from buying alcohol, liquor is widely used by the nation's youth. More than one-fourth of children 12 to 13 years old said they have had at least one drink of alcohol, rising to two-thirds of the mid-teens, and nearly 90 percent of the young adults. Males and females were equally likely to have tried alcohol, but males 18 and older were more likely to be current or binge drinkers.

Drinking among the youngest youths was more experimental than frequent, but use increased with age.

Of particular concern were the high rates of drinking and driving, since alcohol-related motor vehicle crashes are the leading cause of death among young people.

The report noted that the high rates of drinking and driving persist "despite significant efforts to discourage youth and adults alike from driving under the influence or riding with anyone who has been drinking."

Other Drugs

Nearly one-third of the nation's youth have used some type of illegal drug at some point in their lives, including about 7 percent of 12-to-13-year-olds, 26 percent of 14-to-17-year-olds and 49 percent of 18-to-21-year-olds. Rates were generally similar among males and females.

White and Hispanic males had higher rates of illegal drug use than black males, while white females had higher rates than both Hispanic and black females.

Marijuana use showed similar patterns, with just over one-fourth of all youths having used it at some point and one in 10 in the past month. About 30 percent of white males and females had used marijuana compared to less than one-fourth of black males and females.

Social scientist Johnston says that a recent rise in marijuana use in his survey showed up first in the youngest group—eighth graders—at a time when there were fewer anti-drug messages in the media and schools and more "glamorization" in rock music and videos. He says that in the 1980s increasing concern about the dangers of marijuana seemed to drive down use, but that in the 1990s fewer teenagers see marijuana as risky and there is less disapproval of its use among their peers.

Although less frequent, cocaine use was still significant, with nearly 6 percent of all youth and 12 percent of 18-to-21-year-olds having tried some form of cocaine in their lifetimes. Black youth were the least likely to use cocaine, while lifetime and current use was highest among Mexican American males.

Nearly 13 percent of all youths reported using illegal

See TEEN SURVEY, Page 12

drugs other than marijuana or cocaine, such as LSD, PCP, amphetamines ("speed") or heroin. Use of these other drugs was five times more likely among white youths than among black youths, with use among Hispanic youths in the middle.

Sexual Experiences

The survey found that youths were at great risk for unplanned pregnancies as well as sexually transmitted diseases, such as AIDS. The youngest youths, 12 to 13 years old, were not asked about their sexual experience.

Overall, more than 40 percent of youths had more than one sex partner, and among those aged 18 to 21, more than 60 percent had had more than one sex partner.

Black youths were the most likely to have had sex and to have done so with more than one partner and at younger ages. Nearly eight out of 10 black youths had had sex compared to less than six out of 10 white or Hispanic youths.

Overall, more than one-fourth of sexually active youths failed to use a reliable method of contraception the last time they had intercourse. This included about 16 percent who did not use any type of birth control, while another 12.5 percent said they had used the highly unreliable method of withdrawal.

Condoms, which protect against pregnancy and sexually transmitted diseases, were used by only about half of all sexually experienced youths or their partners the last time they had sex, including 58 percent of males and 45 percent of females. Black adolescents were more likely to have used condoms than white or Hispanic adolescents.

There were also surprising differences by age, with the younger adolescents more likely than older adolescents to use condoms. Sixty-four percent of 14-to-15-year-old teens reported condom use, compared to 47 percent of 18-to-21-year-olds. The older youths were more likely than younger ones to use birth control pills, which are highly effective in protecting against pregnancy but offer no protection against sexually transmitted diseases.

Running Away

The survey was unusual in attempting to get a sense of the frequency of high-risk behaviors that might lead youths to become runaways or homeless, Schoenborn said. It asked teenagers if they had stayed away overnight without permission or stayed in "at risk" locations such as public train or bus stations, subways, abandoned buildings, cars, outdoors, a stranger's home or in a shelter.

"Youths who spend time away from home under such conditions may be at higher risk of using drugs and alcohol and of being victims of sexual, physical and emotional abuse," noted the report.

Black males were the most likely to have stayed out without permission, but white males had the highest rates of staying away at high-risk locations.

About 16 percent of the youths said they had stayed out overnight without needed permission at least once in the past

year, with nearly 10 percent having done so more than once. Nearly 14 percent said they had stayed at an at-risk location within the past year, with males far more likely to do so than females.

Deborah Shore, executive director of the District's Sasha Bruce Youthwork, Inc., a youth and family services agency that serves runaway and homeless youth, said she was surprised the numbers were so high and that "it's so across the board in terms of being in every socioeconomic community in the U.S."

"This should cause some sense of alarm. . . . Even if this is a one-time experience, it puts them into situations that can cause pregnancy or a relationship with someone that passes on the HIV virus," she said.

Violence

Violence is a serious health risk for youths, particularly young males, and homicide is the second leading cause of death for 15-to-24-year-olds in the United States.

Nearly four out of 10 youths said they had been in at least one physical fight in the past year, and 10 percent said that they had fought on four or more occasions. Nearly half of black youths said they had been in a fight, compared with fewer than 40 percent of white or Hispanic youths.

About 15 percent of all youths said they had carried a weapon at least one day in the past month, but there were striking sex differences. Males were four times as likely as females—24 percent vs. 6 percent—to say they had carried a weapon. Of youths who had carried a weapon at least one day in the past month, six out of 10 said they most often carried a knife and nearly one out of four listed a firearm.

There were no racial or ethnic differences in the likelihood of carrying a weapon, although black youths were somewhat more likely to have carried a firearm.

Age of Initiation

The 18-to-21-year-olds provide a bridge from teenagers to young adults. In order to understand when their unhealthy behaviors got started, the survey looked at the "age of initiation" and found that many bad habits started earlier among males.

Among smokers, nearly 14 percent of males in the 18-to-21-year-old group said they had started smoking by age 10 compared with nearly 8 percent of females.

In terms of drinking alcohol, about 16 percent of young adults who had consumed alcohol said they had their first drink by age 12, and 38 percent by age 14. Men were more likely than women to have had their first drink as young teens.

Among young adult marijuana users, over one-third had started using the drug by 14, with the rate slightly higher among males.

Sexual activity starts very early for some young men. Thirty percent of sexually experienced men 18 to 21 years old said they had had their first sexual intercourse by age 14, including 12 percent of them by age 12.

In comparison, 18 percent of sexually experienced young

Honest Answers?

The Youth Risk Behavior Survey was conducted in a representative sample of homes across the country in 1992 and 1993 as a special follow-up to a regular 1992 health survey of adults.

With adults, an interviewer generally reads the questions. But pollsters worry that young people simply won't always tell the truth about sensitive subjects, such as sex and drugs, particularly in front of teachers or parents. Even talking with interviewers may make some teenagers nervous.

"If they are sitting in the living room with their parents within earshot, they're not going to admit to some of these behaviors," said researcher Charlotte A. Schoenborn. Small focus groups confirmed that teens would be more candid if the questions could not be heard by others. The researchers also found that younger teens and those with poorer reading skills would have more difficulty with an extensive written questionnaire.

To get around these problems, an audiocassette technology was developed in collaboration with the University of Michigan's Survey Research Center. A generation that has grown up plugged into music by headphone was asked to fill out this health survey wearing a headset that used a tape to give instructions and ask questions. Participants could replay the questions and write answers on a coded questionnaire that insured privacy from parents or others.

"The unique mode of administration insured greater anonymity and presumably enhanced honesty among these young kids," Schoenborn said.

adult females said they had their first sexual intercourse by age 14, including 3 percent by age 12.

"The early age of initiation indicates the need to start [prevention] programs sooner rather than later. In many cases, this may be in the junior high years," CDC's Kann said.

Howard University physician Jenkins said that she is "frustrated" that more progress has not been made in improving teens' behavior but feels parents, health educators and physicians need to find new ways to deliver updated health messages. "Basically we're all struggling with how to deliver messages in a way that is going to be listened to," she said.

"I think that one of the strategies is really helping parents deal with it," she said, urging parents to talk to kids about these issues. "By the time [the youths] get to us, the medical people, it's really too late. Parents have few role models. Their parents didn't do it for them. But the stakes are a lot higher now."

Bad Reactions to Drugs Linked to Human Error

Hospital Study Finds One-Third Attributable to Such Mistakes as Miscalculating Doses

By Sandra G. Boodman
Washington Post Staff Writer

A team of Harvard University researchers who studied medication complications in patients at two of the nation's most prestigious teaching hospitals reported last week that nearly one-third of such reactions were the result of errors by hospital personnel. Some of the most common mistakes involved miscalculation by doctors of drug dosages.

In the first six months of 1993, researchers uncovered a total of 334 drug errors among 4,031 patients hospitalized on 11 nonobstetrical units at Massachusetts General Hospital and Brigham and Women's Hospital, Harvard teaching hospitals located in Boston. Half of the errors were deemed significant and 12 percent were life-threatening, such as anesthesia overdoses.

For every 100 patients, the research team found 6.5 cases of drug complications, about two of which were due to preventable errors, such as giving a patient four times the recommended dosage. In another 5.5 out of 100 cases, potential complications and errors were averted, either because they were caught in advance or because a medication was not administered.

"As far as we're concerned, any injuries due to errors is a problem," said Lucian L. Leape, a professor at the Harvard School of Public Health and lead author of the study. "It's important to note that these same patients received 700,000 doses of medication during their hospital stay."

The focus of the study, published last week in the *Journal of the American Medical Association (JAMA)*, was the systemic problems that lead to adverse drug reactions, many of which are caused by preventable mistakes. Such errors are a leading cause of disability among hospitalized patients, a previous Harvard study of malpractice claims in New York demonstrated.

Most drug errors, Leape and his colleagues hypothesize, are not the result of the actions of a single person such as a doctor, nurse or pharmacist, but are the culmination of a series of mistakes and represent a "systems failure." Factors that contribute to such failures include look-alike packaging or sound-alike names of drugs and "work environments where there are frequent interruptions that lead a person to forget to do something."

Improving hospital systems with computerized drug-ordering equipment that blocks



BY RANDY LYHUS FOR THE WASHINGTON POST

errors and may make them difficult to detect once accidents have occurred.

Providing a suggested dose range through a computerized system, they wrote, "could potentially eliminate a multitude of dosing errors by many parties, whereas concentrating on one individual's defective knowledge improves the performance of one physician regarding one drug."

One medical consumer advocate cautions that a systems approach alone is not sufficient to combat the problem of doctors' mistakes. "The assumption of a systems approach is that everyone is educable," said Sidney Wolfe, a physician who directs the

is likely to have considerable influence in medical circles, in part because of the prestige of the hospitals studied. It also comes at a time of increased scrutiny and public awareness of such errors, highlighted by a spate of disastrous mistakes.

In March, doctors at Dana Farber Cancer Institute, a Harvard teaching hospital in Boston that specializes in aggressive experimental treatment, acknowledged that two patients received massive overdoses of toxic chemotherapy drugs last year for treatment of advanced breast cancer. One patient, Betsy Lehman, a 39-year-old health columnist for the *Boston Globe*, died as a result. An un-

significantly improved its pharmacy practices and is beefing up its computer systems.

Drug errors are not unique to Dana Farber; they have since been reported by hospitals in Illinois, New York, Ohio and Massachusetts. Last February, a pharmacist at Anne Arundel Medical Center in Annapolis was fired and charged with reckless endangerment after she accidentally substituted a morphine solution for heparin, a blood thinner used to flush the intravenous lines of three infants. Two months before that a baby at the same hospital received the wrong dose of antibiotics, an error traced to another pharmacist.

In a bulletin issued earlier this year, the Food and Drug Administration urged the medical community to report serious errors to a confidential hot line. The agency noted that it had received numerous reports of pharmacies' dispensing errors of drugs that look or sound alike. Among the drugs involved are Norvasc, a calcium channel blocker used to treat heart disease, and Navane, a powerful antipsychotic used to treat hallucinations and delusions.

In the study at Mass General and Brigham and Women's, trained nurse investigators visited the 11 study units several times every day. They reviewed the chart of every patient and talked to staff members who were promised confidentiality in exchange for reporting information about errors, intercepted errors or drug reactions. Researchers had agreed in advance to report any pattern of egregious errors to hospital authorities, but they found none, they said.

The team found that dosing errors were the most common; half occurred when doctors wrote medication orders. In some cases they misplaced the decimal point, in other cases they knew the right dose but wrote down the wrong one. Nearly three quarters of dosing errors were detected by nurses.

Other causes included ignorance of drug interactions and inappropriately high doses of antipsychotic drugs in elderly patients.

In some instances mistakes seemed harder to explain. Fifteen patients were prescribed drugs to which they had a documented allergy. In some cases a doctor wrote the order for the drug underneath the allergy notation.

If physicians ordered drugs with a computer program that screened for allergies and interactions, checked dosages and blocked inappropriate orders, some of the most common problems might be greatly reduced, said David J. Cullen, senior anesthesiologist at Mass General and a member of the re-

WOMEN IN SURVEY WANT MORE HEALTH RESEARCH

Eighty-five percent of 500 women in a survey believe that federal funding levels for women's health research should either be increased (52 percent) or maintained at current levels (33 percent) despite budgetary constraints.

The poll was commissioned by Warner Wellcome Consumer Healthcare, a pharmaceutical company. The women ranged in age from 18 to over 65 and were scattered throughout the country.

Other findings:

- Sixty-three percent of the women said more research on disease and illness among women would be either the most important or second most important improvement to the health care system. Special training for doctors in women's health was cited as most important by 24 percent. Fourteen percent said more women in leadership positions in health research was the most important.
- Forty-eight percent said they believed doctors do not take concerns and complaints of their women patients as seriously as those of their male patients.
- Eighty-two percent said they were very successful or somewhat successful in "controlling and managing their own well-being by adopting healthier behaviors such as eating a balanced diet, getting adequate sleep, exercising, stopping smoking and seeking information about medical problems and concerns."

The survey was conducted by EDK Associates, a polling organization in New York.

— Sandy Rovner

WASHINGTON POST HEALTH/JULY 11, 1995

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IN BRIEF

Hospital Group Chief Says GOP Cuts Medicare Too Much

The head of the American Hospital Association warned yesterday that a Republican plan to cut \$270 billion from Medicare over the next seven years was too much, too fast and called on Congress to slow down.

