ANTI-DISCRIMINATION STATUTES IN THE STATES

As newly elected officials prepare to take office next year, one of the most controversial and immediate issues they will face is "AIDS and discrimination." A significant need exists to develop options that go beyond extending handicapped discrimination or civil right laws to persons with or perceived to have HIV infection. Although slightly more than half of the states have moved in this direction, these protections may not be comprehensive; may not apply to private institutions or may be difficult to implement expeditiously. (See the August-September issue of State AIDS Reports)

Other Discrimination Protections

An increasing number of antidiscrimination provisions were developed in 1988. After reviewing these and other statutory protections relating to discrimination, the State AIDS Policy Center has identified a continuum of six areas where policymakers appear to have targeted discrimination efforts. These include:

General Provisions --> Testing and Counseling --> Confidentiality/Information --> Access to Public Services --> Access to Medical Care --> Employment

Insurance, an area that may be subject to discrimination, was not included in this review because of its complexity and relationship to financing care. In addition, all states that limit testing or use of information by insurers have other employment safeguards in place, and are also mentioned in this report.

Overall Findings

Employment was the most commonly addressed of the antidiscrimination provisions with 19 separate provisions identified. (Exhibit 1). Access to public services was next, including 12 separate references to the types of services to be covered such as housing, public accommodations, credit transactions, etc. The fewest number of separate provisions identified were in the area of testing and counseling.

Some states have more than one provision. Of the 19 adopting some sort of discrimination protections, Florida, Rhode Island and Hawaii followed by Maine and Vermont had the widest variety. Incidence of AIDS was no predictor of anti-discrimination activity with over half of the jurisdictions that adopted legislation ranking among the 25 states with the lowest number of reported AIDS cases. (Exhibit 2).

Testing/Counseling Provisions

In its omnibus law, Florida adopted a broad anti-discrimination provision stating...
that any person or entity receiving or benefiting from state funds cannot discriminate against an otherwise qualified person who is or is perceived to be HIV positive. This provision complements federal protections that extend only to entities receiving federal funds and, when combined with Florida's other protections, ensure that all organizations or individuals in the state - whether private or public -- are prohibited from discriminating against HIV infected individuals.

New York's recent law specifies that the potential for discrimination must be addressed in any pre- or post-test counseling and must be noted when requesting informed consent. (In a similar way, Florida requires that the "social and economic" consequences of testing be discussed during pre-test counseling.)

Confidentiality and Information

Focusing on the use of data, Kansas' new statutory protection from discrimination states that "no information" regarding AIDS cases reported to public officials can be used to discriminate against AIDS patients in public accommodations or in employment. Since HIV infection is not required to be reported in the state such language would not necessarily extend protections to all persons infected or perceived to be sero-positive. Also, it would not necessarily prohibit discrimination based on fear or misperception or on privately held data.

Court Orders

Court orders provide another way for states to address discrimination. In some laws, court orders must be issued in order to obtain HIV-related information or courts must find "a compelling need to know" before protected information can be released. In making such determinations, a few states now specifically require the courts to find that no discrimination will occur as a result of the disclosure or at least the courts must consider the potential for discrimination before the information is released.

California, Florida and Hawaii extend confidentiality protections to persons wishing to sell or rent property by stating that the disclosure of HIV-related information is not material to a real estate transaction. Hawaiian law specifically states that a person cannot be compelled to disclose protected information in order to obtain employment, housing and education.

Access to Public Services

While Hawaii's statute links disclosure protections with access to services, laws in Florida and Rhode Island directly state that individuals cannot be discriminated against in their access to public services solely because they are or are perceived to be HIV positive.

DISCRIMINATION continued on p. 10
NEW AIDS LAWS FOCUS ON
EDUCATION, HOMECARE & CONFIDENTIALITY

For the first time since 1983, New York has enacted AIDS-related legislation, joining California and Illinois in passing significant provisions this fall. The laws highlight AIDS education, home health care, informed consent and confidentiality.

Education

California passed several pieces of legislation that emphasized public education. ACR 108 calls upon the business community to implement AIDS education in the workplace to reach thousands of workers across the state. AB 4209 requires the state to develop a brochure for victims of sexual assault concerning the possibility of exposure to the AIDS virus. Finally, the legislature has asked state colleges and universities to provide AIDS education programs and leadership, recognizing that they employ and educate more than seven percent of California's population.

Illinois's legislature has addressed education, particularly for health care workers treating infected intravenous drug users and their sexual partners. Under HB 737 special AIDS curricula must be included in standard alcohol and drug abuse prevention training programs for these health professionals.

Home Health Care

Both Illinois and New York address the growing need to provide home health care for people with AIDS or HIV-related illnesses. Illinois has extended its Medicaid definition of persons eligible for "exceptional medical care," to those groups. Exceptional medical care is defined as the "level of care required by persons who are medically stable for discharge from a hospital but who require acute intensity hospital level care."

In order to provide an alternative to hospitalization and less costly home care to AIDS patients, New York has amended its public health and licensure laws to authorize providers of long-term home health care to establish programs for persons with HIV-infection. To become a certified "AIDS home care program" and thus eligible to receive state Medicaid or medical assistance funding, the program must meet minimum quality and staffing standards, reimbursement schedules, requirements for coordinating services and standards for obtaining certificates of approval. The new law also requires that patients be continuously assessed to ensure that their needs are being met.

Informed Consent

In S-9265-A, pertaining to HIV testing and confidentiality, New York has mandated that written, informed consent must be obtained before performing or authorizing an HIV test. As in other states, the law outlines several exceptions and allows a test subject to remain anonymous by providing consent through a coded system.

In obtaining informed consent, New York providers must use informed consent forms, to be designed by the Department of Health. Insurance companies that test applicants must also receive written, informed consent, providing information that includes a description of the test, its purpose and what the test results mean, along with the state's toll-free AIDS hotline number and a listing of persons to whom the test results may be disclosed.

Illinois, in amending a previous law, provides exceptions to its earlier provisions, allowing testing to occur without written informed consent when (1) testing blood, organs or tissues for transplantation or transfusion; (2) a health care provider has an accidental exposure sufficient, in a physician's judgment, to transmit the disease; and (3) a physician believes HIV testing is medically necessary to provide appropriate diagnosis and treatment and the patient has already signed a general medical consent form. [Editor's note: testing without informed consent, when medically necessary, is becoming a controversial issue in several states. See this issue for related testing and discrimination laws.]

Confidentiality

New York's legislature believes that strengthening confidentiality is a public health measure that will encourage people to be tested and counseled about changing high
risk behavior. Thus, the new law strictly protects the confidentiality of test results and HIV related information. New York joins Florida and West Virginia in stating that a general authorization to release medical records is not applicable to HIV-related information unless the dual purpose of the release form is noted.

New York law also limits disclosure of HIV-related data to a specified group of individuals that primarily includes health care professionals or other public health or state officials who require the information to render patient care or to provide other services. Among others, this includes prison officials, parole officers or certain correction employees.

Additionaly, S-9265-A has addressed the maintenance and record keeping of HIV-related information. No facility may maintain HIV information pertaining to an individual unless it is kept under a general code, which is not specifically designated for HIV-related information. Physicians are also authorized to disclose information to notify contacts (or public health officials) if they believe that the patient will not do so; however, the law implies no duty to identify or locate a contact.

Finally, Illinois has amended its 1987 law allowing school principals to notify anyone who may be required to decide the placement or educational program of a child about that child's HIV status.

**STATE AZT PAYMENT PROGRAMS**

**Survey of Selected States**

**Federal Grant Expires**

In July 1987, the Health Resources and Services Administration (HRSA) of the U.S. Public Health Service established a $30 million, state-administered, emergency fund to pay for the drug Retrovir (zidovudine or AZT). The AIDS Drug Reimbursement Program was designed for medically-eligible, low-income persons with AIDS or AIDS-related complex who remain uncovered by Medicaid or private health insurance or who live in a state where Medicaid does not cover AZT. AZT, which remains the only drug approved by the Food and Drug Administration to treat AIDS and appears to prolong the life of some AIDS patients, is also one of the most expensive drugs sold in the U.S.

Under the grant program, each state received funds in proportion to its share of AIDS cases, with eligibility criteria determined by each jurisdiction. Funds could only be used to pay for AZT; however, states could require a co-payment from participants. In July 1988, HRSA reallocated surplus amounts to 17 states through the use of supplemental awards.

As of September 30, 1988 the original appropriation for the program expired. While the President has signed legislation to continue the grants for another six months, future program funding remains in doubt. HRSA estimates that during the first year of the program nearly 6,000 patients have been assisted in purchasing AZT.

**The Center's Survey**

In response to numerous requests concerning the future of the AZT reimbursement program, the State AIDS Policy Center conducted a telephone survey of 15 states to assess their current financial status and future plans after the original cutoff of federal funds on September 30, 1988. The sample included the ten states with the highest incidence of AIDS as well as 1) those 1) with a large rural population, 2) those that did not cover Retrovir (AZT) under their Medicaid programs or 3) those that received a supplemental federal grant award.

In each case, information was collected from state health officials responsible for directing the AIDS Drug Reimbursement Program in their state.

**Income and Other Eligibility Criteria**

The data reveal that all of the states surveyed have established higher income eligibility standards for AZT reimbursement than for their regular Medicaid programs. In all but two jurisdictions, the allowable income limit is well above the federal poverty level and all but three states have
eliminated their limits on liquid assets. Six states have no residency requirements while only four extend coverage to HIV infected individuals.

In terms of co-payments, only Florida and the District of Columbia impose cost-sharing on program participants with incomes above a certain level. In the District, officials estimated that 20-25% of participants would be affected by this co-payment. (The states surveyed also indicated that they would reimburse insurers for copayments in those cases where private companies would pay for AZT.)

The Future of Selected State Programs

The survey revealed that, absent the new six month infusion of federal funds for FY 1989, only one-third of the states would have had the financial capacity to continue their programs. They were California, Connecticut, Massachusetts, New Jersey and New York. To do so, they planned to either rollover unexpended federal funds from FY 1988 into the new fiscal year or to supplement federal dollars with state-appropriated funds. (California's state contribution would equal approximately $3,251 per patient currently enrolled; Connecticut's contribution, which doubles the total federal grant amount would equal approximately $7,692 per patient currently enrolled.)

Six other surveyed jurisdictions would have operated a restricted drug payment program in FY 1989: Colorado, Illinois, Montana, Ohio, Pennsylvania and the District of Columbia. Four of these states have requested new appropriations or reprogramming authority to fill the gap left by the termination of the original federal grant.

The situation in the remaining four states is bleak. Officials in Florida, Georgia, Louisiana and Texas report that they have spent all of their federal funds and do not know what will become of their drug payment programs in the event of a full federal cutoff. The Florida legislature has refused to appropriate state funds to continue the program in FY 1989, with some legislators claiming that to do so would open a "Pandora's box" of unmet health care needs. Louisiana's Department of Health and Human Services was attempting to reallocate state funds to keep the drug program alive for two more months. Georgia and Texas had not yet decided what action, if any, they would take in the absence of a renewed federal commitment to continue the program for another full year. (These four states account for nearly a fifth of all AIDS cases diagnosed in the first nine months of this year.)

Conclusions and Implications

After March 30, 1989 the end of federal funding to purchase AZT for low-income individuals who lack Medicaid or private insurance would fall unevenly on persons suffering from AIDS or ARC, particularly depending upon the state in which they live. According to IHPP's survey of 15 key states, 11 should now be able to continue their AIDS Drug Reimbursement Programs for all of the new fiscal year, while four will in all likelihood, have to discontinue their programs before the end of fiscal 1989. This means that 1,220 individuals, or approximately one-third of those currently being served in these four states, could face the unenviable choice of: (1) spending themselves into poverty in order to qualify for Medicaid; (2) moving to a state that has continued its drug payment program; or (3) stop taking the life-prolonging drug.

The increase in potential users for AZT and the fact that they may live longer also has significant implications for state budgets. For example, a current large scale clinical trial conducted at the National Institutes of Health with HIV positive, asymptomatic individuals may demonstrate that AZT could prolong their life expectancy by preventing reproduction of the virus and subsequent damage to the immune system. While this may reduce the utilization of acute care services for life threatening infections, it will also expand the period of time that AZT must be used and purchased by HIV infected individuals. Since they outnumber those currently diagnosed with AIDS, the availability of an effective, albeit expensive, treatment for this population, will increase the financial burden to many states.

Other experiments such as those targeting HIV-infected pregnant women for use of AZT to minimize the chance or prevent their babies from becoming infected may also increase the number of patients eligible for AZT. This would have the greatest impact on
<table>
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those states with a larger number of HIV-infected drug users, since more than half of all women with AIDS use IV drugs and another 18 percent are the sexual partners of IV drug users. Another 86 percent of infected babies are the offspring of IV drug using parents. Most of the mothers (and babies) are indigent and would qualify for Medicaid or state assistance programs. Should this experimental treatment be shown to be effective, they would qualify for public funds for AZT.

Increasingly, planning for the long term care and treatment of indigent HIV-infected patients involves making difficult decisions about paying for AZT -- and other drugs as they are developed. Unfortunately with AZT and AIDS, the choice is not just a matter of providing access to care for one group versus another, or just paying for one type of benefit versus another. It is literally a decision that can affect the ability of thousands of individuals to extend their lives -- some to a greater degree than others and one that stands to become one of today's most difficult medical-ethical dilemmas.

FEDERAL AIDS LAW PASSED

S 2889, the 1988 Omnibus Health Bill that passed in mid-October, contained the first comprehensive federal AIDS legislation. It includes a $1.0 billion appropriation for AIDS services and research. Senate passage was delayed by Sen. Jesse Helms (D-NC), who had concerns about its original confidentiality and testing provisions. After dropping them, Sen. Edward Kennedy (D-MA) introduced a new version which later passed.

The legislation will provide the Public Health Service with at least 780 new full time employees to focus on AIDS research during the coming fiscal year. Under the research provisions, $600 million will be provided for AIDS research, new procedures will accelerate drug-development initiatives at the National Institutes of Health, physicians will increasingly be involved in implementing new drug trials and a national registry will be developed to provide immediate access to information about drug treatment programs.

While few of these research dollars will actually reach state or local governments, states will be eligible for federal funds in the following areas:

- $165 million for state AIDS prevention
- $100 million for anonymous testing; and,
- $100 million for home and community based care.

The $365 million in additional federal grants to states is approximately two and a half times the amount that states appropriated for AIDS in FY 1988. The $165 million federal allotment for education and prevention alone is more than five times the amount that states appropriated out of their own funds during FY 1988 for similar activities.

In order to maximize the use of these funds, states and local governments should begin planning how best to supplement or expand existing education and prevention efforts. Jurisdictions that have been forced to reprogram other social service dollars to deliver AIDS education, testing and community services can use the new infusion of federal funds to develop additional budget alternatives for AIDS.

WE'RE MOVING

With the addition of new staff and increased support from the Robert Wood Johnson Foundation, the State AIDS Policy Center will relocate to new offices in a building nearby the Intergovernmental Health Policy Project. Our new mailing address and phone will take effect on November 7, 1988.

State AIDS Policy Center, Intergovernmental Health Policy Project
2021 K Street, NW, Suite 210, Washington, D.C. 20006
(202) 676-8144
Research, ultimately demonstrating the relationship between ulcerative STDs (herpes and syphilis) and AIDS, was conducted on more than 300 sexually active gay men by researchers at the University of Washington in Seattle. The findings which corroborate earlier African studies among heterosexuals, suggest that both herpes and syphilis may predate infection with HIV.

Specifically, the study revealed that the chances for HIV infection were three to eight times higher if participants had currently or previously been infected with either or both STDs, as opposed to subjects who never had one of these ulcerative genital infections. The study also supports observations and speculations that genital ulcers could increase risk for AIDS in two ways: 1) by providing an easier entry and exit point for the AIDS virus, and 2) by clustering more immune cells at the site of the ulcers, providing a ready target for the AIDS virus.

Policy Implications: Funding

The correlation between HIV infection and specific types of sexually transmitted diseases (STDs) highlights the need to maintain funding levels for STD and AIDS programs. Since the beginning of the AIDS epidemic, for example, many states with limited AIDS appropriations have been forced to reprogram STD budgets and staff to manage an increasing number of AIDS cases. At times, staff have been permanently reassigned to developing AIDS programs, leaving existing STD departments understaffed or with newly recruited employees. Given the many psychosocial and medical issues related to STD prevention and control, it may take several years for staff to develop the necessary interviewing, contact tracing and community liaison skills to perform their job effectively. These new findings underscore the need for sufficient staff and funding for both STD and AIDS programs.

The second study by the Centers for Disease Control (CDC) surveyed the sexual habits of more than 1400 young American men and women. When the survey findings were applied to the general U.S. population, it was estimated that 700,000 single men from the age of 18 to 29 and more than 100,000 from the age of 30 to 44 may have 10 or more sexual partners per year. In addition, 6 percent of the men and 1 percent of the women surveyed reported that at least one of their sexual partners in the previous year was a "casual date or pickup".

Policy Implications: Education

Both of these studies highlight the need for adequate AIDS education and STD programming to help sexually active individuals understand how to prevent AIDS (and other STDs) and to receive appropriate early detection and treatment, once they are infected.

To date, the epidemic has been confined to traditional high risk categories. Evidence suggesting that such a relatively large percentage of young heterosexual Americans engage in a specific high risk behavior (i.e., having a number of different sexual partners) increases concern that the virus will spread beyond these high risk categories. Exposure to a number of different partners also increases risk for infection with other STDs, including herpes and syphilis which can, in turn, increase risk for infection with HIV.

Policymakers will need to consider these issues in planning prevention and treatment programs and in targeting behavior-oriented programs for adolescents and young adults. Budgeting levels for existing STD programs and for developing AIDS programs will need to reflect the intercorrelation between these two diseases. Rather than drawing from one program to provide staff and funding for activities, decisionmakers must view AIDS as one facet of a broader STD prevention and control initiative.
DISCRIMINATION continued from p. 2
Both states cover housing, public accommodations and government services; Rhode Island includes protection from discrimination in granting credit.

In a move to limit the potential for discrimination in public services, Nebraska's legislature has asked all state agencies to review their policies and practices to ensure that they do not promote discrimination against AIDS patients and to report, by December 1, 1988, the nature of any discrimination complaints that have been filed.

Education

In addition to Hawaii, three states specifically limit the potential for discrimination in education. No school district or educational institution may discriminate against an applicant or a prospective or current student on the basis of a positive test result in Vermont. In West Virginia, no student attending public or private schools, including colleges and universities, may be excluded from participating in public activities, while Arizona now requires the state department of education to ensure that each school district has "an appropriate" nondiscrimination policy.

Access to Medical Care

One controversial question is whether health care professionals have a right to deny treatment or care to HIV infected patients. Only six states have provided a specific statutory answers to this question.

In a law that goes beyond AIDS, Iowa mandates that no individual can be denied admission to a facility based solely on his or her disease status, unless the facility is unable to provide the "appropriate" level of care. Thus, a nursing home could deny admission to an AIDS patient if it were unable to provide the type of services the patient required. At the same time, the facility would not necessarily be expected to make the service accommodations required to care for the patient.

Rhode Island and West Virginia have more direct provisions that state that persons cannot be denied access to care because they are or because they test HIV positive. Such protections are especially important if testing is mandated in special situations (i.e., for persons convicted of certain crimes) or if providers, such as hospitals or prenatal care clinics, are required to offer voluntary testing to all patients. (West Virginia, however, exempts insurers from these provisions and Rhode Island essentially exempts all insurers except those offering large group health insurance policies.)

New laws in Maine and Vermont state that a patient cannot be required to take an HIV-related test as a precondition for receiving care. Such provisions ensure that the need to obtain informed consent will not be transformed into a coercive mechanism to test a patient.

Maine's law specifically notes that a physician cannot deny patients care because they fail to give informed consent, while Vermont specifies that the test cannot be used as a precondition for receiving "unrelated care". This provision acknowledges that information from HIV related tests may be necessary to treat patients or to provide appropriate services. However, it also ensures that physicians are not requesting persons to be tested without a clinical reason for doing so.

Both Virginia and Kentucky have enacted some limited and more general antidiscrimination provisions. Under Kentucky law embalmers or funeral directors cannot charge more for services if the body has a communicable disease (federal regulations now require universal precautions to be taken in such settings). In Virginia, emergency medical personnel cannot refuse to transport anyone because they have an infectious disease. Finally, Rhode Island and California have provisions that assert inmates' rights to "reasonable" medical care if they test positive to the AIDS virus.

Employment

Employment was one of the first areas addressed by antidiscrimination legislation as early as 1985. As with medical care, there are two primary types of provisions that prohibit discrimination: those that 1) protect persons from being discriminated against merely because they are seropositive or 2) prohibit HIV antibody testing as a precondition for obtaining services — in this case employment.
A. GENERAL/TESTING/COUNSELING

1. Any institution receiving state funds cannot discriminate against individuals with or perceived to be HIV-infected.
2. Should not discriminate against individuals for having taken HIV test.
3. Discrimination must be specifically addressed in informed consent, confidentiality and counseling protocols.

B. USE OF INFORMATION

1. No information regarding reported AIDS cases can be used to discriminate against an individual in providing access to services.
2. Court orders to determine a "compelling need to know" or require HIV testing must consider discrimination.
3. No need to disclose HIV-related information in housing transactions.
4. A person cannot be compelled to disclose protected information in order to obtain services.

C. PUBLIC SERVICES: HIV-infected individuals cannot be discriminated against in:

1. Housing
2. Public Accommodations
3. Government Public Services
4. Credit
5. Education

D. MEDICAL CARE/ACCESS TO CARE

1. Cannot deny admission to facility solely on person's disease status
2. Cannot deny access to care because a person is HIV positive
3. Cannot require a HIV test as a pre-condition for receiving care
4. Specific groups:
   i. Embalmers (cannot charge higher prices)
   ii. EMT's (cannot refuse to transport)
   iii. Prisoners (HIV infected prisoners are entitled to reasonable medical care)

E. EMPLOYMENT

1. Cannot discriminate against health care providers in employment
2. Cannot discriminate in employment because a person is HIV positive
3. Cannot use or require a HIV test as a pre-condition for employment/hiring
4. Cannot request or require person to be tested except as a bona fide occupational qualification

Source:
State AIDS Policy Center
Intergovernmental Health Policy Project
The George Washington University,
October 1988
Eight states -- California, Florida, Iowa, Maine, Rhode Island, Vermont, Washington and Wisconsin -- specifically prohibit discriminating against individuals because they test positive for the AIDS virus. Florida's law extends the concept to persons perceived to be HIV infected; the Iowa statute adds that employers cannot discriminate against someone simply because they were tested, regardless of whether the test result was positive or negative. Such provisions encourage people to be tested without fear of reprisals in the workplace.

Also noteworthy is Vermont's law which not only protects persons from employment discrimination in their job classification, referral, placement and membership but also protects the employer from liability resulting from hiring an HIV infected individual. A similar provision protects health care providers from discrimination in employment merely because they treat or care for HIV infected patients. Florida is the only state with such a provision, which also serves to increase access to medical care, especially if a health care provider receives compensation or has the terms and conditions of employment set by another provider, facility (e.g. hospital) or managed health care system (e.g. HMO or PPO).

A second type of antidiscrimination provision for the workplace stipulates that applicants may not be required to be tested as a precondition of employment. California, Wisconsin, Maine and Massachusetts were among the first states with such protections, followed by Florida, Iowa, Washington and Vermont. Several states, such as Iowa and Florida add that employers cannot make agreements to exchange test information for pay or additional benefits.

As state laws have evolved, several have been refined so that pre-employment testing is permissible, only to the extent that the employer can prove that being free of HIV is a bona fide occupational qualification. Usually, the burden of proof is placed on the employer who must be able to show, among other things, that no other reasonable means exists to determine an employee's suitability for employment, other than to require an HIV antibody test.

Conclusion

The fear and reality of discrimination are among the greatest impediments to preventing the spread of HIV infection. Policy-makers cannot erase prejudice or fear—though education can help in that regard—but they can make it illegal for someone to discriminate intentionally or unintentionally against persons infected with the AIDS virus.

There are many ways that these policies can be framed -- depending on the need to ensure access to medical care or the need to remove barriers for persons to be counseled, tested and treated. Some states have just begun to experiment with these provisions, at times, leaving a patchwork quilt with some obvious holes, but accented by several creative and fundamental pieces of legislation.

WORLD AIDS DAY

An international education day sponsored by the World Health Organization - Global Programme on AIDS will be held throughout the world on December 1, 1988 to raise awareness and participation with AIDS prevention efforts. Calling for international involvement, Director General Hiroshi Nakajima noted, "The participation in World AIDS Day of all countries is vital, no matter what the current level of their problem with HIV/AIDS."

The Intergovernmental Health Policy Project, The George Washington University, Washington, D.C.

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- John Hancock Mutual Life Insurance Company
- Kaiser Permanente
- Merck and Company
- Pharmaceutical Manufacturers Association
- Prudential Foundation
- Syntex Corporation
- The Equitable Financial Companies
SACRAMENTO -- Lieutenant Governor Leo McCarthy today joined leaders of major statewide organizations representing doctors, nurses and county health officers in denouncing the AIDS ballot initiative sponsored by Representative William Dannemeyer (R-Fullerton).

McCarthy, co-author of ballot arguments against Proposition 102 on the November 8 ballot, said passage of the initiative will seriously interfere with state efforts to control the spread of AIDS, and compared it to two previous initiatives sponsored by political extremist Lyndon La Rouche, both of which were defeated by California voters.

"This initiative is a nightmare. It will be an irresponsible dismantling of our progress in the war against AIDS. It unravels the carefully-crafted AIDS policies we have enacted -- following public debate and on the advice of health experts," McCarthy declared.

"Fortunately, voters now are very familiar with tactics used by La Rouche and Dannemeyer. La Rouche-sponsored AIDS initiatives have been overwhelmingly rejected and I'm confident Proposition 102 will meet the same fate," McCarthy said.

While a recent California Poll suggests voters lean in favor of the

(more)
Dannemeyer plan, McCarthy attributed the sentiment to confusion over what the initiative actually will do.

He added the California Poll figures are similar to those that had been reported for La Rouche's Proposition 64 on the November 1986 ballot, and Proposition 69 on the June 1988 ballot -- both defeated by voters despite the favorable pre-election surveys.

If successful, McCarthy said Proposition 102 would mandate sweeping changes in current AIDS policy, including elimination of state-sponsored confidential AIDS-antibody testing.

He said confidential testing is regarded by federal and state disease control experts as the most effective means of monitoring and controlling the spread of AIDS. By ensuring test subject confidentiality, the program encourages more widespread testing and provides an opportunity for risk-reduction and behavior modification counseling.

In addition, Proposition 102 would require health officials to conduct contact-tracing and notification of all persons believed to have been infected, even if there has not been a confirmatory test. It also would allow the use of test results to determine employment eligibility.

McCarthy said the initiative will draw strong and visible bipartisan opposition from other California elected officials.

He noted the State Legislature week approved a measure protecting employment rights of those with AIDS and those infected with HIV (AB 3795, Vasconcellos).

(END)
September 21, 1988

Mr. Stephen Schulte  
Councilman  
City of West Hollywood  
8611 Santa Monica Boulevard  
West Hollywood, California  90069

Dear Mr. Schulte:

Please find enclosed a copy of a publication co-authored by Michael Schwartz and Enrique Rueda. I bring this item to your attention as I understand you served on the honorary dinner committee for the ECCO Fifth Annual Dinner.

This publication sums up the objective of the homosexual community to effectively turn what is clearly a matter of public health policy into a civil rights issue.

I commend this publication to you and would welcome any comments you might wish to express after reading it. As always,

Very truly yours,

Bill

William E. Dannemeyer  
Member of Congress

WED:lag

Enc.
MEMO ON ACTIVITIES OF PAUL CAMERON

1. C.'s public statements on AIDS and homosexuality:
   - C. has stated that "gays are worse than murderers" (Weekly World News, 10/30/84) #1
   - C. has frequently called for registration, quarantine and even extermination of gays #2, 3, 5
   - Quote "homosexuals are biologically lethal/homosexuality is a crime against humanity".
   - C. in a sworn testimony has wrongly stated that homosexuals are 43 times more apt to commit crimes than heterosexuals and that homosexuals are more likely to abuse children. (see Baker v. Wade, 106 F.D.R. 526 (1985) #8

2. Reactions to C.'s allegations:
   - In their Baker vs. Wade opinion the judges officially stated that C. in his sworn testimony grossly misrepresented Kinsey-data #8
   - Because of these misrepresentations C. has frequently been labeled "a disgrace to his profession". #11
   - A noted psychologist has examined C.'s research findings and concluded that C. grossly misrepresented facts (Nebraska Medical Journal, 11/85) #9
   - The Nebraska Psychological Association has distanced itself from C. #10
   - The American Psychological Association expelled C. in 1984 because of violations of their ethics code #12

3. C's links to Rep. Dannemeyer
   - C. was hired by Dannemeyer after his expulsion from the APA #13
   - Dannemeyer has stated that he does not share C.'s views on quarantine for AIDS-victims.
   - As late as 1987 Dannemeyer refers to C. in an article inserted in the Congressional Record #15
CAMERON-MEMO: CONTENTS OF FILE

No.

1 "Gays are worse than murderers" in Weekly World News, 10/3/84

2 Cameron-Interview in The New American, 3/17/86

3 "Cameron wants gays registered" UPI, undated

4 Prop. testimony of Cameron in S.F. Sunday Examiner & Chronicle, 7/24/83

5 Report of the American Association of Physicians for Human Rights, 2/10/86

6 Report on Cameron no source

7 Article on Cameron, Advocate, 10/29/85


9 Letter on C.'s research by Alan Forker, M.D. Nebraska Medical Journal, 11/85

10 Letter of Ne. State Board of Examination of Psychologists re. Cameron

11 Letter of Nicholas Groth, Ph.D, distancing himself from C.

12 Cameron's expellation by APA, in Blade, 5/10/84

13 LA Times on Cameron/Dannemeyer 8/20/88

14 LA Times editorial 8/20/88

15 Dannemeyer CR-insertion of National Review Article containing reference to Cameron, 2/18/87
Gays are worse than murderers

Homosexuals are prancing around the U.S. spreading the most monstrous plague the world has ever known, says an outraged sexuality expert. And, he says, "They're worse than murderers."

"Gay meeting areas, gay bars, gay baths should be closed immediately and it should be illegal to be a homosexual," said Dr. Paul Cameron.

"And homosexuals should be required by the government to register so that their movements could be tracked to halt the growing threat of AIDS (the Acquired Immune Deficiency Syndrome), gonorrhea, syphilis and hepatitis," he said.

Cameron, who has a Ph.D. degree in sociology from the University of Colorado, is chairman of the Institute for Scientific Investigation of Sexuality in Lincoln, Nebr.

"Most murderers commit a crime and are punished, but gays are promiscuous and do bad deeds constantly, and as such, are worse than murderers."

"Whenever gays take over an organization, they trash it," he said. "I haven't met one yet who wasn't a fairly vicious person."

Statistics put together by Cameron's Institute reveal a shocking 5 percent of America's 210 million population is either bisexual or homosexual.

Latest figures show an incredible rise in the number of dreaded AIDS cases so far this year — 2,886 compared to 1,360 this time last year, according to Cameron.

"AIDS is a horrible plague on society," said Cameron.

"A shocking 40 to 60 percent of all gays show evidence of infection from the AIDS virus."

"This terrible disease is costing American taxpayers $7 million a week for treatment."

Cameron recently testified before the Maine Human Rights Commission regarding a gay rights bill to stop job discrimination against homosexuals in that state.

"Such a bill would give gays preferred status in jobs and that would allow them to get a better crack at our kids, handle our food and blood," he said. "It would legitimate people who are doing something socially worthless. And it (the bill) would be of tremendous disservice to the homosexuals who might otherwise be pressured by society to go straight."

Fortunately, Cameron told The NEWS, his only son is a normal, healthy young man.

"We practice the Christian faith in our family and if my son was gay, it would be one of the most horrible things that could happen," he said. "If it had happened, my son would be disowned."

-- Jack Alexander
AIDS: A Clear and Present Danger for Civilization

Dr. Paul Cameron is the director of the Institute for the Scientific Investigation of Sexuality. He is a trained social psychologist and is one of the nation's foremost experts on the ramifications to society at large of homosexuality and Acquired Immune Deficiency Syndrome (AIDS).

In 1983, he conducted the first random national survey on sexuality. He has served on the editorial boards of three journals of psychology and has written and spoken extensively on the impact of sexual behavior on society. Most recently, he coauthored AIDS: A Special Report with David A. Noebel and Wayne C. Lutton. (Available for $3.95 plus $1.25 postage and handling from Summit Book House, P.O. Box 207, Manitou Springs, CO 80829.)

Q. Dr. Cameron, could you explain in simple layman's language just what AIDS is?
A. Let me say first that infection with the AIDS virus is probably what we are all concerned with. AIDS, by and large, refers to a specific syndrome for one common manifestation of infection with the AIDS germ. However, unfortunately for the human race, it looks as though there are many different syndromes or, if you would, diseases that spring from infection with this germ.

The first and most notable of these, of course, is AIDS, the cause of about 18,000 people dead or dying here in the United States. But there is another large and so far uncounted group of people who have had their central nervous systems, i.e. their brains, infected with the AIDS germ. And we do not know how many hundreds or thousands of them are dead or dying because of infection with this germ. There are probably 30,000 to maybe even as many as 50,000 people in the United States who have what is known as the AIDS Related Complex and/or Lymphadenopathy, which also results from being infected with this germ.

Now these three conditions at the least are not mutually exclusive. Some people have two of them. I don't think anyone has all three of them. But we are still finding new ways in which the AIDS germ works. It also appears that the AIDS germ causes cancer and various other kinds of debilitating diseases of the organ systems. So, just speaking about AIDS per se is probably an inadequate characterization of the damage wrought by infection with this virus.

This is a very important point. In the literature up to this time, to my knowledge, no one is emphasizing the many uncounted cases—not just of AIDS, of which there are surely some—but, even more, of these other manifestations of the AIDS virus for which there is no central accounting or reporting.

Q. How is the AIDS virus transmitted?
A. That is a big question. I do not think there is any question that it is transmitted sexually, and through needle punctures where the blood is infected. Everyone, I think, agrees about this although the exact mechanism is not particularly clear. With blood, I do not think there is much of a problem [understanding the mechanism], with sexual transmission, there are a lot of problems. For instance, because homosexuals are so promiscuous and do so many incredibly stupid things biologically speaking, no one can say how any given homosexual got the germ.

However, there is a disturbing three percent of AIDS cases that are inexplicable. And there is, even more disturbing, a growing body of new literature that causes me and others great wonderment and trouble. Specifically, it appears as
reported in the January 10th _Journal of the American Medical Association_, that among people who reside with infected hemophiliacs, about a third of these family members show severe disturbances in their immune system. What this means, we still do not know. In a widely touted study of 101 family members residing with both IV-drug abusers and homosexuals with the AIDS germ, there was a smaller proportion of people with leukopenia (i.e., sharply reduced white blood cells).

Further, there is evidence, though it has appeared not in the U.S. but in central Africa, of possible mosquito transmission. Everybody can agree about sexual, blood and intruterine transmission. Then the really big question is: Can it be transmitted through casual contact? Probably to some degree, but such transmission is not very frequent.

Q. Is it possible, for instance, for a female prostitute to be infected by a bisexual male and then turn around and infect a heterosexual male?

A. Probably. There is increasing evidence that more and more prostitutes are getting infected. Now the next question is: Are they infectious? No one knows with absolute certainty, but I would say probably yes. But the mechanism is not clear. For instance, does she infect the male through kissing, through a salivary exchange, or through his penis, especially the urethra's contact with her vaginal tube? If you want to go with the "no evidence has been found" statement of the Centers for Disease Control, no one has yet successfully cultured the virus from vaginal fluid. But probably, I would say almost certainly, someone will eventually prove it is there.

Q. Why do you think that AIDS has been so concentrated within the homosexual community?

A. That is easy to understand. Homosexual males are probably the filthiest, dirtiest people on the face of the earth. I say that after great study. No other people, to my knowledge, so deliberately and vigorously expose themselves to so much secretions, excreta, urine and everything else that is secreted by the human body.

The average homosexual male, because of his sexual practices, is a fairly regular ingestor of the semen and feces of his lover. Typically, he ingests the seminal discharge — which is tantamount to drinking raw human blood — from many different sexual partners. Significant numbers of these individuals drink the urine of their sexual partners, and engage in other, even more bizarre behavior. Because they are doing this on an intercontinental scale, they are, in my opinion, a great threat to the public health of the population of the Western World.

Q. Could you expand a little more on why you believe that?

A. A look at history helps; take the Roman Empire for instance. As Rome expanded its road system and began trading (with Africa especially), new plagues moved into Rome; measles, pox, etc. Here in our Western civilization, there is a new road opening, the airplane. Cheap availability to air tickets has enabled homosexual males (and you can document this by looking at the back of any one of their magazines) to form large sex club tours which go around the world engaging in homosexual activity with people from literally all over the world.

This is equivalent to opening up a road — perhaps a very wide and easily traveled road — into the rest of the world, especially into places near the Equator. The danger in this is that we are going to be subjected to new strains of germ. Now the people who live there have become survivors of that germ. So they are going to make it. But we, never having been exposed to that germ, are not survivors. And our chances of surviving are very poor.

Plus, unlike the usual cases involving germs that are airborne and turn into plagues, homosexuals are literally eating feces and urine and semen of these individuals. So the amount and quality of the germs is probably far more dangerous than was ever experienced by some unlucky Roman who happened to catch some disease.

Q. Following along the same line, it is fairly well accepted among researchers that AIDS began in central Africa and then somehow moved here. Can you explain this African connection?

A. Well, I can't explain it because we can't turn back the wheels of time. But probably a traveling homosexual, almost certainly from New York City, went to central Africa and contracted the disease from someone from central Africa. And that one homosexual probably started the disease rolling in the United States. From the first 210 cases of AIDS, we can trace 55 from one such fellow. He was living in New York and I believe he died just recently. And so it could well be, given his sexual proclivities, that he may have infected as many as ten percent of the current crop of AIDS victims.

Q. Do you believe that we will begin to see a shift of AIDS and the AIDS-virus-related diseases into the
heterosexual community in the coming years?

A. I would say that this is probable from two different standpoints. One, at the very least the AIDS germ is sexually transmitted. Assuming that it is fairly readily transmissible through normal heterosexual relations — since so many male homosexuals have sexual relations with women and since so many drug abusers are heterosexual — heterosexuals are definitely going to get a good dose of this germ.

