By Leslie Dutton, AAW President

The California FBI sting implicated both Democrats and Republicans. Corruption is rampant and the two party system is dead. Low voter turn-outs say it all.

When legislators vote almost unanimously to conceal the identity of people who carry the deadly AIDS virus from doctors, nurses, paramedics, sexual partners and victims then there is something is wrong in Denmark.

RIGGED VOTES

Lopsided votes like the one on AIDS confidentiality in 1985 (AB 403 & AB 488) are not uncommon, as demonstrated with the unanimous passage of the phoney FBI sting legislation.

The major cause of the demise of our two party system are attorneys who dominate the "political" scene as legislators and manipulators. Attorneys without morals, without conscience who have sold us out to the highest dollar.

The "granddaddy" of political law firms whose partners control the California Republican Party have publicly admitted they represent clients from all spectrums of the political arena.

Nielson, Merksamer, Hodgson, Parrinello & Mueller has offices in San Francisco and Sacramento.

Chip Nielson, founding partner of the firm acknowledged in a 1983 Sacramento BEE article his firm "represents all Republicans in the legislature, one-fourth of all Democrats and three-quarters of all lobbyists representing major corporations and organizations."

HOMOSEXUAL CLIENTS

Voters would be surprised to know who some of the Nielson clients are.

Continued page 9
For the first time in recent history all three conservative Supervisors in Los Angeles County supported a "Pro-Family" coalition of Black community leaders organized by Ezola Foster (AAW So. Central L. A. Chairman).

The supervisors soundly rejected a proposal from the County Commission on AIDS last August, that would have taxpayers fund a free condom and bleach kit program for drug addicts, as part of the AIDS prevention program.

Supervisor Ed Edelman whose district includes the City of West Hollywood with a huge homosexual population, introduced a motion to approve the program. However after testimony was heard, Supervisor Kenneth Hahn who had intended to second the motion refused to do so. The program was opposed on moral, ethical and legal grounds. Mrs. La Vonne Gordon of the Black-Americans for Family Values told the supervisors "If the county provides drug addicts with paraphernalia (bleach kits) it would be tantamount to condoning drug use."

Regina Klines, President of United Women in Christ said that she had "never seen a drug addict responsible enough to even remember to bleach their needle before drug use."

But the final and most conclusive testimony came from Ezola Foster who told the Supervisors... "before this day is over we'll know whose for Family Values and who's for the perverts, that's for sure."

Mrs. Foster turned to Supervisor Hahn, whose district is primarily Black and Hispanic, and said... "Supervisor Hahn, you know how we all love you and trust you in the Black community... but we are shocked that your office would be in bed with the homosexual community on this." Most major newspapers in the Los Angeles area had editorialized in favor of the proposal. This was clearly a victory for the "pro-family" movement.

The political clout of Republican homosexual activists was reinforced solidly last September at the State GOP convention in San Diego.

In a deliberate conspiracy to shut out a "Pro-Family" resolution to limit homosexual political clout within the party, all but one Republican official refused to respond to certified letters seeking their endorsement.

Each Republican State Assemblymen, Senator, U. S. Congressmen and U. S. Senators received a certified letter from the AAW's "Pro-Family" coalition asking them to return an endorsement card well over one month in advance of the convention.

The resolution which was co-sponsored by the AAW, Black-Americans for Family Values and Californians for Community Morals, called for protecting family values within the Party. The measure would have imposed a ban on party recognition for any political group based on "sexual preference".

It also called on Party leaders to take legal action to prevent a homosexual coalition known as UNITED REPUBLICAN CLUBS OF CALIFORNIA (URC) from using the name "Republican" in any mailings which attempt to influence voters on ballot measures or candidate campaigns.

During a heated session of the Volunteer Club Committee meeting, homosexuals were pitted against mothers from South Central Los Angeles who said they left the Democratic Party because it had turned it's back on families. The committee voted unanimously 17-0 to prevent the measure from going to the convention floor.
AIDS in 1991 range from $50 billion to $119 billion based on studies prepared by the Rand Corporation and other research institutes.

WILSON voted for the “Civil Rights Restoration Act” approved by Congress this year. The Act bestows the same “Rights” to AIDS victims as afforded to minorities, elderly and handicapped, which bars discrimination in employment and housing to people diagnosed with AIDS.

WILSON again joined with the “AIDS LOBBY” in California by opposing Proposition 102 on the California ballot (the Gann “AIDS” Initiative). This measure, if approved, will require doctors to report all AIDS infections to public health authorities.

PETE WILSON has also opposed the pro-family positions. As co-author of Senate Bill 1366 with Senator EDWARD KENNEDY, WILSON fought successfully for federal funding to establish the controversial school based “Sex” clinics on high-school campuses.

These school-based “sex” clinics have received funds partially by the Robert Wood Johnson Foundation (Johnson & Johnson) which produces Ortho contraceptive pills and other birth control devices. The school based clinics have been vigorously opposed by pro-family organizations who object to dispensing contraceptives and abortion referrals to children.

The WILSON/KENNEDY bill also provides funding for on going programs such as “Planned Parenthood” which have come under fire by pro-family groups for immoral and indecent content of their sex education curriculum.

At a time when sexual promiscuity is blamed for the spread of the deadly AIDS virus and sexually transmitted diseases, parents are objecting to questionable school programs which promote rather than discourage sexual activity among young people.

AAW Protesters call for “Family Values” Platform at the State Headquarters of the GOP. From Left: 26th Congressional candidate Brodie Broderson, Ezola Foster, Tina Alvarado, Rev. Doris Hampton, Leslie Dutton, Regina Klines, and Vannessa Jones.
DEANE DANA: HOMOSEXUAL PUPPET

Los Angeles County Supervisor Deane Dana again bowed to pressure from the homosexual lobby. On Tuesday, October 25, 1988, he cast the deciding vote on the Board to oppose Proposition 102 (the Gann AIDS initiative) on the November ballot.

Proposition 102 will mandate that doctors will report all AIDS infections to public health authorities and require contact tracing and partner notification. All organized homosexuals oppose this initiative because over 90 percent of all AIDS cases are homosexual or bisexual males in California.

Dana has received support from MECLA (Municipal Elections Committee of Los Angeles), one of the most powerful homosexual political groups (PACS) in the country.

Dana’s campaign manager, Ron Smith, is credited with orchestrating the homosexual take-over of the San Francisco Republican Central Committee earlier this year. Smith is one of the most prominent Gay activists in California and a campaign contributor to homosexual PACS.

COUNSEL DEDICATED TO FAMILY VALUES

David M. Liberman

Grandparents, conservatives, homemakers and church members involved in the fight for “family values” may find themselves in need of a First Amendment legal specialist.

Today’s debate in California on public policy and “the family” pits the “new establishment” and “intellectual elite” against “traditional values”. Growing political pressure on government and employers to bestow legal status on unmarried partners of like and unlike sexes promises to escalate the public debate and the need to protect the First Amendment Rights of families.

David M. Liberman, is the legal counsel for AAW’s Stephanie Kennedy and Ezola Foster. He specializes in First Amendment Rights and religious liberty cases.

A twenty-year leader of the Hare Krishna Temple, Liberman and his faith’s doctrine are dedicated to the sanctity of “the family” as a fundamental part of life. The Krishna faith is opposed to use of drugs and all forms of intoxicants, including tobacco and they promote the philosophy that sex is for producing children only.

As a Krishna devotee and leader, David Liberman is a vegetarian and is deeply concerned about the rights and humane treatment of animals. He is closely following court cases where problems with “informed consent” and the psychological consequences of abortion have resulted in “post traumatic stress disorder”.

SUPERVISOR Deane Dana

KNX 1070 NEWSRADIO

EDITORIAL REPLY

KNX Newsroom - 8121 Burnet Avenue, Los Angeles, California 90068 - (213) 480-8878 / KNX Channel

Reply to “Deciding What’s Sewt”
December 16, 1987
K87-203

Spokesperson: Stephanie Kennedy, Advisory Board Member,
American Association of Women

Los Angeles County is the smut and filth capital of our nation, which produces and distributes 80 percent of all hard-core pornography.

A recent, but long overdue, pornography protest by religious leaders resulted in a County Board of Supervisors motion which will do nothing concrete in the battle against pornography.

KNX supported part of that proposal calling for the County District Attorney to set up a task force to prosecute pornographers under existing statutes, applying local community standards.

As a former L.A. Commissioner on Obscenity and Pornography, I can testify that local community standards have never been enforced. Now that our state and federal governments are subsidizing the distribution of obscene and pornographic AIDS education materials, it is unlikely that our District Attorney will initiate any prosecution.

The smut peddlers recently won a major battle when the Federal Communications Commission ruled obscenity can be broadcast after midnight.

Where is the outcry from religious and moral leaders now that the FCC has turned over the public air waves to smut peddlers?

And where is KNX now that our standard of community morals has been caved in by the deviates who manipulate our Federal Communications Commission?
A former member of the Los Angeles County Commission on Obscenity and Pornography whose term was not renewed following an altercation with the Los Angeles County Board of Supervisors is suing Supervisor Deane Dana, the county and members of the commission for more than $350,000, claiming they violated her civil rights by censoring public communications relating to the dissemination of allegedly obscene materials to Los Angeles school children.

According to David M. Liberman, attorney for Stephanie Kennedy, of Rancho Palos Verdes, the commission’s operating rules that state in part “no commissioner as a representative of the commission will engage in a personal dispute in public about any issue being discussed by the commission,” and that any commissioner violating this provision “will be subject to censure by the commission,” violated Kennedy’s rights of free speech when she was officially censured during a closed session for informing the public of her plan to introduce an emergency ordinance banning allegedly obscene AIDS educational material from county schools.

In connection with her proposed resolution Kennedy informed several women’s organizations, including the American Association of Women that her resolution would be proposed at the May 28, 1988 meeting, which she introduced during the public comment portion, and encouraged members of the AAW and Black-Americans for Family Values to speak supporting the ban of the materials that included an AIDS education pamphlet titled “Can We Talk?” that with the use of graphic cartoons and slang discusses safe or unsafe homosexual sexual contact.

In her complaint, filed June 23, 1988 in Los Angeles Superior Court, Kennedy claims that the commission met in closed session immediately after the May 28 meeting and officially censured her for exercising her constitutional rights of speech that were contrary to the commission’s operating rules of silence. Although the censure was later rescinded, the damage to Kennedy’s reputation was already done by the censure that caused her embarrassment and humiliation as well as the $1,700 cost of another attorney she hired to represent her during the censure, said Liberman.

As a result of her censure, although the commission eventually supported her resolution, Supervisor Deane Dana, who appointed Kennedy to the pornography commission in 1984 and renewed in 1985 and 1986, decided not to renew her for a fourth term. “Stephanie was merely fulfilling her civic duty on a matter of immediate public concern. This has a chilling effect on first amendment rights,” said Liberman.

“and their policy is something that will stifle public debate and public discussion of very, very important issues that are concern to the entire community.

Leslie Dutton, president and executive director of the AAW supports Kennedy’s efforts and alleges that Supervisor Dana removed her from the commission because he gets thousands of campaign dollars from gay rights organizations who opposed Kennedy’s resolution. Dutton says that rather than educate children about safe sex practices, the AIDS pamphlets in question are written and designed to indoctrinate and acquaint children with homosexual lifestyles with which they are yet unfamiliar.

“We are for education, but when you’re dealing with children you have to be very careful about how you talk about the problems connected with AIDS. These pamphlets are a recipe for disaster,” said Dutton, “and we should tell children that anal sex is wrong because it results in disease and death and what we have now is a homosexual agenda being promoted in the schools.”

Dutton said she was dismayed at the commission’s non-renewal of Kennedy’s term. “Stephanie Kennedy is a courageous person who stood up for what she felt was right to try to do something about this in Los Angeles County, and we’re just shocked to see that the pornography commission not only did nothing to protect our community from pornography, but when one commissioner tried to do something, she was removed.”

In addition to $1,733 in previous legal fees, Kennedy is asking the defendants pay $100,000 for her emotional distress and loss of reputation due to the public censure, and $250,000 punitive damages because they “maliciously” violated her constitutional right of free speech.
By Norma Watson, R.N.
Nat'l Assoc. of Philippine Nurses
A Congressional Investigation of the American blood industry is long overdue. The recent revelations by the Food and Drug Administration (FDA), that the American Red Cross released 2,400 units of AIDS and Hepatitis tainted Blood during the last six months from 30 of the 56 blood centers is absolute documentation of this necessity.

The unconscionable profits, greed and monopolistic attitudes generated by the American blood industry have substantially overshadowed the health and safety concerns that should be exhibited an unregulated industry.

We must change the "old boys" network; that rewards federal bureaucrats for services rendered with lucrative jobs in the blood industry when they leave government positions in the FDA.

The Red Cross blood scandal was exposed only due to pressure placed on the FDA by oral testimony presented to the "Presidential Commission on AIDS" regarding the safety of our nation's blood supply by Leslie Dutton, President of the American Association of Women, Dr. Edgar Engleman, Stanford University, Dr. Thomas Asher, PhD, HemaCare Corp., and Dr. Ross Eckert, Claremont College.

The Presidential Commission's panel on Blood Safety was chaired by Dr. Cory Servaes, and the testimony presented by these four experts documented the failure of the blood industry to adequately address the AIDS epidemic and the contamination in our blood supply.

The ensuring report by the AIDS Commission to President Reagan called for the immediate hiring of 68 additional FDA inspectors to conduct an unannounced, six month audit of the Red Cross centers to determine if the blood supply was safe.

These actions were taken and the disclosure that 2,400 units of tainted blood had been released "due to computer error" was documented. The released tainted blood should have been destroyed or discarded immediately under existing FDA regulations, but was not. This raises the question "why not"?

Write to your Congressman and Senator to have this question answered by a Congressional investigation of the blood industry.

In spite of the fact that Mrs. Foster was a registered guest of the hotel and a registered delegate to the GOP convention, she was arrested, charged and required to post $500 bail.

After all charges were dismissed against her, Mrs. Foster filed a civil rights lawsuit against the Hilton Hotels Corporation for false arrest, false imprisonment and deprivation of her Civil Rights.

Hilton Hotel security guards asked Mrs. Foster and approximately thirty-five, mostly Black, campaigners who were with her to leave the hotel while they were attempting to communicate with other delegates. They were trying to garner votes the "pro-family" resolution which she had introduced. The measure called for a ban on "party" credentials for political groups on basis of "sexual preference" which she claimed was in conflict with "Family Values". Mrs. Foster was dragged from the convention registration area by Anaheim City Police as Party leaders looked on. She was held at the Anaheim police station, in custody, for over three hours. Others named in Mrs. Foster's civil rights lawsuit are the California Republican Party and the City of Anaheim and arresting police officers.

AAW'S EZOLA FOSTER organized black community leaders who successfully opposed the AIDS Commission's free condom and bleach give away.
Dear Friend,

The powerful movie and entertainment industry is the force behind establishing civil rights for AIDS carriers. In California over 90 percent of all AIDS cases are homosexual and bisexual males.

AIDS is costing billions and threatens our Social Security and disability funding. By the year 1991 the cost of AIDS could reach $119 billion, according to some studies.

Sweden has already started a "containment" program for drug addicts who have AIDS. They are kept on a beautiful island in Stockholm Harbor.

Yet here in California both political parties cater to the homosexual political network who oppose mandatory testing, partner notification or any means of identification of AIDS carriers.

The American Association of Women has been tracking public policy on the AIDS epidemic since 1984. We have testified before the American Blood Commission, the Presidential AIDS Commission and public health platforms.

We are sending you this newsletter so you can read about what the AAW is doing and learn for yourself the truth about "the politics of AIDS".

We must restore decency and morality to our country. We cannot tolerate the filth and smut and homosexual propaganda which is bombarding our homes on television and in the public schools. Enough is enough!

Please send us a contribution in the enclosed remittance envelope so we can continue the fight. You will receive our next newsletter exposing the "special interests" who manipulated the Presidential AIDS Commission report to President Reagan.

The AAW is on the front lines but your help is needed if we are to win this battle.

Please include your telephone number if you would like to help us.

Sincerely,

Leslie C. Dutton
President
CBS CENSORS AIDS DEBATE

American Association of Women
NEW YORK
WASHINGTON, D.C.
LOS ANGELES

Leslie C. Deaton
President & Executive Director
2210 Wilshire Boulevard, Suite 134
Santa Monica, California 90403
(213) 995-0244

Leslie C. Deaton Editorial Reply
KCBS-TV Editorial, 5/8/84
February 1, 1988

California politicians have been responsible for developing a
diastastous public health policy on AIDS. Both the Democrats and
Republicans overwhelmingly passed a 1983 law to conceal the identity of
AIDS carriers, even from physicians, healthcare workers and exposed sex
partners.

Legislators formed a California AIDS Advisory Committee in 1984
which has been dominated by homosexual activists.

Two chairman of this AIDS committee have told the press they
tested positive for the AIDS virus. Bruce Decker, Governor
Deukmejian's appointee is repeatedly quoted as saying he is the
Governor's "House Fairy." Meanwhile, gay bathhouses continue to
spread the deadly AIDS virus via anonymous sexual encounters.

It is time to take politics out of the AIDS epidemic. What
California does not need is another Statewide AIDS Commission
appointed by politicians.

The American Association of Women urges non-homosexual physicians
to step forward with some swift and sane public health proposals to
contain the AIDS epidemic.

It's time we quit letting the inmates run the asylum.

###

RIGHT TO PUBLIC SEX?

Homosexual access to public "the reason people go to the parks
for casual sexual encounters (for sex) to begin with is that gay men
has become an issue in California. In cities such as San Francisco, San
Diego and Los Angeles public parks
and rest rooms are a popular meeting
place for homosexual men. In
Los Angeles over 400 lewd conduct
arrests have been made in the
Ferndell area of Griffith Park so far
this year.

According to a HERALD EXAM-
INER article in September, Thomas
J. Coleman Jr. legal services direc-
tor for the politically powerful Gay
and Lesbian Community Services
Center blamed "homophobia" behind
the police sweeps and demanded
that the raids be stopped.

Coleman told the HERALD that

KCBS-TV Channel 2 in Los Ange-
les has censored the AIDS debate by
refusing to air the AAW editorial reply (left).

AAW was refused us the right to
freely criticize public officials on the
California AIDS Advisory Commit-
tee, which is a Constitutional pro-
ected right of free speech.

KCBS-TV claimed that AAW state-
ments would be slanderous, even
though the very same statements
had been published in the Los Ange-
les TIMES regarding the public offi-
cials in question.

On September 9, 1985 the TIMES
article written by Ted Vollmer re-
ported that Bruce Decker, Chair-
man of the California AIDS Advisory
Committee "is an avowed homosex-
ual" and tells new acquaintances he
is (California Governor)
"Deukmejian's House Fairy."

Again on July 4, 1987, a TIMES ar-
ticle written by Richard Paddock
stated "Decker, a Republican who
noted that he has tested positive for
exposure to the AIDS virus."

In another separate incident KNX
Radio in Los Angeles which is also
owned and operated by CBS out of
New York, as is KCBS-TV, cen-
sored the AAW on the AIDS issue.

In December of 1987.

KNX refused to run four public serv-
vice, paid commercials prepared by
the AAW on the subject of AIDS
public health policy. The air time
which was donated to the AAW was
worth approximately $19,000.

According to KNX management the
commercials were "too controver-
sial" to be placed on the air. The
messages provided "contrasting"
viewpoints to other public service
announcements being aired by pro-
homosexual organizations.
PROFILE OF AN AIDS "EXPERT"...MATHILDE KRIM, PhD

By Leslie Dutton

Traditionally, public health epidemics have been controlled by using some form of "discrimination" to identify the infected and to protect the uninfected population.

In the case of AIDS however, "discrimination" has become a primary rallying point for those who champion protection for individuals who are the carriers of the deadly AIDS virus rather than the uninfected.

One of the most prominent AIDS "experts" fighting the use of discrimination in public health policy on AIDS is Mathilde Krim, PhD. of the American Foundation for AIDS Research (AmFar).

PUSHED FOR LEGISLATION

Mathilde Krim's intense lobbying of the Presidential Commission on AIDS was responsible for their recommendation to President Reagan for a Federal Anti-Discrimination law to protect AIDS victims. The President rejected this idea and opted for "federal regulation" rather than legislation.

One of the reasons for Krim's effectiveness has been her good communications skills on television and her close ties to the movie and entertainment industry, which has been devastated by the AIDS epidemic.

It is generally acknowledged that homosexuality, promiscuity and drug use, which are blamed for the spread of AIDS, are widespread and concentrated in the entertainment industry.

The financial impact of AIDS on the entertainment industry is growing with increased health care costs for the studios. The industry faces the possibility of losses due to the stigma of AIDS victims. Films and television programs featuring sexually promiscuous behavior may well become unacceptable as the AIDS virus moves into the general population.

As co-founder of AmFar with Elizabeth Taylor, Krim is described in a 1986 MS. Magazine article as "an expert politico" having been active in the civil rights movement and with "top drawer" political connections.

DEMOCRATIC PARTY

Krim's connections are due in part to her husband, Arthur Krim, who is a former finance Chairman of the Democratic Party and president of United Artists, he currently is President of Orion Pictures.

As a Geneva trained biologist, Krim worked at Sloan-Kettering on interferon research in the war against cancer after a research stint at the Weizmann Institute of Science in Rehovot, Israel.

In the area of AIDS, Krim is noted for her support of civil rights for AIDS carriers and public health programs to provide clean needles for drug addicts.

Krim's foundation was commissioned by the State of California to produce video presentations for health care workers to dispel the fear of contracting AIDS by "casual contact."

According to the MS. Magazine article Mathilde Krim, also has a unique political background, having served in the underground Zionist movement with "radical Palistinians who were working to create the state of Israel."

Part of Krim's unique background involved smuggling arms across borders. Krim told MS. magazine reporter Lindsy Van Gelder "I looked cherubic, and so I was made to do a lot of dangerous things. They thought I looked so innocent that the police would never pick me up. I suppose I could have been put in the slammer for a long time, but I was never caught."

Although Mathilde Krim was not a member of the Presidential Commission on AIDS her presence was felt. According to documents obtained under the Freedom of Information Act, Krim and the AmFar office were consulted in the development of the Report to President Reagan. Documents obtained indicate that Krim actually edited portions of that report.

INFLUENCE ACKNOWLEDGED

During an elaborate dinner dance which followed one of the Commission's hearings in Indianapolis last May, Krim was acknowledged. Part that evening's entertainment included a parody of the Gilbert & Sullivan operetta entitled "Pirates of Penzance" in which Krim was mentioned as being the "chief of the glossary", containing all points of reference about the AIDS epidemic and the musical score also referred to Chairman, Admiral Watkins "the Admiral of the HIV."

The focus of Krim's concern for AIDS carriers with regard to the Presidential AIDS Commission was expressed early on in a letter she wrote to Admiral Watkins, dated December 4, 1987 ...... "I want to thank you without delay for the excellent summary of the Commission's Interim Report...." "....I am particularly grateful for your generous acknowledgement of the contributions made by volunteer gay community organizations."
The Association, considering also firm for assembled of homosexual activists ever to be assembled for a state wide political issue, the "No on 64 Committee" (1986) is such a client.
The Homosexual lobby hired Nielsen to challenge ballot argument wording on the first AIDS initiative. The firm also represented two leaders from the California Medical Association (CMA) and California Nurses Association (CNA) who also opposed the initiative.

CONFLICT OF INTEREST
Ironically, Nielsen's long time client Paul Gann, the tax crusader, is co-sponsoring another AIDS initiative (Proposition 102) on the November ballot which is being opposed by the homosexual lobby, the CMA and the CNA. One could ask the question does this firm have a conflict of interest?

Partners in the Nielsen firm who control the Republican Party are State Chairman, Robert Naylor, GOP legal counsel Charles Bell and former Chief of Staff to Governor George Deukmejian, Steven Merksamer.

A second AIDS initiative opposed by the homosexual lobby on California's June 1988 ballot (Prop 69) was defeated soundly with the help of the Republican Party.

Most effective was a state wide "slate card" mailing to all Republicans sent out by a committee supporting Governor Deukmejian's position on bond measures and opposing the AIDS initiative.

GOP leaders prevented delegates from voting on an endorsement resolution for Paul Gann's AIDS initiative at the February State GOP Convention. The measure was finally endorsed by the executive committee after a heated session last July. Chairman Robert Naylor has refused requests from Prop. 102 sponsors to involve the party in their campaign. The GOP endorsement is virtually meaningless because Party leaders refuse to do anything to help.

There is no "two party" system, when the voters have no choice. When the policies and votes coming from both political parties are the same and where there is little difference of opinion. This is proof positive of political corruption.

PLEASE WRITE TO: the U. S. Attorney, demand an investigation of California Legislation which was approved unanimously or by an overwhelming vote. Demand prosecution for corruption.

Central Division
Robert Bonner
450 Golden Gate Ave.
L. A., Calif. 90012

U. S. Attorney-California Division
North Division
Joseph Russoniello
940 Front St.
San Francisco, CA 94102

South Division
William Braniff
312 N. Spring St.
San Diego, CA 92189
619 236-5800

WHAT WE'VE BEEN DOING:

AMERICAN ASSOCIATION
OF WOMEN

At a Spring AAW luncheon held at the Los Angeles Athletic Club featured guest speakers Dr. Lorraine Day (left), Chief of Orthopedic Surgery, San Francisco General, Los Angeles County Sheriff Sherman Block, and Leslie Dutton, AAW President

AAW MEETS THE PRESS
AIDS Update brings to the media, government officials and hospitals a summary of current facts about AIDS from the Communications Department at the Center of Health Resources. Please contact us regarding questions or contributions.

Deanne LaRue, Editor  
(213) 250-5600 X723

- World could see million new AIDS cases in next 5 years, expert says.  
  An apparently inevitable explosion of AIDS cases during the next five years will  
  severely strain the capacity of national health systems to care for victims of the  
  fatal disease, especially in developing countries, a leading AIDS expert warned.  
  Dr. Jonathan Mann, director of the World Health Organization's Global Program on  
  AIDS, told an international conference that unless a preventive drug is developed, "1  
  million new AIDS cases [worldwide] must be expected in the next five years." That is  
  nearly three times the estimated 350,000 people who have contracted acquired immune  
  deficiency syndrome since it began spreading about 10 years ago. The 1 million new  
  cases will develop among at least 5 million people who are already infected with the  
  virus but have yet to become sick, Mann said. (Los Angeles Times, Dec. 13, '88)

- Many AIDS patients on the streets.  
  A survey by the Partnership for the Homeless concludes, based on a survey of the 45  
  largest cities in the U.S., that about 20,000 people with AIDS are living on the  
  streets or in homeless shelters. "AIDS is now on the cutting edge of the growing  
  homelessness problem in most of our larger cities and urban areas," says Peter Smith  
  of the organization. He says the 20,000 estimate is based on "an assumed projection  
  that New York has 25 percent of the national total." "We believe this is the largest  
  national survey on the problem of people with AIDS and homelessness to date," says  
  survey coordinator Michael Grumet. (CDC AIDS Weekly, Dec. 12, '88)

- AIDS detracts from funding for control of chlamydia.  
  Efforts to control the spread of chlamydia, which with over 4 million cases per  
  year affects more people than syphilis, gonorrhea, herpes, and genital warts combined,  
  is underfunded and losing financial support, partly due to financial resources being  
  directed to fight the AIDS epidemic.  
  The CDC has estimated the annual cost of chlamydia-associated pelvic inflammatory  
  disease (PID), and PID-associated ectopic pregnancy and infertility to be more than  
  $900 million. In recent years, data from individual states indicate a sharp increase  
  in the number of chlamydia cases, according to Denise Buntin, M.D., associate  
  professor of medicine at the University of Tennessee in Memphis. (Calif. AIDS Update,  
  Nov. '88)

- For second time, Red Cross increases blood inspections after mistakes found.  
  For the second time this year, the American Red Cross has announced that errors  
  have caused it to strengthen its procedures for screening out HIV-infected donations.  
  The latest move comes as a result of an internal review that revealed 2,420 units  
  of blood were released for transfusion by mistake over a six-month period, including
518 that had not been tested for HIV. None of the units are known to have been infected or caused any harm, said Victor Schmitt, vice president of blood services at the Red Cross headquarters in Washington, D.C. The internal review that found those recent errors was prompted by the earlier distribution of 24 units that should have been destroyed, including 19 that either had tested positive for HIV or had come from possibly infected donors. (AIDS Alert, Dec. '88)

- **Drug addicted women and AIDS.**
  At a meeting of the California Senate Select Committee on Substance Abuse, doctors testified that many drug-abusing pregnant women avoid prenatal care because they see health care systems as "punitive." Dr. Robin Hansen of the U.C. Davis Medical Center in Sacramento, said addicted women are afraid of being identified as drug abusers. About half of the babies born to drug-addicted mothers are born pre-term, according to Dr. Hansen. To date, more than half of the women who have transmitted HIV to their newborns have been intravenous drug abusers. (UPI, Oct. 25, '88 - Calif. AIDS Update, Nov. '88)

- **Effects of HIV disease on pregnancy.**
  Women currently account for about 7% of the cumulative number of reported US AIDS cases. HIV disease is transmitted by inoculation of blood and blood products, sexual contact, and maternal-fetal events. Although the majority of AIDS cases in the next few years are still going to be derived from high-risk groups, nearly 10% of the total number of cases will be attributable to heterosexual transmission.
  Within this group will be an increasing number of children who acquire this infection by perinatal transmission. Perinatal transmission has occurred in 565 (77%) of AIDS cases among children reported to the CDC through December 21, 1987. The rate of perinatal transmission is estimated to be 40-50%. In a one-year interval, 50 patients with HIV infection were followed antepartum, intrapartum, and/or postpartum for a total to 52 pregnancies.
  All patients had repeatedly positive enzyme immuno assays and/or Western blots for HIV. Mean age at the time of the most recent delivery was 27 years. Cases associated with heterosexual transmission of HIV disease accounted for approximately 76% of the total. More than half the patients were Haitian. (AIDS Clinical Digest, Dec. 1, '88)

- **AIDS malpractice seen as growing problem for health care.**
  AIDS malpractice cases are on the rise and could be a major problem for health care workers within a few years, sources say. Already, a Massachusetts physician has lost a $750,000 judgment for failing to diagnose an AIDS case. There currently are about 25 AIDS malpractice cases in litigation in the United States, according to Donald J. Hermann, director of the Health Law Institute at the DePaul University College of Law in Chicago. Many more cases are settled out of court, he said.
  Hermann and Doug Phillips, president of the Physician Insurers Association of America in Lawrenceville, NJ, predicted an increase in AIDS malpractice cases soon. "We're seeing just the tip of the iceberg," Phillips said. "The number of AIDS cases is increasing, and the exposure the medical community will have to AIDS malpractice in the future may be very, very large." (AIDS Alert, Dec. '88)

- **AIDS Medi-Cal waiver program.**
  California's AIDS Medi-Cal Waiver has been approved by the federal Health Care Financing Administration. This new waiver program will be administered by the Department of Health Services, Office of AIDS. It will provide home and community-based services to Medi-Cal eligible persons with AIDS/ARC who are at least at an intermediate care facility (ICF) level of care and who are discharged directly from an acute care hospital into the waiver program. (Calif. AIDS Update, Nov. '88)

- **AIDS cases update.**
  Total number of AIDS cases reported in United States as of Oct. 24, 1988: 76,670
December AIDS Update-3-3-3

- Total number of pediatric AIDS cases reported in United States: 1,212
- Total number of adult AIDS cases reported in United States: 75,458

Breakdown of adult AIDS cases by risk factors:
- Homosexual/bisexual male - 46,883 - 62%
- Intravenous drug abuser - 14,813 - 20%
- Homosexual male and IV drug abuser - 5,441 - 7%
- Hemophilia/coagulation disorder - 720 - 1%
- Heterosexual contact with high-risk person - 3,264 - 4%
- Transfusion of blood or blood products - 1,909 - 3%
- Undetermined - 2,428 - 3%

Known deaths from AIDS in the United States since 1981: 43,027
- Percentage of reported AIDS cases in the United States since 1981 that have resulted in death: 56% (AIDS Alert, Dec. '88)

- Study reveals stay increases for any illness reported with AIDS.
  The length of hospital stays increases significantly for any disease reported in conjunction with an AIDS diagnosis, and health care workers often miscode AIDS-related illnesses, according to a recent study. The Commission on Professional and Hospital Activities (CPHA) in Ann Arbor, MI, derived those conclusions from a study of its length of stay data base, which includes six million records from 22% of the short-term general hospitals in the United States.
  The CPHA analysis of the data base extracted records containing the codes designated for AIDS or related illnesses, said spokeswoman Linda Vanek. More than 11,000 records, one for every 500 discharges in the data base, showed an AIDS code as the principal or secondary diagnosis. (AIDS Alert, Dec. '88)

- Study of infection in trauma patients.
  A University of Maryland study indicates that almost 1.7 percent of nearly 1,500 patients admitted to the Maryland Shock Trauma Center in Baltimore in 1987 and 1988 were seropositive. The researchers say the rate of infection is one-third of that reported in a 1987 study of 2,300 emergency room patients at Johns Hopkins Hospital.
  The difference is believed due to the different populations served by the two facilities.
  Dr. Carl Soderstrom, an assistant professor of surgery at the Maryland Shock Trauma Center at University Hospital, and co-author of the study, says 86 percent of shock trauma patients were not Baltimore residents. Seventy-seven percent were white, he says. The Hopkins study included mostly inner city residents with a higher percentage of assault victims, he says. Soderstrom and Dr. Phyllis Furth, assistant professor of medicine at the University of Maryland, conducted the study to determine the prevalence of infection among patients at the Shock Trauma Center. (CDC AIDS Weekly, Dec. 19, '88)

- World case total nears 130,000; Mann urges renewed efforts.
  A total of 129,385 cases of AIDS have been reported officially to the World Health Organization, as of Dec. 1, up from 121,114 the previous month, the agency has announced. The announcement coincided with "World AIDS Day" Dec. 1, when a special ceremony was held at WHO headquarters to underline the importance of the worldwide fight against the disease. Similar ceremonies were held in more than 100 countries around the world, according to Dr. Jonathan Mann, head of the WHO's Global Program on AIDS. (AIDS Policy & Law, Dec. 14, '88)

- AIDS cases decline slightly in county.
  New AIDS cases reported in Los Angeles County in November totaled 124, a slight drop from the previous month, when there were 153 new cases, announced health department officials. The new figures bring the total number of cases in the county to 6,201. The mortality rate remained at 62%, accounting for 3,714 deaths through the end of November. In addition, there are 65 cases awaiting investigation.
For the third month in a row, 4% of all AIDS victims in the county were intravenous drug users who acquired the disease through the sharing of hypodermic needles. Homosexual and bisexual males remain the largest at-risk group, with 89% of all AIDS cases falling into that category. (L.A. Times, Dec. 21, '88)

- Reports find teens continue to practice risky behavior.
  American teenagers, increasingly at risk for HIV infection, continue to engage in high-risk behavior, two surveys reported this month. Of the nearly 75,000 AIDS cases reported nationally through September, 865 occurred in persons from 13 to 21, according to a report issued Dec. 1 by the Children's Defense Fund. However, more than 15,000 cases had been reported in the 20 through 29 age group, and since the time between exposure to the virus and development of symptoms is believed to average some eight years, many of these AIDS patients were probably infected while in their teens, according to the group's report.
  "Changing the course of the epidemic will require prevention of HIV transmission during the teen years," the report said. "Prevention of...cases beyond 1995 must begin now." A second survey, reported by the Centers for Disease Control in the Dec. 2 issue of "Morbidity and Mortality Weekly Report," found "many students incorrectly thought that HIV infection may be acquired from giving blood, using public toilets, or having a blood test or from mosquito and other insect bites." (AIDS Policy & Law, Dec. 14, '88)

- CDC accidental exposure survey.
  In an ongoing national survey conducted by the Centers for Disease Control (CDC) since 1983, only 4 of 1,200 health care workers who experienced work-related exposures to HIV-infected blood were found to be HIV positive. Needle pricks comprised 80% of the exposures, 8% involved cuts with sharp instruments, and 7% involved exposure of the worker's open wounds to contaminated blood.
  Of those who suffered the exposures, 67% were nurses, 17% were lab technicians and phlebotomists, 14% were physicians, and 2% were housekeeping and maintenance employees. All four workers who tested positive had suffered accidental needle pricks. The CDC estimates that 37% of the accidental exposures could have been prevented by following recommended safety procedures. (Calif. AIDS Update, Nov. '88)
STATE LEGISLATURE RECONVENES - AIDS ON AGENDA

The State Legislature reconvenes January 3rd to face a number of AIDS issues unresolved from the last session including protections against discrimination, access to health care for HIV positive and ARC/AIDS patients, health insurance availability, and mandatory testing and reporting. Although Proposition 102 was defeated by a resounding 2-1 vote in the November election, it is expected that some of the proposals will be introduced in the State Legislature. The efforts to convince policy makers that prevention education, anonymous testing, early intervention and treatment are the best methods for combating this dreaded disease will be continuing.

AIDS programs and services funding along with cost effective funding methodologies for state and federal dollars will be another major issue for State lawmakers to consider in the upcoming session.

A complete listing of the bills already introduced are in this issue of CAAA Reports.

NO. CA. AGENCIES TO MEET-ASSESS NEEDS

CAAA will be working with five other agencies to help determine future AIDS prevention education and service needs in California’s 28 Northern California Counties. Funded by The Sierra Foundation, CAAA will be identifying and meeting with AIDS Agencies and community services groups and organizations. The purpose of the meetings will be to determine what kinds, if any, volunteer programs are currently being conducted and to assess the level of community participation in AIDS response programs. CAAA will also be collecting information about agency technical assistance needs for both self-sufficiency and for establishing an AIDS response program in their communities.

In addition to the field visits, time has been set aside at CAAA’s upcoming Annual Meeting and Conference for Northern California conference participants to meet. The meeting will be held on Friday afternoon, from 3:00-5:00pm. Northern California Agencies interested in attending the meeting should contact the CAAA office at 916/447-7199.

THE CONFERENCE! - UPDATE

CAAA’s Third Annual Meeting and Conference is just around the corner! If you have not yet registered for the conference, don’t delay! The planning committee has added the following events to the conference agenda:

Special Interests Group Meetings. Three special interest groups; Gay Men’s Caucus, Minority Caucus, and Women’s Caucus have scheduled networking meetings during the conference. Many members have expressed an interest to meet with others from around the state to network, share frustrations, concerns, hopes and discuss issues of mutual concern. The meetings will center around the future of AIDS education and service delivery in minority and targeted groups. Caucus meetings will take place on Thursday afternoon from 5:30-7:00pm.

Workshops! A workshop on fundraising and fund development has also been added to the conference agenda. "Doubling your Dollars", moderated by Jan McAdams, will examine the ways to maximize fundraising dollars and direct agencies toward self-sufficiency.

Exhibit Space. This year, CAAA will provide exhibit space for agencies and corporations so that conference participants can be informed of new products and services. CAAA Board of Directors has established the following fee schedule for exhibitors: CAAA Members-$200; Non-profit, non-member agencies-$250; businesses and corporations-$400.

For agencies holding state contracts, the Office of AIDS has announced it will authorize travel for the CAAA Conference! According to Office of AIDS Chief, Thelma Fraziear, a letter authorizing the travel will be issued the beginning of January. She advises that agencies should go ahead and make their travel plans now.

The Conference Fee is $135 for CAAA Members registering before January 10th. The registration fee includes conference materials, a reception in the State Capitol, Dinner Cabaret! (including entertainment), continental breakfasts and closing luncheon. Call the CAAA office at 916/447-7199 to register and/or to reserve exhibit space.
AUDITOR GENERAL TO STUDY STATE CONTRACTS
A little publicized bill becomes law on January, 1989 that will enable the auditor general to review the administration of direct service contracts with profit organizations, particularly with respect to the auditing process used. Non profit organizations are "very dependent on the efficient operation of the state in meeting their payrolls and delivery of care, and a review of the auditing process is necessary to ensure that audits are based upon the program standards set forth in the contracts" stated representatives of the California Community Clinics, sponsors of the bill. CAAA has expressed its concern about the slow processing of reimbursements claims and processing state contracts. The Auditor General’s report including recommendations on ways to reduce the number of audit exceptions and appeals by the contractors is to be submitted to the Legislature by July 1, 1989.

GIVE FIVE IN CALIFORNIA!
Give Five is a national public awareness program to strengthen people’s commitment to philanthropy and community service by encouraging all American to volunteer 5 hours per week and give 5% of their income to the causes of their choice. Nationally the program is being sponsored by Independent Sector, a non-profit coalition of 650 corporations, foundations, and voluntary agencies representing a wide variety of causes. Grants from nearly 30 foundations and corporations support operating and promotional costs. In California, the Give Five campaign is being funded by a grant from the Irvine Foundation. For more information about the California Give Five Campaign, contact Michael Hayes, 2012 H Street, Suite 200, Sacramento, CA 95814, 916/448-3483.

CALIFORNIA STATE SENATE SEeks Fellows
The California State Senate is currently accepting applications for the 1989/90 Fellowship program. Fellows assist Senators with a broad range of Public policy issues and can be assigned to a Senator’s personal staff or policy committee. The fellows also participate in seminars throughout the year with key people involved in the Legislative process. Stipend for fellows is $1500 including health and dental benefits. The only prerequisite for the program is a college degree. The program typically includes a combination of recent college graduates, and mid career and re entry individuals with an interest in public policy. Applications for the Senate Fellows program can be obtained from: California Senate Fellow, Senate Rules Committee, Attn: Nettie Sablehaus, State Capitol, Sacramento, CA 95814, Telephone 916/445-09233. The deadline for filing applications is February 20, 1989.

VOLUNTEERS SOUGHT FOR STUDY
Volunteers are being sought at the National Institute for Allergy and Infectious Disease (NIAID) for the first controlled clinical trial comparing alpha interferon, AZT, and a combination of both drugs in persons with early HIV infection. The purpose of the study is to find out where the treatments can delay the development of AIDS-associated opportunistic infections and slow the deterioration of the immune system. Participants should have a CD4(T4) lymphocyte count greater than 500 per cubic millimeter in peripheral blood and should have no previous treatment with experimental drugs for HIV infection. They may have received AZT. Interested person with HIV infection and their physicians are invited to call the study coordinator, Victoria Davey, R.N., M.P.H. at (301)496-7196.