AHA President Dick Davidson repeated suggestions for an independent commission to develop reforms to ensure the long-term solvency of Medicare, which provides health care for senior citizens, saying it should look at everything from raising the retirement age to increasing payroll taxes.

Davidson said it would be next to impossible to devise a Medicare proposal in just three months. Congressional Republicans hope to start voting on Medicare cuts in September as part of overall legislation to balance the federal budget.

"You can't get honest debate in the next 90 days," Davidson said. "These decisions are going to be much too complicated to be made as a part of a budget . . . process."

The AHA envisions \$160 billion-\$170 billion in Medicare savings through greater use of managed care, cuts to hospitals and other providers and increased costs for beneficiaries—about \$100 billion short of the Republican target.

It wants Congress to appoint an independent commission to look at ways to make further reforms in Medicare. The commission would submit cost-cutting recommendations that would be voted up or down by Congress.

The commission would look at issues such as benefits, co-payments, whether to convert Medicare to a defined contribution plan where seniors would be given a set amount of money to buy insurance each year.

A balanced budget blueprint adopted by Congress calls for \$270 billion in Medicare cuts and \$182 billion in reductions in Medicaid.

The Body's Balancing Act

In the Fight Against Disease, Compromise Is Built In

By Lawrence G. Proulx
Special to The Washington Post

■ Why We Get Sick—The New Science of Darwinian Medicine

By Randolph M. Nesse, MD,
and George C. Williams, PhD
Times Books, New York
291 pp.; \$24

Why We Get Sick is an introduction to evolutionary medicine, a collection of insights and hypotheses that is sure to deepen one's understanding of disease.

"Natural selection" was Charles Darwin's explanation for the gradual modification of a species' characteristics through the generations. Environmental factors—climate, predators and so forth—affect individuals in a population differently; some individuals have an advantage over others and tend to reproduce more. "Survival of the fittest" means not of the strongest or of the biggest, but of those best suited to their environment as measured by their ability to reproduce.

Natural selection doesn't work from a drawing board; it operates on what already exists. The same limbs of a common ancestor that became in one lineage the human arms, were modified in others into the whale's flippers and the bat's wings. Each may be a marvel, but none is perfect. "Many of the body's apparent design flaws aren't mistakes," write physician-professor Randolph M. Nesse and ecologist George C. Williams, "just compromises." The human body "is a bundle of compromises."

Analyzing these compromises is largely what Darwinian medicine is about. "If tendencies to anxiety, heart failure, nearsightedness, gout and cancer are somehow associated with increased reproductive success, they will be selected for and we will suffer even as we 'succeed' in the purely evolutionary sense," they write.

This takes a bit of explaining. How can a tendency toward disease improve one's reproductive success? The answer, essentially, is "that all benefits have costs and that many benefits are worth their associated costs." As an example, the authors refer to the work of UCLA physiologist Jared Diamond. About four out of five conceptions are naturally aborted or miscarried; most go unnoticed because they happen so early, around the time of the implantation of the embryo in the uterus.

"If a gene were to decrease the chances of miscarriage even slightly," they write, "it could [have reproductive success] even if it also increased the risk of developing a disease." Diamond believes certain cases of childhood-onset diabetes may be explained this way because more babies are born with the disease than genetic arithmetic would otherwise predict. Apparently embryos with a gene that causes the disease have an advantage in surviving to birth.

In a chapter on aging, Nesse and Williams relay other fascinating yet sobering insights. "The whole immune system is age biased," they write. "It releases damaging chemicals that protect us from infection, but these same chemicals inevitably damage tissues and may ultimately lead to senescence and cancer."

In puzzling out why men don't live as long as women, they suggest that "male reproductive success is so dependent on competitive ability [in early adulthood] that male physiology

"If a gene were to decrease the chances of miscarriage even slightly, it could [have reproductive success] even if it also increased the risk of developing a disease."

cancer-control adaptations and other vital functions were not evolved to keep an 80-year-old alive. The body of anyone that old is an abnormal environment for human genes and their products, one that rarely existed in the Stone Age."

One of the important determinations to make when considering an unpleasant symptom, the authors write, is whether it's a defect or a defense. "Correcting a defect is almost always a good thing . . . but eliminating a defense by blocking it can be catastrophic." As an example, they point to coughing. No one likes to cough, but it is an essential defensive mechanism for keeping the respiratory tract clear.

They also look at allergies and make some interesting points. If you think you know that pollen causes allergies, you need to do some more thinking. "Records imply that hay fever was essentially unknown before 1830 in Britain and 1850 in North America. In Japan its incidence was negligible in 1950, but it now affects about a tenth of the population," they write. Something (or many things) other than pollen—wall-to-wall carpeting? bottle feeding of infants?—seems to be causing or contributing to the increase in allergies. Their intriguing question: Is taking antihistamine for allergies equivalent to repairing a defect or to blocking an annoying but worthwhile defense?

They take a similar approach to mental disorders. What good is anxiety? Well, "the cost of getting killed even once is enormously higher than the cost of responding to a hundred false alarms," they answer dryly. Then they loosen up and offer a perspective on the subject that makes one appreciate the power of evolutionary thinking. "Imagine what would happen if doctors of internal medicine studied cough the way modern psychiatrists study anxiety. First, internists would define 'cough disorder' and create objective criteria for diagnosis. . . . Then researchers would look for subtypes of cough disorder. . . . The knowledge that codeine stops cough would lead other scientists to investigate the possibility that cough results from deficiencies in the body's codeinelike substances."

This facetiousness is balanced by a discussion of the role of depression in keeping hierarchies stable. Depression may be "an involuntary signal of submissiveness that decreases the likelihood of attacks" by dominant people, they write. "Some low mood may be a normal part of the competition process."

INFANT MORTALITY RATES HIT RECORD LOW IN 1994

Infant mortality in the United States hit a record low in 1994, but continues to be higher than in many other countries, federal researchers report.

Twenty-three industrialized nations have lower infant mortality rates than the United States, according to a study by the National Center for Health Statistics researchers. In 1960, only 11 nations had lower rates.

"In terms of international ranking, we have slipped," said Gopal K. Singh, an NCHS researcher and lead author of the study, which appears in this month's *American Journal of Public Health*. "But there is good news within the country."

Based on the current trend, infant mortality rates will meet the federal goals set by the Healthy People 2000 initiative, a project of the U.S. Department of Health and Human Services. The study found that there were 7.9 infant deaths per 1,000 live births nationwide in 1994.

National infant mortality rates dropped more than 3 percent per year from 1950 to 1991. That decline has been attributed to decreasing death rates from such leading infant killers as pneumonia, influenza, respiratory distress syndrome, premature delivery and low birthweight, as well as a reduction in birth defects and fewer accidents, the researchers conclude. Based on the current trend, overall infant mortality in the United States will reach the goal of 7.0 infant deaths per 1,000 live births by the year 2000.

But the gains have not been achieved across all societal groups. For example, infant death rates for African Americans have declined far less than the national average. Based on the current trend, death rates for African American infants will be far short of meeting the Healthy People 2000 goal, the study found.

"The gap has always been there," said Singh. "But somehow the gap between those least educated and those most educated has widened and is getting even wider than before."

— Sally Squires

July 13, 1995

MEMORANDUM TO PATSY AND JEFF

From: Vanessa Potkin

Re: News for 7/13

"FDA Reviews Baboon Cell Experiment: Transplant May Help Humans Fight HIV" (Washington Post) Since baboons are not susceptible to HIV, some researchers believe transplanting specially treated baboon cells into humans will produce infection-fighting cells and antibodies to attack HIV. The FDA is beginning two days of hearings to determine whether the experiment should proceed.

"D.C. Medicaid Spending Overwhelms Efforts to Control Costs" (Washington Post) The District faces a \$55 million increase in the cost of medicaid this year, not including additional millions of unpaid bills. City projections indicate that by September 30 Medicaid expenditures are likely to exceed, by \$113 million, Congress' ceiling on the program.

"Cisneros Assails HUD Budget Cuts" (Washington Post) Cisneros criticizes action taken by a House Appropriations subcommittee to reduce HUD'S budget from \$26 billion in 1995 to \$19 billion next year, describing the action as "Robin Hood in reverse."

FDA Reviews Baboon Cell Experiment

Transplant May Help Humans Fight HIV

By John Schwartz
Washington Post Staff Writer

Could cells from a baboon save Jeff Getty?

The San Francisco AIDS activist has survived with the HIV virus for 15 years, but now his doctors say he has less than a year to live. Getty is a likely candidate for an experimental therapy that some researchers believe might help to rescue a patient's immune system: transplanting bone marrow from baboons into humans.

Today the Food and Drug Administration will begin two days of hearings in Bethesda to determine whether the experiment, which it blocked earlier this year on safety grounds, should go forward.

Baboons are not susceptible to the human immunodeficiency virus (HIV), the organism that causes AIDS by attacking the cells of the immune system that fight infections. Transplanting bone marrow from healthy humans into AIDS patients has little effect because the transplanted cells simply become infected with the virus. Some researchers believe that specially treated baboon cells, when transplanted into a person with AIDS, will produce infection-fighting cells and antibodies to attack HIV. If the cells do their work successfully, the researchers hope that the patient's immune system could eventually take over the job again.

Other scientists warn that the risks of such a procedure are unknown, and the benefits speculative at best. The transplant might have no effect, or might cause medical complications for the already frail subjects. Worse, some worry, the transplant could set the stage for the transfer of new disease-causing organisms into the human population—some of which might survive undetected for years.

"We don't want to hold up a promising new therapy, but we do want to be safe about it," said Philip Noguchi, the director of the FDA's division of cellular and genetic therapies. "That's the function of the Public Health Service—to prevent the spread of infectious diseases throughout the United States." The FDA is drawing up broad guidelines for experiments involving transplanted tissues that officials hope to have in place by the end of the year, Noguchi said.

But the proposed baboon-human experiment will not have to wait for the guidelines, Noguchi said. An advisory committee will help the agency determine whether proper precautions are being taken to prevent the spread of disease. "We realize that this is a real human on the line here and we are obligated to make a decision," Noguchi said—but because of the complexity of the issues, he added, "we can't predict how long that will take."

Suzanne Ildstad, a researcher at the University of Pittsburgh Medical Center who has done experiments with baboons leading to the proposed human trial, discounts the trans-species disease risk. "It's all speculative," she said, noting that the animal subjects have been specially bred to be as disease-free as possible. "I wouldn't be doing this if I thought it would endanger the world. I have two young children."

The researchers working on the project contend that the FDA is being unnecessarily cautious about allowing an experimental treatment for patients whose lives are at stake. Ildstad points out that some 50 lung transplant patients died before surgeons figured out how to perform the procedure successfully. "If we stop innovative research because of fear of the unknown and there is a tiny, tiny risk, I don't see how we can have progress in the field."

Steven Deeks, an AIDS specialist at the University of California at San Francisco who would perform the transplant, said, "This is actually unlike anything that's ever happened in the history of science. We're having the FDA potentially put a stop to an entire line of scientific endeavor."

Implanting organs from other species, or "xenotransplantation," has been attempted by researchers for decades, often with disappointing results. Baboon organs have been experimentally transplanted for other conditions in recent years. In 1992, a 35-year-old man lived 71 days after receiving a baboon's liver at the University of Pittsburgh. In 1984, doctors gave a baboon heart to a newborn girl who died in less than three weeks.

But some scientists believe that once perfected, "xenotransplantation," as the practice is called, could buy time for critically ill patients until human organs become available.

More than 40 other AIDS patients have volunteered to take part in the experiment, which at this stage would involve only a single patient. If the experiment is blocked in the United States, other countries have offered to host it, Ildstad and Deeks said.

For his part, Getty says he has nothing to lose; the biggest risk is waiting.

"Don't tell me I've got to wait months and months, because I'm not going to live that long," he said.

D.C. Medicaid Spending Overwhelms Efforts to Control Costs

Barry Broke U.S. Law by Ordering Officials To Ignore City Budget, House Member Says

By Howard Schneider
and David A. Vise
Washington Post Staff Writers

D.C. Mayor Marion Barry should be prosecuted for breaking federal law after issuing an executive order two weeks ago directing members of his government to spend whatever they need on Medicaid and welfare "without regard" to the budget, a leading member of Congress said yesterday.

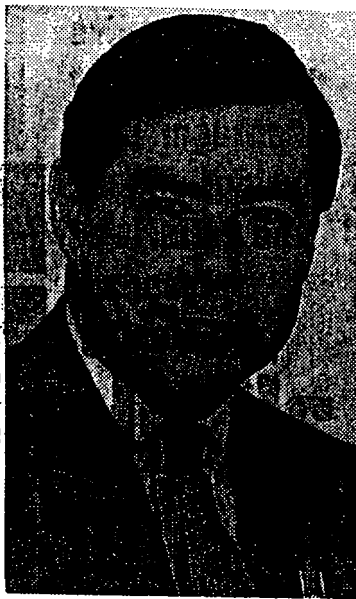
On the eve of the first public meeting of the new D.C. financial control board, Rep. James T. Walsh (R-N.Y.) made some of his toughest comments to date about Barry's personal responsibility for city spending that promises to go hundreds of millions of dollars beyond the \$3.25 billion Congress au-

thorized the city to spend this fiscal year.

On June 30, Barry issued an order directing officials who administer Medicaid and welfare programs "to hire necessary personnel, contract for necessary services and make payments to eligible persons and vendors consistent with the federal and District of Columbia statutes which govern these programs without regard to whether the activity exceeds" the budget.

Walsh and others said the order was an effort to absolve employees of the Department of Human Services and other agencies from legal responsibility for that overspending. Walsh sent a letter yesterday to Attorney

See DISTRICT, A12, Col. 1



Rep. James T. Walsh (R-N.Y.) says the D.C. mayor should be prosecuted.

Estimated 20% Increase Could Push Outlays \$113 Million Above Congressional Ceiling

By Amy Goldstein
Washington Post Staff Writer

The District expects to spend nearly 20 percent more on Medicaid this year than in 1994, despite strong pressure from Congress and city officials to curb costs in the health insurance program for the poor, which has played a central role in Washington's financial crisis.