Two, in our national random survey done in 1983, we found that if you look at older men we surveyed — those 56 and older — they claim an average of three sexual partners in their lifetimes. In other words, there was definitely cheating going on in addition to re-marriage after the death of a spouse. Among young men, age 18 to 25, the corresponding figure was nine. Since these young men undoubtedly will continue their promiscuous ways for ten years or longer, I would speculate that the average young man in our society is going to have sexual relations with approximately fifteen individuals before he becomes monogamous forever.

In other words, as it is currently being practiced, heterosexuality has been severely debased in our society over the last forty years. Whatever level of morality Americans achieved in the 1940s has been decreased by a factor of probably five or six today. So I would estimate that at least one-third and maybe even as many as two-thirds of all heterosexual youths have or will contract AIDS over the next twenty years. It is not going to kill everybody, but it is not going to be good.

Q. When you say they will contract AIDS, do you mean that they will be infected with the virus or that they will actually come down with what is commonly known as AIDS?

A. I mean that they will be infected with the virus, although the odds are now growing that probably half of all people infected will come down with the full-blown disease. But only time will tell.

Q. Earlier you mentioned that one of the problems with the AIDS virus is its ability to infect the brain and nervous system. In December, the New England Journal of Medicine talked about the virus causing dementia. Could you explain what dementia is and why this is a problem?

A. Dementia is a state of mental deterioration caused by all kinds of infections including syphilis. Its possible effects include the collapse of the nervous system, the failure of smaller parts of it, and even heart stoppage. All this we can understand. But even more frightening is that a fair number of people — ten, fifteen, maybe twenty percent — who become demented through a germ also become paranoid.

Consider the frightening possibility that we might have perhaps tens of thousands of paranoid people who are infected with this virus doing whatever they feel necessary to protect themselves. This could range anywhere from deliberate attempts to infect others, to poisoning the various blood supplies, to whatever else paranoid people do.

Q. Would these be people who have not developed the actual disease AIDS, so they would not necessarily be called AIDS patients?

A. Some of them will have the AIDS disease and some will not. We do not know what the mix will be. That goes back to my first comment. We are only tracking the AIDS disease right now, a very delineated syndrome. But that is not the same thing as being infected with the virus. We literally may have been missing thousands of people with AIDS dementia, not knowing that this is their problem. In other words, they did not have any immune deficiency showing up. And so they would not have been counted as suffering from infection with the AIDS germ.

Q. Do you think it is realistic to expect a cure or a vaccine any time soon?

A. It is not realistic, but, of course, all things are possible. Remember, we had many fine scientists who said that man would never fly. On the other end of it, this is a lentivirus, a particular kind of retrovirus. The lentivirus so far has proved to be totally tractable with regards to developing vaccines and finding a cure. So I guess, based on past experience, we must say "no" — no vaccine and no cure will be forthcoming.

Now I hope that empirical reality proves me wrong. But time will tell. It certainly will not be an easy job. It took us sixteen years to develop a vaccine for hepatitis-B. And that was a relatively easy germ without a bunch of different protein costs and without a lot of protein cores. But with the AIDS germ, we have different costs and different cores. So there is, unfortunately, a good probability that no cure will ever be developed.

Q. In light of that, what should be done to protect society against, not necessarily the disease, but the AIDS virus in general?

A. That's a good question. I have been speaking about this for the past three
years. Specifically, I think we owe it to our culture and to our children to try to limit the spread of this virus. There is really only one way to effectively do this, and that is quarantine.

There are three ways to limit the spread of a virus. One is education. The second is quarantine. And the third is elimination of the carrier. Right now, all governments are relying on education, which I think is incredibly misinformed vis-a-vis what we know about education and attempts to curtail the spread of diseases involving bad habits.

For example, look at smokers who have a bad habit. Smokers have now been harangued for the past fifteen years about how deleterious smoking is, and how they are killing themselves. They are encouraged through various educational programs to quit. Down in the lower grades, at the ten- and eleven-year-old level, you will find that almost one hundred percent of the children will say smoking is bad. But among the fifteen- to twenty-year-olds, almost one-third have picked up the habit. You can look at adults who are puffing away and know that their probability of getting cancer or whatever is higher. Probably all of these educational efforts have reduced smoking in the United States by maybe twenty percent. And that's over the past twenty years.

Now let's get back to AIDS. According to the Mekusick survey out of San Francisco (a survey of 655 homosexual males, recorded in the May 1985 American Journal of Public Health), even if you focused on the good guys, the ones who are relatively monogamous, in the last thirty days these individuals, in the midst of all the dying and horror associated with AIDS, have continued their unsafe sexual habits.

The attempts by homosexuals to slow down their activity borders on ludicrous. These guys are trapped by their very bad sexual habits. And now it looks like the taxpayers are going to be tapped by our soft-hearted and soft-headed bureaucracy which is dumping millions and millions of dollars on homosexual activist groups to educate their fellows.

So if you look at these three models — education, quarantine and elimination of the carrier — I just do not think education is going to make it. It may reduce some behavior to a small degree. But given the fact that the majority of homosexuals are probably already infected and nothing much can be done for them, if we quarantine all those in the predictably irresponsible groups who are infected with the AIDS virus, we would go a long way towards curtailing the spread of AIDS.

The three groups that I think are predictably irresponsible are homosexual males, IV-drug abusers, and prostitutes. With very rare exceptions, if you arrest a prostitute and give her a lecture, she will be right out on the streets again as soon as you release her. With very rare exceptions, the same is true of IV-drug abusers. With very rare exceptions, the same is true of homosexual males. These are people who have shown, historically, that they cannot or will not control themselves. So they are miserable candidates for an educational program. And we are staking the very life of our civilization on our ability to pay these people enough to convince each other to stop doing what brings them together. I just think this is a farce.

The Centers for Disease Control (CDC) and the Department of Health and Human Services (H & HS) have asked for $21.7 million dollars for education programs, and most or all of that money is going to be directed to the so-called gay community. And we are stating the very life of our civilization on our ability to pay these people enough to convince each other to stop doing what brings them together. I just think this is a farce.

These magazines are just going to add an extra sheaf of pages to accommodate this government largesse and we are going to foot the bill to publish more and more gay magazines. And I am sure we are going to find that, if there are 200 gay magazines and newspapers today, when $21 million dollars is dropped on their market, there will be 400 or 600 in a short time. And we will have the curious situation where the general public, in the name of saving themselves from homosexuals, will be in effect funding homosexuality. And this is happening during the Reagan Administration.

Q. That gets us into another area, the federal government's response to the AIDS epidemic. How would you characterize that?

A. I would say that the government's information given to the American public about this disease has been about 98 percent honest and truthful. However, the two percent they are fudging about is very significant. And I think there has been malfeasance in office on the part of many of the people in public health offices connected with this particular disease. Generally, I think the Centers for Disease Control and the Department of Health and Human Services, in fact the whole phalanx of public health officials, have almost sold their souls to homosexual activists on this issue. I think this has come about almost innocently in a way. It has come about because, on the one hand, people who deal with those who have sexually transmitted diseases are much aware that gays are an important part of their livelihood.

Let's say you were a physician who treated sexually transmitted diseases. If you could get 400 homosexuals to come to you as their regular doctor, you would have it made. Let's say they came in with gonorrhea. Well, you would give them a series of treatments, charge them for your services, accept their payments, and expect the gay patients to get well. And, great news, you know you are going to see them again, maybe not next week, but certainly in the next few months or in a year. And then you go through that same process again.

So as long as you do not mind working with these people, you are going to earn a very good living. Of course, you would learn to be nonjudgmental. You would not want to be condescending of that which makes you money. These are the medical personnel who have come to the top of the heap treating sexually transmitted diseases. So, their attitude is one of not wanting to condemn homosexual behavior.

Secondly, when I saw then-Acting Assistant Secretary of Health and Human Services Dr. James Mason in June of last year, he said I was the first nonhomosexual activist to come through his door to lobby with him regarding AIDS. He, we are all here. We are responding to pressure. And gays are the ones who are at highest risk of getting this disease; they are the ones with the lobbies, the National Gay Task Force, etc. So they rattle

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the cages of the bureaucrat and they are getting the payoff for their rattling.

Q. Do you think there is a coverup by public health officials?

A. I believe there is a coverup of considerable dimensions. They are covering up the science and coddling up to homosexuality and homosexual activists. With the sole exception of calling for these gay bathhouses to be closed, the Centers for Disease Control have done everything that homosexuals have asked them to do. The CDC is worrying about an epidemic of fear. What have they become, social psychologists or something? We are in the worst of all situations with regard to this disease, because we have bureaucrats who are afraid to say no to homosexuals.

Q. Regarding the Public Health Service, a lot of the focus at this organization has been over the safety of the blood supply and the HTLV-III antibody blood test. Based on your knowledge, is that blood test effective in screening out AIDS?

A. It is pretty good, but it is not as good as they claimed it was. In the beginning, there were a lot of overstatements with regard to the effectiveness of this test.

But before we go into that, let me point out a comparison here with the Space Shuttle. Where we are on AIDS is exactly where we were on the Shuttle, in fact worse. With the Space Shuttle, we had, with some exceptions, essentially the same people designing it, running it, and evaluating the efficacy of what they did. At least here, they did hire some outside help to critique them.

With AIDS it is far worse than that. No outside consultants have been hired to critique what the Public Health Service has been doing. In fact, we have the very people who are making the judgments and calling the shots setting up policy and also judging the efficacy of their policy. From what we know about human endeavors, that is working in the worst possible way. The very people who perceive themselves as being in charge of this disease are also in charge of public policy. And then they are also in charge of judging whether or not their public policy is effective.

The history of science is filled with people who were unable to judge the worthiness of their contributions. You need independent critics. That is what we do not have with AIDS. Through the forum of this magazine, I am serving as a critic. But there is no official set of critics.

I am very concerned that the President turned to [Surgeon General] Koop, who is from the same shop as the other guys at H & HS, and asked him for some sort of definitive paper on this crisis. I strongly suspect that, unless he goes outside H & HS, he will end up with experts giving no new information — only giving it on different sheets of paper — because they will be working from the same offices at Health and Human Services as the originators of the current attitudes.

Q. What can you tell us about the blood supply?

A. The blood supply is still contaminated with the AIDS virus, though to a considerably reduced degree. It is probably ninety percent safer this year than it was last year. However, if this disease continues to spread through the population, which it will, then the safety of the blood supply will slowly degrade because not everybody can generate the antibody to this germ. Plus, the antibody seems to have a very short half-life. So, even people who are infected and once had antibodies can be shown to be antibody-free later on. While the antibody test is a useful tool, it is not foolproof. And as more people come down with infection from this virus, then the blood supply's purity will start to deteriorate.

I have heard rumors that there is going to be an antigen test by midyear or by fall. If that is true, then it, in tandem with the antibody test, will probably drive the purity of the blood up even further. It might get up to 98 or 99 percent pure. But that is not on line yet. And because this germ hides in the T-4 cells, there does not seem to be a lot of free-floating virus for either the antigen or the antibody test to pick up on. In fact, sometimes it looks as if the virus is free of the virus, but then something happens and the blood is filled with it.

Q. How can people protect themselves from unsafe blood?

A. They can do what I have been suggesting for a long time, and that is arrange for directed donations. As long as the person has a not-too-unusual blood type and is aware of his family's sexual and drug habits, then he can get blood donations from these blood-compatible people. Until just recently, the American Association of Blood Banks had a firm policy of not allowing this and they are still griping about having to do it. But now across the United States, blood banks are allowing it.

Another way, and a better way, for those who know they are going to have an operation coming up is to donate their own blood to the blood bank where they are going to have the operation. Almost anybody can donate three units of blood over a two- or three-week period. Over a longer period, a person could donate a couple of gallons. For known operations, that is a superb way of protecting yourself. But if you get in a car wreck or something else that is unplanned happens you can't do too much about it.

Q. One of the more controversial issues last fall was whether children with AIDS should be prevented from attending school. What is your opinion?

A. I think that we do not know enough about the natural history of the disease to allow children infected with the germ to attend classes. Based on what we do know about the disease, even if it were only a sexually active disease, we need to realize that many older children are sexually active.

Secondly, there are a lot of bruises and cuts and so forth in the school yard. And once again, we have ample evidence that at least some of the time, some children are going to come in contact with blood or some other body fluid that is infected. Whether that will be enough to transmit the virus, I do not know, and nobody knows. I do not want to be using our children as guinea pigs to find out. And until we know for sure how this germ works, it is too dangerous to allow diagnosed AIDS victims to attend classes.

Q. Along the same lines, do you think the military should prohibit recruits who test positive from serving in the armed services?

A. Absolutely. I think what Secretary Weinberger is doing is absolutely correct. Similarly, in prisons I think they should segregate AIDS victims. A study I have seen that I would call credible reported from Alabama that out of every five prisoners admits to ongoing sexual relationships inside the prison. Absolutely and definitely, anybody who is found to be infected with this virus — and probably all homosexuals as well — should be segregated from the rest of the prison population.
Cameron wants gays registered

AUGUSTA, Maine (UPI) — Homosexual men should be forced to register to help avoid "a modern-day plague," said a Nebraska sociologist whose comments have shocked the gay community.

"Homosexual meeting areas should be closed, gay bars, gay baths and public parks taken over by homosexuals should be closed and all practicing homosexuals should be required to register and their movements should be tracked," Paul Cameron said Saturday.

Cameron, a licensed psychologist from Lincoln, Neb., was invited to address a meeting of the Maine Association of Christian Schools, and plans to speak before the Maine Human Rights Commission next week.

He said AIDS — Acquired Immune Deficiency Syndrome — has the potential to strike half the estimated 4 million homosexual males in the United States, and could be a threat to heterosexuals.

"This is clearly a blatant lie — I'm just appalled," said Dale McCormick of the Maine Lesbian and Gay Political Alliance. "He is a right-wing extremist. He is not a medical doctor and he clearly knows very little about AIDS."

James Novotny, director of the state sexually transmitted disease program, said the few cases of AIDS reported so far do not indicate a threat to the general public.

"If this infection was highly contagious, rather than close to 6,000 cases (reported nationwide) there would be tens of thousands of cases — that has not happened," he said.
Talk by Neil R. Schram, M.D.

February 10, 1986

Are you afraid of AIDS? Many people in this country are. Why?

Because people like Paul Cameron with no medical credentials are given an opportunity to try to confuse the facts. As Dr. A. Nicholas Groth, Director of State of Corrections for the State of Connecticut, Judge Buchmeyer of the U. S. District Court of Dallas, the APA and the Nebraska Psychological Association all agree Paul Cameron does not worry about facts. He lies. (Real statements) So when a branded liar confronts medical facts what happens? Unfortunately this increases peoples fears. But it is not Paul Cameron who is solely responsible. It is those in the media who think a confrontation between a hatemonger and the one he hates would make an interesting show. That same despicable logic was used by the people putting on this Conference. Instead of just dealing with the issues as they did until this last segment of the Conference, they chose to use an opportunity for publicity by bringing in Paul Cameron.
As I assume you have heard, 25% of the cases of AIDS occur in Blacks who represent only 12% of the population. Why is there not on the Conference a Black debating someone from the KKK? Because public bigotry against Blacks is no longer socially acceptable. Regretfully, in our society, Cameron Bigotry is still acceptable against gay men and lesbians.

Before dealing with measures to control the AIDS epidemic, allow me to discuss Paul Cameron's views (Page 42 Judeo-Christian Stance on homosexuality):

"Wars is terribly evil, murder is evil [This from a man who discussed exterminating gays in a presentation to the University of Arkansas] etc.

Further, those kinds of social policies that would tend to or actually involve the taking of human life are also evil (e.g., abortion, capital punishment, infanticide, euthanasia, etc.). Since each person "owns" a human life, one is to treat oneself, in light of the ethic, as a valuable representative of humanity. As such, one is not to take one's life, nor to abuse oneself (such as by habitual overeating, smoking tobacco, or getting "stoned" on drugs or alcohol). The more one's behaviors and habits tend to one's own destruction, the more evil the behavior and the greater the "sin" (e.g., a
light smoker sins less than a heavy one). Similarly, indulging in activities
that increase the chances of endangerment of others is evil." So those of
you who smoke are considered sinners by Paul Cameron. Indeed since he is a
champion of the risks of second hand smoke he may come after you next,
especially if there were to be Publicity in it.

Paul Cameron has a long history of Bigotry. The AIDS epidemic is
a tragic one. But one of the big tragedies is that Cameron Bigotry is
allowed to be heard.

Cameron criticizes Society's increased tolerance of homosexuality.
Throughout history there has been an increasing awareness that certain
characteristics are an inate part of one's self. (Talk about my own awareness
of my sexuality at age 15, 5 years before I was sexually active. A visit
to a psychiatrist who assured me I'd outgrow it. My father's continued
failure to accept me or my lover).

A similar example of increased tolerance is to left-handed people.
Remember latin, for left is sinistra or sinister. Society used to try to
force left-handed people to be right-handed. That, of course, failed. Now
we accept that 10% of people are born that way and we accept it. But not
before countless numbers of left-handed people had their left hand tied
down in an attempt to make them right-handed.

Cameron reports his findings comparing homosexuals to non-gays. He
concluded male homosexuals (a) more frequently reported psychosomatic
symptoms, (b) claimed lower self acceptance, (c) more frequently reported
loneliness, (d) more frequently reported worry, (e) more frequently reported
depression, (f) more frequently reported paranoia. This from a man who
publicly advocates quarantine or extermination of gay men. I wonder why he
would find worry, depression and paranoia in gay men.

Cameron Bigotry is not, however harmless. It clearly leads to violence
against gay men and lesbians, and therefore by his own definition his
Bigotry is a sin.

There is concern by all of us about controlling the spread of the AIDS
virus. How do we control a sexually transmitted disease? First, does
quarantine work? Consider what it would entail. We would have to quarantine
all high risk individuals: gay and bisexual men, IV drug users (not only in
the ghettos but all users of IV drugs), heterosexuals with multiple sexual
partners, especially with prostitutes, hemophiliacs, anyone who received a
blood transfusion between 1978 and 1984 and all sexual partners of the above.
That might represent 10-20 million people. Alternatively we could test everyone in the country every 3 months and quarantine the 2 million or so estimated to be infected. Now, what would we do with these people? House arrest sounds so much nicer than concentration camps, doesn't it? There is a slight problem, however. If, for example, I were to be kept in my house. I'm assuming of course that I could not have visitors (otherwise of what value would a quarantine be?). In any event it is unlikely that my patients would come to my house to be seen. So who would pay for food and my house payment? While I do have some savings they would be used up soon. So I would have to sell my house. Can you imagine what would happen to our society if 2-10 million people suddenly left their jobs and had no income. Guess who would pay for food and shelter for me? Unless, of course, the hidden agenda is for me to starve to death. I submit this is not only unrealistic, it is not even being seriously proposed. It is only mentioned to allow the Bigotry to be heard - and that is the problem - because as I said the Bigotry begets fear and violence.

What to do about the epidemic? Education is critical. We must educate all sexually active individuals who are not in mutually monogamous relationships of the risk - greater for homosexually than heterosexually active individuals - and how to limit it. We must be able to use sexually explicit
material where needed. Many education efforts have been thwarted by Cameron and his ilk by actually pressuring members of Congress to not spend money on this epidemic. That is what makes AIDS different. People lobbying against medical and educational efforts to stop this epidemic so that this kind of hatred can be spouted (as well as leading to infection of gay men who are considered expendable by some).

So when people ask "what should we do?", we must recognize that legislation has never been effective in stopping a sexually transmitted epidemic – homosexuality is still illegal in 25 states yet it certainly occurs, prostitution is illegal in 49 states, etc.

Finally, Cameron has raised the question of can we be sure that the virus is not spread by casual contact? I submit that bigotry occurs in certain families, and indeed in larger amounts in certain parts of the country. Until it can be proven that bigotry is not contagious, I call for the quarantine of Paul Cameron.

Thank You.
WHO IS PAUL CAMERON?
(and why is he saying those awful things?)

Paul Cameron is rapidly emerging as a leading homophobe in the United States. He is often quoted in news articles and he frequently appears on television and radio talk shows. In August, 1985, he was hired as a consultant on AIDS by right-wing US Representative William E. Dannemeyer (R-Fullerton, CA). Recently he has taken his message across the ocean to Australia and New Zealand. Undoubtedly we will hear more from him in the near future.

This handout provides some general information about Cameron obtained from his curriculum vitae, his pamphlets, and various other sources. If you want to learn more, feature stories on Cameron can be found in the New York Native (9/23/85), and the Advocate (early October, 1985). You can also go directly to the source and read Cameron's pamphlets on homosexuality. They are published by his front-organization, the Institute for the Scientific Investigation of Sexuality (ISIS, 2940 South 74th Street, Lincoln, NE, 68506).

Biographical Information

Cameron was born November 9, 1939. He has been married for 26 years to his wife, Ginny. They have three children: Kirk (a PhD student in statistics at Stanford), Kim (an undergraduate at the University of Nebraska), and Karyn (who attends elementary school).

Cameron received his BA in 1961 from the Los Angeles Pacific College, where he majored in social science. He received his MA in 1962 from California State University, Los Angeles, with emphasis in psychology and sociology. He received his PhD in 1966 from the University of Colorado. His doctoral dissertation was titled *Age as a determinant of differences in non-intellective psychological functioning*.

Cameron describes his activities from 1966 through 1980 as "14 years of full-time teaching, research, and administration in higher education" at Wayne State, University of Louisville, University of Nebraska, and Fuller Graduate School of Psychology. He describes his current position as "chairperson, Institute for the Scientific Investigation of Sexuality (ISIS), Inc., and a licensed psychologist." He divides his time between seeing clients in Lincoln (he bills himself as a social psychologist but has a private practice) and campaigning against the evils of homosexuality. He recently provided "expert" testimony at legislative and judicial hearings concerning homosexuality and gay civil rights in several different locations, including King County, WA; Houston, TX; Columbus, OH; and Baltimore, MD. He appeared in Maine on behalf of forces opposing equal rights legislation for gender
and sexual orientation, and he was a witness in Texas court proceedings attempting to overturn that state's sodomy laws (Cameron's side lost, but the decision has since been overturned).

Professional Activities

Cameron lists his current professional memberships as including the Eastern Psychological Association, the Midwestern Psychological Association, and the Pasadena Psychological Association. (His recent expulsion from the APA will be discussed later.) He also claims to be a reviewer for the American Psychologist, Journal of Gerontology, and Psychological Reports.

Here is how he describes his major professional concerns:

"1) personal and social effects of various habit systems (e.g., drug abuse, homosexuality, smoking) and life events/choices (e.g., marriage, divorce, abortion, religiosity) particularly as they bear upon the dynamic involving intimacy, lethality, and religio-moral systems, and

2) economic and sexual factors in social cohesion/disintegration and cultural viability."

Cameron includes among his "major professional achievements" that he was a "pioneer investigator" for the following:

"1) effects of second-hand tobacco smoke upon health of resident children and spouse,

2) social psychology of second-hand tobacco smoke,

3) social-psychological correlates of obtaining abortions, taking human life, and pet ownership, and

4) first national random comprehensive study of human sexuality."

He also considers himself a "substantial contributor" to:

"1) life-satisfaction of sub-populations (retarded, aged, malformed), and

2) social-psychological correlates of sexual preferences/activities."
Cameron's Views on Homosexuality

Cameron has published a variety of pamphlets through ISIS, all of them with lots of inflammatory rhetoric and few facts. They are not intended to educate, however, so much as they are intended to touch deep emotional complexes in the people who read them. Thus the pamphlet called "Child molestation and homosexuality" features a photograph of a young boy being pulled by an adult male arm into a men’s public restroom. "Murder, violence, and homosexuality" begins with a photograph of a young girl cowering in a corner while an adult male (!) stands over her with a raised axe. Much is revealed about Cameron's rhetoric simply by looking at the titles of his other pamphlets:

-What homosexuals do (It's more than merely disgusting)
-What causes homosexuality and can it be cured?
-Homosexuality and the AIDS threat to the nation's blood supply
-Homosexuality: Everybody's problem
-The psychology of homosexuality
-Medical aspects of homosexuality.

It is beyond the scope of this handout to consider in detail the specifics of Cameron's rhetoric. Some of his common themes, however, should be mentioned.

Sexual behavior. Cameron is obsessed with what homosexuals do. He seems to think that he can disgust the general public by describing sexual activities so that they will condone all sorts of anti-gay actions. Some quotes from his pamphlet:

"Gay activities are not only unsanitary and disgusting but monumental assaults on the human body. Homosexuals admit to fellating almost every one of their sexual contacts (and ingesting semen from about half of these)....Many, perhaps most, homosexual contacts involve kissing and consequent salivary exchange....The next-most common gay sex act is rectal intercourse. It too is fraught with biologic danger....Often fingers and/or tongue are used to stretch and moisten the opening....If 'toys' are employed (homosexual argot for various objects which are inserted into the rectum--sometimes bottles, carrots, lightbulbs or especially designed devices) the risk for contamination is also considerable...."

"While even a schoolboy knows not to eat human waste, about two-thirds of homosexuals regularly lick and/or insert their tongues into the anus of their 'lovers' and thus ingest biologically significant amounts of feces. Because they usually don't know where the penis they fellate has been recently, many of those fellators who don't participate in anal-licking unwittingly end up consuming feces as well...."
"Gays are an octopus of infection stretching across the world. Fresh, undiluted pathogens are its daily food and excrement. Most gays are veritable Typhoid Marys, pursuing and being pursued by others as biologically lethal as themselves and having sex in settings unrivaled for stupidity and squalor."
[from What Homosexuals Do (It's More Than Merely Disgusting)]

When he appears on television or radio shows, Cameron is not always this articulate. He regularly refers to gay men as "anus-lickers" and "feces-eaters."

Child abuse. Cameron loves to bring up the antiquated stereotype of gay people as predators of the young. In this regard, it is instructive to cite one of Cameron's "sources," A. Nicholas Groth. Dr. Groth is a leading researcher on sexual offenders. At the time he wrote his letter, he was Director of the Connecticut Sex Offender Program in the State Department of Corrections. In a letter to the Nebraska Board of Examiners of Psychologists (August 21, 1984), Groth stated:

"It has come to my attention that Paul Cameron, Ph.D. is quoting my research in an offensive pamphlet he has authored entitled 'Child Molestation and Homosexuality.' He misrepresents my findings and distorts them to advance his homophobic views. I make a very clear distinction in my writing between pedophilia and homosexuality, noting that adult males who sexually victimize young boys are either pedophilic or heterosexual, and that in my research I have not found homosexual men turning away from adult partners to children.

I consider this totally unprofessional behavior on the part of Dr. Cameron and I want to bring this to your attention. He disgraces his profession."

But child molestation and sexual behavior are not the center of Cameron's rantings these days. He has taken to a new issue.

AIDS. The AIDS epidemic must be a dream-come-true for Cameron. It is frightening, not well-understood, associated with images of disease and death, and takes gay men as its most frequent targets. It is a perfect setting for many understandable (though unfounded) fears, even in the best of circumstances. And Cameron is doing everything he can to fan the flames of fear and hysteria.

In a pamphlet where he states that "homosexuality is a crime against humanity," Cameron makes the following assertions:
"Homosexuals have ridden into the dawn of sexual freedom and returned with a plague that gives every indication of destroying them and, perhaps, the rest of humanity. Those who treat AIDS patients are at great risk (in just the last two years, at least 24 hospital employees in one NY hospital group have received needle-stick injuries while working with AIDS patients—how many of these will come down with the disease will only be known some years from now, but from the apparent fact that one sex act and possibly one use of an infected needle can transmit AIDS, the odds are against them). Obviously, if about half of gays are carriers of AIDS in 1984, anyone working on a homosexual’s body (as a dentist, nurse, mortician) runs some unknown risk of infection." [from What Homosexuals Do (It's More Than Merely Disgusting)]

Cameron conveniently ignores the fact that, aside from those in risk-groups, no health professionals caring for persons with AIDS during the last five years have contracted the syndrome.

He has called repeatedly for quarantine of all homosexuals, especially males (interesting since lesbians are one of the groups least at risk). He argues that all gay people should be placed under "house arrest," and that all gay bars and baths and social institutions should be closed down. In his pamphlet, "Homosexuality and the AIDS threat to the nation’s blood supply," Cameron includes a "Citizen Checklist of Opportunities to Halt the Spread of AIDS." Its eight points are:

1. Insist that 'tolerance' policies of 'alternate lifestyles' in our public schools and textbooks be stopped.

2. Attach a high federal crime penalty to anyone donating or selling blood who has used illegal drugs intravenously in the past five years or who has engaged in homosexual acts in the past five years; require a sworn affidavit of each prospective donor.

3. Require that all donated blood be tested with the latest diagnostic equipment to detect the presence of infection and that accurate records of those infected be kept.

4. Bring legislative pressure to rout out homosexual meeting places such as public parks, rest areas, bath houses and gay bars.

5. Ban homosexual advertising in the media in the interest of public health. This would include 'personals' classifieds.

6. Criminalize homosexual practices to safeguard the public health.
7. Encourage malpractice suits against physicians and medical facilities that have administered AIDS-fatal blood transfusions.

8. Call for a quarantine of all known homosexual practitioners until the public health emergency is over. Point out that AIDS is as deadly as rabies.

Needless to say, these calls for elimination of civil rights for gay men and lesbians have been on Cameron's agenda since before the AIDS epidemic. Now, however, he uses the cause of "public health" to promote them.

Cameron and the APA

In 1984, all members of the American Psychological Association (APA) received an announcement concerning persons who had been removed from the Association for various reasons. The announcement included the following:

"Paul Cameron (Nebraska) was dropped from membership for a violation of the Preamble to the Ethical Principles of Psychologists.

The APA is the major professional organization of psychologists in the United States and Canada. It has more than 60,000 members. Membership in the Association represents acceptance by the community of professional psychologists, and it carries with it certain responsibilities. Among these is the duty to follow the APA's "Ethical Principles of Psychologists." The Preamble to that code (which Cameron was judged to have violated) reads as follows:

"Psychologists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these objectives, they make every effort to protect the welfare of those who seek their services and of the research participants that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, and society. In the pursuit of these ideals psychologists subscribe to principles in the following areas: (1) Responsibility, (2) Competence, (3) Moral and Legal Standards, (4) Public Statements, (5)

Acceptance of membership in the American Psychological Association commits the member to adherence to these principles.

Psychologists cooperate with duly constituted committees of the American Psychological Association, in particular the Committee on Scientific and Professional Ethics and Conduct, by responding to inquiries promptly and completely. Members also respond promptly and completely to inquiries from duly constituted state association ethics committees and professional standards review committees."

Cameron also was censured by the Nebraska Psychological Association, which adopted the following resolution at its membership meeting on October 19, 1984:

"The science and profession of psychology in Nebraska, as represented by the Nebraska Psychological Association, formally disassociates itself from the representations and interpretations of scientific literature offered by Dr. Paul Cameron in his writings and public statements on sexuality. Further, the NPA would like it known that Dr. Cameron is not a member of the Association. Dr. Cameron was recently dropped from membership in the American Psychological Association for a violation of the Preamble to the Ethical Principles of Psychologists."

Cameron responded to his expulsion by protesting that he resigned. In a letter to the Lincoln (NE) Star (12/19/84), Cameron wrote:

"The Star reported that I was 'dropped' from the American Psychological Association. Even though I offered to share all of the actual documents with a reporter, the offer was refused in favor of alluding to possible ethical horrors of which I might have been guilty.

I was dropped, after I resigned in good standing with no charges of any kind pending against me, solely because I refused to cooperate with the committee given I was no longer a member of the APA.

I wonder if it was thought more important to harm someone who dared disagree with the staff of the paper than to do an adequate job of reporting?"
Cameron, was in fact, dropped from APA membership. He was, in other words, expelled. This action was taken because of his repeated misrepresentations of scientific data concerning human sexuality and his advocacy of discrimination against gay men and lesbians. It is true that Cameron submitted his resignation to APA when he learned that he was under investigation by the Ethics Committee. Like many organizations, however, the APA does not permit a member to resign during an investigation (since guilty members would always resign rather than being expelled). Cameron works very hard to obfuscate the facts surrounding his expulsion from the APA. In doing so, he exploits the right of confidentiality guaranteed to all APA members (including those expelled). The APA is not allowed to make any public statements concerning a former member who has been dropped. Thus, the APA is not even allowed to acknowledge publicly that Cameron was dropped (although individual APA members can publicly state that they received the announcement of a member's expulsion). Cameron often taunts the APA to make public statements about his expulsion, realizing that they are not permitted to do so. Perhaps if Cameron would officially waive his right to confidentiality in matters of APA membership, the truth could be told. Given that Cameron already knows the truth, he is not likely to take such an action.

What Can People Do?

It is very important that Cameron's activities be continually monitored. Groups like the Lincoln Coalition for Gay and Lesbian Civil Rights (PO Box 94882, Lincoln, NE 68509) and the Association of Lesbian and Gay Psychologists (210 Fifth Avenue, New York, NY 10010) are collecting data on Cameron. If you know that Cameron will be appearing locally, contact one of these groups.

It is also important to prevent Cameron from appearing whenever possible. If you hear that he will be on a local television or radio show, organize a call-in campaign to keep him off the air. Stress to the reporter/interviewer/producer that you are not trying to censor an entire point of view. Rather, you are trying to deprive a thoroughly discredited bigot from a forum for his rantings. In this situation, you may want to be ready to provide the names of other persons who would be available to present the viewpoint anticipated from Cameron (for example, the interviewer may simply want someone who will express public fears about AIDS; this need not be Cameron). Prepare a list of speakers who will at least be open to reason, even if they present a perspective that is not gay-affirmative.

Finally, Cameron's campaign underscores the need for preventive counter-campaigns. Don't wait for Cameron to come to your town. Begin now to educate the media and the public about gay and lesbian concerns. Inoculate them to the bigotry spread by Cameron by refuting his falsehoods in advance. This will decrease his effectiveness considerably.
Finally, make copies of this handout and distribute them to people who will be dealing with Cameron (including media representatives). And use this handout as an information source for shorter leaflets directed at your local community.

(Revised 9/25/85)
His "facts" are misleading. His statements are graphic and extreme. He's discredited in the psychological establishment. Still, Dr. Paul Cameron just may be the most dangerous antigay voice in the United States today.

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p28-33
Paul Cameron is not your typical homophobic. To write him off simply as a homophobe would be much the same as dismissing Hitler as an anti-Semite. A more precise description of Cameron might characterize him as the most dangerous antigay zealot in the United States today.

Cameron, 45, is a self-described born-again Christian who lives in Lincoln, Neb., and considers himself an expert on sexuality, a subject on which he has been making formal pronouncements for 15 years. In the past four years he has become involved in his own one-man crusade against homosexuality, which he believes to be a real threat to the health and welfare of society. Since late 1981, the year after his teaching contract at the University of Nebraska expired (he will not say why it wasn’t renewed), Cameron has crusaded the country, hiring himself out—at times for reportedly hefty fees—as an “expert witness” to antigay elements embroiled in battles over gay rights. At the same time, he has enjoyed large amounts of local and national media attention. And, as gay activists concede, he has done a considerable amount of damage to gay rights efforts.

Watching Cameron talk about gays, one senses that something doesn’t seem quite right. Something other than his observation that a substantial number of gay men eat feces. Something besides his statement that a person is 15 times more likely to be murdered by a heterosexual than by a homosexual. Something apart, even, from his claim that gays are actually worse than murderers because of the damage he says gays inflict on society. What doesn’t seem quite right is the fact that while he is describing gay people as loathsome creatures, Paul Cameron is smiling.

Distorted View of Gays

Cameron’s beliefs about homosexuality are reflected primarily in a series of 10 pamphlets published by the Institute for Scientific Investigation of Sexuality (ISIS), a “non-profit scientific and educational corporation” that Cameron operates in Lincoln. Gay, ISIS says, are filthy (they “immerse themselves” in “local contamination”). They are selfish (they “slavishly devote themselves to self-aggrandizement” and “rob society to please themselves”). And they are criminal (they “more frequently admit to shoplifting, illegal substance abuse, and... eviscerating on their income tax”). States one ISIS pamphlet: “Allowed free reign, homosexual values will trash any society in which they are allowed to flourish.”

Cameron’s observations about gays are filled with undisguised invective. But perhaps worse are his pseudoscientific statistics, which lend a false credibility to his claims. ISIS pamphlets assert, for example, that gays are at least 13 times more likely than heterosexuals to molest children and live to 20 times more apt to engage in sex with animals.

His statistics are not necessarily inaccurate, but frequent, they are misleading. There is no apparent falsity, for instance, in an ISIS claim that lesbians were found to be 29 times more likely than heterosexual women to deliberately infect a sexual partner with a disease. The catch is that the statistic is based on a sample of only seven lesbians and bisexual women, two of whom (29%) are reported to have admitted to infecting a partner. One percent of the heterosexuals in the study purportedly admitted to infecting a partner, leading to the “29 times more likely” statistic.

Waging Nasty Battles

Cameron has been highly successful in using his bundle of distortions to battle gays. He has helped turn back gay rights measures in such cities as Houston, Baltimore, and Columbus, Ohio, as well as Lincoln, where he kicked off his first major campaign against homosexuality. Cameron’s efforts there were key in the May 1983 referendum defeat — by a 4 to 1 margin — of an amendment that would have extended the city’s antidiscrimination laws to include gays.

Scott Stelow, who was chair of Lincoln’s Coalition for Gay and Lesbian Civil Rights during the referendum campaign, says Cameron skillfully conducted a campaign of hate, playing up fear about molestation and recruitment of children by homosexuals. “I was in the audience when he said a kid was nearly castrated in a public restroom,” Stelow recalls. “He said there was a 4-year-old boy who had had his sexual organs mutilated. Everybody in the audience was outraged, and we were caught off guard because we had never heard anything like this. We knew he was wachin but never expected him to invent facts that could be challenged.”

Cameron’s comment caused great anxiety among many parents, and the city police department felt obliged to issue a disclaimer stating there was no evidence that what Cameron said was true. Cameron told The ADVOCATE that the story was related to him by someone who he thought was reliable, but who could not back up the story with evidence. Still, Cameron added, “I’m not positive it’s not true.”

Cameron also raised a ruckus in Houston, where gay rights measures went down to defeat last January, also by a 4 to 1 margin. Sue Lovell, president of the Houston Gay Political Caucus, says he generated a great deal of alarm through the ISIS pamphlets, particularly one titled “Murder, Violence and Homosexuality.” On the cover of that pamphlet is a photograph depicting a young girl being manhandled by a man with a hatchet. “He brought in all of his brochures and they mailed all of those out,” says Lovell. “People are so misinformed, they believed everything that was in those brochures. ... Who’s to think that someone with a doctor’s title in front of his name would tell you a lie?”
The Cameron Threat

Observers agree that Cameron's credential as a "scientist" lends him an air of authority. But in addition, he is a good communicator—calm and confident. He actually seems to enjoy talking about such topics as oral/anal contact, giving him an advantage over challengers who are less accustomed to chatting in a public forum about gay sex acts.