CALIFORNIA DOCUMENTS AIDS DISCRIMINATION
The ACLU’s AIDS Project is collecting data to characterize and document the AIDS discrimination that has been taking place nationwide. Many experts, including the Presidential AIDS Commission have identified AIDS discrimination as one of the principal deterrents to fighting the disease. The ACLU is seeking to complete a picture of the character and frequency of this discrimination. The first phase of their investigation is to gather data on instances of discrimination. The data will ultimately be used to build a better case for the need for nationwide legislation protecting the rights of people with AIDS, ARC, and who are HIV positive. If you or your agency has experienced discrimination and would like to add to the data, contact Nan Hunter, Project Directors, ACLU AIDS Project, 132 West 43rd Street, New York, NY 10036, Telephone 212/944-9800.
AGENCY NEWS

NAISG TO MEET  The quarterly meeting of the National AIDS Information Systems Group will be held January 21-22, 1989 at the San Francisco AIDS Foundation. The agenda will include discussion of San Francisco’s computer network system, development and accounting software selection: status of the Directory of AIDS Data Sources: updates on various AIDS Service Organization’s information systems and general information exchange. These informal meetings are an excellent chance to share problems and ideas and are geared to organizations of all sizes and levels of sophistication. We invite you, and urge you to attend. For more information please contact Joe Patterson at 415/771-3880.

CAAA MEMBERS RECEIVE CONFERENCE OF MAYORS GRANTS. Three CAAA member agencies are recipients of grants from the US conference of Mayors, The Sacramento AIDS Foundation, GLASS (Gay and Lesbian Adolescent Social Services), West Hollywood, and the San Diego AIDS Foundation were awarded grants to conduct outreach and education among minority and IVDU’s at high risk in their communities. The San Diego AIDS project will target ESL classes, PTA’s and low-income housing residents for educational programs specifically designed to reach hispanic youth. The Sacramento AIDS Foundation will target its education efforts on IVDU’s and high risk heterosexuals. GLASS will concentrate its efforts on black, hispanic gay IVDU’s and runaways, throwaways and homeless street youth. Congrats to all three agencies!

CONSORTIUM COORDINATOR SOUGHT!  The Coachella Valley AIDS Consortium, located in Palm Springs California is seeking a full-time consortium coordinator. The coordinator will work directly with the Board of Directors, write grants, conduct fundraising and public relations activities, manage the offices and direct other staff. Leadership experience in a social agency is expected, undergraduate and graduate degrees are preferred and a commitment to working in the AIDS epidemic is required. Salary range for the position is 35,000 to 45,000 per year. The consortium is an affirmative action employer. Send resumes to: Lucyann Geiselman, Ph.D., 9665 Wilshire Blvd. Suite 400, Beverly Hills, CA 90212. Final deadline for applications is January 15, 1989. Call 213/273-7051 if additional information is needed.

BUDDY CONNECTION is an interactive, peer facilitated safe sex workshop for gay and bisexual men. Sponsored by the San Francisco AIDS Foundation, the program is in its third year of offering the workshops. The Buddy Connection offers gay and bisexual men an opportunity to talk about the experiences and problems they have had with safe sex and/or changing their behavior. For additional information about the Buddy Connections, contact Chuck Frutchey, Assistant Education Director, San Francisco AIDS Foundation, 415/864-4376 ext. 2048.
NOMINATIONS TO CAAA BOARD OF DIRECTORS

The Nominating Committee reports that eleven individuals have been nominated to vie for the three open board seats. CAAA members will be electing two Board Members from Southern California and one from Northern California and one statewide PWA/HIV representative. The election will be held at the CAAA Annual Meeting, scheduled for Thursday Morning, January 26, 1989. Prior to the election each candidate will have an opportunity to make a presentation about their qualifications and their ability to serve in the Association’s leadership posts. Nominations will also be taken from the floor.

All certified member agencies are eligible to cast one vote. Certification includes status as a member in good standing with current dues paid. Each agency has one vote. There are no provisions in the by-laws for proxy or absentee ballots. Nominees for the Northern and Southern California Board seats are listed below. There were no nominations for the HIV/PWA statewide representative.

Southern California

NANCY H. CORBY, Executive Director, Families Who Care, Long Beach  
JACK CARREL, Adolescent Outreach/Education Coordinator, Los Angeles Free Clinic  
TERRY CUNNINGHAM, Executive Director, AIDS Assistance Fund, San Diego  
VALWYN HOOPER, AIDS Coordinator, Santa Barbara County Public Health Dept.  
WERNER KUHN, Executive Director, Gay and Lesbian Community Services Center of Orange County, CAAA Board Member and Treasurer  
WILLIAM K. SMITH, Executive Director, Dessert AIDS Project, Palm Springs

Northern California

JILL JACOBS, Associate Director, Marin Treatment Center, Inc.  
JAN MCADAMS, Director, AIDS Education Project, Northern California Coalition for Rural Health, Inc., Redding  
CHRIS SANDOVAL, Assistant Director, San Francisco Shanti Foundation  
BOB SORENSON, Executive Director, Aris Project, Campbell  
TIM WARFORD, Executive Director, Lambda Community Center, Sacramento
Quarterly meeting to share problems and ideas about AIDS Service Organization information systems. Contact Joe Patterson, 415/771-3880 for additional information.

January 25-27, 1989 CAAA ANNUAL MEETING AND CONFERENCE, SACRAMENTO, CA


February 10-12, 1989, "Heart to Heart" Western Regional Conference for People with AIDS. Sponsored by the National Association of People with AIDS (NAPWA) and co-sponsored by the City of West Hollywood. The conference will provide people with AIDS/ARC the opportunity to express their concerns about unmet social service needs and an opportunity to network with social service providers. The conference will include presentations on a variety of topics including safe sex, food banks, choosing a doctor, patient rights, women with AIDS and minorities with AIDS. For more information contact Ron Rose, Chairperson of NAPWA at 213/874-7771.


April 5-9, 1989 "Our Commitment for the '90S: Refining our Agenda" Eleventh National Lesbian and Gay Health Conference and Seventh National AIDS Forum, San Francisco. Sponsored by the National Lesbian and Gay Health Foundation and the George Washington University Medical Center, the conference will continue to formulate a health care agenda for the next decade. For additional information contact Bea Roman, 202/797-3708.

June 4-9, 1989, "Toward A Human and Community-based Approach to AIDS", V International Conference on AIDS, Montreal, Canada. For additional information and to obtain an abstract form, contact: Richard Morisset, Chairman, Program Committee, 1010 St. Catherine West, Suite 628, Montreal, Quebec, H3B 1G7, Telephone: 874-4006.
Volunteer Management: Development and Maintenance of Volunteer Programs in AIDS Service Organizations. The National AIDS Network has published this 108 page guide to recruiting and maintaining a volunteer workforce. The purpose of the guide is to help community based AIDS Service organizations establish and maintain volunteer management systems that will meet the needs of the clients and staff. The guide includes appendices with sample time-accounting sheets and evaluation forms. For further information you may write to: National AIDS Network, 2033 M Street, NW Suite 800, Washington, DC 20036. Or phone: (202) 293-AIDS.

Whole Nonprofit Catalog, published by the Granstmanship Center, is a compendium of sources and resources for managers and staff of nonprofit organizations. The 32 page catalog is full of references for books, videos, workshops and other tips for nonprofit agency managers. A free subscription to this valuable tool for nonprofit executives, write the Whole Nonprofit Catalog, 650 Spring Street, Suite 507, P.O. Box 6210, Los Angeles, Ca 90014.

Morning Glory Babies, by Br. Tolbert McCarron is a gentle and quiet story of the Starcross Community's struggle to make a family for children with AIDS. With an introduction by Randy Shilts, author of And the Band Played On, is a reaffirmation of the human spirit. Order directory by phone or mail from: Starcross Community, Annapolis, CA 95412, phone 707/886-5446. Price of the book is $14.95 plus tax and shipping ($1.50). A 10% discount is available for orders of 5 or more.

Does AIDS Hurt?: Guidelines for Answering Young Children's Questions about AIDS and Adolescence: Learning About AIDS: A complete AIDS Education Unit for Grades 5-8 are two recent publications developed by ETR Associates. Adolescents is an AIDS Education module for grades 5-8 gives educators a classroom-based approach to teaching preadolescents and adolescents about AIDS in both a school and nonschool setting. The 14 lessons come complete with behavioral objectives, instructional strategies, pre-tests, post-tests. The module is available for $12.95 Does AIDS Hurt? is a practical resource emphasizes the use of age appropriate responses to children's questions. The guide offers adults sound suggestions and practical guidelines for giving children to age 10 age-appropriate information about AIDS. It places AIDS education within the context of general health education to give children the tools to understand concepts about disease transmission. Available in paperback for $14.95.

Both publications can be purchased (bulk purchase discounts are offered) by mail or phone orders from: Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, Telephone 408/438-4080

From Test Tube to Patient: New Drug Development in the United States. The FDA has published a Consumer Special Report tracing the role of the FDA in the process of bringing new drugs are developed. The reference book attempts to provide a clear yet thorough view of the new drug development process. The report covers laboratory and animal studies, the FDA approval process, and myths about generic drugs. To obtain free copies of the report write to U.S. Food and Drug Administration (HFI-40), 5600 Fishers Lane, Rockville, Md. 20857.
The Legislature convened the 1989/90 Legislative session earlier this month. During the session, each house elected its officers, adopted the rules under which they will operate and "opened the desk" so the bills could be introduced. When the legislature return on January 3, 1989, a number of AIDS and AIDS related bills will be waiting for them. Copies of the bills can be obtained from your elected representative or from the Bill Room, State Capitol, Room B-32, Sacramento, CA 95814. When ordering bills, list Assembly and Senate bills separately and in numerical order.

ASSEMBLY BILLS

AB 10 (Hauser) Institutes the California Health Insurance Program to provide health insurance to California's uninsured populations. The fund is to be financed by employers, hospitals and doctors.

AB 11 (Hughes) Schools, Health Education. Revises the health education program to include training in self esteem, substance abuse prevention personal health accident prevention, sexually transmitted disease, including AIDS, prevention education.

AB 25 (Hughes) Instructional materials: Health: AIDS. Further revises required health programs to include information on the risk of AIDS from sharing needles and Intravenous Drug Use, instructs the State Department of Education to establish clearinghouse of AIDS information, and appropriates $100,000 for program implementation.

AB 27 (Johnson) Health Insurance: AIDS tests. Prohibits health insurance carriers from requiring applicants first qualify for life or disability insurance by being tested for HIV antibodies.

AB 60 (Isenberg) State Health Insurance Program. Establishes a health program to provide health insurance for residents who are unable to obtain adequate health insurance provided they meet prescribed criteria, and transfers $250,000, from the Disability Fund for initial operating expenses.

AB 65 (Vasconcellos) AIDS: Discrimination. Extends Fair Employment and Housing projections to HIV positive individuals.

AB 68 (Polanco) Congregate Living Facilities. Redefines the definitions of congregate living health facilities for purposes of licensure.

AB 75 (Isenberg) Establishes a health care program for California's uninsured.

AB 85 (Allen) Health Education. Authorizes school districts to set up and provide for a program of support and assistance to parents to enable them to address their children's needs for health, sex, and AIDS education. Requires the State Department of Education to develop and distribute 6 video tapes to assist parents in the health education of their children.

AB 164 (Margolin) Health Services: Child Health and Disability Program. Requires the county programs to pay for all medically necessary care and treatment of the conditions detected in children under 18 years old if their families are below 200% of the federal poverty level. Appropriates $100,000. to pay program costs.
Seriate

Bills

SB 6 (Robbins) Health Insurance. Establishes a health care insurance program for basic and catastrophic health care coverage.

SB 7 (Doolittle) Family Life Education. Requires 30 day advance written consent from parents before students can attend family life education that discuss the following topics: Sex or family life education, birth control, abortion, infanticide, euthanasia or suicide, homosexuality, bestiality, sadism, masochism or other sexual perversions, values clarification and the showing of "X" or "R" rated films.

SB 37 (Doolittle) Blood Donations and Transfusions. Would require physicians and surgeons to explain to elective surgery patients the probability of a blood transfusion and the positive and negative aspects of autologous blood options, blood from relatives and friends and blood products from blood banks. The bill also requires informed consent prior to the date surgery is scheduled.

SB 38 (Doolittle) AIDS: Testing of Prisoners. Institutes mandatory testing for every person incarcerated in the state prison, committed to a narcotic detention, treatment and rehabilitation facility. Test results would be disclosed to the warden.

SB 39 (Doolittle) AIDS: Tuberculosis: Mandatory Testing. Would require that wherever public and private employees, who come into direct contact with children, are currently required to be examined for tuberculosis, they must also have a clinical lab test for the HIV virus. If either test is positive, an x-ray of the lungs will follow.

SB 40 (Doolittle) Crimes: AIDS. This bill makes it a crime for anyone who has tested positive for AIDS, ARC, or HIV tests to engage in sex with a partner without first informing him/her of their medical condition.

OOOPS! In the last issue of CAAA Reports, the Legislative Update reported that SB 1535, address the issues of death certificates. The bill as it was signed by the governor only authorized the charging of additional fees for death certificates.
To: Local Health Officers and Interested Parties

Pediatric AIDS in California

Background

The previous issue of the California AIDS Update focused on AIDS in California women. Because of the anticipated link between HIV infection in women and AIDS in the pediatric (under age 13) population, a summary of reported pediatric AIDS in California is provided in this issue. Through the end of November, 99 cases of pediatric AIDS have been reported in California. However, it should be noted that pediatric AIDS cases may be under reported because the diagnosis of AIDS can be difficult to make in infants. The primary reason for this is that passively transferred maternal antibody may be present in the child up to 15 months of age, which can cause the child to test positive for the HIV antibody in the absence of infection. Additionally, false negative HIV antibody tests are not unusual in very ill children.

Comparison of Incidence

The incidence of reported AIDS among California children is still very low, even when compared to its incidence in California women. The number of pediatric cases is increasing each year, although at a slower rate (Continued on page 8.)

In this issue:
- Pediatric AIDS in California - page 1
- Pediatric AIDS Case Projections - page 9
- Office of AIDS Program Focus - page 1
- No. Calif. Pediatric AIDS Surveillance - page 2
- Transfusion Infection Risk in California - page 2
- AIDS News Summary - page 3
- Upcoming Meetings - page 18

Office of AIDS Program Highlights

With the close of 1988 and the beginning of a new year, we are initiating a new feature in the California AIDS Update. Each month we will feature an article that highlights one of the many programs in the multi-faceted battle against the HIV epidemic that are sponsored by the California Department of Health Services. This first Program Highlight focuses on confidential HIV testing in publicly funded (non-county) clinics.

Focus on:

Confidential HIV Testing in Publicly Funded Clinics

The Confidential Testing - Publicly Funded Clinics Program was created during fiscal year (FY) 1987-88. Its purpose was to take advantage of an opportunity to offer in-depth, one-on-one AIDS education/counseling and, when appropriate, Human Immunodeficiency Virus (HIV) antibody testing to clients of the numerous free-standing, community-based medical clinics in California. The programs participating throughout the state are those offering family planning, maternal and child health, and rural primary care. Reaching women of child bearing age was one of the primary goals of the program. Sixteen clinics annually serving approximately 35,000 clients, participated in the program on a pilot basis during the first year. Currently over 110 clinics are participating in the program.

Confidential Testing Services

These clinics perform complete HIV antibody testing and counseling services, including pre- and post-test education. Pre-test education provides basic information about testing for HIV antibody, interpretation of positive and negative results, assessment of risk for all clients and strategies to prevent transmission. The education sessions also include time for questions from persons requesting the test. Post-test education and information for all who test non-reactive to the HIV antibody test includes appropriate medical interpretation of test results, means of reducing risk of exposure to HIV and referral to community services. Post-test education and information for persons who repeatedly test reactive to preliminary tests and positive on a confirmatory test(s) includes an assessment of the person's reaction to the test results to determine if referral to mental health services, including (Continued on page 11.)
Northern California Pediatric AIDS Clinical Trial Group and Pediatric AIDS Surveillance in Northern California

In order to develop effective treatment strategies for infants and children with AIDS, a collaborative Northern California Pediatric AIDS Clinical Trials Group (ACTG) was funded by the National Institutes of Health (NIH) and established in October 1988. The ACTG, one of thirteen such centers in the United States, is a consortium between the University of California, San Francisco (UCSF)/San Francisco General Hospital (SFGH), Stanford University and Oakland Children's Hospital. Principal investigators for the ACTG are Dr. Diane Wara at UCSF/SFGH, Dr. Charles Prober at Stanford University, and Dr. Ann Petru at Oakland Children's Hospital. The patient catchment area of the three institutions includes the principal high risk areas for adult and pediatric AIDS in Northern California. Two other pediatric ACTG Centers are located in California, one in Los Angeles and the other in San Diego.

The strengths of the Northern California consortium include clinical experience in the care of children with HIV infection and in the conduct of clinical trials of immunomodulators and antiviral therapies, as well as expertise in pediatric immunology, retrovirology and pharmacokinetics. The overall aims of the ACTG are to provide integrated clinical, scientific and administrative resources for the treatment of pediatric AIDS in Northern California. Specifically, the ACTG will conduct clinical trials to determine the in vivo antiviral activity of candidate anti-retroviral drugs in patients infected with HIV, with emphasis on the early identification and therapy of exposed and/or infected newborns, to determine the short and intermediate term toxic side effects of such drugs, and to assess the overall impact of treatment on the prognosis for children infected with HIV.

Patients will be recruited and enrolled into studies which have been reviewed and approved by the institutional review boards at each participating institution and by the NIH Pediatric ACTG Working Group, a national network of ACTG participants. Outpatient trials will be conducted through the patient's local institution. Inpatient trials will be performed at either UCSF or Stanford University Hospital.

The Northern California ACTG is currently conducting clinical studies of the safety and pharmacokinetics of oral acyclovir in HIV positive newborns and the safety, efficacy and pharmacokinetics of oral acyclovir in children 3 months to 12 years of age. Clinical parameters such as neurologic status, growth, lymphadenopathy and hepatosplenomegaly will be monitored in addition to immunologic parameters and incidence of mild, moderate or severe infections. Future studies will be based on the outcome of these trials but will most likely evaluate combination therapies such as the use of AZT with and without intravenous gamma globulin, and the use of other anti-retroviral (Continued on page 12.)

Risk of HIV Infection in California Transfusion Recipients

The Presidential Commission on the Human Immunodeficiency Virus (Watkins Commission) has recommended that hospitals be required to undertake notification of individual patients who were recipients of blood or blood products between 1978 and the late spring of 1985. These transfusion recipients would be informed that there was some possibility that they had received infected blood and that they should be tested for antibodies to HIV.

The American Hospital Association has estimated that such an effort would require extraordinary amounts of hospital staff time and could take several years to complete. The cost of searching more than 120 million medical records could reach $2.5 billion and many affected individuals would not be reached because of relocation or death. This widespread testing would result in the identification of few HIV positive individuals. The Centers for Disease Control (CDC) estimated that approximately 0.04% of the blood transfused in 1984 (the year before screening was initiated) carried HIV. For these reasons the CDC has recommended that physicians consider offering HIV antibody testing to transfusion recipients who may have been at greater risk for acquiring the AIDS virus. According to the CDC:

"This consideration should be based on the likelihood of infection in a recipient and the likelihood of transmission from that recipient. This risk of infection is greatest if the recipient received large numbers of transfusions and if the blood was collected during the few years before screening in an area with a high incidence of AIDS.... Testing is particularly important if the patient is sexually active."

The first major effort to notify transfusion recipients was the "look back" program initiated in mid-1986 by blood banks throughout the country. This was a joint program involving blood banks, physicians and hospitals. Individuals were notified only if they had received blood from donors who subsequently were known to be infected with the AIDS virus.

In 1987, the University of California at San Francisco (UCSF) and several Bay Area Kaiser hospitals initiated (Continued on page 12.)
AIDS News Summary

California Case Summary

California reported a total of 561 new AIDS cases and 325 new AIDS related deaths to the federal Centers for Disease Control (CDC) during the month of November. As of December 1, 1988, the cumulative count of AIDS cases reported in California since the start of the epidemic was 16,765 with 9,790 known deaths due to AIDS. Thus far in 1988, a total of 5,584 cases and 3,702 deaths have been reported. This compares to 4,005 cases and 2,403 deaths reported during the same period in 1987.

National Case Summary

The CDC reported a total of 79,389 AIDS cases and 44,590 known AIDS deaths in the United States as of November 28, 1988. A total of 1,267 pediatric AIDS cases were reported. Over half of all the known cases in the country were reported in three states: (1) New York with 19,425 cases; (2) California with 16,287, and (3) Florida with 6,203.

FDA Approves 5-Minute HIV Antibody Test

The Food and Drug Administration (FDA) licensed a five-minute screening test for detecting antibodies to the AIDS virus on December 14, 1988. This test is the first AIDS-related diagnostic test which uses a protein engineered by recombinant-DNA technology rather than the AIDS virus itself.

The new test is based on latex agglutination, a suspension of microscopic latex beads coated with a genetically engineered protein which contains portions of the outer surface, or envelope, of the AIDS virus. The engineered protein is produced by a process in which a part of the AIDS virus genetic material is inserted into E. coli bacteria. As the bacteria grow, a large amount of the modified AIDS virus envelope protein is produced. The engineered virus protein is purified further before it is coated onto the latex beads.

This production process is much safer than previous methods relying on growing live AIDS viruses in a cell culture.

When a sample of whole blood, plasma or serum is mixed with the protein-coated latex beads, AIDS antibodies, if present in the sample, will bind to the beads causing them to clump, or agglutinate. A trained professional can visually detect this clumping reaction with a bright light.

The approved test kit will be manufactured by Cambridge Bioscience Corp. of Worcester, Massachusetts, and distributed by Baxter Health Care Corp. under the trade name Recombigen HIV-1 Latex Agglutination Test.

When properly performed by trained medical professionals, the latex agglutination test can provide a highly sensitive assay for AIDS virus antibodies within five minutes, compared to the several hours it takes to develop results using other test kits previously available. The new test kit is not well adapted, however, for screening very large numbers of samples. Also, false-positive reactions can occur because of interpretation errors, some medical conditions, and problems of sample quality that do not ordinarily affect the ELISA test. As with other screening tests, positive test results should be further investigated by repeat testing, including a test with a fresh sample, and by confirmation with additional, more specific tests such as the Western blot or IFA. It is never appropriate to give a patient the result of a reactive screening test for HIV prior to confirmatory testing with more specific procedures.

HTLV-1 Screening for Blood Donors

On November 29, the Food and Drug Administration (FDA) licensed an enzyme immunoassay (EIA) for Human T-Cell Lymphotrophic Virus Type-1 (HTLV-1). Abbott, DuPont, and Cellular Products have begun shipping the test kits to blood banks across the country.

The FDA has drafted an outline of actions for blood banks to take in screening for HTLV-1. Repeatedly reactive units are to be discarded. Donors whose blood is confirmed positive by Western Blot (WB) or radioimmunoprecipitation assay (RIPA) are to be notified of their test results and counseled regarding the implications of the test outcome. Notification and counseling is at the discretion of the blood bank when an individual is repeatedly reactive but unconfirmed (not confirmed by WB or RIPA or indeterminant). Those who are confirmed positive by WB or RIPA for HTLV-1 are to be indefinitely deferred as donors. Donors who are repeatedly reactive but unconfirmed may donate at a later date. If at that time their blood is initially reactive, it is discarded. Such donors can try to donate again, but if the subsequent donation is repeat reactive, then the individual is to be indefinitely deferred.

The FDA suggests that, when possible, blood banks perform a "look back" if a donor is confirmed positive by WB or RIPA. Until more is known about the risk of transfusion-transmitted HTLV-1 infection, it is recommended that the "look back" search process include blood recipients of confirmed donors for the previous five years or last five donations. The "look back" period should be extended if one of the recipients identified in the earliest search period is confirmed as HTLV-1 positive.

(Continued on page 13.)
### AIDS Surveillance Report

**December 1, 1988**

**AIDS Reporting System**

#### 1. Disease Category

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Adult/Adolescent Reported Cases (%)</th>
<th>Reported Deaths (%)</th>
<th>Pediatric Reported Cases (%)</th>
<th>Reported Deaths (%)</th>
<th>Total Reported Cases (%)</th>
<th>Reported Deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>10244 (61)</td>
<td>6105 (60)</td>
<td>45 (44)</td>
<td>33 (73)</td>
<td>10289 (61)</td>
<td>6138 (60)</td>
</tr>
<tr>
<td>Other Disease w/o PCP</td>
<td>4036 (24)</td>
<td>2447 (61)</td>
<td>56 (55)</td>
<td>32 (57)</td>
<td>4092 (24)</td>
<td>2479 (61)</td>
</tr>
<tr>
<td>KS Alone</td>
<td>2383 (14)</td>
<td>1172 (49)</td>
<td>1 (1)</td>
<td>1 (100)</td>
<td>2384 (14)</td>
<td>1173 (49)</td>
</tr>
<tr>
<td>No Diseases Listed</td>
<td>0 (0)</td>
<td>0 (.)</td>
<td>0 (0)</td>
<td>0 (.)</td>
<td>0 (0)</td>
<td>0 (.)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16663 (100)</td>
<td>9724 (58)</td>
<td>102 (100)</td>
<td>66 (65)</td>
<td><strong>16765 (100)</strong></td>
<td>9790 (58)</td>
</tr>
</tbody>
</table>

#### 2. Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Adult/Adolescent Reported Cases (%)</th>
<th>Total Reported Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 13</td>
<td>102 (1)</td>
<td>16663 (100)</td>
</tr>
<tr>
<td>13-19</td>
<td>29 (0)</td>
<td>438 (100)</td>
</tr>
<tr>
<td>20-29</td>
<td>2862 (17)</td>
<td>102 (100)</td>
</tr>
<tr>
<td>30-39</td>
<td>7575 (45)</td>
<td>13324 (82)</td>
</tr>
<tr>
<td>40-49</td>
<td>4131 (25)</td>
<td>1676 (10)</td>
</tr>
<tr>
<td>Over 49</td>
<td>2066 (12)</td>
<td>298 (2)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0 (0)</td>
<td>12673 (76)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16765 (100)</td>
<td>16663 (100)</td>
</tr>
</tbody>
</table>

#### 3. Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Adult/Adolescent Reported Cases (%)</th>
<th>Total Reported Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Not Hispanic</td>
<td>12673 (76)</td>
<td>12719 (76)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>1785 (11)</td>
<td>1806 (11)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1914 (11)</td>
<td>1947 (12)</td>
</tr>
<tr>
<td>Asian</td>
<td>219 (1)</td>
<td>221 (1)</td>
</tr>
<tr>
<td>Native American</td>
<td>20 (0)</td>
<td>20 (0)</td>
</tr>
<tr>
<td>Unknown</td>
<td>52 (0)</td>
<td>52 (0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16663 (100)</td>
<td>16765 (100)</td>
</tr>
</tbody>
</table>

#### 4. Patient Groups

<table>
<thead>
<tr>
<th>Patient Groups</th>
<th>Adult/Adolescent Males (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual or bisexual Men</td>
<td>13324 (82)</td>
<td>13324 (80)</td>
</tr>
<tr>
<td>Intravenous (IV) drug User</td>
<td>466 (3)</td>
<td>569 (4)</td>
</tr>
<tr>
<td>Homo/Bi IV drug User</td>
<td>1676 (10)</td>
<td>1676 (10)</td>
</tr>
<tr>
<td>Hemophiliac</td>
<td>107 (1)</td>
<td>114 (1)</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>93 (1)</td>
<td>132 (1)</td>
</tr>
<tr>
<td>Transfusion with blood/products</td>
<td>261 (2)</td>
<td>392 (2)</td>
</tr>
<tr>
<td>None of the above/Other</td>
<td>298 (2)</td>
<td>339 (2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16225 (100)</td>
<td>16663 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Groups</th>
<th>Pediatric Males (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemophiliac</td>
<td>8 (13)</td>
<td>8 (8)</td>
</tr>
<tr>
<td>Parent at risk/has AIDS/HIV</td>
<td>20 (32)</td>
<td>45 (44)</td>
</tr>
<tr>
<td>Transfusion with blood/products</td>
<td>32 (52)</td>
<td>45 (44)</td>
</tr>
<tr>
<td>None of the above/Other</td>
<td>2 (3)</td>
<td>4 (4)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62 (100)</td>
<td>102 (100)</td>
</tr>
</tbody>
</table>
5. Reported Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis.

<table>
<thead>
<tr>
<th>Half-Year of Diagnosis</th>
<th>Number of Reported Cases</th>
<th>Number of Reported Deaths</th>
<th>Case-Fatality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1980</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1980 Jan-June</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>9</td>
<td>7</td>
<td>78%</td>
</tr>
<tr>
<td>1981 Jan-June</td>
<td>16</td>
<td>14</td>
<td>88%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>39</td>
<td>35</td>
<td>90%</td>
</tr>
<tr>
<td>1982 Jan-June</td>
<td>72</td>
<td>60</td>
<td>83%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>138</td>
<td>125</td>
<td>91%</td>
</tr>
<tr>
<td>1983 Jan-June</td>
<td>296</td>
<td>259</td>
<td>88%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>392</td>
<td>359</td>
<td>92%</td>
</tr>
<tr>
<td>1984 Jan-June</td>
<td>560</td>
<td>485</td>
<td>87%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>768</td>
<td>645</td>
<td>84%</td>
</tr>
<tr>
<td>1985 Jan-June</td>
<td>1080</td>
<td>929</td>
<td>86%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>1304</td>
<td>1066</td>
<td>82%</td>
</tr>
<tr>
<td>1986 Jan-June</td>
<td>1693</td>
<td>1312</td>
<td>77%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>2021</td>
<td>1274</td>
<td>63%</td>
</tr>
<tr>
<td>1987 Jan-June</td>
<td>2349</td>
<td>1317</td>
<td>56%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>2388</td>
<td>1003</td>
<td>42%</td>
</tr>
<tr>
<td>1988 Jan-June</td>
<td>2357</td>
<td>682</td>
<td>29%</td>
</tr>
<tr>
<td>July-Dec</td>
<td>1278</td>
<td>215</td>
<td>17%</td>
</tr>
<tr>
<td>Totals</td>
<td>16765</td>
<td>9790</td>
<td>58%</td>
</tr>
</tbody>
</table>
California AIDS Cases
Cumulative Cases and Incidence
as of November 30, 1988

Department of Health Services
Office of AIDS
Research and Statistics Section

Sonoma 240-
Marin 149-
Contra Costa 262-
San Francisco 5,140-
Alameda 753-
San Mateo 266-
Santa Clara 412-
Santa Cruz 66-

Numbers represent total cases.
Dot density shows cumulative incidence per 100,000 persons.
(9.3 dots per square cm equals a rate of 1/100,000). For example:

80: 

20: 

5: 

Note: Dot placement within counties is in a randomized pattern. Population estimates as of July 1988, Dept. of Finance.
## AIDS CASES & CUMULATIVE INCIDENCE
### 1981 THRU DECEMBER 1, 1988

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>AIDS Cases</th>
<th>Deaths</th>
<th>Mortality Rate</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>753</td>
<td>369</td>
<td>49.0%</td>
<td>60.506</td>
</tr>
<tr>
<td>Berkeley</td>
<td>83</td>
<td>39</td>
<td>47.0%</td>
<td>77.715</td>
</tr>
<tr>
<td>Amador</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>3.597</td>
</tr>
<tr>
<td>Butte</td>
<td>13</td>
<td>8</td>
<td>61.5%</td>
<td>7.400</td>
</tr>
<tr>
<td>Colusa</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>6.354</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>262</td>
<td>128</td>
<td>48.9%</td>
<td>34.878</td>
</tr>
<tr>
<td>El Dorado</td>
<td>12</td>
<td>10</td>
<td>83.3%</td>
<td>10.363</td>
</tr>
<tr>
<td>Fresno</td>
<td>81</td>
<td>46</td>
<td>56.8%</td>
<td>13.315</td>
</tr>
<tr>
<td>Glenn</td>
<td>3</td>
<td>1</td>
<td>33.3%</td>
<td>12.379</td>
</tr>
<tr>
<td>Humboldt-Del Norte</td>
<td>16</td>
<td>8</td>
<td>50.0%</td>
<td>11.860</td>
</tr>
<tr>
<td>Imperial</td>
<td>8</td>
<td>4</td>
<td>50.0%</td>
<td>7.026</td>
</tr>
<tr>
<td>Inyo</td>
<td>3</td>
<td>2</td>
<td>66.7%</td>
<td>16.167</td>
</tr>
<tr>
<td>Kern</td>
<td>48</td>
<td>31</td>
<td>64.6%</td>
<td>9.298</td>
</tr>
<tr>
<td>Kings</td>
<td>5</td>
<td>3</td>
<td>60.0%</td>
<td>5.231</td>
</tr>
<tr>
<td>Lake</td>
<td>11</td>
<td>4</td>
<td>36.4%</td>
<td>19.982</td>
</tr>
<tr>
<td>Lassen</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>3.897</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>5,985</td>
<td>3,693</td>
<td>61.7%</td>
<td>71.429</td>
</tr>
<tr>
<td>Long Beach</td>
<td>454</td>
<td>234</td>
<td>51.5%</td>
<td>109.187</td>
</tr>
<tr>
<td>Pasadena</td>
<td>82</td>
<td>49</td>
<td>59.8%</td>
<td>62.121</td>
</tr>
<tr>
<td>Madera</td>
<td>2</td>
<td>2</td>
<td>100.0%</td>
<td>2.379</td>
</tr>
<tr>
<td>Marin</td>
<td>149</td>
<td>91</td>
<td>61.1%</td>
<td>65.218</td>
</tr>
<tr>
<td>Mendocino</td>
<td>34</td>
<td>20</td>
<td>58.8%</td>
<td>43.746</td>
</tr>
<tr>
<td>Merced</td>
<td>11</td>
<td>7</td>
<td>63.6%</td>
<td>6.249</td>
</tr>
<tr>
<td>Modoc</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>10.200</td>
</tr>
<tr>
<td>Monterey</td>
<td>101</td>
<td>56</td>
<td>55.4%</td>
<td>28.857</td>
</tr>
<tr>
<td>Napa</td>
<td>32</td>
<td>23</td>
<td>71.9%</td>
<td>29.757</td>
</tr>
<tr>
<td>Nevada</td>
<td>8</td>
<td>3</td>
<td>37.5%</td>
<td>10.362</td>
</tr>
<tr>
<td>Orange</td>
<td>680</td>
<td>396</td>
<td>58.2%</td>
<td>30.439</td>
</tr>
<tr>
<td>Placer</td>
<td>12</td>
<td>6</td>
<td>50.0%</td>
<td>7.945</td>
</tr>
<tr>
<td>Plumas</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>4.970</td>
</tr>
<tr>
<td>Riverside</td>
<td>290</td>
<td>190</td>
<td>65.5%</td>
<td>31.217</td>
</tr>
<tr>
<td>Sacramento</td>
<td>298</td>
<td>153</td>
<td>51.3%</td>
<td>31.218</td>
</tr>
<tr>
<td>San Benito</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>2.918</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>211</td>
<td>122</td>
<td>57.8%</td>
<td>17.536</td>
</tr>
<tr>
<td>San Diego</td>
<td>1,122</td>
<td>619</td>
<td>55.2%</td>
<td>49.056</td>
</tr>
<tr>
<td>San Francisco</td>
<td>5,140</td>
<td>3,010</td>
<td>58.6%</td>
<td>62.283</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>73</td>
<td>37</td>
<td>50.7%</td>
<td>15.998</td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>32</td>
<td>16</td>
<td>50.0%</td>
<td>15.003</td>
</tr>
<tr>
<td>San Mateo</td>
<td>266</td>
<td>151</td>
<td>56.8%</td>
<td>42.293</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>97</td>
<td>47</td>
<td>48.5%</td>
<td>27.493</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>412</td>
<td>221</td>
<td>53.6%</td>
<td>28.354</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>66</td>
<td>37</td>
<td>56.1%</td>
<td>28.740</td>
</tr>
<tr>
<td>Shasta</td>
<td>13</td>
<td>5</td>
<td>38.5%</td>
<td>9.177</td>
</tr>
<tr>
<td>Sierra</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>27.480</td>
</tr>
<tr>
<td>Siskiyou</td>
<td>5</td>
<td>4</td>
<td>80.0%</td>
<td>11.401</td>
</tr>
<tr>
<td>Solano</td>
<td>66</td>
<td>38</td>
<td>57.6%</td>
<td>22.099</td>
</tr>
<tr>
<td>Sonoma</td>
<td>240</td>
<td>126</td>
<td>52.5%</td>
<td>67.377</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>33</td>
<td>18</td>
<td>54.5%</td>
<td>10.909</td>
</tr>
<tr>
<td>Sutter</td>
<td>7</td>
<td>4</td>
<td>57.1%</td>
<td>11.366</td>
</tr>
<tr>
<td>Tehama</td>
<td>2</td>
<td>2</td>
<td>100.0%</td>
<td>4.204</td>
</tr>
<tr>
<td>Trinity</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>6.986</td>
</tr>
<tr>
<td>Tulare</td>
<td>36</td>
<td>18</td>
<td>50.0%</td>
<td>11.931</td>
</tr>
<tr>
<td>Tuolumme</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
<td>10.871</td>
</tr>
<tr>
<td>Ventura</td>
<td>80</td>
<td>38</td>
<td>47.5%</td>
<td>12.530</td>
</tr>
<tr>
<td>Yolo</td>
<td>14</td>
<td>5</td>
<td>35.7%</td>
<td>10.755</td>
</tr>
<tr>
<td>Yuba</td>
<td>6</td>
<td>3</td>
<td>50.0%</td>
<td>10.639</td>
</tr>
<tr>
<td>Unknown</td>
<td>14</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,765</strong></td>
<td><strong>9,790</strong></td>
<td><strong>58.4%</strong></td>
<td><strong>60.203</strong></td>
</tr>
</tbody>
</table>
Pediatric AIDS

(Continued from page 1.)

than for AIDS cases overall, or than for AIDS cases among California women. Table I presents the number of cases diagnosed among children under age 13 by sex and by year of diagnosis. The higher number of male children diagnosed with AIDS is partially due to hemophilia which occurs almost exclusively among males, but the bulk of the increased risk to male children is attributable to transfusion, as shown in Table II. A higher incidence of blood transfusion in male infants might explain this finding as might some misclassification of hemophiliacs who could have also received transfusions of cells or other blood products in addition to clotting factors. The male proportion of parentally transmitted Pediatric AIDS cases, 46.5%, is not significantly different from the male proportion in the with blood products (TRANS), and No Identified Risk (NIR). The totals for each transmission category are presented in Table III. Receiving a transfusion of infected blood is the single most common way for California children with AIDS to have contracted HIV.

Table I. Pediatric AIDS Cases Reported to the California Department of Health Services through November 30, 1988, by Sex and Year of Diagnosis. Adult female cases are given for comparison.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>1</td>
<td>13</td>
<td>16</td>
<td>62</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>18</td>
<td>17</td>
<td>25</td>
<td>20</td>
<td>99</td>
</tr>
</tbody>
</table>

* 1981 includes cases reported in previous years. Cases diagnosed in 1987 and 1988 are under-counted due to reporting delays.

The specific modes of transmission for parents of the children in this group are distributed throughout all reportable risks. These include 12 instances where the mother is an Intravenous Drug User (IVDU) and 12 cases where the mother had sex with an IVDU. Additionally, 7 mothers were reported as either having AIDS or testing HIV positive without their specific risk category given. Six mothers had been transfused with infected blood, and the remaining six cases were distributed among the other four adult risk categories.

The final identified mode of transmission for HIV in children, transmission by infected clotting factor injection, constitutes only 8% of pediatric AIDS. The number of hemophilia related cases, like the number of transfusion cases, should not experience much growth in the future due to the screening of the blood supply that has occurred since 1985.

Only 4% of Pediatric AIDS cases could not be classified with an identified mode of transmission (No Identified Risk - NIR).

Age at Diagnosis

All California children with AIDS to date have been diagnosed at less than 12 years of age. Risk group frequency is shown by age at diagnosis in Table IV. As expected, the younger the age at diagnosis, the more likely it is that the transmission was vertical (from parents with known infection or
known risk factors for infection). In children diagnosed between the ages of 2 and 6 (inclusive) the transmission mode is more likely to have been by transfusion of infected blood products. All children with AIDS infected via injection of clotting factors (hemophiliacs) have been diagnosed when older than 7 years of age.

Table III. Pediatric AIDS Cases in California by Category of Transmission, through November 30, 1988, by Year of Diagnosis.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HEMO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>PARENT</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>11</td>
<td>10</td>
<td>43</td>
</tr>
<tr>
<td>TRANS</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>10</td>
<td>9</td>
<td>44</td>
</tr>
<tr>
<td>NIR</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

* 1982 includes cases reported in previous years. Cases diagnosed in 1987 and 1988 are under-counted due to reporting delays.

California Department of Health Services, Office of AIDS.

which attempts to model HIV infection and disease progression processes, and another which simply extrapolates observed AIDS incidence trends into the future. In principle, it is possible to employ the first approach (epidemic modeling) for pediatric case projections. However, because of the comparatively small number of pediatric cases observed to date and

Table IV. Pediatric AIDS Cases in California by Category of Transmission and Age at Diagnosis, through November 30, 1988.

<table>
<thead>
<tr>
<th>Years of Age</th>
<th>&lt;1</th>
<th>1</th>
<th>2-6</th>
<th>7-11</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEMO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>8 (8%)</td>
</tr>
<tr>
<td>PARENT</td>
<td>18</td>
<td>9</td>
<td>15</td>
<td>1</td>
<td>43 (43%)</td>
</tr>
<tr>
<td>TRANS</td>
<td>3</td>
<td>4</td>
<td>32</td>
<td>5</td>
<td>44 (44%)</td>
</tr>
<tr>
<td>NIR</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23</td>
<td>14</td>
<td>47</td>
<td>15</td>
<td>99 (100%)</td>
</tr>
</tbody>
</table>

California Department of Health Services, Office of AIDS.

Projected Pediatric AIDS in California Through 1993

Office of AIDS research staff have developed estimates of how many new pediatric AIDS cases may be expected in California during the next few years. There are two general approaches used for AIDS case projections, one the several untestable assumptions that are required for epidemic modeling, the second approach (trend extrapolation) was used. By this method, a mathematical curve is fitted to AIDS incidence data from the beginning of the epidemic through the present. Values lying along the curve at future points in time are then calculated. Before estimating the trend, observed incidence data (pediatric cases diagnosed per half year) were adjusted to prevent incomplete reporting in recent time periods (reporting lag) from influencing the estimated trend. Of the different types of curves tested, a log-logistic growth curve was found to best fit the adjusted pediatric AIDS incidence data. Results for this model, annually from 1988 through 1993, are displayed in Figures 1 and 2.