According to city officials and government documents, the District faces a \$55 million increase in the cost of Medicaid services this year, not including millions more in unpaid bills that date back as far as the 1980s. Together, the two have created an enormous cash crunch in the program that provides doctors, hos-

pitalization and nursing home care to one-fourth of the city's residents.

By Sept. 30, city projections indicate, Medicaid expenditures are likely to exceed by \$113 million a ceiling that Congress has imposed on the program. Senior District officials, who have complained for months that the ceiling is too low, now acknowledge they have no idea how they will deal with the gap.

At a time when the District is almost out of cash and the federal government has taken away much of the city's autonomy to manage its own financial affairs, Medicaid is the most serious example of continued overspending that has emerged to date.

The new D.C. financial control

See MEDICAID, A12, Col. 1

D.C. Officials Ask Again For More Medicaid Help

MEDICAID, From A1

board has targeted Medicaid as a prime area for cuts. The board, appointed by President Clinton, has suggested that it may force the District to reduce the kinds of medical treatment for which it pays.

District officials said that such cuts, particularly for preventive health services, could prove counterproductive and that they are taking steps to control Medicaid costs. They also repeated contentions that the federal government should shoulder more of the District's Medicaid burden and that Congress should allot more money for the city's program this year.

Vernon E. Hawkins, interim director of the Department of Human Services, said that if the city must close the \$113 million gap itself, "the only options we have would be to discontinue [Medicaid] services or to shut other programs down. That would have a devastating effect on the social service network in the District of Columbia."

Excluding the unpaid bills from previous years, the city's Medicaid expenditures are projected to rise by 19 percent this year. According to local and national figures, that is more than double the growth of the program nationally. And the increase is occurring despite the fact that Medicaid rolls in the District have stabilized in the last six months, ending a trend of steady expansion that began in 1992.

A. Sue Brown, the District's acting commissioner of health care finance, said the increase is attributable to a variety of factors, including higher payments to hospitals and a greater use of expensive medical services. But Brown said she could not yet say how many Medicaid patients are receiving what kind of care this year.

Health officials in Maryland and Virginia, which offer slightly more modest Medicaid benefits, said this week that those states had had no unexpected increase in recipients recently and that their expenditures are within their budgets.

Intended to ensure medical services for people who are poor and disabled, Medicaid is a shared state and federal responsibility. The federal government defines the basic services that must be covered and pays part of the costs—half in the District's case. But each state may include extra benefits and is responsible for deciding

who is eligible for the program and what rates to pay for care.

Last winter, during the first weeks of his administration, D.C. Mayor Marion Barry (D) said Medicaid was the biggest contributor to the city's projected deficit, and he ordered human services administrators to redesign the program. Officials said they would consider changes in eligibility, benefits and rates.

At the time, Hawkins said those revisions would augment \$20 million worth of cuts that already were being set in motion, such as tightening benefits for prescription drugs, limiting home health care and certain mental health services and requiring patients to pay at least a few dollars toward their hospital care.

Last week, Brown said the cuts never were expected to save more than \$4.7 million. She said the city would not save even that amount this year because some changes have not yet been put into effect and others took effect too late to save much.

Meanwhile, the broader redesign has not materialized. "We had to first get the budget under control," said Hawkins, the human services director. After that, "we had to get the experts in. We didn't have sufficient staff and expertise to do the analysis."

Brown said her agency nevertheless had found other ways to save as much as \$30 million this year. They include a new method of paying hospitals that took effect in April and efforts to recover money the city had mistakenly overpaid for services. Like most states, the city recently has enrolled most of its Medicaid recipients in "managed care" plans that limit the care patients receive.

Sally K. Richardson, director of the federal Medicaid bureau, praised the District yesterday for those steps.

Brown said the reasons behind the growth of Medicaid spending are largely outside her agency's control. She said they include medical inflation, increased payments to District hospitals that treat a large share of indigent patients, higher premiums for patients enrolled in health maintenance organizations and greater use of medical services.

Several health care sources familiar with Medicaid said that not all the factors Brown cited make sense. For instance, they said that medical inflation has been relatively low this year and that enrolling patients in HMOs should save the District money.

Cisneros Assails HUD Budget Cuts

■ Housing and Urban Development Secretary Henry Cisneros yesterday denounced House Republicans for proposed budget cuts that would "decimate" federal housing programs serving the nation's poor and lead to "devastation for the communities in which they live."

Cisneros said action Monday by a House Appropriations subcommittee to reduce HUD's budget from \$26 billion in 1995 to \$19 billion next year would penalize the poor by raising rents for tenants, cutting public housing subsidies by \$1.5 billion and reducing funding for the homeless by 49 percent.

Cisneros said he would continue to work with Congress to make his plan to restructure HUD conform to reasonable budget constraints, but described the subcommittee action as "Robin Hood in reverse."

"At a time when the thrust is to cut upper-income taxes, we charge people at lower income levels more," he said at a news conference. "I don't get it."

—Guy Gugliotta

July 14, 1995

MEMORANDUM TO PATSY AND JEFF

FROM: Vanessa Potkin and Rachael Smith

RE: News for 7/14

"House Panel to Draft Bill On AIDS Test of Newborns" (The New York Times)

Leaders of the House Commerce Committee announced that they have agreed to draft bipartisan legislation that would require newborns to be tested for the virus, HIV unless their mothers had been tested in pregnancy. Despite much opposition from medical groups and advocates, this agreement heightens the chance that Congress will approve a bill requiring states to conduct tests on some newborns for the virus.

"Report Urges New Steps to Protect Blood Supply" (New York Times)
The Institute of Medicine of the National Academy of Sciences issued a report claiming that new steps are needed to prevent the spread of another dangerous infectious agent like HIV because the ability of the nation's blood banking and public health systems to identify and guard against unknown microbes is weak. The report reviews the history of the contamination of the blood supply with HIV in the early 1980's and offers reasons for the delayed efforts to control the spread of HIV through transfusions. Many of the reports recommendations are highlighted throughout this article.

"AIDS Spin Doctor" (The Advocate, 7/25)

This article profiles R. Scott Hitt as the appointed chair of the Presidential Advisory Council on HIV/AIDS. Hitt discusses some of the missions and goals of the council.

"Control Board Meets--and Hears--the People" (Washington Post)

The newly appointed D.C. financial control board met with members of the public to discuss their feelings on what should and should not be done to remake the District's government, and finances. Members of the public expressed concern over broad principles and protection for personal priorities, including AIDS funding. Steve Michael, a member of ACT UP, attended the forum asking that the board increase funding for AIDS and establish a task force on the disease.

"Modest, Broad-Based Health Reform Bill Introduced in Senate" (Washington Post)

In the Senate Yesterday, a modest health reform initiative, with bipartisan support, was introduced. Sens. Nancy Landon Kassebaum and Edward M. Kennedy proposed legislation to make it easier for people to hang on to their insurance coverage if they get sick or change jobs. According to Sen. Kassebaum, "This bill would require private insurance carriers to compete based on quality, price and service."

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House Panel to Draft Bill On AIDS Tests of Newborns

Proposal Draws Fire From Health Groups

By KEVIN SACK

WASHINGTON, July 13 — Despite heavy opposition from medical groups and advocates for people with AIDS, leaders of the House Commerce Committee said today that they had agreed to draft bipartisan legislation that would require newborns to be tested for the virus that causes AIDS unless their mothers had been tested in pregnancy.

The agreement, announced during a committee vote on Federal AIDS financing, heightens the chance that Congress will approve a bill requiring states for the first time to conduct tests on some newborns for the virus, H.I.V.

The proposed legislation, which pits the privacy concerns of mothers against the medical needs of infected infants, has generated widespread debate in Washington and in several state capitals. The debate has been particularly heated in Albany, where the State Legislature has been paralyzed by the issue for nearly three years.

Most states have tested newborns for H.I.V. in an effort to track the spread of the disease. Parents were not told of the test results, meaning that some infected newborns went without treatment until physical symptoms led to the discovery of their illnesses.

A positive test result does not necessarily indicate that a newborn is infected with H.I.V.. The test may simply have detected antibodies passed from the mother to the infant. An estimated 7,000 of the 2.5 million babies born each year test positive for H.I.V. but only about 2,000 actually have the virus, Federal health officials say. Those with only the antibodies will test negative several months after the initial test.

What makes the testing issue nettlesome is that a positive test result always means that the mother is infected. The mandatory testing of newborns, therefore, is equivalent to the mandatory testing of new mothers.

The Commerce Committee seemed prepared today to pass an amendment that would force states to require H.I.V. tests for newborns or risk losing Federal funds for AIDS treatment and prevention provided under the Ryan White Care Act. That concept apparently has broad support in the House from members of both parties.

But in response to objections raised by the National Governors' Association and Governors like George E. Pataki of New York and Christine Todd Whitman of New Jersey, some members of the committee said they were unwilling to support legislation that would impose new costs on the states.

Other members objected to payments of Ryan White financing — a total of \$632 million a year — conditional on state support for mandatory testing of newborns.

The amendment's sponsor, Representative Tom Coburn, an obstetrician who was elected last year as a Republican from Oklahoma, withdrew it today after reaching agreement with Democratic and Republican colleagues to provide Federal money to pay states for the testing.

Some Democrats, including Representative Henry A. Waxman of California, said they hoped the ultimate agreement would use the

promise of Federal money as an incentive for states to require testing of newborns, rather than as a punishment for states that do not.

The committee passed the Ryan White bill unanimously today without the testing amendment. Mr. Coburn and the committee chairman, Representative Thomas J. Bliley Jr., Republican of Virginia, said they would work with Democrats to write the new testing proposal that would be submitted as an amendment to the AIDS financing bill on the House floor.

They said they expected it to receive overwhelming support. Representative Gary L. Ackerman, a Queens Democrat who has championed the issue but is not on the Commerce Committee, echoed that view.

The agreement to provide Federal financing for H.I.V. testing presumably will alleviate the fiscal concerns of state and local officials. But it has not lowered the strenuous opposition of advocates for people with AIDS and health experts who believe that the specter of mandatory testing may deter some pregnant women from seeking adequate prenatal and maternity care.

The American Medical Association, the AIDS Action Council and the Association of State and Territorial Health Officials all oppose the measure on those grounds.

Those groups also argue that the most effective means of preventing the transmission of H.I.V. from mother to fetus is to require doctors to advise their pregnant patients to be tested. Recent studies have shown that the risk of transmission can be cut to 8 percent from 25 percent if infected pregnant women take the drug AZT.

Last week, the Federal Centers for Disease Control issued new guidelines recommending that doctors counsel pregnant women to be tested. Those guidelines are now expected to become part of standard medical practice, and most pregnant women are expected to follow the advice of their physicians. The mandatory testing of newborns would only apply to the children of mothers who were not voluntarily tested.

Report Urges New Steps to Protect Blood Supply

By LAWRENCE K. ALTMAN

New steps are needed to prevent the disastrous spread of another dangerous infectious agent like H.I.V. because the ability of the nation's blood banking and public health systems to identify and guard against unknown microbes is weak, according to a report prepared for the Federal Government.

During the early years of the AIDS epidemic, the nation's public health system did not perform as well as it could have to prevent spread of the virus through transfusions of blood and blood products, said the report, by the Institute of Medicine of the National Academy of Sciences, issued yesterday.

This was because a failure of Government leadership in the Reagan Administration led to weak regulatory action, deficient communication to patients about the risks of acquiring AIDS through blood transfusions before a test for H.I.V., the virus that causes AIDS, was developed in 1985, and inadequate screening of blood donors, the report said.

The authors of the report reviewed the history of the contamination of the blood supply with H.I.V. in the early 1980's, and did not find that any official was responsible for the failed response.

But the report cited a number of documents illustrating finger-pointing and rivalries among Government agencies and private organizations such as the Food and Drug Administration and American Red Cross that delayed efforts to control the spread of H.I.V. through transfusions.

More than half of the 16,000 hemophiliacs in the United States and more than 12,000 patients who received transfusions of blood and blood products became infected with H.I.V. Some unknowingly transmitted the virus to their spouses, sexual partners and newborn children.

The first of the report's 14 recommendations called on the Secretary of Health and Human Services to designate a blood safety director to lead the Government's efforts and insure cooperation among the department's agencies. The report also recommended creation of a blood safety council to assess current and potential threats, devise strategies, and evaluate new methods to improve the safety of the blood supply. The nation's blood centers collect 20 million units of blood that are transfused into 4 million people each year.

To help the United States respond faster to threats to the blood supply, the report recommended that the

Centers for Disease Control and Prevention establish a surveillance system to "detect, monitor, and warn of adverse effects in the recipients of blood and blood products."

The report called on the Food and Drug Administration to develop a tougher regulatory approach, saying it lacked resources for enforcing blood safety standards and relied too heavily on industry cooperation.

The committee urged the Government to consider establishing a no-fault compensation system for people who suffer adverse consequences from the use of blood or blood products.

The report was commissioned by Donna E. Shalala, the Secretary of Health and Human Services, at the request of Senator Edward M. Kennedy, Democrat of Massachusetts, Senator Bob Graham, Democrat of Florida, and Representative Porter J. Goss, Republican of Florida.

"There is no doubt that during a time of great scientific uncertainty, our country's public health system missed opportunities to intervene" in the H.I.V. epidemic, Dr. Shalala said in a statement.