Those who are familiar with Cameron's message insist he is not to be taken lightly. "He's probably far more dangerous than a [Louie] Farrakhan or a [Jerry] Falwell," remarks Ron Najman, media director of the National Gay Task Force. "He's of the same cloth as the American Nazi Party and the Ku Klux Klan—but he masquerades as a scientist."

"It's a very serious problem," comments Dr. Bill Paul, a San Francisco psychologist who has debated Cameron and who is one of a growing number of psychologists keeping an eye on him. "People shouldn't think it ridiculous. It's very, very dangerous."

Paul says Cameron is using psychological warfare that employs various themes to persuade the audience. One of the themes, says Paul, is "pollution"—"Homosexual acts will you, ruin you." Another is "mystery"—"Imagine the effect of a homosexual on your children." Cameron weaves his themes into a "big matrix," says Paul, and as a result, "the arguments keep jumping around. It's like a pinball machine. You try to build up a case, and the argument changes."

Dr. Stephen Morin, an openly gay San Francisco psychologist, says he also debated Cameron and found him difficult to deal with. "I have an appointment at the medical school at the University of California at San Francisco, Division of General and Internal Medicine," says Morin. "And he proceeded to argue that the State of California, by employing me, was sanctioning my lifestyle, and because I was homosexual, I had AIDS, and therefore the State of California was also sanctioning my communicating of AIDS to all my patients. You see how the logic goes. It's illogical, but it's hard to logically rebut it. It isn't as though he's dependent upon statistics; he makes the assumption that he has no trouble leaps to and then leaps to still another assumption he has no problem with."

Dr. Gregory Herek, a Yale University psychologist who specializes in homophobia, suggests that most people listening to Cameron probably realize that since what he's saying is so outrageous, it is not to be believed. Nonetheless, he adds, while people dismiss Cameron's more extreme statements, "they do resonate to some of the things he is saying. Some of the fears he raises are fears they're feeling."

Another psychologist familiar with Cameron—and who is among a group of University of Nebraska psychologists who have publicly assailed him—is Dr. Natalie Porter. She feels that societal homophobia is largely responsible for Cameron's popularity. "Especially now, with the fear of AIDS—and as homophobia grows—people want simplistic answers and can be attracted to what he says," Porter observes.

Call for Quarantine

Not surprisingly, the AIDS crisis has provided Cameron with an excellent opportunity to grab more attention—and to become all the more notorious. Riding on the wave of AIDS hysteria sweeping the country, he has surfaced as probably the most outspoken proponent of quarantine. Although Cameron cites no clear evidence that the AIDS virus is transmitted via mosquitoes, saliva or sexual contact, he exploits the fact that there is no proof the virus cannot be transmitted through those modes. Therefore, he argues, the battle against AIDS should include the criminalization of homosexual acts, a ban on homosexual advertising, the closure of all gay meeting places, and the shutting of the nation's borders to those who have engaged in a homosexual act or illicit intravenous drug use in the past five years.

Furthermore, as Cameron sees it, the AIDS crisis may well provide an appropriate opportunity to quarantine more than just AIDS patients. "For those that test positive for the HTLV-3 antibody...I believe it would be prudent that they be considered for inclusion in the quarantine, that is, quarantine to quarters, where practicable," he said at a news conference in May. "It may well be, in fairness, that a quarantine may have to be extended to all practicing homosexual males. But that's a matter of practicality."

Cameron says he is pushing for a quarantine and related measures (a mosquito abatement program is another one) because he wants to "save the lives of homosexuals and the rest of society." He allows, "I'm hoping to win the Nobel Peace Prize."

Defanging Cameron

Despite his extreme statements about gays and AIDS, Cameron continues to enjoy a fair degree of respectability; he even managed to get himself hired as a one-month AIDS consultant to conservative U.S. Rep. William Dannemeyer (R-Calif.). But Cameron's detractors within the social science community have been slowly, constantly chipping away at his credibility for some time now. Among their victories:

- The American Psychological Association (APA), citing violations of the Principles of Psychologists, dropped Cameron from its membership in December 1983. The action was taken after six of Cameron's colleagues at...
The Unquotable Cameron

The following are quotes from Paul Cameron and/or his Institute for the Scientific Investigation of Sexuality:

- "It would seem that homosexual hatred is a lesson taught from personal experience, his life is essentially patterned. The best he can do is stay out of the way and refrain from damaging the normal machinery. At worst he might feel himself among the justified."  
- "Those who claim almost all gays are whittled pygmies.
- "Rock [Hudson] was your average guy alright [sic]. Notice the nude statues of young boys and men that surround Rock's pool. ISIS wonders why he frequented the streets of "young male prostitutes"... ISIS also wonders how many boys got AIDS as well as money from "the Rock"....  
- "Some [gays] go on to...sado-masochism, biting (arms and/or legs insinuated into the anus of "lovers") or eating ass—but once they have arrived at the stage where they can consume feces is another story. They become exemplars of the adage, "You are what: you eat."  
- "Kissing a friend or family member who practices homosexuality or shacking hands and then happening to touch your eyes, nose or mouth or any break in your skin could result in your infection with any of the host of homosexual diseases."

- What homosexuals do is so incredibly stupid, so patently absurd and antithetical, that only a foolish society would take their whimpering about "equal rights with heterosexuality" seriously. These men are trapped by their vice into killing themselves. Are we supposed to feel so sorry for them that we join them in their march to the cemetery?

- Down through history, humanity has adjudged homosexuality a crime against humanity and, as more typically than not, punished homosexual activity with death, certainly with strong public censure and imprisonment. What we know today in this either grand or not-so-grand experiment of equalizing homosexuality and heterosexuality suggests that our ancestors, all those who have gone before us, were far more correct than we.

- This is the year we ought to spend millions advancing a quarantine.... Remember: There would be no AIDS epidemic. The West if the laws of Moses had been followed.

- Enough. The time has come to make "gay rights" a dead issue. Homosexual activity must be vigorously suppressed with all deliberate speed—the very life of our civilization is at stake.

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GOING AWAY? GO GAY!

For gay getaways see the Travel Classifieds in this issue of The ADVOCATE
The University of Nebraska complained "about his distortions of gay-related research." The Nebraska Psychological Association passed two resolutions critical of Cameron, one in 1983 and one in October 1984. The latter one said that the organization "formally dissociates itself from the representations and interpretations of scientific literature offered by Dr. Paul Cameron in his writings and public statements on sexuality."

- The American Sociological Association and the Society for the Study of Social Problems (a separate group of sociologists) passed August passed resolutions recommending a critical evaluation of, and public response to, Cameron's work.
- The Midwest Sociological Society passed a resolution last April censuring Cameron.

The sociologists' organizations are angered in part because Cameron has been identified in the press as a sociologist. But he claims it would be ridiculous for him to try to pass himself off as such. Sociologists, he asserts, are less respected than are psychologists. As for the APA action, Cameron says he resigned from the organization more than a year before he was "dropped" from the membership. But according to an APA official, Cameron was precluded from resigning because he was under investigation. The official notes that APA bylaws forbid public disclosure of more substantive details of Cameron's case.

Individual psychologists have also publicly criticized Cameron. Dr. Alan Bell of Indiana University faults Cameron for, among other things, referring to a study by Bell and a colleague that did not involve a random sample, and therefore is statistically nonsignificant. "For him to use our figures to estimate differences between homosexuals and heterosexuals across the board in the general population is ludicrous," Bell told THE ADVOCATE. Meanwhile, Dr. A. Nicholas Groth, director of the Sex Offender Program at the Connecticut Department of Correction, wrote to the Nebraska Board of Examiners of Psychologists last year, saying Cameron "misrepresents my findings and distorts them to advance his homophobic views."

Another significant attack on Cameron's credibility came in April 1984 from a U.S. District Court in Texas. Judge Jerry Buchmeyer, ruling on a motion made in Baker v. Wade, a case involving a challenge of the Texas sodomy law, stated that Cameron "has himself made misrepresentations to this Court," Said Buchmeyer: "[His] sworn statements that homosexuals are approximately 43 times
more apt to commit crimes than is the general population" is a total distortion of the Kinsey data upon which he relies—which, as is obvious to anyone who reads the report, concerns data from a nonrepresentative sample of delinquent homosexuals.... [H]is sworn statement that 'homosexuals abuse children at a proportionately greater incident than do heterosexuals' is based upon the same distorted data....

Educating the Media

Other measures aimed at discrediting Cameron are coming from gays, both in and out of the psychology profession. Among groups with organized anti-Cameron efforts are the APA's Committee on Lesbian and Gay Concerns, the Psychologists' Lesbian and Gay Anti-Defamation Organization of the Association of Lesbian and Gay Psychologists, the Nebraska Coalition for Gay and Lesbian Civil Rights, and the National Gay Task Force.

Activists believe that convincing the media to ignore Cameron—or better still, to expose him as a fraud—is the best way to keep him from spreading his antiquated rhetoric. Recent media education efforts have been partially successful in cities such as Houston and Los Angeles. In September, Cameron was being considered for inclusion on PBS' "MacNeil-Lehrer NewsHour." A program staffer said that while she initially had doubts about whether to put him on the air, it was information by gay activists and others that "probably sealed" the decision not to include him.

NCTF's Najman points out that the Task Force tries to inform—not conceal—the media. "All we do is make certain that the media are aware of how discredited this fellow is and how malicious he is," Najman says. "Then it is up to them to exactly how they want to cover an appearance or a statement by him." Najman says he believes that national broadcast networks, as well as major television stations and major newspapers in large cities, are learning not to take Cameron seriously. But he adds, "I think we have a lot more work to do because of his continual appearances around the country at smaller television stations and, more importantly, radio stations."

For his part, Cameron says he feels flattered when the media turn against him. "Some of the nice things that have happened to me include being censured by the New York Times and the Los Angeles Times," he says. "A person's worth is to a degree measured in terms of who dislikes him. As long as I'm disliked by them—and hopefully the Washington Post—I'll feel gratified."

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10 OCTOBER 20, 1985 / 33
Suit was brought challenging constitutionality of Texas statute prohibiting private consensual sodomy between homosexuals. The United States District Court for the Northern District of Texas, 553 F.Supp. 1121, held the statute unconstitutional, and state appealed. State's motion to subsequently withdraw its appeal was granted, 743 F.2d 236. Upon motions to set aside final judgment and reopen the evidence and to intervene and substitute class representative, the District Court, Buchmeyer, J., held that: (1) movants were not entitled to setting aside a final judgment and reopening of evidence where there had been no showing that the "newly discovered evidence," which consisted of medical articles concerning AIDS, could not have been discovered in exercise of due diligence in time to move for a new trial, where the "new evidence" was not sufficient to warrant a new trial or change result in the case and where there was no fraud or misrepresentation in testimony given at trial and no "other reasons" for granting relief, and (2) county district attorney would not be an adequate representative for defendant class.

Motions denied.

1. Federal Courts @681

District court has jurisdiction to consider motion to reopen the evidence even though case is pending on appeal. Fed. Rules Civ.Proc.Rule 60(b), 28 U.S.C.A.

2. Federal Civil Procedure @2016, 2655

Movants were not entitled to setting aside a final judgment and reopening of evidence in action challenging constitutionality of Texas statute prohibiting private consensual sodomy between homosexuals where there had been no showing that the "newly discovered evidence," which consisted of medical articles concerning AIDS, could not have been discovered in exercise of due diligence in time to move for a new trial, where the "new evidence" was not sufficient to warrant a new trial or change result in the case and where there was no fraud or misrepresentation in testimony given at trial and no "other reasons" for granting relief. Fed.Rules Civ.Proc.Rule 60(b)(2, 6), 28 U.S.C.A.; V.T.C.A., Penal Code § 21.06.

3. Federal Civil Procedure @2655

There can be no Federal Civil Rule 60(b)(2) [Fed.Rules Civ.Proc.Rule 60(b)(2), 28 U.S.C.A.] relief from judgment or order for evidence which can only come into existence after trial is over.

4. Federal Civil Procedure @181

County district attorney, who filed motions to reopen the evidence and intervene which were initially not properly supported by any affidavits and later filed affidavits "supporting" one motion but never corrected the defect in the motion to intervene as class representative and who made totally
merely expressed opinions contrary to theirs. To seriously contend that a difference in "expert" opinions constitutes fraud and misrepresentation is ridiculous."

This Court will not dignify such a baseless assertion with a discussion. It will only emphasize two things: First, the opinions expressed at trial by Dr. Simon and Dr. Marmor—which were adopted by this Court—were supported by other evidence which is totally ignored by Hill-Bundren-DDAA, in their charges of fraud and misrepresentation. For example:

(i) Dr. Marmor's testimony that, "although there was 'some disagreement,' almost all American psychiatrists feel that 'homosexuality per se does not constitute any form of mental disorder'" (553 F.Supp. 1129 at n. 15) is supported by resolutions passed by the American Psychiatric Association, the American Psychological Association, the American Medical Association and others (553 F.Supp. at 1130).

(ii) Dr. Simon's testimony that homosexuality is the result of "a relatively long complex process of psychological and social development" is supported by the Task Force on Homosexuality, among other exhibits (553 F.Supp. at 1129-30).

28. A reference to footnote 9 is much too kind.

29. See In re Longstaff, 716 F.2d 1439, 1450 (5th Cir.1983) ('That homosexuality is no longer considered a psychopathic condition is established by the opinion of the government's highest medical officer, the Surgeon General.')

30. Similar testimony by Dr. Cameron was totally discounted by the Fifth Circuit in Gay Student Services v. Texas A & M University, 737 F.2d 1131, 1130 (5th Cir.1984); there, the Court rejected the claim that Texas A & M's recognition of a gay student organization "was justifiable as an appropriate means of protecting public health" because:

"... TAMU has simply not proven that recognition will indeed imminently result in such dire consequences. The speculative evidence offered by the defendants' experts [including Dr. Paul Cameron] for which no historical or empirical basis is disclosed, cannot justify TAMU's content-based refusal to recognize GSS. Gay Lib [v. University of Missouri supra, 558 F.2d [848], at 854 [8 Cir.1977]. We think that on this record TAMU's public heath argument is precisely the kind of 'undifferentiated fear or apprehension' that the Supreme Court has repeatedly held is not enough to overcome the right to freedom of expression." Tinker v. Des Moines Independent Community School Dist., supra, 393 U.S. [503] at 508, 89 S.Ct. [733] at 737 [21 L.Ed.2d 731 (1969)]; Healy v. James, supra, 408 U.S. [169] at 191, 92 S.Ct. [2338] at 2351 [33 L.Ed.2d 266 (1972)]." (emphasis added)

31. Indeed, the plaintiff contends that Dr. Paul Cameron is not a credible witness because he resigned from the American Psychological Association to avoid an investigation into charges of his unethical conduct as psychologist. The charges of unethical conduct against Dr. Cameron included his continuing misrepresentation of Kinsey data and other research sources on homosexuality; inflammatory and inaccurate public statements about homosexuals, and his fa-
In the September issue, Dr. Shapiro noted that “never in the long history of the American Medical Association has Nebraska seen one of its members elected as a trustee”.

It is noteworthy that Dr. John Tupper, class of 48 University of Nebraska Medical College graduate, is also on the Board of Trustees. This too, I believe, is a first. Congratulations are in order for both of them.

Sincerely,
L. J. Chadek, M.D.

* * *

Robert D. Brown, Ph.D
1200 N. 78th St.
Lincoln, NE 68505

James K. Cole, Ph.D
1960 Richmond
Lincoln, NE

September 27, 1985

Alan D. Forker, M.D.
Editor
The Nebraska Medical Journal
5505 Ellendale Road
Lincoln, NE 68510

Dear Dr. Forker:

This is a response to the article by Paul Cameron, Kay Proctor, William Coburn, and Nels Forde, entitled “Sexual Orientation and Sexually Transmitted Disease” which was printed in the August, 1985 issue of The Nebraska Medical Journal. We have concerns which focus on the scientific merit and credibility of the article and with the closing comments in the discussion section of the article. We are also concerned that the Journal would permit an author to stray so far from the data presented when discussing the possible implications. Let’s look at these in order: scientific merit, credibility of the article, and concerns that a respected journal would provide an outlet and by attribution “scientific respectability” to the data.

Scientific Merit of the Research

Survey research needs to be judged using criteria that considers the representativeness of the sample, the return rate of respondents, validity and reliability of the survey instrument, appropriate data analysis procedures and finally conclusions that are derived from the findings. The Cameron et al. article fails to meet standard expectations for scientific merit on each of these criteria. The failures are plentifold. We will illustrate only a few.

Flaws in the Study

1. Sampling process. Criteria for judging the scientific worth of a survey study includes whether or not the sample is representative of the population about which the researcher wishes to make inferences. Among the criteria scientists use are the sampling process itself and the return rate. Although Cameron and his colleagues provide specific information on some dimensions of the sampling process, there are also significant omissions. The authors refer to a “systematic area cluster sampling” process, but no information is
respondents were having "fun" with these researchers. Any sensible person who has seen this questionnaire which asks quite personal questions about "unusual practices" would question the sincerity, if not the truthfulness, of persons responding. (How many people do you know would voluntarily and honestly fill out a 550 item questionnaire which queried them about highly personal habits and was administered by a stranger who came to the door? The sensible people would be ones who Cameron noted called the police.) Considering the nature of the questionnaire and the data collection process, it is surprising that as many people responded as Cameron reports.

What we have then is an extremely lengthy questionnaire, dealing with highly personal matter and with no cited reliability or validity data, being distributed door-to-door by strangers. In no respectable community of survey researchers would this be characterized as scientific.

4. Data Analysis. What happens when the data analysis and presentation are examined? There several major concerns. It appears the data from all communities were lumped together. Thus, for example, the 979 respondents from Omaha (population 300,000) are lumped together with the 934 respondents from Los Angeles (population 4 million). The respondents from the pilot study in Bennett (n=43) and Rochester (n=12) were also apparently lumped in with the rest of the data from larger cities.

No effort was made to control in the analysis for socio-economic differences in the respondents or the cited age and education difference. Were the homosexual and heterosexual respondents in this study equated on these important variables? As Cameron and his colleagues did not apparently control for size of city, we suspect there was no control for socio-economic or other differences. This is an unsophisticated, if not unscientific, approach to data analysis.

Of the 550 questions on the survey, the article presents an analyses on approximately 20-30 items. Why is this? Where is the rest of the analyses? Statisticians know that performing statistical tests on over 550 items will result in approximately 20-30 appearing to be statistically significant just by chance alone. Is this only an interesting coincidence? If you draw cards from a poker deck enough times, you are bound to draw a good poker hand sooner or later. Is this what happened with the analysis of 550 questions?

The step-wise regression is very curiously presented. Relatively little is said in the narrative about the presentation of the data and insufficient information is provided for a full interpretation. How were the variables entered into the equations? There is more than one way to do this. To compare the relative predictive power of the variables, consistent models must be formed for both groups, and then and only then, can appropriate statistical procedures investigate the difference in predictive potency. The relative importance of the findings need to be considered in the context of knowing the respective variances for the two populations (homosexuals and heterosexuals). It is difficult to know the meaningfulness of the step-wise regression without knowing more about how the analysis was performed. As a minimum, insufficient information is provided for interpretation. In fact, from the data presented, it is possible to draw entirely different conclusions than those drawn by Cameron et al.

Thus, the data analysis is curious for its selectivity and its omissions. Even taken at face value, the question, "So what? must be asked. It is like saying that people who go swimming, boating, or otherwise spend time in the water are more likely to drown than those who do not. Those who engage in sexual activities are more likely to contract diseases that are sexually transmitted than those who do not. Is this surprising?

5. Interpretation of Data (Discussion Section). A final comment about the article concerns the discussion section. The lack of scientific rigor in the procedures—at least the presentation of them—is disturbing. but perhaps more unsettling is the discussion section which goes beyond the data presented and into other social and psychological issues without citations or foundation from the research. A few examples should suffice: (1) On page 297, the authors equate homosexuality with habits like smoking, drug, or alcohol use. This has no relationship to the questionnaire and is a view that is inconsistent with those expressed by the American Psychological Association and
lend credence to such an article, particularly the discussion section of the article.

What do we have left once this article has been pruned of its rhetoric and major sources of invalidity? We have percentages and statistics on a sample that is questionable in terms of its representativeness and based on a questionnaire and sampling procedure of highly doubtful validity. What we have left is gross overgeneralization and misrepresentations of useless data. The evidence presented would not stand up to the scrutiny of competent researchers.

It is unfortunate that the Journal has provided a forum for an article that would probably not receive a passing grade in any early graduate course in research methodology or questionnaire design. Between us we have read several thousand student research papers and prospective authors' manuscripts in the past ten years. The publication by Cameron et al. would not pass as a senior research paper or masters thesis in any respected psychology department.

It is unfortunate that the good name of The Nebraska Medical Journal will now be cited by Cameron et al. in the future to give credibility to sloppy research at best and gross misrepresentation at worst. This is particularly true when the negative tone of the discussion seems more intended to suggest punishment than compassionate medical treatment you might hope to see in a medical journal. One possible positive side-effect is that now the Cameron data are public, it is possible for everyone to see the study for what it is—useless and questionable data.

Sincerely yours,

Robert D. Brown, Ph.D
James K. Cole, Ph.D
January 11, 1982
State Board of Examiners of Psychologists
Bureau of Examining Boards
Nebraska Department of Health
301 Centennial Mall South
Lincoln, Nebraska 68509

Dear Board Members:

Enclosed you will find a copy of an article published by Lincoln psychologist Paul Cameron in the Lincoln Star January 2, 1982. We believe that Cameron made a number of statements in this article which may be in violation of the code of professional conduct (Ethical Principles for Psychologists, APA, 1961) adopted pursuant to Nebraska law, Chapter 71-3807. We are writing to you both as citizens concerned about the effect of Cameron's statements, and as psychologists and mental health professionals obligated, under Principle 7, Section 9, to bring this potential violation "to the attention of the appropriate local, state and/or national committee on professional ethics and conduct."

Specifically our concerns are as follows:

1. **Principle 1-Responsibility** includes the following language:

   a). [Psychologists] "provide thorough discussion of the limitations of their data, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex, ethnic, socioeconomic, or other social groups. In publishing reports of their work, they never suppress disconfirming data, and they acknowledge the existence of alternative hypotheses and explanations of their findings...."

Cameron's article was written to argue that "...In point of fact, the overwhelming bulk of the recent social science evidence buttresses the opinions of our forefathers (implying the city of Lincoln should not adopt a proposed lesbian/gay rights amendment because 'not a single civilization, nor a single society has ever granted homosexuality and heterosexuality equal status.' )"

Thus his article has clearly "touched on social policy" as referred to in Principle 1. Yet, we believe he did not provide a "thorough discussion of the limitations of [his] data," nor did he acknowledge the existence of alternative explanations for various claims he made. (see below for further details)

It is not our intention to suggest that a psychologist should not express the viewpoint that some psychological research supports a position in opposition to gay civil rights legislation. We do believe, however, that Cameron's article, which clearly "touched social policy," did "suppress disconfirming data" and failed to "acknowledge the existence of alternative explanations." Thus we ask you to consider if Cameron has violated those sections of Principle 1 cited above.

2. **Principle 3-Moral and Legal Standards** includes the following:

   "c. In their professional roles, psychologists avoid any action
that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions."

Again, we do not interpret this section to preclude psychologists from expressing professional opinions in opposition to gay civil rights, but we believe that by publishing an inaccurate and inflammatory article, Cameron may have violated this section.

3. Principle 4—Public Statements include the following language:
"...In public statements providing psychological information or professional opinions...psychologists base their statements on scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of such evidence."

g. Psychologists present the science of psychology and offer their services, products and publication fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Psychologists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices."

We believe that the Cameron article misrepresented, through both sensationalism and superficiality, in several instances. The enclosed article by James Cole and Louis Crompton illustrates some of the specific distortions Cameron has made in "interpreting" the Kinsey data. Instances in his language in the article, as well as the overall content and tone, open him to charges of sensationalism. Specifically, his reference to homosexuals as a "tribe" and referring to their "sexual appetite" would seem to be fairly characterized as "sensationalism." Particularly striking are his statements: "Citizens who go to restaurants have the right to expect that their visit will not subject them to the fallout of someone else's sexual taste" and "(in the Kinsey study, homosexuals were 33 times more apt to choose criminal careers and over 100 times more apt to practice prostitution)."

Cameron has not presented psychological research on this subject "fairly and accurately," nor has he recognized the "limits and uncertainties" of his evidence. In particular, his concluding generalizations should be carefully compared to the facts. Cameron states, "Without exception, every large-scale comparative study has yielded differences between homosexuals and heterosexuals that suggest that homosexuals are less desirable citizens... Again, without exception, homosexuals have revealed themselves as considerably less pleased with their lives...In point of fact, the overwhelming bulk of the recent social science evidence buttresses the opinions of our forefathers..."

These statements are a serious misrepresentation of current opinion on this subject. Indeed, any claim that research "without exception" supports a particular conclusion should immediately be suspect. Rarely if ever are there no exceptions to any particular conclusion.

It is our perception, contrary to that expressed by Cameron, that "recent social science evidence" has lead scientists and mental health pro-
essionals away from the "opinions of our forefathers" on this subject. Perhaps the best way to illustrate Cameron's overall misrepresentation of current scientific opinion regarding the question of lesbian/gay civil rights is to point out that the American Psychological Association, the American Psychiatric Association, and the American Public Health Association have all adopted resolutions which support lesbian/gay civil rights legislation and which declare that homosexuals are no less reliable or capable than heterosexuals. Thus the majority of professionals in these fields have reached essentially the opposite conclusion to that which Cameron asserts should be the case. (Copies of these statements are attached).

Another example of Cameron's failure to present information fairly and accurately, with recognition of the limits of such evidence, is his claim that "without exception, every large-scale comparative study has yielded differences between homosexuals and heterosexuals that suggest that homosexuals are less desirable citizens." This claim should be compared to the concluding statements in the major study published by Bell and Weinberg (1978). Beil and Weinberg wrote:

"As for homosexuals' social and psychological adjustment, we have found that much depends upon the type of homosexual being considered...Most are indistinguishable from the heterosexual majority with respect to most of the nonsexual aspects of their lives, and whatever differences there are between homosexuals' and heterosexuals' social adjustment certainly do not reflect any malevolent influence on society on the part of the homosexuals concerned...Thus, decisions about homosexual men and women...should never be made on the basis of sexual orientation alone."

Certainly the Bell and Weinberg study should be included in any discussion of "every large-scale comparative study." And surely their conclusion as stated above is not consistent with Cameron's claim. Indeed, it would appear to be very much the opposite.

In view of our comments above, we would ask that you consider the possibility that Cameron has violated the sections of Principle 4 as excerpted below.

4. We have become aware of information regarding another public statement regarding Paul Cameron which may also have violated sections of Principle 4 - Public Statements as excerpted below:

"...Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions...

b)...[Public statements] do not contain (i) a false, fraudulent, misleading, deceptive, or unfair statement..."

Enclosed is a copy of an article which appeared in Nebraska PTA News, September, 1981. This article describes Cameron as employed at the University of Nebraska-Lincoln. However, it is our understanding that Cameron had left

his position at UNL more than a year prior to the date of this article. Also, in the same article Cameron's research findings are described as having been reported on the major wire services "more frequently than any other living scientist (17 times in the last 14 years)." In checking with United Press International, they have indicated that they do not keep logs of such data, and it seems unlikely that such a claim could be verified through other sources. Thus we ask that you also investigate this matter to determine if Cameron has violated the sections of Principle 4 as stated above.

Nebraska Law, Chapter 71-3820 provides for the suspension or revoking of the license of any psychologist upon proof that the psychologist "Has been guilty of unprofessional conduct or...willfully misrepresenting his or her professional qualifications, affiliations, and purposes, or those of institutions and organizations with which he or she is associated..." We ask that you initiate an investigation to determine if Paul Cameron is guilty of unprofessional conduct as defined by Nebraska law.

Should you feel after reviewing the enclosed material that further information is needed, we would be happy to meet with you, appear at a hearing or submit further written statements. Your acknowledgement of receipt of this letter and an outline of the procedures and time frame which will govern processing of this complaint would be greatly appreciated.

Sincerely,

Natalie Porter, Ph.D.
Director, Psychological Consultation Center, UNL

James K. Eole, Ph.D., member APA, NPA
Director, Clinical Psychology Training, UNL

Karen L. Kelly, Ph.D.
Certified Clinical Psychologist
University Health Center, UNL

Tim North-Shea, Ph.D.
Psychologist

Daniel D. Bernstein, Ph.D., member APA
Associate Professor, Dept. of Psychology, UNL

Katharine Brzézinski-Stein, Ph.D.
Psychological Counselor
Counseling Center, UNL

cc: Nebraska Psychological Association, American Psychological Association
Attachments
August 21, 1984

Dr. Wayne Price, Chair
Nebraska Board of Examiners of Psychologists
Department of Health
State Office Building
Lincoln, NE 68509

Dear Dr. Price;

It has come to my attention that Paul Cameron, Ph.D. is quoting my research in an offensive pamphlet he has authored entitled "Child Molestation and Homosexuality". He misrepresents my findings and distorts them to advance his homophobic views. I make a very clear distinction in my writing between pedophilia and homosexuality, noting that adult males who sexually victimize young boys are either pedophilic or heterosexual, and that in my research I have not found homosexual men turning away from adult partners to children.

I consider this totally unprofessional behavior on the part of Dr. Cameron and want to bring this to your attention. He disgraces his profession.

Yours very truly,

A. Nicholas Grotz, Ph.D.
Director
Sex Offender Program
Anti-Gay psychologist expelled for ‘gross’ distortions

by Lou Chibbaro Jr.

In a publication of the American Psychological Association, the professional organization representing most of the nation’s psychologists, it was revealed last week that a Nebraska psychologist whom Gay activists say has sought to link homosexuality to child molestation by misrepresenting scientific literature has been expelled from APA membership roles.

Paul Cameron, a practicing psychologist in Lincoln, Nebraska and an outspoken opponent of Gay rights legislation, was “dropped” as an APA member on December 2, 1983 “for a violation of the Preamble to the Ethical Principles of Psychologists,” according to a notice sent to the association’s 60,000 members.

A spokesperson for the APA’s Ethics Committee said the organization’s by-laws prohibit disclosure of specific charges made against its members and prohibit the group from stating publicly the reason it chose to expel Cameron. But Gay rights leaders in Lincoln said Wednesday that six members of the faculty of the University of Nebraska at Lincoln filed a complaint against Cameron before the APA in January 1982.

Cheryl Long, spokeswoman for the Lincoln Coalition for Gay and Lesbian Civil Rights, said the faculty members, all from the university’s psychology department, charged Cameron with “gross” distortion and misrepresentation of scientific literature in public statements made against a Gay rights ordinance put before Lincoln voters. The ordinance was subsequently defeated on May 11, 1982.

Long said the Lincoln Coalition for Gay and Lesbian Civil Rights filed at the same time a separate complaint against Cameron with the APA, making similar allegations.

Cameron, in a telephone interview, denied the APA actually removed him, claiming instead he resigned from the organization in November 1982.

Cameron accused the APA of attempting to destroy his professional reputation because of his personal and professional opposition to Gay rights. He also charged that Gays have “taken over” the APA.

David Mills, the APA’s administrative officer for ethics, said he could not comment on Cameron’s case but noted that the APA would not have been able to bring proceedings against Cameron unless the psychologist was a member of the organization at the time the charges were filed. Once charges were filed, Mills said, the APA by-laws would have prohibited a member from resigning until the charges are resolved.

“If proceedings are taken against a person based on possible ethics violations, then you can definitely assume that person was a member at the time,” Mills said. Mills said such proceedings were taken.

According to Mills, the APA’s Ethical Principle of Psychologists outlines the association’s ethical and professional standards. Licensing boards regulating psychologists in many states have adopted the “principles” as legal requirements for psychologists licensed in those states, Mills said.

One of the clauses in the document states that psychologists must base their statements or publications on “scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of such evidence.”

University of Nebraska psychologists James K. Cole and Natalie Porter, both among those filing charges against Cameron, said they were particularly upset that Cameron couched his public statements and writings against Gay rights proposals in an authoritative light, stressing that he held a “Ph.D.” and often citing “research data” taken out of context.

Among the complaints cited by opponents of Cameron have been his statements that:

- “Homosexuality is an infectious appetite with personal and social consequences. It is like the dog that gets a

U.N. march draws 500

Five hundred people marched from Greenwich Village to the United Nations last Sunday, September 30, in the International March for Lesbian and Gay Freedom. Among the countries represented, besides the U.S., were Argentina, Holland, Canada, Mexico, South Africa, and Ireland.

Continued on page 9
Continued from page 5

taste for blood after killing its first victim and desires to get more victims thereafter with a ravenous hunger.”—from literature, quoting Cameron, distributed during the 1982 Lincoln Gay rights referendum, published by the Temple Baptist Church of Lincoln.

• “As near as we can tell, about 33 to 45 percent of child molestation involves homosexual contact. Of teacher-pupil sexual interaction, 80 percent involved homosexual contact.”—interview of Cameron in the June 8, 1985 edition of U.S. Press.

• “Anyone caught doing a homosexual act should be incarcerated until they can be certified to be free from any communicable disease.”—same interview, U.S. Press.

• “The best prospect for a cure [of homosexuality] is religious conversion and particularly to Christianity—it isn’t a cure at all, but it’s a good first step.”—same interview, U.S. Press.

Earlier this year, Cameron announced the formation of the Lincoln-based Institute for the Investigation of Sexuality and the completion of a $100,000 survey conducted by the institute which Cameron claimed indicated that Gay teachers are much more likely to make sexual advances and contact to their students than heterosexual teachers.

Cameron denied he has distorted scientific literature or research data. He said he has “won” debates against his opponents on Gay rights issues in many forums and claimed the opponents turned to the APA after realizing they could not compete with him in public forums.

He said he will take legal action against the APA if he determines such action is possible.

In his November 1982 letter of resignation to the APA, Cameron cited the organization’s support for abortion and Gay rights and the APA’s “generally liberal, social policy directions” as his reason for leaving.

“[T]o require psychologists to advance the civilization-destroying ‘Gay rights’ movement is simply an abomination,” Cameron said in his letter, referring to the APA’s 1977 resolution supporting Gay rights legislation.
ENTO—A bill that would give
state corporations a break in tax savings allowing them to avoid
a state's controversial unitary taxation system has been
described as a "mandatory" tax break by the Senate's
Committee on Revenue—a significant setback for the
state's tax system.

Patrol Calif.—Eight
and...
Reagan "was deeply disappointed that he understood — that's what friendship is all about," Laxalt said. The President's statement was interpreted as saying "his friendship and support have been invaluable to me over the years and I will continue to rely on your advice and counsel in the years ahead.

With 22 Republican seats up for election but Reagan's decision was seen as a devastating blow to the efforts of GOP leaders to maintain their slim 53-47 Senate majority. Until now, Laxalt had been expected to win renomination, but with his retirement the Nevada race is expected to be wide open.

As a result of Reagan's decision, the Democratic Party will invest its full resources in Nevada as a potential key state for victory in 1986. Sen. George J. Mitchell (D-Me.), chairman of the Democratic Senatorial Campaign Committee, "As of today, the Senate race is in a new ball game," Mitchell said. "We continue to be a strong state of control of the Senate. The general chairman of their party declines to seek reelection, the Republicans are quick to step on it in a major way."

Similarly, Paul C. Kirk Jr., Democratic National Committee chairman, described it as a "major boost" to the party's prospects for regaining control of the Senate.

"Our chances of gaining back four of the seats (get better every day)," he said.

Republicans also acknowledged that Laxalt's decision would give Democrats a better chance to win in Nevada.

"The seat is up for grabs," said Chris Kennedy, spokesman for the National Republican Senatorial Committee. "We're disappointed, but we're not discouraged."


Friends insisted that Laxalt's decision had nothing to do with aalterbj battle between the senator and the McClatchy Newspapers chain over a story alleging ties between Laxalt and organized crime figures.

Cities His 'Basque Spirit'
"I've paid my dues," said Laxalt, who previously served as governor. "I'm at a point in my life when I'd dearly love to spend more time with my children and grandchildren."


By MARLENE C. MCMONIS, Times Staff Writer
WASHINGTON - A controversial psychologist who advocates a "rolling quarantine" of homosexuals, intravenous drug users and prostitutes据说 AIDS has been linked to William E. Dannemeyer (R-Fullerton) said recently in a statement that "the time to act is now to protect the American lifestyle from this deliberate and thoughtless exposure" to AIDS by homosexuals.

"If we must wait longer, the risks to all will accelerate dramatically," he added. The statement issued by Dannemeyer, a Republican presidential candidate, did not elaborate on the recommendation for a "rolling quarantine."

A spokesman for Dannemeyer said Monday that the congressman, a member of the House Energy and Commerce subcommittee on health and the environment, does not share Cameron's views on quarantine.

Los Angeles Times
1140 North Broadway
Los Angeles, CA 90012

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Public Financing of Hate

Some weeks ago, when Dr. Paul Cameron, a Nebraska psychologist, breezed through town spouting his offensive message that homosexuals should be quarantined to prevent the spread of AIDS, the media consigned his hateful, erroneous views to the wastebasket, where they belong. Cameron's record of twisting peoples' research to support his social views on homosexuality had previously been noticed by the American Psychological Assn., which had booted him out for violating the association's code of ethics.

But Rep. William E. Dannemeyer (R-Pullerton) found something useful in Cameron's work. The congressman has hired Cameron as an adviser on AIDS, the deadly disease that has struck more than 12,000 Americans in the last five years. When Dannemeyer was interviewed on Michael Jackson's radio talk show earlier this week, he steadfastly refused to answer repeated questions about Cameron and what possible enlightenment he could bring to the subject of acquired immune-deficiency syndrome.

Dannemeyer's refusal to answer the questions was an admission that there is no answer. Cameron is on a mission against homosexuality, and he is using the tragedy of AIDS in that quest. He is entitled to hold any views he wishes—however wrong—but it is outrageous for him to receive public money in support of them. There is not a scintilla of medical evidence to justify quarantining anybody. AIDS cannot be transmitted by casual contact. Rounding people up is an odious idea that should be denounced by all responsible citizens, certainly by elected officials.

Perhaps Dannemeyer did not know the full extent of Cameron's record and opinions. Now that he does, he should drop this hatemonger from his payroll. If he doesn't, Congress should.
February 18, 1987

CONGRESSIONAL RECORD — Extensions of Remarks

E 497

The Stanford Center for Research in Disease Prevention has provided HealthNet with technical assistance and educational materials for Eat Right New Mexico.