By the end of 1988, the analysis predicts 156 pediatric AIDS cases will have been diagnosed in California. (Note: The "lower bound" and "upper bound" figures are obtained by subtracting and adding, respectively, one standard error from/to the estimated parameter for the curve.) This estimate may seem high in light of the approximately 100 pediatric cases reported through November, 1988. By the time reports of all current pediatric AIDS cases are received, however, it is quite likely this number will approach the mid-range estimate from the projection curve. The log-logistic model predicts acceleration in pediatric AIDS incidence through 1993, with 1,158 cumulative cases diagnosed by that time, and 374 cases diagnosed in 1993 alone. The reader should be cautioned, though, that confidence in these projections (as indexed by the distance between the "lower" and "upper" bounds) diminishes with each succeeding year the curve is projected into the future.

The model predicts a very gradually declining doubling time of approximately seven quarters for pediatric AIDS in California. For example, by the end of 1989 it is estimated that 237 pediatric cases will have been diagnosed: There will be twice this number of pediatric cases, according to the model, roughly seven quarters later, i.e., by around the third quarter of 1991.

Prepared by James N. Creeger, Frank Capell, and Alan Trachtenberg of the Office of AIDS.
Figure 1. Projected Annual Incidence of Pediatric AIDS in California: 1988-1993.

<table>
<thead>
<tr>
<th>Year</th>
<th>Upper Bound</th>
<th>Best Guess</th>
<th>Lower Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>65</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>1989</td>
<td>114</td>
<td>81</td>
<td>57</td>
</tr>
<tr>
<td>1990</td>
<td>173</td>
<td>119</td>
<td>81</td>
</tr>
<tr>
<td>1991</td>
<td>263</td>
<td>174</td>
<td>115</td>
</tr>
<tr>
<td>1992</td>
<td>400</td>
<td>255</td>
<td>163</td>
</tr>
<tr>
<td>1993</td>
<td>608</td>
<td>374</td>
<td>182</td>
</tr>
</tbody>
</table>

California Department of Health Services, Office of AIDS.

Figure 2. Projected Cumulative Pediatric AIDS in California: 1988-1993.

<table>
<thead>
<tr>
<th>Year</th>
<th>Upper Bound</th>
<th>Best Guess</th>
<th>Lower Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>167</td>
<td>156</td>
<td>147</td>
</tr>
<tr>
<td>1989</td>
<td>281</td>
<td>237</td>
<td>205</td>
</tr>
<tr>
<td>1990</td>
<td>464</td>
<td>365</td>
<td>286</td>
</tr>
<tr>
<td>1991</td>
<td>718</td>
<td>529</td>
<td>401</td>
</tr>
<tr>
<td>1992</td>
<td>1,118</td>
<td>784</td>
<td>563</td>
</tr>
<tr>
<td>1993</td>
<td>1,725</td>
<td>1,158</td>
<td>745</td>
</tr>
</tbody>
</table>

California Department of Health Services, Office of AIDS.
Confidential Testing
(Continued from page 1.)

suicide prevention, is clinically indicated. Additionally, the education content consists of interpretation of the test, means of reducing risk of HIV transmission, risks to pregnancy if the participant is a woman, and AIDS related symptoms and referral services.

It should be noted that the confidential HIV testing offered at publicly funded clinics is distinct from that offered at Alternative Test Sites, where anonymous HIV antibody testing is provided.

Program Components

In planning the implementation of the program, the Office of AIDS identified three basic building blocks necessary to insure quality performance. The mainstay component is the mechanism through which the clinics would receive the funds to support program activities. The second component is the actual provision of the education, information and testing services. The Office of AIDS requires that all services be provided by State certified counselors. The third component is the administrative and operational guidance given to contractors and other State agencies with contract oversight to evaluate and improve program performance.

Funding Mechanism

The funding component was created through an intra-agency agreement between the Office of AIDS and the Department’s Family Health Division (includes both the Family Planning Branch and the Maternal and Child Health Branch) and the Rural and Community Health Division. These agencies administer the allocation of Confidential Testing Program funds to free-standing clinics in the state who wish to participate. They also collect the serologic as well as demographic and risk data for the clients who choose to take the HIV antibody test. Lastly, they enter the collected data into a computer and provide the computerized database to the Office of AIDS.

For FY 1988-89, the reimbursement rate to free-standing clinics for education/counseling and testing services was set at $35.00 per test. Reimbursement for clients provided only pre-test education/counseling is set at $10.00 per client. Clients may be charged a co-payment of up to $5.00 for the testing services. The Rural and Community Health Division received $600,000 and the Family Health Division received $2.1 million for this purpose.

Counselor Training

The counselor training component of the program is implemented through a contract with the University of California at San Francisco (UCSF) and the Office of AIDS. Training sessions are being conducted throughout the State. The goal of this component is to train and certify all counselors participating in confidential test sites by the end of the fiscal year.

Administrative Oversight and Evaluation

The administrative oversight and evaluation component of the Confidential Testing Program is provided by the Office of AIDS. Staff are assigned to the Confidential Testing Program to provide the following: consultation with staff of the clinics offering confidential testing; conduct of site visits to evaluate the quality of the confidential testing services offered at individual participating clinics; and analysis of data provided by the clinic clients who chose to be tested. A statistical summary of the first year’s data (lacking, of course, any possible personal identifiers) will be published during the first half of 1989.

Pediatric AIDS Trials
(Continued from page 2.)

agents as they become available for pediatric use.

In addition to pediatric clinical trials, investigators in Northern California, in cooperation with the California Department of Health Services’ Office of AIDS, are pilot testing a program of university-based active surveillance for pediatric AIDS. The surveillance project will attempt to collect epidemiologic information on every HIV-infected pediatric patient who receives medical care in the San Francisco Bay area. Information on these patients will be collected by Soundex, so that patient identifiers will not be available to study investigators. The primary purpose of this project is to evaluate the effectiveness of such a provider-based surveillance system for pediatric HIV infection, and to assess the adequacy of the CDC Pediatric AIDS Case Definition. The current case definition may not adequately address the full range of severe morbidity caused by HIV infection in children. Another goal of this project is to define predictors of morbidity and mortality among HIV-infected infants and children in the San Francisco Bay area. A model surveillance program for pediatric AIDS has already been established in Los Angeles County by Drs. Laurene Mascola and Peter Kerndt (see related stories, page 13).

Prepared by Dr. Yvonne Maldonado, assistant professor of Pediatrics in the Division of Pediatric Infectious Diseases at Stanford University. Dr. Maldonado was previously an Epidemic Intelligence Service (EIS) officer for the Centers for Disease Control. During her two year EIS assignment, she worked with the California Department of Health Services.

Transfusion Risk
(Continued from page 2.)

programs to contact patients who had received transfusions at their facilities between 1978 and 1985. These hospitals had received blood from the Irwin Memorial Blood Bank (Irwin) in San Francisco. Irwin's own statistics suggested that its incidence of HIV-infected blood was above that of other blood banks (Table 1). Individuals who had received transfusions were notified of the possibility that the blood they received could have been contaminated with HIV, and testing for antibodies to this virus was recommended.

In July of 1988 Kaiser expanded its individual patient notification program to include all of its Northern California hospitals. At about the same time, the Hospital Council of Northern California (HCNC) recommended that its members undertake some sort of notification program even though hospitals currently have no obligation to do so. The HCNC is asking hospitals to consider what type of program they need to institute and what resources they can utilize to best meet the needs of the public and adhere to the recommendations of the Watkins Commission. In addition to these efforts, the HCNC has also initiated a series of media communications (press releases and public service announcements) aimed at reaching the 30% of transfusion recipients who were not successfully contacted through previous notification efforts.

Researchers in Southern California recently released the results of a look-back study of living recipients of HIV seronegative blood donated by persons who later tested HIV seropositive at the time of subsequent donation. The focus of the study was on recipients of blood collected in Los Angeles and Orange counties between March 1985 (when screening began) through February of 1987. Demonstrating the effectiveness of the screening program, the researchers documented only three cases of HIV transmission from seronegative blood. They calculate that the risk of HIV transmission from an HIV seronegative unit was approximately 1 in 68,000 (see summary in the November issue of California AIDS Update, page 10).


<table>
<thead>
<tr>
<th>Year</th>
<th>Infection Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978-1980</td>
<td>0.5%</td>
</tr>
<tr>
<td>1981-1983</td>
<td>1.0%</td>
</tr>
<tr>
<td>1984-Feb. 1985</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Source: California Association of Hospitals and Health Systems.
New Guidelines for Bone Transplantation

Following the report of a woman diagnosed with AIDS whose only risk of infection was a bone transplant, the U.S. Public Health Service issued new recommendations to prevent HIV transmission through bone transplantation. For donors of bone allografts, as well as other organ and tissue allografts, the assessment of risk of HIV infection should include reviewing the donor's medical record, testing the donor for HIV antibody, and interviewing living donors. The interview should consist of standardized questions that identify risks for HIV infection. The donor's responses to these questions should be recorded on a form signed by the donor acknowledging that the recorded responses are correct. The completed form should be kept in the tissue bank with other records for the donor. All living donors of bone should be retested at least 90 days after tissue procurement, and only bone from living donors negative for HIV antibody on this repeat testing should be distributed for transplantation. Bone from donors not available for retesting, including cadaveric donors, should be used only when bone from retested living donors is not available or is not appropriate for use in the anticipated surgical procedure. (MMWR, October 7, 1988)

Active Surveillance for Pediatric HIV Infection in Los Angeles County

The Los Angeles Department of Health Services found evidence suggesting as many as 234 cumulative cases of pediatric HIV infection (including symptomatic and asymptomatic cases) from an informal survey in Los Angeles County. Subsequently, in March 1988, the County launched an active surveillance system for all cases of pediatric HIV infection. In addition to the 51 hospitals that are routinely visited for AIDS case surveillance, pediatricians, hematologists, infectious disease specialists, neurologists, and obstetricians were routinely contacted. As of August 1988, 126 HIV infected children (less than 13 years of age) were reported. Two thirds of these did not meet the CDC pediatric case definition for AIDS. (Reported by L. Miscela, M. Murray, K. Iwakoshi, J. Church, L. Lieb, and P. Kernot at the 116th Meeting of the American Public Health Association, Boston, November 13-17, 1988)

Los Angeles Pediatric AIDS Clinical Trials Unit

The Los Angeles Pediatric AIDS Consortium, headed by the UCLA School of Medicine, will be testing a wide variety of experimental drugs to treat AIDS in children and pregnant women. The research will take place under a $5.8 million, five-year grant from the U.S. National Institute of Allergy and Infectious Diseases (NIAID) to establish a Pediatric AIDS Clinical Trials Unit. The unit is one of 13 centers in the nation named to the newly established, $64-million pediatric AIDS network funded by NIAID to expand clinical trials of experimental drugs to treat AIDS in children. Dr. Yvonne Bryson, Associate Professor of Pediatrics at the UCLA School of Medicine, will lead the Los Angeles unit.

One of the Los Angeles program's drug trials will test the effectiveness of zidovudine (AZT) in pregnant, HIV-positive women. Researchers are trying to determine if zidovudine can prevent transmission of the AIDS virus to the newborn. The Los Angeles group and the University of Miami are the only two centers in the network conducting this particular drug trial. Other experimental drugs which may be tested in the Los Angeles program include dydeoxycytidine, soluble CD-4, GM-CSF, foscarinet, and aerosolized pentamidine.

Combinations of drugs will also be tested to treat the other diseases that can occur concurrent to AIDS, such as herpes, cytomegalovirus, Pneumocystis carinii, and other opportunistic infections. Zidovudine will be tested in combination with acyclovir in children to see if both drugs used together will be less toxic and more effective than zidovudine alone. Zidovudine will also be tested in combination with intravenous gamma globulin. (CDC AIDS Weekly, November 21, 1988; see related story, page 2.)

Special AIDS Wards

A special 20-bed AIDS ward at Los Angeles - USC Medical Center is scheduled to be opened in September 1989. "That's an ambitious (schedule) but we are confident we can meet it," says Carl Williams, assistant director for health services. The ward was approved last August. Initially, it had been hoped that the facility could be opened within six months. The delay was caused by necessary renovations and a difficulty in recruiting staff. (CDC AIDS Weekly, November 7, 1988)

A special 12-bed AIDS ward was opened at Mt. Zion Hospital in San Francisco, with a special dedication ceremony on December 1. The ward has an active volunteer program and has received particular support from Temple Emanu-El of San Francisco.

Isoprinosine Ineffectual

Newport Pharmaceuticals, of Newport Beach, California has decided not to seek federal approval to market their drug Isoprinosine. The decision was reached after small-scale tests of Isoprinosine on control groups of patients with certain pre-AIDS conditions, in the U.S. and United Kingdom, were ineffectual in treating those conditions. (Wallstreet Journal, November 16, 1988)

Look Back Efforts in Bay Area Redoubled

Renewed efforts to reach approximately 115,000 people who received blood transfusions in San Francisco between 1976 and 1985 (pre HIV antibody tests) have been initiated by the West Bay Hospital Con-
fenence, in conjunction with the San Francisco Medical Society, the Irwin Memorial Blood Bank, and the San Francisco Department of Public Health. The recipients, who were not reached in earlier attempts to alert them, are being urged to contact their physicians and discuss taking an HIV antibody test. (United Press International, November 15, 1988) (See related story, page 2.)

IV Drug Users Turning to Cocaine

According to Andrew Moss, researcher at the University of California - San Francisco, 2,500 intravenous drug users in San Francisco are now infected, and as many as 400 more of the city's estimated 14,000 intravenous drug users are becoming infected annually. Moss, with Richard E. Chaisson, will publish a study of 200 addicts enrolled in methadone clinics in next month's JAMA. Many IV drug addicts are changing from heroin to cocaine, a cheaper drug which addicts are likely to inject more frequently and compulsively than heroin. HIV infection among these addicts poses a major new threat to the heterosexual population, according to Moss. The researcher said that "while there are strategies and treatment programs for white middle-class cocaine addicts, there is no therapy, no policy, and no access to treatment for poor people". (United Press International, November 16, 1988)

Gallo and Montagnier Speak in Los Angeles

Robert Gallo of the National Cancer Institute and Luc Montagnier of the Pasteur Institute in Paris, co-discoverers of the AIDS causing virus, spoke about AIDS at the World Affairs Council on October 14 in Los Angeles. The two researchers were optimistic about new developments in AIDS research, although they warned that a cure was still a long way off. Montagnier said he is concentrating his work on how the virus affects T-4 lymphocytes. Gallo and his team are working on soluble CD-4, which by mimicking the receptor site to which the virus attaches itself on T helper cells will bind with HIV and block it from binding to the T helper cells. National Institutes of Health scientists are also working on linking the soluble CD-4 with Pseudomonas exotoxin and other toxins which could kill HIV-infected cells when they come in contact with them. (United Press International, November 15, 1988)

HMO Settles with San Francisco

The San Francisco district attorney and a health maintenance organization (HMO) accused of refusing enrollment of some applicants in connection with AIDS, reached an agreement in which the HMO agreed to pay $125,000 to the city and $125,000 to members referred by the city's health department. The HMO, HealthAmerica Corp., a unit of Maxicare Health Plans, Inc., also agreed to a prohibition against refusing or canceling memberships for reasons associated with AIDS. (Wall Street Journal, November 17, 1988)

Study of Bay Area Adolescent IV Drug Users

At the American Medical Women's Association in Chicago, Mindy Thompson Fullilove, M.D., from San Francisco, presented preliminary data from a study of the knowledge, attitudes, and behaviors of a group of black adolescents, ages 15 through 19, who use heroin. Of the 200 heroin-using adolescents, 27% reported five or more sex partners in the last year, and 12% reported more than 10 partners during that time. Over one third said they had never used a condom, most of the rest reported irregular use at best. In general, however, the group demonstrated an understanding of the value of condoms. The problem, according to Dr. Fullilove, is that many felt that use of a condom indicated a lack of love and trust. Moreover, women who sell sex for drugs may not worry, or be in a position to worry, about sexually transmitted diseases (STDs) or HIV infection. In addition, the drug users' judgment may be impaired by the drugs they are taking; 45% of the young men in the study reported having sex while under the influence of drugs. One finding of the study was that the adolescents who dealt drugs had a significantly higher incidence of STDs than those who simply used them. These wealthy dealers, who appear to be at the highest risk of HIV infection, also have the greatest access to people inside as well as outside the drug using community. (American Medical News, November 18, 1988)

Admiral Watkins Says CDC Infection Estimates Are Low

The Centers for Disease Control's estimate of 1 million to 1.5 million Americans infected with the AIDS virus is low, according to Admiral James Watkins, head of the Presidential Commission on AIDS. Watkins claims the actual number could be nearing 3 million. During an interview with the Louisville, Kentucky, Courier-Journal, Watkins forecast a "significant escalation" in projected numbers of AIDS patients, pointing to the continued increase in infection rates among drug users, blacks, and Hispanics. To cope with these developments, he favors the passage of anti-discrimination laws, more funds to fight the disease, and changes in the attitudes of Americans. (Associated Press, November 16, 1988)

AIDS and Laws Controlling Access to Needles

Portland (Oregon) and New York City have begun pilot programs which will test the effectiveness of dispensing free needles as a means of stemming the spread of AIDS among intravenous drug users (IVDU). The controversy which has arisen around such programs has had negative effects according to the New York County Lawyers Association. According to the National Institute on Drug Abuse, there are as many as 4.5 million men and women who use drugs intravenously or are the sexual partners of IVDUs. The Association found, from a study of 17 states with
high urban minority populations, that
IVDs in states which ban needle
sales without prescriptions had an
HIV seroprevalence averaging 31 per-
cent, compared to only 5 percent in
areas where they are available for sale
over the counter. (JAMA, November 11,
1988)

OCCUPATIONAL RISK OF DEATH FROM
HEPATITIS GREATER THAN FROM AIDS

Contracting hepatitis is a far
greater risk than contracting AIDS for
U.S. health care workers, according to
a panel of experts at a national meet-
ing on safeguarding workers from in-
fection that was sponsored by the Na-
tional Foundation for Infectious Dis-
cases. About 200 workers die each
year due to infection with hepatitis B
acquired on the job. Almost all these
deaths are preventable. However,
according to Dr. Harold Margolis,
of the federal Centers for Disease Con-
trol (CDC), most health care workers
have not taken the vaccine that is avail-
able to protect against hepatitis B. In
addition, he said that the Public Health
Service is considering whether to
recommend that all infants and
children be vaccinated. Dr. David
Henderson, coordinator for AIDS ac-
tivities at the National Institutes of
Health Research Hospital, said that
while there have only been 22 known
cases of HIV infection by needle stick
injuries, there have been an estimated
12,000 workers who have contracted
hepatitis in the same manner.
(Washington Post, November 22,
1988)

WORLD AIDS DAY

World AIDS Day was telecast to as
many as 500 million viewers in 50
countries on December 1, lead by the
efforts of Spacebridge Broadcasting
Co. in Palo Alto. The show presented
documentary material and scientific
information on the world AIDS crisis,
world leaders and research experts,
and performances featuring Elton
John and other entertainers. The show featured live and videotaped seg-
ments from over 14 countries. The
Foundation for Global Broadcasting
handled satellite clearances and dis-
tribution for World AIDS Day, as it
also did for LIVE AIDS.

ALPHA INTERFERON APPROVED TO
TREAT KAPOSI'S SARCOMA

A recent study published in Lancet
indicates that alpha interferon is an
effective treatment for Kaposi's sar-
coma, and may work well in conjunc-
tion with AZT. In a Phase II clinical
trial, 12 of 26 patients on a high-dosage
regimen of interferon-[alpha] experi-
enced major responses. In five, the
response was confirmed as histol-
ogically complete. In seven of the
responders who initially had detect-
able HIV antigen, viral antigen
decreased. (Lancet, November 26,
1988)

The FDA has approved alpha inter-
feron, a natural protein present in the
body, for treatment of Kaposi's sar-
coma. A study by the National In-
stitute of Allergy and Infectious Dis-
cases (NIAID) helped in obtaining the
approval. With the aid of gene-splic-
ing techniques, it is now possible to
produce the amounts of substance
needed for research and therapy.
Patients with advanced stages of AIDS
appear to be less responsive to the
treatment. Schering Corporation of
Kenilworth, New Jersey and Hof-
mann-La Roche of Nutley, New Jer-
sy will be marketing recombinant ver-
sions of alpha interferon for clinical
use. NIAID is conducting additional
studies of alpha interferon. Volun-
teers with early stages of HIV infection
are being sought for a study comparing
treatment with alpha interferon plus
AZT to treatment with AZT or alpha
interferon alone. Those interested
should call Victoria Davey, R.N., at
(301) 496-7196.

AEROSOLIZED PENTAMIDINE STILL
EXPERIMENTAL

Aerosolized pentamidine, a drug
thought to be unusually effective in
preventing recurrences of pneumocys-
tis carinii pneumonia (PCP), the
leading killer of people with AIDS, is avail-
able only as an experimental treat-
ment, in New York and San Francisco.
The injected form has received FDA
approval and is therefore widely avail-
able for treatment. The delay in ap-
proval of the aerosolized form of the
drug has become another point of con-
tention in the debate between federal
officials and AIDS activists over when
a drug should be made available to
patients. (Washington Post, Novem-
ber 28, 1988)

SAN FRANCISCO VA MEDICAL
CENTER SEEKING VOLUNTEERS

Researchers at the University of
California at San Francisco-affiliated
VA Medical Center (VAMC) are seek-
ing volunteers for a study using
zidovudine to treat patients who are
infected with HIV but not yet seri-
ously ill. The study, which began in
January 1988, offers zidovudine to
veterans who have mild cases of ARC.

So far, 54 volunteers are enrolled,
according to Dr. Peter Jensen, Chief
of the Infectious Diseases Clinic at the
VAMC and UCSF Assistant Clinical
Professor of Medicine and Laboratory
Medicine. Jensen says he hopes to en-
roll 40 or 50 more veterans as volun-
tees by the end of the year.

All study-related care is free. While
monitoring the health of study
patients, the researchers conduct ex-
tensive laboratory studies, including
periodic cultures for HIV and tests to
measure the condition of the immune
system.

RISK OF EXPOSURE TO AEROSOLS
ASSESSSED

A study of 10 nurses and two
respiratory therapists providing
aerosolized ribavirin therapy to
pediatric patients was conducted by
the California Department of Health
Services' Occupational Health Sur-
veillance and Evaluation Program at a
San Francisco hospital between
December 1986 and March 1987. The
purpose of the study was to evaluate
occupational risks to health care
workers administering the antiviral
agent. All 12 were found to have had
exposures to the drug, although no ad-
verse responses to the exposures were
reported. The study found that the ex-
posures to personnel were greatest when ribavirin was administered by oxygen tent, less by mist mask, and least by ventilator.

The CDC recommended that employers should advise health-care workers, who are pregnant or who may become pregnant, of the potential risks of exposure during direct patient care when patients are receiving ribavirin through oxygen tent or mist mask. Two studies have found that ribavirin causes reabsorption of the fetus in pregnant rabbits and malformations in the offspring of all rodent species tested. The CDC also recommended that employers develop procedures designed to reduce employee exposure. (MMWR, September 16, 1988)

Richard Ehrenberg, M.D., a senior epidemiologist with the National Institute for Occupational Safety and Health, said that health care workers administering aerosolized pentamidine to AIDS patients may have similar risks. (AIDS Alert, November 1988)

**Synthetic CD4 Combined with Ricin to Treat HIV Infection**

Dr. Jonathan W. Uhr, of the University of Texas Southwestern Medical Center in Dallas, and colleagues from the San Francisco biotechnology firm Genentech reported that a synthetic CD4 molecule that is combined with ricin, a plant toxin, shows some promise as a killer of cells infected with HIV. The hybrid molecule attaches itself to a glycoprotein on the surface of HIV-infected cells, and, once affixed, kills the cells. (Science, November 25, 1988)

**GM-CSF Increases White Blood Cell Count in AIDS Patients**

Granulocyte-macrophage colony-stimulating factor (GM-CSF) can increase the number of white blood cells and their performance in patients with AIDS, according to researchers at Harvard Medical School and the University of California. They found that GM-CSF, known as a hematopoietic ("blood cell-forming") hormone, temporarily increased the levels of circulating leukocytes, other white blood cells, and some subclasses of leukocytes in patients with AIDS. According to principal investigator David W. Golde, Director of the U.C.L.A. General Clinical Research Center, even very small doses boost the number of circulating white cells. Further studies are planned to test whether GM-CSF can decrease AZT's toxicity when the two drugs are used in combination. (Research Resources Reporter, November 1988)

**AIDS Educational Videocassette for Fifth Graders**

Next spring, Andy Answer, the star cartoon dog in the videocassette, "A is for AIDS" will teach 4,000 fifth graders in San Francisco about AIDS. Washington, Montana, Indiana, and Georgia are considering using the tape also. Journalist and video producer Charlotte K. Beyers of Paltro Alto made the tape with co-writer and director Aron Ranen of Los Angeles. (Associated Press, November 28, 1988)

**San Francisco HIV Infection Rates and AIDS Treatment Costs Projected to 1993**

According to the San Francisco Department of Public Health, San Francisco has an estimated 30,000 HIV-infected people, and 17,000 of them are expected to have developed AIDS by 1993. Based on these figures, San Francisco will face nearly $244 million in costs for high-quality AIDS treatment by 1993, which is three times the $89.3 million the municipal, state, federal, and private sources will pay this year. This year, the City alone paid $11 million in AIDS treatment costs. (San Francisco Examiner, November 27, 1988)

**Volunteers for Ganciclovir Clinical Trial Sought**

The Food and Drug Administration (FDA) has announced that Syntex Corporation and the National Institute of Allergy and Infectious Diseases (NIAID) have initiated a controlled clinical trial of Syntex's investigational drug, ganciclovir, in AIDS patients with cytomegalovirus (CMV) retinitis, an eye infection that can lead to blindness. Patients with newly diagnosed AIDS-related CMV retinitis that is not immediately sight-threatening are being sought to participate in this controlled clinical trial. (Patients with immediately sight-threatening CMV retinitis will be eligible for treatment with ganciclovir under a new Treatment IND sponsored by NIAID.) Study patients who have been taking AZT will have to discontinue it when they begin treatment with ganciclovir because the two drugs cannot be taken together safely. Any physician in the U.S. may enroll a patient in the controlled trial or the Treatment IND. Physicians and patients interested in either the controlled trial or the Treatment IND may call the Ganciclovir Study Center at (301) 497-9888. (U.S. Department of Health and Human Services News Release, November 30, 1988)

**HIV-Related Beliefs, Knowledge, and Behaviors among High School Students**

California was among nine states that participated in a survey of HIV-related beliefs, knowledge, and behaviors among high school students in grades 9-12, aged 13-18 years. A total of 7,013 students participated in the survey in California. Of these, 59% were non-Hispanic white, 20% were Hispanic, 7% were black, 20% were Hispanic, 9% were Asian, and 5% were other. Most of the California students understood that shaking hands was not a risk factor and that IV-drug use and sexual intercourse were risk factors. However, there were areas of ignorance: (1) only 44.5% knew that giving blood was a "nonrisk factor"; (2) only 36.4% knew that insect bites were a nonrisk factor; (3) only 56.2% knew that using public toilets was a nonrisk factor; and (4) only 62.3% knew that having a blood test was a nonrisk factor.

The survey also included a self-reported risk behavior element. Of
the California students (excluding those from San Francisco and Los Angeles), 4.1% (2.6% of the females and 5.7% of the males) reported ever using IV drugs, and 55.6% (48.1% of the females and 64.3% of the males) reported ever having had sexual intercourse. Of San Francisco students, 3.7% (2.4% females and 5.1% males) reported ever using IV drugs, and 28.6% (22.1% females and 37.3% males) reported ever having had sexual intercourse. Behavioral data were not available from Los Angeles students. Results of the surveys will aid the Department of Education in planning AIDS education programs and also to monitor temporal changes in HIV-related beliefs.

Sampling strategies for the nine-state survey were designed to obtain a representative sample of students and varied among sites. The proportion of students who reported a history of three or more sex partners ranged from 15.1% to 42.6% (the range for males, 24.2% to 67.3%; for females, 8.3% to 25.6%). At each site, more male than female students and more older than younger students reported having had three or more sex partners. (MMWR, December 2, 1988)

Health Insurer Adopts New Strategy for People with AIDS

Blue Cross/Blue Shield has adopted a new strategy for the treatment of people with AIDS which will emphasize early intervention. The giant health insurer is initiating the new plan because it is expected to provide better service and reduce the average annual cost of care for treatment of people with AIDS. According to a company spokesperson, a San Francisco study showed that insurance providers can save about $5,000 per year per patient by suggesting early treatment to people with AIDS. Under the new Blue Cross/Blue Shield plan, the company may pay for treatments not normally covered and nonmedical services--such as home-delivered meals--if nurses who review the cases feel they will be less expensive than standard medical strategies, and will help keep the patient healthy and out of the hospital. The company will also pay for HIV tests given in doctors' offices and will start programs to educate physicians about treating AIDS patients. (Journal of Commerce, December 5, 1988)

Transfusion Case Damages Award

A San Francisco Superior Court jury awarded five-year-old Michael Osborn $500,000 and his parents $200,000 damages in a suit against Irwin Memorial Blood Bank. The child contracted AIDS from transfusions during open-heart surgery in 1983. The decision, according to Duncan Barr, Irwin Memorial's attorney, hinged on the blood bank's refusal to accept "directed donations," or transfusions from friends and family members. (New York Times, December 4, 1988)

Chicago HIV Seroprevalence Study

A study by the AIDS Outreach Intervention Project at the University of Illinois found that, of the more than 956 intravenous drug users (IVDU) in Chicago who were interviewed and tested for HIV infection, 21% were HIV positive. There was a wide variation in infection rates between neighborhoods. The researchers plan to look for factors such as cocaine injection which might explain the variation. The 21% infection rate among IVDS contacted on the street is far higher than the rate among IVDS tested at alternate testing sites. (JAMA, December 2, 1988)

PHF Partner Notification Guidelines Published

The Public Health Foundation (PHF) has released a "Guide to Public Health Practice: HIV Partner Notification Strategies." The guidelines were developed jointly by the Association of State and Territorial Health Officials (ASTHO), the National Association of County Health Officers, and the U.S. Conference of Local Health Officers. One section of the report outlines criteria for health care providers to use in determining whether to notify unsuspecting persons that they have been exposed to HIV. (Public Health Foundation Newsletter, Fall 1988)

New York City Program Offers Expanded Methadone Availability

New York City has initiated a new special methadone program that provides methadone medication, without the normally required counseling, to clients who are awaiting a spot in a regular methadone treatment program. The federal government approved the program because of the limited access to methadone programs in New York City and the scope of the drug abuse problem there. Studies of the New York program revealed that, for the most part, the rate of needle abuse declined and the addicts' quality of life improved when enrolled in the program. The federal government has not yet considered permanent exemptions that would permit wider distribution of methadone. (New York Times, December 8, 1988)

Funding Availability

The U.S. Conference of Mayors recently filed a Request for Proposals (RFP) for community-based AIDS risk-reduction education programs targeting racial and ethnic minorities. About 15 grants, ranging from $20,000 to $42,000, for programs across the nation will be awarded. The federal Centers for Disease Control has made the funding available to the U.S. Conference of Mayors. (Bay Area Reporter, December 1, 1988, page 13)
Upcoming Meetings

- **Jan. 14-19, 1989:** "155th National Meeting of the American Association for the Advancement of Science." San Francisco. For information, contact AAAS, Joan Wrather, 1333 H St. NW, Washington, DC 20005. For information, call: (202) 326-6440.

- **Jan. 26, 1989:** "The Los Angeles Symposium on Clinical and Psychosocial Dimensions of HIV Infection." Los Angeles. Sheraton Plaza La Reina, 6101 West Century Blvd. Cosponsored by Physicians Association for AIDS Care (PAAC) and Sherman Oaks Community Hospital, Sherman Oaks, CA. For information, call PAAC at (312) 916-0507.

- **April 13-15, 1989:** "Recent Advances in Hemophilia Care." Los Angeles. For information, contact Nomi Feldman, Conference Coordinator, 3770 Tansy St., San Diego, CA 92121, or call: (619) 453-6222.

MEMORANDUM

TO: Michael Roth, MD  
    Robert E. Anderson, MD  
    Peter H. Heseltine, MD  
    Michael Gorman, MD  
    Michael Gottlieb, MD  
    Helen Miramontes, RN  
    Kirk A. Pessner

FROM: Bruce B. Decker

DATE: December 20, 1988

SUBJECT: Proposed "Open Letter to LIFE Members"

Attached you will find our December 2 proposed continuation plan for Stop Dannemeyer/No on 102. Additionally you will find the preliminary (December 15) and secondary (December 20) response and press coverage generated by my December 1 interview with the San Francisco Chronicle.

Our intention to initiate efforts to preclude future AIDS initiatives--through the Council for AIDS Research & Education--has met with some criticism and I think it is important to respond.

As you review the enclosed material, I invite you to consider serving on CARE's Steering or Advisory Committees.

Included in the December 15 attachment you will find a draft "Open Letter To The LIFE Board," which I respectfully request you to consider co-signing.

I fully recognize that there may be some who, for one reason or another, will not choose or be able to co-sign the letter, but I do think that it is important that it come from prominent AIDS experts as compared to coming from me personally.

I will be calling you shortly to discuss these materials and whether you choose to sign the letter shortly.

In the meantime, Don, George and Lynn join me in our sincerest best wishes for a Happy Holiday Season.
MEMORANDUM

TO: Steering Committee
FROM: Bruce Decker
DATE: December 2, 1988
SUBJECT: PROPOSAL FOR COUNCIL ON AIDS RESEARCH & EDUCATION

Purpose:

The Council on AIDS Research & Education would function as an interim organization (at least through 1989) to establish clear communication among organizations and opinion leaders who have an interest in influencing sound, responsible AIDS policy in California by working to preclude special interest use of the initiative process around AIDS.

The former Stop Dannemeyer/No on 102 Steering Committee is uniquely positioned to undertake these tasks because it has developed a strong working relationship among the concerned parties, has demonstrated competence, and has support comprised of a broad base of health professionals with AIDS expertise.

Mission Statement:

The mission of the Council would be to:

1. Establish an on-going relationship with both the Secretary of State and the Attorney General to monitor the initiative process.

2. Create a forum and dialogue to make every effort to preclude the disruption of another special interest AIDS initiative;

3. Support efforts to reform California's initiative process;

4. Anticipate legislative, bond issue and initiative solutions to revenue-oriented problems with health care funding;

5. Function as a coordinating committee for member organizations in the event such an initiative surfaces.
Justification:

There is a profound moral imperative for the Stop Dannemeyer/No on 102 Steering Committee to undertake the mission outlined above for the following reasons:

1. We have the credibility, contacts and support of organizational and opinion leaders to accomplish the goals;
2. We have the demonstrated ability to influence the statewide media and the media contacts to do so;
3. We have the health professional expertise available to expose and undermine the credibility of special interest extremists with the medical and political communities.
4. We are duty bound to prevent the continued use of California's initiative process to undermine sound AIDS policy in the state and ultimately the country.

Strategy:

Working with a modest administration budget of $30,000 ($2,500 per month), plus direct expenses (such as phone, printing, etc.), CARE will establish clear lines of communication to and from organizations and individuals that have an interest in the effort to maintain and continue developing sound AIDS policy in California.

In addition, CARE would provide a viable, responsible forum for negotiating with potential initiative proponents to work out differences around AIDS policy seeking a legislative solution rather than through the costly, time-consuming, and counter-productive initiative process.

Given the fact that we have had to spend over $3.5 million in the past two-and-a-half years fighting initiatives, it would appear that our mission is a modest and reasonable investment particularly if we are successful in precluding another initiative.

To undertake this task, we suggest re-organizing as the COUNCIL ON AIDS RESEARCH & EDUCATION (CARE) and establishing a structure as outlined below (see "Structure"). In order to move ahead, however, the committee needs to retire its approximately $17,000 debt to retain its responsible and credible position.
In order to demonstrate our openness to working with them, it has been recommended that, as soon as possible CARE should contribute $1,000 thereby obtaining a seat on the Lobby for Individual Freedom and Equality (LIFE) Board of Directors ensuring participation and communication between the groups. Our Media Director Don Volk, as a former LIFE Executive Committee member, would represent us on the LIFE board.

Structure:

CARE would be comprised of a Steering Committee of a minimum of twelve (12) members, each of whom would commit to give or raise $2,500 during the first quarter of 1989 to finance CARE's 1989 efforts.

The Steering Committee would select five (5) members to serve as officers of the Council (chairman, president, vice president, secretary, treasurer) to guide the on-going operations of the Council.

In addition, the Steering Committee would nominate an Advisory Committee, whose members have specific interest in California's AIDS policy to provide advice, information and expertise to the Council. (Advisory members would not have the responsibility of raising funds.)

Nominees for the Steering Committee and Advisory Committee members would be chosen by criterion based on their ability to represent both mainstream and AIDS-related statewide organizations and opinion leaders.

Attached you will find a preliminary list of additional Steering Committee and Advisory Committee invitees. I invite you to nominate additional members.

Bob Ward, the Stop Dannemeyer/No on 102 treasurer, is available to serve as treasurer of the Council.

Cypress Associates is available to provide administrative, media and communication services for the Council.
EXISTING STEERING COMMITTEE

Irene Agnos, California Nurses Assn.
Larry Bush, Mayor Art Agnos
Bruce Decker, Health Policy & Research Foundation
Ron Gray, Lt. Governor Leo McCarthy
Stan Hadden, Senate President pro tem David Roberti
Anne Jennings, Attorney General John Van de Kamp
Marty Keller, United Republican Clubs of California
Mark Madsen, California Medical Assn.
Brandy Moore, Assembly Speaker Willie L. Brown
Steve Morin, Congresswoman Nancy Pelosi
Bruce Pomer, Health Officers Assn. of California
Rick Reidy, Former Asst. to Paul Kirk, Chairman of the National Democratic Committee

Steve Smith, Former Asst. to Assembly Speaker Willie Brown
Lillis Stephens, California Hemophilia Council
Bob Ward, Treasurer
Dan Zingale, Controller Gray Davis

PROPOSED INVITEES

Steering Committee
Duane Dauner, California Assn. of Hospitals & Health Systems
Marcus Conant, MD, National Public Health Project Against AIDS
Dale Redig, California Dental Assn.
Tom Ellick, California Manufacturers Assn.
Norm Kear, American Red Cross
Dr. Robert Johnson, California Pharmacists Assn.
Joe Crishcione, Kaiser Permanente
Tom Nolan, County Supervisors Assn.
Mary Jane Edwards, Mothers of AIDS Patients
Peter Carpenter, ALZA Development Corp.

Advisory Committee
Mark Vandervelden, West Hollywood Councilman Steve Schulte
Rand Martin, LIFE
Diane Himes, MECLA
Bevan Dufty, MECLA
Don Sloan, BAYMEC
Ben Schatz, NGRA
Richard Reinsch, ECCO
Rick Moore, San Diego
Don Francis, CDC
Gary Aldridge, Senator Cranston
Keith Malone, Assemblyman Polanco
Jim Petzke, Supervisor Edelman
Paul Boneberg, Mobilization Against AIDS
STOP DANNEMEYER/NO ON 102: FINAL REPORT

I. INTRODUCTION

Once again California's voters rejected an oppressive and ill-conceived AIDS Initiative by a two-to-one margin. Not only was the defeat of Proposition 102 critical in California, but its defeat also sent a powerful follow-up message to the nation that attempts to politicize and exploit AIDS as a political issue will face strong, concerted and effective opposition.

At the outset, the defeat of Proposition 102, the HIV Reporting Initiative, was neither guaranteed nor an easy undertaking. While some very clear-cut strategies had been established to defeat Proposition 64 in 1986, Prop. 102 was a different, and more difficult, struggle. The perception of a schism in the medical community on the basic reporting issues served the proponents well in the early days of the campaign. Additionally, Dannemeyer was a more difficult target than Lyndon LaRouche, plus the inclusion of Paul Gann increased the sponsors' credibility.

Fundraising also proved more difficult as the gay/lesbian community is feeling the crunch on its economic base because of its continued efforts on behalf of service organizations, research, and the on-going battle against this type of Initiative.

II. STRATEGY

The overall goals of Stop Dannemeyer/No on 102 were clearly and precisely sent out in the campaign strategy paper on July 15, 1988.

We set out to run a streamline, no-nonsense campaign focusing the opposition of statewide organizations and the state's elected and public officials, and educating the major media about the underlying ramifications of Prop. 102 and its "true" effect on California's AIDS policy.

The Stop Dannemeyer/No on 102 steering committee and staff clearly achieved those goals and objectives they established at the outset of the campaign.

We set the agenda by establishing the overall message that Prop. 102 was unnecessary, expensive and would hinder the state's AIDS policy, forcing the proposition's supporters to take the defensive. Then we countered the proponents' campaign effectively, successfully anticipating their arguments.

Our effort did not involve localized, grass-roots organizing because we believed that Californians Against Prop. 102 would be more effective in that effort based on its constituency, structure and Steering Committee. We did, however, work with CAP-102 and other
grassroots organizations to coordinate efforts especially in the area of endorsements and media.

III. MEDIA EFFORTS

Our media strategy was designed to be effective and flexible in order to initially educate news and editorial writers, and later to respond to the proponents as necessary. We got off to a slow start because fundraising efforts precluded early dissemination of press kits; but we worked effectively with the media in the earliest stages to set the overall discussion on the issues outlined in the Initiative.

Moreover, considerable effort was expended with reporters and editors to raise the overall level of discussion on AIDS issues in general. Using the Initiative's proposals as a springboard, we were successful in educating the media about the basic issues of reporting, research work, and the politics of AIDS policy.

Our strong responsive effort during the last weeks of the campaign, particularly following Governor Deukmejian's endorsement, was instrumental in changing the overall attitude of California's voters against the Proposition.

As we had projected, the voters appeared to extensively use "the grids" of all the propositions, supporters, opponents, and arguments as a guide on how to vote. Our final packet of briefing materials distributed to the media was specifically geared to influence the print media's grids in their pre-election issues.