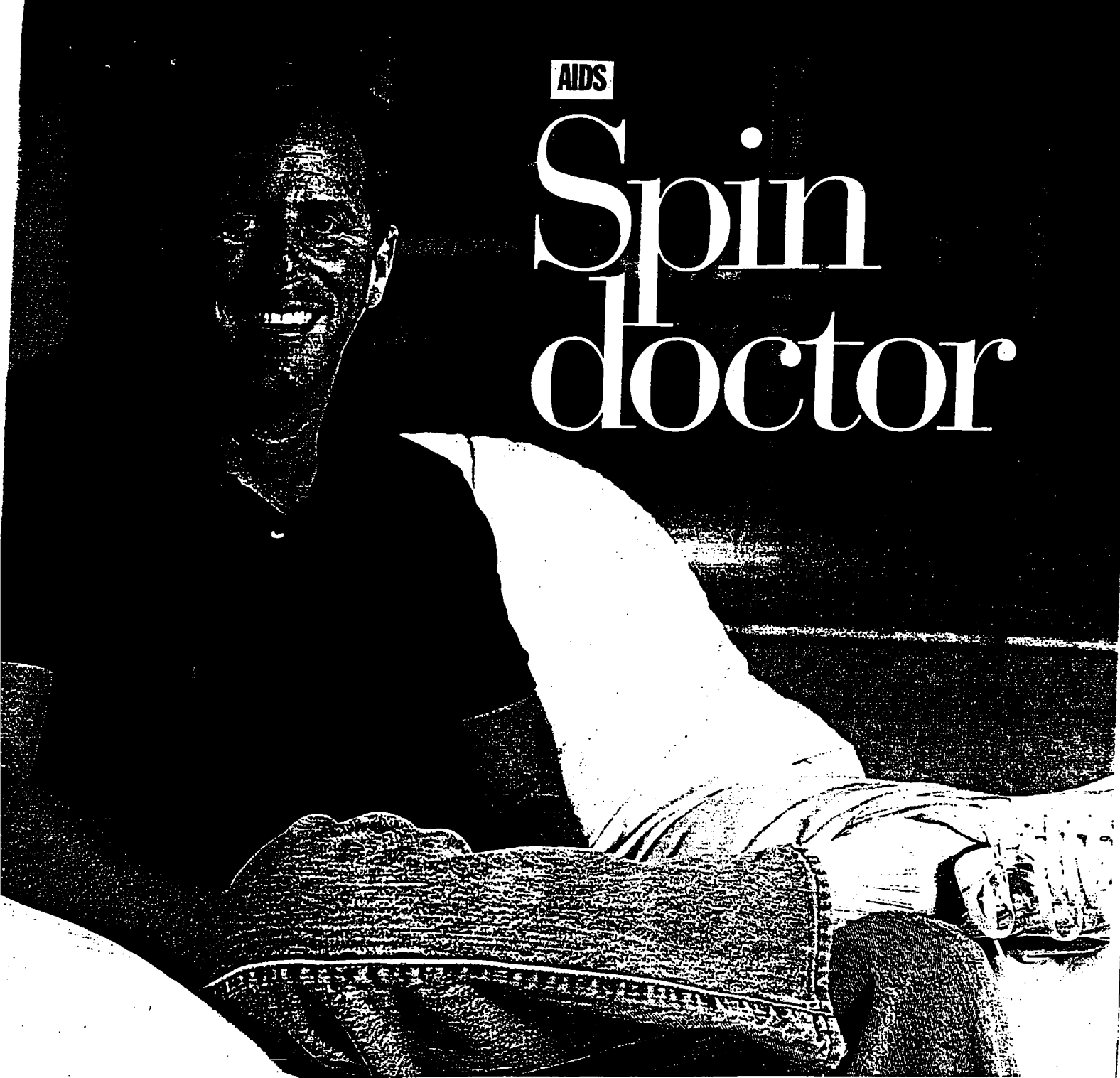
Many of the recommendations had been carried out and seven senior officials in her department have been asked to review the report and recommend further actions, Dr. Shalala said. "We embrace the goals" reflected in the report's recommendations, she said.

The National Hemophilia Foundation in New York City said the report provided additional reasons for Congress to pass a bill to create a special fund to assist people with bleeding disorders who became HIV infected in the 1980's.

In citing evidence of finger-pointing during the early days of the epidemic, the committee published an interoffice memo of the American Red Cross. It described C.D.C. agency in acting against the threat of blood-borne AIDS as a self-serving strategy to justify the agency's budget and insure its survival.

AIDS

Spin doctor



GREGORY ZABILSKI FOR THE ADVOCATE

The head of the newly formed presidential AIDS council stands poised to defend the panel against charges of irrelevance

By John Gallagher

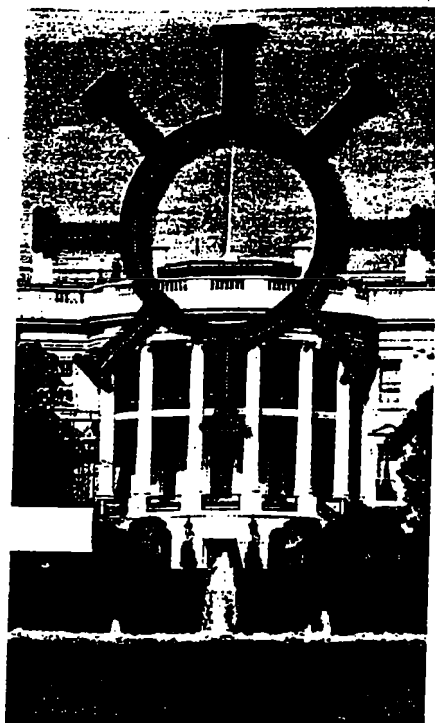
When White House officials announced the appointment of R. Scott Hitt as chair of the Presidential Advisory Council on HIV/AIDS June 15, hardly anyone was surprised—except Hitt himself. “I knew I was being considered for

the council but did not have any idea about the chairmanship until 24 hours before it was announced,” the 36-year-old physician says.

But the combination of Hitt’s political savvy and his support for Clinton made him an obvious choice to defend the panel against the inevitable criticism that it was redundant and the product of polit-

ical expediency. The appointment also signaled the doctor’s potential importance in the upcoming electoral battle next year, when Clinton will need to ensure that gay voters don’t stay home on Election Day. It was also a tacit acknowledgment of his role in Clinton’s past campaign.

“He and Hillary came up to the house in 1992,” Hitt recalls. “I have



All the president's mentors

Of the 30-member Presidential Advisory Council on HIV/AIDS, 23 members were announced on June 15, including Dr. R. Scott Hitt as chair. Others are **Terje Anderson**, Vermont; **Regina Aragon**, California; **Mary Boland**, New Jersey; **Nicholas Bollman**, California; **Robert L. Fegel**, Illinois; **Debra Fraser-Howze**, New York; **Kathleen M. Gerus**, Michigan; **Edward Gould**, California; **Phyllis Greenberger**, District of Columbia;

Bob Hattoy, California; **Carole laFavor**, Minnesota; **Jeremy Landau**, New Mexico; **Alexandra Mary Levine**, California; **Steve Lew**, California; **Altagracia Perez**, California; **H. Alexander Robinson**, District of Columbia; **Debbie Runions**, Tennessee; **Benjamin Schatz**, California; **Denise Stokes**, Georgia; **Sandra Thurman**, Georgia; **Charles Quincy Troupe**, Missouri; **Bruce G. Weniger**, Georgia.

had a chance to speak with him on numerous occasions, wearing lots of different hats."

But, Hitt clarifies, the position is "not something I applied for or lobbied for. It's something the president asked me to do."

Indeed, most of Hitt's many hats serve as premium qualifications for his new position. He has played a leading role in all the most important gay and AIDS organizations in Los Angeles: as a member of Access Now for Gay and Lesbian Equality, a local political group that meets monthly at his house; as a board member of AIDS Project Los Angeles, the AIDS Healthcare Foundation, and the Los Angeles Gay and Lesbian Community Services Center; and as a cochair of the Gay and Lesbian Victory Fund, which raises money for gay men and lesbians running for political office. Hitt has also been a partner since 1988 at Pacific Oaks Medical Group in Los Angeles, seeing hundreds of HIV-positive patients.

"I don't think there's an aspect of this battle that Scott hasn't been exposed to," says David Mixner, a friend and political ally of Hitt's who has also advised Clinton on gay issues.

The stated purpose of the AIDS council is to help President Clinton formulate policies to improve research, treatment, and prevention efforts that will help in the fight against the disease. Hitt refuses to speculate on the motivation or timing of the panel's creation. "I'm sure there are lots of reasons why this is happening," he says. "And I'm not really sure why it happened. I just care that it did and that we seize this opportunity to escalate the battle against AIDS."

However, the panel comes into existence just as Clinton needs to shore up support among disaffected gay voters. Combined with the meeting of gay and lesbian elected officials at the White House June 13 and the appointment of Marsha Scott as liaison to the lesbian and gay community the same day [see related story on page 26], the executive order that Clinton issued to form the council can be seen as part of a concerted effort to repair relations with gays and lesbians.

"Everything has been about timing with this administration—some of it incredibly poor," says William Waybourn, who stepped down in May as executive director of the Victory Fund.

Hitt can rub people the wrong way, says Waybourn: "Let's face it—Scott can be difficult. He can be short and abrupt. Not that he's aware he's that way. He's just a man on a mission. And there are times when it's advantageous to be difficult. Scott's one person who's going to be really pushy on this."

Hitt's blending of his political and medical interests has landed him in trouble in the past. In 1991 a gay man with AIDS accused Hitt of violating medical ethics when Hitt solicited support from him for a candidate for the California assembly. The man, who was being treated by a colleague of Hitt's, charged that Hitt acquired his name from the colleague. By relying on his influence with other doctors to find potential political supporters, the patient charged, Hitt had violated doctor-patient confidentiality.

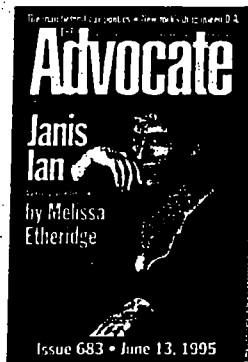
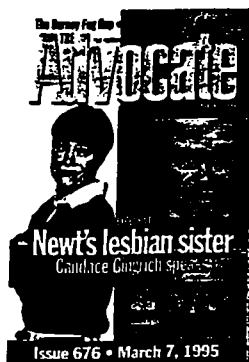
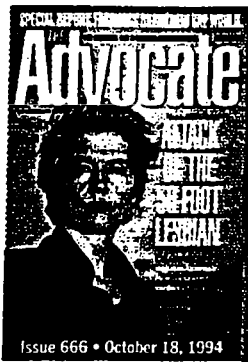
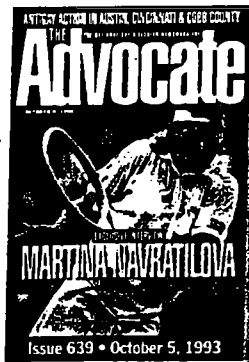
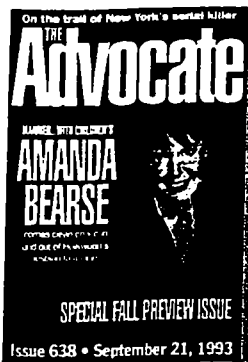
Hitt acknowledged that he had called the man but denied knowing that the man was gay or had AIDS, saying that the doctor had provided him with a list of possible supporters. The charges became public and led to an investigation by the State Board of Medical Quality Insurance, which eventually cleared Hitt of any misconduct.

Hitt's personal life has also seen difficulties. In 1992 his partner of 15 years, Alex Koleszar, admitted that he had a drinking and drug problem and entered a treatment program.

Hitt has a reputation in Los Angeles as a dedicated partyer. A 1994 *Los Angeles Times* profile said that "in rare moments" when Hitt isn't involved in his medical practice or political activities, "he's throwing parties." An annual pool party at his Hollywood Hills home is considered by many guests to be a highlight of Los Angeles's gay pride circuit-party calendar.

But Hitt maintains that the party-animal image is overblown—that most of the events in his home are political. "Our house is used for a

the Lesbian Interviews



- Issue 638 • September 21, 1993: *Married...With Children's* Amanda Bearse discusses her outing by the tabloids, being lovers with Sandra Bernhard, and motherhood.
- Issue 639 • October 5, 1993: Martina Navratilova speaks out about the joys of being a public lesbian, payouts to ex-lovers, and her newest off-court endeavor.
- Issue 666 • October 18, 1994: Culture critic Camille Paglia — who's been labeled a rebel, a demon, and merely the lesbian intellectual du jour — addresses her own critics.
- Issue 676 • March 7, 1995: Candace Gingrich, sister of the Republican House speaker, talks about politics, being outed by her mom, and Newt's views on homosexuality.
- Issue 679 • April 18, 1995: After six years of tabloid-outing hell, Chastity Bono, the daughter of Sonny and Cher, takes control and relates her own amazing story.
- Issue 683 • June 13, 1995: Janis Ian tells Melissa Etheridge about her early stardom, her friendship with Janis Joplin, her abusive marriage, and her happy, sexy new life.

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lot of events," he says. "We do a ton of fund-raisers and Election Night parties."

The panel itself has been the subject of criticism by AIDS activists who say they are weary of blue-ribbon commissions whose recommendations go nowhere. "We're tired of their commissions," says Stephanie Boggs, a member of the Los Angeles chapter of ACT UP. "It always seems that they appoint a commission to placate AIDS activists, and the dying just goes on."

And Anne Donnelly, public-policy coordinator for Project Inform, an AIDS treatment and advocacy group based in San Francisco, says, "Our main problem is that we're just not sure that this commission is any different from any of the others that have made great suggestions. We're tired of window dressing."

But Hitt says the panel has a narrower mission than past commissions. Instead of recording testimony from a variety of experts, the panel will ask a wide range of AIDS service providers for concrete suggestions. "This is not a study commission—it's a council on how to implement changes," he maintains. "It's supposed to advise the president about how government can better respond to the epidemic. I see the council as identifying what can be done quickly to build momentum. Our job is to find the best ideas out there concerning what the president can realistically do and ask him to act on those ideas."

Hitt concedes that the criticism of Clinton's AIDS record is at least partially justified. "He hasn't been as visible as he should have been," Hitt says. "I certainly see the creation of this council as an indication that something needs to be done differently. If they thought everything was being done well to this point, they wouldn't need this."

"If six months from now nothing has been done, there will be a lot of disappointment and a lot of anger, and that would be appropriate," says Hitt. But Donnelly is skeptical that anything can be accomplished in such a short period of time. "Not that people aren't working very hard," she says. "They are. But if anything happens in six months, I'll be surprised." ●

Control Board Meets—and Hears—the People

By Howard Schneider
and David A. Wise
Washington Post Staff Writers

The supplicants gathered from throughout the District yesterday to beg from, plead to and challenge the legitimacy of the new D.C. financial control board, which opened its tenure in charge of city finances with a bare-knuckled assault on 5,600 municipal jobs.