The Eat Right program is HealthNet's operational component of a coronary heart disease prevention health promotion project, according to Mr. Leonard. In addition to the nutrition campaign, HealthNet plans to work with programs in the spring and a no-smoking campaign that will begin in the fall.

HealthNet, which obtains its financing from corporate contributions and grants, plans to repeat the nutrition, fitness and antismoking campaigns at the same time of year, every year for the next nine years.

HAZARDOUS TO YOUR HEALTH

HON. WILLIAM E. DANNEMEYER
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, February 18, 1987
Mr. DANNEMEYER. Mr. Speaker, I commend the following article to my colleagues.

(From the National Review, Jan. 30, 1987)

HAZARDOUS TO YOUR HEALTH

(By Wayne Lutton)

Recent developments on the AIDS front are not encouraging. In late October, The American Journal of Medicine reported that the AIDS virus can cause new types of fatal diseases by infecting patients already carrying a related virus. In November, the discovery of two new AIDS-causing viruses was revealed, both of which can escape detection by the existing AIDS blood test (The New York Times, Nov. 7, and San Francisco Chronicle, Nov. 18).

And the Journal of the American Medical Association reported that, despite explicit notification that they should not donate blood, "high-risk" AIDS carriers are still doing so.

Strictly speaking, it is no longer accurate to refer to AIDS as simply an "immune-deficiency" disease, since the viruses can attack not only immune-system (T) cells, but also neural cells in the brain. As the AIDS virus mutates, it will be able to infect any cell in the body where a specific surface receptor protein is present (Cell, Nov. 7, 1986).

And while the public is being assured that an AIDS vaccine may be only five years away, medical researchers believe that if therapeutic drugs are developed, drug-resistant strains of the AIDS viruses will emerge. Dr. David Cohn of Denver Disease Control advised that, "Thus far, basically unconquered, the AIDS viruses have been a hard nut to crack."

And talk about a cure for AIDS: "Because of the unusual way the AIDS virus multiplies within the lymph cells, every case can pose a potential threat."

The Surgeon General's Report on AIDS was released on October 22, 1986, and immediately elicited warm praise from the New York Times, Time, and Newsweek. It was met by a chorus of approval from The Advocate and other leaders of the homosexual "community." Jeff Levi, executive director of the National Gay and Lesbian Task Force, gushed, "I thought it was very good. It takes a responsible and important position in favor of education... It is not homophobic." And Gil Gerald, director of the National Coalition of Black Lesbians and Gays, admitted that he was "very, very pleased.

Conservatives who have applauded Dr. Koop's previous public stands on abortion, Baby Doe, and cigarette smoking are likely to experience a deep sense of dismay—indeed of betrayal—once they become familiar with his work on AIDS. The Report contains a number of serious factual errors and omissions. Koop's so-called strategy for containing AIDS is a combination of misinformation, scare tactics for children and the use of condoms—has the potential for causing inexcusable harm. Limitations of space permit the citation of only one example (p. 129).

"Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported."

Dr. Jerome Groopman of Harvard and Dr. Robert Gallo of the National Cancer Institute (who discovered the original AIDS virus) reported in a leading British medical journal, The Lancet (Dec. 22/29, 1984 [1]) that saliva was the mode of transmission. Koop, in his quest for acquired AIDS to his wife. Dr. William Haseltine of Harvard Medical School remarked: "Anyone who tells us categorically that AIDS is not transmitted by saliva is telling you the truth" (New York Times, March 18, 1986).

"There is no danger of AIDS-virus infection from visiting a doctor, dentist, hospital, hairdresser, or beautician. You may have wondered why your dental visits were so uncomfortable. You may never again feel that you have been made sick by your dentist..." (p. 145).

A definite danger exists of AIDS infection from any health-care provider engaging in invasive procedures. On November 15, 1985, and again on November 16, the federal Centers for Disease Control (CDC) issued recommendations for preventing transmission of AIDS between dentists and their patients, including the wearing of gloves and masks. These recommendations have been widely adopted.

"Every caring person does not present any risk of infection. You cannot get AIDS from casual social contact! (p. 21). "We know that family members living with individuals who have AIDS do not become infected except through sexual contact" (p. 13).

Dr. Koop issued the above statement more than a month after the second documented case of non-sexual within-family transmission of AIDS was reported in The Lancet (Sept. 20, 1986). (The Lancet, Nov. 22, 1986).

"The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact."

"Couples who maintain mutually faithful monogamous relationships are protected from AIDS through sexual transmission. If you've had sex with one person during the past five years and your partner has been faithful, too, neither of you is at risk. This is true for both heterosexual and homosexual couples." (p. 129.)

Elsewhere in his own Report, Koop conceives that "it is difficult to predict the number who will develop ARC AIDS-related symptoms because of symptoms sometimes take as long as nine years to show up." (p. 12; emphasis added.) Medical researchers report that AIDS cases appeared in the U.S. about 11 years ago, which is why the CDC in 1985 asked all males who had had even one homosexual encounter within the previous ten years not to donate blood. Researchers also believe that the AIDS virus may incubate 15 years, or longer, before the onset of clinical manifestations. (By the time this letter was written, Dr. Richard Restak cautioned, "The incubation period is sufficiently lengthy to cast doubt on any proclaimation, no matter how reassuring, with regard to the transmissibility of the illness.

"Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus. If you abstain... if you engage in high-risk activities... you must protect your partner by always using a rubber (condom) during oral, anal, and vaginal intercourse forgiving each other"

For anyone taking his advise, the consequence may be fatal. Condoms can break. They fail approximately 10 per cent of the time. In sexual intercourse rectal intercourse, condoms may rupture up to half the time. Such devices are not even guaranteed to prevent pregnancy. By advice, Koop insists that "if AIDS is present—if only they use condoms—Dr. Koop may be guilty of inducing people to engage in dangerous—perhaps lethal—behavior. Whether their utterances constitute criminal negligence, or even implicate him as an accessory to murder, is an intriguing legal question.

"Education of those who risk infecting themselves or infecting others is the only way we can stop the spread of AIDS" (p. 129)

"Education about AIDS should start in early elementary school. There is now no doubt that we need sex education in schools and that it include information on heterosexual and homosexual relationships" (p. 31).

"We are fighting a disease, not people... The country must face the epidemic as a social problem, not as a threat, the spread of AIDS while at the same time preserving our humanity and intimacy" (p. 6).

It is lunacy to suggest that the AIDS epidemic will be stopped by educating little children in the exotic of homosexual practices. That's on a par with combating the spread of AIDS while at the same time preserving our humanity and intimacy" (p. 6).

It is lunacy to suggest that the AIDS epidemic will be stopped by educating little children in the exotic of homosexual practices. That's on a par with combating the spread of AIDS while at the same time preserving our humanity and intimacy" (p. 6).

"Homosexuals, the major source of the AIDS epidemic, should be encouraged in "unsafe" sexual practices and still attempting to make blood donations (JAMA, Sept. 12, 1986). The McKusick Study of homosexual males in San Francisco reported that of the 24 per cent engaged in the least promiscuity, 33 per cent admitted to oral/anai contact, 41 per cent to accepting semen in their rectum, and 52 per cent to ingesting semen in the last thirty days. A report on the sexual activities of homosexuals in London revealed that 38 per cent are ingesting feces, 24 per cent are enemas, and 53 per cent are engaging in rectal intercourse with an average of about three partners a month (The Lancet, Nov. 1, 1986) and an average of deaths and insensitive to the spread of AIDS while at the same time preserving our humanity and intimacy" (p. 6).

Psychologist Paul Cameron, who chairs the Institute for the Scientific Investigation of Children's Sexuality, wonders, "Why would anyone believe that 'education only' will accomplish the task? Every study has shown homosexuals exceptionally well informed about how to avoid AIDS. If we pursue the 'education only' option, then we have to base our social responsibility and self-control on the very ones who have shown no social responsibility or self-control."

A British expert on venereal diseases, Dr. John Seale, has called AIDS "the molecular biological equivalent of the nuclear bomb" and warns that "the genetic information contained in its tiny strand of RNA has all that is needed to render the human race extinct in the fifty years. In this light, one of such a threat, the Reagan Adam's medical specialist has issued a report that obscured the true dimensions of this disease and its management. Whether we are effectively dealing with it. AIDS has thus become the first politically protected disease in history. Koop's study should have embaromed...
across its cover: "Warning! the surgeon general's report on aids may be hazardous to your health."

**EXPORT OPPORTUNITY IS MISSING FROM TRADE DEBATE**

**HON. DEAN A. GALLO**

**OF NEW JERSEY**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, February 18, 1987**

Mr. GALLO. Mr. Speaker, every Member of this body seems to agree that fair trade, under the banner of competitiveness, is the goal of trade legislation now being considered by various committees of the House.

This is an issue of critical importance to every American who is currently employed and to those of our Congress who depend upon job creation as their best hope for employment in the future.

We are now hearing from our leadership that speed of action is the most important consideration with regard to trade legislation. I feel that well thought out reform is more productive than the speedy passage of legislation that does not address our real needs for job creation.

I believe the trade debate has failed to focus on an important aspect of our position internationally. The debate has so far focused on the actions of our trading partners rather than on our own performance. If we have not put enough emphasis on what we can do to expand our own exports. Our export potential remains tremendous. In New Jersey alone we have thousands of small to medium sized businesses that are ripe to enter the international market. Historically, however, these firms have lacked the necessary expertise and financial resources to do so. In 1982, the Export Trading Company Act to encourage the formation of export trading companies. An export trading company would provide export trading services to U.S. businesses and assume the risk associated with international trade. We need to expand on these efforts.

The causes of the trade deficit run deeper than closed markets or other discriminatory actions by our trading partners. The trade deficit is the result of a wide range of factors, including the value of the Dollar and the growth of the less developed countries, as well as our own attitudes about international trade. For too long American businesses have relied on the domestic market for their own expansion. It is evident that we need to change our attitudes. We need to broaden our horizons to include the international marketplace.

I believe there is some merit to the concern that we have been lax in enforcing our unfair trade laws. During the last 2 years, however, the Reagan administration has begun to forcefully protect our trade. In the current year, tough negotiations with other nations that have not afforded us a level playing field in the area of trade. His administration's recent successes against the unfair trade action by the European Common Market and other trading partners provide evidence.

We need to backstop the President's efforts by creating an environment that is helpful and healthy for small businesses that would like to expand to the international marketplace.

For this reason I have created the Small Business Export Opportunity task force made up of Federal and State government trade experts and business leaders from the 11th District of New Jersey to propose congressional actions to encourage exports.

The first challenge for task force members will be to review various trade bills now being debated here in Washington. In addition, I will work with members of my task force over a period of 2 to 3 months to develop broad-based initiatives to meet the needs of our small businesses who would like to export.

As one of 12 Republican House Members drafting the House Republican trade bill, I am committed to passage of a trade bill that meets these needs.

Small business is the backbone of our economy and creates the most new jobs. We have experienced a record level of expansion by small businesses in many parts of the country during the last several years. We need to build on this enthusiasm.

In December, I sponsored a seminar at the Picatinny Arsenal to help small businesses compete in world markets and in efforts to win government contracts—340 business leaders attended.

This record turnout convinced me of two things—we must expand our efforts to give small businesses the tools they need to compete and we must redouble our efforts to draft a realistic trade bill in Congress that promotes the goals of competitiveness and fairness.

These two elements—competitiveness and fairness—must be the cornerstones of our future trade policies. Cutting through red tape is just one of our challenges. We must also cut through the rhetoric and get to the facts on the trade issue.

We must constantly remind ourselves that issues being debated in Washington directly affect the future of our economic growth potential for years to come. In the area of trade, as with the protection of our environment, our decisions are going to make a great deal of difference in our lives and in the lives of our children, as well.

I urge my colleagues to consider a similar approach to my Export Opportunity task force in their own districts. To change our attitudes about international trade we need to change attitudes at the grass roots level.

And, development of a positive grass roots campaign to promote exports must begin with positive trade legislation in Congress.

**TRIBUTE TO HORACE HINSHAW**

**HON. TOM LANTOS**

**OF CALIFORNIA**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, February 18, 1987**

Mr. LANTOS. Mr. Speaker, for the past 17 years, the city of Pacifica, CA, has greatly benefited from the sensitivity, devotion, and public service of Horace Hinshaw. A dedicated man who has been recognized on many occasions for outstanding community service, Horace retired recently as sports editor of the weekly Pacifica Tribune.

Mr. Speaker, I would like to call your attention to the history of this House some of the accomplishments of this remarkable man. In 1975, while covering the sporting events of the region, Horace helped develop a soccer program for Pacifica. Initially it began with an enrollment of 250 boys and girls, but over the years it has grown to the point that now over 1,000 participate.

Mr. Hinshaw also served on the executive board of the Little League, and he has played key roles in the Bobby Sox Program and the Catholic youth organization.

The annual Pacifica Fourth of July 10 kilometer run owes much of its continued success and reality to Horace Hinshaw. He has used his weekly columns in the Pacifica Tribune to spark interest in the event, and he has helped organize the annual race, which benefits the Pacifica Parks and Recreation Department.

Horace came to the bay area when he was stationed at the Presidio by the U.S. Army, and he married a native of San Francisco. At the completion of his military service, Horace took a position with the U.S. Postal Service. He has continued in that profession, and at present serves as manager of communications for the bay area Postal Service.

In 1969 Horace and his wife, Marion, moved to Pacifica. They became community leaders during a period when Pacifica was beginning to emerge. In recognition of his efforts, Horace Hinshaw was named "Volunteer of the Year" in 1979. Earlier this year, he received the highest honor of the Bay Area Parks and Recreation Commissioner's and Board Member's Council—a special citation.

Mr. Speaker, Horace Hinshaw is a truly elected, committed, and public-spirited citizen. The community of Pacifica is fortunate to have benefited from his long and devoted service to sports and to community recreation programs. I am delighted to join in paying tribute to him on the occasion of his retirement as sports editor of the Pacifica Tribune.

**UNITED STATES ADJUSTS FOREIGN POLICY TO REFLECT NEW ZEALAND CHOICE TO REDUCE STATUS FROM ALLY TO FRIEND**

**HON. WM. S. BROOMFIELD**

**OF MICHIGAN**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, February 18, 1987**

Mr. BROOMFIELD. Mr. Speaker, despite New Zealand's security obligations to the United States under the Australia-New Zealand-United States [ANZUS] Security Treaty which entered into force in 1952, New Zealand has refused to permit United States Navy ships to enter New Zealand ports. Since February 1985, New Zealand has banned such ships because they might carry nuclear weapons.

As necessary and proportionate response to New Zealand's breach of its security obligations to the United States by the port ban, the United States suspended its security obligations to New Zealand in August 1986. Recently, the United States notified New Zealand that, in consequence of New Zealand's ban on United States Navy ships, the United States will not renew the soon-to-expire military logistical support agreement between the two countries.

Although the United States and New Zealand enjoy, and will continue to enjoy, close economic and cultural ties, the two countries
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**California Physicians for a Logical Vote**

Response
905 E. Commonwealth Ave.
Pomona, CA 91766

Date Issued: 12/01/92
Paid Date: 12/01/92
Amount: $1200.00

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## SCHEDULE B

### ITEMIZED DISBURSEMENTS

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<tr>
<th>NAME OF COMMITTEE</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Full Name, Mailing Address and ZIP Code</td>
<td>POOKTIMGA, SPEAKE, JONES &amp; GIBSON, INC.</td>
<td>505 E. COMMONWEALTH AVENUE FULLERTON, CA 92632</td>
<td>ACCOUNTING</td>
</tr>
<tr>
<td>B. Full Name, Mailing Address and ZIP Code</td>
<td>EMBASSY SUITES (GREGORY'S)</td>
<td>3100 E. FRONtera ANAHEIM, CA</td>
<td>BREAKFAST</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Full Name, Mailing Address and ZIP Code</td>
<td>HILLCREST TRAVEL SERVICE</td>
<td>1235 N. HARBOR BLVD. #101 FULLERTON, CA 92632</td>
<td>AIR TRAVEL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Full Name, Mailing Address and ZIP Code</td>
<td>PIONEER BANK</td>
<td>110 E. WILSHIRE AVENUE FULLERTON, CA 92632</td>
<td>FEDERAL TAX</td>
</tr>
<tr>
<td>E. Full Name, Mailing Address and ZIP Code</td>
<td>MARCH FONG EU</td>
<td>1230 J STREET SACRAMENTO, CA</td>
<td>FILING FEE</td>
</tr>
<tr>
<td>F. Full Name, Mailing Address and ZIP Code</td>
<td>REPUBLICAN YOUTH ASSOC. LEADERSHIP INSTITUTE</td>
<td>1224 FISHROKE LANE NEWPORT BEACH, CA 92660</td>
<td>CONCILIATION</td>
</tr>
<tr>
<td>G. Full Name, Mailing Address and ZIP Code</td>
<td>KEMP/DARNER COMMITTEE</td>
<td>5201 LEESBURG Pike, STE. 1207 FALLS CHURCH, VA 22041</td>
<td>END HANNA</td>
</tr>
<tr>
<td>H. Full Name, Mailing Address and ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Full Name, Mailing Address and ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL of Disbursements This Page (optional): ................................................................. 17,417.90

TOTAL This Period (last page this line number only): ......................................................... 17,417.90
### SCHEDULE B

#### ITEMIZED DISBURSEMENTS

**NAME OF COMMITTEE (in Full)**

**DANNMIEYER FOR CONGRESS**

<table>
<thead>
<tr>
<th>A. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAX LIMITATION RESEARCH FOUND.</td>
<td></td>
<td>1-08-88</td>
<td>312.07</td>
</tr>
<tr>
<td>P.O. BOX 47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOOMIS, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIF. REP. PARTY OF ORANGE CO.</td>
<td></td>
<td>2-05-88</td>
<td>1,000.00</td>
</tr>
<tr>
<td>300 ALICANTE PLAZA #300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARDEN GROVE, CA 92460</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT. VERNON PRINTING CO.</td>
<td></td>
<td>2-22-88</td>
<td>603.47</td>
</tr>
<tr>
<td>2600 PITTMAN DRIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SILVER SPRINGS, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRI STATE ENVELOPE</td>
<td></td>
<td>2-22-88</td>
<td>1,754.20</td>
</tr>
<tr>
<td>6900 FRAGILE ROAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIETNAM, VA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>F. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
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<tr>
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<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
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<thead>
<tr>
<th>H. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
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<table>
<thead>
<tr>
<th>I. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
</table>

**SUBTOTAL of Disbursements This Page (continued)**

**TOTAL This Period (last page this line number only)**

3,649.74
**SCHEDULE C**
(Revised 3/80)

**LOANS**

**DANHEYER FOR CONGRESS**

<table>
<thead>
<tr>
<th>California Physicians for a Logical AIDS Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>505 E. Commonwealth Avenue</td>
</tr>
<tr>
<td>Fullerton, CA 92632</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Date Issued</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-14-87</td>
<td>1-15-88</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Item A

<table>
<thead>
<tr>
<th>Full Name, Mailing Address and ZIP Code</th>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
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<td></td>
</tr>
</tbody>
</table>

**SCHEDULE C**
(Revised 3/80)

**LOANS**

**DANHEYER FOR CONGRESS**

<table>
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</thead>
<tbody>
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<td>Fullerton, CA 92632</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>Date Due</th>
<th>Interest Rate</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-14-87</td>
<td>1-15-88</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Item A

<table>
<thead>
<tr>
<th>Full Name, Mailing Address and ZIP Code</th>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name, Mailing Address and ZIP Code</th>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name, Mailing Address and ZIP Code</th>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS** This Period This Page (excepted)  
**TOTALS** This Period First page in this file only  

Carry outstanding balance only to LINES 2, Schedule B, for this date, if no Schedule B, copy forward to appropriate line of Schedule B.
**REGULAR MAIL**

**NAME OF COMMITTEE (in full)**

DANNEMEYER FOR CONGRESS

**ADDRESS (number and street)**

505 E. COMMONWEALTH AVENUE

**CITY, STATE and ZIP CODE**

FULLERTON, CA 92632

---

**TYPE OF REPORT**

- [X] April 15 Quarterly Report
- [ ] July 15 Quarterly Report
- [ ] October 15 Quarterly Report
- [ ] January 31 Year End Report
- [ ] July 31 Mid-Year Report (Non-election Year Only)
- [ ] Termination Report

This report contains activity for [X] Primary Election [X] General Election [ ] Special Election [ ] Runoff Election

---

**SUMMARY**

<table>
<thead>
<tr>
<th>Covering Period</th>
<th>COLUMN A This Period</th>
<th>COLUMN B Calendar Year-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1-88 through 3-31-88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Net Contributions (other than loans)**

   (a) Total Contributions (other than loans) (from Line 11(a))

   (b) Total Contribution Refunds (from Line 20(d))

   (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))

   | 70,658.21 | 70,658.21 |
   | 0.00      | 0.00      |
   | 70,658.21 | 70,658.21 |

7. **Net Operating Expenditures**

   (a) Total Operating Expenditures (from Line 17)

   (b) Total Office to Operating Expenditures (from Line 14)

   (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))

   | 28,872.67 | 28,872.67 |
   | 215.89    | 215.89    |
   | 28,655.78 | 28,655.78 |

8. **Cash on Hand at Close of Reporting Period (from Line 27)

   | 107,037.07 |

9. **Debts and Obligations Owed To the Committee**

   (a) Total owed on Schedule C and/or Schedule D

   (b) Total owed on Schedule C only Schedule D

   | 6 |

10. **Debts and Obligations Owed BY the Committee**

    (a) Total owed on Schedule C and/or Schedule D

    (b) Total owed on Schedule C only Schedule D

    | 6 |

---

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

**Type or Print Name of Treasurer**

JOHN C. POOKTECA

**Signature of Treasurer**

[Signature]

---

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 18 U.S.C. (1980).

---

**FEC FORM 3**

(revised 6/87)
<table>
<thead>
<tr>
<th>Name of Committee (in Full)</th>
<th>DANNEMETER FOR CONGRESS</th>
</tr>
</thead>
</table>

### I. RECEIPTS

<table>
<thead>
<tr>
<th>Part</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>62,411.00</td>
<td>65,158.21</td>
</tr>
<tr>
<td>(b)</td>
<td>3,047.21</td>
<td>65,158.21</td>
</tr>
<tr>
<td>(c)</td>
<td>65,458.21</td>
<td>65,158.21</td>
</tr>
<tr>
<td>(d)</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>(e)</td>
<td>70,658.21</td>
<td>70,658.21</td>
</tr>
</tbody>
</table>

### II. DISBURSEMENTS

<table>
<thead>
<tr>
<th>Part</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>20,672.67</td>
<td>20,672.67</td>
</tr>
<tr>
<td>(b)</td>
<td>72,775.82</td>
<td>72,775.82</td>
</tr>
</tbody>
</table>

### III. CASH SUMMARY

<table>
<thead>
<tr>
<th>Part</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>$86,782.66</td>
<td>$107,037.07</td>
</tr>
<tr>
<td>(b)</td>
<td>$72,775.82</td>
<td>$139,559.48</td>
</tr>
<tr>
<td>(c)</td>
<td>$32,322.41</td>
<td>$107,037.07</td>
</tr>
</tbody>
</table>

#### Notes:
- Contributions include items from individuals, political parties, other committees, and loans.
- Receipts and disbursements are organized into columns A and B for comparison.
- Loans and contributions are listed separately.
- Cash balance is calculated at the end of the reporting period.
<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (in Full)</th>
<th>Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dannemeyer for Congress</td>
<td>Mike Bonk</td>
<td>Consulting fee</td>
<td>4-1-88</td>
<td>500.00</td>
</tr>
<tr>
<td></td>
<td>Frank Smith</td>
<td>Consulting Fee</td>
<td>4-1-88</td>
<td>129.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4-15-88</td>
<td>196.50</td>
</tr>
<tr>
<td></td>
<td>U.S. Postmaster</td>
<td>Postage</td>
<td>4-4-88</td>
<td>33.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5-6-88</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>Millers Print</td>
<td>Printing</td>
<td>5-2-88</td>
<td>526.98</td>
</tr>
<tr>
<td></td>
<td>William E. Dannemeyer</td>
<td>Air fare - Mrs. Dannemeyer</td>
<td>5-6-88</td>
<td>238.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5-12-88</td>
<td>368.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>5-17-88</td>
<td>308.00</td>
</tr>
<tr>
<td></td>
<td>COGS</td>
<td>Yard signs</td>
<td>5-10-88</td>
<td>1102.00</td>
</tr>
<tr>
<td></td>
<td>Edward Horn Co.</td>
<td>Bumper Stipes</td>
<td>5-17-88</td>
<td>412.50</td>
</tr>
<tr>
<td></td>
<td>Cynthia Mocking</td>
<td>Flowers &amp; Music</td>
<td>5-17-88</td>
<td>250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D.C. Fundraiser</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL of Disbursements This Page (optional) ........................................

TOTAL This Period (last page this line number only) ................................. 4,138.98
**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

**Dannemeyer for Congress**

<table>
<thead>
<tr>
<th>A. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calif. Physicians for a Logical Aids Response</td>
<td>Loan</td>
<td>4-1-88</td>
<td>6,000.00</td>
</tr>
<tr>
<td>505 E. Commonwealth Ave, Fullerton, CA 92632</td>
<td></td>
<td>4-5-88</td>
<td>10,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-15-88</td>
<td>4,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Full Name, Mailing Address and ZIP Code</th>
<th>Purpose of Disbursement</th>
<th>Date (month, day, year)</th>
<th>Amount of Each Disbursement This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disbursement for: [ ] Primary [ ] General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Full Name, Mailing Address and ZIP Code</th>
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<th>Date (month, day, year)</th>
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<tr>
<td>Disbursement for: [ ] Primary [ ] General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
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<tbody>
<tr>
<td>Disbursement for: [ ] Primary [ ] General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>Disbursement for: [ ] Primary [ ] General</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
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<td></td>
<td></td>
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Carry outstanding balance only to LINE 2, Schedule B, for this Item. If an Schedule B, carry flagged to appropriate line of Summary.
(This is a copy of the text of a mailgram sent to the committee listed below on April 22, 1988.)

John C. Poortinga, Treasurer
Dannemeyer for Congress
505 East Commonwealth
Fullerton, CA 92632

Identification Number: C00080101

Reference: APRIL QUARTERLY REPORT (01/01/88-03/31/88)

It has come to the attention of the Federal Election Commission that you may have failed to file the April Quarterly Report of receipts and expenditures as required by the Federal Election Campaign Act. You were previously notified of the due date for this report.

You will be allowed four (4) business days from the date of this notice to file the April Quarterly Report. The report should be filed with the Clerk of the House, Office of Records and Registration, 1036 Longworth House Office Building, Washington, DC 20515, or the Secretary of the Senate, Office of Public Records, 232 Hart Senate Office Building, NW, Washington, DC 20510, as appropriate. A copy of the report should also be filed with the appropriate Secretary of State or equivalent state officer.

If you have filed the report timely by certified or registered mail, please notify us immediately, in writing, of the certified or registered number and the date that the report was sent. The failure to file this report may result in publication, audit or legal enforcement action.

If you have any questions regarding this matter, please contact the Reports Analysis Division on our toll free number (800) 424-9530 or on our local number (202) 376-2480.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division
John C. Poortinga, Treasurer
Dannemeyer for Congress
505 East Commonwealth
Fullerton, CA 92632

Identification Number: C00080101
Reference: April Quarterly Report (1/1/88-3/31/88)

Dear Mr. Poortinga:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

- Please provide a figure for Lines 11(a)(iii), 11(e), 6(a) and 6(c), Columns A and B. Also, please provide a figure for Line 10, Column A, and Line 16, Column B.

- Columns A and B, Line 7(a) of the Summary Page should equal Columns A and B, Line 17 of the Detailed Summary Page.

- Line 8 of the Summary Page should equal Line 27 of the Detailed Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Clerk of the House of Representatives, 1036 Longworth House Office Building, Washington, DC 20515 within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 376-2480.

Sincerely,

Elaine A. Corey
Reports Analyst
Reports Analysis Division
June 9, 1988

John C. Poortinga, Treasurer
Dannemeyer for Congress
505 East Commonwealth
Fullerton, CA 92632

Identification Number: C00080101

Reference: April Quarterly Report (1/1/88-3/31/88)

Dear Mr. Poortinga:

This letter is to inform you that as of June 8, 1988, the Commission has not received your response to our request for additional information, dated May 17, 1988. That notice requested information essential to full public disclosure of your Federal election financial activity and to ensure compliance with provisions of the Federal Election Campaign Act (the Act). A copy of our original request is enclosed.

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Elaine Corey on our toll-free number (800) 424-9530 or our local number (202) 376-2480.

Sincerely,

[Signature]
John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure
John C. Poortinga, Treasurer
Dannemeyer for Congress
505 East Commonwealth
Fullerton, CA 92632

Identification Number: C00080101

Reference: April Quarterly Report (1/1/88-3/31/88)

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Sincerely,

[Signature]
Elaine A. Corey
Reports Analyst
Reports Analysis Division
Physicians for a Logical AIDS Response formed in December 1986, comprised of about 700-800 physicians who believe the current policy of the State of California is a tragic failure.

Includes 4 former health officers: from Orange, Los Angeles, Santa Cruz, Larry MacNamee

This is a medical issue, a public health issue. Too many public health officials are treating this as a civil rights issue. Civil rights of the uninfected should be equally protected as those of the infected.

On a close question like this, we should tilt on the side of the uninfected and report HIV positives in confidence as it should be.

When a case of syphilis/gonorrhea is reported the health officer calls. If they person tells him he will not report the names, the health officer can say "If you choose not to voluntarily tell your sexual contacts, we will come out and take you into custody" This is for a curable venereal diseases -- contrast that with how it deals with an incurable venereal disease like the virus that causes AIDS -- the doctor would commit a crime to do the same report.

(Don’s note: He keeps play on curable and incurable venereal disease)

This is so incredibly absurd that this is the law in our state -- no one can defend that absurdity as a national health response -- it removes this absurdity that is in the law.

Mentioned that CA’s AIDS policy developed by Art Agnos -- prop 102 will remove this absurdity -- what we are urging is the pursuit of routine steps that have been used for decades in handling communicable disease which is the only way you stop the epidemic.

Certain Observations: Some people believe you don’t have to be concerned with AIDS -- that is a sad misstatement --

Dr. Salzburg testified before the Health & Environment Subcommittee (of which Dannemeyer is a senior member) that based on an analysis of the CDC data, we are experiencing an increase of 2,000 cases a day.

Masters & Johnson said 1/2 million Americans a year are getting the virus; Masters and Johnson said 7 percent of the females and 5 percent of the males are infected.
In Alameda County females applying for a marriage license 1/2 percent were positive with the virus.

US Army reports that in 1986 .083 percent of the recruits were positive; in 1987 that figure doubled to 1.5 percent: these are a cross section of the people of America -- I think we should recognize that this epidemic has moved into the general population.

Any person who has promiscuous or perverse is at risk.

If this country continues the current absurdity of non-accountability for those who are HIV positive we can expect these figures by 1995 we would have roughly 5 million sick and dying and 14 million carriers at a cost of $50 billion.

If the country routinely reports, tests and counsels, we can reduce the sick and dying -- reduce to 2.2 to 3.3 million... we can cut the annual health care cost. To get California figures multiply all these numbers by 22 percent -- because California has 22 percent of AIDS cases.‘

If you mount the reportability and contact tracing, we will force them to go underground -- they will not be available to the health care system -- because they don’t trust the confidentiality we have in place -- we know for a fact that fully developed AIDS has been reportable -- the issue is whether or not we will report in confidence, we nationally have reported 70,000 -- roughly 15,000 in California -- everyone has been reported to public health authorities in California and I have issued this challenge to the opponents of this claim to point out to me one instance where the breach of the duty of confidentiality by the health officers reporting -- I am still waiting for an answer.... If this exists, it will work to protect people with the HIV -- we would establish the most fundamental steps

Wolfe (APLA) asked about the similarities and differences between 102 and LaRouche --

Dannemeneyer -- denied knowing LaRouche or meeting him or anything else -- I have never correspondence, there is all the difference between night and day. There are two vast differences -- 102 was written by physicians -- they doctors have practiced medicine for years and they wrote it from the perspective of what a physician needs to know and do to develop sound public health policy. The feature that says when we go to a doctor for a blood test, 102 changes that and
gives "implied" consent; and advises co-workers so they know what it is they are dealing with -- the opponents perpetrated the greatest con job in the history of California --

Dr. Djang -- University of South Carolina -- they found the rate of monthly attendance with HIV positive results -- the current south Carolina result is really associated with a decrease in attendance at STD clinics.

8 states currently mandate reporting -- the result in Colorado contradicts -- they have test more of their citizenry (per thousand) than we have in California -- we citizens have rights and we also have duties -- Paul Gann was a noble enough man to say that I have the duty to know and the duty not to transfer a fatal condition -- the way people perform that duty is to be tested.

Dr. Djang pointed out that contact tracing is only valuable if you have a curable disease that you can interdict with treatment or cure -- What would you do with these people DANEMEYER -- we mounted the reportability in that time -- referring to 1940’s because we wanted to contact trace it is it was sound in the 40s for syphilis there there was no cure -- There are significant precedents where we don’t have a cure for the disease.

CONANT STARTED WITH A QUOTE FROM SANTYANA: A fanatic is one who losing sight of his goal redoubles his efforts.7
Questions & Answers for Topic Sheets

WHY DOES STOP DANNEMEYER/NO ON 102 OPPOSE THE INITIATIVE?

In general because it would disrupt seven years of thoughtful public health policy developed by the scientific and public health communities to stop AIDS. And, continued AIDS research will become seriously endangered in California if this measure passes.

All the state's leading medical organizations—the California Medical Assn., the California Nurses Assn., the Health Officers Assn. of California, and the Hemophilia Council—co-sponsor the Stop Dannemeyer campaign.

While parts of the measure may appear appealing, they believe that Prop. 102 is unnecessary, needlessly expensive in an era of limited resources, and dangerous to finding solutions to the AIDS crisis.

HOW WOULD PROP. 102 HAMPER AIDS RESEARCH PROJECTS?

First, by requiring that any research project conducting "linked" testing (that is, where the researchers know the names of their subjects) report those names to health authorities, who would then be required to trace the sexual and needle-sharing partners. Not only is this a serious official dilemma for the researcher, but also seropositive individuals simply would not be inclined to take the risk of losing their homes, jobs and insurance by participating in these studies.
Second, by requiring contact tracing of "anyone believed to have been exposed" means that health officers would have to track not only the 300,000 to 500,000 HIV-positive people in California, but also their partners. That would divert enormous amounts of money away from research for treatments and vaccines.

The research currently underway for AIDS treatments and vaccines will lead us to the medical breakthrough of the 20th Century. In this century we have already found medicines to prevent bacteria from killing people. AIDS research will lead us not only to a treatment and vaccine for AIDS but also to other viruses that kill people. Anti-viral research is the next essential step in improving the overall quality of human life.

WHY NOT REPORT THE NAMES OF PEOPLE WITH AIDS TO HEALTH OFFICERS?

Congressman Dannemeyer's argument that AIDS is not reportable is a red herring designed to confuse the voters and create fear around the issues of AIDS. AIDS is already a reportable disease throughout the United States. Strict procedures were set up by the Centers for Disease Control early on to report cases of AIDS.

The CDC does not believe it is essential to report the names of persons who test positive for the Human Immunodeficiency Virus (HIV). First of all, it would be
illogically expensive to determine who those people are. It would require widespread, mandatory testing of all Americans to find everyone who is positive because of the long incubation period (as high as ten years) when patients have no symptoms.

Prop. 102 requires notifying health officers, spouses, sexual and needle-sharing partners, and anyone "suspected" of being in these categories. It goes far beyond traditional public health standards, even those relating to sexually transmitted diseases. Even with syphilis and gonorrhea, the patient's name is not disclosed to contacts.

The funding for contact tracing would better be invested in finding a vaccine or cure. When we have that, people at risk will voluntary rush to be tested.

WHY IS CONSENT NECESSARY BEFORE TESTING FOR HIV?

This initiative says that "this consent shall be no different than is required for any other diagnostic blood test." That can be interpreted as not even telling the patient that specific tests are being conducted. The CDC guidelines on HIV testing call for a minimum of "informed" consent for this test.

Treating the HIV test like any other blood test subverts the real purpose of testing, which is to counsel and educate people about what the results mean. Seven years' experience has clearly demonstrated that pre- and post-test counseling
are powerful tools to educate people about how to protect themselves and others from infection. There are no provisions for such counseling in this measure.

WHY OPPOSE CONTACT TRACING?

A study by the Hastings Center in New York shows that the public health benefits of contact tracing are marginal and have not produced results commensurate with the cost of such programs. Contact tracing consumes enormous time and funding resources that public health officers believe—and rightly so—could better be spent on research and preventative education.

Since HIV-positive people may be asymptomatic for years before showing signs of the disease, traditional methods to identify and isolate simply won't work with HIV infection.

Contact tracing destroys the climate of trust between patients and health-care professionals, and discourages voluntary testing, which when coupled with pre- and post-test counseling, has proven to be an effective educative and behavior modification tool in slowing the spread of AIDS.

This Initiative would mandate "investigation and notification of these findings to ... any other know sexual partners of the test subject and to any other person the public health officer has reasonable cause to believe has been exposed...." That means that anyone who has a blood transfusion between 1980 and 1985 (when doctors began
screening blood and blood products) would have to be investigated along with all of their sexual partners. This is an expensive, marginally productive and time-consuming undertaking.

WHAT ABOUT THE CLAUSE THAT WOULD CLASSIFY AIDS AS A "FATAL, INFECTIOUS, AND COMMUNICABLE DISEASE"?

Dannemeyer copied that language from the two LaRouche Initiatives (Props. 64 and 69). He was one of only three elected officials in California to associate himself with LaRouche's outlandish measures by endorsing Prop. 64.

Health officers have never ever been reluctant to use whatever methods they deemed necessary to stop society from being infected with disease. Indeed, they now have all the necessary powers to implement some of the proposals in this Initiative. They have chosen not to do so because the measures in Prop. 102 are unnecessary and will not stop the spread of AIDS.

Dannemeyer supports this language because it would exclude children with AIDS from schools and create the kind of hysteria and fear that forced Ryan White and his family out of their hometown; and caused the Ray family in Florida to be firebombed out of their home and driven into exile.

This language would also exclude food workers and school employees "suspected" of being infected from their jobs when there is no evidence that AIDS can be transmitted in this
manner. The National Restaurant Assn. has opposed excluding seropositive workers from their jobs.