The Stop Dannemeyer/No on 102 campaign took the lead in formulating the message and the media strategy to respond to the proponents' last-ditch efforts. Most notably:

> We effectively positioned the Governor's support endorsement as counterproductive and not in the mainstream of health professionals or in the best interests of the state.

> We assisted in developing the ballot arguments and soliciting signers.

> Within hours of the proponents' press conference in Sacramento, we issued statements by leading AIDS experts (Koop, Watkins, Gebbie) disputing the arguments they had presented, essentially stealing "the lead" from them.

> The campaign produced a Wilson/McCarthy, Deukmejian/Bradley television spot to be used during the final weeks of the campaign. Obviously the Governor's support precluded use of the ad.

> After closely monitoring the proponent's required financial statements, we joined Assemblyman Johan Klehs in filing a complaint with the Fair Political Practices Commission to force the proponents to
disclose the sources of their funding.

> This campaign was instrumental in obtaining the opposition endorsements of the American Red Cross, Surgeon General Koop, Presidential Commission Chairman Adm. Watkins, and former President and Mrs. Gerald Ford.

> Produced Dr. Jonas Salk's opposition and released it both as a commercial and a news item in less than 48 hours during the closing days of the campaign.

We developed a comprehensive press list of editorial, news and political writers that we targeted as key to getting the message to the voters.

Our briefing packets were designed to double as informational materials for endorsement recruiting, for gaining strong opposition to the Initiative, and for media outreach. The packets were used as the "Bible" on Prop. 102 to trigger national media attention on ABC-TV's Nightline, Time, the Washington Post, the Wall Street Journal, the New York Times, the Louisville Kentuckian, in addition to all the state's major media outlets.

Our briefing packets were augmented by aggressively pursuing editorial boards and reporters who were assigned to the Initiative.

Overall we dominated the media outside the immediate San Francisco area, which was fully handled by the Northern California CAP-102 campaign. Elsewhere, specifically in Sacramento, the Central Valley, and Southern California, we took the lead in formulating and focusing the anti-Prop. 102 message.

We were successful in obtaining opposition editorials by all of California's major newspapers and media outlets as a result of a very aggressive phone follow-up effort after the kits had been distributed.

IV. ENDORSEMENTS

The Statewide Organizations Strategy program proved to be an impressive one as we exceeded our goal by 134 percent. Once the briefing package had been assembled for the media, the same package was used for the statewide mailing, along with a formulated cover letter that included an area for an endorsement signature to be kept on file.

The first mailing went out the last week of September to over 250 medical, political, business, labor and trade, and religious organizations. Contact follow-ups were scheduled and initiated a week after the mailings went out. Calls were made daily for two weeks in response to the mailing.

A second mailing went out in early October to over 70 medical, dental and nursing schools, along with the Deans of the Association of
Schools of Public Health, and California's Allied Health Association. Affiliated Steering Committee members were instrumental in following up with this second mailing.

When the endorsements began to come in, the structure for the final list was created with some assistance of CAP-102. However, we were responsible for the maintenance of the comprehensive list, which was kept up daily with much emphasis devoted to it during the last six weeks of the campaign. The list proved very instrumental as a convincing argument in acquiring additional support for our campaign.

The final version was completed on November 4, with 234 organizations and individuals supporting our fight. The final breakdown follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH/MEDICAL</td>
<td>35</td>
</tr>
<tr>
<td>ELECTED OFFICIALS</td>
<td>90</td>
</tr>
<tr>
<td>BUSINESS &amp; PROFESSIONAL</td>
<td>22</td>
</tr>
<tr>
<td>RELIGIOUS</td>
<td>19</td>
</tr>
<tr>
<td>NEWS/MEDIA</td>
<td>13</td>
</tr>
<tr>
<td>LABOR/TRADE</td>
<td>15</td>
</tr>
<tr>
<td>LOCAL GOVERNMENT</td>
<td>19</td>
</tr>
<tr>
<td>STATEWIDE OPINION LEADERS</td>
<td>15</td>
</tr>
<tr>
<td>INDIVIDUALS</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>234</strong></td>
</tr>
</tbody>
</table>

Briefing packets were mailed out daily the last four weeks of the campaign as more and more organizations would need to take a public stance on the issue of Prop. 102.

The week after our convincing defeat of Dannemeyer, and his ill-conceived Prop. 102, was spent finalizing and updating the statewide endorsement list in the computer for future use.

V. FINANCIAL REPORT

As originally stated in our campaign strategy, we ran an economical campaign expending approximately $10,000 less than anticipated (budget $100,000.00, actual $90,353.70). While we kept expenses down, we had several off-budget expenditures in preparing and distributing our television and radio commercials. We ended the campaign with approximately a $17,000 deficit as shown in the figures below.

We must make every effort possible to raise the additional monies to end the campaign without a deficit. The Steering Committee will be instrumental in helping reach a "zero" deficit position during the next several weeks.

As you can see, we have prudently allotted an "audit reserve" for the inevitable post-campaign audit required by the state.
## FINANCIAL STATEMENT
### CAMPAIGN PERIOD ENDED NOVEMBER 10, 1988

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions over $100</td>
<td>$67,295.00</td>
<td>91.71%</td>
</tr>
<tr>
<td>Contributions under $100</td>
<td>$6,082.00</td>
<td>8.29%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>$73,377.00</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Rental</td>
<td>5,410.21</td>
<td>7.37%</td>
</tr>
<tr>
<td>Accounting</td>
<td>3,280.00</td>
<td>4.47%</td>
</tr>
<tr>
<td>Advertising-Newspaper, et al</td>
<td>1,100.00</td>
<td>1.50%</td>
</tr>
<tr>
<td>Advertising-Broadcast</td>
<td>4,509.71</td>
<td>6.15%</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>97.25</td>
<td>0.13%</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>2,429.81</td>
<td>3.31%</td>
</tr>
<tr>
<td>Literature and Printing</td>
<td>6,610.68</td>
<td>9.01%</td>
</tr>
<tr>
<td>Parking Fees</td>
<td>1,168.27</td>
<td>1.59%</td>
</tr>
<tr>
<td>Postage/Delivery</td>
<td>5,175.45</td>
<td>7.05%</td>
</tr>
<tr>
<td>Rent</td>
<td>4,540.00</td>
<td>6.19%</td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
<td>160.00</td>
<td>0.22%</td>
</tr>
<tr>
<td>Services-Cypress</td>
<td>17,500.00</td>
<td>23.85%</td>
</tr>
<tr>
<td>Services-Volk</td>
<td>8,750.00</td>
<td>11.92%</td>
</tr>
<tr>
<td>Services-Dufour</td>
<td>7,500.00</td>
<td>10.22%</td>
</tr>
<tr>
<td>Services-LeMay</td>
<td>9,543.25</td>
<td>13.01%</td>
</tr>
<tr>
<td>Services-Rich</td>
<td>2,046.40</td>
<td>2.79%</td>
</tr>
<tr>
<td>Services-Steven Price</td>
<td>750.00</td>
<td>1.02%</td>
</tr>
<tr>
<td>Services-Rubinstein</td>
<td>850.00</td>
<td>1.16%</td>
</tr>
<tr>
<td>Services-Alice, Inc.</td>
<td>502.11</td>
<td>0.68%</td>
</tr>
<tr>
<td>Telephone</td>
<td>3,467.40</td>
<td>4.73%</td>
</tr>
<tr>
<td>Travel &amp; Meeting Expenses</td>
<td>911.45</td>
<td>1.24%</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>4,051.71</td>
<td>5.52%</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  
$90,353.70  123.14%

**CAMPAIGN FUND BALANCE/DEFICIT**  
$<16,976.70>  <23.14%>

### ACCRUED LIABILITIES

As of November 10, 1988

<table>
<thead>
<tr>
<th>Liability</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services-Volk</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Services-Dufour</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Services-LeMay</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Services-Cypress</td>
<td>9,250.00</td>
</tr>
<tr>
<td>Services-Rubinstein</td>
<td>850.00</td>
</tr>
<tr>
<td>Decker-Expenses</td>
<td>32.32</td>
</tr>
<tr>
<td>LeMay-Expenses</td>
<td>120.53</td>
</tr>
<tr>
<td>Pacific Bell</td>
<td>82.50</td>
</tr>
</tbody>
</table>
VI. CONCLUSION

As the early polling data in July indicated, if the election had been held when Proposition 102 qualified this summer, the Initiative would have passed by the same margin that it was defeated in November, 1988.

The efforts of the Stop Dannemeyer/No on 102 Steering Committee and staff were well worth the time, energy and money spent in defeating a referendum that would have had broad negative impact both in California and throughout the country.

VII. FUTURE STRATEGY

Our efforts in the legislature and with initiatives over the past five years clearly establish several "givens" upon which we should base the development of future strategy:

1. We need to be setting the agenda, forcing our opponents to the position of respondent, not vice versa.

2. On any given issue 30% are for us, 30% against us, and 40% are swayable. (One need only look at the difference between Prop. 96 and 102 voters.)

3. People will act almost solely out of concerns for medical safety and self-interest, not concern for civil rights or humane treatment.

We have to recognize that the frustration felt by some, and the irresistible urge by some to politically exploit this tragedy will not go away because we beat them again.

We can deal proactively by trying to work out compromise legislation as an alternative to those who are frustrated. I fear that our only option as it relates to the opportunities is to continue to isolate them as extremists, and hope to god our strength holds out.

In the meantime, in the midst of our terrible losses, we can take some satisfaction that we beat them soundly, once again.

Thank you for doing your part!
OPEN LETTER TO LIFE BACKGROUND INFORMATION

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page/Item</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>December 2</td>
<td>San Francisco Chronicle Article</td>
</tr>
<tr>
<td>3</td>
<td>December 2</td>
<td>CAP-102 Statement signed by Nolan and Pabich</td>
</tr>
<tr>
<td>4</td>
<td>December 2</td>
<td>Pabich letter</td>
</tr>
<tr>
<td>5</td>
<td>December 3</td>
<td>Statement signed by LIFE Board members</td>
</tr>
<tr>
<td>8</td>
<td>December 6</td>
<td>LIFE release</td>
</tr>
<tr>
<td>10</td>
<td>December 8</td>
<td>Bay Area Reporter article</td>
</tr>
<tr>
<td>11</td>
<td>December 14</td>
<td>Frontiers article</td>
</tr>
<tr>
<td>13</td>
<td>December 14</td>
<td>Frontiers commentary by Zeke Zeidler</td>
</tr>
<tr>
<td>14</td>
<td>December 15</td>
<td>Bay Area Reporter Editorial</td>
</tr>
<tr>
<td>15</td>
<td>December 15</td>
<td>Bay Area Reporter Article</td>
</tr>
<tr>
<td>16</td>
<td>December 16</td>
<td>San Francisco Sentinel article</td>
</tr>
<tr>
<td>17</td>
<td>January</td>
<td>Coming Up! article</td>
</tr>
</tbody>
</table>
Doctors Vow to Push AIDS

-by Lori Olszewski
Chronicle Staff Writer

California doctors who supported Proposition 102 said they will pursue their lawsuit to force the state to begin the AIDS reporting system rejected by the voters last month.

Dr. Lawrence McNamee, the Los Angeles County radiologist who heads the doctor group that backed the measure, indicated after the defeat of Prop 102 that the suit might be dropped. Now he says they will go forward with the effort to have the state's top health officer require the reporting of people infected with the AIDS virus.

"At this time, we have no intention of dropping the lawsuit," said McNamee, one of the plaintiffs in the suit. "I have been talking to our physicians, and no one seems to not want to pursue it."

Meanwhile, in a major shift, foes of 102 said they are willing to discuss compromise legislation that would provide for reporting under strict conditions.

Bruce Decker, one of the leaders in the fight to defeat the initiative, said he and other opponents had been making overtures to McNamee in the hope of avoiding a repeat of the negative and expensive AIDS initiatives battles that have consumed the state over the last three years.

"I'm not saying I'm willing to support such legislation, but I am willing to talk about compromise," Decker said yesterday. "We have spent $35 million fighting these damned initiatives," said Decker. "We wanted to sit down with McNamee and his people and say we all have the same objectives. We just are suggesting different methods."

Reached last night, McNamee said, "We'd be delighted to sit down and negotiate. Our goal remains the containment of this disease."

McNamee acknowledged that Prop 102 "may not be the absolute correct answer."

California now requires the reporting only of people with full-blown AIDS — not people who are infected but who have only early signs of the disease or no symptoms.

Foes of 102 are willing to discuss compromise legislation

Those who worked against Proposition 102 had hoped that the lawsuit, filed in Los Angeles a week before the November election, would be abandoned by the doctors because they lost at the polls.

Decker said a possible compromise would have to contain safeguards, including anti-discrimination legislation for infected people, keeping the anonymous test sites open and reporting based on confirmed laboratory tests and not "suspicion" as Proposition 102 would have allowed.

The names of the infected also should stay with the health care provider, Decker said, with a number and the necessary demographic information provided to the state.

McNamee said he thought it would be a "mistake to negotiate through the newspaper," but he did offer some reaction to the condition that anonymous test sites remain open.

He said he would support keep-
ing some sites open for "research purposes" but would oppose keeping a large number for two reasons. If most people continued to be tested anonymously, it would be hard to gather data on the transmission of the disease. At the same time, widespread anonymous testing also cuts down on partner notification, he said.

It is too early to discuss how talks on a compromise could affect the lawsuit, said McNamee.

"This lawsuit is sour grapes and an attempt to circumvent the will of the voters," Decker said. "It demonstrates their meanness."

He said the coalition that fought against Proposition 102 soon plans to announce its resurrection as the Council for AIDS Research and Education in recognition that more AIDS battles may be ahead.

Proposition 102 supporter McNamee countered that more and more states are passing AIDS reporting laws, and his group's position reflects that national trend.

He said the suit simply asks Kenneth Kizer, the director of the California Department of Health Services, to use his existing authority under public health codes to include infection with the AIDS virus as a reportable disease like other sexually transmitted diseases.

New York physicians recently tried a similar legal tactic to try to force the reporting of infection with the AIDS virus in that state, but they lost in the courts.

Mrs. Bush Crowns Tree
Washington

Barbara Bush, wife of the president-elect, ascended 35 feet aboard a hydraulic boom yesterday and placed the crowning ornament atop the National Christmas Tree, a Colorado blue spruce just beyond the back fence of the White House.

Associated Press
STATEMENT

December 2, 1988

Bruce Decker speaks for no one but himself when he suggests that opponents of Proposition 102 now support some form of public reporting of persons infected with the AIDS virus (San Francisco Chronicle, "Doctors Vow to Push AIDS-Reporting Lawsuit", December 2, 1988).

The statewide campaign organization which defeated the initiative, Californians Against Proposition 102, with which Mr. Decker was not affiliated, emphatically disagrees that such a "compromise" with the extremist proponents of the initiative is necessary or beneficial.

The overwhelming margin of defeat of Proposition 102 and the two previous AIDS initiatives demonstrates that Californians agree with medical experts and health officials that reporting and other punitive measures are inappropriate in dealing with AIDS.

The principle of effective public health policy on AIDS is something we are certainly not going to compromise away, even if Mr. Decker is. We are prepared to defend it again at the ballot box, if necessary.

We do not support Mr. Decker's plans to establish a "Council for AIDS Research and Education" to pursue such an ill-advised strategy. We urge concerned members of the community not to support this proposed organization.

Tom Nolan
Campaign Co-Chair

Dick Pabich
Campaign Manager
December 2, 1988

Bruce:

Let's hope you were misquoted by the Chronicle.

What is even more appalling than your presumption to speak for the opponents of Proposition 102 is your proposal that we now compromise away what we have won after two years of hard work and millions of dollars spent. This will do nothing but encourage the assholes to come after us again. What a brilliant strategy!

[Signature]

Dick
STATEMENT

December 3, 1988

I, individually, and the organization which I represent, are not associated with the "Council for AIDS Research and Education" (CARE) and have not designated Bruce Decker to speak or negotiate on our behalf.

I, individually, and the organization which I represent, have not negotiated with Dr. Lawrence McNamee or California Physicians for a Logical AIDS Response to negotiate a compromise in the reporting to either state or local authorities of the names of individuals who are infected with the AIDS (HIV) virus.

The Lobby for Individual Freedom and Equality (L.I.F.E. AIDS Lobby) has, for the past 2 1/2 years, advocated the formulation of a sound, responsible and workable public AIDS policy. This organization is comprised of over sixty community based affiliate organizations representing almost every major organization working on AIDS related issues in California, of which I and my organization are participants. We do not recognize or support Bruce Decker of the so called "Council for AIDS Research and Education", or his public views on compromising HIV reporting procedures with public authorities.

s/
Diane Himes
Co-Chair, Municipal Elections Committee of Los Angeles
Co-Chair, Californians Against Proposition 102
Past Co-Chair, L.I.F.E. AIDS Lobby

Bill Robinson
Valley Business Alliance

David Kessler
Progressive Nursing Service, Inc.

James Thommes, M.D.

Jeff L. Vopal
Log Cabin Republican Club of Los Angeles

Jim McCabe
Long Beach Lambda Democratic Club

Ron Wolff
Executive Director, Hospice/L.A.-Long Beach

Stan Berry
San Diego County Log Cabin Club
Statement
December 3, 1988

s/
K. Martin Keller
Chairman, United Republican Clubs of California

Robert Craig
Christopher Street West Association/Los Angeles

Herb King

Douglas Scott
1st Unitarian Church of San Diego

Mason A. Sommers, PhD
Gay and Lesbian Community Services Center of Los Angeles

E. H. Duncan Donovan
Lesbian and Gay Right Chapter,
American Civil Liberties Union of Southern California

Kelly Kay
Los Angeles Lawyers for Human Rights

Orin Lindberg, M.D.
Southern California Physicians for Human Rights

Sam M. Catalano
Political Action Coalition for Elections (PACE)
of Riverside and San Bernardino

Donald Disler, Attorney at Law
Co-Chair, L.I.F.E. AIDS Lobby

Todd Dickinson
Bay Area Non Partisan Alliance
Bay Area Lawyers for Individual Freedom

Stephanie Van Vliet

Ellice Parker
Women's AIDS Network

Michael Wienstein
AIDS Hospice Foundation
Los Angeles

Frank N. Ricchiazzi
Californians for Individual Rights and Civil Liberties
(CIRCL-PAC)

Arturo B. Olivas
Cara a Cara Latino AIDS Project

Nicole Ramirez Murray
San Diego County AIDS Assistance Fund
s/
James Matsuo Cua
San Diego Democratic Club

Louis J. Hexter

Jeff LeTourneau
Gay and Lesbian Services Center of Orange County

Robert Helms
Log Cabin Club - Orange County

Georgia Garrett-Norris
Richard M. Reinsch
AIDS Service Foundation/Orange County

Raymond P. Hebert
Orange County Business and Professional Alliance

John J. Duran
Elections Committee of the County of Orange (ECCO)
Co-Chair, L.I.F.E. AIDS Lobby

Scott Westerfield
Eleanor Roosevelt Democratic Club of Orange County

Ronald Taylor
Bay Area Municipal Elections Committee (BAMEC)

Wuzzy Spaulding
Greater Los Angeles AIDS Hospice Foundation

Zeke Zeidler
Stonewall Democratic Club of Southern California
FOR IMMEDIATE RELEASE

December 6, 1988

STATE AIDS LOBBY OPPOSES COMPROMISE WITH PROP 102 PROPONENTS

The Lobby for Individual Freedom and Equality, the statewide AIDS lobby with 64 affiliates from Sacramento to San Diego, denounced overtures for negotiations with California Physicians for a Logical AIDS Response, the backers of the defeated Proposition 102.

In a December 2, 1988 article in the San Francisco Chronicle, Bruce Decker, an opponent to Proposition 102, was quoted as suggesting that he and other unidentified opponents were willing to discuss a compromise on the issue of reporting names of people infected with the AIDS virus to health officials.

At its annual meeting on December 3, the LIFE Board of Directors was stunned and angry by the article and declared its continued opposition to mandatory reporting of names. The Board noted that the current policy in California to require a patient's written consent to disclose test results to health officials and to permit anonymous testing is supported by every major health organization, including the Department of Health Services' AIDS Leadership Committee, as well as the two-thirds of the California voters who voted against Proposition 102.

"AIDS experts across the nation agree that mandatory reporting will exacerbate the epidemic, not control it," said LIFE co-chair Don Disler. "These experts are not suggesting compromise; we must not either." Disler added that after decisively defeating Proposition 102, it was an illogical progression to then compromise away the victory.

Responding to reports that California Physicians for a Logical AIDS Response intends to proceed with a lawsuit to compel state health director Dr. Kenneth Kizer to require reporting of people infected with the AIDS virus, LIFE co-chair John Duran said, "The people of California declared overwhelming support for current state policies by defeating Proposition 102 by a 2 to 1 margin. This lawsuit is an unacceptable attempt to thwart the will of the people."

According to Duran, it is incumbent on Kizer and the Administration to uphold the vote of the people and strongly resist any attempts to force changes through the courts.

- more -
Since June 1986, the LIFE AIDS lobby has served as the principal representative before the California Legislature and the Administration for the communities affected by the AIDS epidemic and the major AIDS service providers. With the backing of its 64 affiliates, LIFE has promoted sane, effective and responsible public policy.

Said Executive Director Rand Martin, "Our objectives reflect the opinions of the medical and public health mainstream. We have certainly negotiated and compromised on controversial issues when it was in the best interests of the state to do so. But we have strenuously resisted any compromise that would undercut current public health methods or would hurt Californians infected with the AIDS virus, especially extremist proposals espoused by the backers of Proposition 102."

Proposition 102, sponsored by Orange County Congressman William Dannemeyer, would have drastically altered existing California AIDS policy by requiring reporting of names of people believed to be infected with the AIDS virus. The voters rejected the initiative by a 66% to 34% margin.

####
Deal Denounced
On HIV Reporting
Compromise Would Defuse Lawsuit

by Ray O'Loughlin

In the last two years, California voters have seen AIDS on their ballots three times. Those measures—Props. 64, 69, and 102—all went down to defeat by substantial margins. Had they passed, people with the disease or suspected of carrying its cause would have found themselves liable for reporting to health officials with no guarantee of confidentiality and possibly even for quarantine.

Defeating those three initiatives took the time and energy of thousands in the gay and lesbian community and $3 million to $4 million that could have gone into support services or research.

Proponents of Prop. 102 say they will be back. Despite those three losses, they threaten future ballot initiatives on AIDS.

But they're not waiting for the next election to try to put their plans into law. California Physicians for a Logical AIDS Response, the small group that broke from the California Medical Association to support Prop. 102, is pursuing a lawsuit that would require the state's health director, Dr. Kenneth Kizer, to collect the names of those who test positive for HIV.

The tenacity of these right-wing groups frightens Bruce Decker, a Los Angeles gay Republican activist who headed one of the Southern California organizations opposing Prop. 102. Decker stunned other opponents of the Dannemeyer initiative by saying last week that a legislative compromise should be reached with the physicians group that would include some form of HIV reporting. That would settle the lawsuit and undercut future ballot measures, he said.

"We have to do whatever we can to avoid future initiatives," Decker told the Bay Area Reporter. "It's too draining for us."

He said he wanted to "establish a dialogue to find out if there is any common ground. It's important that we demonstrate that we're willing to talk."

Other veterans of the battle against Prop. 102 were quick to dissociate themselves from Decker's proposal.

"Bruce Decker speaks for no one but himself when he suggests that opponents of Prop. 102 now support some form of public reporting of persons infected with the AIDS virus," said San Mateo Sup. Tom Nolan, who headed Californians Against Prop. 102.

Nolan said that his organization, of which Decker was not a part, "emphatically disagrees that such a 'compromise' with extremist proponents of the initiative is necessary or beneficial."

Decker believes it would be beneficial. "The other side is going to get better and better at writing these initiatives. They're learning to avoid the fatal flaws and eventually will wear us down and beat us," he said.

GROUNDLESS SUIT

While he didn't think that extremists like Rep. William Dannemeyer were open to any compromise, Decker said he hoped to appease some people behind Prop. 102, such as the physicians group that supported it. "If we can deny Dannemeyer the backing of that fraction of the medical community, he won't have anything to stand on."

He said he took the group's decision to pursue their lawsuit as a sign of their serious intention to push their demands.

But Matt Coles, an attorney with the American Civil Liberties Union (ACLU), criticized that lawsuit as "utterly groundless."

The suit asks the court to order the state health department to initiate the reporting of names of anyone testing positive for HIV. The suit claims that the state is not carrying out its duty as required by law to enforce such public health measures regarding AIDS.

They're claiming that, in the state's health law, the health director has no discretion in these matters," said Coles. "That's ridiculous. As state law now stands, it's totally up to the health director."

On the threat of future ballot initiatives, Coles said, "We are going to face initiatives in the future. But I don't think the way to deal with that is to make settlements with ridiculous lawsuits."

Coles said the gay community should "gear up" for those future battles. "We should acknowledge the fact that AIDS is going to be a political issue as long as the right thinks there is something to be gained from it."

Decker said he did not know exactly what would go into any compromise legislation. That would be "a function of what comes up" in discussions. He referred to HIV reporting as "something that is negotiable."

But Decker did not envision the kind of reporting called for in Prop. 102. He outlined four requirements to any reporting plan: anti-discrimination legislation in place; use of confirmed lab tests instead of mere suspicion; confidentiality protected by use of numbers, with only the local physician knowing names; and maintenance of anonymous test centers.

Dr. Lawrence McNamee of the physicians organization was not available for comment as of press time.
Controversy erupted after an article in the San Francisco Chronicle quoted Bruce Decker, the head of Stop Dannemeyer/No on 102 (Stop 102), as saying the initiative’s opponents are willing to negotiate a compromise that would allow reporting of people with AIDS, as long as certain safeguards are guaranteed. Thirty-seven community leaders throughout the state issued a joint statement that, despite a proposal Decker submitted for a new organization which listed their names as possible invitees, that he does not speak on their behalf, nor do they support compromising HIV reporting procedures or a new organization he has proposed to pursue this strategy. Californians Against Proposition 102 (CAP 102) released a strong statement saying that Decker “speaks for no one but himself” and urged community members not to support the proposed organization.

“I think people saw the article and reacted to it,” said Don Volk, media director for Stop 102. “Interestingly, I will not say none of those people called Bruce, but so far I know no one called to talk to him about it.”

The article in the Dec. 2 issue of the Chronicle, which discussed the lawsuit filed by Dr. Lawrence McNamee and members of the California Physicians for a Logical AIDS Response (C-PLAR, a group of doctors who back Dannemeyer’s goals) to force the state—through the courts—to establish mandatory HIV reporting, gives the impression that Decker speaks for all the opponents of Prop 102—no other groups are consulted or quoted. The article reported that Decker “said he and other opponents had been making overtures to McNamee” in the hopes of reaching an acceptable compromise.

According to Decker and Volk, a possible compromise on reportability would have to include four provisions: no names would be attached to reports by doctors, only demographic information (i.e., Los Angeles county, black female, 27, IV-drug user); anonymous test sites would have to remain open, for those who felt otherwise unable to participate in testing; anti-discrimination protections for people with AIDS; reportage based solely on confirmed lab tests, not on suspicion of infection.

US Rep. William Dannemeyer’s (R-Fullerton) office does not call Decker’s proposal a compromise. According to Brett Barbre, special assistant to the congressperson who championed the legislation, “Decker isn’t offering a compromise. He hasn’t moved at all from his former position.”

Barbre, who called AIDS a “terrible, horrible disease— one I saw at first-hand volunteering in a hospice,” said that the gay community is “killing itself” because of opposition to reportability. “In five or 10 years, if the disease is not under control, there may be another LaRouche-like initiative that will be vindictive.” In terms of Dannemeyer’s failed initiative attempt, Barbre said, “We are correct medically and intellectually, we just couldn’t raise the money [to win the Prop 102 battle].”

Although community leaders have taken exception to Decker’s wording, when pressed, Volk was unable to define what was particularly different about the CARE strategy, as opposed to that of CAP 102 and other groups, with the exception that someone seeking to identify the “anonymous infected individual” could narrow the search down to a particular doctor’s patient, rather than a particular county.

According to Jackie Gelfand, project director of the AIDS Antibody Program at Gay and Lesbian Community Services Center in Los Angeles, their anonymous testing site turns in statistics for age, risk group, sex and ethnicity to the county government—the same information Decker’s group is saying could be provided by doctors. Decker’s group says participation by doctors is important, because it could ultimately reflect a more accurate picture of the epidemic.

The difference of whether a doctor or an anonymous test site reports a case is large difference, though. It is the difference between having names recorded somewhere, albeit “protected,” and having absolutely no name attached to the result.

Current state policy requires a patient’s written consent to disclose test results, a policy which is supported by every major health organization, including the Department of Health Services’ AIDS Leadership Committee.

That difference is especially large to many who fought against the initiative, and felt significantly rewarded by its resounding defeat by a 66% to 34% margin.

The lobby for Individual Freedom and Equality (LIFE), a coalition of AIDS groups throughout the state, was one of the organization’s particularly incensed by the article.

“The reaction at the board of director’s meeting was pretty angry,” said LIFE’s Rand Martin, “that after decisively defeating Prop 102, the comments that Decker made indicated a willingness to give away what we had just fought so hard to achieve.”

The goals of Decker’s proposed organization, the Council on AIDS Research & Education, sound very similar to those of LIFE, which has already made inroads and established a network at the capitol and throughout the state. According to Decker’s proposal, CARE would “function as an interim organization (at least through 1989) to establish clear communication among
organizations and opinion leaders who have an interest in influencing sound, responsible AIDS policy in California by working to preclude special interest use of the initiative process around AIDS."

According to Volk, though, the group was designed to work in concert with, not to replace, LIFE. "CARE would not be working in the legislature as a lobbyist," said Volk, adding that representatives of LIFE and CARE would sit on each other's boards.

Although the article made it appear that Decker spoke for all opponents of Prop 102, this may have been faulty and incomplete reporting, not necessarily a maneuver by Decker.

"Bruce did not say he was speaking for the community and he did not pretend that he was," countered Volk. "He was speaking for himself and as one of the policy experts in California."

The controversy over the article resulted in questions and speculations about Decker's finances and motives.

One of the goals outlined in the proposal for CARE is that of paying back the $17,000 debt incurred by Stop 102. Critics charge the debt is owed to Decker himself and that he is therefore absconding immorally with community money.

They obtained their information from Stop 102's Final Report and Financial Statement, which Volk said was distributed to the press. Among the debts listed is $9,250 owed to Cypress Associates, Decker's political consulting firm. Another $6,500 is owed to other Stop 102 staffers. Expenses and finances for the campaign were approved and monitored by the steering committee, said Volk.

Volk said the committee agreed, in the original Stop 102 proposal, to pay Decker $250 per day for the days he worked exclusively on the campaign, and that this information had been available to the community through that proposal. In order to make sure other expenses were paid, Decker deferred his own payment.

"He has received no compensation for October or November yet," Volk stated.

Volk also stated that the steering committee—among whose 12 members are Larry Bush, Ron Gray and Stan Hadden—had approved the concept of CARE via telephone and subsequently asked for a written proposal.

Ultimately, the conflict may be more about personalities and lack of communication, than it is about a person trying to "sell out" the community, as some critics have charged.

"Bruce is not a team player and he didn't ask their permission to make these statements," said Volk, noting the gay and lesbian community is as diverse as the black or Hispanic community, and that no one group can propose to make a statement which represents every person's viewpoint.

Asian Brooke contributed to this article.
The Good, The Bad and The Ugly

by Zeke Zeidler

THE GOOD
Now you really have an opportunity to put your money where your mouth is. And for closet Big Mac addicts, the news is especially welcome. Joan Kroc, widow of McDonald's restaurant chain founder Ray Kroc, has donated a whopping $1 million to the American Foundation for AIDS Research (AmFAR). Last year, she gave a personal check to AmFAR for another $1 million.

Letters of acknowledgment and thanks to the Kroc Foundation probably wouldn’t hurt future chances of support for the AIDS cause. In the past, Kroc has donated avidly to causes promoting social justice, peace and nuclear disarmament.

So next time you get an urge for a greasy, fast-food burger, be aware that there are sensible alternatives to Carl’s Jr. (a major donor to homophbic and right-wing causes). Go get a Big Mac.

THE BAD
The political struggle for control in the Israeli Knesset (parliament) has been a major focus of the Jewish community in the United States, but gay and lesbian activists should be equally concerned. Gay rights are definitely endangered.

In order to gain control of the government, the political factions are attempting to create a broad-based coalition. There’s a strong chance that such a coalition can only be created by accepting the agenda of the religious right.

Israel’s anti-gay laws were only recently struck down by a surprise vote in the Knesset which was done very quietly. The only part of the discussions between the factions which has gained media attention is the attempt to only consider people who are Jewish by birth or are Orthodox converts as valid applicants for citizenship under the law of return. It is probable that the reinstatement of anti-gay legislation is another concern of the religious right.

One example of the Neanderthal mentality of the religious right in Israel is the reaction that orthodox rabbis recently had towards a group of feminist Jewish women who carried a Torah to the women’s section of the wailing wall. One of the orthodox rabbis who attacked the women, compared a woman carrying the Torah to “a pig” doing the same.

THE UGLY
Many AIDS activists have been busy blaming “other AIDS activists” for the passage of Proposition 96. Criticism of strategy is fine, but personal attacks not taking on tasks—as opposed to attacking those whose actions actually hurt the community—will only serve to divide and conquer our community.

The election is over and now a new strategy debate must be addressed. Who will monitor the initiative process in the future?

An article in the San Francisco Chronicle on Dec. 2 reported that the doctors who supported Prop. 102 are continuing a lawsuit to force Kenneth Kizer, the director of the California Department of Health Services, to use his authority to make HIV infection a reportable disease. So far, so bad...

But it gets worse, AIDS activist Bruce Decker was quoted as “willing to talk about compromise.” Based on Decker’s comments, the article states that “foes of 102” are now willing to accept compromise legislation that would allow reporting under strict conditions. Compromising with this small extremist faction of the medical community—who supported LaRouche and Dannemeyer—would be contrary to the policy advanced by the vast majority of medical experts. This action would harm the community.

Decker is proposing that something called the Council for AIDS Research and Education (CARE) be revived to pay off the debt from the No on 102/Snop.Dannemeyer organization—not to be confused with Californians Against Proposition 102 (CAP 102)—and serve as an initiative watch group on an annual budget of $30,000.

Members of the LIFE AIDS Lobby, however, have already volunteered to serve the function of tracking and opposing future initiatives without an additional $30,000 budget. LIFE has worked for two and a half years to advocate the formulation of a sound responsible and workable public AIDS policy.

The proposal for the formation of CARE listed as prospective members many mainstream activists who would have nothing to do with such an organization. This name dropping serves only as an attempt to present an air of respectability.

The plan backfired as statewide AIDS activists were quick to respond to Decker’s dangerous implications. A statement signed by representatives of over thirty organizations statewide simply clarified that they are not affiliated with CARE and stated their disagreement with CARE’s strategy.

The statement served public notice that any negotiating coordinated by CARE will not remove the opposition of the gay, lesbian and AIDS community to initiatives which allow for disclosure of test results.

There can be no acceptable compromise.
Prop. 102 Docs Say Confidentiality Okay

Push for HIV Reporting in Lawsuit; No Backers for Compromise Plan

by Ray O'Loughlin

The chief proponent of Prop. 102 from the medical community said he will continue to push for HIV reporting. Dr. Lawrence McNamee of Los Angeles is trying to force the head of the California Department of Health Services to begin collecting the names of people who test positive for the AIDS virus. McNamee is head of the group called California Physicians for a Logical AIDS Response (CPLAR). They are suing Dr. Kenneth Kizer.

McNamee insisted, however, that such reporting should be "strictly confidential." "Confidentiality has to be exceedingly strict, it has to be inviolable," he said.

He told Bay Area Reporter that he favored a system such as is in effect in Colorado. "There has not been one documented case of a breach of confidentiality in that system," said McNamee.

But McNamee would not commit to supporting antidiscrimination protections for those carrying HIV or who have AIDS. "We are flatly opposed to any unreasonable prejudice directed against people with the illness," he said. "But blanket antidiscrimination is inappropriate."

He said he did support some protections, such as in the Federal Rehabilitation Act of 1973. That law prohibits discrimination against the handicapped, which by court decision includes AIDS, with "the proviso that one be able to work."

According to McNamee, reporting of those carrying HIV is an idea that is gaining credibility in public health circles. He said he expects the federal Centers for Disease Control to endorse the idea soon. The Watkins Commission on AIDS did back reportability in its final report.

The reason that HIV reporting is gaining acceptance, said McNamee, is that medical scientists can then gain a more accurate perspective on the epidemic.

McNamee said a second benefit to HIV reporting would be partner notification with what he called "focused counselling."

No discussions have yet taken place between McNamee and Bruce Decker, a gay activist who proposed that a compromise allowing some HIV testing be explored. Decker hoped that such a compromise would avoid future right-wing ballot initiatives on AIDS.

"An offer to keep the channels open was made before the election, when 102 appeared to be passing," said McNamee. "But Bruce has never taken me up on the offer."

In the gay community, nobody appeared to be stepping forward to support Decker's proposal to see if there is "common ground" on which to produce compromise legislation on HIV reporting.

A group of mostly Southern California activists issued a letter repudiating Decker's idea. "We do not recognize or support Bruce Decker or the so-called Council for AIDS Research and Education or his public views on compromising HIV reporting procedures with public authorities," read the letter.

The letter also stated that no one had negotiated with Dr. McNamee. It was signed by representatives from many of the 64 member organizations of the Lobby for Individual Freedom and Equality (LIFE).

At its annual meeting Dec. 3, the LIFE board of directors "denounced overtures for negotiations" with CPLAR.

"AIDS experts across the nation agree that mandatory reporting will exacerbate the epidemic, not control it," said LIFE co-chair Don Dialer. "These experts are not suggesting compromise. We must not, either."

Dialer called it "illogical" to compromise away the defeat of Prop. 102.
There Is No Compromise

We have three times beat back challenges by right-wing fanatics that would have turned this state's sensible policy on AIDS on its head. Those victories may be sweet, but who really wanted to have them at all? They took up vast sums of money, much energy, and valuable time that could have been better used elsewhere. And now the losers threaten to yet again besiege this state's voters with repressive, destructive ballot initiatives.

It has been proposed that we reach an agreement with some of the proponents of Prop. 102, the Dannemeyer initiative. A compromise that would allow certain forms of HIV testing and reporting to get through the state Legislature would satisfy a key demand of Prop. 102's authors. And that, it is said, would avoid future ballot initiatives to drain our resources.

Anything that could spare us these torturous and costly ballot measures would certainly be welcomed. But this idea won't work. It's unlikely it would achieve what it proposes and likely would only backfire to further embolden the right wing.

The problem is serious. These campaigns tie up funds, energy, and time. Even though we've been winning, it is wearying and frustrating to keep fighting the same battle over and over again. We could do so much else with those resources. Time could be better spent delivering services to those who need them. Money could be better spent funding efforts to lobby for research and treatments. Political capital could be better utilized to formulate compassionate public health policy, instead of once again repairing damage done by deliberately misinformed people.

But we have no choice. We will have to continue to fight back because we will most certainly continue to be attacked. They aren't going to stop.

Who are "they"? We don't exactly know. As soon as one group is beaten, another starts up. That is the first weakness of any compromise. There is no guarantee possible.

The proposed compromise won't work even if we were agreeable. To concoct a system of some HIV reportability while still maintaining the option of anonymous testing is unworkable. The right would not accept it. Nor would many people opt for a reportable HIV test if the anonymous test were still available.

Keep in mind that it is not public health or even AIDS that motivates right-wing hysteria and the bad legislation. It is us they want to get. The game plan of certain unprincipled politicians is to use AIDS as a marker for gayness so that they can then enforce their bigotry on us all. Failing the accomplishment of that goal, they very much would like to wear us down with repeated, even if useless, assaults. Their aim is to tie up our resources.

A reasonable-sounding proposal won't work to resolve this problem because the other side is not fully rational. And they don't want to be bothered by the facts. As a gay historian has pointed out, you cannot reason people out of an irrationally arrived-at position. Supporters of Props. 64, 69, and 102 are deliberately misinformed because, for them, information is filtered by their pre-set agenda.

AIDS will likely continue to be a political issue in one way or another. Expect it. The way to respond to these challenges is to keep doing what we've been doing—beating them.

Some of the same limitations that apply to us, after all, apply to them, as well. We've demonstrated our ability to raise large sums of money, to deploy credible sources on issues, and to persuade millions of voters. The right wing may have more money than we do, but there are limits even there. We've made ourselves formidable in the electoral arena. We have a track record of success. We've discredited the extremists. That won't go unnoticed. If they ever do win, it's going to cost them.

We should worry less about ballot initiatives from crackpots in Southern California and more about the Legislature and the U.S. Congress, less about Dannemeyer and more about the Georges—Gov. Deukmejian and Pres.-elect Bush.

There is no reason to compromise with the losers. That would give them a success they're not able to achieve legitimately. They don't deserve that. And if we face another ballot challenge and lose, at least we'll lose honorably, with a fight.
AIDS Activists Oppose Compromise

Decker Speaks For Himself, Says LIFE

by Ron Hendricks

In the two weeks since Los Angeles gay rights activist Bruce Decker publicly launched the idea of a compromise on the issue of reporting names of people who test HIV-positive, his strategy of appeasement has been met with virtually unanimous opposition among leaders of the victorious "No-On-102" campaign.

The remarks by Decker which set off a storm of protest appeared in a December 2 article in the San Francisco Chronicle: The Chronicle article stated that "in a major shift, foes of 102" were willing to discuss compromise legislation. The proposed arrangement would involve limited reporting of data on HIV-infected individuals.

While the Chronicle left the impression that Bruce Decker was speaking for a majority of 102 "foes," none could found willing to support his proposal. In a strongly worded statement, Dick Fabich, Northern California campaign manager for No-On-102 declared: "Bruce Decker speaks for no one but himself." In Sacramento, the Lobby for Individual Freedom and Equality (LIFE) issued a statement denouncing overtures for negotiations with California Physicians for a Logical AIDS Response. LIFE Board of Directors was described as "stunned" by the Chronicle article and angrily declared its continued opposition to mandatory reporting of names.

None of the spokespersons opposing Decker's suggestions questioned his motives, only his means. Rand Martin, executive director of LIFE in Sacramento, explained that Decker, a Republican, was appointed by Governor Deukmejian as the first chair to the California AIDS Advisory Committee. "It's because of this that the media often turn to Decker on these issues," Martin explained. Don Silser, LIFE co-chair, asserted that "after decisively defeating Proposition 102, it was an illogical progression to then compromise away the victory."