For 2½ hours—twice as long as scheduled—Chairman Andrew F. Brimmer, an economist, allowed all to tell him and four other presidentially appointed board members what they should and should not do to remake the District's government and finances.

Some argued over broad principles such as democracy and self-determination. Others sought protection for personal priorities: trash pickup, AIDS funding, public schools. Several voiced frustration about poor services and mismanagement in city government.

Underlying it all was a shared perception that the rules of engagement in the District have changed, as if calling the mayor's office or the D.C. Council were suddenly passé. They had come to meet the new boss.

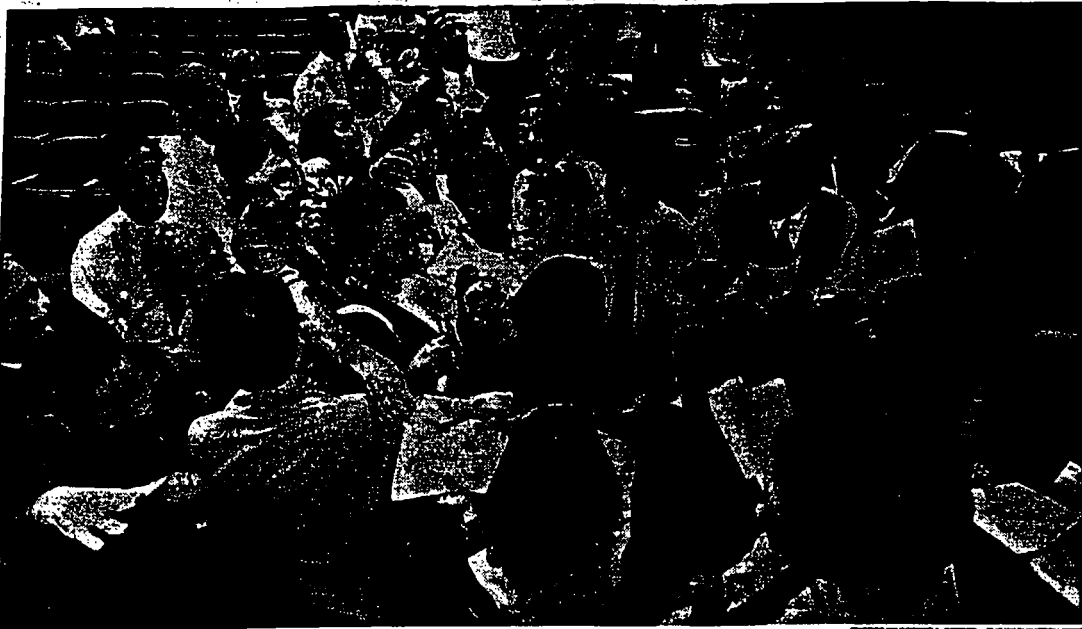
"You go to where the power is," said Steve Michael, who attended on behalf of ACT UP Washington to ask that the board increase funding for AIDS and establish a task force on the disease. "This is where the power is going to be for the next few years."

Michael was one of about 200 people who attended the board's debut. Since the board's appointment in May by President Clinton, there have been numerous private meetings with city officials and hours spent digesting analyses provided by the General Accounting Office. Yesterday, it was time to take off the wraps.

What appeared was a bureaucracy in the process of creating itself, still unsure of its own ground rules, its place in the city's life and the expectations it should raise among residents. It did not take long for the board members to define their interests. Real estate executive Stephen D. Harlan focused on the need for sound management in government, and former Howard University interim president Joyce A. Ladner appeared committed to the school system and emphasized the need for improved city services.

For his part, the professorial Brimmer tried to balance the public import of the board's work with his own clipped and no-nonsense manner. The former Federal Reserve Board member has criticized for saying he would hold many of his important discussions behind closed doors, and he tried to allay worries over secrecy by scheduling time for public comment.

Two and a half hours later, the man who had hoped to keep the discussion on a broad "macro" level had promised to forward one woman's disability claim to "the proper officials," had been quizzed by a road contractor about the city's payment of overdue bills and had his own integrity challenged by a union representative.



Below, Florence Paudyal (D), lobbyist for D.C. statehood, addresses the board. The board's first public meeting lasted twice as long as scheduled.

Below, Florence Paudyal (D), lobbyist for D.C. statehood, addresses the board. The board's first public meeting lasted twice as long as scheduled.

Members Joyce A. Ladner and Stephen D. Harlan take part in financial control board's first meeting.



MAJOR QUESTIONS ABOUT THE D.C. FINANCIAL CONTROL BOARD

Q: WHO IS ON THE BOARD?

As President Clinton appointed five members. They are: Andrew F. Brimmer (chairman), Joyce A. Ladner, Constance B. Newman, Stephen D. Harlan and Edward A. Singletary. They were appointed to maximum three-year terms and will not be paid.

Q: DO THE BOARD MEMBERS HAVE A STAFF?

As Yes; the board has an executive director (paid about \$115,000) and other staff members, all of whom will be paid out of the D.C. budget.

Q: WHAT ARE THE BOARD'S MAIN POWERS?

As The control board is the strongest such panel ever created to oversee a U.S. city. Among its powers, the board:

- ...is able to control District spending. It would require the city to balance its budget over four years and provide accurate records.
- ...can review all city contracts. It is required to review any contract of more than \$1 million and all future contracts with city unions.
- ...can recommend to Congress any changes in the structure of D.C. finances and government that it deems appropriate.
- ...must approve the mayor's choices for the new city positions of chief financial officer and inspector general. Only the board, not the mayor, will be able to fire those two people.
- ...can subpoena information, enter into contracts and borrow money from the U.S. Treasury on behalf of the city.

Q: HOW LONG WILL THE BOARD BE IN EXISTENCE?

As The board will oversee D.C. finances until the city balances four budgets in a row and repays all money that it borrows with the board's cooperation. The board is expected to remain into the next century.

"I ask you to resign from [the board of] Carr Realty" because of potential conflicts of interest, said Manny Pautrich, representing a janitors union that has been trying to organize Carr workers. He also asked that Harlan resign from the H.G. Smith Co., a real estate management and services firm that Harlan owns.

Both board members refused. There was a sedate air to the session that contrasted with the normal hustle and grind of District politics. The two dozen or so speakers were kept to a strict three-minute limit. The normally rowdy janitors group, which has laid siege to D.C. Council offices, stuck to subdued applause for its members.

The location helped. The meeting took place in a 370-seat auditorium in the Department of Agriculture building, a setting that emphasized the federally appointed board's reign over municipal affairs. The members sat on a stage dozens of feet above

and beyond the audience, bathed in lights, their voices amplified.

"I see no way for this board to exist and local self-government to exist," Lawrence Guyot, a community activist, said as he surveyed the scene from a podium.

When the board broke for lunch, the auditorium curtain closed.

End of act one.

An hour later the curtain opened. If Brimmer and the other members were ready to listen in the morning, by afternoon they were all business. They raved through a discussion of the board's bylaws and clarified that when it comes to conflicts of interest, they have power to police themselves.

They then took up the city's budget for the next fiscal year and within minutes did what members of Congress and locally elected officials have been talking about for years: They moved to cut thousands of jobs from the government payroll.

It was 5,600 positions to be exact, although because of vacancies and an

existing buyout program, the of people who might lose the only about 2,000. It was a deep leap into the thick of financial troubles, a sign that board will not be shy about authority. The board approved other recommendations before its first session late in the noon. All votes were unanimous.

"This is the first step in a series of steps," said Harlan, who emphasized that the city should immediately up an outplacement program for people who lose their jobs.

The recommendations must be filed by the D.C. Council in the next two weeks and could be rejected. But in doing so, local officials run the risk of simply being run over by Congress reviews the budget and of facing even more scrutiny from board members.

"There is going to be a firm board member Constance B. Newman said, "between our role as the role of elected officials."

BY DONALD BROWN—THE WASHINGTON POST

Modest, Broad-Based Health Reform Bill Introduced in Senate

By Judith Havemann
Washington Post Staff Writer

A year after the collapse of President Clinton's immense health care reform plan, a far more modest initiative with some of the same goals was introduced in the Senate yesterday, this time with the support of lawmakers from across the ideological spectrum.

Sens. Nancy Landon Kassebaum (R-Kan.) and Edward M. Kennedy (D-Mass.) proposed legislation to make it easier for people to hang on to their insurance coverage if they get sick or change jobs.

"While insurance reform alone will not cure all of the ills in the nation's

health care system," Kassebaum said, "it will require private insurance carriers to compete based on quality, price and service instead of by refusing to provide coverage to those who are in poor health and who need it the most."

The 44-page Health Insurance Reform Act of 1995 is a far cry from Clinton's 1,500-page Health Security Act that sought to provide universal coverage to all Americans. But the Kassebaum bill entered the legislative annals yesterday with the support of senators as liberal as Paul D. Wellstone (D-Minn.) and as conservative as Slade Gorton (R-Wash.).

"It is bipartisan, and its range of

co-sponsorship is the best news [for health care reform] on the page," said Len Nichols, senior research associate at the Urban Institute.

"In general," he said, "you should take what you can get in this world, and this bill will do some good and no harm."

The bill would:

- Limit to 12 months the right of insurance companies to refuse to sell an insurance policy to someone with a "preexisting condition." Health policy analysts say if insurance companies are forced to sell policies to anyone who walks in the door, many people will wait until they get sick to buy insurance, causing premiums to skyrocket.

The 12-month exclusion gives people an incentive to buy insurance, but it prevents the insurance industry from permanently excluding from coverage those who need it the most.

- Make insurance more portable by prohibiting, in many cases, any new "preexisting condition" limitations on workers who change jobs.

- Guarantee individuals and groups will be entitled to have their policies renewed as long as premiums are paid.

- Provide incentives for small employers and individuals to form private voluntary groups to negotiate for better rates for health insurance.

Kassebaum said as many as 25

million people could benefit from the legislation, according to the General Accounting Office.

"The issue of portability is very significant," said Josephine Musser, insurance commissioner for Wisconsin. Job lock—fear of changing jobs or starting a business because health coverage could be lost—"is a very serious and significant problem for people with health care needs."

At the same time, however, a health insurance industry executive raised concerns about some of the provisions of the bill.

John F. Troy, executive vice president of the Health Insurance Industry of America, said that while his organization "applauded the senators

for efforts to move forward on insurance reform, ... we have concerns about some features ... that might significantly increase premiums."

The bill sponsored by Kassebaum, who heads the Labor and Human Resources Committee, joins several health bills in the House that have important sponsorship by committee or subcommittee chairmen. These include a proposal to increase insurance portability by Rep. Bill Thomas (R-Calif.) that has the support of every member of his Ways and Means health subcommittee.

Other health measures by Reps. Harris W. Fawell (R-Ill.) and Bill Archer (R-Tex.) also have considerable support.

MEMORANDUM TO PATSY AND JEFF

From: Rachael Smith

Date: August 2, 1995

Re: 8/2/95 News

"On to Beijing" (Washington Post)

Nancy Pelosi writes in support of U.S. participation in the U.N. Fourth World Conference on Women. She writes extensively on the growing numbers of AIDS and HIV infection among women world wide and how it is not only destroying women, but their families, and the society at large. Pelosi strongly supports the efforts of a broad coalition of U.S. and international organizations involved in HIV prevention, who are planning a series of educational and outreach activities at the conference.

"Russian AIDS Law Delayed" (Washington Post)

A law which would require foreigners living or traveling in Russia for more than 90 days to present proof that they are not infected with HIV, has been delayed. The law would require that those who test positive or refuse to be tested, be deported. It would also require tests for refugees, prisoners, and those whose jobs involve extensive travel.

"Stamp Out Diseases, Not Programs" (Washington Post)

A government task force issued a report warning that Americans are far more vulnerable to infectious microbes than people realize. Causes for these increases include population shifts and growth, poverty, crowding, changes in ecology and climate, inadequacy of public health infrastructures, and a deterioration of efforts to monitor and respond to disease outbreaks in many parts of the world. The report refers to the AIDS epidemic as a case in point of an infectious disease going out of control.

Nancy Pelosi

On to Beijing

As the United Nations Fourth World Conference on Women approaches, there is strong support in the congressional leadership for withdrawing the U.S. delegation to the September conference, which is to be held in Beijing. The critics cite China's arrest of human rights advocate Harry Wu and its long history of human rights violations.

While the United States and other democratic nations must find ways to protest China's conduct, canceling U.S. participation in this year's largest and most important human rights gathering would be a mistake.

Many of the most pressing human rights challenges facing the world today—the economic, social, educational, health and political status of women—will be addressed at this critically important gathering of 40,000 people from every corner of the globe. Women and girls internationally face the gravest threats to the most basic human rights: the right to a clean environment, to a living wage, to full participation in political life, to be educated, to health, to freedom from violence.

Violence stalks women in war-torn areas such as Rwanda and Bosnia.

Rape, one of the most horrifying of all human rights abuses, has long been a systematic weapon of war. Survivors of rape not only face severe physical and psychological trauma and unwanted pregnancies, but many have also become infected with HIV, the virus that causes AIDS.

But AIDS threatens women in peacetime, too. In the field of AIDS prevention, the need to educate and help women protect themselves and their families from infection has become critically important. The course of the epidemic that has plagued both our country and the developing world has changed. The rate of HIV transmission for women is now higher than for men; by the end of the century, the number of women with HIV will have doubled. Worldwide, all women—including monogamous and married women—are becoming increasingly vulnerable to HIV infection. As women become ill, the families they care for suffer gravely, and the communities they support begin to unravel.

The destruction of family and social life has affected entire regions of Africa, where hundreds of villages have been decimated by AIDS. Asia,

hit later in the '80s by the epidemic, has a widespread commercial sex industry and now faces the epidemic in its full fury. And here in the United States, AIDS is now the number one killer of African American women in the 25-44 age group.

A broad coalition of U.S. and international organizations involved in HIV prevention is planning an extensive series of educational and outreach activities at the Beijing conference. Their purpose is to convince Beijing participants in all fields that the epidemic is a growing threat to the women of the world, and that HIV prevention can and must become an integral part of their efforts for women's rights and well-being. Because many Asian women community leaders and journalists will attend the conference, this coalition will have the opportunity to reach leaders and policymakers where the threat of the epidemic is now greatest. Prominent among these groups are organizations whose work is supported by the U.S. government and whose participation at the conference would be curtailed if this legislation is passed.