Such provisions demonstrate how little Dannemeyer understands about AIDS and its transmission. For example, he has said that AIDS patients "emit a spore than can cause birth defects," which is an unconscionable distortion of fact. He also inserted in the Congressional Record a statement by a "nutritionist" that said that people with AIDS should "drink a glass of water with 10-12 drops of garlic upon arising."

Allowing Dannemeyer to dictate policy on AIDS is like hiring an auto mechanic to perform brain surgery.

WHAT ABOUT THE INSURANCE AND EMPLOYMENT PROVISIONS?

Of course we oppose using HIV status to determine insurability and employability. This provision would needlessly remove up to half a million Californians from their jobs and access to insurance. While they are still able to work and function in society, they would be forced onto Medi-Cal, welfare or disability and enormous and pointless cost to the taxpayers.

After careful study of AIDS and insurance, The New York Times asserts that the insurance industry has been "crying wolf" about AIDS costs. The industry's own magazine, California Broker, said, "Health insurance can be written profitably with no AIDS-related modifications in either
underwriting or benefits."

And Princeton economist Uwe Reinhardt observed that if AIDS grows according to Public Health Service estimates, by 1991 it will account for less than two percent of national health expenditures.

One must wonder why the insurance industry has not used its considerable lobbying power to encourage more research funding into finding the epidemic's ultimate solution or used its considerable financial resources to fund life-saving research and prevention programs.

President Reagan recently ordered that all federal agencies implement the policies of the Office of Personnel Management that read: "Therefore, HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace."

Additionally, the CDC states, "The kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk of transmission of [AIDS]."

Also the section about "allowing employees to wear protective gear" is in direct contradiction to what public health officials, the Office of Personnel Management, and the CDC believe are necessary to protect workers. This could
create a ludicrous "Moon Walk" atmosphere in the workplace.

**WHAT OTHER PROVISIONS DO YOU OPPOSE?**

Of course the "criminalizing" provisions are totally out of place because they actually punish the individual for having HIV. Sentence enhancement has never been used for other communicable diseases, such as tuberculosis and syphilis, both of which can also be fatal if not diagnosed and treated.

Further, this calls for testing individuals only "charged"—not convicted—of certain crimes. That goes against the concept of criminal law in this country, where there is a presumption of innocence. Two of the states that do test—Georgia and Washington—only do so after conviction.

Experience shows that there are only a few isolated cases of individuals intentionally transmitting the disease and the factual background of those incidents clearly shows that if those individuals had had access to treatment and care they would not have been participating in those activities.

The section requiring a "biological hazard label on all items known to be soiled by, or containing, body fluids of patients...infected by HIV" is another red herring touted by the proponents of Prop. 102. This is an area that is already well-regulated by the state of California.

Such provisions only serve to create fear among
California voters that state officials are not doing their jobs in curbing the spread of AIDS, when in fact they are taking all the steps deemed necessary by public health officials, scientists and health-care professionals.

**SUMMARY**

Prop. 102 is a conglomeration of proposals that California voters have wisely refused in the form of the two LaRouche Initiatives. It shows that once again an extremist politician—who understands little about AIDS—is trying to foist on the voters bad public health policy. These policies will endanger the vital research and education programs that public health and health-care professionals have worked so hard for the past seven years to establish.

The people who know what to do about AIDS, including all of the state's leading medical organizations--medical, nurses, health officers--support the No on 102 campaign because they know that if this Initiative passes, there will be more HIV infections, more suffering, and more deaths.
SACRAMENTO -- Lieutenant Governor Leo McCarthy today joined leaders of major statewide organizations representing doctors, nurses and county health officers in denouncing the AIDS ballot initiative sponsored by Representative William Dannemeyer (R-Fullerton).

McCarthy, co-author of ballot arguments against Proposition 102 on the November 8 ballot, said passage of the initiative will seriously interfere with state efforts to control the spread of AIDS, and compared it to two previous initiatives sponsored by political extremist Lyndon La Rouche, both of which were defeated by California voters.

"This initiative is a nightmare. It will be an irresponsible dismantling of our progress in the war against AIDS. It unravels the carefully-crafted AIDS policies we have enacted -- following public debate and on the advice of health experts," McCarthy declared.

"Fortunately, voters now are very familiar with tactics used by La Rouche and Dannemeyer. La Rouche-sponsored AIDS initiatives have been overwhelmingly rejected and I'm confident Proposition 102 will meet the same fate," McCarthy said.

While a recent California Poll suggests voters lean in favor of the

(more)
Dannemeyer plan, McCarthy attributed the sentiment to confusion over what the initiative actually will do.

He added the California Poll figures are similar to those that had been reported for La Rouche's Proposition 64 on the November 1986 ballot, and Proposition 69 on the June 1988 ballot -- both defeated by voters despite the favorable pre-election surveys.

If successful, McCarthy said Proposition 102 would mandate sweeping changes in current AIDS policy, including elimination of state-sponsored confidential AIDS-antibody testing.

He said confidential testing is regarded by federal and state disease control experts as the most effective means of monitoring and controlling the spread of AIDS. By ensuring test subject confidentiality, the program encourages more widespread testing and provides an opportunity for risk-reduction and behavior modification counseling.

In addition, Proposition 102 would require health officials to conduct contact-tracing and notification of all persons believed to have been infected, even if there has not been a confirmatory test. It also would allow the use of test results to determine employment eligibility.

McCarthy said the initiative will draw strong and visible bipartisan opposition from other California elected officials.

He noted the State Legislature week approved a measure protecting employment rights of those with AIDS and those infected with HIV (AB 3795, Vasconcellos).

(END)
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.
AIDS Federal Policy Act

This Fact Sheet deals with H.R. 5142, AIDS Federal Policy Act, which the House is scheduled to consider later this week.

The bill provides grants for AIDS counseling and testing, establishes federal protection for the confidentiality of AIDS test results, and encourages states to require AIDS testing for persons convicted of certain crimes and to impose civil and criminal penalties for intentional transmission of the AIDS virus.

The legislation also takes various steps to expedite and expand AIDS-related research, sets up a system for notifying paramedics and other emergency workers that they may have been exposed to AIDS, and establishes a National Commission on AIDS.

The Rules Committee has recommended a rule making in order only 12 specified amendments. Controversy centers on amendments requiring AIDS testing for hospital patients, prisoners, and persons seeking marriage licenses, and mandatory reporting to state health departments of the names of those with positive test results.

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Section I

BACKGROUND AND SUMMARY

There have been more than 72,600 cases of Acquired Immune Deficiency Syndrome (AIDS) in the United States since the disease was first recognized in 1981. Of this total, almost 41,000 have died.

A larger number of people are suffering from AIDS-related conditions less severe than full-scale AIDS, and an even larger number are believed infected with the AIDS virus but not yet showing symptoms. The Centers for Disease Control estimates that the total number of Americans infected with the virus is somewhere between 945,000 and 1.4 million. Recent medical data suggests that a large majority of persons infected with the AIDS virus will eventually develop AIDS, if treatments are not found.

Because there is as yet no vaccine for AIDS, the best available tool for slowing the spread of the disease has been education regarding means of avoiding exposure and transmission. A very widely used approach involves counseling of people likely to be at risk for AIDS, often but not always combined with testing for infection with the AIDS virus. Although testing and counseling facilities have expanded, they remain inadequate to meet the demand, and waits of up to two months for testing have been reported.

Most public health experts believe that confidentiality of AIDS testing and counseling records must be assured in order to encourage people most at risk for the disease to participate in these programs, without fear that their test results will become known and that they will lose their jobs, homes, or insurance as a result. Rules protecting confidentiality presently vary from state to state, and many experts believe that uniform national confidentiality protections are needed to reassure potential patients and ensure maximum participation in AIDS control programs.

SUMMARY

Grants for Testing and Counseling

The bill authorizes $400 million annually over the next three years for a new program of grants to support AIDS testing and counseling. Half the funding would be used for block grants to state governments; the other half would be used for direct grants to health care facilities serving populations likely to be at risk for AIDS.
The bill also encourages state governments to take a series of actions related to AIDS, by making these actions conditions for receiving grants under the bill. Conditions that states would be required to meet include requiring AIDS testing for all persons arrested for crimes involving prostitution, sexual assault, or intravenous drug abuse; requiring all agencies providing AIDS testing within the state to report epidemiological and demographic data to the state health department; and establishing civil and criminal penalties for the intentional or knowing transmission of the AIDS virus.

Confidentiality Protections

In order to assure the confidentiality of AIDS testing and counseling records, the bill prohibits disclosure of any information that would identify a person as having been tested for AIDS or as being infected with the AIDS virus -- except with the specific written consent of the person involved, or in certain circumstances specified by the bill.

Circumstances under which disclosure would be permitted without consent include disclosure to health care workers providing care under conditions in which they are likely to be exposed to the AIDS virus; disclosure involving blood donations; disclosure to a mortician preparing a body for burial; or disclosure under a court order. Disclosure to the sexual or needle-sharing contacts of a person tested would also be permitted.

AIDS Research

The bill includes several provisions designed to expedite federal AIDS-related biomedical research. For example, it requires that AIDS research grants be awarded on an expedited basis, and mandates the hiring of specified numbers of additional personnel by various federal agencies for AIDS-related work.

The measure also provides for a series of AIDS-related research initiatives, including expanded clinical evaluation of AIDS treatments at the National Institutes of Health (NIH), an NIH program to evaluate presently unapproved AIDS treatments, and grants for operation of AIDS clinical research centers.

National Commission on AIDS

The bill also establishes a commission to study and make recommendations regarding national policy and priorities with respect to AIDS. The 15 members of the commission would be appointed by the President and the majority and minority leadership of Congress; a majority of the members would be required to have special expertise in relevant medical, scientific, legal or ethical fields. The provisions establishing the commission are identical to legislation (H.R. 2881) passed by the House in August 1987.
AMENDMENTS

Additional Required AIDS Testing

Among the 12 amendments made in order by the recommended rule are three that would expand testing for infection with the AIDS virus. One, by Rep. Dannemeyer, would require hospitals receiving grants under the bill to routinely test essentially all patients between the ages of 15 and 50. Another, by Rep. McCollum, would require states receiving grants under the bill to require AIDS testing for all applicants for marriage licenses.

The requirements of both amendments would apply only in states where the rate of infection with the AIDS virus exceeds one tenth of one percent. It is impossible to determine exactly how many states would be affected, because there is presently no reliable data on state-by-state infection rates. According to one set of rough "guesstimates," 34 states now exceed the thresholds at which testing would be triggered by the amendments.

Rep. Dannemeyer will also offer a third testing amendment, that would require states receiving grants under the bill to test all prisoners, on entering prison and again within 30 days of release. Rep. Byron will offer an amendment to this amendment that would limit the required testing to those convicted of crimes involving prostitution, sexual assault, or IV drug abuse, plus any others posing a direct threat of infection to others.

Supporters of the testing amendments stress the value of mass screening in gaining vital epidemiological data, and in locating and counseling people who would otherwise remain unaware that they carry the AIDS virus.

Opponents of the testing amendments respond that most of the people who would be tested under these programs are very unlikely to be infected with the AIDS virus, and that such mass screenings of low-risk populations would divert badly needed funds and medical resources away from more productive testing and counseling programs, and unnecessarily alarm a number of people with "false positive" results.

Reporting of Names of Persons With Positive Test Results

An amendment will be offered by Rep. Dannemeyer to direct states receiving grant funds under the bill to require reporting to their state health departments of information sufficient to locate anyone testing positive for infection with the AIDS virus. Presently, reporting of this type is entirely a matter of state law.
Supporters of the amendment argue that such a policy of mandatory reporting is fully in keeping with long standing public health practices in dealing with communicable diseases, and a necessary precondition for "contact tracing" programs that should be undertaken to locate, test and counsel sexual and needle-sharing contacts of persons carrying the virus.

Opponents respond that names and address would add nothing of epidemiological value to the information that the bill already requires states to collect. They point out that health authorities in most states have decided that a policy of mass contact tracing would not be useful in their state, and that mandatory reporting could cause some people at high risk to shun participation in testing and counseling programs, out of fear that their identities will be revealed and that they will suffer discrimination as a result.

Other Major Amendments

Rep. Dannemeyer will also offer an amendment that would eliminate the bill's provisions establishing a National Commission on AIDS. Rep. Pelosi will offer two amendments establishing grants for demonstration projects -- one involving mental health services for persons with serious psychological reactions after positive test results, and the other for outpatient monitoring and treatment centers to demonstrate the effectiveness of early medical treatment in slowing the progress of the disease. Also, Rep. Waxman will offer an amendment to expedite the use of potential new drugs for AIDS treatment -- both in clinical trials and for patients not participating in such trials.

GROUP POSITIONS

The bill is supported by the American Medical Association, American Nurses' Association, American Hospital Association, American Public Health Association, National Governors' Association, AIDS Action Council, Americans for a Sound AIDS Policy, American Civil Liberties Union, National Gay and Lesbian Task Force, NAACP, and AFL-CIO.

For group positions on key amendments, see Section IV.

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Section II

BASIC PROVISIONS

This section summarizes the basic provisions of H.R. 5142, AIDS Federal Policy Act.

The bill authorizes grants for AIDS testing and counseling, sets various standards for AIDS testing and counseling programs, establishes federal protection for the confidentiality of AIDS test results, creates a system for notifying emergency workers of possible exposure to the AIDS virus, takes various steps to expedite and expand AIDS-related biomedical research, and establishes a National Commission on AIDS.

GRANTS FOR TESTING AND COUNSELING

The bill establishes a new program of grants to support testing for infection with the AIDS virus and related counseling services. For this new program, the measure authorizes appropriation of $400 million annually in fiscal years 1989 through 1991.

Of the total amount appropriated each year, half would be used for block grants to state governments, to be allocated on the basis of population. The other half would be used for direct grants to health care facilities serving populations likely to be at risk for AIDS.

Categories of health care providers eligible to apply for direct grants include non-profit hospitals, tuberculosis clinics, sexually transmitted disease clinics, drug abuse treatment facilities, family planning clinics, and community and migrant health centers. In awarding grants, preference would be given to facilities serving areas with a significant incidence of AIDS or infection with the AIDS virus.

Requirements for Counseling

Grantees would be required to provide not only testing but also both pre-test and post-test counseling. The required counseling would include means of preventing exposure to, and transmission of, the AIDS virus, and the meaning of test results (including the possibility of "false negatives" or "false positives"). For persons with positive test results, the required counseling would also cover health care, the benefits of informing sexual or needle-sharing partners, and services available for notifying such partners.

The bill specifies that all counseling provided under the bill should include the harmful effects of promiscuous sexual activity and drug abuse, and the benefits of abstaining from such activities. It also specifies that no funds under the bill may be used for counseling "that promotes or encourages, directly, homosexual or unsafe heterosexual sexual activity or intravenous substance abuse."
Other Requirements for All Grantees

Grantees would also be required to agree to meet certain other conditions in order to receive funds under the bill:

* Provide testing only after receiving the informed consent of the person to be tested;
* Comply with all applicable laws regarding confidentiality of testing and counseling results and records;
* Offer substantial opportunities for persons to be tested and counseled anonymously through the use of a pseudonym (to the extent permitted by state law);
* Not condition provision of other health care services on agreement to be tested for AIDS (unless AIDS testing is medically indicated for the other services requested);
* Not refuse AIDS testing and counseling to those unable to pay; and
* If the grantee is already providing AIDS testing and counseling, use the grant funds only to increase the level of services provided.

The requirements for providing counseling along with testing, informed consent, and confidentiality apply to all AIDS testing carried out by a facility receiving funds under the bill, not just to testing directly supported by grant funds.

Further, grantees that are sexually transmitted disease clinics, tuberculosis clinics, drug abuse treatment facilities, and family planning clinics would be required to routinely offer and encourage AIDS testing and counseling services for their patients.

Requirements for State Governments

In order to receive grant funds under the bill, state governments would be required to agree to take various other specified actions, including the following:

* Require (by October 1, 1990) that all persons arrested for prostitution or crimes relating to sexual assault or IV drug abuse be tested for infection with the AIDS virus (with provision for informing the victim of test results, in the case of sexual assault);
* Require all agencies providing AIDS testing within the state to report data to the state health department sufficient to assess the incidence of infection and the demographics of the epidemic;

* Carry out a program of "contact tracing" for persons infected with the AIDS virus, to the extent considered appropriate by the state health officer;

* Establish (by October 1, 1990) civil and criminal penalties for the intentional or knowing transmission of the AIDS virus; and

* Conduct an informational campaign to encourage all persons who have received a blood transfusion since 1977 to be counseled and tested for AIDS.

CONFIDENTIALITY OF AIDS TESTING RECORDS

The bill establishes federal protection for the confidentiality of AIDS counseling and testing records. It prohibits disclosure of any information that would identify a person as having been counseled or tested for AIDS, or as being infected with the AIDS virus -- except in certain specified circumstances, as described below. These provisions apply regardless of whether federal funds are involved, and take effect 60 days after enactment.

Disclosures that would be permissible under the bill include the following:

* Disclosure with the specific written consent of the person tested or counseled;

* Disclosure in connection with a life insurance claim, by consent of the claimant;

* Disclosure to health care workers providing care under conditions in which they are likely to be exposed to the AIDS virus;

* Disclosure to the state health department, if required by law;

* Disclosure involving donors of blood, semen, breast milk, or organs for transplant, made to blood banks or other health care providers receiving the donation (such disclosure is required by the bill);

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* If the individual tested is deceased, disclosure to the mortician preparing the body for burial (this disclosure is also required by the bill);

* Disclosure to comply with an order issued by a state insurance regulatory agency, or with a court order issued in connection with a legal action for insurance fraud or misrepresentation (if certain safeguards are provided);

* Disclosure made under a court order sought by the state health department in order to prevent a clear and imminent danger of transmission of the AIDS virus;

* If a person tested or counseled is convicted of sexual assault, disclosure to the victim of that assault; and

* Disclosure to spouses or sexual or needle-sharing contacts of the person tested, if notification of the person's contacts is medically appropriate and there is reason to believe that the person will not notify their contacts themselves.

The bill provides for civil penalties of up to $10,000 for intentional or negligent violations of the confidentiality rules. It also establishes criminal penalties of fines and up to one year in prison for intentional violations. Further, the measure permits anyone harmed as a result of an improper disclosure to bring a civil suit for actual and punitive damages (with minimum damages for improper disclosure set at $2,000).

EMERGENCY RESPONSE EMPLOYEES

Notification of Possible Exposure to AIDS Virus

The bill sets up a system for notifying emergency response workers (such as paramedics, police, and firefighters) that they may have been exposed to the AIDS virus. Under this system, each emergency response unit would designate an officer to receive such notifications.

If a hospital determines that an emergency patient is infected with the AIDS virus, the hospital would then notify the designated officer of the emergency response unit that transported the patient to the hospital, along with the designated officer from any other unit that assisted and that requested notification.
If the officer receiving notification determines that exposure may have occurred, he or she would then inform any personnel who might have been exposed. The emergency workers would be told that they may have been exposed and informed of any recommended actions they should take as a result, but would not be provided with information that would identify the patient involved.

The bill provides for civil penalties of up to $10,000 per violation for intentional or negligent violations of the notification requirements, and also permits any emergency response worker harmed as a result of violations to bring a civil suit for actual and punitive damages (with minimum damages set at $2,000).

Guidelines and Model Curriculum

The bill directs the Centers for Disease Control (CDC) to develop and disseminate guidelines and a model curriculum for emergency response employees covering means of preventing exposure to the AIDS virus. It authorizes appropriation of a total of $5 million in FY 1989 and FY 1990 for grants to state and local governments to assist them in initially implementing recommendations made by the guidelines and model curriculum.

AIDS RESEARCH

The bill includes a series of provisions designed to expedite and expand AIDS-related biomedical and epidemiological research within the Federal Government.

Administration of Research Programs

The bill establishes various requirements for expediting award of AIDS research grants, including a requirement that grants generally be awarded within nine months of being announced.

The measure also requires expedited handling of priority requests from Public Health Service agency heads to the General Services Administration and the Office of Personnel Management for additional staff or facilities for AIDS research programs.

The bill also requires the establishment of a clinical research advisory committee, composed of practicing physicians who treat AIDS patients. The committee is to review clinical treatment research, advise the National Institutes of Health (NIH) regarding additional drugs and therapies to be studied (including unlicensed treatments currently in use by AIDS patients), hold meetings and conduct studies to determine the recommendations of practicing physicians on the clinical treatment of AIDS, and establish a toll-free telephone line to provide treatment information to physicians.
Requirement for Additional Personnel

The bill requires hiring of specified numbers of personnel for AIDS research activities at various agencies within the Public Health Service -- in addition to those assigned to such activities at the end of 1987. The number of additional personnel required totals 780, and includes 350 at the Centers for Disease Control (CDC), 300 at NIH, 50 at the Food and Drug Administration, and 45 at the Alcohol, Drug Abuse, and Mental Health Administration.

Research Initiatives

The bill authorizes various AIDS-related research activities, including the following:

* Expanded NIH Clinical Evaluation of AIDS Treatments -- The bill directs NIH to establish clinical evaluation units to evaluate drugs for AIDS treatment; these units would involve either two inpatient facilities with at least 50 beds each or considerably expanded outpatient services.

* NIH Program to Evaluate Unapproved Treatments -- The bill also provides for an NIH program to evaluate various drugs that are not presently approved but are nevertheless being used by AIDS patients; in carrying out this program, NIH would be authorized to make grants to, and cooperative agreements with, public and private non-profit organizations, including organizations of AIDS patients presently involved in such research.

* Support for International Efforts -- The bill authorizes NIH and CDC to cooperate in, and provide support to, various international research into AIDS vaccines and treatment, along with international AIDS prevention and control measures.

* Clinical Research Centers -- The measure authorizes federal grants for establishing and operating AIDS clinical research centers -- patterned after existing Clinical Cancer Centers -- where basic and clinical research and training would be conducted.

* International Data Bank -- The bill directs the National Library of Medicine to establish and operate an International AIDS Research Data Bank.
* Epidemiological Research and Data --
The bill directs the CDC to provide for
the continuous collection of data on
the incidence of AIDS and infection with
the AIDS virus, and authorizes cooperative
agreements with states for this purpose.
It also provides for a program of long-
term epidemiological data collection and
statistical modeling.

* Genetic and Social Science Research --
The bill authorizes grants for long-
term genetically oriented research on AIDS
treatments, and also authorizes grants for
social science research related to AIDS.

The bill also provides for establishing fellowship and training
programs at the CDC to provide training in epidemiology, testing,
and laboratory analysis related to AIDS, and fellowship and training
programs at the National Institute of Mental Health for training in
psychological and social science research related to AIDS.

Further, the measure provides various special authorities for
NIH for AIDS-related activities, parallel to those provided to the
National Cancer Institute under present law for cancer research.
The bill directs NIH to expand clinical trials for AIDS treatment,
and to ensure that trials involving women, children, hemophiliacs,
and minorities are developed and expanded. It also authorizes NIH
to develop and produce biological materials for AIDS research, and
to encourage and coordinate private research activities.

Finally, the bill requires three studies to be conducted: a
study by the CDC to determine AIDS mortality rates by demographic
group, geographic area, and relative ability to pay for health care;
a study by the National Institute for Allergy and Infectious Dis-
 ease s regarding clinical treatments for preventing or minimizing
the development of AIDS symptoms among people infected with the
virus; and a study on the use of public/private research consortia
to improve the development of AIDS vaccines and treatments.

Estimated Costs

The sections of the bill relating to AIDS research authorize
appropriation of such sums as may be necessary for the various re-
search programs authorized, rather than stating specific funding
levels. The Congressional Budget Office estimates that the cost
(in terms of appropriation levels) for the programs authorized by
these provisions would total $285 million in FY 1989, $274 million

The Energy and Commerce Committee notes that the research
and related programs authorized by the bill include both new pro-
grams and existing programs currently funded under general autho-
rit y. The committee estimates that the cost of the new or expanded
programs authorized by the measure would total $108 million in
The bill also establishes a National Commission on AIDS, to study and make recommendations regarding national policy and priorities with respect to AIDS, including research, testing, treatment, and prevention.

The commission would be composed of 15 members, including the Secretary of Health and Human Services, the Administrator of Veterans' Affairs, three others appointed by the President, five appointed by the Speaker of the House (including two recommended by the minority leader), and five appointed by the President pro tempore of the Senate (three recommended by the majority leader and two recommended by the minority leader). A majority of the commission members would be required to have special expertise in relevant medical, scientific, legal, or ethical fields.

The commission would be appointed within 45 days of enactment of the legislation, and would be required to issue an interim report within one year and a final report within two years. The bill authorizes appropriation of $2 million for the commission.

The bill also directs the Veterans' Administration to prepare certain information in order to assist the commission, including a compilation and synopsis of medical research on AIDS and a report on relevant research conducted by the VA.
Section III

AMENDMENTS

This section summarizes the 12 amendments made in order by the recommended rule for H.R. 5142, AIDS Federal Policy Act.

Under the rule, the amendments will be considered in the order in which they are listed, will each be debatable for 30 minutes, and will not be subject to amendment (except as otherwise noted).

REP. DANNEMEYER will offer an amendment to require hospitals, as a condition of receiving grants for AIDS testing and counseling under the bill, to routinely test certain patients for exposure to the AIDS virus -- if the hospital is located in a state where the rate of infection with the AIDS virus exceeds one-tenth of one percent. The requirement for routine testing would apply to all inpatients between the ages of 15 and 50 who will undergo surgery or who will have their blood tested for other reasons. (Staff Contact: Missy Hancock, ext. 54111)

REP. DANNEMEYER will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to test all prisoners for infection with the AIDS virus, with testing required when the person enters prison and again within 30 days prior to release. (Staff Contact: Missy Hancock, ext. 54111)

REP. BYRON will offer an amendment to the preceding amendment by Rep. Dannemeyer to limit the required testing of prisoners to those convicted of prostitution, or crimes relating to sexual assault or intravenous drug abuse, as well as any other prisoners determined by prison officials, using the most current medical guidelines, to pose a direct threat of infection to others within the prison. (Staff Contact: Neil Dhillon, ext. 52721)

REP. McCOLLUM will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to require AIDS testing for everyone seeking a marriage license -- if the rate of infection with the AIDS virus in the state exceeds one-tenth of one percent. The amendment specifies that federal funds may not be used to carry out this testing, and gives states until October 1, 1990, to establish such requirements. (Staff Contact: Lisa Morin, ext. 52176)

REP. DANNEMEYER will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to require that entities performing AIDS testing provide information to the state health department sufficient to locate all persons testing positive for infection with the AIDS virus. Such information would be reported on a confidential basis. (Staff Contact: Missy Hancock, ext. 54111)
REP. COATS will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to provide information to all physicians and dentists within the state regarding AIDS, including measures for preventing exposure to, and transmission of, the AIDS virus. The amendment requires that this information be updated at least once every six months, based on the most recently available scientific data. (Staff Contact: Pattie DeLoatche, ext. 54436)

REP. COATS will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to provide all applicants for marriage licenses with information concerning measures for preventing exposure to, and transmission of, the AIDS virus, based on the most recently available scientific data. (Staff Contact: Pattie DeLoatche, ext. 54436)

REP. PELOSI will offer an amendment to establish a new program of grants to public and private non-profit agencies for demonstration projects involving counseling and mental health services for people who experience serious psychological reactions after they, or a family member or other person, tests positive for infection with the AIDS virus. The amendment authorizes appropriation of $25 million in FY 1989 and such sums as may be necessary in fiscal years 1990 and 1991 for this program. (Staff Contact: Steve Morin, ext. 54965)

REP. MADIGAN will offer an amendment to replace the bill's requirements that specified numbers of staff be added to specific agencies within the Public Health Service with a more general requirement that the same number of positions (780) be added throughout the Public Health Service (without specifying the number to be added at each individual agency). The amendment also provides that the requirement for additional staff expires on October 1, 1989, and that it is effective only to the extent of appropriations provided. Further, the amendment strikes provisions of the bill prohibiting action by the Office of Management and Budget to prevent directors of Public Health Service agencies from making priority requests for personnel and administrative support. (Staff Contacts: Roger McClung or Mary McGrane, ext. 63400)

REP. WAXMAN will offer an amendment to encourage the expeditious use of potential new drugs for AIDS treatment in clinical trials and for treatment of patients not participating in such trials. Under the amendment, the Health and Human Services Department would determine whether a new drug has potential effectiveness for prevention or treatment of AIDS, and, if so, encourage applications for expedited use of the drug. (Staff Contact: Tim Westmoreland, ext. 54952)
REP. PELOSI will offer an amendment to require the Health and Human Services Department to establish up to six monitoring and treatment centers to provide outpatient monitoring and treatment, for research purposes, for persons infected with the AIDS virus, in order to demonstrate the effectiveness of early medical treatment in slowing the progression of the disease. The amendment authorizes appropriations of $25 million annually in fiscal years 1989 and 1990 for this program. (Staff Contact: Steve Morin, ext. 54965)

REP. DANNEMEYER will offer an amendment to strike all provisions of the bill relating to establishment of a National Commission on AIDS. (Staff Contact: Missy Hancock, ext. 54111)

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Section IV

ARGUMENTS ON KEY AMENDMENTS

This section summarizes the arguments being made by supporters and opponents of some of the key amendments that will be offered to H.R. 5142, AIDS Federal Policy Act. (See note at end of section.) It also lists positions taken on these amendments by various groups.

TESTING OF HOSPITAL PATIENTS

Rep. Dannemeyer will offer an amendment to require hospitals located in states where the rate of infection with the AIDS virus exceeds 0.1% to routinely provide AIDS tests to certain patients, as a condition of receiving funds for AIDS testing and counseling under the bill. Testing would be required for all inpatients between the ages of 15 and 50 who will undergo surgery or who will receive other blood tests in the course of their treatment.

Arguments FOR the Dannemeyer Amendment — Supporters of the Dannemeyer amendment argue that testing of hospital patients will provide valuable information about the nature and spread of the AIDS epidemic, facilitate detection of AIDS infections so that proper prevention and treatment measures can be taken, and help hospital personnel guard against exposure to the AIDS virus.

Wide-scale testing for infection with the AIDS virus is a valuable tool for combatting the spread of the AIDS epidemic. Testing makes it possible for people unaware that they are infected to be informed of their condition, of available medical treatment, and of their moral and legal responsibility to avoid passing the virus to others. In addition, broad testing will help provide public health authorities with accurate information concerning the prevalence and spread of AIDS, information that is vital to mounting a proper response.

Hospital patients are a particularly appropriate group for testing. Since patients are already in contact with the health care system, and virtually all have their blood tested for other reasons in the course of their hospitalization, this group is one for which testing can be carried out with maximum efficiency and economy. By limiting required testing to states with a relatively high incidence of AIDS infection, and to patients between 15 and 50, the amendment further contains costs of this program. At the same time, the group that would be tested is broad enough to provide valuable epidemiological information about the prevalence of AIDS in the general population, and the testing program would lead to discovery of a number of previously undetected cases of infection so that appropriate treatment and counseling can be provided.

AIDS testing is not unduly expensive. The Defense Department conducts a mass testing program at a cost of less than $5 per person tested. As for concerns about accuracy, current AIDS tests are quite accurate. Further, both the bill and good medical practice require that people tested be provided with information necessary to understand the meaning of test results, including the possibility of a "false negative" or "false positive" result.
The present voluntary system of AIDS screening has not been successful. A number of AIDS infections are being missed because the patients do not fit neatly into one of the standard “risk categories” and therefore are not tested. A requirement that all patients be tested would avoid such gaps. The extent of AIDS infection within the general population remains unclear, and there are indications that the infection may be more widespread than some experts believe. Until the dimensions of the epidemic become clearer, testing should not be avoided on the basis of assumptions about the likelihood of infection.

Yet another vitally important reason to test hospital patients is the need to help hospital personnel avoid exposure to the AIDS virus. There are at least three fully documented cases of transmission of AIDS to health care providers, and there over 100 other health care workers with AIDS who do not fall into any known risk group. Doctors, nurses, and other hospital personnel should be able to know whether a patient is infected with the AIDS virus, so that they can be certain to take all appropriate precautions. The chances of transmission of this deadly disease are too great to allow hospitals to continue to be uncertain about whether their patients carry the AIDS virus.

Arguments AGAINST the Dannemeyer Amendment -- Opponents of the Dannemeyer amendment respond that it would divert resources from more productive uses, would discover few previously unknown cases of infection, unnecessarily alarm a number of hospital patients with “false positive” results, and be counterproductive in efforts to prevent exposure of health care workers. This is why the Dannemeyer amendment is opposed by leading medical and public health groups.

The decision to test for AIDS, like the decision to test for any other condition, is a medical judgment that should be made by a patient's physician -- not by Congress. There may be areas and patient groups where it makes good medical sense to routinely test everyone, and such testing should be encouraged. However, it makes no medical sense to require testing of everyone between 15 and 50 who enters a hospital. Most hospital patients, especially outside major urban areas, are extremely unlikely to be infected with AIDS.

The proposed testing would be very costly. In addition to the testing itself, hospitals would be required to obtain informed consent and provide comprehensive pre-test and post-test counseling. The cost of testing and counseling averages $45 per person according to estimates by the Centers for Disease Control, and $65 per person according to estimates by the Office of Technology Assessment (OTA). The annual cost of the Dannemeyer amendment could easily range from $600 million to $1 BILLION -- considerably more than the total funds for counseling and testing provided by the bill. Since insurance companies (and Medicaid) are unlikely to pay for AIDS testing when there is no diagnostic or medical reason for it, either hospitals or the patients themselves will be stuck with these costs.

Because the amendment’s requirement for mass screening would be a condition of receiving grants under the bill, many hospitals will simply not apply for counseling and testing grants. Thus, one result of the amendment will be reduced availability of testing and counseling services for those seeking them.
Further, when AIDS tests are given to groups where the probability of infection is low, a significant percentage of positive test results are likely to be "false positives" -- incorrectly indicating that person is infected. According to an OTA estimate, between 9% and 33% of positive test results are likely to be false when a population with very low prevalence of infection is tested. If less than ideal laboratory standards are maintained -- as might be inevitable with such a massive testing program -- the false positive rate could be much higher. Thus, if testing is carried out on all hospital patients, a substantial number of people who are not infected are likely to be told that they are -- with potentially devastating psychological results.

As to the claim that testing of hospital patients will help health care workers guard against exposure to the AIDS virus, many experts believe this approach to be positively dangerous. Presently, health care workers are urged to act as if every patient is infectious, and to take appropriate precautions whenever performing procedures that could lead to exposure. AIDS testing is not sufficiently accurate to justify relaxing precautions around a patient simply because the test results are negative. The availability of test results for all patients could produce a false sense of security, and encourage personnel to rely on these results instead of taking the recommended precautions. The end result could be more, not fewer, infections -- with AIDS and other dangerous diseases.

Group Positions

The Dannemeyer amendment on testing of hospital patients is supported by Americans For a Sound AIDS Policy. It is opposed by the American Medical Association, American Nurses' Association, American Hospital Association, American Public Health Association, Association of State and Territorial Health Officials, National Governors' Association, AIDS Action Council, American Civil Liberties Union, National Gay and Lesbian Task Force, NAACP, and AFL-CIO.

TESTING OF PRISONERS

Rep. Dannemeyer will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to test all prisoners for infection with the AIDS virus, with testing required when the person enters prison and again within 30 days prior to being released.

Rep. Byron will offer an amendment to the Dannemeyer amendment that would limit the required testing of prisoners to those convicted of prostitution, crimes relating to sexual assault, or crimes relating to intravenous drug abuse, as well as any other prisoners determined by prison officials to pose a direct threat of infection to others within the prison.

Arguments FOR the Dannemeyer Amendment -- Supporters of the Dannemeyer amendment argue that prison systems should be required to test all prisoners for AIDS because of the relatively high prevalence of AIDS infection within prison populations and the substantial risk of transmission of the virus among prisoners.
Prison inmates include groups which appear to be at the greatest risk of developing AIDS -- intravenous drug abusers, homosexuals, and persons convicted of prostitution. Further, once the infection has entered a prison, there is a good chance that it will spread, as a result of crowded conditions and poor sanitation, along with the prevalence of homosexual activity and sexual assault among prisoners. The practice of makeshift tattooing, common in prisons, poses additional risk of AIDS transmission. Random testing of inmates in federal prisons has shown substantial infection rates: 2.4% of all male prisoners and 3.6% of all female prisoners tested during a recent four-month period had positive test results.

Prisons have a responsibility to provide adequate medical care to prisoners, and part of this responsibility should involve screening for AIDS infection. Such screening will provide valuable data on the extent of infection with the AIDS virus, provide an opportunity for those infected to receive appropriate counseling and medical care, and allow precautions to be taken against transmission. Many prisons already provide a variety of medical examinations and screening tests for prisoners; why should testing for AIDS be treated differently?

Screening of prisoners before release will provide an additional opportunity to inform anyone infected of his or her condition, and to provide counseling as to the person's responsibility to avoid transmitting the virus to others and the ways to avoid such transmission. With tens of thousands of released prisoners being recycled back into the general population each year, pre-release testing represents a long-overdue basic precaution that prison authorities have a responsibility to take.

Many prisoners themselves wish to be tested for AIDS. Because of the known prevalence of the infection within prisons, and because of factors which tend to promote the spread of AIDS such as overcrowding, poor sanitation, homosexual practices, and the potential for violence, many prisoners are quite fearful that they may have become infected with the AIDS virus. Testing will provide some reassurance to those who are not infected, and important information to those who are.

The Byron amendment would limit testing to an excessively narrow group of prisoners. The fact that someone was not convicted of a crime involving drug abuse, sexual assault or prostitution does not mean that person is not at risk for AIDS. Considering the serious danger of transmission of the AIDS virus among the prison population, testing should be extended to all prisoners, upon entering and leaving the prison system.

Arguments AGAINST the Dannemeyer Amendment -- Opponents of the Dannemeyer amendment respond that mandatory testing of all prisoners would be costly, unnecessary, ineffective, and counterproductive. Decisions regarding testing of state prisoners should be left to the states, not mandated by the Federal Government.

The bill already requires testing of persons convicted of crimes involving sexual assault, prostitution, or drug abuse. There is little reason to extend mandatory testing to all other prisoners, such as those convicted of tax evasion or mail fraud, whose crimes do not make them at risk for infection with the AIDS virus.
Although particular categories of offenders, or prisoners from particular areas, may be at relatively high risk for infection, as an overall group prisoners in most states are at low risk. For example, of 2,638 new inmates tested in Nevada, eight were found to be infected with the AIDS virus; of 427 new inmates tested in South Dakota, one was infected. Iowa dropped its mass testing program after testing 800 new inmates and finding no AIDS infections.