Enlighten the Minority

The correct strategy, according to Martin, is to educate the small minority of medical professionals who supported 102 to bring them into the mainstream which opposed it. This view was also advocated by Dr. Charles Gesbert of the University of California AIDS Education and Training Center. A consensus seems to be forming that the concerns of such health care providers can be met by enlightenment rather than legislation or litigation.

Part of the motivation of Bruce Decker's move toward legislative compromise did indeed involve a lawsuit filed by California Physicians for a Logical Response to AIDS. The suit demands through the courts what Proposition 102 would have achieved through the ballot box — that State Health Director Kenneth Kizer be forced to include HIV infection in a list of reportable conditions. According to Matt Coles, an attorney with the American Civil Liberties Union, the suit is just part of "a game that lawyers play," a means of jockeying for position in an eventual showdown with 102 opponents.

When asked what the prospects were that the suit would succeed, Coles predicted they were virtually nil. The break-away doctors group would have to prove that the bulk of medical opinion is on their side, which it clearly is not. Rand Martin agreed with this assessment: "A judge would respond very favorably to the voice of the people" in upholding the outcome of Proposition 102.

In a related issue, the Sentinel has learned that the American Association of Medical Colleges in Washington, D.C., has published a recommendation that all medical students and support staff who are in high risk groups voluntarily have themselves tested for the HIV virus. Dr. David Feigal, assistant professor of medicine and epidemiology at UCSF, stated that it is unclear to what extent the recommendation is being complied with. He explained the reasoning behind the explanation as being a suggestion that if your life expectancy is "between five and 10 years, you might want to spend your time doing something a little more fun than going to med school and spending long hours in a hospital."

San Francisco Sentinel • December 16, 1988
The Never-Ending Story of the AIDS Initiatives

BY BRETT MCDONNELL

T here's no rest for the weary. One might think that after the defeat of Proposition 102 we could simply rest and forget about fighting bad AIDS initiatives. One would be wrong. The flip-side of the defeat of 102 was the passage of 96. This is a pernicious measure that lawyers and activists alike are trying to figure out how to fight. Moreover, in the wake of November's split decision and the near-certain threat of more monkey business from Rep. William Dannemeyer and his crowd, several debates have broken out over how this last battle was fought and what we can do now to ward off the next attack.

Southern California AIDS activist Bruce Deck9er set off a controversy when he suggested a possible compromise with some of the Yes on 102 people in order to forestall another initiative campaign in 1990, or at least to split possible supporters of such a campaign. Deck9er notes that Dannemeyer has made it clear that he intends to pursue HIV reporting in the state legislature next year, and if he fails there he will introduce another initiative in 1990; at the same time the California Physicians for a Logical AIDS Response have filed a lawsuit trying to force the state to require HIV reporting. Although both Matt Coles of the ACLU and Ben Schatz of the National Gay Rights Advocates give the lawsuit very little chance of succeeding, it is an example of the sort of resource-wasting harassment of which the pro-102 crowd is capable.

Deck9er proposes reaching a compromise acceptable to both sides that involves confidential reporting of HIV positive results coded by number to ensure that the wrong people cannot get the information. He says, "We would require of our right-wing allies that they lobby the Governor to support anti-discrimination legislation." Anonymous test sites would remain open for those who prefer them, and research projects would remain anonymous. Only confirmed laboratory tests could be reported.

Deck9er's proposal has set off protests from many other people centrally involved in the fight against Prop 102. LIFE Lobby vehemently disagrees with him, as does Dick Pishch, a San Francisco political consultant and one of the key figures in the recent AIDS initiatives fight.

Deck9er points out that as things stand, "Should clinical drug trials become available, we may be in a completely new way of communicating with the right people to people who have tested positive." He feels that the proposed safeguards are enough to assuage the misgivings of the test results. He also points out that his proposal fits the recommendations of the President's Commission on AIDS, which has in general been highly praised by AIDS activists.

But Rand Martin of the LIFE Lobby asks, "Is it appropriate to require people who test to give information to public health officials? Public health officials say no; we concur, and we see no reason to compromise."

While Martin and Dannemeyer are unlikely to compromise, but "The California Physicians for a Logical AIDS Response (CPLAR) people have privately said they're willing to talk about it. If they sided with us, it would deny Dannemeyer the last shred of recognizability."

According to Deck9er, "If we have the most new Proposition 96 to care for, there's too much. If we can have the same CPLAR that got the signatures on the ballot... or was used to market 102." He notes that Paul Cans was the most effective weapon for Yes on 102. And as for Dannemeyer, Martin says, "With people like him, compromise isn't going to stop them. We're dealing with an agenda that is not motivated by a desire to set up good AIDS policy."

Coles also notes, "What happens when they introduce a seemingly logical, relatively well-thought-out, if perhaps somewhat inaccurate initiative requiring the reporting of those known and expected to be HIV positive, [and] which includes a modest anti-discrimination section, protests research subjects, and limits the expense associated with its implementation? Then we have the 1990 version of Prop 96, and we're sunk."

Moreover, others have speculated about the possibility of two ballot measures, one moderate and one extreme, leading to a split defense again and victory for the moderate version.

Martin finds the comparison of a two-initiative approach to this year's 102/96 unconvincing. Prop 102 and 96 raised significant and different issues, and he thinks they thus need to be answered separately. Two initiatives on HIV reporting would raise the same basic issues, and thus could be fought together.

THE TROUBLE THIS TIME

And thus the debate over what to do about future initiatives is affected by opinions about what to do about the last one. What lessons should we learn from the passage of Prop 96? Martin thinks that as "a law and order" issue there was probably little we could have done to defeat it. Deck9er thinks we should have reached a decent compromise with LA Sheriff SheriMan Block before he ever put Prop 96 on the ballot.

The whole question about what was or wasn't done to defeat 96 has been debated ever since the election. As it turned out, CAP 102 galvanized by far the largest part of the gay community, leaving few resources for those fighting a joint campaign against 96 and 102. The effort against 96 was pathetically under-funded and CA usuarios local to Los Angeles. But Howard Armisted, who headed Californians Against Proposition 96, was upset by the decision to split the campaign against the two initiatives. "I think we're mostly disappointed that the gay so-called top leadership was co-opted from the beginning," he says. "It was a really bad idea of political hysteria with a few top leaders. They... looked at the poll of the week..." Armisted says gay leaders should have remembered that on Briggs and the two LA Roche initiatives we also started far behind and wound up with decisive victories.

Pishch defended the split campaign. "The decision was made at public meetings. I don't recall anyone complaining. We were pessimistic about our ability to raise money. By any measure 102 was a more far-reaching and devastating initiative."

There were also logistical obstacles to combining the two campaigns. Financial laws and political alliances make combining the fight difficult. Moreover, Paul Pishch added, "It's very difficult for one organization to achieve. Pishch found this out the hard way when, while running the organization that fought Prop 69, he tried to qualify an initiative establishing an AIDS tax credit.

Moreover, media campaigns for the two initiatives could not be combined, since they raised significantly different issues. Says Pishch, "I can't even imagine writing a brochure that would have effectively covered both. You would have created a joint argument, but not a very strong one."

Armisted also argues that "the people who were fighting 102 were almost stabbing in the back people who were fighting 96." He points to contributors who were told not to give money to CAP 96, and to letters to the editor saying 96 was unbalanced.

Perhaps what can be done about people who have ignored the efforts that he and other CAP 102 advocates charged, "The people who were fighting 102 were almost stabbing in the back people who were fighting 96."

Howard Armisted charges, "The people who were fighting 102 were almost stabbing in the back people who were fighting 96."

people made concerning 96. "I wrote the ballot argument against 96... In the context of our discussions with editorial boards and in our giving money to slate cards, it was a condition that they also say no on 96."

AND NOW?

Be that as it may, Prop 96 has passed and many wonder what can be done about it. One major avenue of response is via legal challenges. Prop 96 has two general areas where it can be challenged, in different ways. One is the question of forced testing. Schatz of the NGRA would prefer to wait for good cases. He says, "Judges are more likely to side with you if they feel sympathetic with the defendant." Coles of the ACLU agrees, but says, "It's only a battle ground. The whole idea of challenge to this would be a spit at a demonstration case. However, I suspect... those won't going to be the best going to see." Prosecutors will start with rape cases and get judges used to ordering tests. In the spring at a demo case, attorneys can argue that there is no medical evidence suggesting any risk of transmitting HIV. This is not so with rape. Still, Coles says there are other arguments. "Taking someone's blood against their will is a search. Traditionally there must be some sort of a reason for thinking something's there. 96 doesn't require that. There are also fifth amendment questions."

So far no cases have been argued. Both Schatz and Coles pointed to a recent incident in Marin County where a judge is ordering testing for a suspected rapist. Coles thinks the ACLU may file a friend of the court brief in that case.

The other broad area involves the use of 96 to test in prison and the dissemination of information to prison workers. Coles says that he is working on a brief that would be filed in the first part of 1989. Schatz calls this part of Prop 96 "wholly over-broad." However, he notes that "counsel have been very hostile to the privacy rights of prisoners."

Coles agrees, but notes, "There is at least some data that suggests that where government is hard-pressed to come up with penological or medical justification the courts will accept it. At some point I was pessimistic. I'm a little less so now. I think we can win this."
MEMORANDUM

TO: Steering Committee Members and Proposed Invitees

FROM: Bruce B. Decker

DATE: December 20, 1988

SUBJECT: FOLLOW-UP TO DECEMBER 15 MEMO

Attached are some additional news items to follow-up my memo to you last week and copies of two CAP-102 statements regarding me and the establishment of the Council on AIDS Research and Education.

Also attached you will find the preliminary agenda for ASAP’s February 10 Conference on AIDS which will take place here in Los Angeles. It presents us with an opportunity to interact with the C-PLAR folks.
<table>
<thead>
<tr>
<th>Page/Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CAP-102 Statement signed by Nolan and Pabich</td>
</tr>
<tr>
<td>2</td>
<td>CAP-102 Statement signed by LIFE Board members</td>
</tr>
<tr>
<td>3</td>
<td>December 16 San Francisco Sentinel article</td>
</tr>
<tr>
<td>4</td>
<td>December 14 Frontiers commentary by Zeke Zeidler</td>
</tr>
<tr>
<td>5</td>
<td>December 15 Bay Area Reporter Editorial</td>
</tr>
<tr>
<td>6</td>
<td>December 15 Bay Area Reporter Article</td>
</tr>
</tbody>
</table>
STATEMENT

December 2, 1988

Bruce Decker speaks for no one but himself when he suggests that opponents of Proposition 102 now support some form of public reporting of persons infected with the AIDS virus (San Francisco Chronicle, "Doctors Vow to Push AIDS-Reporting Lawsuit", December 2, 1988).

The statewide campaign organization which defeated the initiative, Californians Against Proposition 102, with which Mr. Decker was not affiliated, emphatically disagrees that such a "compromise" with the extremist proponents of the initiative is necessary or beneficial.

The overwhelming margin of defeat of Proposition 102 and the two previous AIDS initiatives demonstrates that Californians agree with medical experts and health officials that reporting and other punitive measures are inappropriate in dealing with AIDS.

The principle of effective public health policy on AIDS is something we are certainly not going to compromise away, even if Mr. Decker is. We are prepared to defend it again at the ballot box, if necessary.

We do not support Mr. Decker's plans to establish a "Council for AIDS Research and Education" to pursue such an ill-advised strategy. We urge concerned members of the community not to support this proposed organization.

Tom Nolan
Campaign Co-Chair

Dick Fabich
Campaign Manager
STATEMENT
December 3, 1988

I, individually, and the organization which I represent, are not associated with the "Council for AIDS Research and Education" (CARE) and have not designated Bruce Decker to speak or negotiate on our behalf.

I, individually, and the organization which I represent, have not negotiated with Dr. Lawrence McNamee or California Physicians for a Logical AIDS Response to negotiate a compromise in the reporting to either state or local authorities of the names of individuals who are infected with the AIDS (HIV) virus.

The Lobby for Individual Freedom and Equality (L.I.F.E. AIDS Lobby) has, for the past 2 1/2 years, advocated the formulation of a sound, responsible and workable public AIDS policy. This organization is comprised of over sixty community based affiliate organizations representing almost every major organization working on AIDS related issues in California, of which I and my organization are participants. We do not recognize or support Bruce Decker of the so called "Council for AIDS Research and Education", or his public views on compromising HIV reporting procedures with public authorities.

s/
Diane Himes
Co-Chair, Municipal Elections Committee of Los Angeles
Co-Chair, Californians Against Proposition 102
Past Co-Chair, L.I.F.E. AIDS Lobby

Bill Robinson
Valley Business Alliance

David Kessler
Progressive Nursing Service, Inc.

James Thommes, M.D.

Jeff L. Vopal
Log Cabin Republican Club of Los Angeles

Jim McCabe
Long Beach Lambda Democratic Club

Ron Wolff
Executive Director, Hospice/L.A.-Long Beach

Stan Berry
San Diego County Log Cabin Club
Statement
December 3, 1988

s/
K. Martin Keller
Chairman, United Republican Clubs of California

Robert Craig
Christopher Street West Association/Los Angeles

Herb King

Douglas Scott
1st Unitarian Church of San Diego

Mason A. Sommers, PhD
Gay and Lesbian Community Services Center of Los Angeles

E. H. Duncan Donovan
Lesbian and Gay Right Chapter,
American Civil Liberties Union of Southern California

Kelly Kay
Los Angeles Lawyers for Human Rights

Orin Lindberg, M.D.
Southern California Physicians for Human Rights

Sam M. Catalano
Political Action Coalition for Elections (PACE)
of Riverside and San Bernardino

Donald Disler, Attorney at Law
Co-Chair, L.I.F.E. AIDS Lobby

Todd Dickinson
Bay Area Non Partisan Alliance
Bay Area Lawyers for Individual Freedom

Stephanie Van Vliet

Ellice Parker
Women's AIDS Network

Michael Wienstein
AIDS Hospice Foundation
Los Angeles

Frank N. Ricchiazzi
Californians for Individual Rights and Civil Liberties
(CIRCL-PAC)

Arturo B. Olivas
Cara a Cara Latino AIDS Project

Nicole Ramirez Murray
San Diego County AIDS Assistance Fund
Statement
December 3, 1988

s/
James Matsuo Cua
San Diego Democratic Club

Louis J. Hexter

Jeff LeTourneau
Gay and Lesbian Services Center of Orange County

Robert Helms
Log Cabin Club - Orange County

Georgia Garrett-Norris
Richard M. Reinsch
AIDS Service Foundation/Orange County

Raymond P. Hebert
Orange County Business and Professional Alliance

John J. Duran
Elections Committee of the County of Orange (ECCO)
Co-Chair, L.I.F.E. AIDS Lobby

Scott Westerfield
Eleanor Roosevelt Democratic Club of Orange County

Ronald Taylor
Bay Area Municipal Elections Committee (BAMEC)

Wuzzy Spaulding
Greater Los Angeles AIDS Hospice Foundation

Zeke Zeidler
Stonewall Democratic Club of Southern California
AIDS Activists Oppose Compromise
Decker Speaks For Himself, Says LIFE
by Ron Hendricks

In the two weeks since Los Angeles gay rights activist Bruce Decker publicly launched the idea of a compromise on the issue of reporting names of people who test HIV-positive, his strategy of appeasement has been met with virtually unanimous opposition among leaders of the victorious "No-On-102" campaign.

The remarks by Decker which set off a storm of protest appeared in a December 2 article in the San Francisco Chronicle. The Chronicle article stated that "in a major shift, foes of 102" were willing to discuss compromise legislation. The proposed arrangement would involve limited reporting of data on HIV-infected individuals.

While the Chronicle left the impression that Bruce Decker was speaking for a majority of 102 "foes," none could found willing to support his proposal. In a strongly worded statement, Dick Pabich, Northern California campaign manager for No-On-102 declared: "Bruce Decker speaks for no one but himself." In Sacramento, the Lobby for Individual Freedom and Equality (LIFE) issued a statement denouncing overtures for negotiations with California Physicians for a Logical AIDS Response. LIFE Board of Directors was described as "stunned" by the Chronicle article and angrily declared its continued opposition to mandatory reporting of names.

None of the spokespeople opposing Decker's suggestions questioned his motives, only his means. Rand Martin, executive director of LIFE in Sacramento, explained that Decker, a Republican, was appointed by Governor Deukmejian as the first chair to the California AIDS Advisory Committee. "It's because of this that the media often turn to Decker on these issues," Martin explained. Don Disler, LIFE co-chair, asserted that "after decisively defeating Proposition 102, it was an illogical progression to then compromise away the victory."

Enlighten the Minority

The correct strategy, according to Martin, is to educate the small minority of medical professionals who supported 102 to bring them into the mainstream which opposed it. This view was also advocated by Dr. Charles Gessert of the University of California AIDS Education and Training Center. A consensus seems to be forming that the concerns of such health care providers can be met by enlightenment rather than legislation or litigation.

Part of the motivation of Bruce Decker's move toward legislative compromise did indeed involve a lawsuit filed by California Physicians for a Logical Response to AIDS. The suit demands through the courts what Proposition 102 would have achieved through the ballot box — that State Health Director Kenneth Kizer be forced to include HIV infection in a list of reportable conditions. According to Matt Coles, an attorney with the American Civil Liberties Union, the suit is just part of "a game that lawyers play," a means of jockeying for position in an eventual showdown with 102 opponents.

When asked what the prospects were that the suit would succeed, Coles predicted they were virtually nil. The break-away doctors group would have to prove that the bulk of medical opinion is on their side, which it clearly is not. Rand Martin agreed with this assessment: "A judge would respond very favorably to the voice of the people" in upholding the outcome of Proposition 102.

In a related issue, the Sentinel has learned that the American Association of Medical Colleges in Washington, D.C., has published a recommendation that all medical students and support staff who are in high risk groups voluntarily have themselves tested for the HIV virus. Dr. David Feigal, assistant professor of medicine and epidemiology at UCSF, stated that it is unclear to what extent the recommendation is being complied with. He explained the reasoning behind the explanation as being a suggestion that if your life expectancy is "between five and 10 years, you might want to spend your time doing something a little more fun than going to med school and spending long hours in a hospital."

San Francisco Sentinel • December 16, 1988
The Good, The Bad and The Ugly

by Zeke Zeidler

THE GOOD

Now you really have an opportunity to put your money where your mouth is. And for closet Big Mac addicts, the news is especially welcome. Joan Kroc, widow of McDonald's restaurant chain founder Ray Kroc, has donated a whopping $1 million to the American Foundation for AIDS Research (AmFAR). Last year, she gave a personal check to AmFAR for another $1 million.

Letters of acknowledgment and thanks to the Kroc Foundation probably wouldn't hurt future chances of support for the AIDS cause. In the past, Kroc has donated avidly to causes promoting social justice, peace and nuclear disarmament.

So next time you get an urge for a greasy, fast-food burger, be aware that there are sensible alternatives to Carl's Jr. (a major donor to pro-life and right-wing causes). Go get a Big Mac.

THE BAD

The political struggle for control in the Israeli Knesset (parliament) has been a major focus of the Jewish community in the United States, but gay and lesbian activists should be equally concerned. Gay rights are definitely endangered.

In order to gain control of the government, the political factions are attempting to create a broad-based coalition. There is a strong chance that such a coalition can only be created by accepting the agenda of the religious right.

Israel's anti-gay laws were only recently struck down by a surprise vote in the Knesset which was done very quietly. The only part of the discussions between the factions which has gained media attention is the attempt to only consider people who are Jewish by birth or are Orthodox converts as valid applicants for citizenship under the law of return. It is probable that the reinstatement of anti-gay legislation is another concern of the radical right.

One example of the Neanderthal mentality of the religious right in Israel is the reaction that orthodox rabbis recently had towards a group of feminist Jewish women who carried a Torah to the women's section of the Western Wall. One of the orthodox rabbis who attacked the women, compared a woman carrying the Torah to a "pig" doing the same.

THE UGLY

Many AIDS activists have been busy blaming "other" AIDS activists for the passage of Proposition 102. Criticism of strategy is fine, but personal attacks not taking on tasks—as opposed to attacking those whose actions actually hurt the community—will only serve to divide and conquer our community.

The election is over and now a new strategy debate must be addressed. Who will monitor the initiative process in the future?

An article in the San Francisco Chronicle on Dec. 2 reported that the doctors who supported Prop. 102 are continuing a lawsuit to force Kenneth Kizer, the director of the California Department of Health Services, to use his authority to make HIV infection a reportable disease. So far, so bad.

But it gets worse, AIDS activist Bruce Decker was quoted as "willing to talk about compromise." Based on Decker's comments, the article states that "10s of 102" are now willing to accept compromise legislation that would allow reporting under strict conditions. Compromising with this small, extremist faction of the medical community—who supported LaRouche and Dannemeyer—would be contrary to the policy advanced by the vast majority of medical experts. This action would harm the community.

Decker is proposing that something called the Council for AIDS Research and Education (CARE) be revived to pay off the debt from the No on 102/Skip Dannemeyer organization—not to be confused with Californians Against Proposition 102 (CAP 102)—and serve as an initiative watch group on an annual budget of $30,000.

Members of the LIFE AIDS Lobby, however, have already volunteered to serve the function of tracking and opposing future initiatives without an additional $30,000 budget. LIFE has worked for two and a half years to advocate the formulation of a sound responsible and workable public AIDS policy.

The proposal for the formation of CARE listed as prospective members many mainstream activists who would have nothing to do with such an organization. This name dropping serves only as an attempt to present an air of respectability. The plan backfired as statewide AIDS activists were quick to respond to Decker's dangerous implications. A statement signed by representatives of over 250,000 people statewide simply clarified that they are not affiliated with CARE and stated their disagreement with CARE's strategy.

The statement served public notice that any negotiating coordinated by CARE will not remove the opposition of the gay, lesbian and AIDS community to initiatives which allow for disclosure of test results. There can be no acceptable compromise.
There Is No Compromise

We have three times beat back challenges by right-wing fanatics that would have turned this state’s sensible policy on AIDS on its head. Those victories may be sweet, but who really wanted to have them at all? They took up vast sums of money, much energy, and valuable time that could have been better used elsewhere. And now the losers threaten to yet again besiege this state’s voters with repressive, destructive ballot initiatives.

It has been proposed that we reach an agreement with some of the proponents of Prop. 102, the Camp-Dannemeyer initiative. A compromise that would allow certain forms of HIV testing and reporting to get through the state Legislature would satisfy a key demand of Prop. 102’s authors. And that, it is said, would avoid future ballot initiatives to drain our resources.

Anything that could spare us these torturous and costly ballot measures would certainly be welcomed. But this idea won’t work. It’s unlikely it would achieve what it proposes and likely would only backfire to further embolden the right wing.

The problem is serious. These campaigns tie up funds, energy, and time. Even though we’ve been winning, it’s wearying and frustrating to keep fighting the same battle over and over again. We could do so much else with those resources. Time could be better spent delivering services to those who need them. Money could be better spent funding efforts to lobby for research and treatments. Political capital could be better utilized to formulate compassionate public health policy, instead of once again repairing damage done by deliberately misinformed people.

But we have no choice. We will have to continue to fight back because we will most certainly continue to be attacked. They aren’t going to stop.

Who are “they”? We don’t exactly know. As soon as one group is beaten, another starts up. That is the first weakness of any compromise. There is no guarantee possible.

The proposed compromise won’t work even if we were agreeable. To concoct a system of some HIV reportability while still maintaining the option of anonymous testing is unworkable. The right would not accept it. Nor would many people opt for a reportable HIV test if the anonymous test were still available.

Keep in mind that it is not public health or even AIDS that motivates right-wing hysteria and the bad legislation. It is us they want to get. The game plan of certain unprincipled politicians is to use AIDS as a marker for gayness so that they can then enforce their bigotry on us all. Failing the accomplishment of that goal, they very much would like to wear us down with repeated, even if useless, assaults. Their aim is to tie up our resources.

A reasonable-sounding proposal won’t work to resolve this problem because the other side is not fully rational. And they don’t want to be bothered by the facts. As a gay historian has pointed out, you cannot reason people out of an irrationally arrived-at position. Supporters of Props. 64, 69, and 102 are deliberately misinformed because, for them, information is filtered by their pre-set agenda.

AIDS will likely continue to be a political issue in one way or another. Expect it. The way to respond to these challenges is to keep doing what we’ve been doing—beating them.

Some of the same limitations that apply to us, after all, apply to them, as well. We’ve demonstrated our ability to raise large sums of money, to deploy credible sources on issues, and to persuade millions of voters. The right wing may have more money than we do, but there are limits even there. We’ve made ourselves formidable in the electoral arena. We have a track record of success. We’ve discredited the extremists. That won’t go unnoticed. If they ever do win, it’s going to cost them.

We should worry less about ballot initiatives from crackpots in Southern California and more about the Legislature and the U.S. Congress, less about Dannemeyer and more about the Georges—Gov. Deukmejian and Pres.-elect Bush.

There is no reason to compromise with the losers. That would give them a success they’re not able to achieve legitimately. They don’t deserve that. And if we face another ballot challenge and lose, at least we’ll lose honorably, with a fight.
Prop. 102 Docs Say Confidentiality Okay

Push for HIV Reporting in Lawsuit; No Backers for Compromise Plan

by Ray O'Loughlin

The chief proponent of Prop. 102 from the medical community said he will continue to push for HIV reporting. Dr. Lawrence McNamee of Los Angeles is trying to force the head of the California Department of Health Services to begin collecting the names of people who test positive for the AIDS virus. McNamee is head of the group called California Physicians for a Logical AIDS Response (CPLAR). They are suing Dr. Kenneth Kizer.

McNamee insisted, however, that such reporting should be "strictly confidential." "Confidentiality has to be exceedingly strict, it has to be inviolable," he said.

He told Bay Area Reporter that he favored a system such as is in effect in Colorado. "There has not been one documented case of a breach of confidentiality in that system," said McNamee.

But McNamee would not commit to supporting antidiscrimination protections for those carrying HIV or who have AIDS. "We are flatly opposed to any unreasonable prejudice directed against people with the illness," he said. "But blanket antidiscrimination is inappropriate."

He said he did support some protections, such as in the Federal Rehabilitation Act of 1973. That law prohibits discrimination against the handicapped, which by court decision includes AIDS, with "the proviso that one be able to work."

According to McNamee, reporting of those carrying HIV is an idea that is gaining credibility in public health circles. He said he expects the federal Centers for Disease Control to endorse the idea soon. The Watkins Commission on AIDS did back reportability in its final report.

The reason that HIV reporting is gaining acceptance, said McNamee, is that medical scientists can then gain a more accurate perspective on the epidemic.

McNamee said a second benefit to HIV reporting would be partner notification with what he called "focused counselling."

No discussions have yet taken place between McNamee and Bruce Decker, a gay activist who proposed that a compromise allowing some HIV testing be explored. Decker hoped that such a compromise would avoid future right-wing ballot initiatives on AIDS.

"An offer to keep the channels open was made before the election, when 102 appeared to be passing," said McNamee. "But Bruce has never taken me up on the offer."

In the gay community, nobody appeared to be stepping forward to support Decker's proposal to see if there is "common ground" on which to produce compromise legislation on HIV reporting.

A group of mostly Southern California activists issued a letter repudiating Decker's idea. "We do not recognize or support Bruce Decker or the so-called Council for AIDS Research and Education or his public views on compromising HIV reporting procedures with public authorities," read the letter.

The letter also stated that no one had negotiated with Dr. McNamee. It was signed by representatives from many of the 64 member organizations of the Lobby for Individual Freedom and Equality (LIFE).

At its annual meeting Dec. 3, the LIFE board of directors denounced overtures for negotiations with CPLAR.

"AIDS experts across the nation agree that mandatory reporting will exacerbate the epidemic, not control it," said LIFE co-chair Don Disler. "These experts are not suggesting compromise. We must not, either."

Disler called it "illogical" to compromise away the defeat of Prop. 102.
INTRODUCTION. This symposium is designed for the medical community and others with a keen interest in achieving a greater knowledge of AIDS and HIV infection. Information will be presented through a number of sessions in a precise, understandable fashion with ample time allocated for discussion between speakers and attendees, as well as opportunities for speakers to interact with one another.

Much is still unknown about HIV infection, and varying points of view have emerged both in the public and private sectors and among healthcare workers. This symposium will address the medical issues related to AIDS and HIV infection, early diagnosis, optimal treatments and the future medical agenda.

The single-day symposium will run from 8:15 a.m. through 5:30 p.m., Friday, February 10, 1989, at the Los Angeles Airport Hilton. A luncheon will be included in your registration fee.

SPONSORING ORGANIZATION. The California Symposium on HIV '89 is sponsored by Americans for a Sound AIDS Policy, a nationwide citizens organization working to focus discussion of AIDS and HIV infection on medical and public health issues, bringing balance to the needs of those who are infected as well as those who are uninfected. ASAP works to educate all segments of American society to the issues surrounding AIDS and HIV infection, including: healthcare workers, business and industry, education and religious communities, public policymakers, and the general public.

Please use the Registration Form to indicate your participation in the California Symposium on HIV '89. If you have any questions related to these events, contact Americans for a Sound AIDS Policy at 703/471-8408.

REGISTRATION INFORMATION

SYMPOSIUM FEES

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium registration for physicians</td>
<td>$100</td>
</tr>
<tr>
<td>Symposium registration for non-physicians</td>
<td>$75</td>
</tr>
<tr>
<td>Group registration for physicians (5 or more attending</td>
<td>$80</td>
</tr>
<tr>
<td>institution)</td>
<td>each</td>
</tr>
<tr>
<td>Faculty/Student/Government Employee registration</td>
<td>$75</td>
</tr>
</tbody>
</table>

Each registration includes a luncheon ticket. Audio tapes of sessions will be available for purchase on site.

Pre-registration is mandatory. After February 1, 1989, registrations may be made by phone with payment made on site. Those making telephone registrations should call: 703/471-8408.
All registrants will receive a confirmation, which will include any symposium updates. There will be no refunds of registration fees for cancellations.

Continuing Medical Education credits will be awarded.

HOTEL

California Symposium on HIV '89 will be held at the Los Angeles Airport Hilton, 213/410-4000. Hotel rooms and parking will available for reduced rates.

Participants staying overnight should make reservations directly with the hotel and indicate involvement in the Symposium to receive the reduced rate.

REGISTRATION FORM

Please complete this form and send it with your check or money order to the address below. No credit cards accepted.

Please print

Name ____________________________
Title ____________________________
Affiliation _________________________
Address ___________________________
City/State/Zip ______________________
Medical Specialty ___________________

FEES

<table>
<thead>
<tr>
<th></th>
<th>Qty.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Registration, $100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Physician Registration, $75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Registration (please include all names in group), $80 each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/Student/Government Employee Registration, $75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ENCLOSED

Make your check payable to: Americans for a Sound AIDS Policy. Mail it with your completed form to:

California Symposium on HIV '89
Americans for a Sound AIDS Policy
P.O. Box 17433
Washington, D.C. 20041
I cannot attend but would like information on purchasing audio tapes.

I cannot attend, please keep me on your mailing list for future conferences.

I cannot attend but would like to receive regular updates on HIV. Enclosed is my gift of $25 to cover mailing costs.
PROGRAM

8:15 a.m. Welcome & Introductory Remarks, W. Shepherd Smith, Jr., President, Americans for a Sound AIDS Policy

EPIDEMIOLOGY, DIAGNOSIS & PATHOGENESIS

8:30 to 9:15 a.m. Epidemiology: Prevalence and Incidence Indicators from Military Data; Serological Diagnosis of HIV. Col. Donald S. Burke, M.D., Walter Reed Army Institute of Research

9:15 to 10:00 a.m. Update on Pathogenesis: Issues Related to Transmission and Immunodeficiency. Lt. Col. Robert R. Redfield, Jr., M.D., Walter Reed Army Institute of Research

10:00 a.m. Break

CLINICAL MANAGEMENT

10:15 to 11:00 a.m. Clinical Management of the HIV-Infected Patient. Arnold S. Leff, M.D., Santa Cruz Medical Society AIDS Task Force (Alternative speaker: Paul Volberding, M.D.)

11:00 to 11:45 a.m. Clinical Management of Opportunistic Infections. Stephen A. Armentrout, M.D., University of California at Irvine (Alternative speaker: John Mills, M.D.)

11:45 a.m. to 12:15 p.m. Question & Answer Session with All Morning Speakers.

12:15 p.m. Lunch

CLINICAL MANAGEMENT

1:15 to 2:00 p.m. Oral Manifestations and Treatment of HIV-Infected Patients. Cmdr. Gerald A. Cioffi, D.M.D., U.S.N., Naval Air Station, Jacksonville

OCCUPATIONAL HEALTH CARE ISSUES

2:00 to 3:15 p.m. Panel Discussion on Rights and Responsibilities of All Involved in HIV Treatment.
MODERATOR: Ann Rose, M.D.

PANELISTS:
Molly Cook, M.D.
Donald Francis, M.D.
Michael Gottlieb, M.D.
Donald Hagan, M.D.
Lawrence J. McNamee, M.D.
Robert R. Redfield, Jr. M.D.

3:15 to 3:45 p.m. Audience Participation
3:45 p.m. Break

A UNITED RESPONSE TO THE HIV EPIDEMIC

4:00 to 4:45 p.m. The Role of the Public Health Community in HIV Prevention.
Franklyn N. Judson, M.D., Denver Public Health

4:45 to 5:30 p.m. A Look at the Future in Our Battle Against AIDS and HIV Infection.
Lowell T. Harmison, Ph.D., The Maxwell Foundation
DANNEMEYER LETTERS
Los Angeles Times

Sunday, December 11, 1988

Proposition 102

The defeat of Proposition 102 is in no way indicative of an informed electorate ("AIDS: the Meaning of 102," editorial, Nov. 15). I, too, believe in the wisdom of voters. They vote as they perceive, which is natural.

However, as The Times should know, the perceptions carried by voters are based on the quality and nature of the information they are given. This is certainly true in the case of Proposition 102. Between the promoters of the state AIDS industry and their support network within the news media, voters were entreated to malicious lies and outrageous disinformation regarding the provisions of 102.

I cannot blame the voters under these circumstances. The sad fact is that the AIDS virus will continue to spread unabated, killing the innocent along with the irresponsible. The rising body count will surely mandate passage of another initiative in the future equal to 102. Perhaps by next time The Times will choose life over life style, be it sex or drugs.

REP. WILLIAM E. DANNEMEYER
R-Fullerton
Washington, D.C.
Mr. David P. Gardner  
University of California  
Office of the President  
2199 Addison  
Berkeley, California 94720  

Dear Mr. Gardner:

To say that a lot of controversy surrounded Proposition 102 this past election is to woefully understated the obvious. At the eye of the political storm was a provision that would have required doctors to confidentially report to public health authorities known or suspected cases of HIV infection and follow-up with contact tracing.

The purpose of this letter is to share some information with you that may have been omitted when originally presented to you by opponents of the initiative.

Your support may be asked for again in the future and because of this I hope you will take my words into consideration. For if the legislature does not correct the absurdities which comprise California law in dealing with HIV infection, then surely another initiative is certain.

AIDS began to appear in the United States in the early 1980's. The initial and still current definition of the disease was reserved for the point in the deterioration of the immune system where a number of opportunistic infections were present in each HIV infected patient. Long-term experience has shown that the infected go on to manifest clinically-defined AIDS and that these cases finally die an AIDS-related death.

Special note should be made that all states have been confidentially reporting fully-developed AIDS since 1982.

Because of the overwhelming evidence of a correlation between HIV infection and AIDS-related death the National Academy of Sciences recommended on June 1 that AIDS nomenclature should center on HIV infection. The change is long overdue and when implemented will have enormous consequences and make defense of the status quo in California even more difficult, if not impossible.

With the definition of the disease as HIV infection, rather than AIDS, how can any intelligent person be taken seriously for arguing that doctors should not report to public health authorities those persons who are infected?
Californians should understand the status of current law and how it came about. Former Assemblyman Art Agnos must chuckle to himself and find it hard not to boast about the adoption of Assembly Bill 403 in March 1985. Now as Mayor of San Francisco Mr. Agnos must be delighted as he witnesses the tide of public health professionals who continue to defend the substance of this law.

The adoption of AB 403 paralleled the creation of the ELISA test, a diagnostic blood test designed to detect antibodies against HIV. Oddly enough, with the most accurate diagnostic blood test currently known to man, Mr. Agnos was able to sell AB 403 to the legislature, as well as the Governor, on the basis that measures were needed to assure a continuous source of blood donations. His message was not that the ELISA test could be effectively utilized to screen the blood supply, but that proscriptive measures were necessary because the ELISA test would reveal the infections of HIV carriers and therefore deter persons from donating.

Even at this relatively early date epidemiologists knew as fact that over 90% of all reported cases of AIDS nationwide fell among male homosexuals and intravenous drug users. The irony and deceptiveness of AB 403 and Mr. Agnos' argument was, and still is, that these two groups should not then and should not now be donating to the blood supply. In a convolution of reason, Mr. Agnos has asked all of us to believe that, in order to protect the blood supply, those most likely to contaminate the system are the ones who should be protected in their right to donate!

The correct response would have been to immediately begin the utilization of the ELISA test to screen for bad blood. However, this act mandates a common sense corollary due to the sinister nature of the virus. After infection the human body takes anywhere from six weeks to six months to develop antibodies which reveal the presence of HIV. Unfortunately, a carrier of HIV is just as infectious during this window period when antibodies cannot be detected as the carrier is after antibodies have developed. In other words, steps must be taken to exclude potential donors from donating on grounds other than the results of an ELISA test. Common sense dictates that those most at risk for the virus be precluded from donating.

But common sense and politics do not often mix. Equivocation has dominated the blood issue from the beginning. The Centers for Disease Control (CDC) recommended in May 1985 that intravenous drug users (17% of reported cases) should be told that they cannot donate to the blood supply, but male homosexuals who consider themselves to be monogamous were without restriction and the CDC further recommended that polygamous [sic] male homosexuals were to be told that they should not donate to the blood supply.

Homosexuals of both types, at the time, contributed 73% of reported cases of AIDS nationwide. By September 1985 the CDC changed its advice.
Mr. David P. Gardner  
November 28, 1988  
Page 3  

The CDC did manage to recommend that both monogamous and polygamous homosexuals should not donate to the blood supply. This instance of political sheltering of the homosexual community continues to this day and is but a public health microcosm of the philosophy of AB 403 that continues to fuel policy today.

Very few legislators in Sacramento were aware of the consequences of AB 403. In fact it had only 5 no votes in the Assembly (out of 68) and 7 no votes in the Senate (out of 37). I doubt if more than a handful of legislators were aware of the fact that the bill was written by a male homosexual on the staff of Mr. Agnos.

This law has literally turned the health care system of California on its head. Persons who are carriers of HIV, infectious and contagious to others by transfer of bodily fluids, are not at all accountable to public health authorities. The absurdity can best be described this way:

1a. If a physician in California finds a patient with a curable venereal disease, such as syphilis or gonorrhea, he is required to confidentially report the patient to public health authorities and contact tracing routinely occurs;

1b. If the same physician finds a patient with an incurable venereal disease, HIV, and if he follows identical procedures of confidentially reporting to the same public health authorities, he commits a crime.

2a. In California today it is a crime for an infectious carrier of a curable venereal disease, such as syphilis or gonorrhea, to have sexual relations with another person (Sections 3001, 3198 California Health & Safety Code);

2b. On the other hand, there is no prohibition on a person with an incurable venereal disease, HIV, to have sexual relations with another person.

Sooner, rather than later, the people of California will discover how politicized the AIDS epidemic in the state has been from the outset. They will discover that AB 403 — a political statement, not a public health statement — has prevented routine steps from being implemented that historically have been pursued to control communicable diseases: reporting in confidence to public health authorities and contact tracing.

California Physicians for a Logical AIDS Response (CPLAR) was organized in 1987 to help qualify Proposition 102 for the ballot. Several thousand physicians in California are members. Sadly for all Californians, the California Medical Association (CMA) was opposed to the initiative. We can only hope that prospective leadership of the CMA will move from treating the AIDS epidemic as a civil rights issue to treating it as a true public health
issue. In doing so the CMA would be joining the Medical Society of the State of New York, the CMA's counterpart in New York, in endorsing and supporting reportability and contact tracing for carriers of HIV.

The New York State Medical Society (MSSNY) was plaintiff in an unsuccessful lawsuit filed earlier this year that sought to compel the state health officer to exercise his discretion and list HIV on the list of communicable diseases thereby requiring confidential reporting and contact tracing.

I believe you will find that the difference of opinion between the CMA and the MSSNY is rooted in the constituencies of the epidemic found in each state. Most of the cases of AIDS reported in New York (30% of the national total) are attributed to intravenous drug users (52% of cases in the state), a highly unorganized group practicing illicit conduct with little if any political clout. Most cases of AIDS reported in California (22% of the national total), on the other hand, are attributed to male homosexuals (92% of the cases in the state), a highly organized group practicing within the bounds of law (as of 1975) and having profound political clout.

How did male homosexuals get such political clout in California? Besides the legalization of sodomy in 1975, and despite their comparatively few numbers, homosexuals seem to be strategically placed throughout California society. Of course, Hollywood is just one home for this behavior. The single most significant boon to the homosexual community has come from the Democratic Party.

The Charter and By-laws of the Democratic Party of the United States were amended in 1987 as follows:

"Article One, §4: Establish standards and rules of procedure to afford all members of the Democratic Party full, timely and equal opportunities to participate in decisions concerning the selection of candidates, the formulation of policy, and the conduct of other Party affairs, without prejudice on the basis of sexual orientation."

"With respect to groups such as ethnicns, youth, persons over 65 years of age, lesbians and gay men, workers, persons with a high school education or less, the physically handicapped, persons of low or moderate income, and other groups significantly underrepresented in our Party affairs, each state party shall develop and submit Party outreach programs for such groups identified in their plans, including recruitment, education and training, in order to achieve full participation by such groups in the delegate selection process and at all levels of Party affairs."

No elected public official from the Democratic Party, that I am aware of, endorsed 102, whereas over half of the Republican officeholders, including Governor Deukmejian, supported the measure. Any Democrat in
Mr. David P. Gardner  
November 28, 1988  
Page 5

office would have alienated the homosexual community, and hence his or her Democratic colleagues, with an endorsement of 102.

The Democratic Party clearly dominates public opinion in Los Angeles and San Francisco. The health officers who serve these two large cities in California reflect this pressure and, as a consequence, yielded their own peer pressure to encourage other health officers around the state in opposing the initiative. Only two county health officers ignored this pressure and endorsed 102.