Some who testified last week against U.S. participation at the Bei-

jing conference have called it "anti-family." Nothing could be further from the truth. Those who work to improve women's lives are deeply aware that their efforts will fail unless they include the family context in which real women live their real lives. Finding ways to support the family in the face of AIDS has been the primary focus of many HIV prevention projects, particularly in the developing world.

We ask Congress for this: Support us in our efforts to improve the lives of the world's women and their families. We have critically important, life-affirming, family-supporting human rights work to do at the Beijing conference. As the country fights for the release of Harry Wu and for an end to human rights violations by the Chinese government, ensure that the United States takes the most active possible role in guaranteeing full human rights for all the citizens of the world by sending a delegation to the conference. For women, it is even more than a question of rights—it is a matter of life and death.

The writer is a Democratic representative from California.

Russian AIDS Law Delayed

■ MOSCOW—Implementation of an AIDS-prevention law that would require testing of many Russians and foreigners has been postponed because of controversy over its provisions.

The law, which has been denounced by international health and human rights groups, was scheduled to take effect today, but a Foreign Ministry spokesman said it would be delayed indefinitely. "These issues

are now being worked out to reflect the concerns of our foreign partners," the spokesman said.

Under the law, foreigners living or traveling in Russia for more than 90 days would be required to present proof that they are not infected with the virus that causes AIDS. Those who test positive or refuse to be tested would be deported. The law also would require tests for many Russians—including refugees, prisoners and those whose jobs involve extensive travel.

Health Ministry officials say 967 people here have tested positive for the virus and at least 156 have died of AIDS, but other specialists say the number of those infected is probably much higher.

—Associated Press

Stamp Out Diseases, Not Programs

A U.S. government task force that included representatives of more than 17 agencies, ranging from the Department of Defense to the Centers for Disease Control and Prevention, recently issued a strong warning that we are far more vulnerable to infectious microbes than we realize.

First, microbes have proven to be extraordinarily resilient, evolving and adapting and developing resistance to drugs. Second, the influx of humans into tropical forests and the crowding of mega-cities have exposed people to a variety of new and emerging diseases.

Old diseases such as tuberculosis, malaria, yellow fever, diphtheria and cholera are reemerging, and bacterial resistance to antibiotics has become a serious worldwide problem. The United States has seen a spate of new diseases, including Lyme and Legionnaires'. Hantavirus pulmonary syndrome, which was first identified on Indian reservations in the Southwest in 1993, has been reported in more than 20 states and in several other countries in this hemisphere.

The causes for these increases include population shifts and growth, poverty, crowding, changes in ecology and climate, inadequacy of public health infrastructures—including shockingly lax reporting and tracking systems by states—and a deterioration of efforts to monitor and respond to disease outbreaks in many parts of the world.

The Communication for Health Campaign, a group made up of medical professionals who have worked abroad, makes the point that diseases don't stop at borders. According to the group, "Immigrants harboring disease are a danger, but a much greater risk is the multitude of business, humanitarian, vacation and sports trips made regularly by active or affluent Americans or legal foreign travelers."

The need to think globally is important. Spokesman Chuck Woolery said group members have "seen the benefit that foreign aid dollars can bring to people internationally, and they are concerned that current isolationism is going to harm funds for those programs." The threat of imported epidemics of infectious diseases is a relatively new argument for continuing our foreign aid health efforts, but it is one of the most powerful.

The government report, issued under the aegis of the Committee on International Science, Engineering and Technology Policy, stated that

"diseases that arise in other parts of the world are repeatedly introduced into the United States, where they may threaten our national health and security. Thus, controlling disease outbreaks in other countries is important not only for humanitarian reasons. It also prevents those diseases from entering the United States, at great savings of U.S. lives and dollars."

The report cites AIDS as a case in point. This disease was identified in the United States in the early 1980s. But as early as 1962, African doctors apparently were witnessing cases of what they called "slim disease," now known to be a form of AIDS, in Uganda. Some health professionals are arguing that if a global health surveillance network had been in place, it might have identified the AIDS epidemic earlier and given researchers a head start on detection and prevention.

During the 1980s in the United States, federal and local spending on infectious disease control declined. In 1986, the surveillance system for tracking drug-resistant tuberculosis was discontinued. "Consequently, there was no warning signal when drug-resistant TB emerged in the late 1980s," the government report states. "This lack of early warning undoubtedly contributed to the more than \$700 million in direct costs for TB treatment incurred in 1991 alone."

The interagency task force called on the United States to continue its global leadership in these efforts. Instead, Congress is gutting the general international health funding that targets diseases such as malaria and TB and that improves nutrition and health care delivery. The fiscal 1995 general health fund appropriation was \$235 million. The House-passed version contains only \$9 million for 1996.

We have become complacent about frightening diseases at a time when microbes are proving more adaptable than we realized—when exotic and deadly viruses may be only a plane ride away. We can no longer afford to define national security in the irrelevant language of the Cold War. The real threat to national security today is more likely to come in the form of invisible microbes that travel quietly and can spread lethally. As we have come to realize with the AIDS epidemic, we are not remotely prepared to defend ourselves from these stealth killers. But what is truly bizarre is that we are dismantling some of the most cost-effective programs that can prevent these diseases in the first place.

July 24, 1995

MEMORANDUM TO PATSY AND JEFF

From: Vanessa Potkin and Rachael Smith

Re: July 22-24 News

"We're Here, We're Queer, We're Used To It" (Washington City Paper 7/21)

This editorial criticizes individual, activists, and the President for not ensuring the passage of the AIDS Care Act. "Mainstream groups like the National Gay and Lesbian Task Force, AIDS Action Council, the Human Rights Campaign Fund, and others will not criticize the President for this broken promise. Neither will they challenge him for setting up the **National AIDS Policy Office**, a powerless White House flack bureau, instead of a cabinet-level AIDS position which would coordinate national research and prevention, another 1992 Clinton platform."

"Appeal Planned on Condom Dispensing in Schools" (NYT 7/22)

Religious Conservatives are planning to appeal a decision by Massachusetts's high court to uphold the right of public schools to distribute condoms in the nurse's office or from a vending machine. The State Supreme Judicial Court said the decision did not violate parents' rights to guide their children's moral upbringing.

"ACT UP Members Arrested At Meeting" (The Blade 7/22)

Five members of ACT UP New York were arrested on 7/10 after trying to enter a closed meeting of a NIH Health panel on AIDS research. The ACT UP members were outraged that the meeting was closed to the public.

"Law Firm Helps Anacostia PWAs" (The Blade 7/22)

Hogan & Harston, a D.C. law firm, started providing no cost legal services to clients of the Whitman-Walker Clinic's Max Robinson Center in Anacostia. They will provide assistance in preparing wills, powers of attorney, and similar documents.

"Stress-Produced Hormone May Help HIV" (The Blade 7/22)

Researchers at the National Institute of Mental Health found that a hormone released during stress response, corticotropin-releasing hormone, may stimulate production of proteins that help viruses such as HIV to replicate.

"Gays PWAs Should Get Hepatitis Vaccinations" (The Blade 7/22)

Former U.S. Surgeon General C. Everett Koop and the National Foundation for Infectious Diseases are urging people with AIDS and sexually active gay men to seek vaccination for Hepatitis A.

"Senate Debate Bill on AIDS Treatment" (NYT 7/22)

The Senate is now considering a bill that would renew the Ryan White Care Act. Senator Jesse Helms has vowed to fight the bill insisting it is not for AIDS research. "This money is distributed and a great bunch of it goes to homosexual organizations."

"One Woman's Campaign to Stop AIDS" (Washington Post 7/22)

Rae Lewis Thorton told teenagers from Mayor Marion Barry's Youth Leadership Institute that she has contracted AIDS as the result of having sex without using condoms more than a decade ago. She urged youth to "think before you have sex."

"Dole Sets Date for Senate to Vote on Ryan White"(The Blade 7/22)

Dole has scheduled for today floor time in the Senate for a vote on the Ryan White Care Act reauthorization Act. He has been criticized by many for not bringing it to the floor sooner. So far, there are 60 co-sponsors of the bill.

We're Here, We're Queer, We're Used to It

MAYBE ACT UP WASHINGTON'S Steve Michael is a loud-mouthed maniac and a menace to Bill Clinton, animal rights activists, the local gay establishment, and others ("Loose Lips," 7/7). But Michael is absolutely right on several points. After 15 years of this epidemic, we've settled into a mixed state of apathy, frustration, and contentment with the AIDS status quo.

Consider the AIDS Cure Act, New York Rep. Jerrold Nadler's House bill, the Manhattan Project research effort Clinton promised to

THE MAIL

support in 1992 and then forgot. According to an April 12 *Washington Blade* story, the act is "not being actively supported by mainstream AIDS groups, but organizations such as ACT UP Washington have called repeatedly for its passage." Incredibly, the dozens of groups and thousands of individuals who organize, participate in, and donate to all those AIDS memorials, fundraisers, walks, etc., refuse to demand that their elected officials enact the one proposal that might bring the plague to an end. It's not that people are against the AIDS Cure Act. It's seldom even discussed in the queer press.

Mainstream groups like the National Gay and Lesbian Task Force, AIDS Action Council, the Human Rights Campaign Fund, and others will not criticize the president for this broken promise. Neither will they challenge him for setting up the National AIDS Policy Office, a powerless White House flack bureau, instead of a Cabinet-level AIDS position which would coor-

dinate national research and prevention, another 1992 Clinton platform. These organizations don't want to jeopardize their hard-won access to the administration. In other words, we finally have a queer-friendly president; let's not antagonize him by asking him to do anything.

If the rumors are correct that ACT UP Washington has only three or four members, then ACT UP Washington does not exist, since ACT UP stands for "AIDS Coalition to Unleash Power," and four people who hold no public meetings do not a coalition make. Where are all the people enraged by Clinton's half-assed response to AIDS, who are terrified by the threat to the Ryan White AIDS Care Act, who felt betrayed when the Clinton Department of Justice refused to side with queers in an upcoming Supreme Court case which will decide whether their First and Fourteenth Amendment rights can be rescinded by popular vote (Colorado's Amendment 2)? If

Steve Michael is such a pill, why have we left him all the important work?

Scott McLarty
Mount Pleasant

Appeal Planned on Condom Dispensing in Schools

BOSTON, July 22 (AP) — Religious conservatives plan to appeal a decision by Massachusetts's highest court upholding the right of public schools to distribute condoms in the nurse's office or from a vending machine.

The State Supreme Judicial Court, in a unanimous decision on Monday, said the distribution did not violate parents' rights to guide their children's moral upbringing. The court noted that students were not required to receive condoms.

Opponents of the program cited a contradictory decision by a New York court in saying that the issue should be decided by the United States Supreme Court.

"We will not allow the opinion to go unchallenged," said Jay Sekulow, counsel for the American Center for Law and Justice, a Virginia group founded by the religious broadcaster

The moral teachings of parents vs. efforts to prevent the spread of AIDS.

Pat Robertson. "Schools have an obligation to accommodate the religious and moral teachings of parents."

The case before the Massachusetts court involved schools in Falmouth, on Cape Cod, though schools in other communities are also distributing condoms. The center is representing parents and students who sued the Falmouth School Committee over its plan. The Falmouth program also provides pamphlets on

sexually transmitted diseases, and school officials stress that abstinence is the only sure method for avoiding such illnesses.

Massachusetts recently approved an AIDS-prevention curriculum that mentions condoms, ending a torturous four-year process in which the Regents seesawed between religious groups that disapproved of any mention of condoms, and experts and advocates for people with AIDS who said there was not enough discussion of them.

In New York City, parents can prohibit their children from participating in the condom distribution program in high schools. The school board adopted the plan after its original distribution plan had been ruled unconstitutional by the Appellate Division of the Staten Island Supreme Court. The Appellate Division, in Brooklyn, said the plan violated the rights of parents.

ACT UP members arrested at meeting

by Lou Chibbaro Jr.

Five members of ACT UP/New York were arrested Monday, July 10, at the Hyatt Regency Hotel in Bethesda, Maryland, when they tried to enter a closed meeting of a National Institutes of Health panel on AIDS research.

Montgomery County police charged the ACT UP members with trespassing.

The arrests came shortly after about 70 members of ACT UP/New York and ACT UP/Philadelphia arrived at the hotel to protest a decision by NIH officials to close a meeting of the AIDS Research Evaluation Working Group. The group operates under NIH's Office of AIDS Research.

"We are outraged that a taxpayer-funded meeting is closed to the public," said ACT UP/New York member Louis Bossing. "The public deserves to know what obstacles exist in AIDS research and why there is no cure in sight for this disease," he said.

Wendy Wertheim, senior adviser for the Office of AIDS Research, said NIH rules call for closing meetings of various panels when confidential information is discussed. She said the AIDS Research Evaluation Work Group is not an advisory

panel, for which federal rules call for open meetings, but instead is a group that carries out "operational functions" for NIH.

ACT UP's Bossing said the July 10 meeting was the group's first session and officials should have invited a "broad range of scientific and community views."

He said the activists began demonstrating outside the meeting room when Dr. William Paul, director of the NIH Office of AIDS Research, refused to let them attend the meeting. Hotel security officers then escorted the protesters out of the hotel.

Bossing said the arrests took place when five ACT UP/New York members attempted to lead the larger group back into the hotel.

NIH officials have noted that they have appointed Kiyoshi Kuromaya, a member of ACT UP/Philadelphia, to serve on the AIDS Research Evaluation Working Group.

Bossing said ACT UP considers the appointment a result of its "intensive pressure campaign" to get an AIDS activist appointed to the panel.

"One voice, however," he said, "is not enough." ▼

Senate Debates Bill On AIDS Treatment

By The New York Times

WASHINGTON, July 22 — The Senate has begun considering a bill that would renew the Ryan White Act, which provides Federal money for the care and treatment of people with AIDS, and Senator Jesse Helms has vowed to fight the bill and the "homosexual lobby" that he said wields inordinate power on Capitol Hill.