Mandatory testing of all prisoners entering and leaving the prison system would be expensive — annual costs would range from $52 million to $76 million, according to one estimate. These resources would be much better spent improving counseling and testing services for people who are at risk for AIDS and who are seeking such services.

Mandatory testing of all prisoners is likely to be ineffective as a device for controlling infection within the prison. Experts believe that the far better practice is for prison staff and inmates to assume that everyone is infected and to take appropriate precautions, rather than trying to identify who does and who does not carry the virus. Given the significant chance of "false negative" test results and the possibility of acquiring the infection after being tested, it would be quite dangerous to base decisions about precautions on test results.

Further, there is concern that some inmates who test positive may feel that there is no further personal risk to them from engaging in practices such as unprotected sex, while those who test negative may feel that they are somehow immune.

Although one justification sometimes offered for mandatory testing is the need to segregate infected prisoners, this justification does not hold up in practice. Segregation of infected inmates would be unnecessary in most cases, because there is little or no danger of their transmitting the infection to other inmates. Furthermore, segregation of infected inmates would be completely impractical in most prison systems. Those who engage in the kind of violent or abusive behavior most likely to spread AIDS should be segregated anyway, regardless of test results.

Some opponents of the Dannemeyer amendment support the approach taken by the Byron amendment, which would limit mandatory testing to those categories of offenders most likely to be at risk for AIDS. Others oppose both approaches, arguing that any additional mandatory testing would be an unnecessary duplication of the post-conviction testing already required by the bill.

Group Positions

The Dannemeyer amendment on testing of prisoners is supported by Americans For a Sound AIDS Policy. It is opposed by the American Medical Association, American Public Health Association, Association of State and Territorial Health Officials, National Governors' Association, National Conference of State Legislatures, AIDS Action Council, American Civil Liberties Union, National Gay and Lesbian Task Force, NAACP, and AFL-CIO.
TESTING OF APPLICANTS FOR MARRIAGE LICENSES

Rep. McCollum will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to require AIDS testing for everyone seeking a marriage license -- if the rate of infection with the AIDS virus in the state exceeds 0.1%.

Arguments FOR the McCollum Amendment -- Supporters of the McCollum amendment argue that it could help slow the spread of AIDS in the heterosexual population and provide an efficient means of testing a relatively large number of people to help determine the extent of AIDS infection.

Recent data indicate that AIDS is spreading further into the heterosexual population, although the exact extent of the infection among heterosexuals remains unclear due to only limited testing. For example, a recent study of 2,000 women who applied for marriage licenses in Alameda County, California, found that 0.5% tested positive for infection with the AIDS virus. This sample suggests that exposure to the AIDS virus may be more prevalent than public health authorities currently estimate, and indicates the necessity of having better data on the epidemic.

Because of the large number of people who marry each year, the requirement for AIDS testing before receiving a marriage license would provide a good, random statistical survey of the magnitude of infection in the United States. This, in turn, would help provide solid data on where and how the AIDS epidemic is spreading.

Even more important, testing should be required prior to marriage because people should know whether their spouse is infected with the AIDS virus. There is evidence that the chance of transmitting the virus through heterosexual intercourse increases as the infection progresses. Thus, the information that a prospective spouse carries the virus may not necessarily come too late to stop transmission to the other.

Further, knowledge of whether a woman is infected with the AIDS virus could be crucial in the decision to have children, as the chances are extremely high that the infection will be passed on to the child, either in the womb or during birth. Transmission of AIDS from mother to infant is a very real concern in some areas; a recent study of women giving birth in Massachusetts indicated that one out of every 476 was infected with the AIDS virus. People seeking marriage licenses may well be starting a family in the near future, and should welcome the opportunity to be tested for AIDS prior to that time.

If states so desire, they could require that expenses of the tests be borne by the applicant, just like the other costs of applying for marriage licenses. Testing marriage license applicants for AIDS would be especially efficient and economical in the many states where applicants are already required to have blood tests for other diseases, such as syphilis. For years states have required couples planning marriage to have blood tests for various reasons, without any undue disruption or hardship. Pre-marital testing has been an effective weapon in combatting sexually transmitted diseases such as syphilis; it makes good sense to employ it in the fight against the new and deadly sexually transmitted disease of AIDS.
Arguments AGAINST the McCollum Amendment -- Opponents of the McCollum Amendment respond that mandatory pre-marital testing would be ineffective, disruptive, and a waste of resources. Such testing is likely to detect relatively few AIDS infections, and to produce a number of "false positive" test results.

In general, people seeking marriage licenses in most parts of the country are at low risk for infection with the AIDS virus. This is true even in those states where the infection rate exceeds the 0.1% threshold that triggers the McCollum amendment's requirements. The statewide infection rate tends to reflect the extent of infection in urban areas among people unlikely to marry -- homosexuals and drug users -- and to have little or no bearing on the likelihood of infection among marriage license applicants in the state as a whole.

The cost of compulsory testing would be extremely high -- between $218 million and $315 million per year, according to one estimate. If the couples themselves were required to bear the cost, it could be a significant hardship for some. (In Illinois, the only state where such testing is currently required, the charges for testing reportedly range from $30 to $200.) No matter who pays the financial cost, massive pre-marital screening would divert urgently needed resources such as laboratory facilities and counselors away from more productive AIDS control efforts.

Pre-marital testing, like testing of other populations with a low prevalence of AIDS, would be expected to produce a significant number of false positive test results -- perhaps disrupting marriage plans and producing severe emotional consequences for those falsely told they carry the virus. The Office of Technology Assessment has estimated that, when a very low-prevalence population is tested, the percentage of positive test results likely to be false is in the range of 9% to 33%. If laboratory standards slip, which might be inevitable in such a large-scale testing program, the rate of false positives could be much higher.

Experience with pre-marital blood testing for syphilis actually suggests that similar testing for AIDS is not likely to be effective. States have found that these blood tests turned up few previously unknown cases of syphilis, and did so at a high cost. More than 20 states have repealed their pre-marital blood test requirements since 1980, leaving these requirements in force in less than half the states.

AIDS testing for marriage licenses has not proven effective in the two states that have tried it -- Louisiana and Illinois. Louisiana has already repealed its testing law, finding that the AIDS tests were expensive, were diverting resources away from higher priority projects, and were encouraging many couples to marry outside the state. Illinois is also considering repeal. Marriages in Illinois are reported to be down by about 25%, as couples leave the state to get married in order to avoid the high cost of tests and long waits for results. As of late July, only 10 AIDS virus infections had been found through the Illinois testing program -- out of 75,000 marriage license applicants tested.

Group Positions

The McCollum amendment is supported by Americans For a Sound AIDS Policy. It is opposed by the American Medical Association, American Public Health Association, Association of State and Territorial Health Officials, National Governors' Association, National Conference of State Legislatures, AIDS Action Council, ACLU, National Gay and Lesbian Task Force, NAACP, and AFL-CIO.
MANDATORY REPORTING OF POSITIVE TEST RESULTS

Rep. Dannemeyer will offer an amendment to require states, as a condition of receiving grants for AIDS testing and counseling under the bill, to require that facilities performing AIDS tests provide information to the state health department sufficient to locate all persons testing positive for infection with the AIDS virus.

Arguments FOR the Dannemeyer Amendment -- Supporters of the Dannemeyer amendment argue that a policy of mandatory reporting of identifying information is necessary both to collect adequate information about the extent of the AIDS epidemic and to facilitate the process of contract tracing that is essential to bringing the epidemic under control.

Reporting of the names and addresses of people infected with certain communicable diseases to the state health department is a long-standing public health practice. This practice has allowed health departments to carry out programs of notifying and testing people who may have been exposed, thereby greatly facilitating disease control efforts. For example, in response to the epidemic of syphilis in the United States in the 1930s and 1940s, all states enacted legislation requiring reporting of cases to the state health department. All that the amendment would do is require states to add infection with the AIDS virus to the list of communicable diseases for which reporting is required. If we can require reporting for other sexually transmitted diseases, there is absolutely no reason not to require similar reporting for those infected with the virus that causes the deadly disease of AIDS.

One principal reason for wanting mandatory reporting of names and other information is to help gather data about the spread of AIDS and the population groups affected. Reporting without identifying information is not sufficient for epidemiological purposes, especially when the reporting comes from testing that is conducted anonymously.

An even more important reason for requiring reporting is to provide public health officials with the information needed to carry out programs of contact tracing. Public health authorities have an ethical responsibility to conduct such programs designed to locate and warn those who may have been exposed and inform them of both the medical steps they should take and their responsibilities to avoid further transmission of the disease. With a cure or vaccine for AIDS not yet developed, these kinds of public health measures are the most effective weapons available for slowing the spread of the epidemic.

Although the bill provides for "appropriate" contact tracing, this provision is meaningless without a requirement for reporting. If public health officials don't know the identity of those infected, they will obviously be unable to notify others who may have been exposed.

There is no basis for fears that mandatory reporting will somehow drive people underground and cause them to avoid testing. Under the amendment, information would be provided only to the state health department, and would be held in strict confidence.
Mandatory reporting does not appear to have discouraged people from seeking testing in those states where it is presently required. In Colorado, where reporting is required, roughly 6% of the population has been tested for AIDS; in California, which has no reporting of names and strict confidentiality rules, only 1% of the population has been tested. The Colorado program has been extremely successful in locating people who have been exposed to the AIDS virus and providing them with appropriate testing and counseling services. Reporting would facilitate establishment of similarly successful programs throughout the country.

Arguments AGAINST the Dannemeyer Amendment -- Opponents of the Dannemeyer amendment respond that its blanket requirement for name reporting would serve no useful purpose and could hamper AIDS control efforts by discouraging people at greatest risk from coming forward for testing and counseling. This is why the amendment is widely opposed by medical and public health groups.

There is absolutely no need to require reporting of names and addresses in order to gain adequate data on the extent and nature of the AIDS epidemic. The bill already specifically directs states to require reporting of sufficient information to assess the incidence and demographics of infection. Adding names and addresses to the required information would serve no epidemiological or statistical purposes whatsoever.

Nothing in the bill prevents or discourages states from requiring reporting of identifying information, if the state chooses to do so. The bill also requires states to carry out contact tracing to the extent considered appropriate by the state health officer. However, the authors of the bill wisely avoided trying to impose contact tracing requirements on all states. While contact tracing may be effective in some areas, in other areas (especially those with high rates of infection), contact tracing would divert massive amounts of resources away from other efforts, while reaching few people not reachable by other means and discouraging some people at risk from seeking counseling and testing.

The amendment would blindly require all states to collect identifying information on everyone found to be infected with the AIDS virus -- even if the state prefers not to impose such a requirement, and even if it does not plan to use the information for contact tracing, which is the only real use for names and addresses. Such a blanket requirement makes no sense.

Mandatory reporting is not only unnecessary, it could also be dangerous. Mandatory reporting will discourage some people from participating in testing and counseling programs, out of fear that the results will somehow become known and that they will suffer serious discrimination as a consequence. Even though confidentiality is presently promised, some will be concerned about the real possibility for leaks and unauthorized disclosures.

Another real concern is that, once a list of names and addresses of everyone testing positive has been compiled, there will be strong pressure to make the list public. Because many people seeking testing are so concerned about preserving absolute confidentiality, many testing facilities offer testing anonymously -- a successful AIDS control practice which the Dannemeyer amendment would effectively prohibit. In Oregon, switching to anonymous testing resulted in a sharp increase in demand for testing and counseling services. By comparison, when South Carolina switched to a policy of mandatory reporting of names, the number of homosexual men seeking testing at a site in Charleston dropped by 51%.

-25-
Decisions about reporting of diseases have always been left to the states. The programs of reporting for various sexually transmitted diseases that proponents of the amendment offer as a model were all products of state legislation, not federal fiat. In the case of AIDS, the large majority of states have decided that their AIDS control efforts would best be served by not requiring reporting of the names of persons testing positive. Congress should not interfere in that decision.

Group Positions

The Dannemeyer amendment on mandatory reporting is supported by Americans For a Sound AIDS Policy. It is opposed by the American Medical Association, American Public Health Association, Association of State and Territorial Health Officials, National Conference of State Legislatures, AIDS Action Council, American Civil Liberties Union, National Gay and Lesbian Task Force, NAACP, and AFL-CIO

NOTE: The arguments presented above are not DSG's arguments nor do they represent a DSG evaluation of the amendments. As indicated, they are the arguments that supporters are making on behalf of the amendments and that opponents are making against them. DSG attempts only to summarize the arguments on both sides as cogently as possible.

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FOR IMMEDIATE RELEASE
September 19, 1988

PRESS BRIEFING PAPER

DANNEMEYER AND AIDS:
PREScription FOR DISASTER

Congressman William Dannemeyer (R-Fullerton), the sponsor of Proposition 102 (the "Reporting Exposure to AIDS Virus" Initiative), has achieved more notoriety for his controversial statements on AIDS than he has for his thoughtful deliberation of the issues.

Like most of his public statements, Prop. 102 repudiates the findings of the National Academy of Sciences, the Public Health Service, the Surgeon General, and the President's AIDS Commission, the Centers for Disease Control, and every reputable health professionals organization in the country.

He has been quoted as saying that "a person afflicted with AIDS emits spores that have been known to cause birth defects," which he later clarified by citing that he was mistakenly speaking of CMV (cytomegalovirus) not HIV (human immunodeficiency virus).

Furthermore, in the Congressional Record, he read a statement by an unnamed nutritionist suggesting that people with HIV should take a "glass of water with 7 or 8 drops of..."
liquid garlic in it."

While most elected officials in California and, indeed, in the nation, sought the reputable advice of public health officials, scientists and health-care professionals to advise them on AIDS, Dannemeyer in 1985 hired a controversial Nebraska psychologist Paul Cameron.

Two years before Dannemeyer retained Cameron in August 1985 for a fee of $2,000 per month, Cameron had been expelled by the American Psychological Association on December 2, 1983 for "a violation of the Preamble to the Ethical Principles of Psychologists."

Additionally, in 1984, Cameron was censured by the Nebraska Psychological Association, saying, "The science and profession of psychology in Nebraska, as represented by the Nebraska Psychological Association, formally disassociates itself from the representations and interpretations of scientific literature offered by Dr. Paul Cameron."

Furthermore, a decision promulgated by the United States District Court, Northern District of Texas, on July 1, 1985 (a full month before Dannemeyer retained Cameron), reads:

"In contrast, Dr. Paul Cameron ... has himself made misrepresentations to this Court. ... There has been no fraud
or misrepresentations except by Dr. Cameron, the supposed 'expert' for District Attorney Hill." [106 Federal Rules Decisions, pp. 526, 536].

Dannemeyer, however, continued using Cameron as his AIDS advisor; and, as late as February 18, 1987 was citing him as an authority: "Psychologist Paul Cameron, who chairs the Institute for the Scientific Investigation of Sexuality, wonders, 'Why would anyone believe that education only will accomplish the task?" [Congressional Record, February 18, 1987].

Public health officials and health-care professionals have spent seven long years developing a thoughtful, carefully deliberated public health policy for this nation and state to deal with the AIDS epidemic. Dannemeyer has consistently disputed the data that has been developed and has consistently taken a strong political stance in dealing with the epidemic, while offering little data to support his positions.

For example:

> He voted this year to oppose the establishment of an on-going National AIDS Commission to advise the Administration and Congress on AIDS.
He said that "I believe that Prop. 64 [the LaRouche Initiative] is sound public health policy."

He sponsored for an amendment that would reduce appropriated monies for AIDS research by $100 million (vote on June 15, 1988).

He voted to restrict the use of federal funds for voluntary testing, counseling and prevention programs (vote on May 25, 1988).

He sponsored an amendment requiring all homeless persons seeking health care to be tested for HIV (Congressional Quarterly, March 7, 1987).

He opposed distribution of the Surgeon General's Report on AIDS to every household in America because he maintained that it promotes sodomy.

With such evidence, it is not surprising that Dannemeyer is viewed as "beyond the fringe" on AIDS issues. While on the one hand, he has decried those who seek to make this a civil rights issue, he himself on has said, "Of course, it [AIDS] is a political issue." (Congressional Quarterly, December 15, 1987.)

His expertise (and that of his colleague Sen. Jesse Helms) has been severely questioned throughout the epidemic
because of their "politicalization" of the disease. The Congressional Quarterly said, "Unable to move their own AIDS bills, they have concentrated on efforts to attach the proposals to bills on the floor. ... Not only have they stalled action on key pieces of AIDS legislation, but they have slowed progress on other health-related bills as well."

Even among his own party members, Dannemeyer has been discounted as a source of information on AIDS. A memo by Republican political consultant Chuck Rund was excerpted in Harper's Magazine in February, 1988:

"An example of how not to approach it [AIDS] is Congressman Dannemeyer. At the meeting two weeks ago, he was terrifying--practically foaming at the mouth anytime anyone made even a sympathetic reference to people with AIDS. Someone like Dannemeyer is a live grenade on this issue and far too emotional to do any good...."

The provisions of Prop. 102 reflect Dannemeyer's ill-conceived and poorly drafted concepts of stemming the spread of the epidemic. The Initiative is opposed by all of California's leading health professional organizations: Included are the California Medical Assn., the California Nurses Assn., the Hemophilia Council of California, the
Public health officials, scientists and health-care professionals have never been reluctant to use whatever means they believe appropriate to protect the public from disease. It is no different now.

As this information (and the attached "Dannemeyer Sampler") demonstrates, allowing Congressman Dannemeyer to make AIDS policy is like hiring an auto mechanic to perform brain surgery -- stupid!

####
A DANNEMEYER SAMPLER

> "Koop's study should have been emblazoned on the cover, 'Warning! The Surgeon General's Report on AIDS may be hazardous to your health.'"

Rep. William Dannemeyer
Congressional Record
February 18, 1987

> "It is truly a sad day that there are some in this body who are stonewalling any effort to deal with this issue as a public health issue and are attempting ... to treat it as a civil rights issue."

Rep. William Dannemeyer
Congressional Record
July 28, 1987

> "Of course it [AIDS] is a political issue."

Rep. William Dannemeyer
Congressional Quarterly
December 5, 1987

> Koop and other top health officials who have formed the government AIDS response "should be thanked for their service and given the retirement they richly deserve."

Rep. William Dannemeyer
Orange County Register
May 5, 1988

> "It is one thing to spend millions of taxpayers dollars to educate the public about AIDS, and quite another thing to make these expenditures spreading questionable and misguided information."

Speaking on the Surgeon General's Report
Rep. William Dannemeyer
Orange County Register
May 5, 1988

> [Dannemeyer] once placed in the Congressional Record a statement by a man he described as a "world-renowned author focusing on the role of proper nutrition in our daily diet."

Among the recommendations was that persons with HIV should
"take a glass of water upon arising with 7 or 8 squirts of liquid garlic."
Congressional Record
June, 1987

> "I believe that it [Prop. 64, the LaRouche Initiative] is sound public health policy."
Rep. William Dannemeyer
Letter to Elected Officials
July 10, 1986

> "A person afflicted with AIDS emits spores that have been known to cause birth defects."
Rep. William Dannemeyer
Orange County Register
December 12, 1985

> "In addition, we are talking about paying for a drug known as AZT that costs $10,000 a year for each of these patients. It does not cure, but it prolongs life, which presents a very good ethical question for the people of this society. To what extent should we taxpayers provide for the cost of a drug that does not cure a terminal disease."
Rep. William Dannemeyer
Congressional Record
July 28, 1987

> "Homosexuality is a behavioral pathology which doesn't seek education, only self-perpetuation. Like their disease-ridden comrades, the I.V. drug users, homosexuals have proven they would just as soon sacrifice their lives than to sacrifice their lifestyle."
Rep. William Dannemeyer
KNX-Radio, Los Angeles
November 13, 1987

> "He [Dannemeyer] has engaged in a campaign of hate and bigotry, a campaign which exploits the present hysteria surrounding a serious health crisis in our country."
State Senator Ed Davis
December, 1985

> "Affirmation of the heterosexual ethic or the desire to maintain a drug-free workforce should not be confused with
discrimination on the basis of HIV infection.

Rep. William Dannemeyer
in a Congressional Letter
August 2, 1988

> "He has a reputation even among Republicans for going too far."

Almanac of American Politics
1988 Edition

> "I believe such school children [HIV-positive] should be prohibited from attending school."

Rep. William Dannemeyer
Summary of Legislative Package

> Sponsored an amendment that would have reduced appropriated monies for AIDS research by $100 million.

Human Rights Campaign Fund
Voting Summary
June 15, 1988

> "Opposition to the campaign to promote the use of condoms was led by William E. Dannemeyer, who insisted it was a 'delusion' to present condoms as a means of protection from AIDS. 'Encouraging frightened citizens to buy condoms and be safe can only result in devastating consequences.'"

New York Times News Service
February 11, 1987

> "I think you can't rule out the possibility that deep kissing can cause AIDS."

Rep. William Dannemeyer
Orange County Register
May 5, 1988

> "[Dannemeyer] introduced an amendment to the 1988 Budget to drop all health provisions that increased spending."

Congressional Quarterly
August 8, 1987

> "Not only have they [Dannemeyer and Helms] stalled action on key pieces of AIDS legislation, but they have
slowed progress on other health-related bills as well."
Congressional Quarterly
December 5, 1987

>Dannemeyer has backed away from some of his early and most controversial statements about the disease."
Dave Ellis, former press secretary to Rep. Dannemeyer
Orange County Register
September 10, 1988

>"He's known as an AIDS wacko."
Harvey Englander
Orange County Political Consultant
Orange County Register
September 10, 1988

>"An example of how not to approach [AIDS] is Congressman Dannemeyer. At a meeting two weeks ago, he was terrifying--practically foaming at the mouth anytime anyone made even a sympathetic reference to people with AIDS. Someone like Dannemeyer is a live grenade on this issue and far too emotional to do any good."
Bay Area Reporter
September, 1987

>[Dannemeyer] "planned to introduce legislation making it a federal crime for AIDS victims and those infected with the virus to have sex, kiss, or give blood."
Los Angeles Herald- Examiner
July 3, 1986

>Dannemeyer "sponsored an amendment requiring all homeless persons seeking health care to be tested for HIV."
Congressional Quarterly
March 7, 1987
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 Temp 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

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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.

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SUMMARY OF DANNEMEYER LEGISLATION ON AIDS

Five legislative proposals aimed at curtailing the spread of AIDS will be introduced by Congressman Dannemeyer on October 30, 1985. Below is a summary of the text of these proposals:

1. CRIME FOR HIGH RISK GROUPS TO KNOWINGLY DONATE BLOOD.
   The first proposal would make it a felony for an individual in a high risk group to knowingly donate blood. This legislation would add weight to guidelines promulgated by the Public Health Service which suggest that male homosexuals refrain from donating blood. It would also serve as a deterrent to groups advocating "blood terrorism".

2. PROHIBIT HEALTH CARE WORKERS WITH AIDS FROM WORKING IN THE HEALTH CARE DELIVERY SYSTEM. This legislation will prohibit doctors, nurses, dentists and other health care personnel with AIDS from working in the health care delivery system.

3. AUTHORIZES HEALTH CARE PROFESSIONALS TO WEAR PROTECTIVE GARMENTS WHEN TREATING AIDS PATIENTS. This legislation authorizes health care professionals to utilize protective garments when they deem it appropriate in the care of AIDS patients. The Nursing Practice Act, adopted by most States, already gives health care professionals the right to implement appropriate "infection control" measures. This legislation acknowledges the authority of that Act and the right of nurses, and other health care professionals, to exercise their professional judgement in determining whether protective garments are needed when caring for an AIDS patients or with any patient harboring a communicable disease.

4. CLOSES PUBLIC BATH HOUSES WHICH CREATE A PUBLIC HEALTH HAZARD. This legislation would cut off revenue-sharing funds to a city which fails to close its public bath houses when they are deemed to create a public health hazard or may be considered instrumental in the spread of AIDS.

5. EXPRESSES THE SENSE OF CONGRESS THAT CHILDREN WITH AIDS SHOULD NOT ATTEND SCHOOL. This resolution expresses the sense of Congress that children with AIDS should not attend school but should receive alternative forms of education. This resolution recognizes the heightened risk associated with daily contact between children and the lack of any definitive guidelines to date.
Mr. Harrison's long record of public service has been the inspiration and guiding force behind many of the Georgians' lives he has touched. His dedication to his hometown and to his home State is evident in the many forms he served throughout his life. His commitment to making Georgia a better place to live will be felt for many generations to come, but it is also a commitment that will be sorely missed in the state. We need more Walter Harrisons, and I humbly salute this great man whose memory will live long in the history of Georgia.

Mr. ROWLAND of Georgia. Mr. Speaker, many people have described Georgia's Walter Harrison as a "pioneer." It is a description which fits this Jenkins County native in every way. He was a visionary, an innovator, a bold and adventurous leader in his community and State.

No more than 1 percent of Georgia's farms had electricity when Walter Harrison established the Planters Electric Membership Corp. He was one of the first to extend power to rural Burke and Jenkins counties. He went on to devote most of his life to the rural electric program on both the State and national levels. He was instrumental in establishing the Georgia Electric Membership Corp., with which he served as the organization's manager for 25 years.

Walter Harrison received many awards and honors than we can recount here. But it was particularly fitting that just this year he was presented the Georgia EMC 50th anniversary Pioneers Award, named by Gov. Joe Frank Harris as "Mr. Rural Electrification," and was inducted into the Cooperative League of the USA Hall of Farm in Washington, DC.

When he died at the age of 85 last month, the people of Georgia and the Nation lost a true friend.

GENERAL LEAVE

Mr. FOWLER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DANNER) is recognized for 30 minutes.

Mr. DANNER. Mr. Speaker, I take this time this evening as a senior member of the Health and Environment Subcommittee of the Energy and Commerce Committee to talk about a subject that is on the minds and hearts of many Americans today. That is the subject of AIDS; what is it, what we can do about it, and what we should be doing about it.

First, a few words as to what its current status is in this country.

It is a serious condition characterized by a defect in the natural immunization against disease. Hence, the name AIDS.

Since its discovery in the United States in 1981, the Public Health Service has received reports of more than 13,000 cases, over 50 percent of which have resulted in death.

Overall, 3.8 percent of men have been infected with the AIDS virus right now. It is reported that 5 to 10 percent of those that are so infected will come down with AIDS within the next 5 years. Some persons have estimated that those who will come down with AIDS over the next 25 percent. If the 25-percent figure is accurate, that means 250,000 Americans dying with AIDS within 5 years.

Currently the death rate is 80 percent 2 years after diagnosis. No AIDS patient has survived more than 3 years after diagnosis. More than 160 cases of AIDS in children are under the age of 13. AIDS can be passed on to infants in the womb or after birth. Reported incidents of AIDS have doubled each year since its discovery in 1981. Health officials are anticipating that over 40,000 new cases of AIDS over the next 2 years in the United States alone.

One of the crucial questions about AIDS, of course, is: Can it be transmitted by normal social contact? The answer to this question is at this point unclear. Most of the medical officials in our country say no, although they are not certain about that.

The syndrome has been reported as striking mainly male homosexuals, 72 percent, roughly, of AIDS cases. It has also affected 10 percent, 123 percent recipients of blood transfusions and 17.2 percent of the AIDS cases. This means that a significant number of innocent victims in no-risk groups have been affected by the disease. 3.6 percent Haitians, 0.6 percent hemophiliacs, 1.2 percent recipients of blood transfusions and 3.8 percent belonging to no apparent risk group. There are about 500 of these 13,000 AIDS cases today that medical science cannot really find a cause for how those persons acquired it.

There are about 2 percent, close to that, of people who were in medical need of a blood transfusion, went to a blood bank or a hospital and got a blood transfusion and ended up with AIDS, about 260 people nationwide in this category today.

The live AIDS virus has been found in blood, semen, serum, saliva, urine, and tears. There are 216 reported cases of AIDS linked to the use of blood or blood products, blood transfusions, or hemophiliacs. Research studies indicate that the median lifetime number of male sexual partners for homosexual male AIDS patients is 1,160.

Regarding treatment, the UCLA Medical Center estimates that the average cost of care in California, paying an average of 2 to 3 months of hospitalization, with 1 to 3 weeks in the intensive care unit, equaling a total cost of $50,000 to $100,000, per patient. At the present time there is no known cure for AIDS.

As to the magnitude of the risk to our world, listen to these words from Dr. John Seale, writing in the August issue of Britain's Journal of the Royal Society of Medicine, stating that AIDS is capable of producing a lethal pandemic throughout the crowded cities and villages of the Third World of a magnitude unparalleled in human history.

Some of these matters were brought to this Member's attention in my home State of California over the recent August break, and indeed we Californians have 25 percent of the AIDS cases that have been so far reported in the United States. Of those 25 percent of the cases, 60 percent of them are located in San Francisco, Los Angeles, although some are spread out in other areas of the State of California. About 40 percent of the total cases are located in the State of New York.

Members would be interested to know that since 1982, $407 million has been expended on AIDS research. In 1982, just 4 years ago, only $5.6 million was appropriated for research. In 1986, just under $200 million has been earmarked by the Federal Government, indicating a response for the need. However, there is a question in anybody's mind in the Congress today that we will supply the funds that are requested by our public health authorities in order to hopefully find a cure for the disease, although the prospects for finding it is not entirely optimistic in terms of a forecast.

As a result of certain information that was brought to my attention last month, I wrote a letter to the Public Health Service on August 8, asking that body in this country to take some action in order to protect the integrity of the blood supply and to rely upon whenever we have need for a blood transfusion. At that time, when you went to a blood bank, you were given two forms to fill out. One form contained 20 questions. One of the questions was whether or not you are an intravenous drug user. Because in mind that category of people have contributed about 17 percent of the AIDS cases.

If you answer that question "yes" to the blood bank, the official position is you cannot donate blood.

You are also given another form, this was as of August 8 of this year, in which the blood banks listed certain persons in a "should not donate" category. In the "should not donate" category were listed polygamous male homosexuals. The inference being that if you are a polygamous male homosexual as of that date, August 8, your blood was welcome in the blood supply of the country. The rationale for that position was that the Elisa test that was begun in the early part of this year that detected any AIDS virus that may have been in the blood of a
monogamous male homosexual so the blood supply was protected.

The defect in that reasoning is the fact that of those who test negative, there is a 4 percent fall rate. In other words, of those monogamous male homosexuals who are given the test, a false negative exists, where 4 percent of the total so their blood is getting into the blood banks of America.

My letter of request to the Public Health Service was that all male homosexuals be required to donate blood so as to protect the integrity of the blood supply of this country. I am happy to say to may colleagues that just 1 month later, September 8, CDC, speaking for the Public Health Service, adopted a regulation in which it placed monogamous male homosexuals on the same basis as polygamous male homosexuals. Namely, that they were both placed into the "shout not donate" category.

The puzzling thing about this position is that drug users who contribute roughly 17 percent of the cases of AIDS are in the "cannot" category. Yet male homosexuals who contribute 75 percent of the cases of AIDS are still today in the "should not donate" category. I asked Dr. Mason, head of Public Health Service, the other day in my office to put all male homosexuals in the same category as intravenous drug users on the rationale that if it is in the public interest, and I believe it is, to suggest that intravenous drug users who contribute roughly 17 percent of the cases of AIDS are not permitted to donate blood, then I would submit that it follows that a category who contribute 75 percent of the known cases of AIDS should also be in the "cannot" category. He said he would look into it.

Quite frankly, my friends, I believe that the reason that the CDC acted so promptly, promptly being 30 days from the time of my letter of August 8, was because they could not defend the position that were taking with respect to blood donation into the blood banks of America the blood of those who claim to be monogamous male homosexuals. That is the reason I believe on September 8 that they wisely adopted the policy that significantly impeded the recommendation that I asked them to make. I hope that they will have the wisdom to take the additional step of placing all male homosexuals into the "cannot" category as well to further protect the integrity of our blood supply.

I think it is time that we say to the American people that our blood supply today that any of us has recourse to utilize is contaminated with a modest quantity of AIDS virus. Any of us bear a small risk of getting AIDS if we take a blood supply today from a hospital or a blood bank or what have you. The public health authorities are faced with a very delicate choice: If we had a perfect world, we would throw out all of the supplies of blood in the blood banks of America today. But if we did that, those who depend on that blood and plasma for life-giving sustenance would be denied the receipt of that needed commodity. The judgment call has been made that the risk that the donor of blood has of being infected from the blood bank would be far greater in number than those who statistically are going to get AIDS from continuing to receive blood from the blood supply of this country. I think probably that is a sound judgment.

What should we do as a country in this country, when faced with the problem of needing a blood transfusion? We should encourage the blood banks, the hospitals of this country to set up direct donation of blood, so that when our loved ones have a need for a blood transfusion, we can, within the framework of our family units and our close loved ones, receive the blood that we need. This reduces the chance, significantly, of any recipient of blood innocently receiving AIDS.

In some places of this country this is followed today. Not everywhere, but in some places. I believe it is one policy option that our public health authorities should be diligently pursuing in order to protect the integrity of the blood supply of this country and the health of the people of America.

A good question comes into existence, and that is why it took a letter from a Member of Congress on August 8 to cause CDC to change its policy with respect to who cannot or should not be donating blood. Up until that point, CDC had made a judgment balancing competing interests. On the one hand, protecting the integrity of the blood supply of the country; on the other hand, protecting the sensitivity of the male homosexual community of America.

As of August 8, when I wrote that letter, they had come down on the side of protecting the integrity of the sensitivity of the male homosexual community of America, and to that extent, I believe that they made a serious error of judgment. To a large extent, they have corrected that error of judgment, and I think they should be commended for the step that they have taken.

I think today in this country it is time our public health authorities recognize the epidemic that is going on and pursue certain policy options that when this balance effect has to take place, will come down on the side of protecting the integrity and the health of the public at large and be less concerned for protecting the sensitivity of these tragic AIDS victims for whom we can have nothing but compassion, and I certainly do, because they are going to die. There is no cure for it at this time.

But those of us in public life are called upon to make choices, some of them hard. In this instance I think the choice of protecting the public health must take precedence over the sensitivities of that group in our culture which has contributed the largest percentage of these AIDS cases; namely male homosexuals.

In this spirit, I wrote the letter that I did to the head of the Public Health Service. As a result of the controversy that developed in California in mid-August over this issue, a lawyer from San Francisco called me on the phone and brought to my attention a case he was handling for four nurses working in the San Francisco General Hospital. General practitioner nurses.

He told me a tale that is very difficult to believe upon hearing. What he said was this: San Francisco General Hospital adopted a policy that said to the nurses, "When you are treating victims of AIDS in this hospital, you may not wear gowns, masks, and gloves because when you do that you impinge on the sensitivity of the AIDS patients." When the patients in that hospital treating AIDS patients wore gowns, masks, and gloves such as dentists, doctors, x-ray technicians, dietitians, maintenance workers; anybody else going into the room.

These nurses made a legal claim of discrimination, and so they brought their case to California OSHA in Sacramento.

OSHA sent an investigator to look into this matter and a couple weeks ago made an interesting decision. It said that the nurses were right, that they should be permitted to wear gowns, masks, and gloves in treating these AIDS patients so long as other health practitioners were permitted to do the same; but that they could not.

OSHA did, to enter an interesting little footnote to their decision. They said, "Nurses, you may wear gowns, masks, and gloves, except in those cases where the doctors treating the AIDS patients make otherwise on the chart.

A day after this decision by OSHA, the doctors treating AIDS patients went around one by one and made notations on the charts stating that the nurses were not to wear gowns, masks, and gloves, in treating those AIDS patients.

When you hear discrimination of that type, you wonder what in the world is going on. I will tell you what is going on. That hospital has an administration consisting of a majority of male homosexuals. They are running the facility in a way that exhibits the bias I have described.

I think it is intolerable, it is insufferable that such a condition would be permitted to exist and I believe that we in the Congress, having control and responsibility for disbursing Federal funds, when we fund this hospital in San Francisco, should be saying to any hospital receiving Federal funds, "You may not discriminate in respect to health care of workers in your facilities."
I believe at this point it is necessary that we in Congress consider what policy options are available to us and I have sent out a "Dear Colleague" letter to the Members of this House and I want to describe what those policy options would be right now.

The first bill would make it a felony for a person in a high-risk group to knowingly donate blood. The CDC defines a high-risk group which includes those with AIDS, intravenous drug users, homosexuals, those receiving transfusions within the previous year, or males who have had sex with another male since 1979.

This is to give teeth to the Public Health Service guidelines with a criminal penalty. It is not different than when you go down to a bank and seek a loan from your banker. You list your assets and liabilities and on the bottom you sign that the statements you have provided are correct, true, and accurate, and in some cases you sign under penalty of perjury. Most of us correctly state our condition, but if we do not, the system provides a means for going after those who deliberately misrepresent their status.

Strange and weird as it may sound, my office has received unconfirmed reports, which are difficult to check out, that certain male homosexuals in this country are so incensed and frustrated that America has not found a solution to the AIDS crisis as to murder the members of the disease that they have in a spirit of spite threatened to donate blood, those with AIDS, in order to contaminate the blood supply, hoping to reach the heterosexual world so as to increase the level of attention that we of the heterosexual world, the 98 percent of us in this country, may be willing to devote to this tragic disease.

To those who may have the inclination, let me observe that we in the Congress will appropriate what is necessary, and not limitation. Do our health authorities for research funds to hopefully find a cure for this tragic disease. We do not need threats of that nature. Threats of that nature will not add anything to the solution, but I think this law that I am talking about is necessary so that if we do have people who conduct themselves in that way that we have the means to bring them to justice for their excesses.

The second bill forbids discrimination against nurses and health care practitioners from using protective garments in treating AIDS patients.

I previously described to the Members what was encountered in the San Francisco General Hospital and the rationale as to why we should adopt that regulation.

I am advised that tomorrow the House is scheduled to take up the appropriation bill for HHS. This Member will attempt to offer an amendment to that bill that is clear that we will not tolerate the discrimination that we have encountered, as I have described, in the city and county of San Francisco at the San Francisco General Hospital.

The Members know very well that the rules of this House have been so structured that it is very difficult to offer such an amendment because you have to keep the committee from rising in order to be able to offer your amendment. That is done as a means of preventing accountability for the Members of this House as to our actions.

To my Democratic colleagues who run this place, I would suggest that here is another instance where your crushing of the rules, the rules, has prevented some of us from offering an amendment that we otherwise would like to pursue.

The third bill would prohibit those persons with AIDS from practicing in the health care industry. Common sense dictates that a doctor, nurse, dietician, or technician with AIDS should not come into contact with other individuals in a medical setting.

The fourth bill addresses halting the transmission of AIDS through sexual contact. This bill would provide that any city throughout the United States which fails to shut down its bath houses will be denied Federal funds. The medical community is in full agreement that AIDS is transmitted through promiscuous homosexual contact. This disease that they have in a spirit of spite threatened to donate blood, those with AIDS, in order to contaminate the blood supply, hoping to reach the heterosexual world so as to increase the level of attention that we of the heterosexual world, the 98 percent of us in this country, may be willing to devote to this tragic disease.