With the capture of the Democratic Party by the extreme political left it should have come as no surprise to anyone that these elements would also succeed in directing other once reasonable institutions such as the CMA in their struggle to advance the homosexual movement. No further evidence of this infiltration needs to be advanced than the lawsuit filed by the CMA and the California Nurses Association (CNA) to keep 102 from being placed on the ballot.

Certainly the CMA and the CNA are able to afford the best in legal counsel who were not also encumbered with political baggage. Rather than choose this course the two groups turned to the American Civil Liberties Union (ACLU) and the National Gay Rights Advocates (NGRA) for their legal counsel. They lost the suit.

When you joined in the opposition to Proposition 102, you accepted the responsibility of defending the politicizing of the AIDS epidemic. You have this right as a citizen. But I wonder if you are really aware of the absurdity that you have been asked to defend?

The utter tragedy of this epidemic unfolds before our eyes each week as the CDC publishes the morbidity report. The sooner our state commences confidential reporting and contact tracing for carriers of HIV, the sooner we will interrupt the link between those who have the disease and those who do not. We will not only be saving lives, but for each life saved we will avoid incurring long-term health care costs of approximately $100,000 per carrier.

The epidemic has moved into the heterosexual population. Masters and Johnson reported in their book Crisis that 500,000 Americans a year are being infected with the virus. This means that in California, with 22% of the cases nationally, over 100,000 people are annually being infected with the virus, most of whom do not know they are infected. A recent news report cited that the incidence of the virus is doubling in the heterosexual population every 11 months.

The cost estimates of implementing 102 supplied by the opposition, particularly the Berkeley study, were totally erroneous. Some figures cited ran as high as several billion dollars. The CDC has estimated that there are 1.5 million persons nationwide who are carriers of HIV. Applied to
Mr. David P. Gardner  
November 28, 1988  
Page 6

California, this figure would mean that the state has about 330,000 carriers (22%). The State of Colorado has reported that their cost of contact tracing is between $150–$200 per case. $200 x 330,000 is $66 million. We estimate that 15% of the persons who are HIV infected will come into the health care system each year. Fifteen percent of $66 million is about $10 million per year.

Proposition 102 would have also reversed the current discrimination against insurance applicants in the state. Health insurers currently use the T-cell test to screen possible carriers of HIV. The T-cell test measures the level of antibodies in a person but does not distinguish a particular type. A person with a common cold may not have any recourse with an insurer who has just detected the presence of antibodies — even though the applicant does not carry the virus.

Permitting health insurers to use the ELISA test for detecting antibodies to HIV would have given insurers the latitude to extend health coverage to all others who have been or might in the future be disqualified by the non-specific T-cell test.

Denying health coverage to a carrier of HIV is no different than denying health coverage to a person with cancer, diabetes or heart trouble. Since when has any person been able to claim the special privilege, a distinctly discriminatory privilege, of being exempt from actuarial review? This denial of equal protection caused a New York State trial court judge earlier this year to rule that an administrative regulation which precluded the use of the ELISA test was unconstitutional.

Some persons who opposed 102 were concerned about the claimed adverse impact on research to control the epidemic. These persons failed to note or chose to ignore the specific provisions of the initiative which exempted, from the duty of reporting, carriers of HIV involved in unlinked testing.

Furthermore, doesn't common sense tell us that if Californians have witnessed the confidential reporting of fully developed cases of AIDS in an amount in excess of 15,000, with no claimed breaches in confidentiality, shouldn't we reasonably assume that the same system of confidentiality will work equally as well for the reporting of HIV? An affirmative response should assure those persons engaged in research, whether linked or unlinked, that their identities will be preserved.

I spoke with Dr. Donald Kennedy of Stanford University who admitted to me that he was not aware of the opposing views of the CMA and its professional counterpart in New York. We all have more items on our plates than time. This compression of attention has worked to the benefit of those who may not choose to tell us all of the facts. I suggest that this is what the main opponents of 102 were doing.
Mr. David P. Gardner  
November 28, 1988  
Page 7

It has been said that politics makes strange bedfellows. Proposition 102 illustrates this point in spades. Corporations of great stature were quoted as being opposed to the initiative. Presidents of major universities, former President Gerald Ford, the Catholic and Episcopalian bishops in California and, of course, Surgeon General Koop were all quoted in opposition.

I suspect that very few of these persons, individually or as an institution, had all of the background necessary to make an informed decision concerning 102. I do know that the proponents of 102 were never asked for input to this end.

We are all aware that associations in politics have intentional as well as unintentional consequences. None of us should be surprised that the activists in the homosexual rights movement will use the opposition of the distinguished names and entities just mentioned in a clever and adroit way to advance their network and their agenda far beyond the issue of Proposition 102. Such are the consequences of political bedfellows.

To the extent that any of us in life, irrespective of our calling, are claimed to be supportive of the political agenda of homosexual activists, even if these claims are false, we should not be surprised that the appearance to the public is a finesse or an outright denial of the affirmation of the heterosexual ethic.

Please consider joining a growing group of Californians who endorsed the initiative and the sound public health measures it represented. I have included a listing of these concerned citizens.

Thank you for giving my words serious consideration.

Very truly yours,

WILLIAM E. DANNEMEYER  
Member of Congress
PROPOSITION 102 ENDORSEMENTS

Governor George Deukmejian
California Physicians for a Logical AIDS Response (CPLAR)
Medical Societies of:
   Santa Cruz County
   Yuba-Sutter-Colusa
   Merced-Mariopasa
   Imperial
California State Fireman's Association
California Conference of Employer Associations
Chambers of Commerce of:
   Orange County
   Anaheim
   Fullerton
California Republican Party
California Federation of Republican Women
California Republican Assembly
Christian Voice
Eagle Forum
Focus on the Family
Moral Majority
Traditional Values Coalition
Concerned Women for America
13 of 18 House Republicans from California:
   Bob Badham
   Bob Dornan
   Dave Dreier
   Elton Gallegly
   Wally Herger
   Duncan Hunter
   Ernie Konnyu
   Al McCandless
   Carlos Moorhead
   Ron Packard
   Norm Shumway
   Bill Thomas
17 of 35 Assembly Republicans:
   Doris Allen
   Bill Baker
   Bill Bradley
   Gerald Felando
   Robert Frazee
   Nolan Frizzelle
Ross Johnson
Marion LaFollette
Bill Leonard
John Lewis
Tom McClintock
Richard Mountjoy
Pat Nolan
Eric Seastrand
Cathie Wright
Paul Zeltner

8 of 15 Senate Republican:
Bill Campbell
John Doolittle
Jim Ellis
Jim Nielsen
H.L. Richardson
Don Rogers
Ed Royce
Newton Russell
Mr. Bruce Decker  
9060 Santa Monica Boulevard  
Los Angeles, California  90069

Dear Mr. Decker:

Thank you for your letter concerning California Proposition 102, the AIDS Initiative. Although my normal policy is to stay publicly neutral on the many initiatives on this November's ballot, I have taken a stand on Proposition 102. California voters will make a decision which could mean the difference between life and death for countless men and women.

I strongly oppose the AIDS Initiative which would eliminate anonymous testing and written consent before administration of an AIDS test; require doctors to report to state health authorities the names and addresses of those who they have reasonable cause to believe have the infection and those who have tested positive; abolish the state's ban on testing for AIDS for insurance or employment; and require health officials to trace the sexual contacts of those infected with the virus. Currently, the law requires health care providers to report to local health authorities the names of persons who actually have AIDS.

Many proponents of this initiative say that voters face a choice between protecting civil rights and protecting public health and that public health must take top priority. But, in the case of Proposition 102, I do not believe that voters must choose between individual rights and public safety -- in this case they go hand in hand.

I believe that this initiative would drive potentially-infected individuals away from voluntary testing, and from the AIDS education and counseling which accompanies that testing. In areas currently requiring the type of reporting purposed in Proposition 102, people, afraid of the unfortunate discrimination which follows this dreaded disease, simply have gone untested and therefore, potentially have posed a deadly threat to public health.

To date, over 41,000 Americans have died of AIDS, and 72,645 more AIDS cases have been diagnosed. About 14,000 Californias know that they have AIDS, 8,000 tragically have lost their lives and about another half a million carry the HIV virus. Every American citizen concerned with stopping the spread of this killer disease wants to make sure that each state and our nation as a whole takes every effective and viable step to protect public health. But, Proposition 102 will not help us to protect the people with AIDS or those at risk of contracting it. It will only force underground the people whose cooperation we desperately need to put an end to the proliferation of this disease once and for all.
Thank you again for your letter on an issue of such critical importance.

Sincerely,

Pete Wilson

PETE WILSON

PW:kl
CALIFORNIA'S WAR ON AIDS

EXECUTIVE SUMMARY

The Health Policy and Research Foundation, created in early 1986 at the request of Ken Kizer, M.D., M.P.H., Director of the California Department of Health Services, has been pleased to facilitate the development of "CALIFORNIA'S WAR ON AIDS".

It has been prepared with the advise of, and evaluation by, an Executive Committee comprised of 130 Federal, State, County, local, corporate, foundation, religious, and community based AIDS experts and Co-Chaired by five of our Country's most widely respected AIDS scientists: James Chin, M.D., M.P.H., California Department of Health Services; Donald Francis, M.D., D.Sc., Centers for Disease Control; Michael Gottlieb, M.D., University of California, Los Angeles; Alan McCutchan, M.D., University of California, San Diego; and Warren Winkelstein, M.D., M.P.H., University of California, Berkeley.

The process, which began in mid November 1986, involved the distillation and prioritization of the recommendations included in both the Surgeon General's Report on AIDS and the Institute of Medicine report Confronting AIDS. Consultants and advisors then developed program goals and objectives and, using detailed data from five sample California counties, extrapolated programs and costs statewide.

Attached to this summary you will find, a Treatment summary sheet based on the implementation of the necessary service components and anticipated treatment costs. Additionally we have summarized Prevention objectives identified as necessary to prevent further spread of the HIV. What follows are 10 recommended immediate actions steps made by the Executive Committee Co-chairs.

Policy Recommendations

(1) The Legislature and Governor, setting aside partisan and political considerations, immediately call a "SUMMIT" meeting of all possible funding sources: Federal, State, County, local, corporate, foundations, religious, and community based organizations to take responsibility to develop the public-private partnership which will be necessary to collaboratively fund the "WAR ON AIDS". Only by bringing together all possible funding sources will we be able to launch the comprehensive, coordinated programs it will take to care for those already ill, intervene with those who are infected but not yet ill, and prevent those not yet infected from exposure.

(2) The Legislature and Governor, again setting aside partisan and political considerations, declare a state of emergency, setting aside normal budget limitations to enable them to fund California's share of the needs so as to avoid the imminent fiscal crisis further inaction will cause.
Recognizing that this "WAR ON AIDS" is based on the recommendations of the Surgeon General's report and the Institute of Medicine report, the Legislature should pass and the Governor sign the legislative tool which mandates their implementation: Assemblyman Art Agnos' Assembly Bill 87.

The California Health and Welfare Agency should contract with a non-governmental organization to continue and expand long term strategic planning exemplified by the "WAR ON AIDS" in order to anticipate opportunities to minimize the impact AIDS will have on Californians. Planning should focus on treatment quality control, data collection or cost of care, intervention to preclude illness, and prevention of further spread.

The California Department of Insurance and Corporations should immediately work with the representatives of the Health Insurance industry to initiate "stop loss" and "risk" pools so as to preclude a private and employment based health insurance crisis here in California.

Fiscal Recommendations

We propose that the Legislature immediately augment the existing AIDS programs in the 1987/88 Budget and the Governor support them in order to initiate critical programs allowing us time to arrange the balance of funding by a collaboration between Federal, county, local, and private sources:

(1) Clinical drug trials: In the absence of intervention by antiviral drugs which preclude or delay progression from asymptomatic HIV infection to clinical opportunistic disease, the costs both in terms of suffering and treatment expense will be staggering. We recommend that the existing clinical drug trial consortia funded by the State of California be augmented by $2,000,000 and that an additional $1,000,000 be designated to create a system through the Alternative Test Site network to distribute expeditiously any and all drugs felt to be safe and effective by the consortia, irrespective of having completed the Federal Food and Drug Administration licensing requirements. We propose that the consortia immediately independently analyse existing or completed trial data, or initiate wide spread drug trials into any antiviral or immunoenhancer agent for which there is rational scientific basis for testing. (Proposed augmentation: $3,000,000)

(2) Public health education and risk reduction programs: In the absence of a vaccine, education is our greatest tool. The vast majority of Californians are not yet exposed to the HIV. We propose that $2,000,000 be earmarked for the prevention of
Executive Summary

Page 3

spread among intravenous drug users; $1,000,000 each to augment existing preventive efforts among minority populations, sexually active heterosexuals, and homosexual/bisexual males. (Proposed augmentation: $5,000,000)

(3) Creating and expanding our ability to treat AIDS patients both humanely and cost effectively: In order to avoid unnecessary and expensive acute and sub-acute care we propose the expansion of existing skilled nursing and home health care pilot projects by $2,000,000, and creating residential hospice pilot projects for $1,000,000. (Proposed augmentation: $3,000,000.)

(4) Initiate effective case management: Through the creation of Regional AIDS Treatment Centers we propose the coordination of effective services spanning the range of the continuum of care including acute, sub acute, skilled nursing, residential, hospice, home health, attendant care and outpatient services. (Proposed augmentation: $6,000,000)

(5) Case monitoring and seroprevalence studies: In order to effectively plan to target prevention activities, evaluate their efficacy and anticipate treatment needs, we propose more rigorous case monitoring, seroprevalence studies and test linked counseling. (Proposed augmentation: $3,000,000)

Careful reading and analysis of the report will demonstrate that these recommendations have been carefully developed, documented, and represent the minimum immediate action necessary.

Today we have the opportunity and the tools to minimize the impact this epidemic will have on our society. As public health experts we ask California citizens and elected officials to make the necessary policy, fund the necessary pilot projects and implement the necessary programs our research demonstrates are absolutely critical to containing this crisis.
Health Policy & Research Foundation  
of California

Bruce B. Decker  
President

Request for Proposal  
for

Hospice, Community Care, Education and Prevention of HIV infection in California, FY 1988-89

TABLE OF CONTENTS

I. Program and Contractor Requirements  1
   A. Funding Guidelines  1
   B. Background and Rationale  1

II. Instructions to Agencies Submitting Proposals  4
   A. Submittal of Proposal  4
   B. Evaluation  4
   C. Time Schedule  5
   D. Contract Provisions  5

III. Proposal Format and Instructions  10
   A. Cover Page  10
   B. Executive Summary  11
   C. Introduction and Applicant History  11
   D. Needs Assessment  11
   E. Goals  12
   F. Objectives  12
   G. Methods  12
   H. Evaluation  13
   I. Scope of Work  13
   J. Future Funding  13
   K. Budget  14
   L. Attachments  17

1. Proof of non-profit status
2. Board of Directors list
3. Latest certified audit
4. Agency Budget
5. Any other relevant information

7985 Santa Monica Blvd., #109-251, Los Angeles, California 90046  (213) 278-9355
Health Policy and Research Foundation of California

Request for Proposals

Hospice, Community Care, Education and Prevention for HIV Infection in California, 1988

I. Program and Contractor Requirements

A. Funding Guidelines: The Health Policy and Research Foundation of California is soliciting applications from non-profit, community based agencies in California to develop hospice, community care, education and prevention programs for HIV infection. Grants totalling $500,000 to $1.0 million will be awarded to those organizations who are demonstrating successful, collaborative and innovative programs in these areas.

The grant is designed to either provide start-up or seed money for a new program where there is a demonstrated unmet need or to improve and develop an existing program which has proved successful. The time frame for the contract will be April 15, 1988 through April 14, 1989.

B. Background and Rationale: Since the first California diagnosis of AIDS in 1981, Acquired Immune Deficiency Syndrome has become the most pressing public crisis for the State and the nation. The number of people affected by the epidemic in California is unknown. Estimates of 300,000 infected Californians with approximately 10,327 reported AIDS cases (Nov. 87). Projections show that we will have 50,000 reported cases of AIDS by 1991, with 18,000 people with AIDS/Severe ARC who will require services in that year.

1. The Development of Community Based and Hospice Care: To date, hospitals, primarily county operated, have borne the brunt of serving people suffering from AIDS/ARC. As the size of the infected population has grown, and a experience in treating the various forms of HIV infection has deepened, there has been increased interest in the impact of the epidemic on the broader range of California's human service institutions. These community based and public agencies are finding themselves increasingly involved in responding to the continuing care and needs of persons with AIDS/ARC. With the development of promising new treatment approaches, there is likely to be changes in the survival rate and length of treatment time for people with AIDS/ARC.
The URSA Institute study "Supportive Services for Persons with AIDS/ARC in California: Needs Availability and Organization" noted the tremendous personal impact of an AIDS/ARC diagnosis across the State, but also the effort required to assemble formal and informal support systems to meet the many needs of diagnosed individuals:

"In many areas PWAs/PWARCs spend considerable amounts of time identifying and locating support services, qualifying for benefits and receiving the types of support needed to maintain health, functionality and independence. Particularly problematic are the experiences of debilitated or demented individuals, many of who rely on agency staff, volunteers, significant others or friends to arrange services to meet their ever changing needs. These include direct services, information and referrals, case management, advocacy, and emotional support services.

The report also referred to actual and recommended AIDS service network models throughout the State, outlining a structure and set of relationships among providers in the AIDS service network. The factors determining the development of supportive service models are:

a. local financial resources
b. local organizational resources
c. geographic factors
d. differences in case load size

Any local planning effort associated with creating or strengthening an AIDS service network must take these factors into consideration. The URSA Institute has developed a new approach to organizing supportive services for PWAs/PWARCs and this may be useful to your planning effort and incorporated into your plan.

There is also a need to improve, simplify, and streamline existing AIDS related services. The URSA Report goes on to say "In large urban areas where there are larger AIDS/ARC case loads, the multiplicity of organizations providing services or benefits to PWAs/PWARCs each with its own set of eligibility criteria and documentation requirements creates a complicated bureaucratic and often times fragmented maze between the client and needed services. In smaller suburban and rural areas, fragmentation is a secondary problem to the virtual absence of many needed services."

The URSA Institute's study showed the many gaps and deficiencies of the existing service system including housing, practical home help, hospice, home health, medication assistance, post-acute care, provision of food, transportation, legal services, income assistance and dental care.
2. Education/Prevention: In the absence of a vaccine, education is our greatest prevention tool against HIV infection. Estimates indicate that almost one million Californians may fall into high risk categories and innovative and creative programs need to be developed in local communities to reach these populations. Programs could include public health prevention programs in community based clinics and facilities, schools, religious organizations and businesses. Following the recommendations of the Institute of Medicine and "California's War on AIDS", priority will be given to programs which can develop and implement interventions in targeted sub-populations, particularly among IV drug users.

Other programs may involve interventions/educational programs; targeting homosexual and bisexual men, male couples; youth who are part of more than one risk group, i.e. gays/IV drug users/prostitutes etc.; sexually active heterosexual populations; minority populations; teenagers are in need of special interventions, particularly in minority populations; Health care providers, social workers, clergy and community leadership; incarcerated persons and prostitutes are two underserved populations needing intervention.

It is important for applicant agencies to demonstrate their knowledge of and working relationship with other prevention projects and AIDS information and education programs in the state to avoid duplication and maximize collaboration and existing resources.

Copies of both reports: URSA Institute's Supportive Services for Persons with AIDS/ARC in California Needs, Availability and Organization and the Health Policy and Research Foundation of California's California's War on AIDS can be obtained sending $5.00 per copy to:

Joint Publications
State Capitol, Box 942849
Sacramento, CA 94249-0001
II. INSTRUCTIONS TO AGENCIES SUBMITTING PROPOSALS

A. Submittal of Proposal

The proposed contractor shall submit 8 complete copies of the proposal and any related information:

David M. Smith  
Health Policy and Research Foundation  
9060 Santa Monica Blvd., #106  
West Hollywood, CA 90069

Proposals must be postmarked on or before January 29, 1988. Proposals received after this deadline will be considered for evaluation solely at the discretion of the Evaluation Committee if they are determined to be in the best interest of HIV infected individuals in the State of California. The proposal should be no more than twenty (20) single spaced typewritten pages excluding the budget and appendix.

B. Evaluation

Proposals will be comparatively rated by an Evaluation Committee under the following headings.

Applicant History and Letters of Support  15 points
Needs Assessment  15 points
Goals  10 points
Objectives  10 points
Methods  10 points
Evaluation  10 points
Scope of Work  10 Points
Future Funding  10 points
Budget  10 points

Total  100 points

C. Time Schedule

Letter of Intent received  1/8/89
8 copies of Proposal received  1/29/89
Successful applicants notified  2/20/88
Funds distributed  4/15/88
Contract period  4/15/88 - 4/14/89
Final Reports received  5/15/89
D. Contract Provisions

Any agreement from this RFP may contain, among others, the following types of provisions:

1. Rights in Data: The Health Policy and Research Foundation of California reserves the right to use, duplicate and disclose, in whole or in part, in any manner, for any purpose whatsoever, and to authorize others to do so, all writings, drawings, pictorial reproductions, or other graphical representations and works of a similar nature, except those sections labelled "Contractor Propriety", produced by the contractor as a result of activities supported by this agreement. If this material is subject to copyright, The Health Policy and Research Foundation of California reserves the right to copyright such; and the contractor agrees not to copyright such material.

2. Trade Secrets: Recognizing that The Health Policy and Research Foundation of California has no way to safeguard trade secrets or proprietary information, the contractor shall, and does, hereby keep and hold The Health Policy and Research Foundation of California harmless from all damages, costs, and expenses by reason of any disclosure by The Health Policy and Research Foundation of California of trade secrets and proprietary information. The Health Policy and Research Foundation of California shall not require the contractor to provide any technical information that is proprietary to it, except as is requested by The Health Policy and Research Foundation of California to successfully complete the project which is the subject of this agreement.

3. Contract Cancellations: The Health Policy and Research Foundation has the right to cancel the agreement on thirty days written notice upon payment of costs actually incurred by the contractor to the date of termination.

4. Confidentiality: The contractor shall maintain confidentiality of medical records in accordance with the Welfare Institutions Code sections 5328 through 5330, inclusive, and all other applicable State and Federal law and regulations relating to confidentiality of medical records and the contractor shall inform all its officers, agents and employees against any and all liability and demands arising out of the disclosure of medical records by contractor, its officers, agents or employees.
5. **Discriminatory Practices:** The agreement shall specify that the contractor must be an equal opportunity employer. The Contractor agrees that it shall comply fully with all applicable provisions of the Civil Rights Act of 1964, as Amended, and with all other applicable Federal and state laws and regulations; and in accordance therewith shall not employ discriminatory practices and shall take positive measures in its performance of the aforementioned obligations to assure that equal employment opportunities, including recruitment, employment, training, and promotion in all job classifications are made available without regard to race, color, religion, ancestry, sex, sexual orientation, age, national origin, or physical or mental handicap.

6. **Financial Records:** The contractor shall prepare and maintain complete financial record in accordance with applicable Federal and State guidelines. All financial records shall be retained at a location in California for a minimum period of five years following expiration or termination of the agreement or until State of California audit finds are resolved, which ever is later, and shall be made available for inspection and audit at any reasonable time by the designated auditors and/or other representatives of The Health Policy and Research Foundation and State, and/or the Federal Government.

The Health Policy and Research Foundation of California reserves the right during the life of this project, and during the record retention period which follows it, to perform fiscal audits of contractors activities related to this agreement which may be performed either by internal Health Policy and Research Foundation of California personnel, by a separate outside auditing vendor, by State personnel, Federal personnel, or by any combination of these. The contractor agrees that, should the Health Policy and Research Foundation exercise its option to perform such an audit, the contractor will fully and freely cooperate with the auditing effort by participating in meetings, and making its accounting and fiscal records available for such audit.

7. **Proof of Non-Profit Status:** The contractor shall be required to submit documentation on the form of the non-profit status of the organization. This should include information on the Board of Directors and the latest certified audit.
8. **Independent Contractor Status:** The parties hereto agree that the contractor, its agents, employees, and representatives, including its professional, paraprofessional nonprofessional personnel, in the performance of this agreement act solely on behalf of the contractor and not as officers, employees, or agents of The Health Policy and Research Foundation of California.

9. **Indemnification and Insurance:**

   a. **Indemnification:** The contractor agrees to indemnify, defend and save harmless the Health Policy and Research Foundation of California, its agents, officers and employees from and against any and all liability, expense, including defense costs and legal fees, and claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury, or property damage, including property of the contractor, arising from contractors operations or its services hereunder, including any workers' compensation suits, liability, or expense, arising from or connected with services performed on behalf of contractor by any person pursuant to this agreement.

   b. **Insurance:** Without limiting contractor's indemnification of The Health Policy and Research Foundation of California, the contractor shall provide and maintain at its own expense during the term of this agreement the following program (s) of insurance covering its operations hereunder. Such insurance shall be provided by insurer (s) satisfactory to The Health Policy and Research Foundation of California and be delivered to the Health Policy and Research Foundation on or before the effective date of this agreement. Such evidence shall specifically identify this agreement and shall contain express conditions that The Health Policy and Research Foundation of California is to be given written notice at least thirty days in advance of any modification or termination of any program of insurance.

1. **Liability:** Such insurance shall be primary to and not contributing with any other insurance maintained by the Health Policy and Research Foundation of California, shall name the Foundation as an additional insured, and shall include, but not be limited to:
a. Comprehensive General Liability insurance endorsed for Premises-Operations, Products/Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury with a combined single limit of not less than $500,000 per occurrence.

b. Comprehensive Auto Liability endorsed for all owned and non-owned vehicles with a combined single limit of at least $300,000 per occurrence.

2. Worker's Compensation: A program of workers' compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with a $150,000 limit, covering all persons providing services on behalf of the contractor and all risks to such persons under this agreement.

c. Failure to Procure Insurance: Failure on the part of the contractor to procure or maintain required insurance shall constitute a material breach of this agreement upon which the Health Policy and Research Foundation of California may immediately terminate or suspend this Agreement.

10. The Contractor agrees that work not specifically identified in the program activities which may be reasonable assumed by The Health Policy and Research Foundation as necessary to meet the objectives of work specified in the Program Activities shall be performed without delay by the contractor upon receipt of written notice from the Health Policy and Research Foundation of California.

11. The contractor agrees that should its firm perform work outside the scope of the program activities, such work shall be deemed a gratuitous effort on the part of the contractor. The contractor shall have no claim against The Health Policy and Research Foundation of California.

12. The reasonable discretionary role of The Health Policy and Research Foundation of California's Board of Trustee's Executive Committee shall include interpretation of the program activities so that the need for additions or reductions that are necessary to project success, can be authorized in writing by the President of the Health Policy and Research Foundation of California, to the extent that in his/her opinion, they are of a minor nature relative to total project scope. Such minor changes to the program activities will be made by mutual agreement of the Health Policy
and Research Foundation of California and contractor
and will be based on substitution of work considered by
the President of the Foundation to be of equal level of
effort and worth.

13. The contractor may propose to engage one or more
subcontractors to perform specific portions of the work
for which subcontractors to perform specific portions
of the work for which subcontractors have special
qualifications. No portion of the work may be
subcontracted without the express written consent of
the Foundation. The Contractor will be fully
accountable to the Health Policy and Research
Foundation of California for the work performed by the
subcontractor and will be subject to the same penalties
for a subcontractor's noncompliance with provisions of
the contractors agreement, as are specified for
noncompliance by contractor.

14. The contractor will be required to submit monthly
status reports for each month during the effective term
of the contract. Certain other specific reports,
including monthly oral presentations, may be required
at the discretion of the President of The Health Policy
and Research Foundation. The contractor will be
required to undergo a 6 month and 12 month evaluation
which should be clearly outlined in the proposal.
III. Proposal Format and Instructions

A. Cover page (Please attach to front page of proposal)

HEALTH POLICY AND RESEARCH FOUNDATION
OF CALIFORNIA

Cover Page

Organization: ____________________________________________

Address: ______________________________________________

City/State/Zip: __________________________________________

Telephone: _____________________________________________

Contact Person: _________________________________________

Title: _________________________________________________

Name of Project to be Funded: ___________________________

Target Population (s): __________________________________

Description of Program:

Geographic Location: ____________________________________

Amount Requested: $ __________

Briefly describe the desired outcome and effect of this program's impact on the target population (s).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B. Executive Summary

Please give a concise and comprehensive summary of your proposal so the reader is clear what you are proposing. The summary should include the following:

- Identification of the applicant agency and a paragraph about the applicants credibility, and why you are most qualified to provide this program.
- One reason for the grant request, issue, problem or needs to be met.
- The objectives to be achieved through this funding
- The kinds of activities propose to accomplish these objectives.
- The total cost of the project, funds already committed and the amount asked for in this proposal.

Please use a single spaced typewritten page for this section.

C. Introduction - Applicants History (15 points)

Please include letters of support showing local collaboration in this project. Give a short history of your organization to familiarize the reader with your background and experience as an AIDS related service provider. The introduction should cover some of the following areas:

- When, how and why the organization was started
- A statement of purpose, goals and philosophy
- Prior and current activities
- Accomplishments and impact
- Size and characteristics of your clientele and constituency
- Assistance asked of you and given to other organizations
- Referring agencies
- Your funding sources and their positive comments on your work
- The results of internal or external evaluations of your programs
- Any legislative testimony your agency has provided
- Any agency publications

D. Needs Assessment (15 points)

Describe the conditions in the lives of your clients or constituency you would like to change through this program. Please indicate if this program has broader implications for other communities and if it is a model program which could be utilized by other communities.
Please indicate in the needs assessment:

1. How the program relates to the purposes and goals of your organization.

2. Evidence drawn from your local experience and other data on the need for a particular strategy or service to this target population.

3. How, with limited funding over 12 months the situation will be improved or changed.

4. How the program will impact clients or constituents needs rather than the needs or problems of your organization.

5. A brief summary which logically links together the needs statement as expressed, and the programs overall goals and objectives.

E. Project Goals (10 points)

Please describe the overall goals of your project. A goal is a statement that describes what the target population will do or know at the end of the project. Goals need not be qualified.

F. Program Objectives (10 points)

Please describe the objectives of your proposal. Objectives are the outcomes of your activities and should not be confused with the activities themselves. Program objectives should be measurable and become the criteria by which you judge the effectiveness of your program.

Objectives should tell:

A. Who is going to be doing what.

B. When the objectives are going to be met.

C. How much will be accomplished? (state in numerical terms when possible).

D. How will this be measured.

G. Methods (10 points)

Describe the methods which you propose to achieve the objectives. The methods should be clear, understandable and should be accompanied by a rationale underlying you choice of them. In other words, why do you think they will work? This justification may include references to your past experience, or the presentation of evidence drawn from the work of others in the field. Key elements such as selection of staff, staff training, and selection of participants should also be addressed in this section.
H. Evaluation (10 points)

In light of your stated program objectives how will your program be evaluated? Two types of evaluation should be used in your description:

- Product or outcome evaluation.
- Impact or summarized evaluation.

1. "Product" evaluation uses procedures that determine:
   a. The extent to which the program has achieved its stated objectives.
   b. The extent to which the accomplishment of the objectives can be attributed to the program.

2. "Impact" evaluation examines the conduct of the program. This is a "process" evaluation, utilizing procedures that determine:
   a. Whether the program has been conducted in a way consistent with the plan.
   b. The relationship of different program activities to the effectiveness of the program.

The evaluation component is an important part of this project. It is designed to assist local agencies, administrators, boards and statewide organizations involved in long term planning for AIDS services to gather data and assess the effectiveness of particular strategies and programs which can then be built upon or changed in 1989. Please indicate if you will conduct your own evaluation 'in house' and if a subcontractor is to be hired, how you will hire them, and how much you will budget for this. If you require The Health Policy and Research Foundation of California to provide an outside evaluator, please indicate your preference. Describe how this evaluation will be used for program improvements and used to share experience and information with other community agencies.

I. Scope of Work (10 points)

Using the attached form, summarize sections E-H in the scope of work format.

J. Future and Other Necessary Funding (10 points)

Please indicate how this proposed grant will relate to your overall organizational planning. Where will you find funding beyond this grant if this program is to continue after 12 months?

If your organization has been successful in the past in developing future funding for new programs please give examples.
If your program has a fee for service potential, then describe your potential client population and indicate projected revenue over the course of the grant period and beyond. Points to consider:

- Would you qualify as a contractor for the third party payers who might contract or subsidize the services to the clients?
- Do you have a non grant fund-raising program that is growing?
- What projections can you make form your history of fund-raising that demonstrates your ability to raise enough money in the future to cover program costs?
- Are you applying for membership in some federated fund-raising effort such as United Way?
- Might some other organization assume the financial or program responsibility for this activity if it proves to be successful?

Justification for capital improvements or expensive equipment costs will need to be documented in this section. How necessary is the equipment or improvement to the overall objectives and success of the program? Indicate all other avenues of support and revenue that have been explored recently.

If your nonrecurring request is for research, planning or coordination of services, what provisions have been made for the utilization of the information obtained? If for research, how will you compile your findings, to whom will they go? what inquiries might you receive in the future and how will you be able to respond?

K. The Budget (10 points)

The budget section should consist of two parts;

- Itemized budget for funds requested from the Health Policy and Research Foundation
- Total project budget including other inkind support.

1. Funds Requested from HPRF for this Project.

Your budget request must be in the same format as the example on the following page. However, the line items and dollar amounts are only examples. Refer to the instructions on the following pages for additional information.
**EXAMPLE**

Community Education Project

Project Title

April 15, 1988 - April 14, 1989

A. Personnel

<table>
<thead>
<tr>
<th>% of time</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$25,000</td>
</tr>
<tr>
<td>100%</td>
<td>$20,000</td>
</tr>
<tr>
<td>25%</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

Subtotal, salaries and wages $49,000

Benefits at approx. 15% of salaries $7,350

Subtotal, personnel services $56,350

B. Operating Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Office Supplies</td>
<td>$ 200</td>
</tr>
<tr>
<td>2. Rent (100 sq. ft. @ 1.50 per sq. ft. x 12)</td>
<td>1,800</td>
</tr>
<tr>
<td>3. Education Materials</td>
<td>$ 1,000</td>
</tr>
<tr>
<td>4. Phone</td>
<td>500</td>
</tr>
<tr>
<td>5. Duplication</td>
<td>250</td>
</tr>
<tr>
<td>6. Postage</td>
<td>500</td>
</tr>
<tr>
<td>7. Consultant (Research Coordinator $25/hr)</td>
<td>2,000</td>
</tr>
<tr>
<td>8. Subcontract (Agency Name - Refer to scope of work - Goal III - Objective 1-3)</td>
<td>10,000</td>
</tr>
<tr>
<td>9. Indirect Expense 4.0% of total personnel</td>
<td>1,960</td>
</tr>
</tbody>
</table>

Subtotal, operating expenses $18,210

TOTAL REQUEST $74,560

1. Instructions

There are two categories within the budget: Personnel Services and Operating Expenses and Equipment. The required format is displayed in the preceding sample. Round dollar amounts and percentage figures to whole numbers.

a. Personnel Services

Personal services includes all personnel costs to operate the project.

1. List personnel by job category or classification rather that by name. This allows flexibility for agency turnover.
2. Indicate total monthly salary range for full time equivalents.

3. Indicate percentage of time the position will be utilized in this project - e.g., 20 hours work of a 40 hour work week is 50%. These percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page.

4. Indicate the amount requested per position, based upon the monthly salary rate and the percentage of time on the project.

5. Indicate percentage of employee benefits and total amount.

6. Subtotal all personnel costs.

b. Operating Expenses

Includes all costs except personnel costs. Examples of common line items are included in the sample. Basically, includes such expenses as supplies, equipment rental, operating expenses (such as utilities, telephone, insurance, etc.), consultant, subcontract services and other support services. Some pointers regarding this section include the following:

1. Describe supplies by type - i.e., office, education, etc., and indicate amount for each type.

2. Rental of space and/or equipment, utilities, telephone, insurance, building and/or equipment maintenance and administrative services (bookkeeping, auditing, etc.) are considered as operating expenses. Itemize each operating expense showing the cost for each. Total square footage and cost per square foot must be indicated for space rental.

3. Mileage is reimbursed at 20 cents per mile without special certification.

4. No funds will be provided for meals or refreshments served at workshops and/or training sessions.

5. Participants will not be paid for attendance at workshops/or training sessions (This includes mileage).

6. Indirect administrative overhead expense, shall be included in specific line items that describe how the expense supports this project. If your budget includes a line item for indirect expense, indicate what percentage of total personnel cost it
represents. Indirect administrative overhead expenses cannot exceed 10 percent of the budgeted total personnel costs. Your must provide a specific line item explanation of this cost in the budget justification. Formula explanations are unacceptable. You must document how this expense supports this particular project.

7. Subtotal all Operating Expenses.

c. Budget Justification Narrative

1. On an attachment explicate and justify each budget line item: For personnel line items explain the time allocation by goal for each position in the budget. For operating expenses explain the expenditures for each line item and justify their inclusion. For subcontractor line items, describe the subcontractor work plan and reference to your proposal's Scope of Work.

2. Total Project Budget

A separate total project budget sheet must be completed. Using the attached form, indicate the total funds needed to support this proposal by category and funding source. The first column is for funds requested from the Health Policy and Research Foundation. The second is for funds provided by the requesting agency. The third column is for State or Federal funds supporting the project. The fourth column is any other funds supporting the project. The next column is any other support funds not covered in the first four columns. If amounts appear in the in-kind column to the right of HPRF request column, give an explanation of the type of support and funding source in the context of the table or by footnote; for example, volunteers $5.00/hr. x 100 hrs.

L. Attachments

1. Proof of non-profit status
2. Board of Directors list
3. Latest certified audit
4. Agency Budget
5. Any other relevant information
### PROJECT FUNDING SOURCES

<table>
<thead>
<tr>
<th>Funds Requested from Agency Funds</th>
<th>State or Federal Funds</th>
<th>Other Funds</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPRF In-Kind</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurable Objectives</td>
<td>Implementation Activities</td>
<td>Timeline</td>
<td>Methods of Evaluation</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------</td>
<td>---------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The opposition of Local Health Officers to Proposition 102 is based on the following considerations:

* The response to the AIDS epidemic must be timely, flexible, and responsive to new scientific information. The initiative process is inflexible, cumbersome, and cannot adjust to new medical developments. If laws and regulations related to the transmission of HIV must be changed, the changes should take place in the regular legislative process which allows for debate, careful consideration, and modification related to new scientific information.

* The initiative directs local Health Officers to take all measures "reasonably necessary" to prevent the transmission of infection when individuals who are suspected of being infected with HIV are reported. Health Officers agree that the only measure which is "reasonably necessary" to prevent the transmission of HIV is community education. Local efforts and scarce funds will be better spent in educating the community about how to avoid infection with the virus than in tracking down all people who have been named as contacts to an individual who is suspected of being infected with HIV.

* The initiative destroys the system of alternative test sites which have been successful in (1) protecting the blood supply, (2) providing access to individuals at risk for education and counselling, and (3) providing indispensable information about the epidemiology of the disease.

* The reporting of HIV status to insurance companies will deny health care to all individuals who are infected with HIV and transfer the burden of care for these citizens to the local tax payer.

The leaders of both of these organizations are available for comment on Proposition 102.
Rep. Dannemeyer defends his AIDS initiative

The Herald Examiner encourages newsmakers to submit their replies in response to this paper’s editorials, Op-Ed page articles, columnists and news reports.

By William E. Dannemeyer

I appreciate all the attention (“Dannemeyer hazard — Bush avoided it; Californians should, too.” Sept. 19). It means I must be doing something right. Fortunately, a majority of California voters believe likewise. Recent polls show Proposition 102 up by as much as 3 to 1. Surely, this would not be enough to induce you, our McCarthyite attack upon my character?

For more years than I care to consider, as a senior ranking Republican of the House Subcommittee on Health and the Environment, I have learned a great deal about the AIDS epidemic, my “self-proclaimed area of expertise” as you say. The primary lesson I have learned is that the AIDS debate rests in two distinct camps: those who see AIDS as a public health nightmare and those who see AIDS as a civil rights opportunity. Yes, there is middle ground. But national debate is controlled by these two factions.

I happen to be a member of the former. Far from introducing “nutty AIDS bills in Congress,” my efforts on behalf of responsible public health policies have culminated in amending AIDS and AIDS-related legislation to ensure that tax dollars are equally proportioned: between victims of AIDS, to routinely test persons receiving treatment for drug abuse, venereal disease, tuberculosis or receiving family planning services, to mandatorily test persons convicted of prostitution, drug abuse or sexual assault, to make it a crime to knowingly donate infected blood to the blood supply, and to protect health care workers.

Long ago I began to ask medical “experts” on the civil rights side this question: If an infectious curable communicable disease such as syphilis or gonorrhea is reported in confidence to local public health officials, why then isn’t an incurable communicable disease such as HIV infection likewise reported in confidence to local public health officials? The answer, in a nutshell, is politics.

Proposition 102 removes politics from California’s public health attempt to control the spread of AIDS. The initiative’s motives are simply to encourage early diagnosis and treatment of opportunistic infections that accompany the deadly virus. All rational people who are at risk for HIV infection should want to know their HIV status. If positive, they should want to seek treatment when needed. They should want to avoid infecting other people. To do anything less should be considered anti-social.

Good medicine and traditional public health policy, exemplified by Prop. 102, have long encouraged accountability for personal health practices and to the general health of society. Contrary to the picture painted by the Herald, I am not alone in this belief.

Prop. 102 is co-sponsored by tax crusader Paul Gann, himself a victim of AIDS, state Senator John Doolittle, and a statewide network of physicians organized as California Physicians for a Logical AIDS Response (CPLAR). Prop. 102 has been endorsed by numerous congressmen and other elected state officials, the California Republican Party, the California Federation of Republican Women, and the medical societies of Santa Cruz County, Merced-Mariaposa County and Yuba-Sutter-Colusa County. And the list continues to grow each day.

While I will point out that two of these medical societies, Santa Cruz County and Merced-Mariaposa County, are in the districts of two very liberal congressmen, Leon Panetta and Democratic Whip Tony Coelho, the Herald should take special note that California’s state co-chairs for the Bush campaign, Bill Campbell and Bob Dornan, have endorsed Prop. 102.