Mr. Helms, a North Carolina Republican, said on Friday that the Senate was "rushing this bill through" without anyone knowing what was in it. The Ryan White Act, which authorizes more than \$3 billion in spending over the next five years, was named for an Indiana teen-ager who died after contracting AIDS through a blood transfusion. Unless renewed, the act will expire on Sept. 30.

"This is not for AIDS research," Mr. Helms said. "This money is distributed, and a great bunch of it goes to homosexual organizations."

The Human Rights Campaign Fund, which lobbies on behalf of issues affecting gay men and lesbians, said in a statement on Friday, "Jesse Helms declared war on Ryan White today." The statement added that the Senator "is allowing his intense, obsessive prejudice against gay people to cloud a debate that should be about the deliverance of much-needed care."

Stress-produced hormone may help HIV

A hormone produced by stress may stimulate production of proteins that help viruses such as HIV to replicate, researchers at the National Institute of Mental Health in Bethesda, Md., report in the July journal, *The Lancet*.

The researchers indicated that a hormone produced during stress response, called corticotropin-releasing hormone (CRH), attaches itself to immune cells and stimulates production of small regulatory proteins, called transcription factors, that help viruses reproduce.

Transcription factors, in conjunction with CRHs, may also switch on genes that start the cancer process, according to the *Lancet* article. "CRH is one of many stress-responsive substances that influence response to pathogens and susceptibility to disease," the researchers said.

Earlier this year, research teams in the United States and France looked at the role of cortisol, another hormone produced in the adrenal gland that ordinarily helps fight stress. Both research teams found that cortisol seems to help HIV reach cells and may aggravate AIDS symptoms by suppressing a person's immune response.

The researchers said that "there is still a long way to go," and that further research is ongoing.

Gays, PWAs should get hepatitis vaccination

Former U.S. Surgeon General C. Everett Koop and the National Foundation for Infectious Diseases (NFID) are urging people with AIDS and sexually active Gay men to seek vaccination for hepatitis A, a contagious viral infection of the liver.

The hepatitis A virus (HAV) is transmitted by ingestion of contaminated food or water. Potential sources of infection include raw or undercooked shellfish, salads, fruits, ice or food washed in water contaminated with feces carrying HAV, or by food handled by an infected food handler. In Gay men, HAV is most commonly spread by fecal-oral contact, such as in "rimming." There is no cure for hepatitis A, which is one of the most common viral infections in the United States — 143,000 reported cases each year.

Hepatitis A symptoms, which can last up to one year, include jaundice (yellowing of the skin and eyes), dark urine, vomiting, diarrhea, fatigue, abdominal pain, and appetite loss. For people with AIDS, hepatitis A can be deadly.

The NFID estimates that as many as 20 percent of people infected with HAV experience relapses that can last as long as 15 months.

"There is no cure for hepatitis A, but this debilitating illness can and should be prevented through vaccination," said Koop in a July 12 press conference in Bethesda, Md. "I urge those persons at risk to consult their physicians about being vaccinated. There's no excuse for getting hepatitis A."

To obtain a free informational brochure on hepatitis, call 1-(800) VAX-9585.

—José Zuniga

"By the time you walk across the stage for high school graduation, I'll be dead."

—Rae Lewis-Thornton to a 14-year-old



BY KEITH JENKINS—THE WASHINGTON POST

After speaking to a group of D.C. teenagers about how AIDS has changed her life, Rae Lewis-Thornton, 33, right, talks one-on-one with Ardrena Diggs, 17.

One Woman's Campaign to Stop AIDS

By Debbi Wilgoren
Washington Post Staff Writer

If things in her life had continued as planned, Rae Lewis-Thornton would have been standing in front of an audience of 150 District teenagers yesterday as a symbol of what they should become.

The daughter of heroin-addicted parents, Lewis-Thornton, 33, was raised by an alcoholic grandmother in a poor Chicago neighborhood. She motivated herself to excel in high school, college and graduate school.

Experts such as Jesse L. Jackson and Sen. Carol

Moseley-Braun (D-Ill.) shaped her talent for political organizing. By the late 1980s, Lewis-Thornton was part of Washington's young African American elite with a bright political future.

But yesterday, the chic young woman with a preacher's voice and manner told teenagers from Mayor Marion Barry's Youth Leadership Institute that her accomplishments have become irrelevant.

She has AIDS, the result of having sex without using condoms more than a decade ago, she said.

"By the time you walk across the stage for high school graduation," she told a 14-year-old who a

moment earlier had snickered at her blunt admission, "I'll be dead."

For the next 65 minutes, the youth and his peers, who are being paid minimum wage in a city-sponsored program meant to teach leadership skills, sat spellbound. Many nodded slowly as Lewis-Thornton begged them not to repeat her mistakes.

With street-corner candor, she told them she'd never had one-night stands but began having sex at age 13 with boyfriends who, at the time, she believed she loved.

She always dated the best and the brightest,

See LEWIS-THORNTON, C4, Col. 1

Woman's Mission Is to Deliver AIDS Message

LEWIS-THORNTON, From C1

Mercedes-driving, \$900-suit-wearing, degree-holding" men she described as the opposite of the stereotypical AIDS carrier.

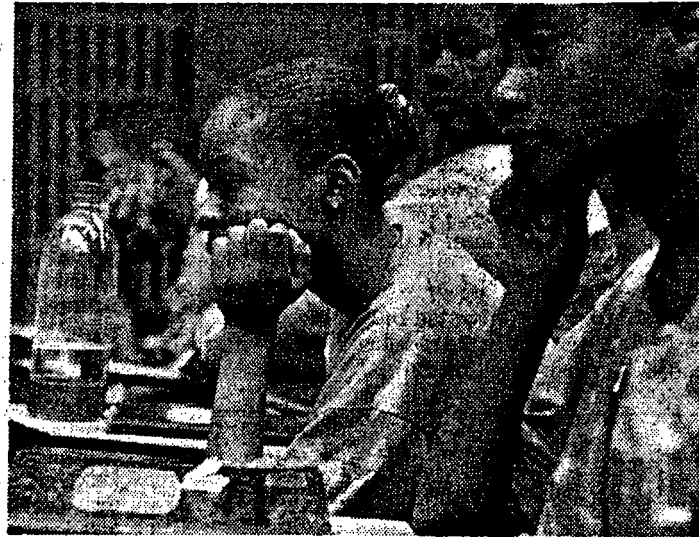
Yet one of them—she still does not know who—passed the virus to her. Lewis-Thorton said none of the former boyfriends she contacted after her diagnosis in 1986 ad-

"She changed my whole view" about having sex.

—Devon Williams
Banneker High School student

mitted having the disease.

She promised to answer any question the teenagers had the guts to ask and proved it by describing the chronic fatigue and painful infections that are part of her illness; the anguish in deciding not to have a baby with her husband of the last 11 months, whom she met through her church; their struggle to maintain a sex life despite her disease. Her greatest fear, she said, is growing too sick to dress herself or go to the bathroom on her own.



Youth Leadership Institute participants Susan Marrow, left, and Salena Taylor, both 14, listen to Rae Lewis-Thornton's warning about AIDS.

She gave the group the following advice:

Think before you have sex—oral or vaginal. Young men should always wear latex condoms, and young women should not receive oral sex without covering their genitals with non-microwaveable plastic wrap (the Whitman-Walker Clinic says a latex shield works equally well).

If you have had sex, you should be tested for the virus—whether

you have had one partner or 10. Lewis-Thornton credited the medical treatment she has received since her diagnosis with allowing her to live this long.

By the time Lewis-Thornton finished, the program had run a half-hour over schedule, but the students lingered in the auditorium of the University of the District of Columbia to give her a standing ovation. Devon Williams, 15, said she was struck by Lewis-Thornton's insis-

tence that sex is not appropriate for every relationship.

"She changed my whole view," said Devon, a student at Banneker High School. Devon said she has had sex but now plans to abstain "until I feel as though I've figured everything out."

Devon's friend, 14-year-old Demetria Rogers, said she is a virgin who probably won't have sex for a long time. But when she does, she said, she'll be thinking of Lewis-Thornton's advice.

It was exactly the result Lewis-Thorton said she wants and the reason she has spent the last year speaking in Chicago—where she has returned to live—and across the country at any church, school or organization that will have her.

She considers it a ministry, one that has replaced her carefully cultivated dreams of running political campaigns and teaching political science at a respected university.

"Do you know how sad it is for me that the Democratic convention is coming to my home town next year and I'm not gearing up for it?" Lewis-Thornton asked in an interview.

"That's no longer a goal for me. My life has taken a second turn. I will spend the rest of my life talking about HIV and working to prevent it."

National News

Dole sets date for Senate vote on Ryan White

House committee unanimously OKs reauthorization

by José Zuniga

Senate Majority Leader Bob Dole (R-Kan.) announced July 13 that he has scheduled floor time July 24 for a vote on a Ryan White CARE Act reauthorization bill in the Senate. Also July 13, the House Committee on Commerce gave unanimous approval to a similar bill in the House reauthorizing the act at unspecified funding levels for the next five years.

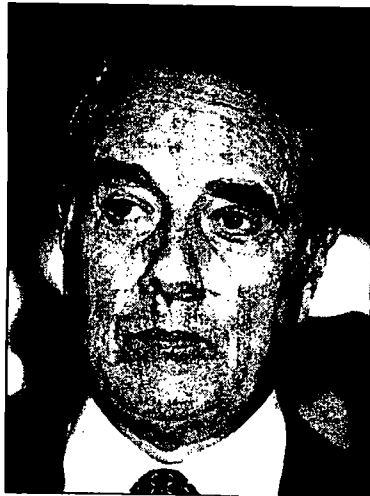
The Ryan White CARE Act of 1990 will expire in September unless reauthorized by Congress before then.

Senate Majority Leader Dole had faced increasing criticism from AIDS advocates for not bringing the Senate's version of a Ryan White reauthorization bill to a floor vote — even when he had more than 60 co-sponsors, including himself, for the bill. The reason, most AIDS advocates speculated, was that Dole was trying to avoid a face-off with Sen. Jesse Helms (R-N.C.), who earlier this month said AIDS funding should be cut because AIDS is spread "by people deliberately engaging in unnatural acts."

Helms last month placed a "notify" on the bill so that when it comes up for a vote on the Senate floor he may offer amendments. With 63 co-sponsors, Dole has the votes necessary to invoke cloture — a formal Senate procedure to terminate extended debate — which could end any attempts at filibuster made by the vociferously anti-Gay senator from North Carolina. Under Senate rules, if three-fifths, or 60 of 100 members, are in favor of ending debate, cloture may be invoked.

"Dole has proven the activists wrong again," said Rich Tafel, executive director of Log Cabin Republicans, a Gay organization. "By scheduling floor time to vote, he has proven he is not a prisoner of Jesse Helms or the far right."

Winnie Stachelberg, senior health policy advocate at the Human Rights Campaign Fund (HRCF), said Monday that Dole's move to schedule a vote is a direct



by Clint Steib

Senate Majority Leader Bob Dole has scheduled floor time July 24 for a vote on Ryan White.

result of pressure from constituents to see Ryan White reauthorized.

"Sen. Dole has responded to a national outcry," said Stachelberg, who is also co-chair of National Organizations Responding to AIDS (NORA). "I believe that the majority leader heard what the country was saying about how important the Ryan White CARE Act is for thousands of men, women, and children and responded by scheduling time to debate this important piece of legislation."

Stachelberg added that the goal of AIDS advocacy groups in the next week is to line up senators in support of the bill, and keep the bill clean of anti-Gay amendments "that would preclude funding from going to organizations that Sen. Helms claims 'promote homosexuality.'"

In the House, the House Commerce Committee voted to approve the Ryan White CARE Act, but only after first-term Rep. Tom Coburn (R-Okla.) withdrew a controversial amendment that would have denied funds to states that refuse to require testing of all newborn babies whose mothers have not been tested for the HIV antibody.

Aimee Berenson, legislative counsel at AIDS Action Council, said Coburn relented only after pressure was placed on

Senate bill co-sponsors

Following is a list of the 63 senators serving as co-sponsors for S-641, the Senate's Ryan White CARE Act reauthorization bill scheduled for a floor vote July 24. Thirty-eight co-sponsors are Democrats, and 25 are Republicans.

Bill co-authors

Sen. Nancy Kassebaum (R-Kan.)
Sen. Edward Kennedy (D-Mass.)

Republican co-sponsors:

Sen. Robert Bennett (Utah)
Sen. Ben Nighthorse Campbell (Colo.)
Sen. John Chafee (R.I.)
Sen. Dan Coats (Ind.)
Sen. William Cohen (Maine)
Sen. Larry Craig (Idaho)
Sen. Alfonse D'Amato (N.Y.)
Sen. Mike DeWine (Ohio)
Sen. Bob Dole (Kan.)
Sen. Bill Frist (Tenn.)
Sen. Slade Gorton (Wash.)
Sen. Orrin Hatch (Utah)
Sen. Mark Hatfield (Ore.)
Sen. James Jeffords (Vt.)
Sen. Dirk Kempthorne (La.)
Sen. Richard Lugar (Ind.)
Sen. Frank Murkowski (Alaska)
Sen. Bob Packwood (Ore.)
Sen. Alan Simpson (Wyo.)
Sen. Olympia Snowe (Maine)
Sen. Arlen Specter (Pa.)
Sen. Ted Stevens (Alaska)
Sen. Strom Thurmond (S.C.)
Sen. John Warner (Va.)

Democratic co-sponsors:

Sen. Daniel Akaka (Hawaii)
Sen. Joseph Biden Jr. (Del.)
Sen. Jeff Bingaman (N.M.)