The fifth bill concerns the school attendance of students with AIDS. I believe such schoolchildren should be prohibited from attending school. Although CDC has promulgated contrary guidelines, I believe they are inadequate to deal with the special circumstances attendant upon the classroom situation. Children come into close contact with one another during the course of the school day and cannot be expected to shoulder the burden of taking necessary precautions in dealing with another AIDS child.

I would commend to the reading of my colleagues an article that was written by Norman Podhoretz, dated October 1, at least that is the date that I saw it, in a publication in the Salt Lake City Tribune, distributed by the News America Syndicate. He raises a very interesting series of questions about this whole problem of AIDS. It begins in the article as to accountability from where it has come from. This is a quotation from that article:

Yet while there has been a good deal of revision felt and expressed in private, the public response has been a teach acceptance of the idea propagated by homosexual activists that it is the rest of us who are responsible for the existence and spread of this horrible disease.

From the idea that the rest of us are to blame, it follows that we must give "top priority" to halting the spread of AIDS. This, in fact, is what the Reagan administration, speaking through the President, himself, has agreed to do.

Then Mr. Podhoretz goes ahead and describes how the AIDS virus is transmitted and what people must do in order to decrease the spread of the disease.

Dr. James C. Mason, director of the National Centers for Disease Control in Atlanta, flatly stated that no new drug or vaccine is needed to halt the spread of AIDS. "We could stop transmission of this disease today," he said if only homosexuals (and intravenous drug users—but they are another story) were willing to observe certain precautions.

In speaking of these precautions, however, that is, with one or two exceptions like the New York Post, have, as Newsweek puts it, surrendered to "a squeamish lack of specificity." Reporters have used vague phrases like exchange of bodily fluids, intimate sexual contact," and they have rarely pointed to "the correlation between AIDS and extreme promiscuity."

God's plan for man was Adam and Eve, not Adam and Steve, and when a human male penis is inserted into the anus of another male and sperm for the donor ends up in the anus of the recipient, there is every reason to believe this is the means by which AIDS is spread, because the lining of the anus is so structured as to not to be able to resist to preserve the sperm from entering into the bloodstream of the recipient. That interaction of the sperm into the bloodstream of the recipient is the cause of why most people, or a lot of people say AIDS has developed in our culture.

We in Congress must pass a law dealing with the morality and the sexual mores of our people. That is beyond our reach. It is none of the business of the Federal Government or the State government or any government in America what two people, may or may not "do" in the privacy of their own homes; but when these activities take place in public chambers, such as bath houses currently in existence in different places in America, so as to permit the transmission of a disease which is known to be transmitted by sexual contact, some of us in public life must speak up to say where per-
happens we have misplaced our emphasis in terms of what we should be doing.

We live in a permissive hedonistic world in America and this AIDS epidemic is a means whereby perhaps our attention has been drawn to the excesses that have come into our society.

It is my hope that health officers around the country will have the courage to embrace the convictions to take on the strength of the Male homosexual political community and their environs and to take action to shut down those bath houses which are known to be places where AIDS are transmitted. I am talking about places in my home State of California, like San Diego and Los Angeles and San Francisco right now.

The city council of the city of Los Angeles was so influenced by the perceived political clout of the male homosexual community that they adopted an ordinance by eight to nothing saying that persons could not discriminate against those who had AIDS.

I would like to thank my colleagues for this opportunity and as this matter progresses, I will have another opportunity to share these thoughts with my colleagues.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. PARRIS) is recognized for 60 minutes.

[Mr. PARRIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Dakota (Mr. DORGAN) is recognized for 60 minutes.

[Mr. DORGAN of North Dakota addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders hereofore entered, was granted to:

(The following Members (at the request of Mr. SLAUGHTER) to revise and extend their remarks and include extraneous material):

Mr. BILLIKAKIS, for 20 minutes, today.
Mr. DANNEMEYER, for 30 minutes, today.
Mr. PASHAYAN, for 5 minutes, today.
Mr. SLAUGHTER, for 60 minutes, October 8.
Mr. LEACH of Iowa, for 60 minutes, October 8.
Mr. DREIER of California, for 60 minutes, October 8.
Mr. RUDY, for 5 minutes, today.

(The following Members (at the request of Mr. ECKART of Ohio) to revise and extend their remarks and include extraneous material):

Mr. SLATTHEY, for 5 minutes, today.
Mrs. BOECK, for 5 minutes, today.

Mr. ANNUNZIO, for 5 minutes, today.
Mr. KLECKZA, for 5 minutes, today.
Mr. GAYDOS, for 30 minutes, on October 3.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mr. SLAUGHTER) to include extraneous matter):

Mr. MOORHEAD.
Mr. LEWIS of California in two instances.
Mr. MOORE.
Mr. SCHAEFER.
Mr. DANNEMEYER.
Mr. GREGG.
Mr. WHITEHURST.
Mr. TAUBE.
Mr. WOLF.
Mr. HYDE in two instances.
Mr. COURTER in two instances.
Mr. GUNDERSON.
Mr. GERAS.
Mr. DIOGUARDI in three instances.

(The following Members (at the request of Mr. ECKART of Ohio) to include extraneous matter):

Mr. MAVROULES.
Mr. STARK.
Mr. RICHARDSON in two instances.
Mr. MORRISON of Connecticut.
Mr. BARNES.
Mr. TRAXLER in two instances.
Mr. MICA.
Mr. GARCIA in two instances.
Mr. COELHO.
Mr. HOYER.
Mr. PEPPER.
Mr. FRANK.
Mr. EDWARDS of California in two instances.
Mr. ACKERMANN in two instances.
Mr. PASSELL.
Mr. LANTOS.
Mrs. SCHROEDER.
Mr. MURTHA.
Mr. FLORIO.
Mr. WIRTH.
Mr. RODINO.
Mr. EDGAR.
Mr. MARKY in two instances.
Mr. HUBBARD.
Mr. BENNETT.
Mr. LAFLACE.
Mr. RENFRO.
Mr. MINTZ.
Mr. TOWNS in two instances.

SENATE BILL AND JOINT RESOLUTIONS REFERRED

A bill and joint resolutions of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1701. An act to authorize a partial transfer of the authority of the Maine-New Hampshire Interstate Bridge Authority to the States of Maine and New Hampshire; to the Committee on Public Works and Transportation.

S.J. Res. 108. Joint resolution designating the week beginning January 12, 1988, as "National Fetal Alcohol Syndrome Awareness Week"; to the Committee on Post Office and Civil Service.

S.J. Res. 201. Joint resolution to designate the week beginning September 22, 1985, as "National Needlework Month"; to the Committee on Post Office and Civil Service.

S.J. Res. 205. Joint resolution to authorize and request the President to designate the month of December 1985, as "Made in America Month"; to the Committee on Post Office and Civil Service.

ENROLLED BILLS SIGNED

Mr. ANNUNZIO, from the Committee on House Administration, reported that that committee had examined and found truly enrolled bills of the House of the following titles, which were therewith signed by the Speaker pro tempore.

H.R. 3452. An act to extend for 45 days the application of tobacco excise taxes, trade adjustment assistance, certain medical reimbursement provisions and borrowing authority under the railroad unemployment insurance program; and

H.R. 3454. An act to extend temporarily certain provisions of law.

BILLS AND JOINT RESOLUTIONS PRESENTED TO THE PRESIDENT

Mr. ANNUNZIO, from the Committee on House Administration, reported that that committee did on the following days present to the President, for his approval, bills and joint resolutions of the House of the following title:

On September 20, 1985:

H.J. Res. 128. Joint resolution designating the month of October 1985 as "National High-Tech Month"; and

H.J. Res. 299. Joint resolution recognizing the accomplishments of the past 50 years resulting from the passage of the Historic Sites Act of 1935, one of this Nation's landmark preservation laws.

On September 25, 1985:

H.R. 1042. An act to grant a Federal charter to the Pearl Harbor Survivors association;

H.J. Res. 229. Joint resolution designating the week beginning September 22, 1985, as "National Adult Day Care Center Week"; and

H.J. Res. 214. Joint resolution to designate the week beginning September 12, 1985, as "National Dental Hygiene Week";

H.J. Res. 394. Joint resolution reaffirming our historic solidarity with the people of Mexico following the devastating earthquake of September 19, 1985;

H.J. Res. 305. Joint resolution to recognize both Peace Corps volunteers and the Peace Corps on the Agency's 25th anniversary, 1965-85; and

H.J. Res. 287. Joint resolution to designate October 1985 as "Learning Disabilities Awareness Month."

On September 27, 1985:

H.J. Res. 388. Joint resolution making continuing appropriations for the fiscal year 1986, and for other purposes.

On September 30, 1985:

H.R. 3414. An act to provide that the authority to establish and administer flexible and comprehensive work schedules for Federal Government employees be extended through October 31, 1985;

H.R. 3452. An act to extend for 45 days the application of tobacco excise taxes, trade adjustment assistance, certain medical reimbursement provisions, and borrowing authority under the railroad unemployment insurance program.
with St. Jude's and the University of Tennessee to qualify.

I am pleased that our colleague from California has pointed out the events in the next few weeks that are going to occur and feel confident that when he is finished we will find that Memphis uniquely qualifies.

The CHAIRMAN. The time of the gentleman from Tennessee (Mr. Ford) has again expired.

(By unanimous consent, Mr. Ford of Tennessee was allowed to proceed for 1 additional minute.)

Mr. NATCHER, Mr. Chairman, will the gentleman yield?

Mr. FORD of Tennessee. I yield to the gentleman.

Mr. NATCHER, Mr. Chairman, as pointed out by the distinguished gentleman from the committee on health that is in charge of the authorizations for NIH, the gentleman knows that of course this project is not authorized and would be subject to a point of order.

I want to commend the gentleman on an excellent statement concerning this particular matter, and certainly after the authorization is enacted, and any time that the gentleman appears before our committee, he is going to get a good hearing.

Mr. FORD of Tennessee. I thank the distinguished subcommittee chairman for that.

Mr. Chairman, in light of that, I ask unanimous consent to withdraw my amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. DANNEMEYER. Mr. Chairman, I move to strike the last word.

(Mr. DANNEMEYER asked and was given permission to revise and extend his remarks.)

Mr. DANNEMEYER. Mr. Chairman, I take the well at this time to explain my reasoning for requesting that the Committee do not rise so that this Member from California will have an opportunity of offering an amendment that relates to the prohibition on the use of funds. The proposed amendment reads as follows:

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Add at the end, the following:  Sec. 3. None of the funds appropriated by this Act may be expended to issue or enforce any regulation, or fund any program which would permit some personnel in medical facilities to wear protective garments in treating AIDS patients and not permit other personnel to do so.
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We Californians have about 10 percent of everything in America: About 10 percent of the people, but in this case, we have sadly, 25 percent of the AIDS patients currently existing in this country. About 13,000 people have AIDS. Half of them have died. As I say, 25 percent of those are in California. Forty percent are in New York City.

A set of circumstances came to my attention during the August recess that prompts me to draw your attention to this matter at this time. A lawyer from San Francisco called my office in Fullerton relating a situation about some nurses working in the San Francisco General Hospital. They are general practitioners taking care of routine patients, including AIDS patients.

□ 1545

These four nurses were told that in taking care of AIDS patients they could not wear gowns, masks, and gloves because they would impinge on the sensitivity of the AIDS patients. Bear in mind that every other health practitioner in that hospital taking care of AIDS patients wears gowns, masks, and gloves. These nurses were singled out, saying, "You cannot wear this protective clothing in the performance of your duties." It is weird to even think that this could exist. These nurses complained to CAL-OSHA and CAL-OSHA came from Sacramento to San Francisco for an investigation. They asked, "Is this true?"

CAL-OSHA ruled with the nurses and said to the hospital administrators, "You may not discriminate against these nurses in the performance of their duties except in those cases where the doctors have noted on the chart of the AIDS patient that something else shall take place."

And what do you know? The day after CAL-OSHA issued its decision, medical and the nurses against the discrimination doctors went around to the AIDS patients in the San Francisco General Hospital and noted on the chart that the nurses were not to wear gowns, masks, and gloves. And get this: At the moment when the doctor himself or herself writing that notation on the AIDS patient's chart, that doctor was wearing not one set of gloves but two and a gown and a mask to protect his physical self and the ones he works with and his loved ones. But these doctors seek a different standard for themselves in the performance of their duties.

In response to this situation, I wrote to the Director of HHS, Public Health and Human Services, and also the Public Health Service and complained that this situation is intolerable. These nurses should be able to protect themselves as they go about their duties. And today I received a response from PHS in which they said, "This is a matter that we will relegate to the discretion of the hospital in question."

In other words—

Mrs. BURTON of California. Mr. Chairman, will the gentleman yield, please?

Mr. DANNEMEYER. Not at this time.

PHS is not going to do anything about this discrimination. The State has fined it, PHS has fined it, and I do not think we should permit this. There is uncertainty in the medical community as to whether AIDS can be transmitted by normal social contact, but those doctors and dentists and technicians and x-ray people and dietitians treating those AIDS patients are wearing gowns, masks, and gloves, and I happen to believe that those nurses should be permitted to do the same.

All my amendment says is that none of the funds appropriated by this act may be expended to issue or enforce any regulation or fund any program which would permit some personnel in medical facilities to wear protective garments in treating AIDS patients and not permit other personnel to do so.

Mr. CHAIRMAN. The time of the gentleman from California (Mr. DANNEMEYER) has expired.

(By unanimous consent, Mr. DANNEMEYER was allowed to proceed for 1 additional minute.)

Mr. DANNEMEYER. Mr. Chairman, I ask for the assistance of my colleagues to keep the Committee from rising so that this Member would be able to offer this relatively minor amendment. I am hopeful that we will not even have to keep the Committee from rising and that the Committee will accept it.

Mrs. BURTON of California. Mr. Chairman, will the gentleman yield?

Mr. DANNEMEYER. I am happy to yield to my friend, the gentlewoman from San Francisco, CA.

Mrs. BURTON of California. Mr. Chairman, I represent the city of San Francisco, and the gentleman is talking about our general hospital. Now, I talked to the public affairs officer of the Department of Public Health at San Francisco General Hospital just a little while ago.

Mr. Chairman, I am asking the Committee to keep the city of San Francisco and the gentlewoman from San Francisco, CA, present. Mr. Chairman, I represent the city of San Francisco, and the gentleman is talking about our general hospital. Now, I talked to the public affairs officer of the Department of Public Health at San Francisco General Hospital just a little while ago.

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Mr. Chairman, I am asking the Committee from rising so that this Member would be able to offer this relatively minor amendment. I am hopeful that we will not even have to keep the Committee from rising and that the Committee will accept it.
Chair recognizes the gentleman from New York (Mr. KEMP).

Mr. KEMP. Mr. Chairman, I move to strike the last word.

The CHAIRMAN. The Chair recognizes the gentleman from New York (Mr. KEMP).

Mr. KEMP. Mr. Chairman, I would like to engage the chairman of the subcommittee in a colloquy, and then, if I have time left over, I would be glad to yield to the Members.

Mrs. BURTON of California. Mr. Chairman, will the gentleman yield for half a minute and let me finish my statement?

Mr. KEMP. Yes; briefly, I yield to my colleague, the gentlewoman from California.

Mrs. BURTON of California. Mr. Chairman I thank the gentleman for yielding.

No. 2, the doctors at San Francisco General Hospital may wear whatever they want, and most of the children's doctors wear protective clothing. These are the doctors, mind you. This is even when examining AIDS patients. Other hospital personnel are treated like the nurses. No personnel are punished for this behavior, unless they are caught. And the hospital follows the Center for Disease Control guidelines, as it should.

So all of the statements that the gentleman from California [Mr. Danemeyer] made are not true about San Francisco General Hospital.

Mr. DANEMEYER. Mr. Chairman, will my colleague yield?

Mr. KEMP. Mr. Chairman, since I have the time, I will be glad to yield briefly. I have a very important colloquy that I would like to engage in with the chairman of the subcommittee, so I would appreciate the gentleman's using just a brief amount of time.

Mr. DANEMEYER. Mr. Chairman, I can respond to my colleague, the gentlewoman from California, to repeat that Cal-Osha found the discrimination that I have described. One of the nurses' names is Watson. The recitals I made to the Members of this House are absolutely correct. Discrimination has been practiced against those nurses, and I would ask my colleague, who has a long history of exhibiting antidiscrimination and voting against discrimination to follow me in this instance, assuring to these nurses that they may have the same protection that other health care personnel in that facility have. What is wrong with that?

Mrs. BURTON of California. Mr. Chairman, if the gentleman will yield—

Mr. KEMP. Mr. Chairman, I am going to apologize to my colleagues, but I must reclaim my time. I am glad they had a chance to make their points.

Mr. NATCHER. Mr. Chairman, before the gentleman proceeds, would the gentleman be kind enough to yield to the gentleman from California (Mr. Lehman) if the gentleman needs more time, we can seek to get additional time for him.

Mr. KEMP. I am happy to yield to the gentleman from California.

Mr. LEHMAN of California. Mr. Chairman, I thank the gentleman for yielding. I take this time for two reasons. First I want to commend the gentleman for these efforts, but I would also like to bring up an issue important to my district and my State, targeted refugee aid, and to commend my good friend from California for his efforts in this regard as well.

I bring to the attention of this House the committee report language adopted unanimously by the full committee last week which directs OMB to release $11.5 million in disputed refugee funds. The gentleman from California led the effort to secure this language making it clear to OMB that Congress intended all $89 million appropriated for the Targeted Assistance Program in 1985.

I also would like to bring the attention of this body to the lawsuit I filed just hours ago by U.S. District Court Judge Robert P. Aguilar which instructs OMB to immediately release the disputed $11.5 million to eligible counties and ask unannounced inspections to have the court order inserted into the Record of this debate.

Thank you Mr. Chairman, and again my commendation to my good friend and colleague for his efforts in protecting integrity and constitutional prerogatives of the Congress.

The court order follows:

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

No. C 85-20593 RPA

TEMPORARY RESTRAINING ORDER AND ORDER TO SHOW CAUSE WHY PRELIMINARY INJUNCTION SHOULDN'T WOE

Don Edwards, Richard H. Lehman, Sala Burton, Howard Berman, Robert T. Matsui, Vic Fazio, County of Santa Clara, Lao Community, Inc., Bach Viet Association, Inc., and Tang County of California, Plaintiffs,

versus,

Margaret Heckler, as Secretary of the United States Department of Health and Human Services, James Baker, as Secretary of the United States Department of Treasury, and Joseph Wright, as Acting Director of the Office of Management and Budget, Defendants.

Plaintiffs have moved for a temporary restraining order pursuant to Federal Rules of Civil Procedure 65 and 65a. Defendants have filed a memorandum in opposition. The parties have appeared through their respective attorneys. After reading and considering the relevant papers and oral arguments, the Court finds and orders as follows:

This case arises from a conflict between the legislative and executive branches of the United States Government over the allocation of non-appropriated funds. The case involves the Refugee Targeted Assistance Program in Fiscal Year 1985.

Plaintiffs have made a temporary restraining order pursuant to Federal Rules of Civil Procedure 65 and 65a. Defendants have filed a memorandum in opposition. The parties have appeared through their respective attorneys. After reading and considering the relevant papers and oral arguments, the Court finds and orders as follows:

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October 2, 1985

Congressional Record — House

H 8041

Defendants by serving their counsel. Defendants shall personally serve upon counsel for plaintiffs all papers in opposition to this Order to Show Cause no later than 10:00 a.m. on October 11, 1985. Plaintiffs shall personally serve upon counsel for defendants any papers in reply to defendants' opposition no later than 10:00 a.m. on October 12, 1985.

This Temporary Restraining Order shall remain in full force and effect through October 25, 1985, pursuant to the consent of all parties, or until further order of this Court. At any time it shall be void in accordance with Rule 65 of the Federal Rules of Civil Procedure. It is so ordered.


Robert P. Aguilar,
U.S. District Judge.

Mr. KEMP. Mr. Chairman, I would state to the subcommittee chairman, the gentleman from Kentucky [Mr. Natcher], that in my judgment the two sides of the aisle are supporters of a Federal commitment to provide family planning services to the poor. Many of us, Mr. Chairman, have been concerned about the activities of some of the "title X" family planning, planning grants who, in our opinion, encouraged the use of abortions as a mechanism of family planning and have done so with Federal funds.

Most of us would agree, I think, that abortion by its very nature is not a method of family planning. In June the House debated the reauthorization of title X of the Public Health Services Act under suspension of the rules because many Members wanted the opportunity to deal with this very important issue. The distinguished chairman of the subcommittee, the gentleman from Kentucky [Mr. Natcher], did not include title X moneys in the bill because the program lacks an authorization, but the other side has included funding for title X in its subcommittee bill.

Could the subcommittee chairman give us his assurance that I or some other Member who is concerned about this issue would be able to offer an amendment to the continuing resolution when it is considered by the House in November?

Mr. NATCHER. Mr. Chairman, will the gentleman yield to me?

Mr. KEMP. I am glad to yield to my friend.

Mr. NATCHER. Mr. Chairman, as the gentleman knows, on November 14 the first continuing resolution expires. The distinguished gentleman from New York is a member of the Committee on Appropriations, and certainly it would be a normal procedure at that time before the full Committee on Appropriations to offer his amendment, at the time we take up the second continuing resolution. That would be his right and his privilege as a member of the subcommittee.

Mr. KEMP. Mr. Chairman, I thank the subcommittee chairman. I strongly support an amendment, whether it be to an authorization or an appropriation, that will provide family planning services to the poor while prohibiting U.S. funding for organizations that perform, counsel, and refer for abortion. At a simple point, but one that bears repeating again and again. Abortion is not a method of family planning. When title X was first enacted in 1970 it was intended to provide contraceptive services to women in the poor and near-poor categories, to subsidize research into and development of new contraceptive techniques. Congress clearly intended to establish a wall of separation between the pregnancy prevention and pregnancy termination. Planned Parenthood argued in testimony to the House that: "Title X deals positively with the problem of unwanted fertility by preventing unwanted pregnancies. Indeed, the law makes it clear, by excluding abortion from the services authorized under title X, that all of the funds are to be used for prevention."

Congressman John Dingell, in explaining the intent of his amendment barring the use of funds in programs that include abortion as a method of family planning, said: "There is a fundamental difference between prevention of conception and the destruction of human life." Yet title X grantees perform and counsel for thousands of abortions each year. Planned Parenthood performed 64,947 abortions in 1984. My amendment supports family planning by extending the wall of separation between contraception and abortion. This all separation will make it clear that Congress is committed to encouraging the use of family planning but will not require U.S. taxpayers to underwrite the use of abortion as a means of family planning. It is time to send a clear signal to recipients of title X funds — many of whom are confused and concerned by our failure to fully address this issue — that abortion is not a method of contraception, but a method of planning and that those programs that continue to advocate abortion will be ineligible for the taxpayer's dollars. Those title X grantees that are truly concerned about the need to provide family planning services to the poor will choose Federal funding over abortion.

Earlier this year the House voted to uphold President Reagan's policy on population and prohibit funding for international organizations that include abortion as a method of family planning. Title X of the P.L. 93-244 to 1974. My amendment extends the same rights and responsibilities to domestic family planning agencies. These agencies would be provided with a choice between Federal funding and abortion advocacy funds. Domestic family planning agencies have been asked to choose. Many have chosen to continue their support to Federal funding without abortion, and with the benefit of Federal funding. I hope that our domestic family planning agencies will make the same choice.

Children are our most precious resource. Let us support those organizations that help people plan their families with dignity and hope for the future, and end taxpayer subsidies for the practice of abortion as a family planning alternative.

(Mr. KEMP asked and was given permission to revise and extend his remarks.)

Mr. FRANK. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I want to welcome my friend, the gentleman from California, to the cause of zealous antidiscrimination issues. It is not a guise in which he has previously envisioned him, but it is one I hope he will have here.

I do think, however, that we ought to understand that if the motion to rise is defeated, if we are going to get beyond the appropriations part of it and into the question of using this bill to deal with nondiscrimination it would be unworthy of genuine antidiscrimination proponents to deal only with this issue.

I can say parenthetically that I am inclined to agree with the gentlewoman from California on the issue, although the very factual dispute points out the difficulty we have if we move, through the appropriations subcommittee process, the author of each discrimination dispute amendment. But if we are not to rise and we are to deal with discrimination, I just want to advise Members that the Grove City issue will then be before us.

During the rollo, if we have one, I have amendments that will be prepared, and if we are going to say that within this bill we are going to prevent discrimination, it seems to me we ought to deal with this question of the Grove City decision. The Supreme Court was wrong. So if we are going to deal with the question of discrimination, we will yield to the gentleman, the gentleman from California, who stands there — I would ask him, would he not agree with me that if this is an appropriate vehicle to deal with the question of antidiscrimination, on the matter of the question of the Grove City decision, sex discrimination, race discrimination, and discrimination against the handicapped, ought we not, if we are to deal with this issue, deal with this one as well?

Mr. Chairman, I yield to the gentleman from California in order to respond to the question.

Mr. DANNEWEYER. Mr. Chairman, to the observation of my friend I can make this statement —

Mr. FRANK. If the gentleman will allow me to say this, it was not an observation. I want to be sure the gentleman understands. It was a question, not an observation here.

Mr. DANNEWEYER. In response to the gentleman's question, I can make the observation that my amendment relates to discrimination in a very
Mr. FRANK. I understand, but I just want to ask the gentleman a question. I take it back now because I want to ask the gentleman a question and get an answer. He had time to explain his amendment, and it was fairly simple. Certainly its genesis was.

But my question to him was, if we are to deal with antidiscrimination, ought we not deal with these fundamental questions of antidiscrimination? It is my intention to abide by the will of the House. If the House wants to rise and deal in the appropriations process with appropriations questions, that is fine. But if the House wants to deal with antidiscrimination, that is also fine, but I think that we ought to then deal with more fundamental discrimination questions. I would not want the gentleman from California to be a nitpicking antidiscriminator. If he is going to become a born-again antidiscriminator, let us deal with fundamental issues.

Mrs. BOXER. Mr. Chairman, will the gentleman yield?

Mr. FRANK. I yield to the gentleman from California.

Mrs. BOXER. Mr. Chairman, I thank the gentleman for yielding.

I truly agree with the gentleman that since my colleague, the gentleman from California, has shown his great desire to see that women have equality in the workplace, we should definitely, if we do not rise, take up these broader questions.

But I support the motion to rise, and I want to really tell the gentleman why I say to the gentleman—

Mr. FRANK. Mr. Chairman, let me take back my time. The gentleman from California can get her own time. I want to begin to talk to my friends.

Mrs. BOXER. Mr. Chairman, I want to say to the gentleman that I will not be able to because we will rise very shortly. I need just 10 seconds to just say that I have here an actual report the gentleman should be interested in.

Mr. FRANK. I yield to the gentleman from California.

Mrs. BOXER. I think the gentleman will appreciate that I have something that he would be interested in. I have a copy of the report of the inspector who inspected for Cal-Osha San Francisco General Hospital, in which he said there are no violations of OSHA health and safety standards, and that the hospital policy closely adheres to CDC guidelines for infectious disease control for AIDS.

So there is no point of taking this whole issue up when it is clearly on the record that there are no violations. Nurses can wear whatever protective garments they want. That is clearly the policy.

Mr. DANNEMEYER. Mr. Chairman, will the gentleman yield?

Mr. FRANK. I yield to the gentleman from California to answer my question.

Mr. DANNEMEYER. Is there any real reason why we should not adopt this amendment?

Mr. FRANK. I take back my time. With the gentleman from California telling me if we are going to deal with antidiscrimination, dealing with the question of Grove City? It may be his intention to reaffirm the Supreme Court, but is it not a legitimate topic, if we are going to deal with questions of antidiscrimination?

Mr. DANNEMEYER. Mr. Chairman, will the gentleman yield?

Mr. FRANK. Yes, I yield to the gentleman from California.

Mr. DANNEMEYER. I can tell my colleague that he will have ample opportunity to address the issues of discrimination that he has described when the bill comes before the floor dealing with those issues.

Mr. FRANK. Mr. Chairman, I will take back time.

In other words, the gentleman says the only antidiscrimination issue he wants to deal with is this one, and I want to advise him that he does not have that option. If the House is going to deviate from normal procedure to deal with antidiscrimination, then all of it will be on the table. Otherwise Members ought to vote for the motion to rise.

Mr. WAXMAN. Mr. Chairman, will the gentleman yield?

Mr. FRANK. I yield to the gentleman from California.

Mr. WAXMAN. (asked and was given permission to revise and extend his remarks.)

Mr. WAXMAN. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, I think it would be really wonderful if this House would take its time to discuss the OSHA dispute at San Francisco General Hospital in depth. I will be putting in the Record a letter I received from the Department of Health and Human Services clarifying what the regulations are. There is no evidence, I think, factually whether CAL-Osha ruled one way or the other. This is all being appealed.

It seems clear to me, however, that this is the kind of issue that is most appropriately resolved by public health officials, hospital administrators, and local agencies. The Congress should not intervene to sustain or overrule each local decision about each hospital, each health professional, and each patient. Clearly the Centers for Disease Control and State of California, the city of San Francisco, San Francisco General Hospital, the various nursing unions and professional organizations—all have given a great deal of consideration about how to contain the AIDS epidemic and how to treat patients effectively and humanely. I would hope that the Congress would not now suddenly choose to enter into this discussion without benefit of full information and advice.

Mr. Chairman, the addendum to which I referred is as follows:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**WASHINGTON, D. C., October 2, 1985**

The Hon. Henry A. Waxman, Los Angeles, California.

Dear Mr. Waxman: This is in response to your inquiry concerning the protection of health professionals who provide care to patients with acquired immunodeficiency syndrome (AIDS).

The Public Health Service (PHS) has recommended the guideline for all health care workers and allied health workers that would include nurses, who work with patients with diagnosed or suspected AIDS. This approach with AIDS is consistent with the way for federal health officials are addressing other contagious diseases, such as smallpox, polio and hepatitis. A copy of the guidelines regarding health care workers and AIDS is enclosed. The guidelines clarify when special precautions, such as using protective gear, are indicated. Further, the guidelines do not restrict hospitals from implementing additional personal protection.

PHS and others have been conducting studies of health-care workers who are exposed to AIDS patients in the course of their work, as those post-exposure injury or providing mouth-to-mouth resuscitation. Of the 1,758 health-care workers participating in such studies who have been tested for antibody to the virus that causes AIDS, 26 (1.5%) were seropositive. All but three of the persons belonged to groups recognized to be at increased risk for AIDS. Epidemiologic information is available for one of these health-care workers who was tested anonymously. The other two suffered needlestick injuries that were possibly attributable to the current guidelines. The enclosed MMWR article dated September 27, 1985, contains more information on these workers.

The PHS recommendations have been widely accepted, and the evidence is persuasive that they are appropriate. Infection control policies work best when they are consistent, reliable, easy to follow, and backed by sound medical judgment. We believe that the current PHS guidelines for clinical and laboratory workers meet those criteria.

We appreciate your interest in AIDS and efforts to control it.

Sincerely yours,

James O. Mason, M.D., Dr.P.H., Assistant Secretary for Health.

The CHAIRMAN. The time of the gentleman from Massachusetts (Mr. Frank) has expired.
The CHAIRMAN. The question is on the motion offered by the gentleman from Kentucky [Mr. Natcher]. The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. DANNEMEYER. Mr. Chairman, I demand a recorded vote, and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. The Chair will count. Seventy-six Members are present, not a quorum. Pursuant to the provisions of clause 2, rule XXIII, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device, if ordered, will be taken on the pending question following the quorum call. Members will record their presence by electronic device.

The call was taken by electronic device. The following Members responded to their names:

[Names of Members]

October 2, 1985

RECORDED VOTE

The CHAIRMAN. Four hundred twenty-two Members have responded to the quorum present, and to the Committee will resume its business.

A recorded vote was ordered. The CHAIRMAN. The vote is on the preferential motion offered by the gentleman from Kentucky [Mr. Natcher] that the Committee do now rise.

The Chair will remain the Members that this is a 5-minute vote. The vote was taken by electronic device, and there were—a "ayes" 238, "noes" 185, not voting 11, as follows:

[Roll No. 330]

AYES—238

Gardos

Ortiz

Gyimah

Owens

Oxley

Panetta

Pence

Perdue

Pickrell

Porter

Price

Rahall

Rangel

Keklovsky

Silver

Perry

Perlman

Bennett

Bilirakis

Biley
The amendments were agreed to.

The SPEAKER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER. The question is on the passage of the bill.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. FRENZEL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 322, nays 107, not voting 5, as follows:

(ROLL No. 331)

AYES—322

Adcock Alexander Akaka Allison Andrews Applegate Aspin Atkin AuCoin Barnard Barnes Bateman Baynes Bedell Belknap Bennett Bercetner Bernett Bertullo Biagi Biaggi Bingham Bilke Bobbitt Boggs Boucher Boxer Brooks Brown (CA) Brunshaw Brule Bryant Burton (CA) Bustamante Carney Carper Chapman Chappell Chay Clinger Coby Coolidge Coelho Courder Courier Courey Crawford Cushing Custer Daves Day DeLay DeBacker DeBenedetti DeCicco DeFrancisco DeKren DeLong Delahunt Delano Delaney Del Bene Deligon Del Bene Del Guercio Delahunt Delafield Delahunt Del Hagen Delano Delano Delano Del Pine Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano Delano 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NEWS RELEASE

STATEMENT OF CONGRESSMAN
WILLIAM E. DANNEMEYER
(R-FULLERTON)

PRESS CONFERENCE

WE MUST TAKE ACTION TO PREVENT THE SPREAD OF AIDS

Our health authorities are vested with broad powers to protect the
spread of communicable disease. Doctors who encounter communicable diseases
in the practice of medicine are required by state law to report them to
public health authorities so that appropriate action, depending on the
disease, can be taken in order to cure it and prevent its spread to others.
At the present time, 58 communicable diseases are listed as reportable
to state authorities. Six venereal diseases have routinely been listed,
such as syphilis and gonorrhea and AIDS since March, 1983.
AIDS is a venereal disease. It is known to be transmitted by sexual
contact. The same can be said for syphilis and gonorrhea.
Under existing law, those persons who test antibody positive for the
AIDS virus, but do not show symptoms of AIDS, are not required to be
reported in spite of clear evidence that they can and do transmit the virus
to others through an exchange of body fluids.
All the AIDS initiative does is to treat a person who is antibody
positive in the same way as a person with a venereal disease is now treated,
namely the condition is reportable.
When a communicable disease is reportable, existing law specifies what
health authorities may do, and what disabilities pertain to the affected
person.
Those people in our state who oppose the AIDS initiative are in effect
arguing for a special exemption from existing law for those with a specific
venereal disease. On what basis are they staking such a claim? None other
than what they have created out of whole cloth.
Since 73% of the AIDS cases are found in male homosexuals, and the vast
majority of the 1.5 - 2 million persons in America who are antibody positive
for the virus are probably male homosexuals, these opponents are in effect
either deliberately or inadvertently attempting to shield male homosexuals
with a venereal disease, which is communicable, from the same restrictions
as any other person must sustain who harbors a communicable disease.
If the opponents of this initiative believe that the existing
restrictions on persons with a communicable disease are too harsh or
restrictive of human freedom, then let them come forward and suggest easing
these restrictions rather than attempting to justify a position which in
effect continues to give special privileged status to those persons who have
a communicable venereal disease evidenced by a positive antibody test on
their blood.
Under existing law, a health officer may quarantine a person with a
communicable disease whenever it is necessary. The initiative does not
change this in any way. All it does is include within this system another
communicable disease, not now subject to a quarantine order, namely any
person who is antibody positive for the virus.
Under existing law, a physician who encounters a person who is antibody
positive in his practice is not required to report this fact to anyone. In
fact, physicians are prohibited from even notifying public health
authorities. If he encounters syphilis or gonorrhea, he is required to
report these communicable venereal diseases. The initiative will require
that a person who is antibody positive be reported just like any other case
of communicable venereal disease is required to be reported.
Students with a communicable disease are only required to be excluded
from school if the health officer issues a quarantine order, an act which is
authorized under existing law. The initiative, by requiring physicians to
report HTLV III positive persons does not change the condition precedent for
exclusion from school one bit. It will still require a quarantine order
before exclusion would be appropriate.
Travel restrictions under existing law for persons with a communicable disease are authorized to be issued by a health officer only where a quarantine order is first issued. The initiative does not change this at all.

The CDC tells us that, by 1991, 270,000 AIDS cases can be expected nationally. Los Angeles and San Francisco are each destined to have about 11% of the total. That means 59,400 cases in California which represents a tragic loss of life.

It also has profound health care costs for all of us, either as buyers of health insurance or taxpayers. At the present estimated cost of $100,000 per person to care for AIDS patients, this represents a national cost of $27 billion and a California cost of $5,940,000,000. To the extent that we can diminish the transmissibility of this fatal disease, we are reducing the loss of human life and also the attendant health care costs.

Although I am not in any way a supporter of Lyndon LaRouche, I do believe that the AIDS Initiative Statute which has qualified for the November ballot with his help is an important step toward controlling the spread of AIDS in California. I am, therefore, going to urge the voters to vote in favor of the initiative.

However, I want to make it clear that I am not calling for, nor do I endorse the concept of quarantining all individuals with AIDS or who have the antibody in their blood. Quarantine should be reserved for those extreme cases in which individual patients persist in activities which are known to spread the virus, such as those which involve the exchange of body fluids. If a patient is responsible and does not persist in activities which are a clear threat to the public health, I do not believe that quarantine is called for. However, our public health officials now have and should continue to have the authority to isolate those who refuse to refrain from high risk activities and that is exactly what the AIDS Initiative Statute will provide.
Rep. Dannemeyer defends his AIDS initiative

TURNABOUT

The Herald Examiner encourages newsmakers to submit their replies in response to this paper’s editorials, Op-Ed page articles, columnist 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 your 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 LaRouch 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.
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.
Dear Colleague:

I am writing to you today with an urgent request. California Physicians For a Logical AIDS Response (CPLAR), has authored and sponsored PROPOSITION 102 which will appear on the ballot in California this November. We are asking that you join with the 2000 other California physicians who have publically supported this initiative by adding your support in the form of a personal endorsement.

PROPOSITION 102 will restore standard public health measures to control the spread of AIDS which were specifically and uniquely suspended for this one communicable infection three years ago. The fundamental provisions will allow public health authorities to address HIV infection as they do other serious communicable disorders. Simply stated, it requires confidential reporting of those testing positive for HIV infection to public health authorities, and directs public health officials to use the same partner notification procedures they now use for other similarly transmitted diseases. This is particularly important for HIV infection since the vast majority of those infected are unaware of their infectious condition for many years. According to the Centers for Disease Control, less than 10% of those believed to be infected have undergone testing and associated counseling.