There is more than ample reason why Vice President George Bush would want me to represent him in a health policy debate. The main reason is that I know what I am talking about. Yes, I did call cytomegalovirus a “spore” back in 1985 and quickly corrected myself soon thereafter. Obviously, many others have a problem with the word. Newspapers that oppose Prop. 102 still prefer to use the word “spore” rather than cytomegalovirus, for some strange reason.

Unfortunately, the only AIDS bill to reach the floor of the House in the 100th Congress raised its ugly head on the same day as the address Vice President Bush asked me to attend on his behalf. My choice was not difficult and I had to cancel at the last minute.

The Herald has adopted the strategy of opponents to Prop. 102 by attacking the messenger and ignoring the message. Developed by the American Civil Liberties Union and the National Gay Rights Advocates, this tactic may have worked with LaRouche but, aimed at the reasoned minds supporting the initiative, it is completely transparent and ultimately doomed to failure. Prop. 102 will win in November, as will the citizens of California.

William E. Dannemeyer, R-Fullerton, is one of the authors of Proposition 102.
OFFICERS
Archbishop John R. Quinn
President
Bishop John S. Cummins
Vice President
Bishop Philip F. Slaing
Secretary-Treasurer

MEMBERS
Archdiocese of Los Angeles
Archbishop Roger M. Mahony
Bishop Juan A. Azurbe
Bishop Carl Fischer
Bishop Armando Octavio
Bishop John J. Ward
Bishop Patrick Ziemann

Archdiocese of San Francisco
Archbishop John R. Quinn
Diocese of Fresno
Bishop Joseph J. Madera
Diocese of Monterey
Bishop Thaddeus Shrmbala
Diocese of Oakland
Bishop John S. Cummins
Diocese of Orange
Bishop Norman F. McFarland
Diocese of Sacramento
Bishop Francis A. Quinn
Bishop Alphonse Gallegos
Diocese of San Bernardino
Bishop Philip F. Slaing
Diocese of San Diego
Bishop Leo T. Maher
Bishop Gilbert E. Chavez
Diocese of San Jose
Bishop R. Pierre DuPain
Diocese of Santa Rosa
Bishop John T. Stockton
Diocese of Stockton
Bishop Donald W. Monrose
Byzantine Rite Eparchy
of Van Nuys
Bishop Thomas V. Dolan
Diocese of St. Maron
Bishop John G. Chelik

Executive Director
Rev. William J. Wood, S.J.

STATEMENT OF THE CALIFORNIA CATHOLIC CONFERENCE
IN OPPOSITION TO PROPOSITION 102

Based on the principled ethical reasoning of its January 1988 guidelines for public policy, the California Catholic Conference stands firmly opposed to Proposition 102, the mandatory AIDS virus reporting initiative.

The Conference finds that Proposition 102 would fail to contribute to and would actually hinder the three morally legitimate aims of AIDS-related legislation: (1) the prevention of viral transmission, (2) the provision of adequate medical care, and (3) the protection of civil rights.

Proposition 102 would require expensive reporting and contact-tracing that would drive people away from the health care system and research projects, while diverting hundreds of millions of dollars from AIDS research and medical care. The initiative's programs are unworkable as well as costly. And they would undermine all the education and research programs developed over the past seven years in California and now effectively diminishing the spread of the AIDS virus.

While furnishing no benefits for public health and hampering effective prevention programs, Proposition 102 would unnecessarily restrict civil rights and even basic human rights. Using HIV-test results for insurance and employment, for example, would unnecessarily remove hundreds of thousands from the work force and put them on welfare, disability and Medi-Cal. Proposition 102 also encourages discrimination toward infected persons and those presumed, often falsely, to be at high risk.

In sum, Proposition 102 threatens to do grave damage to the current continuing effort to contain AIDS. And its approach of mandatory testing and reporting has been rejected as counterproductive by the Presidential AIDS Commission, the National Academy of Sciences, the World Health Organization and virtually every health care expert involved in the pandemic.

For these reasons, the California Catholic Conference joins other religious and community leaders in opposing Proposition 102. The measure is morally flawed as well as unsound from a public health perspective.
Working with limited resources, California's public health and health care professionals have spent seven years developing workable and effective policies to stem the spread of AIDS. It has been based on the findings of the National Academy of Sciences, the Public Health Service, the Surgeon General, and the Presidential AIDS Commission.

If passed, Prop. 102, sponsored by Congressman William Dannemeyer, would torpedo those efforts and repudiate the carefully deliberated, thoughtfully constructed programs that have made California the leader in responding to AIDS.

This Initiative would specifically:

> Undermine research on AIDS by discouraging subjects from volunteering for programs which will ultimately provide a vaccine and treatment for the disease.

> Divert already limited resources by mandating questionably cost-effective programs without allocating the necessary funding for programs which are not effective in containing the epidemic.

> Jeopardize the state's blood banks by discouraging people from donating blood; and by closing test sites that provide alternatives to people at risk from seeking tests at blood banks.

> Create a new subclass of unemployable and uninsurable individuals who are otherwise healthy by allowing HIV testing to determine insurability and employability.

> Remove traditional standards of confidentiality of medical records; create an environment of suspicion and an adversarial relationship between individuals at risk and health professionals.

> Institute a bureaucratic morass of labor and cost-intensive record keeping and tracing which are only marginally effective in slowing the spread of AIDS.

> Tie the hands of public health officers who need maximum flexibility to respond to the ever-changing disease by only allowing changes by the time-consuming initiative process.

> Like the twice-rejected LaRouche Initiative, Prop. 102 is bad public health and bad medicine.
FACT SHEET

CAMPAIGN HEADQUARTERS: 9060 Santa Monica Blvd., #106
West Hollywood, CA 90069
213/278-9355

PURPOSE: To oppose Proposition 102 on the November ballot by serving as an information and resource center for major California organizations, statewide opinion makers, and the print and broadcast media.

STEERING COMMITTEE:
Irene Agnos, California Nurses Assn.
Larry Bush, Aide to Mayor Art Agnos
Bruce Decker, Health Policy & Research Foundation
Ron Gray, Aide to Lt. Gov. Leo McCarthy
Stan Hadden, Aide to Senate President Pro Tem David Roberti
Anne Jennings, Asst. to Attorney General John Van de Kamp
Marty Keller, California Republican Party
Mark Madsen, California Medical Assn.
Brandy Moore, Aide to Assembly Speaker Willie L. Brown
Steve Morin, Aide to Congresswoman Nancy Pelosi
Bruce Pomer, California Health Officers Assn.
Rick Reidy, Former Asst. to Paul Kirk, Chairman of the National Democratic Committee
Steve Smith, Former Asst. to Assembly Speaker Willie L. Brown
Lillis Stephens, California Hemophilia Council
Robert Ward, Treasurer
Dan Zingale, Asst. to Controller Gray Davis

FPPC ID #: 88-1372

STAFF: Don L. Volk, Media Director
George Dufour, Communications Director
Lynn LeMay, Fundraising Coordinator
Elliott Ritch, Administrative Asst.
Since 1981 when the first cases of Acquired Immunodeficiency Syndrome (AIDS) were diagnosed in California, great strides in research have been made. For example:

* Scientists identified the cause—The Human Immunodeficiency Virus (HIV);

* Health professionals have ascertained the modes of transmission—sexual intercourse, sharing of blood products, or infection during pregnancy or birth;

* Researchers established protocols for testing treatments and vaccines;

* Public health officials implemented strong preventative educational programs that have proven effective.

Even with seriously limited resources, during the past seven years health professionals, researchers and public officials have structured a thoughtful and sound public health policy to slow the spread of this catastrophic epidemic.

The National Academy of Sciences, the Public Health Service, the United States Surgeon General, the Presidential Commission on the HIV Epidemic, along with myriad state...
agencies, health professionals and scientists determined that
the most effective ways of slowing the spread of HIV are with
preventative education; research to find a vaccine and cure;
and encouraging those most at risk to seek voluntary and
confidential testing by instituting strong anti-
discrimination laws to protect seropositive individuals from
losing their homes, jobs and insurance; and offering them the
opportunity to access investigational treatments.

Debate on these vital issues in California has
constantly been clouded by political elements seeking to
undermine these policies by resorting to voter initiatives
that, in actuality, slow the forward thrust in finding
solutions to the AIDS crisis.

First, political extremist Lyndon LaRouche sponsored
Prop. 64, which California's voters soundly defeated by a
two-to-one margin (71%-29%) in 1986. LaRouche's followers
again attempted in 1988 to pass the same initiative, Prop. 69
or "Son of LaRouche." With no significant opposition
campaign, voters again refused LaRouche's extreme measure by
a similar margin (65%-35%).

Now, Congressman William Dannemeyer (R-Fullerton), who
was one of only three elected officials in California to
support Prop. 64, is attempting to confuse the electorate
with Prop. 102. If passed, this "Illegitimate Son of LaRouche" measure will undo seven years of carefully deliberated public health policy on AIDS and at the same time destroy essential AIDS research projects in California.

Prop. 102's provisions for requiring reporting of "suspected" HIV-positive individuals to public health officers, and for contact tracing (and disclosing the patient's name) to their sexual and/or needle-sharing partners will discourage participation in research projects and will discourage people at risk from seeking early, life-saving treatment, when both are essential to continue the progress in slowing the spread of AIDS.

In addition, experts agree that contact tracing is the least cost-effective option available in stopping AIDS and would use up money badly needed for the very education and research projects that seven years' experience has demonstrated are effective.

Moreover, the policies promulgated by Prop. 102 are unworkable; and the cost of the Initiative's proposal could actually weaken non-AIDS-related public health programs in California.

Dannemeyer's proposals are unnecessary. Public health officials and medical professionals have never been reluctant
to ask for whatever measures they deemed necessary to protect
the public from disease. If they believed any of these
LaRouche-type measures were essential or productive, they
would have demanded them seven years ago.

As co-sponsors of the Stop Dannemeyer/No on 102
campaign, all of California's leading medical organizations
(California Medical Assn., California Nurses Assn., Health
Officers Assn. of California, and the Hemophiliac Council of
California) oppose this dangerous, expensive and unnecessary
ballot proposition.

They do so because they know that Prop. 102 will, in
actuality, destroy the prudent course of action they have
carefully developed since 1981. They also know that in an era
of limited time, energy and funding, it is essential to
invest these resources wisely.

#####
1603.1. (a) Blood banks shall make laboratory tests of all human whole blood received to detect the presence of viral hepatitis. If the blood bank finds the presence of viral hepatitis, or an antigen thereof, in the blood tested, it shall report that finding, the date of the human whole blood donation, the name, address, and social security number of the person who donated the blood, and the name and address of the blood bank which received the human whole blood from the person and any additional information required by the department, to the department and the county health officer within 72 hours.

(b) As soon as practicable following diagnosis, a physician shall report to the department and the county health officer the name, address, and social security number of all carriers of viral hepatitis under his treatment, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis cases to the county health officer for investigation.

(c) As soon as practicable following hospitalization, a hospital shall report to the department and to the county health officer the name, address, and social security number of all carriers of viral hepatitis hospitalized for treatment of viral hepatitis, the name of the hospital, the date of hospitalization, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis cases to the county health officer for investigation.

(d) The county health officer shall investigate all transfusion-associated hepatitis cases and shall, if possible, trace the sources of human whole blood which was transfused. The county health officer shall report to the department within 72 hours following an investigation the name, address, and social security number of carrier donors, possible carrier donors and carriers of viral hepatitis and any additional information required by the department.

(e) The department shall compile two times each month a list of carrier donors, possible carrier donors, and carriers of viral hepatitis and shall distribute the list to blood banks two times each month. The list shall include the name, address, and social security number of carrier donors, possible carrier donors and carriers of viral hepatitis, the date of the human whole blood donation if applicable, the name and address of the blood bank who received the human whole blood donation if applicable, and any other information which the department deems necessary to protect the public health and safety.

(f) The department shall, if possible, contact carrier donors to inform them that they may be carriers of viral hepatitis and should not make blood donations, and shall suggest appropriate treatment alternatives.

(g) The department may make regulations governing the procedures in this section as it deems necessary to protect the public health and safety.

(Added by Stats. 1974, Ch. 985. Effective until amendment by Stats. 1985, Ch. 23, becomes operative.)
1603.1. (a) Except as provided in this subdivision, no blood or blood components shall be used in vivo for humans in this state, unless the blood or blood components have been tested and found nonreactive for the probable causative agent of acquired immune deficiency syndrome or the blood or blood components are used for research or vaccination programs pursuant to an informed consent.

Additional exceptions to the requirement of this subdivision are as follows:

(1) Frozen red blood cells of a rare type, as determined by the blood bank or plasma center, collected prior to the effective date of this paragraph, for which no specimen is available.

(2) Inventories of blood and blood components collected prior to 60 days after the effective date of this paragraph or the date of licensing of a test by the Federal Drug Administration to determine exposure to the antibodies to the probable causative agent of AIDS, whichever is later.

(3) Blood or blood products released for transfusion in emergency circumstances, as determined by the state department.

(4) Blood used for autologous purposes.

(b) Blood banks and plasma centers shall make laboratory tests of all human whole blood and plasma received to detect the presence of viral hepatitis and antibodies to the probable causative agent of acquired immune deficiency syndrome in the manner specified in Section 1603.3. If the blood bank or plasma center finds the presence of viral hepatitis, or an antigen thereof, in the blood tested, it shall report that finding, the date of the human whole blood donation, the name, address, and social security number of the person who donated the blood, and the name and address of the blood bank which received the human whole blood from the person and any additional information required by the department, to the department and the county health officer within 72 hours of the confirmation of the presence of viral hepatitis, or an antigen thereof, in the blood tested.

(c) As soon as practicable following diagnosis, a physician shall report to the department and the county health officer the name, date of birth, address, and social security number of all carriers of viral hepatitis under his treatment, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and transfusion-associated AIDS cases to the county health officer for investigation.

(d) As soon as practicable following hospitalization, a hospital shall report to the department and to the county health officer the name, date of birth, address, and social security number of all confirmed cases of AIDS carriers, as determined by a person responsible for the care and treatment of a person with AIDS, and all carriers of viral hepatitis hospitalized for treatment of viral hepatitis or AIDS, the name of the hospital, the date of hospitalization, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and all confirmed transfusion-associated AIDS cases, as determined by a person responsible for the care and treatment of a person with AIDS, to the county health officer for investigation.

(e) The county health officer shall investigate all transfusion-associated hepatitis cases and transfusion-associated AIDS cases and shall, if possible, trace the sources of human whole blood which was transfused. The county health officer shall report to the department within 72 hours following an
investigation the name, date of birth, address, and social security number of carrier donors, possible carrier donors and carriers of viral hepatitis and any additional information required by the department.

(f) The department shall compile two times each month a list of carrier donors, possible carrier donors, and carriers of viral hepatitis and persons who test reactive for antibodies to the probable causative agent of the acquired immune deficiency syndrome and shall distribute the list to blood banks and plasma centers two times each month. The list shall include the name, date of birth, address, and social security number of people who are carrier donors, possible carrier donors and carriers of viral hepatitis and persons reactive for, the antibody to the probable causative agent of AIDS, and confirmed cases of AIDS, as determined by a person responsible for the care and treatment of a person with AIDS, the date of the human whole blood donation if applicable, the name and address of the blood bank who received the human whole blood donation if applicable, and any other information which the department deems necessary to protect the public health and safety. This list shall be known as the Donor Deferral Register and shall include names of individuals who are indefinitely deferred from blood donations without identifying the reasons for the deferral. The state department may develop guidelines governing the instances when a person is to be removed from the register. These guidelines may include, but shall not be limited to nor be required to include, death of an identified donor or the licensure by the Federal Food and Drug Administration of a new, confirmatory test for AIDS which would allow the state department to more accurately determine if a person should be kept on the registry due to any threat to the state's blood supply that the prospective donor may represent.

(g) The department shall, if possible, contact carrier donors to inform them that they may be carriers of viral hepatitis and should not make blood donations, and shall suggest appropriate treatment alternatives. County health or state department officials shall contact all persons who have confirmed cases of AIDS, as determined by a person responsible for the care and treatment of the person with AIDS, to suggest appropriate treatment alternatives and for the purposes of epidemiological studies and followup.

(h) The department may adopt regulations governing the procedures in this section as it deems necessary to protect the public health and safety.

(i) The state department may replace the test for the antibody to the probable causative agent for AIDS with a superior antibody test, as the state department deems appropriate.

(j) "Plasma center," as used in this chapter, means any place where the process of plasmapheresis is conducted, as defined in Section 1025 of Title 17 of the California Administration Code and includes a place where leukopheresis or platelet pheresis, or both, is conducted.

(k) "AIDS," as used in this chapter, means acquired immune deficiency syndrome.

(l) "Blood components", as used in this chapter, means preparations separated from single units of whole blood or prepared for hemapheresis and intended for use as final products for transfusions.

(Amended by Stats. 1985, Ch. 23, Sec. 2. Effective April 4, 1985. Operative on date prescribed by Sec. 6.7 of chapter.)
<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
<th>AFFECTED</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 806</td>
<td>None</td>
<td></td>
<td></td>
<td>Permits the Department of Corrections to conduct voluntary HIV testing of the prison population, for the sole purpose of epidemiological research.</td>
</tr>
<tr>
<td>Floyd</td>
<td>Chapter 168</td>
<td>6/13/88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 1119</td>
<td>1797.188, 1797.189, 1797.254, 1797.276, 1797.4 H&amp;S</td>
<td>7/5/88</td>
<td>Requires the county health officer to notify prehospital emergency medical care personnel if emergency or rescue services have exposed them to a disease transmitted through oral contact, secretions of the body, or blood.</td>
<td></td>
</tr>
<tr>
<td>Zeltner</td>
<td>Chapter 260</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2374</td>
<td>4383 B&amp;P; 11377 &amp; 11550 H&amp;S; 77400.1 Gov't; 264,286,288a, 647.1,1001.10-11, 1463.23 Penal</td>
<td>9/26/88</td>
<td>Specifies that any person guilty of prostitution or IV drug use shall be required to participate in an AIDS education program, and diverts $50.00 of the assessed $70.00 fine to fund this program.</td>
<td></td>
</tr>
<tr>
<td>Statham</td>
<td>Chapter 1243</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2892</td>
<td>199.45, 199.47, 199.50, 199.51, 199.78 &amp; 199.49 H&amp;S; 14132 &amp; 14132.45 W&amp;I Penal</td>
<td>9/30/88</td>
<td>Commits DHS to purchase the difference of unsold AIDS vaccine units between the number of units actually sold and 500,000. Provides AIDS vaccine manufacturer's with the same legal protection from liability as other vaccine manufacturers. Provides enabling legislation for the AIDS Medi-Cal Waiver Program, which requires DHS to seek from the Federal Department of Health and Human Services a waiver from existing Medicaid regulations for the home and community based services to Medi-Cal eligible individuals with AIDS or ARC.</td>
<td></td>
</tr>
<tr>
<td>Vasconcellos</td>
<td>Chapter 1555</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB 2936</td>
<td>26463 H&amp;S</td>
<td>9/12/88</td>
<td>Adds AIDS, ARC and diseases, disorders or conditions of the immune system, to the list of diseases for which general drugs or medical devices cannot be sold for treatment purposes. Protects consumers from fraudulently advertised drugs and medical devices.</td>
<td></td>
</tr>
</tbody>
</table>
## 1988 Chaptered AIDS Legislation

<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
<th>AUTHOR</th>
<th>CHAPTER NO.</th>
<th>DATE ENACTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 3255</td>
<td>199.21, 199.22, &amp; 199.24</td>
<td>H&amp;S</td>
<td>Jones</td>
<td>Chapter 1582</td>
<td>9/30/88</td>
</tr>
<tr>
<td>AB 3305</td>
<td>799</td>
<td>Insurance</td>
<td>Johnston</td>
<td>Chapter 1279</td>
<td>9/26/88</td>
</tr>
<tr>
<td>AB 3364</td>
<td>119.78</td>
<td>H&amp;S</td>
<td>Roos</td>
<td>Chapter 1537</td>
<td>9/30/88</td>
</tr>
<tr>
<td>AB 3505</td>
<td>11225</td>
<td>Penal</td>
<td>Bradley</td>
<td>Chapter 917</td>
<td>9/15/88</td>
</tr>
<tr>
<td>AB 3673</td>
<td>3003</td>
<td>H&amp;S</td>
<td>Clute</td>
<td>Chapter 1475</td>
<td>9/28/88</td>
</tr>
</tbody>
</table>

### SUMMARY

Permits disclosure of test results without written consent to the subject's legal representative, provider of health care, and to employees of the health care provider. Provides that antibody test results included in medical records is not a disclosure subject to criminal and civil sanctions.

Allows Life and Disability Insurers to use the HIV Blood Test for AIDS for determining insurability. Does not allow such testing for Health Insurers.

Requires the DHS AIDS plan to assess the need to include AIDS education into specified women and children health programs.

Allows County Health Officers to declare as a public nuisance and order the closure of a business where sexual activity is permitted or encouraged, if there is a danger that a contagious, infectious, or communicable disease will be spread as a result of this activity.

Requires DHS to study methods which should be used to protect persons in occupations which involve possible exposure to transmission of the HIV virus. Individuals specifically addressed by the bill are law enforcement personnel, health care professionals, fire service personnel, and emergency medical services personnel. Contains sunset date of January 1, 1990.
<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
<th>AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 4209</td>
<td>1493 H&amp;S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roybal-Allard</td>
<td>Chapter 1109</td>
<td>9/21/88</td>
<td></td>
</tr>
<tr>
<td>AB 4437</td>
<td>185 H&amp;S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margolin</td>
<td>Chapter 977</td>
<td>9/19/88</td>
<td></td>
</tr>
<tr>
<td>AB 4448</td>
<td>199.715 H&amp;S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margolin</td>
<td>Chapter 1526</td>
<td>9/29/88</td>
<td></td>
</tr>
<tr>
<td>AB 4475</td>
<td>1632.5 &amp; 1634 H&amp;S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brown, W.</td>
<td>Chapter 978</td>
<td>9/19/88</td>
<td></td>
</tr>
</tbody>
</table>

### SUMMARY

**AB 4209**

Roybal-Allard, Chapter 1109, 9/21/88

Requires DHS to develop, produce and disburse a brochure, specifically designed for victims of sexual assault, regarding possible exposure to AIDS, and requires disbursement to any victim of sexual assault. Contains sunset date of January 1, 1992.

**AB 4437**

Margolin, Chapter 977, 9/19/88

Provides $2.5 million in state funds to extend the federal program which provides AZT to HIV infected persons through June 30, 1989.

**AB 4448**

Margolin, Chapter 1526, 9/29/88

Enables DHS to expend funds to establish up to 20 pilot projects to provide housing and food for homeless persons with AIDS or ARC. Exempts pilot projects from State Health Facility licensure requirements. Requires DHS to conduct a needs assessment concurring to the pilot project, to identify problems and needs faced by both operators of the pilot project and the targeted population.

**AB 4475**

Brown, W., Chapter 978, 9/19/88

Requires DHS to establish a follow-up program for HIV infected persons, offering lab test, examination, case management, and behavior modification programs. Requires DHS to collect data regarding the medical needs of individuals referred for medical treatment, and their ability to pay for services. Authorizes DHS to establish outpatient treatment programs for persons referred for medical treatment by the screening programs established by the bill.

ACR 108

Roos
Res. Chapter 132, 9/9/88

Encourages all employers to implement AIDS education programs for their employees.

AJR 22

Filante
Res. Chapter 12, 3/8/88

Encourages Congress and the President to enact legislation to add AIDS to the National Vaccine Program, create the National Vaccine-Injury Compensation Trust Fund to compensate persons injured through AIDS vaccine administration, and to place a tax on vaccines to generate revenues for the fund.
<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 1002</td>
<td>1603.3 &amp; 1621.5 H&amp;S</td>
<td></td>
</tr>
<tr>
<td>Doolittle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/22/88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 1007</td>
<td>647f, 1202.1, &amp; 1202.6 &amp; 12022.85</td>
<td></td>
</tr>
<tr>
<td>Doolittle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1597</td>
<td>Penal</td>
<td></td>
</tr>
<tr>
<td>9/30/88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 1552</td>
<td>32 B&amp;P; 1337.1 and 1797.175 H&amp;S</td>
<td></td>
</tr>
<tr>
<td>Kopp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/22/88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 1913</td>
<td>199.222 H&amp;S; 7500 Penal</td>
<td></td>
</tr>
<tr>
<td>Presley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1579</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/30/88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 2076</td>
<td>16511.5 W&amp;I</td>
<td></td>
</tr>
<tr>
<td>Alquist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1236</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 2145</td>
<td>199.221 H&amp;S; 1768.9 W&amp;I</td>
<td></td>
</tr>
<tr>
<td>Ayala</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1119</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/21/88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY**

**SB 1002**

Makes it a felony for any person to knowingly donate blood, bodily fluids, tissues or organs, after the donor has tested positive for HIV or has AIDS. Penalties specified are prison terms of 2, 4, or 6 years.

**SB 1007**

Requires all persons convicted of specified sexual offenses to submit to testing for HIV antibodies and be informed of the test results. Subsequently, those persons charged with prostitution, and who had been previously convicted of prostitution or other specified sex offenses, and were aware of their seropositivity for HIV, shall be guilty of a felony.

**SB 1552**

Requires boards which regulate health care providers to consider AIDS training as a continuing requirement for license renewal.

**SB 1913**

Specifies that inmates in a correctional institution, or individuals charged with a crime, can be tested for HIV. Results can be disclosed without consent if bodily fluids have been exchanged between the test subject and a law enforcement agent or another inmate. Allows DHS to adopt guidelines or regulations on testing procedures.

**SB 2076**

Appropriates $125,000 to the Department of Social Services to establish a pilot project to recruit foster parents for children infected with HIV. Provides training, education and support for foster parents, and requires local organizations participating in the project to provide one dollar in matching funds for every three dollars in state funds. No impact on DHS.

**SB 2145**

Permits nonconsensual testing and disclosure of a ward's, inmate's or parolee's antibody status under certain conditions in the Department of Youth Authority. Requires pretest counseling and permits the department to operate housing facilities for HIV infected wards and inmates who continue to engage in high risk activities.
**1988 CHAPTERED AIDS LEGISLATION**

<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 2394</td>
<td>51551</td>
<td>Education</td>
<td>Requires all public elementary, junior and senior high schools that teach sex education and discuss sexual intercourse, to emphasize that abstinence from sex is the only protection 100% effective against unwanted pregnancy, sexually transmitted diseases, and AIDS. Requires course material and instruction to be age appropriate and follow specified criteria.</td>
</tr>
<tr>
<td>SB 2576</td>
<td>7155.5</td>
<td>H&amp;S</td>
<td>Requires DHS to develop regulations requiring infectious disease screening of organs and tissues to be used for transplantation. Screening is to include, but not be limited to, screening for HIV.</td>
</tr>
<tr>
<td>SB 2599</td>
<td>11751.4 &amp; 11998</td>
<td>H&amp;S</td>
<td>Authorizes each county to adopt a 5-year substance abuse plan with long-term goals to include dissemination of AIDS information through all hospitals, AIDS medical service providers and substance abuse programs.</td>
</tr>
<tr>
<td>SB 2643</td>
<td>26</td>
<td>H&amp;S</td>
<td>Allows crime victims to request the court to order a search warrant for HIV testing when there is a probable cause to believe that blood or semen have been transferred from the defendant to the victim, and encourages the defendant to consent to voluntary testing and disclosure. Requires confirmatory testing and counseling for victim and defendant prior to notification of test results, and prohibits the use of test results in any criminal proceedings as evidence of guilt or innocence.</td>
</tr>
<tr>
<td>SB 2673</td>
<td>1628</td>
<td>H&amp;S</td>
<td>Requires the intended recipient of a designated blood donation to request such donation before being named as the recipient, and prohibits a donor from redesignating the use of donated blood. Requires the transfusion service to bear the cost associated with a designated donation if the blood is released by the collection center for use by another person prior to the time the blood is needed by the designated recipient.</td>
</tr>
</tbody>
</table>
### 1988 CHAPTERED AIDS LEGISLATION

<table>
<thead>
<tr>
<th>BILL NUMBER</th>
<th>CODE</th>
<th>SECTION</th>
<th>DATE ENACTED</th>
<th>AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 2788</td>
<td>199.25 &amp; 199.27 H&amp;S</td>
<td>Maddy</td>
<td>Chapter 1216</td>
<td>9/22/88</td>
</tr>
<tr>
<td>SB 2847</td>
<td>4300 Civ11; 199.21, 199.22, 199.27, 199.215, 1603.1 H&amp;S</td>
<td>Hart</td>
<td>Chapter 1581</td>
<td>9/30/88</td>
</tr>
<tr>
<td>SB 2854</td>
<td>4018.1, 5008.1 Penal Code; 1123 W&amp;I</td>
<td>Watson</td>
<td>Chapter 1301</td>
<td>9/26/88</td>
</tr>
<tr>
<td>SCR 79</td>
<td></td>
<td>Hart</td>
<td>Res. Chapter 119</td>
<td>9/8/88</td>
</tr>
<tr>
<td>SCR 91</td>
<td></td>
<td>Seymour</td>
<td>Res. Chapter 80</td>
<td>8/12/88</td>
</tr>
</tbody>
</table>

#### SUMMARY

**SB 2788**

Allows an attending physician or county health officer to notify the spouse, needle sharing or sexual partner of an HIV infected individual, of their possible exposure to HIV, without patient consent. Requires referral of the patient’s contacts for appropriate care, counseling and follow-up.

**SB 2847**

Allows HIV test disclosure to test subject’s provider of health care. Permits DHS or a county health officer to disclose the name, date of birth, address and social security number of confirmed AIDS carriers to a blood bank or plasma center solely for the purpose or determining whether a recipient of blood donated prior to the implementation of blood screening procedures may have been infected with HIV.

**SB 2854**

Requires that AIDS prevention information and education be provided to all inmates and wards in county jails, state prisons and youth facilities. Requires the provision of information regarding AIDS testing and services.

**SCR 79**

Urges California college campuses to develop policy guidelines for campus issues related to AIDS and to provide AIDS information and education.

**SCR 91**

Applauds efforts by California companies which have addressed the issues surrounding AIDS in the workplace and have adopted appropriate policies.
Reporting Exposure to AIDS Virus.
Initiative Statute

Argument in Favor of Proposition 102

Do you believe that infection by the AIDS virus should be treated like any other communicable disease and reported to the health department?

PROPOSITION 102 is specifically designed to stop the spread of AIDS. It does this by requiring confidential reporting to public health authorities.

Although AIDS is treatable, there is no cure—yet. But we can stop it from spreading.

Currently, doctors are required to confidentially report to public health authorities cases of venereal disease, such as syphilis. But, if a doctor were to report all who are infected with the AIDS virus, he would be subject to a $10,000 fine and/or up to a year imprisonment.

In short, UNDER CURRENT LAW, IF A DOCTOR TREATS AIDS INFECTION LIKE HE WOULD ANY OTHER DISEASE, HE WOULD COMMIT A CRIME.

Under PROPOSITION 102, persons found to be infected with the AIDS virus would be interviewed by the health department so that others with whom they have had sexual contact or shared drug needles can be confidentially counseled.

PROPOSITION 102 does not call for the quarantine of people with AIDS.

While AIDS is not curable, it is preventable, which is why it is so important to have the health department contact those who have been unknowingly exposed as well as those who have been unknowingly exposing others.

Current AIDS-related public health laws have been politically motivated and simply don't work.

One fact says it all: THE OVERWHELMING MAJORITY OF THOSE INFECTED BY THE AIDS VIRUS ARE UNAWARE OF THEIR CONDITION OR THE POTENTIAL THREAT THEY MAY POSE TO OTHERS.

For many decades, our public health officials have been confidentially testing, tracing and counseling those with communicable diseases. THE SYSTEM WORKS.

Rebuttal to Argument in Favor of Proposition 102

Proposition 102 isn't "good medicine." It's a public health nightmare and fiscal disaster.

Don't be fooled by the proponents' "medical" arguments. The California Medical Association, California Nurses Association and Health Officers' Association strongly oppose Proposition 102 as being counterproductive to the medical fight against AIDS.

The argument for Proposition 102 is based on the simple-minded idea that AIDS is "like any other communicable disease." But all diseases aren't alike, and public health officials have special strategies for dealing with each of them. Proposition 102 would destroy important policies designed by health experts to stop the spread of AIDS.

The argument for Proposition 102 is packed with mistruths. Proposition 102 wouldn't "enhance confidentiality"—it actually repeals California's AIDS confidentiality law. Anonymous AIDS testing has been highly successful in reducing the rate of new infections in high-risk communities. Proposition 102 would reverse this important progress.

Has "contact tracing" driven people "underground," away from treatment? Of course not. Experience in Colorado with similar laws has shown that many more people have undergone voluntary testing than here in California.

Persons who believe that they may have been exposed to any disease have been able to turn to the public health department in complete reliance upon the time-honored system of confidentiality.

PROPOSITION 102 will enhance confidentiality by expanding the legal definition of the AIDS test.

PROPOSITION 102 will not give your employer the right to test you for AIDS without your consent.

Health and life insurance premiums will likely increase as a result of the AIDS epidemic. PROPOSITION 102 will help keep the cost of insurance down.

With AIDS, the only way to save a life is to prevent infection. That's what PROPOSITION 102 is all about.

PROPOSITION 102 is both reasonable and effective. It will help stop the spread of a killer disease while respecting the confidentiality of those affected. It will save lives while providing early detection for countless thousands of victims.

That's why thousands of California physicians support PROPOSITION 102.

VOTE "YES" ON PROPOSITION 102.
It's GOOD MEDICINE.

WARREN L. BOSTICK, M.D.
Former President, California Medical Association
Former Dean of the College of Medicine,
University of California, Irvine
Former President, American Society of Clinical Pathologists

LAWRENCE J. MCNAMEE, M.D.
President, California Physicians for a
Logical AIDS Response
Member, Los Angeles County Medical Association
Committee on AIDS

PAUL GANN
President, People's Advocate, Inc.

PROPOSITION 102 wouldn't keep insurance costs down. It would shift millions of dollars of health care costs to the taxpayers.

PROPOSITION 102 wouldn't prevent employers from forcing their employees to be tested—it repeals the law which prevents involuntary testing.

PROPOSITION 102 would drive potentially infected individuals away from voluntary testing which is linked to counseling to educate them about how not to spread AIDS.

PROPOSITION 102 would cost California taxpayers hundreds of millions of dollars and would only make the epidemic worse.

Vital research, treatment and education programs on AIDS would be closed down, endangering the lives of all Californians.

Vote NO on Proposition 102!

LEO McCARTHY
Lieutenant Governor

LAURENS P. WHITE, M.D.
President, California Medical Association

ROBERT J. MELTON, M.D., M.P.H.
President, Health Officers' Association of California
Argument Against Proposition 102

AIDS is a serious public health crisis. It should not be a political football.

Twice before, Californians have overwhelmingly rejected a misguided initiative on AIDS that was proposed by a politician with no medical expertise. We must do so again.

Proposition 102 must be defeated for the health and safety of all Californians.

This initiative would cripple the efforts of physicians, researchers and public health officials to halt the spread of AIDS. It would only make the epidemic worse.

Proposition 102 is as extreme and irrational as the AIDS Quarantine Initiative (Propositions 84 and 89), which voters defeated by margins of two to one. In fact, the proponent of Proposition 102 was the only major public official to support the Quarantine Initiative.

Like the AIDS Quarantine Initiative, Proposition 102 could cost California taxpayers hundreds of millions of dollars to enforce—money that would be far better spent on legitimate needs, including the prevention and treatment of AIDS. Worse yet, this initiative could cost many Californians their lives by creating a climate of fear that undermines research to find a vaccine and cure for AIDS.

Like the AIDS Quarantine Initiative, Proposition 102 would strongly discourage people from getting tested for AIDS because they could lose their jobs, homes or health care. Thus more people will unknowingly transmit the virus to others and more infected blood will be donated to blood banks. Fewer volunteers will participate in vital research studies and fewer infected people will receive the early treatment which could save their lives.

Proposition 102 is NOT about the reporting of AIDS cases. The law already requires that this be done. Rather, this initiative would require the public reporting of all persons who have positive AIDS antibody tests, tests which aren’t even always accurate.

Public health officials agree that voluntary, anonymous AIDS testing is one of the single greatest factors contributing to the reduction of new infections in high-risk communities. Proposition 102 would take away from medical professionals this vital tool to control the epidemic.

Like the AIDS Quarantine Initiative, Proposition 102 could force thousands of Californians out of their jobs in our schools and food service industries. It could throw many students out of school. None of them are any threat to the public health because medical science has proven that AIDS is not casually contagious.

Like the AIDS Quarantine Initiative, Proposition 102 would create disruption and division in our workplaces, all for no legitimate public health purpose.

Like the AIDS Quarantine Initiative, Proposition 102 would authorize widespread “witch hunts” and invasions of the privacy of Californians. The lives of even those who are perfectly healthy could be ruined by misguided people making irresponsible charges.

Proposition 102 is a punitive, political approach to AIDS that is totally at odds with modern medicine and science. Join us once again in supporting a sane, effective AIDS policy. Send the message again that California voters want medical solutions to AIDS, not politics.

Vote NO on Proposition 102.

LAURENS P. WHITE, M.D.
President, California Medical Association

Marilyn Rodgers
President, California Nurses Association

TOM BRADLEY
Mayor, City of Los Angeles

Rebuttal to Argument Against Proposition 102

Quarantine is not necessary to stop the spread of AIDS. That’s why PROPOSITION 102 says “nothing contained in this section shall be construed to require the use of quarantine or isolation.”

The record is clear.

PROPOSITION 102 is not an AIDS quarantine initiative. To suggest otherwise only adds to the fear and confusion experienced by the victims of this terrible disease. Haven’t they suffered enough?

The purpose of reporting and contact tracing is to let those who are infected know that they pose a risk to others.

Current law calls for reporting of AIDS patients because that is good public health policy. But there are hundreds of thousands of others who carry the AIDS virus, and are contagious, but have not developed the advanced disease, yet.

Doesn’t it make sense for doctors to report these cases, too? Confidential contact tracing is a fair and effective way to balance the rights of victims with the rights of the public. That’s why the nation’s largest medical association has recommended that all states do it.

Opponents to PROPOSITION 102 say that contact tracing would lead to “witch hunts.” We say it’s time to stop peddling such fear and panic.

California’s present AIDS policy was proposed by the current mayor of San Francisco, a “politician without medical expertise.”

It is a miserable failure. PROPOSITION 102 was developed by doctors practicing in communities throughout California. It represents doctors doing what they do best—saving lives.

VOTE “YES” ON PROPOSITION 102.

LARIMORE CUMMINS, M.D.
Chairman, Santa Cruz County Medical Society
AIDS Task Force
Former President, Santa Cruz County Medical Society

WILLIAM E. DANNEMEYER
United States Congressman, California

LAWRENCE J. McNAMEE, M.D.
President, California Physicians for a Logical AIDS Response

Member, Los Angeles County Medical Association Committee on AIDS
Reporting Exposure to AIDS Virus. Initiative Statute

Argument in Favor of Proposition 102

Do you believe that infection by the AIDS virus should be treated like any other communicable disease and reported to the health department?

PROPOSITION 102 is specifically designed to stop the spread of AIDS. It does this by requiring confidential reporting to public health authorities.

Although AIDS is treatable, there is no cure—yet. But we can stop it from spreading.

Currently, doctors are required to confidentially report to public health authorities cases of venereal disease, such as syphilis. But, if a doctor were to report all who are infected with the AIDS virus, he would be subject to a $10,000 fine and/or up to a year imprisonment.

In short, UNDER CURRENT LAW, IF A DOCTOR TREATS AIDS INFECTION LIKE HE WOULD ANY OTHER DISEASE, HE WOULD COMMIT A CRIME.

Under PROPOSITION 102, persons found to be infected with the AIDS virus would be interviewed by the health department so that others with whom they have had sexual contact or shared drug needles can be confidentially counseled.

PROPOSITION 102 does not call for the quarantine of people with AIDS.

While AIDS is not curable, it is preventable, which is why it is so important to have the health department contact those who have been unknowingly exposed as well as those who have been unknowingly exposing others.

Current AIDS-related public health laws have been politically motivated and simply don’t work.

One fact says it all: THE OVERWHELMING MAJORITY OF THOSE INFECTED BY THE AIDS VIRUS ARE UNAWARE OF THEIR CONDITION OR THE POTENTIAL THREAT THEY MAY POSE TO OTHERS.

For many decades, our public health officers have been confidentially testing, tracing and counseling those with communicable diseases. THE SYSTEM WORKS.

Has “contact tracing” driven people “underground,” away from treatment? Of course not. Experience in Colorado with similar laws has shown that many more people have undergone voluntary testing than here in California.

Persons who believe that they may have been exposed to any disease have been able to turn to the public health department in complete reliance upon the time-honored system of confidentiality.

PROPOSITION 102 will enhance confidentiality by expanding the legal definition of the AIDS test.

PROPOSITION 102 will not give your employer the right to test you for AIDS without your consent.

Health and life insurance premiums will likely increase as a result of the AIDS epidemic. PROPOSITION 102 will help keep the cost of insurance down.

With AIDS, the only way to save a life is to prevent infection.

That’s what PROPOSITION 102 is all about.

PROPOSITION 102 is both reasonable and effective. It will help stop the spread of a killer disease while respecting the confidentiality of those affected. It will save lives while providing early detection for countless thousands of victims.

That’s why thousands of California physicians support PROPOSITION 102.

VOTE "YES" ON PROPOSITION 102. It’s GOOD MEDICINE

WARREN L. BOSTICK, M.D.
Former President, California Medical Association
Former Dean of the College of Medicine, University of California, Irvine
Former President, American Society of Clinical Pathologists

LAWRENCE J. MCNAMEE, M.D.
President, California Physicians for a Logical AIDS Response
Member, Los Angeles County Medical Association Committee on AIDS

PAUL GANN
President, People’s Advocate, Inc.

Rebuttal to Argument in Favor of Proposition 102

Proposition 102 isn’t “good medicine.” It’s a public health nightmare and fiscal disaster.

Don’t be fooled by the proponents’ “medical” arguments. The California Medical Association, Californial Nurses Association and Health Officers’ Association strongly oppose Proposition 102 as being counterproductive to the medical fight against AIDS.

The argument for Proposition 102 is based on the simple-minded idea that AIDS is “like any other communicable disease.” But all diseases aren’t alike, and public health officials have special strategies for dealing with each of them. Proposition 102 would destroy important policies designed by health experts to stop the spread of AIDS.