Sen. Barbara Boxer (Calif.)
Sen. John Breaux (La.)
Sen. Richard Bryan (Nev.)
Sen. Dale Bumpers (Ark.)
Sen. Thomas Daschle (S.D.)
Sen. Christopher Dodd (Conn.)
Sen. Byron Dorgan (N.D.)
Sen. Russel Feingold (Wis.)
Sen. Dianne Feinstein (Calif.)
Sen. Wendell Ford (Ky.)
Sen. John Glenn (Ohio)
Sen. Tom Harkin (Iowa)
Sen. Howell Heflin (Ala.)
Sen. Ernest Hollings (S.C.)
Sen. Daniel Inouye (Hawaii)
Sen. J. Bennett Johnston (La.)
Sen. Robert Kerrey (Neb.)
Sen. John Kerry (Mass.)
Sen. Herb Kohl (Wis.)
Sen. Patrick Leahy (Vt.)
Sen. Carl Levin (Mich.)
Sen. Joseph Lieberman (Conn.)
Sen. Barbara Mikulski (Md.)
Sen. Carol Mosley-Braun (Ill.)
Sen. Daniel Moynihan (N.Y.)
Sen. Patty Murray (Wash.)
Sen. Claiborne Pell (R.I.)
Sen. David Pryor (Ark.)
Sen. Harry Reid (Nev.)
Sen. Charles Robb (Va.)
Sen. John Rockefeller (W.Va.)
Sen. Paul Sarbanes (Md.)
Sen. Paul Simon (Ill.)
Sen. Paul David Wellstone (Minn.)

him by senior committee members who objected to the amendment after seeing Congressional Budget Office (CBO) estimates saying mandatory testing of newborns would be expensive.

"In the end, the reason for the withdrawal was because there was substantial concern around the state governors' opposition to unfunded mandates and a CBO cost estimate saying it would require additional funding," explained Berenson. "Coburn very clearly was waging an all out war ... [and] was not interested in any compromise, until there was pressure from the committee leadership to back off."

Rep. Gerry Studds (D-Mass.) said he applauds the committee's apparent commitment to Ryan White.

"I applaud the strong partisan support this act has received," said Studds, who is a Commerce Committee member and one of three openly Gay members of Congress. "Notwithstanding the recent comments of some public figures, most of us recognize that the AIDS virus is indifferent to prejudice. It does not discriminate by race or sexual orientation."

A full House floor vote on Ryan White reauthorization has not yet been scheduled, but it is expected before the House goes on recess Aug. 5.

News

Transplant patient Eddie Levine dies

Subject of *Blade* profile dies while waiting for heart

Eddie Levine, 46, a D.C. Gay man who shared with readers of the *Washington Blade* his experiences about waiting for a heart transplant died of heart failure Wednesday, July 19, in the intensive care unit at Fairfax Hospital. His life companion, Jack Keegle, was at his side.

In a feature story in the July 14 *Blade*, Levine told how he had been on a waiting list for a new heart since November 1993. This week, Levine became part of the 25 percent of the nation's heart transplant patients whose hearts give out before a new one can be found.

He said in an interview three weeks ago that he knew a severe shortage of organ donors meant there was a chance that a heart would not be found in time for him. But he and Keegle, 54, who have been a couple for 23 years, said they chose to be optimistic. The two said they set their thoughts to the question of when, not if, a new heart would become available.

On Tuesday, Levine's blood pressure began to drop to a dangerous level, prompting his doctors to prescribe the last remaining drug available that could prolong his heart's ability to keep him alive. Levine knew from his own reading on heart transplant procedures that the drug, Primacor, would only have a short term effect. Levine also knew that if a new heart did not materialize within a few weeks he would have to undergo surgery to be hooked up to a left ventricular device, a heart pumping machine used as a final effort to keep patients alive while they await a transplant.

Although patients are usually conscious and alert while on the ventricular device, Levine told his doctors he was reluctant to begin the Primacor treatment.

"He really wasn't ready to go that route," Keegle said.

Levine told his doctors he wanted to take a walk so he could think about what he should do next. Like he had for the past two months, he got out of bed, arranged the tubes and wires, and walked along the corridors, pulling his cart behind him.

Shortly after he returned to his room, his vital signs began to falter, with his blood pressure continuing to drop. At that point he agreed to undergo the Primacor treatment. However,



by Clint Steib

Eddie Levine said Fairfax Hospital considered them a "married couple."

er, according to Keegle, the drug did not succeed in reversing Levine's faltering heart muscle.

Levine was transferred to the hospital's intensive care unit at about 4 a.m. Wednesday. Linda Ohler, the hospital's heart and lung transplant coordinator, said Levine went into cardiac arrest about three hours later. Ohler said a team of doctors and technicians sprung into action, attaching Levine to life support machines. But she said they could not get his heart to resume pumping. Levine died shortly after 7 a.m.

Keegle said doctors told him that it would not have made a difference if Levine had agreed to begin taking Primacor at the time his doctors first prescribed it.

Keegle said the drug simply did not do what it was supposed to do — keep Levine's heart pumping.

Ohler said Levine was the third heart transplant patient at Fairfax Hospital to die this week while waiting for a heart.

"Our surgeons were shocked when they heard the news about Eddie," said Ohler. "They thought he had reached a plateau and would remain stable."

Added Ohler, "It is so very frustrating to us. We have the knowledge and we have the technology but we don't have the material — the organs — to keep people like Eddie alive."

A viewing and brief service will be held for Levine today, Friday, July 21, from 1 to 2 p.m. at Rapp Funeral Services, 933 Gist Ave., Silver Spring, Md. Directions for finding the funeral home can be obtained by calling (301) 565-4100.

— Lou Chibbaro Jr.

LOOSE LIPS®

Mercurial D.C.'S GAY AIDS activist Steve Michael, aka Unabomber

C.'s answer to the Unabomber, is running president of the United States. That's the punch line.

But a growing number of people won't find much humor in Michael's candidacy, including President Bill Clinton, Rep. Steve Gunderson (R-Wis.), Ward 2 D.C. Councilmember Jack Evans, Logan Circle Advisory Neighborhood Commissioner Bob Ebel, the city's gay establishment, the Washington Blade, People for the Ethical Treatment of Animals (PETA), and landlords trying to collect rent and damages from their former tenant just to name a few.

All of the above have been targets of Michael's menacing tactics and tirades, outbursts that sometimes degenerate into shoving, punching, and beer-throwing. Local gay leaders denounce Michael, the head of ACT UP Washington, as "ineffective." Opponents frequently use much less complimentary terms like "lowlife," "bottom-feeder," and "terrorist" when discussing their nemesis. But almost no one will slam Michael on the record for fear of retaliation.

"There is a species of AIDS terrorist somewhere near the bottom of the food chain that is to be found at the bottom of this epidemic," observes a prominent gay leader, "and Steve Michael is to be found at the very bottom."

"This is more than just somebody who is mildly eccentric. But people won't speak up because they are genuinely afraid," he says.

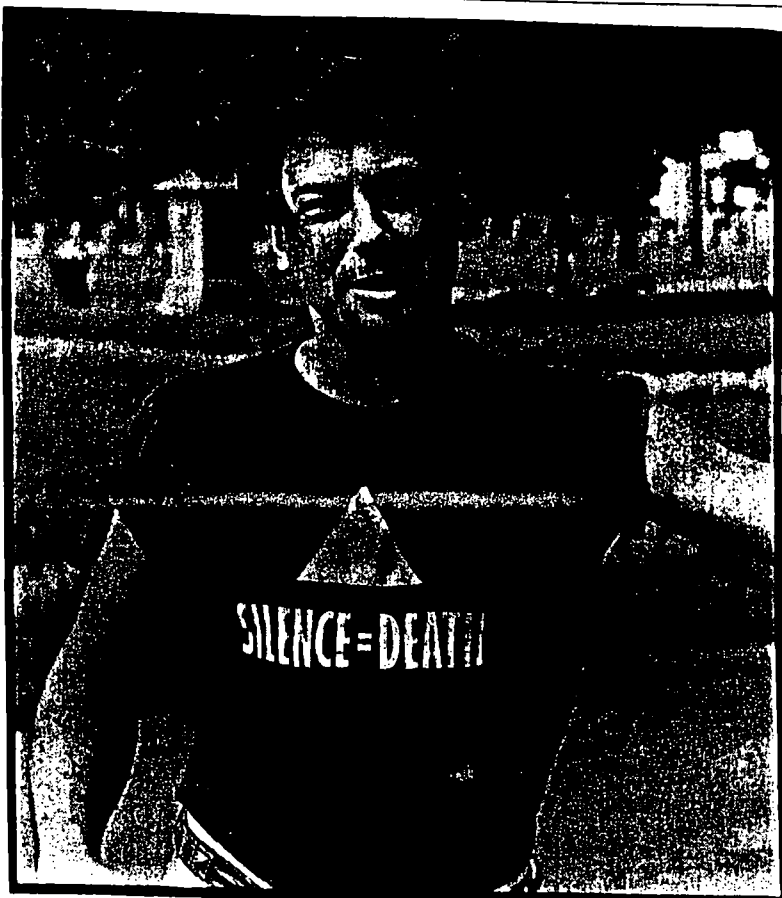
The aspiring president's reputation for violence was reinforced June 22 when Michael was arrested for attacking a group of PETA demonstrators. Michael was charged with assaulting the activists as they picketed against meat-eaters outside Trumpets restaurant on Q Street NW. Michael said he confronted the animal rights protesters over an AIDS issue: PETA opposes animal tests in medical research, and scientists are using animals to investigate AIDS drugs. In an interview following his latest altercation, Michael dubbed the PETA demonstrators "spoiled brats who put the life of a lab rat above the lives of those with AIDS."

The good news for Clinton—who's no doubt quaking at the prospect of facing Michael in the New Hampshire primary—is that Michael couldn't even collect the 25 signatures he needed last fall to place his name on the ballot for the Logan Circle Advisory Neighborhood Commission (ANC) elections. The bad news for the president is that Michael is running in the Democratic primary primarily to hold Clinton accountable for the promise he made during the 1992 campaign to launch a Manhattan Project-style search for an AIDS cure. Clinton made that pledge after Michael and other gay activists dogged him around the country during that campaign, extracting promises on a number of gay issues.

To call Michael a long shot would amount to flattery—it's roughly equivalent to saying Michael Jackson is a long shot to knock out Mike Tyson. It also gives the avid self-promoter the kind of publicity he constantly craves. Michael says he aims to win 300 delegates in the primaries and secure a spot onstage for himself during next year's Democratic national convention in Chicago.

"If I get 300 delegates, then we're there, and AIDS has 20 minutes on national television during prime time," says Michael, who plans to announce his candidacy later this month.

Given Michael's track record, President Clinton should worry less about losing con-



Silence isn't Steve Michael's problem—just the opposite, in fact.

vention delegates to the AIDS activist and more about having a suit ruined by a Michael assault. Clinton should consult with Rep. Gunderson. Last December, Michael doused Gunderson with beer at the Green Lantern gay bar. Gunderson, now described in the gay press as a "self-admitted" homosexual, has been the target of activists for the past five years for refusing to reveal his sexual preference and work actively in Congress on AIDS and other gay issues.

Michael denies that he is violent; he says he's just angry at people who divert his attention and energy from the AIDS crisis. "I do not take kindly to people who stop our work and make us deal with things that don't matter to me," he says. "That's what I get furious over; you've stolen my time."

"If that seems violent, or sounds violent, fine," he adds.

Councilmember Evans is another local politician who has incurred the wrath of Michael. When Evans failed to mention AIDS in his constituent newsletter last year, Michael launched a recall effort, but failed to collect enough signatures from Ward 2 voters to force a special election. A second attempt failed when the deadline for collecting signatures passed at the end of May, but Michael is threatening to try a third recall campaign.

But no one has angered Michael as much as Logan Circle ANC Commissioner Ebel, who succeeded in getting Michael's business, the Thrift Shop, closed down last year for numerous trash and fire code violations. The firm, which had been located at 1337 14th St. NW, bought furniture, clothing, and other items from AIDS victims at little or no cost and resold them, ostensibly to raise money for AIDS programs. But LL could find no local AIDS organizations that received money from the shop or from the newspaper, *Fag Boy News*, that Michael says he publishes for the same purpose. Local gay leaders speculate that Michael and two or three friends, who account for most of the membership of ACT UP Washington, lived off the Thrift Shop's proceeds. Michael claims that the enterprise, which he refers to as the AIDS Resource Center, was making a profit of several thousand dollars a month before it was shut down. But he bristles at the question of where the money went and

refuses to answer.

"I'm an AIDS activist. I'm in the streets fighting for people with AIDS every day," he replies irately.

After Ebel complained to city inspectors about the Thrift Shop's messiness, Michael launched a campaign to recall the ANC commissioner, claiming that Ebel "planted" mattresses, furniture, and garbage behind the Thrift Shop because Ebel is "homophobic." Ebel vehemently denies that charge.

Michael's recall of Ebel fizzled—he didn't collect enough signatures—and the activist then filed to run against the Logan Circle ANC commissioner in last fall's elections. But he was forced to run as a write-in candidate because—guess what?—he failed to gather the 25 needed signatures from registered voters to qualify for the ballot. Michael campaigned vigorously, plastering Logan Circle and environs with posters proclaiming, "Ebel Is Evil." He also aligned himself with Luther Place Memorial Church in the battle with Logan Circle residents, including Ebel, over the church's controversial shelter for homeless women. The Rev. John Steinbrink of Luther Place, eager for allies, embraced Michael's support in the community battle.

But Michael lost the election, and subsequently was evicted from his residence and his business on 14th Street for nonpayment of rents at both locations. After Michael's departure, the landlords found their properties trashed. At one, cement was poured down the toilet. But neither landlord has taken Michael to court: They're scared he might strike back. Michael filed for bankruptcy in 1994 to forestall his creditors.

"He's a very angry, nasty, and, I think, sick, person," offers a worried Logan Circle resident, "but we're all very scared about retaliation."

Michael is now carrying the banner for the Crow Club, a 24-hour hangout for gay men. The club, down the block from Michael's former business, has been attacked in the gay and straight community as just another sex club where safe-sex practices are being ignored. But Michael defends it as "an important venue" for disseminating AIDS education and safe-sex information.

"That's why it is under attack," he claims.

This all seems like a dubious background

from which to launch a national political campaign, but Michael vows to proceed, undaunted by all the "hits" he says he is taking for being an AIDS activist. Besides, he plans a few hits of his own against anyone who endorses Clinton's AIDS policies.

"You don't defend this president's record on AIDS and not expect a hit from us," he warns.

With Michael, that could mean anything from a tongue-lashing to a beer in the face to cement in the plumbing.