The argument for Proposition 102 is packed with mistruths. Proposition 102 wouldn’t “enhance confidentiality”—it actually repeals California’s AIDS confidentiality law. Anonymous AIDS testing has been highly successful in reducing the rate of new infections in high-risk communities. Proposition 102 would reverse this important progress.

Proposition 102 wouldn’t keep insurance costs down. It would shift millions of dollars of health care costs to the taxpayers.

Proposition 102 wouldn’t prevent employers from forcing their employees to be tested—it repeals the law which prevents involuntary testing.

Proposition 102 would drive potentially infected individuals away from voluntary testing which is linked to counseling to educate them about how not to spread AIDS.

Proposition 102 would cost California taxpayers hundreds of millions of dollars and would only make the epidemic worse. Vital research, treatment and education programs on AIDS would be closed down, endangering the lives of all Californians.

Vote NO on Proposition 102!

LEO MCCARTHY
Lieutenant Governor

LAURENS P. WHITE, M.D.
President, California Medical Association

ROBERT J. MELTON, M.D., M.P.H.
President, Health Officers’ Association of California
Reporting Exposure to AIDS Virus
Initiative Statute 102

Argument Against Proposition 102

AIDS is a serious public health crisis. It should not be a political football.

Twice before, Californians have overwhelmingly rejected a misguided initiative on AIDS that was proposed by a politician with no medical expertise. We must do so again.

Proposition 102 must be defeated for the health and safety of all Californians.

This initiative would cripple the efforts of physicians, researchers and public health officials to halt the spread of AIDS. It would only make the epidemic worse.

Proposition 102 is as extreme and irrational as the AIDS Quarantine Initiative (Propositions 64 and 69), which voters defeated by margins of two to one. In fact, the proponent of Proposition 102 was the only major public official to support the Quarantine Initiative.

Like the AIDS Quarantine Initiative, Proposition 102 could cost California taxpayers hundreds of millions of dollars to enforce—money that would be far better spent on legitimate needs, including the prevention and treatment of AIDS. Worse yet, this initiative could cost many Californians their lives by creating a climate of fear that undermines research to find a vaccine and cure for AIDS.

Like the AIDS Quarantine Initiative, Proposition 102 would strongly discourage people from getting tested for AIDS because they could lose their jobs, homes or health care. Thus more people will unknowingly transmit the virus to others and more infected blood will be donated to blood banks. Fewer volunteers will participate in vital research studies and fewer infected people will receive the early treatment which could save their lives.

Proposition 102 is NOT about the reporting of AIDS cases. The law already requires that this be done. Rather, this initiative would require the public reporting of all persons who have positive AIDS antibody tests, tests which aren’t even always accurate.

Public health officials agree that voluntary, anonymous AIDS testing is one of the single greatest factors contributing to the reduction of new infections in high-risk communities. Proposition 102 would take away from medical professionals this vital tool to control the epidemic.

Like the AIDS Quarantine Initiative, Proposition 102 could force thousands of Californians out of their jobs in our schools and food service industries. It could throw many students out of school. None of them are any threat to the public health because medical science has proven that AIDS is not casually contagious.

Like the AIDS Quarantine Initiative, Proposition 102 would create disruption and division in our workplaces, all for no legitimate public health purpose.

Like the AIDS Quarantine Initiative, Proposition 102 would authorize widespread “witch hunts” and invasions of the privacy of Californians. The lives of even those who are perfectly healthy could be ruined by misguided people making irresponsible charges.

Proposition 102 is a punitive, political approach to AIDS that is totally at odds with modern medicine and science.

Join us once again in supporting a sane, effective AIDS policy. Send the message again that California voters want medical solutions to AIDS, not politics.

Vote NO on Proposition 102.

LAURENS P. WHITE, M.D.
President, California Medical Association

MARTYN RODGERS
President, California Nurses Association

TOM BRADLEY
Mayor, City of Los Angeles

Rebuttal to Argument Against Proposition 102

Quarantine is not necessary to stop the spread of AIDS. That’s why PROPOSITION 102 says “nothing contained in this section shall be construed to require the use of quarantine or isolation.”

The record is clear. PROPOSITION 102 is not an AIDS quarantine initiative. To suggest otherwise only adds to the fear and confusion experienced by the victims of this terrible disease. Haven’t they suffered enough?

The purpose of reporting and contact tracing is to let those who are infected know that they pose a risk to others.

Current law calls for reporting of AIDS patients because that is good public health policy. But there are hundreds of thousands of others who carry the AIDS virus, and are contagious, but have not developed the advanced disease, yet.

Doesn’t it make sense for doctors to report these cases, too? Confidential contact tracing is a fair and effective way to balance the rights of victims with the rights of the public. That’s why the nation’s largest medical association has recommended that all states do it.

Opponents to PROPOSITION 102 say that contact tracing will lead to “witch hunts.” We say it’s time to stop peddling such fear and panic.

California’s present AIDS policy was proposed by the current mayor of San Francisco, a “politician without medical expertise.” It is a miserable failure.

PROPOSITION 102 was developed by doctors practicing in communities throughout California. It represents doctors doing what they do best—saving lives.

VOTE “YES” ON PROPOSITION 102.

LARIMORE CUMMINS, M.D.
Chairman, Santa Cruz County Medical Society
AIDS Task Force

FORMER President, Santa Cruz County Medical Society

WILLIAM E. DANNEMEYER
United States Congressman, California

LAWRENCE J. MCNAMEE, M.D.
President, California Physicians for a Logical AIDS Response
Member, Los Angeles County Medical Association Committee on AIDS

G88 Arguments printed on this page are the opinions of the authors and have not been checked for accuracy by any official agency 97
AIDS 1988: LEGISLATIVE TRENDS

[Editor's Note: The AIDS Policy Center is completing a detailed policy and trend analysis, by issue area, of all AIDS-related laws passed since 1983. The final review should be available by February 1988.]

State legislatures approved more AIDS-related laws in 1988 than in any year since the AIDS epidemic began. By late November, nearly 20 percent, or 127, of the 642 bills introduced in state assemblies had been enacted into law. Many are substantial pieces of legislation that establish a comprehensive framework for managing the AIDS epidemic at the state and local level.

Testing and Confidentiality

Among the 29 states that adopted AIDS-related laws in 1988, HIV testing emerged as the most common AIDS issue addressed by state legislatures. Because policymakers had to confront how the test information would be managed and to whom the test results would be disclosed, confidentiality followed as a second area of interest.

Other testing and confidentiality issues were addressed in a substantial number of provisions. These include:

- Required pre- and post-test counseling (22 states) and informed consent (16 states);
- Required notification of health care workers and other personnel exposed during direct patient contact (20 states);
- Required reporting of AIDS, ARC and HIV infection (16 states);
- Testing of blood and donated organs prior to use (15 states); and
- Liability protections for providers who disclose test result information, in good faith, or in keeping with new state requirements (14 states).

Many of the laws reflect a growing sensitivity to AIDS as a complex problem that affects other related public health issues including education, access to care and other disease control measures.

For example, despite concerted public education efforts, many people remain unclear as to what a positive HIV antibody test means. Similarly, many primary health care workers are still unable to provide basic HIV counseling or guidance. To remedy the situation, New York's legislature carefully outlined the topic areas that HIV counseling must include and both Washington

AIDS 1988 continued p. 5

Initial Funding for the State AIDS Policy Center is provided by a grant from the Robert Wood Johnson Foundation

IHPP is a state legislative clearinghouse conducting research on health policy, state regulation and legislation. Monographs and newsletters on a broad variety of health topics are published regularly.
STD, COMMUNICABLE DISEASE AND PUBLIC HEALTH CONTROL LAWS: A NEW REPORT

The AIDS Policy Center presents 40 matrices in its new publication, AIDS: Communicable and Sexually Transmitted Disease, Public Health Record and AIDS-Specific Laws. These illustrate the strengths and weaknesses of public health and AIDS-related statutes as they relate to confidentiality, disease control and discrimination. The review is one of the most detailed and comprehensive analyses currently available.

The data were developed from a 50-state survey of existing sexually transmitted disease (STD), communicable disease and public health record statutes, including AIDS-specific laws passed or amended as of February 1988. Regulations were obtained for nearly half of the states through the survey and a review of records at the Library of Congress. Other relevant data provided by the states, such as public health department orders, were also reviewed.

The report also contains a cross-reference matrix that indicates if sexually transmitted diseases are also considered to be communicable diseases for purposes of implementing public health laws. The chart shows whether AIDS, ARC or HIV infection are considered to be sexually transmitted or communicable diseases for purposes of implementing specific public health control measures, such as isolation and quarantine.

Highlights

The matrices illustrate clearly that states already have the statutory authority to preserve the public health. However, many existing provisions are vague (such as those concerning confidentiality) or lack procedural safeguards (such as those concerning isolation and quarantine.)

Reporting and Confidentiality

Twenty detailed matrices focus on reporting, disclosure and related penalty provisions. As of February 1988, few states had passed laws specifically mandating the reporting of AIDS, ARC or HIV infection. Instead, most relied upon existing authority under their STD and communicable disease laws to request such reporting. The matrices also show that:

- A majority of states have mandated that certain STDs must be reported by physicians, laboratories or others providing direct treatment and care.
- Almost all states require physicians, laboratories and direct care providers to report specified communicable diseases.
- Reporting requirements for STDs are less likely to require patients to be identified by name. For example, 20 states require positive STD reports to contain identifiers as opposed to 34 states with similar reporting requirements for communicable diseases.
- Almost half of the states have general confidentiality provisions for STDs and communicable diseases. Usually, the laws specify that all information is confidential, without elaboration or explanation.
- As of February 1988, only five states protected communicable disease reports from subpoena while only two restricted disclosure more broadly, including disclosure through administrative or legal procedures.
- Under public health record laws, seven states limited the use of medical data in lawsuits while only two actually prohibited the disclosure of publicly held medical records in legal proceedings.

Public Health Control Measures

Most of the remaining matrices detail what measures can be taken to curtail the spread of disease including mandatory or discretionary testing, isolation and quarantine, imposition of criminal or civil penalties and partner notification programs.

Few states have passed AIDS-specific laws as a vehicle for updating their public health control measures. Instead, most jurisdictions have amended their existing STD or communicable disease to cover HIV infected individuals.
TIME LIMIT RESTRICTIONS AND COURT ORDERS REQUIRED TO ISOLATE OR QUARANTINE INDIVIDUALS - AS OF FEBRUARY 1988 -

AIDS Policy Center, IHPP
The George Washington University, October 1988

Highlights from these matrices show that:

- Almost all states have the authority to mandate testing for STDs under certain circumstances. Most states reserve the power to test pregnant women for specified sexually transmitted diseases, but at least 23 mandate the testing of all persons suspected of having such a disease. In addition, 23 states give officials the authority to test prisoners for STDs and 12 may test convicted prostitutes.

- While informed consent is usually required in states that have developed specific HIV testing provisions, it is rarely required for routine STD or communicable disease testing (e.g., with pregnancy). However, a warrant or court order may be required when a state seeks to test people suspected of infection, without their consent.

- STD laws tend to be more treatment-oriented than communicable disease laws:

  Virtually all states have the authority to compel individuals to be examined and treated under their STD laws but only half may compel isolation and quarantine. Conversely, almost all

STD continued p. 8
VERMONT'S COMPREHENSIVE INSURANCE LAW

With the decision of the New York Supreme Court to overturn the Insurance Commissioner's ban on HIV testing (based on procedural considerations, not the merits of the concept) and the recall of the District of Columbia law prohibiting HIV testing (based on a Congressional mandate) almost all states insurers to require some type of AIDS related testing.

These developments change the basic policy questions currently facing the states. The issue is no longer whether insurance companies should be allowed to test but how the states should regulate HIV testing to reduce the potential for discrimination and at the same time meet an insurer's need to assess risk. Although several states, including Florida, New Hampshire and Rhode Island have passed laws containing a significant number of insurance related provisions, a new Vermont law represents one of the most detailed, free-standing AIDS insurance laws in the country.

Effective July 1988, Vermont's AIDS testing and insurance law (HB 460) stops short of banning all insurance-related HIV testing. It does, however, clearly define when such testing will be permitted and balances the competing interests of the insurance applicant with those of the insurer.

General Provisions

The law contains several prohibitions against 1) requesting or using past HIV test results to make underwriting decisions; 2) testing without written, informed consent; 3) revealing personal information without authorization; 4) using court orders to release information without demonstrating a compelling need; and 5) using sexual orientation to make underwriting decisions. The state has established penalties for any person or entity violating these provisions.

Testing Guidelines

While some states limit HIV antibody testing to individual health or life insurance policies or to policies above a certain dollar threshold, Vermont's law permits testing across all types of policies. The law, however, only permits insurers to request testing based on an applicant's medical history or current health status.

Testing requests must conform with the state's guidelines on written, informed consent. These specify that written material must be read aloud to each test recipient. The information must explain the test and its relationship to AIDS, the insurer's purpose in requiring the test, potential uses of the results, and the importance of being counseled after receiving the test results. The agent must explain that, while the insurance company will pay for all costs associated with the test, the applicant is free to consult, at his or her own expense, with a personal physician before agreeing to be tested.

Finally, a summary of the applicant's rights must be provided. This includes the right to decide how the test results will be disclosed -- either directly to the applicant or through a designated individual.

VERMONT'S AIDS INSURANCE LAW - HB 460

Does not limit HIV testing to specific type of coverage chosen
Can test only after receiving approved HIV-related information and subject provides written informed consent
Cannot base underwriting decision on past HIV test results
Cannot use sexual orientation in underwriting
Applicant can request a retest if denied coverage based on initial HIV test result
Strict quality control standards for determining positive HIV test results and for laboratories performing tests
Regulates the type, amendment and disclosure of HIV test data given to medical information bureau
Must study impact of HIV (and similar types of pre-diagnostic testing) on access to insurance in Vermont

AIDS 1988 continued from p. 1

and Florida have mandated AIDS education
for all health training care workers as a prerequisite for licensure.

Increasingly, states have adopted laws pertaining to worker disclosure and partner notification. Many of the provisions are carefully crafted and acknowledge that it is possible to protect an individual's right to privacy while protecting the health of another individual.

When the applicant has received a copy of these guidelines and given informed consent, the agent or broker may proceed with testing. All forms and materials, including those used to obtain written, informed consent, and to authorize disclosure must be filed with and approved by the Insurance Commissioner before the test is administered.

Quality Control

To improve quality control, insurance companies may only send tests for underwri-

VERMONT'S AIDS INSURANCE LAW - HB 460

During the past year, the structure of AIDS legislation changed dramatically. Instead of single issue laws, for example, more states introduced detailed and comprehensive bills. These evolved from legislative studies, an increasing need to coordinate AIDS-related statutes and policies, a need to reach political compromise and a need to collaborate with various government agencies. By working together, policymakers conformed valuable resources and built upon the experiences of their colleagues, including those in other states, to make this a hallmark of Vermont AIDS legislation.

[SEE CHART NEXT TWO PAGES]
## ISSUES COVERED IN 1988 AIDS LEGISLATION

**TOTAL STATES IN SESSION = 46 + DC**

7 did NOT PASS ANY AIDS LAWS

| ALABAMA | ALASKA | ARIZONA | CALIFORNIA | COLORADO | CONNECTICUT | DELAWARE | DISTRICT OF COLUMBIA | FLORIDA | GEORGIA | HAWAII | IDAHO | ILLINOIS | INDIANA | KANSAS | KENTUCKY | LOUISIANA | MASSACHUSETTS | MICHIGAN | MINNESOTA | MISSOURI | MONTANA | NEBRASKA | NEVADA | NEW HAMPSHIRE | NEW JERSEY | NEW MEXICO | NEW YORK | NORTH CAROLINA | NORTH DAKOTA | OHIO | OKLAHOMA | ORGON | PENNSYLVANIA | RHODE ISLAND | SOUTH CAROLINA | SOUTH DAKOTA | TENNESSEE | TEXAS | UTAH | VERMONT | VIRGINIA | WASHINGTON | WEST VIRGINIA | WISCONSIN |
|---------|--------|---------|------------|----------|-------------|-----------|---------------------|--------|---------|--------|-------|---------|---------|--------|---------|---------|-----------|---------|---------|---------|---------|-----------|---------|-----------|---------|------------|---------|-------------|---------|-------------|-------------|----------|---------|-------|
|         |        |         |            |          |             |           |                     |        |         |        |       |         |         |        |         |        |           |         |        |         |         |           |         |           |         |            |         |             |         |            |            |          |         |       |

### Source:

AIDS Policy Center, The Intergovernmental Health Policy Project, The George Washington University, December 1988
states have the authority to isolate or quarantine infected individuals under their communicable disease statutes while only half can compel persons with such conditions to be examined and treated.

Most states that have amended their STD or communicable disease laws since the beginning of the AIDS epidemic have added due process to their isolation and quarantine provisions. For example, Exhibit 1 shows that at least 13 states require a court order before imposing isolation or quarantine; at least six states have time limit restrictions. Of all these states, three-quarters have amended their public health laws since 1983.

Criminal Penalties

As Exhibit 2 shows, the concept of imposing civil or criminal penalties for exposing or transmitting an STD or communicable disease is not a new one. States vary penalties according to whether the exposure or transmission is knowing or willful. Misdemeanor charges are the most commonly levied and are most often applied to STDs. As of February 1988, only Louisiana and Nevada had specifically made the knowing exposure of AIDS a felony (in Nevada, these penalties apply only to prostitutes.

Conclusion

The new report presents a series of detailed matrices that outline specific provisions of several hundred public health laws concerning confidentiality, public health control measures and discrimination. State and local decisionmakers as well as others developing AIDS-related policies should find the review particularly useful in identifying areas they may wish to include in their own laws or policy statements. [Editor’s Note: Copies of the report may be purchased from IHPP. See publications list.]

<table>
<thead>
<tr>
<th>PENALTIES FOR EXPOSURE TO OR TRANSMITTING A DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRIMINAL PENALTY</td>
</tr>
<tr>
<td>KNOWING/RECKLESS EXPOSURE</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td><strong>AIDS-SPECIFIC LAWS</strong></td>
</tr>
<tr>
<td>Louisiana</td>
</tr>
<tr>
<td><strong>SEXUALLY TRANSMITTED LAWS</strong></td>
</tr>
</tbody>
</table>
| Arkansas | California | Idaho* | Montana | Nevada | Rhode Island | South Dakota | Tennessee | Washington | West Virginia | (1)
| Alabama | New York | (2) | Colorado | Delaware | Kentucky | Louisiana | New Jersey | North Dakota | South Carolina | (7) | Kentucky | West Virginia | (2) |
| **COMMUNICABLE DISEASE LAWS** | | | |
| Arizona | California | Iowa | Maryland | Nevada | Ohio | Rhode Island | South Dakota | Tennessee | Utah | Wyoming | (11) |
| Rhode Island | (1) | Iowa | Wisconsin | (2) |

PREMARITAL TESTING IN GEORGIA: SEROPOSITIVE RATES

[Editor's Note: The AIDS Policy Center has received unpublished data from the Georgia Division of Health. The data highlighted in this report show the HIV infection rate among a self-selected group of people who voluntarily took a premarital test for HIV infection.]

Background

In early 1988, Georgia's legislature passed an AIDS law that included provisions mandating that AIDS education materials and testing be offered to all persons seeking a marriage license in the state. California, Indiana, West Virginia and, most recently, Rhode Island have adopted similar measures mandating that premarital testing be offered. (Other states -- Hawaii, Idaho, New Hampshire, Texas and Virginia -- join this group in mandating that AIDS education be provided to all couples seeking a marriage license.)

While no formal study has been conducted to evaluate the effectiveness of such provisions, Georgia's Division of Health conducted a seroprevalence study to estimate what percentage of persons who sought voluntary premarital AIDS tests are HIV positive.

GEORGIA: EXHIBIT 1

GEORGIA PREMARITAL SEROPREVALENCE AND COMPARISON RATES

1 Rate for white females tested at Georgia AT Sites (July 1986 - June 1988).
2 Rate for white females tested at Georgia STD clinics (October 1987 - July 1988).
3 Crude rate based on first 25,000 residential Job Corps (U.S. Department of Labor) entrants, beginning in March 1967.
4 Overall rate reported by private licensed laboratories under Oregon statewide surveillance program (September 1, 1988 to October 20, 1988).
5 Overall rate based on premarital blood specimens tested by Georgia state laboratories (November 1987 - August 1988).

Source: Office of Epidemiology, Division of Public Health, Georgia Department of Human Resources, September 1988. (processed)

"HIV Test Reporting in Oregon -- The First Fifty Days," Communicable Disease Summary, Oregon Division of Health, Vol. 37, No. 23 (November 8, 1988).

The Findings

Between November 1987 and April 1988, five Georgia state laboratories tested premarital blood specimens using strict protocols. A total of 5,663 individuals were anonymously tested. The results confirmed 13 persons to be HIV positive, yielding a seroprevalence rate of .23 percent. Assuming that this rate of infection represents that of all persons getting married in the state in a given year (140,000 persons), 322 individuals would be seropositive.

This assumption, however, is flawed for several reasons: 1) The group that was tested voluntarily chose to do so. This may mean that they had specific reasons for believing that they were at risk for infection (i.e., they had a high-risk partner, used IV drugs, etc.); and 2) all anonymous blood samples came from state laboratories where HIV testing is performed free of charge. Therefore, individuals seeking a premarital, HIV blood test at these sites might have different characteristics than those who were tested by private physicians and laboratories.

Comparative Perspectives

As Exhibit 1 shows, while Georgia's premarital testing rate (.23 percent) appears five times higher than that for first time blood donors in the U.S. (.043 percent) and also higher than that reported for U.S. military applicants (.15 percent), it was lower than initial statewide seroprevalence data in Oregon (.30 percent).

The comparison could reflect several factors: 1) persons at high risk of HIV infection are asked to self-defer before giving blood; 2) persons who practice high risk behaviors and who are aware of the military's testing program may also self-defer; and 3) Oregon's data is preliminary and includes mostly results from individuals referred by insurance companies and the federal government. Generally, persons specifically referred for testing may have clinical signs or a history suggestive of HIV infection.

Exhibit 2, which compares data from different clinics sites in Georgia by sex and race, is most instructive. For all groups, premarital testing rates are significantly lower than those obtained at Alternate Test Sites (ATS) and at STD clinics. For instance, white males tested at an ATS were 80 times more likely to be HIV positive than white males seeking marriage licenses; black females tested at an ATS were 10 times more likely to be positive than black females seeking premarital blood tests.

Policy Perspectives

Supporting voluntary testing and education for marriage license applicants can encourage some persons who believe they are at high risk for HIV infection to be counseled and tested. Even so, efforts to increase testing at alternate test sites and STD clinics appear to be more effective and cost-efficient from a public health perspective—i.e., a significantly greater percentage of
persons being tested and counseled at ATS and STD sites are HIV positive. (Louisiana which repealed its premarital testing program, collected no data in an effort to monitor HIV infection rates and estimated that universal, premarital testing for 40,000 couples would cost $4.8 million.)

Based on Georgia's effort, it could prove instructive for other states to evaluate their programs requiring all marriage license applicants to be offered HIV testing and education materials. For example, what percentage of marriage license applicants are actually tested in states that mandate offering HIV antibody tests? Do those who volunteer for testing differ (in terms of

VERMONT continued from p. 5
information may be used to investigate a case further, this information cannot be used exclusively as a reason for denying coverage. This provision ensures that individuals will not be discouraged from seeking a test or from receiving counseling at a different time for AIDS or any other infection.

Disclosure

HIV-related information may only be disclosed to insurance company personnel at the request of a valid court order or upon receipt of written authorization from the test subject. Individuals discriminated against as a result of unauthorized or negligent disclosure can seek legal action with a maximum $2000 penalty for each violation. Courts may order related medical information to be disclosed only after determining that a compelling need exists and only after exhausting all other means of obtaining the data.

Assessing the Law

The law establishes a task force to study the long-term impact of HIV testing on specific population groups and underwriting critical characteristics and seroprevalence rates) from those who choose not to be tested? How many marriage license applicants who only receive AIDS educational materials choose to be tested?

Finally states are developing a variety of reporting systems that rely upon different categories of laboratories -- both public and private -- to report HIV test results. It would be instructive to learn how and why the seroprevalence rates reported by these different categories of laboratories differ, so that state and local authorities could make appropriate adjustments in their testing, counseling and reporting programs.

Conclusion

While Vermont's statute focuses on HIV antibody testing and insurance, it provides a model for other jurisdictions by including a variety of provisions that balance the competing interests of insurers, applicants and the state. While the law allows insurers to test applicants for medical reasons it also allows applicants to challenge test results. More important, the new law requires the state to evaluate the impact of its new regulations on the state's responsibility to pay for treatment and care for AIDS and other diseases. This mandate recognizes that AIDS may be only a symptom of a greater health policy dilemma for the state as policymakers and insurers decide who should ultimately pay for treating individuals with costly, chronic conditions for which no direct diagnostic test is available.

NEW ADDRESS FOR AIDS

POLICY CENTER
AIDS Policy Center/IHPP
2021 K St., N.W., Suite 210
Washington, D.C. 20006
(202) 676-8144
<table>
<thead>
<tr>
<th>PUBLICATIONS:</th>
<th>RATE CHART:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Summary of AIDS Laws From the 1983-1985 Legislative Sessions</td>
<td>FED/STATE</td>
</tr>
<tr>
<td></td>
<td>$20</td>
</tr>
<tr>
<td>A Summary of AIDS Laws From the 1986 Legislative Session</td>
<td>$20</td>
</tr>
<tr>
<td>A Summary of AIDS Laws From the 1987 Legislative Session</td>
<td>$20</td>
</tr>
<tr>
<td>A Summary of AIDS Laws From the 1988 Legislative Session</td>
<td>$20</td>
</tr>
<tr>
<td>A Synopsis of State AIDS Laws Enacted During the 1983-1987 Legislative</td>
<td>$40</td>
</tr>
<tr>
<td>Sessions (With State by State Index by Subject)</td>
<td></td>
</tr>
<tr>
<td>State AIDS Reports (News letter) 10 issues per year</td>
<td>$75</td>
</tr>
<tr>
<td>AIDS: A Public Health Challenge 3 Volume Report</td>
<td>$50</td>
</tr>
<tr>
<td>State Statutes and Regulations Applicable to AIDS: Confidentiality,</td>
<td>$20</td>
</tr>
<tr>
<td>Discrimination and Public Health Control Measures</td>
<td></td>
</tr>
</tbody>
</table>

The Intergovernmental Health Policy Project, The George Washington University, Washington, D.C.

Sponsors:
- Abbott Laboratories
- Beverly Enterprises
- American Council of Life Insurance/Health Insurance Association of America
- Blue Cross Blue Shield Association
- Burroughs Wellcome Company
- Ciba-Geigy Corporation, Pharmaceuticals Division
- Gannett Foundation
- IBM Corporation
- John Hancock Mutual Life Insurance Company
- Kaiser Permanente
- Merck and Company
- Pharmaceutical Manufacturers Association
- Prudential Foundation
- Syntex Corporation
- The Equitable Financial Companies
SENATE BILL NO. 2847

CHAPTER 1581

An act to amend Section 4300 of the Civil Code, and to amend Sections 199.21, 199.22, 199.27, and 1603.1 of, and to add Sections 26 and 199.215 to, the Health and Safety Code, relating to AIDS.

[Approved by Governor September 30, 1988. Filed with Secretary of State September 30, 1988.]

LEGISLATIVE COUNSEL’S DIGEST

SB 2847, Hart. AIDS.
Existing law contains various provisions relating to consent to, and the disclosure of results of, testing for antibodies to the probable causative agent of acquired immune deficiency syndrome (AIDS). This bill would define, for purposes of the Health and Safety Code, the terms AIDS, human immunodeficiency virus or HIV, and HIV test.

This bill would amend these existing provisions to refer to an HIV test, rather than a test to detect antibodies to the probable causative agent to AIDS, except in the case of certain provisions relating to insurance.

Existing law prohibits disclosure of AIDS antibody test results without written authorization of the test subject, except under specified circumstances.

This bill would permit disclosure of HIV test information, including results obtained in connection with testing offered at the time that a marriage license is sought, to the test subject’s provider of health care, as defined, without written authorization.

Existing law, with specified exceptions, requires the written consent of the test subject, or a person legally authorized to consent on his or her behalf, in order to test the subject for evidence of the antibodies to the probable causative agent of the AIDS virus.

This bill would instead require that informed consent be given to satisfy the consent requirement for an HIV test.

Existing law requires each blood bank and plasma center, as defined, to test for the probable causative agent for acquired immune deficiency syndrome, except as specified.

This bill would instead require conducting of an HIV test by a blood bank or plasma center.

Existing law also requires blood banks and plasma centers, after a confirmation test, to report information to the State Department of Health Services to be included in a Donor Deferral Register, as specified.

Existing law requires, as soon as practicable following diagnosis, a physician to report to the department and the county health officer the name, date of birth, address, and social security number of all
carriers of viral hepatitis under his or her treatment, the type of viral hepatitis contracted if known, and any additional information required by the department and to report immediately all transfusion-associated hepatitis and transfusion-associated AIDS cases to the county health officer for investigation.

Existing law also requires, as soon as practicable following hospitalization, a hospital to report to the department and to the county health officer the name, date of birth, address, and social security number of all confirmed cases of AIDS carriers, as determined by a person responsible for the care and treatment of a person with AIDS, and all carriers of viral hepatitis hospitalized for treatment of viral hepatitis or AIDS, the name of the hospital, the date of hospitalization, the type of viral hepatitis contracted if known, and any additional information required by the department and to report immediately all transfusion-associated hepatitis and all confirmed transfusion-associated AIDS cases, as determined by a person responsible for the care and treatment of a person with AIDS, to the county health officer for investigation.

This bill would permit the State Department of Health Services or a county health officer to disclose to a blood bank or plasma center any of the above-mentioned information, but solely for the purpose of assisting the blood bank or plasma center to determine whether a recipient of blood donated prior to implementation of AIDS antibody blood test procedures may have been infected with the AIDS virus.

Existing law permits the State Department of Health Services to replace the test for the antibody to the probable causative agent for AIDS with a superior antibody test, as the department deems appropriate.

This bill would repeal this provision.

The people of the State of California do enact as follows:

SECTION 1. Section 4300 of the Civil Code is amended to read:

4300. (a) Before any person, who is authorized to issue marriage licenses, shall issue the license, each applicant therefor shall file with him or her a certificate from a duly licensed physician stating that the applicant has been given the examination, including a standard serological test, as may be necessary for the discovery of syphilis, made not more than 30 days prior to the date of issuance of the license, and that, in the opinion of the physician, the person either is not infected with syphilis, or if so infected, is not in a stage of that disease which is or may become communicable to the marital partner.

(b) The certificate shall also state whether the female applicant has laboratory evidence of immunological response to rubella (German measles). The certificate shall not contain evidence of response to rubella where the female applicant (1) is over 50 years
of age, or (2) has had a surgical sterilization or (3) presents laboratory evidence of a prior test declaring her immunity to rubella.

(c) The certificate shall indicate that an HIV test, as defined in Section 26 of the Health and Safety Code, including any appropriate confirmatory tests for positive reactors, was offered. It is the intention of the Legislature that the results of the tests shall be transmitted to the marriage license applicant, and that followup counseling by a knowledgeable and experienced person shall be made available.

(d) Disclosure of the results of any test performed in accordance with subdivision (c) shall not be made except as provided in Chapter 1.11 (commencing with Section 199.20) of Division 1 of the Health and Safety Code.

(e) Any person who by law is validly able to obtain a marriage license in the State of California is validly able to give consent to any examinations and tests required by this article. In submitting the blood specimen to the laboratory the physician shall designate that this is a premarital test.

SEC. 2. Section 26 is added to the Health and Safety Code, to read:

26. As used in this code:

(a) "AIDS" means acquired immune deficiency syndrome.

(b) "Human immunodeficiency virus" or "HIV" means the etiologic virus of AIDS.

(c) "HIV test" means any clinical laboratory test approved by the federal Food and Drug Administration for HIV, component of HIV, or antibodies to HIV.

SEC. 3. Section 199.21 of the Health and Safety Code is amended to read:

199.21. (a) Any person who negligently discloses results of an HIV test to any third party, in a manner which identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (h), or except as provided in Section 1603.1 or 1603.3, shall be assessed a civil penalty in an amount not to exceed one thousand dollars ($1,000) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(b) Any person who willfully discloses the results of an HIV test to any third party, in a manner which identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1 or 1603.3, shall be assessed a civil penalty in an amount not less than one thousand dollars ($1,000) and not more than five thousand dollars ($5,000) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

(c) Any person who willfully or negligently discloses the results of an HIV test to a third party, in a manner which identifies or provides
identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1 or 1603.3, which results in economic, bodily, or psychological harm to the subject of the test, is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year or a fine of not to exceed ten thousand dollars ($10,000) or both.

(d) Any person who commits any act described in subdivision (g) or (b) shall be liable to the subject for all actual damages, including damages for economic, bodily, or psychological harm which is a proximate cause of the act.

(e) Each disclosure made in violation of this chapter is a separate and actionable offense.

(f) The results of a blood test to detect antibodies to the probable causative agent of acquired immune deficiency syndrome, which identifies or provides identifying characteristics of the person to whom the test results apply, shall not be used in any instance for the determination of insurability.

(g) The results of an HIV test shall not be used in any instance for the determination of suitability for employment.

(h) “Written authorization,” as used in this section, applies only to the disclosure of test results by a person responsible for the care and treatment of the person subject to the test. Written authorization is required for each separate disclosure of the test results, and shall include to whom the disclosure would be made.

(i) Nothing in this section limits or expands the right of an injured subject to recover damages under any other applicable law. Nothing in this section shall impose civil liability or criminal sanction for disclosure of the results of tests performed on cadavers to public health authorities or tissue banks.

(j) Nothing in this section imposes liability or criminal sanction for disclosure of results of an HIV test in accordance with any reporting requirement for a diagnosed case of AIDS by the state department or the Centers for Disease Control under the United States Public Health Service.

(k) The state department may require blood banks and plasma centers to submit monthly reports summarizing statistical data concerning the results of tests to detect the presence of viral hepatitis and of HIV. This statistical summary shall not include the identity of individual donors or identifying characteristics which would identify individual donors.

(l) “Disclosed,” as used in this section, means to disclose, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic means to any person or entity.

SEC. 4. Section 199.215 is added to the Health and Safety Code, to read:

199.215. (a) Notwithstanding Section 199.21, the results of an
HIV test which identifies or provides identifying characteristics of the person to whom the test results apply may be recorded by the physician who ordered the test in the test subject's medical record or otherwise disclosed without written authorization of the subject of the test, or the subject's representative as set forth in Section 199.27, to the test subject's providers of health care, as defined in subdivision (d) of Section 56.05 of the Civil Code, for purposes of diagnosis, care, or treatment of the patient, except that for purposes of this section “providers of health care” does not include a health care service plan regulated pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2.

(b) Recording or disclosure of HIV test results pursuant to subdivision (a) does not authorize further disclosure unless otherwise permitted by law.

SEC. 5. Section 199.22 of the Health and Safety Code is amended to read:

199.22. (a) No person shall order an HIV test of another person without obtaining the informed consent of the subject of the test. Except where otherwise required by law, any person may refuse to submit to an HIV test.

This requirement does not apply to a test performed at an alternative site, as established pursuant to Article 8 (commencing with Section 1630) of Chapter 4 of Division 2. This requirement also does not apply to any blood and blood products specified in paragraph (2) of subdivision (a) of Section 1603.1. This requirement does not apply when testing is performed as part of the medical examination performed pursuant to Section 7152.5.

(b) Nothing in this section shall preclude a medical examiner or other physician from ordering or performing an HIV test on a cadaver when an autopsy is performed or body parts are donated pursuant to the Uniform Anatomical Gift Act, provided for pursuant to Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7.

(c) The requirements of subdivision (a) do not apply when blood is tested as part of a scientific investigation conducted either by medical researchers operating under institutional review board approval or by the state department in accordance with a protocol for unlinked testing. For purposes of this section, unlinked testing means that blood samples are obtained anonymously or that the individual's name and other identifying information is removed in a manner that precludes the test results from ever being linked to a particular individual in the study.

SEC. 6. Section 199.27 of the Health and Safety Code, as added by Chapter 1427 of the Statutes of 1987, is amended to read:

199.27. (a) (1) When the subject of an HIV test is not competent to give consent for the test to be performed, written consent for the test may be obtained from the subject's parents, guardians, conservators, or other person lawfully authorized to make health...
care decisions for the subject. For purposes of this paragraph, a minor shall be deemed not competent to give consent if he or she is under 12 years of age.

(2) Notwithstanding paragraph (1), when the subject of the test is a minor adjudged to be a dependent child of the court pursuant to Section 360 of the Welfare and Institutions Code, written consent for the test to be performed may be obtained from the court pursuant to its authority under Section 362 or 369 of the Welfare and Institutions Code.

(b) Written consent shall only be obtained for the subject pursuant to subdivision (a) when necessary to render appropriate care or to practice preventative measures.

(c) The person authorized to consent to the test pursuant to subdivision (a) shall be permitted to do any of the following:
   (1) Notwithstanding Sections 199.20 and 199.21, receive the results of the test on behalf of the subject without written authorization.
   (2) Disclose the test results on behalf of the subject in accordance with Sections 199.20 and 199.21.
   (3) Provide written authorization for the disclosure of the test results on behalf of the subject in accordance with Sections 199.20 and 199.21.

SEC. 7. Section 1603.1 of the Health and Safety Code is amended to read:
1603.1. (a) Except as provided in this subdivision, no blood or blood components shall be used in vivo for humans in this state, unless the blood or blood components have been tested and found nonreactive for HIV or the blood or blood components are used for research or vaccination programs pursuant to an informed consent.

Additional exceptions to the requirement of this subdivision are as follows:
(1) Frozen red blood cells of a rare type, as determined by the blood bank or plasma center, collected prior to the effective date of this paragraph, for which no specimen is available.
(2) Inventories of blood and blood components collected prior to 60 days after the effective date of this paragraph or the date of licensing of a test by the Federal Drug Administration to determine exposure to the antibodies to the probable causative agent of AIDS, whichever is later.
(3) Blood or blood products released for transfusion in emergency circumstances, as determined by the state department.
(4) Blood used for autologous purposes.
(b) Blood banks and plasma centers shall make laboratory tests of all human whole blood and plasma received to detect the presence of viral hepatitis and HIV in the manner specified in Section 1603.3. If the blood bank or plasma center finds the presence of viral hepatitis, or an antigen thereof, in the blood tested, it shall report that finding, the date of the human whole blood donation, the name,
address, and social security number of the person who donated the blood, and the name and address of the blood bank which received the human whole blood from the person and any additional information required by the department, to the department and the county health officer within 72 hours of the confirmation of the presence of viral hepatitis, or an antigen thereof, in the blood tested.

(c) As soon as practicable following diagnosis, a physician shall report to the department and the county health officer the name, date of birth, address, and social security number of all carriers of viral hepatitis under his or her treatment, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and transfusion-associated AIDS cases to the county health officer for investigation.

(d) As soon as practicable following hospitalization, a hospital shall report to the department and to the county health officer the name, date of birth, address, and social security number of all confirmed cases of AIDS carriers, as determined by a person responsible for the care and treatment of a person with AIDS, and all carriers of viral hepatitis hospitalized for treatment of viral hepatitis or AIDS, the name of the hospital, the date of hospitalization, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and all confirmed transfusion-associated AIDS cases, as determined by a person responsible for the care and treatment of a person with AIDS, to the county health officer for investigation.

(e) The county health officer shall investigate all transfusion-associated hepatitis cases and transfusion-associated AIDS cases and shall, if possible, trace the sources of human whole blood which was transfused. The county health officer shall report to the department within 72 hours following an investigation the name, date of birth, address, and social security number of carrier donors, possible carrier donors and carriers of viral hepatitis and any additional information required by the department.

(f) The department shall compile two times each month a list of carrier donors, possible carrier donors, and carriers of viral hepatitis and persons who test reactive for HIV and shall distribute the list to blood banks and plasma centers two times each month. The list shall include the name, date of birth, address, and social security number of people who are carrier donors, possible carrier donors and carriers of viral hepatitis and persons who test reactive for HIV, and confirmed cases of AIDS, as determined by a person responsible for the care and treatment of a person with AIDS, the date of the human whole blood donation if applicable, the name and address of the blood bank who received the human whole blood donation if applicable, and any other information which the department deems necessary to protect the public health and safety. This list shall be

This is the paragraph in question
known as the Donor Deferral Register and shall include names of individuals who are indefinitely deferred from blood donations without identifying the reasons for the deferral. The state department may develop guidelines governing the instances when a person is to be removed from the register. These guidelines may include, but shall not be limited to nor be required to include, death of an identified donor or the licensure by the Federal Food and Drug Administration of a new, confirmatory test for AIDS which would allow the state department to more accurately determine if a person should be kept on the registry due to any threat to the state's blood supply that the prospective donor may represent.

(g) The department shall, if possible, contact carrier donors to inform them that they may be carriers of viral hepatitis and should not make blood donations, and shall suggest appropriate treatment alternatives. County health or state department officials shall contact all persons who have confirmed cases of AIDS, as determined by a person responsible for the care and treatment of the person with AIDS, to suggest appropriate treatment alternatives and for the purposes of epidemiological studies and followup.

(h) The department may adopt regulations governing the procedures in this section as it deems necessary to protect the public health and safety.

(i) “Plasma center,” as used in this chapter, means any place where the process of plasmapheresis is conducted, as defined in Section 1025 of Title 17 of the California Code of Regulations and includes a place where leukopheresis or platelet pheresis, or both, is conducted.

(j) “AIDS,” as used in this chapter, means acquired immune deficiency syndrome.

(k) “Blood components,” as used in this chapter, means preparations separated from single units of whole blood or prepared for hemapheresis and intended for use as final products for transfusions.

(l) The department or a county health officer may disclose to a blood bank, on a confidential basis, any information reported pursuant to subdivision (b), (c), or (d). This information shall be used by the blood bank solely to determine whether blood previously transfused may have been donated by a person infected with HIV, in order to implement the blood bank's program to notify a recipient of blood which might have transmitted HIV and which was donated prior to implementation of testing procedures for the presence of antibodies to the probable causative agent of HIV. The blood bank shall not disclose information which would identify a donor to which this subdivision applies and shall destroy information communicated to it as authorized by this subdivision immediately after reviewing its records as necessary to implement this program.