You should know that the American Medical Association, Centers for Disease Control, Presidential AIDS Commission, U.S. Conference of Local Health Officers, Association of State and Territorial Health Officials and National Association of County Health Officials have all strongly endorsed partner notification as integral and basic to any public health policy directed toward stopping the spread of AIDS. As stated by Drs. Broadnax, Wasserman and Vernon, (the respective presidents of the latter three above-listed organizations):

"Through partner notification programs, state and local health departments or other health care providers can help increase the likelihood that persons engaging in high risk behaviors receive education about changing their behaviors. Persons can protect themselves as well as stop the unknowing transmission of the AIDS virus to others."

California health policy is clearly out of step with the recommendations of these national medical leaders.

PROPOSITION 102 will provide further protection to the state's blood supply by notifying unsuspecting partners of HIV infected persons of their exposure to, and potential infection with the virus. County health officers will then be able to focus their counseling and support on these unknowing persons, offer voluntary testing and advise them of the imperative to desist from donating blood, particularly at a time when they may be contagious but still seronegative. PROPOSITION 102 also makes it a felony for those who are knowingly infected to donate to the blood supply. This will likely assist self-deferral of those persons who suspect they may be infected.
PROPOSITION 102 will save money, and most importantly, lives. CPIAR believes that the best interests of the infected, and society as a whole, are served by early diagnosis and treatment of HIV infection. This is only accomplished through the traditional measures of confidential reporting and partner notification. A similar program has been in effect in Colorado for nearly three years with the result that Colorado has voluntarily tested 30 to 45% more of their population each month than has California with our anonymous testing and emasculated public health approach.

Opponents to PROPOSITION 102 contest that public health reportability and partner notification are too costly. What is being ignored are the savings which will ensue from this program. The Colorado experience reveals that for every dollar invested in their similar program, $5.00 are saved in direct medical costs resulting from diminished transmission. Present estimates suggest that the savings in California may be 2-3 times that in Colorado. That is, there is likely to be a ten to fifteen fold financial savings for each dollar invested in confidential reporting and partner notification in California.

Reinstatement of these time-tested public health policies will enlist the expertise and resources of public health once again in combatting this epidemic, while at the same time allowing physicians to approach this disease responsibly without fear of criminal prosecution.

Finally, I encourage you to attend an all-day AIDS symposium on Wednesday, October 26, followed by a VIP reception and banquet. Endorsed by CPIAR, this will be the third symposium sponsored by Americans For a Sound AIDS Policy (ASAP). As you can see from the enclosed brochure, the speakers are well-recognized authorities on the various aspects of AIDS. Eight Category 1 CME credits will be available.

The evening banquet will be a personal tribute to Mr. Paul Gann who, as you know, has championed fiscally conservative causes for many years here in California. It will be attended by his many friends and supporters over the past 30 years. Mr. Gann has lent his unceasing support to PROPOSITION 102 and spearheaded the petition-signing drive. He has done this at a time of immense personal hardship; Paul was infected with HIV by a contaminated blood transfusion during coronary by-pass surgery some five years ago and is now under treatment for early complications. Please join us in a personal tribute to this courageous and unselfish gentleman on October 26 at the Anaheim Hilton Hotel.

Sincerely yours,

Lawrence McNamee, M.D.,

President, CPIAR

Member, Los Angeles County Medical Association,
Committee on AIDS
ENDORSEMENT

I, ___________________________ hereby endorse

(please print or type your name)

PROPOSITION 102, the Paul Gann/California Physicians for a Logical AIDS

______________________________  ___________________________
(signature)  (date)

Address  ____________________________ (please print or type)

Phone Number  ____________________________ (please print or type)

You have my permission to include my name among California
(please print or type) Physicians who support this initiative.

(initial here)

Please use the enclosed envelope and return to CPIAR.

Your donation is most welcome and will help promote these PUBLIC HEALTH
measures in PROPOSITION 102.

$5.00 ______  $25.00 ______  $50.00 ______  Other ________
Program

8:15 a.m. Welcome and Introductory Remarks

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
- Update on Pathogenesis: Issues Related to Transmission and Immunodeficiency. Lt. Col. Robert R. Redfield, Jr., M.D., Walter Reed Army Institute of Research

9:15 to 10:00 a.m.
- Faculty/student/government registration

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

11:00 a.m. to 12:00 p.m.
- Clinical Management of Opportunistic Infections. Stephen A. Armentrout, M.D., University of California at Irvine

12:00 to 12:45 p.m. 
- Question and Answer Session with Lunch

12:45 to 1:15 p.m. 
- Challenges to Dentistry

1:15 to 2:00 p.m. 

Registration Information

SYMPOSIUM FEES
- Symposium registration for physicians $100
- Symposium registration for non-physicians $75
- Group registration for physicians (5 or more attending from one organization or institution) $80 each
- Faculty/student/government employee registration $75

Each registration includes a luncheon. Audio tapes of sessions will be available for purchase on site. Pre-registration is mandatory. After October 12, registrations may be made by phone with payment made on site. Those registering by telephone should call 760/471-6008.

All registrants will receive a confirmation, which will include any symposium updates. There will be no refunds of registration fees for cancellations. Application has been made for Continuing Medical Education credits for physicians.

OCCUPATIONAL HEALTH CARE ISSUES
2:00 to 3:15 p.m.
- Panel Discussion on Rights and Responsibilities of All Involved in HIV Treatment.
  Moderator: Lawrence J. McNamara, M.D., Los Angeles County Medical Association Committee on AIDS
  Panelists:
  - Physician's Perspective: Lorraine Day, M.D., Chief of Orthopedic Surgery, San Francisco General Hospital
  - Patient's Perspective: HIV infected individual Institutional Rights and Responsibilities: Brian P. McNamara, M.D., J.D., St. John Hospital, Cleveland, Ohio
  - Legal, Education and Ethical Issues:
    - Stephen A. Weitzman, J.D., LL.M., Birch, Stewart, Kolask & Birch

3:15 to 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. Franklin 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. Hamson, Ph.D., The Maxwell Foundation

Registration Form
California Symposium on HIV '88 October 26.1988

TRIBUTE TO PAUL GANN
- Individual dinner tickets $250
- Patron $1,000
- Corporate Co-sponsor $2,500

Dinner will be held at 7:30 p.m. in the Pacific Ballroom at the Anaheim Hilton. Attire is optional black tie.
All Patrons and Corporate guests are invited to attend a reception just prior to the dinner.

HOTEL
Both the California Symposium on HIV '88 and the Tribute to Paul Gann will be held at the Anaheim Hilton, 777 Convention Way, Anaheim, Calif. 92802.
- Parking is available for $1.25 for the day or evening.
- Participants staying overnight should make reservations directly with the hotel and indicate involvement in the Symposium or Tribute to receive a special $68 room rate.
Symposium on HIV '88

Anaheim Hilton October 26, 1988

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 allotted for discussion among 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 health care workers. This symposium will address the medical issues related to AIDS and HIV infection, early diagnosis, optimal treatments and the future medical agenda.

The day-long symposium will run from 8:15 a.m. through 5:30 p.m., Wednesday, October 26, 1988, at the Anaheim Hilton. A luncheon will be included in your registration fee.

SPONSORING ORGANIZATION. The California Symposium on HIV '88 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: health care workers, business and industry, education and religious communities, public policy makers, and the general public. The Symposium has been endorsed by California Physicians for a Logical AIDS Response.

TRIBUTE TO PAUL GANN. Following the California Symposium on HIV '88, a Tribute to Paul Gann will be held at the Anaheim Hilton at 7:30 p.m. This fundraising dinner, also sponsored by Americans for a Sound AIDS Policy, will benefit AIDS education and research. Tickets to the Tribute to Paul Gann purchased by those attending the Symposium are in addition to the Symposium registration. Those not attending the day's session may purchase tickets separately.

If you have any questions related to these events, contact Americans for a Sound AIDS Policy at 703/471-8408.

Americans for a Sound AIDS Policy

Symposium on HIV '88

Anaheim Hilton

October 26, 1988

TRIBUTE TO PAUL GANN.
Many 1987/88 legislative proposals are directly related to AIDS policy and program development were approved by the Legislature and sent to the Governor. The following summaries are arranged into general categories.

**Crimes and Law Enforcement**

**SB 1002**, Doolittle (R-Roseville)  Creates a new crime, a felony punishable in state prison for 2, 4 or 6 years, for any person to donate blood who knows they have HIV infection or illness; penalties do not apply to persons who self-defer or donate blood for their own use. Requires blood banks and plasma centers to inform donors that a self-deferral process is available. Passed Senate 26-2; Passed Assembly 67-0; Signed by Governor, Chapter 1154, Statutes of 1988.

**SB 2469**, Dills (D-Gardena)  Prohibits disposal of a hypodermic needle or syringe in public places or trash container unless placed in a puncture-proof container. A violation constitutes a misdemeanor. Passed Senate 37-0; Passed Assembly. Signed by Governor, Chapter 736, Statutes of 1988.

**SB 2643**, Hart (D-Santa Barbara)  Allows crime victims to request the court to order testing when there is probable cause to believe that blood or semen have been transferred from the defendant to the victim; 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. Also prohibits the use of test results in any criminal proceedings as evidence of guilt or innocence. Passed Senate 27-0; Passed Assembly. Signed by Governor, Chapter 1088, Statutes of 1988.

**AB 2319**, Bronzan (D-Fresno)  Gives district attorney and the court discretion to try a prostitute on a felony or misdemeanor upon the second arrest if the individual has positive HIV antibody test and has been informed of the test results. Requires the court to test persons convicted of soliciting or engaging in prostitution and to offer them education about AIDS. Passed Assembly 65-8; Passed Senate 36-0. Vetoed by Governor.

**AB 2374**, Statham (R-Redding)  Diverts $50 of each $70 fine paid by persons convicted for specified drug, rape and sodomy offenses to create an AIDS education program; requires education as a condition of probation or participation in a drug diversion program. Passed Assembly 56-17; Passed Senate 34-0. Signed by Governor, Chapter 1243, Statutes of 1988.
Employment and Workplace Programs

SB 2855, Marks (D-San Francisco) Requires Department of Fair Employment and Housing to give priority to any complaint filed by a person with a terminal illness. The Department is to serve a formal complaint on the respondent within 10 working days and to complete the investigation within 90 days. Approved by Senate 26-4. Passed Assembly. Vetoed by Governor.

SCR 91, Seymour (R-Anaheim) Applauds efforts by California companies which have addressed the issues surrounding AIDS in the workplace and have adopted appropriate policies. Approved by Senate 33-0; Adopted by Assembly 75-0. Signed by the Governor; Res. Chapter 80, Statutes of 1988.

AB 3795, Vasconcellos (D-San Jose) Seeks to increase success of testing and counseling programs by giving asymptomatic HIV infected individuals the same protection as physically handicapped individuals under the California Fair Employment and Housing Act. Passed Assembly 41-34; Passed Senate 24-3. Vetoed by Governor.


Health Care Professionals


AB 3034, Roos (D-Los Angeles) Requires the Division of Licensing of the Board of Medical Quality Assurance to encourage every physician and surgeon to take a course on AIDS if his or her practice may require knowledge in that area. Passed Assembly 50-22; Passed Senate. Vetoed by Governor.
AB 3790, Floyd (D-Gardena) Requires the Occupational Safety and Health Standards Board to adopt a standard by September 1, 1989 concerning work involving contact with bodily fluids. Passed Assembly 46-30; Passed Senate. Vetoed by Governor.

AB 3791, Floyd (D-Gardena) Requires the State Department of Health Services to initiate a broad-based AIDS education program for all health care workers, to include prevention, treatment, and handling of potentially infectious materials. Passed Assembly 55-16; Passed Senate 31-1. Vetoed by Governor.

Insurance Availability

SB 6, Robbins (D-Los Angeles) Creates the California Health Coverage Association to provide health insurance to residents of the state who are not otherwise able to obtain health insurance. Passed Senate 33-0; Passed Assembly. Vetoed by Governor.

AB 3305, Johnston (D-Stockton) Removes existing prohibition in law about use of HIV antibody test for life insurance. Insurers must obtain written informed consent and provide informational materials about AIDS, and a list of counseling resources to the applicant before the test. The applicant has the right to confidential treatment of test results, and the cost of the test is to be borne by the insurer. Passed Assembly 61-9; Passed Senate 27-5. Signed by Governor, Chapter 1279, Statutes of 1988.

Mental Health and Patient Care Programs


SB 2076, Alquist (D-San Jose) Appropriates $125,000 to the State Department of Social Services to establish a pilot project to recruit foster parents for children with HIV infection or HIV disease. Provides training, education and support for foster parents; requires local organization participating in this project to provide one dollar in matching funds for every three dollars in state funds. Passed Senate 39-0. Passed Assembly. Signed by Governor, Chapter 1236, Statutes of 1988.

SB 2172, Campbell (R-City of Industry) Augments the Budget Act of 1988, including $225,000 for the Barlow Hospice Center in Los Angeles. Approved by Senate 30-2; Approved by Assembly 67-0. Signed by Governor, Chapter 984, Statutes of 1988.
SB 2207, Watson (D-Los Angeles) Adds "AIDS hospice facility" and "AIDS residential intermediate care facility" as licensure categories under the definition of "health facility". Certain provisions will become inoperative if either AB 4536 or AB 3710 is enacted. Passed Senate 37-0; Passed Assembly. Vetoed by the Governor.

SB 2673, Doolittle (R-Roseville) Allows a blood donor to designate the individual for whom the transfusion will be used contingent upon either the donation being specifically requested by the designee, or the next of kin, legal guardian, or legal representative. Passed Senate 29-0; Passed Assembly. Signed by Governor, Chapter 791, Statutes of 1988.

SB 2850, Hart (D-Santa Barbara) Implements program to involve and inform health providers about the latest information about AIDS and available treatments. Requires Department of Health Services to establish an AIDS Treatment Advisory Group to address treatment information needs of health care providers and persons infected with HIV. Permits the incorporation of the AIDS Treatment Advisory Group into the structure of a larger AIDS advisory group if one is created by the department. Passed Senate 38-0; Passed Assembly. Vetoed by Governor.


AB 2936, Quackenbush (R-San Jose) Adds AIDS and ARC to the list of diseases, disorders and conditions in the Sherman Food, Drug & Cosmetic law, thus prohibiting advertising of any drug or device represented to have any effect on AIDS or ARC. Passed Assembly 74-0; Passed Senate. Signed by Governor, Chapter 813, Statutes of 1988.

AB 3658, Klehs (D-San Leandro) Appropriates $14.7 million and requires that Medi-Cal increase payment rates for skilled nursing and intermediate care facilities. Approved by Assembly 73-1; Approved by Senate 28-1. Vetoed by Governor.

AB 3710, Polanco (D-Los Angeles) Requires hospice programs to be licensed on and after January 1, 1991; establishes license fees for inpatient hospice care facilities; exempts hospice programs meeting certain requirements from licensure. Establishes a hospice "Patient's Bill of Rights". Passed Assembly 42-30; Passed 37-0. Vetoed by Governor.

AB 4294, Bronzan (D-Fresno) Requires the Department of Health Services to establish actual cost rates for home health and in-home medical care. Passed Assembly 61-11; Passed Senate 25-1. Vetoed by Governor.

AB 4305, Friedman (D-Sherman Oaks) Requires the State Department of Health to cooperate with all health facilities which serve children with AIDS and compile data on results of treatments utilizing AZT. Permits access to the data for research purposes and to health care providers for purpose of improving treatment methodologies for children with AIDS; access limited to results not linked to identity of test subject. Passed Assembly 50-26; Passed Senate 37-0. Vetoed by Governor.
AB 4381, Bronzan (D-Fresno) Would create the Medi-Cal Reform Commission with the specified purpose of developing alternatives to existing programs within Medi-Cal. Passed Assembly 75-0; Passed Senate 33-0. Vetoed by Governor.

AB 4437, Margolin (D-Los Angeles) Requires the State Department of Health Services to continue through June 1989 the AZT subsidy program which is presently funded with federal funds. Appropriates $2.5 million for this program. This urgency bill takes effect immediately. Passed Assembly 58-13; Passed Senate 37-0. Signed by Governor, Chapter 977, Statutes of 1988.

AB 4448, Margolin (D-Los Angeles) Permits State Department of Health Services to approve up to 20 pilot projects to provide housing and food to homeless persons with HIV illness. Permits funding to a select number of projects which are not required to be licensed as either a health or community care facility under certain conditions. Requires that projects maintain written agreements for referral and acceptance of clients. Passed Assembly 59-14. Passed Senate. Signed by Governor, Chapter 1526, Statutes of 1988.

AB 4475, W. Brown (D-San Francisco) Requires the State Department of Health to designate 6 counties to provide persons with HIV infection with followup programs; with charges commensurate on ability to pay; services to be provided include medical examinations, information on treatment of HIV, and behavior change programs; services are to be provided on an anonymous basis. Appropriates $1.2 million to the State Department of Health Services. Authorizes establishment of outpatient treatment programs contingent upon the availability of state/federal funding. Passed Assembly 63-11; Passed Senate 27-7. Signed by Governor, Chapter 978, Statutes of 1988.

AB 4536, Polanco (D-Los Angeles) Revises the definition of congregate living health facilities from 6 beds to 15 beds; permits certain facilities to accommodate 25 to 59 beds; requires the State Department of Health Services to adopt regulations for the licensure of these facilities. Passed Assembly 77-0; Passed Senate. Signed by Governor, Chapter 1478, Statutes of 1988.

AB 4648, Bronzan (D-Fresno) Establishes the Children's Services Task Force to determine which groups of children fall within the "high risk" classification and would be in need of targeted services; would also report to the Governor and the Legislature regarding the level and effectiveness of services to high risk target group children. Passed Assembly 76-0; Passed Senate 33-0. Vetoed by Governor.
Prevention and Education Programs

SB 1424, Watson (D-Los Angeles) Permits sexually transmitted disease clinics to provide AIDS prevention information and referral for testing, medical and support services; permits family planning agencies to provide a brochure or other written material to all clients about high risk conditions for the transmission of AIDS and referral to appropriate agencies for testing; permits family planning agencies to provide referrals to available treatment resources and information concerning the effects of HIV on pregnant women and on pregnancy. Passed Senate 27-2. Passed Assembly. Vetoed by Governor.

AB 3364, Roos (D-Los Angeles) Requires the State Department of Health to establish an AIDS primary prevention program to be integrated into specified existing health programs under the department's jurisdiction. Passed Assembly 48-25; Passed Senate 29-0. Signed by Governor, Chapter 1537, Statutes of 1988.

AB 4209, Roybal-Allard (D-Los Angeles) Requires the State Department of Health to develop, produce, and disburse a brochure, specifically designed for victims of sexual assault, regarding exposure to AIDS, and would require the disbursement of a copy to any victim of sexual assault. Passed Assembly 74-0; Passed Senate. Signed by Governor, Chapter 1109, Statutes of 1988.

Prisons and Jails

SB 1913, Presley (D-Riverside) Establishes testing procedures for inmates, persons in custody, and parolees or probationers. Requires law enforcement employees to report contact with bodily fluids; permits appeal of testing requirements; requires counseling to be offered. Requires notification to parole or probation officers of charges with HIV infection or HIV disease; requires parole or probation officers to notify county health authorities and permits notification of the subject's spouse and certain law enforcement personnel. Requires supervisors and medical personnel in correctional settings to notify employees in close contact with an inmate who has HIV infection or HIV disease. Requires law enforcement employees to be provided with latest medical information regarding precautions and with protection clothing and other protective devices. Passed Senate 30-0; Passed Assembly. Signed by Governor, Chapter 1579, Statutes of 1988.

SB 2145, Ayala (D-San Bernardino) 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. Passed Senate 28-3; Passed Assembly. Signed by Governor, Chapter 1119, Statutes of 1988.
SB 2854, Watson (D-Los Angeles) Requires that AIDS prevention information and education be provided to all inmates and wards in county jails and state prisons and youth facilities. Also requires the provision of information regarding AIDS testing and services. Passed Senate 37-0; Passed Assembly 76-0. Signed by Governor, Chapter 1301, Statutes of 1988.

AB 806, Floyd (D-Gardena) Permits researchers to solicit voluntary inmate participation in AIDS research studies. Signed by Governor; Chapter 168, Statutes of 1988.

AB 3009, Floyd (D-Gardena) Allows prisoners who have HIV infection to voluntarily participate in research projects for the development of AIDS-related drugs. Passed Assembly 64-8; Passed Senate 35-0. Vetoed by Governor.

Public Policy and Public Health

SB 2848, Marks (D-San Francisco) Requires that local agencies and businesses involved in AIDS services work together in developing AIDS-related policies and plans. Provides an appropriation for local activities. Passed Senate 28-5; Passed Assembly 64-5. Vetoed by Governor.

AB 3505, Bradley (R-Escondido) Allows County Health Officers to 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. Passed Assembly 65-1; Passed Senate 22-0. Signed by Governor, Chapter 917, Statutes of 1988.

Public Safety Employees

SB 1545, Marks (D-San Francisco) Provides that all persons who are required to perform cardiopulmonary resuscitation be trained in the use of and provided with a sterile, portable manual one-way valve mask by their employer. Approved by Senate, 35-0. Passed Assembly. Vetoed by Governor.

AB 1119, Zeltner (R-Bellflower) 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. Approved by Senate, 35-0; Approved by Assembly, 77-0. Signed by the Governor; Chapter 260, Statutes of 1988.

AB 2994, Tucker (D-Inglewood) Entitles peace officers to receive immediate physical examination and quarterly tests for 12 months to detect HIV exposure when the officer sustains injuries during an incident involving a suspected HIV carrier. Requires costs not covered by medical benefits to be paid by the employer. Requires training courses to include instruction on AIDS, the type of protective equipment available and suggested procedures to protect officers from contracting HIV. Passed Assembly 74-0; Passed Senate 37-0. Vetoed by Governor.
AB 3049, Zeltner (R-Bellflower) Declares that public safety members such as fire fighters, prehospital emergency medical care workers and law enforcement personnel run a high risk of exposure to AIDS in responding to accident and fire calls and in dealing with high risk populations; provides that AIDS transmission is presumed to be job-related for certain public employees when they file for disability retirement and workers' compensation benefits if exposure is demonstrated to be work related. Passed Assembly 69-2; Passed Senate 24-4. Vetoed by Governor.

AB 3673, Clute (D-Riverside) Requires the Department of Health Services to provide a study on the various methods which should be used to protect safety officers and other emergency response personnel from exposure to and transmission of HIV. Approved by Assembly, 70-0. Passed Senate 37-0. Signed by Governor, Chapter 1475, Statutes of 1988.

Research

AB 2892, Vasconcellos (D-San Jose) Comits the State Department of Health to purchase 500,000 unsold units of an AIDS vaccine subsequent to federal Food and Drug Administration approval. Repeals law which makes manufacturers of FDA-approved vaccines which are sold, delivered, administered or dispensed in the state of California liable for all damages proximately and legally caused by the vaccine, except under certain circumstances. Passed Assembly 74-0; Passed Senate. Signed by Governor, Chapter 1555, Statutes of 1988.

AJR 22, Filante (R-San Rafael) Encourages Congress and the President to enact legislation to add AIDS vaccine 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. Signed by Governor; Chapter 12, Statutes of 1988.

School/College Prevention and Education Programs

SB 2394, Russell (R-Glendale) Requires that sex education classes emphasize abstinence from sexual intercourse outside monogamous marriage relationships, cite the failure rate of condoms and other contraceptives, and teach students not to make sexual advances. Approved by Senate, 27-4. Passed Assembly 50-21. Signed by Governor, Chapter 1337, Statutes of 1988.

SB 2840, Hart (D-Santa Barbara) Appropriates $2 million and requires school districts to provide annual AIDS prevention instruction to all pupils in grades 7-12; requires written notice to parents and allow parents to preview all materials and to excuse child from instruction. Approved by Senate, 28-3. Passed Assembly. Vetoed by Governor.

Substance Abuse Programs

SB 1424, Watson (D-Los Angeles) Permits county drug treatment programs to offer AIDS prevention information. Passed Senate 27-2; Passed Assembly. Vetoed by Governor.

SB 2599, Seymour (R-Anaheim) Requires each county to adopt a 5-year substance abuse plan with goals to include dissemination of AIDS information through all hospitals, AIDS medical service providers and substance abuse programs. Passed Senate 38-0. Passed Assembly. Signed by Governor, Chapter 983, Statutes of 1988.

Testing and Disclosure

SB 1007 Doolittle (R-Roseville) Requires the court to order testing for every person convicted of certain sex offenses and to make results available to defense attorney upon request and to prosecuting attorney only as specified. Provides that persons testing positive who are convicted of subsequent offenses shall be guilty of a felony rather than a misdemeanor. Requires courts to order persons convicted for the first time for soliciting or engaging in prostitution to complete a course on AIDS. Requires county health officers to establish counseling program for victims of specified sex offenses who take the HIV antibody test. Passed Senate 26-2; Passed Assembly 70-0. Signed by Governor, Chapter 1597, Statutes of 1988.

SB 2576, Watson (D-Los Angeles) Requires the Department of Health Services to adopt regulations requiring testing of all donated organs to detect HIV antibodies. Passed Senate 29-0; Passed Assembly. Signed by Governor, Chapter 1084, Statutes of 1988.

SB 2788, Maddy (R-Fresno) Provides that no physician and surgeon shall be held criminally or civilly liable for disclosing a patient's positive test results to a person reasonably believed to be the spouse, or to a person reasonably believed to be a sexual partner, or a person with whom the patient has shared hypodermic needles, or to the county health officer. No identifying information about the test subject is to be revealed. Test results must be discussed with subject and counseling offered, and an attempt must be made to obtain voluntary consent for notification of contacts before such notification is carried out. Requires the referral of the subject's contacts for appropriate care, counseling and follow-up. Notification is only for the purpose of diagnosis, care and treatment of persons notified or for purposes of interrupting the chain of transmission. Passed Senate 27-0; Passed Assembly. Signed by Governor, Chapter 1216, Statutes of 1988.
SB 2847, Hart (D-Santa Barbara) Allows HIV test disclosure to test subject's provider of health care; replaces written consent requirements with informed consent. Permits the State Department of Health Services 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 determination of whether a recipient of blood donated prior to the implementation of blood screening procedures may have been infected with HIV. Passed Senate 37-0. Passed Assembly. Signed by Governor, Chapter 1581, Statutes of 1988.

AB 2319, Bronzan (D-Fresno) Gives district attorney and the court discretion to try a prostitute on a felony or misdemeanor upon the second arrest if the individual has tested positive for the HIV virus and has been informed of the test results. Requires court to test persons convicted of soliciting or prostitution for HIV antibodies. Passed Assembly 65-8; Passed Senate 36-0. Vetoed by Governor.

AB 2950, Roos (D-Los Angeles) Requires that HIV antibody tests only be performed by labs approved by the State Department of Health Services unless testing is performed by consumers on themselves using home test kits approved for use pursuant to the Sherman Food, Drug and Cosmetics Act. Makes it a crime for anyone to test kits offered to the public by any person or entity without prior approval by the Department of Health Services. Requires any person or entity that administers the test to ensure that the subject receives pretest and posttest counseling, unless specifically exempted. Passed Assembly 41-31; Passed Senate 35-0. Vetoed by Governor.

AB 3255, Jones (R-Fresno) 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; Passed Assembly 65-8; Passed Senate 22-6. Signed by Governor, Chapter 1582, Statutes of 1988.

AB 4306, Friedman (D-Sherman Oaks) Allows disclosure of HIV status without written authorization to subject's providers of health care, including a health care provider who procure human body parts pursuant to the Uniform Anatomical Gift Act. Prohibits health care providers from denying or discontinuing services solely based on results of test unless the provider makes appropriate referral to another provider who agrees to treat the patient and timely transfer to that provider has been completed. Passed Assembly 67-10. Passed Senate. Vetoed by Governor.
TARGETING AIDS PREVENTION AND TREATMENT
TOWARD HIV-1-INFECTED PERSONS
The Prevention/Treatment Center Concept

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ABSTRACT

We propose establishing private and public outpatient facilities where persons with HIV-1 infection can receive both state-of-the-art clinical and behavioral follow-up, treatment and assistance. The possible advantages of enrolling HIV-1 positive persons into long-term follow-up are: early treatment of clinical conditions and resulting gains in life quality and life expectancy, decreased transmission of HIV-1 to uninfected persons, more efficient use of scarce patient-care resources, and improved estimates of the total number of HIV-infected persons. The possible disadvantages of such a program are: adverse psychologic reactions to knowledge of HIV-1 infection, adverse societal actions against infected persons, and, finally, the economic cost of the program. These facilities, with the proper expertise, confidentiality and trust, could prolong and improve the lives of HIV-1-infected individuals while at the same time help prevent further HIV-1 transmission.
INTRODUCTION. Through the centuries, infectious agents have maintained themselves through transmission from an infected person to an uninfected one. To combat these infections, prevention programs have attempted to interrupt this process and thus terminate these "chains of transmission". Depending on the agent and its transmission patterns, various prevention modalities have been used. Some have focused upon stopping transmission occurring through person-to-person contact using vaccines or prophylactic therapy while others have focused on stopping transmission occurring through environmental contamination using sanitary improvements.

Although there is no available vaccine or prophylactic therapy for human immunodeficiency virus, type 1 (HIV-1), effective prevention modalities do exist. The major one is teaching humans how to adjust their behaviors to reduce or eliminate exposure and thereby minimize their risk of infection. Because the vast majority of HIV-1 infections are transmitted through consensual acts between adults (sexual intercourse and sharing of unsterilized intravenous drug-using paraphernalia), the individual has a choice whether to risk infection or not. This choice can be influenced by risk reduction programs (1,2) and national programs have been designed to encourage decreasing one's risk (3,4).

Current AIDS risk reduction programs are targeting their messages towards groups at highest risk of infection. As the demand for HIV-1 testing increases, a logical extension of this targeted approach is one that would give extra attention to infected
persons. After all, infected persons are the future source of new infections of others and, if they could be trained how to prevent infection, transmission chains could be broken. With few exceptions, HIV-1 infection status can be defined by testing of serum for antibodies to HIV-1. By and large, those with antibodies can be considered infected and infectious and those lacking antibodies can be considered uninfected and susceptible (5,6).

Specific targeting of intervention strategies towards infected persons is not a new concept. Indeed, such targeting has positively affected the control of several infectious diseases. One example is tuberculosis where, instead of prophylactically vaccinating or treating whole populations, targeted treatment of clinically ill (infectious) persons, linked to selected skin testing of their contacts to detect additional infected ones, has been remarkably effective (5).

Another, and perhaps the prime example of successful application of a program targeted to infectious persons, was the smallpox eradication program. The changes in smallpox prevention strategies that were developed and applied in the 1960's and 1970's and which eventually led to the successful eradication of smallpox have considerable relevance to AIDS control. The changes consisted of narrowing the targets of vaccination from entire countries (mass vaccination) to only close contacts of known cases (search and containment). Although mass vaccination campaigns had had limited success in controlling smallpox, search and
containment realized rapid success in eliminating variola virus transmission world-wide (6).

But for HIV there is neither a vaccine to prevent infection nor a highly effective anti-microbial treatment to cure disease. Instead, persons at risk need training on how to prevent themselves (or others) from becoming infected. In this sense AIDS resembles some of the chronic conditions like cardiovascular disease in which particular behaviors result in disease and where risk can be decreased through individual and community-based training programs (7,8).

Thus, the lessons of tuberculosis control and smallpox eradication, together with those of chronic disease prevention, would suggest that targeting of available prevention modalities (behavior change programs) towards HIV-1-infected persons and their contacts may be highly effective and would be an important adjunct to current AIDS prevention programs (3).

PROGRAM DESIGN. We propose a program that would enroll HIV-infected people into voluntary longitudinal follow-up and apply both medical and behavioral intervention tools to maximize the healthy and productive lives of the individuals and assist them to minimize the chance of infecting others (Figure). Such a program is envisioned to involve both the public clinics and individual or group practitioners. The program design is predicated on the assumption that both the medical follow-up/treatment and counseling/education would have personal benefits as well as social benefits. This assumption is based on the fact that early
recognition of intervenable clinical conditions would lead to early treatment and, as a result, prevention of hospitalization, intensive care unit admission and death. Early recognition, as it relates to HIV-1-related disease, requires not only close monitoring of clinical status, but also monitoring of various laboratory markers prognostic of imminent disease (9). With such monitoring, there is the real possibility that early prophylactic anti-viral, anti-parasitic, and/or anti-bacterial therapy may lead to longer and healthier lives for HIV-1-infected people (10,11). From the preventive side, recognition of transmission-risking behavior of HIV-1-infected persons will allow intensive application of behavior change/responsibility building techniques. Such application to infected persons and their at-risk contacts could dramatically decrease the risk of further transmission (2,12-17). The future addition of antiviral treatment, with the possibility of reducing virus excretion, could supplement the positive effects of behavior change (18). Lastly, the monitoring of psychologic status will allow early intervention to improve individual coping skills (12).

Structure of centers. Prevention/treatment centers could be placed in a variety of locations from existing clinics to new free-standing specialized units. Centers could, where appropriate, be integrated into existing facilities that provide service to at-risk persons such as physician's offices, drug treatment programs and sexually transmitted disease clinics. Publicly financed centers would logically be under the overall direction of county/local governments but could be managed through
contracts to local clinics or community-based organizations.

Entrance and screening. Any HIV-1 antibody-positive person, identified through a variety of testing facilities such as anonymous testing sites, confidential testing/screening programs or physician's offices, would be eligible to enter a center's program. Initial screening would include a physical examination, repeat HIV-1 serology, testing for various infectious agents (especially M. tuberculosis and T. pallidum), testing for the most predictive correlates of disease progression, (currently these could include complete blood count, p24 antibody and antigen, beta 2 microglobulin and/or CD4 cell counts) and a detailed knowledge and behavioral evaluation. After initial screening, a personalized medical and behavior modification plan with appropriate follow-up would be developed including recommendations, as needed, for outside medical, drug treatment, mental health, or social support referral as. Risk reduction counseling sessions would begin at the first visit and would continue at each subsequent visit; there would also be a six-session intensive skill-building/HIV education course (see below).

Follow-up and intervention. Follow-up appointments for both medical and behavioral intervention would be tailored to the individual patient. At intervals of approximately every 4 months, clients would be re-evaluated medically, immunologically and behaviorally.

Medical intervention and patient management. Outpatient medical treatment, prescribed by protocols designed on the basis of state-
of-the-art standards of medical practice, would be offered by each center according to available resources and facilities of the center. For some centers, follow-up immunologic testing and physical examination may be the only medical service provided and outside referral would be required even for minor conditions. For others, a whole spectrum of outpatient treatment would be available, including the latest combination of prophylactic anti-viral or anti-microbial therapies - for example zidovudine or aerosolized pentamidine (10,11). At all stages of development, systems of referral to (and from) more advanced treatment facilities, including hospitals and mental health support centers, would, by necessity, have to be available at each center.

The prevention/treatment center, regardless of the availability of in-clinic services, would serve as the core site to ensure that all available resources are made available to meet the needs of each patient. A patient services manager who would be the primary contact for personal guidance, counseling and referral to necessary local resources would be assigned to each client.

Behavioral intervention. The approach to AIDS risk reduction would draw upon models developed for AIDS (12-17,19-24) and other diseases (7,8). In much the same manner used to evaluate and follow clinical conditions, initial and follow-up behavioral risk assessments would be made for each person to identify any transmission-prone activities. The assessment would include self-reported sexual behavior, needle/syringe sharing, alcohol use and/or other drug use. For females of reproductive age, contraceptive counseling would be provided. In short, a
behavioral profile would be developed for each patient which would be monitored during the course of follow-up. In addition, assessment of depression, strength of locus of control and evaluation of the strength and kind of social support would be made.

At each individual visit behavioral and psychosocial assessment data will be evaluated and, as appropriate, counseling will be provided. In addition, as soon as possible after entry, each person would enter a 6-week-risk-reduction/health education course. Basic goals of this course would be to provide state-of-the-art information about the nature of HIV infection, how it can be lived with and managed, the means by which one can maximize the chances of remaining healthy (including important clinical signs and symptoms and the latest available treatments), the responsibilities of HIV-1-infected persons for themselves and their contacts and strategies known to be effective in stopping transmission including safer sex practices and the effects of drugs and alcohol. Course facilitators and individual client counselors would be specifically trained to deal with a variety of clinic clientele including homosexual and bisexual men, intravenous drug users, female and male prostitutes, and ethnic minorities.

The 6-week course and individual counseling would stress personal skill development which has been found to be critical in maintaining substantive behavior change. Here the objective is to instruct participants on the essentials of behavior self
management, for example, assertiveness training through role playing and discussion.

In addition to behavior change training, the affective dimensions of AIDS prevention will be addressed by the centers. The primary objective here is to provide a safe place for participants to articulate their feelings and fears. Issues such as depression and stress, strategies by which to deal with them, and community resources (including mental health resources) to assist participants, would be discussed. Support groups would be utilized heavily. These would include existing groups where available and new ones created by center staff. Within this context, attempts would be made to build a group identity, to encourage communication and to build friendships.

During the 6-week course and at each clinic visit, participants would be encouraged to review their risk-taking behaviors with counselors and set personal goals with respect to sexual behavior, drug and alcohol use (and others as appropriate). The intensive course, as well as the other parts of the program, would be designed to foster an essential aspect of successful behavior interventions, the identification and perception of one's peers as supporting the adoption of low-risk behaviors (19,22,23).

Another goal of the centers is to make every participant aware of community resources relevant to HIV infection such as clinical care, social support and financial services. In this regard, legal aspects of HIV-1 status would be discussed together with the risks and benefits of disclosing HIV-1 status to others.
Effect. Information from homosexual men and intravenous drug users suggests that this combined individual and peer-support counselling could have a dramatic effect on transmission-related behaviors (2,12-17,19). However, it must be recognized in advance that some patients will fail to eliminate all risky behavior. But, if the other major arm f prevention programs, the training of the UNINFECTED persons to protect themselves, is successful, little transmission should result. This training of uninfected persons forms the behavioral equivalent of "herd immunity" and is an essential complement to prevention/treatment centers.

Private centers and practices. The integration of advanced HIV-1-related behavior change programs into physician's offices will require some adjustments as currently there is little financial incentive for physicians to undertake such time-consuming activities. The successful integration of this essential component will require establishing one or more of the following: 1. mechanisms by which physicians or their ancillary staffs could be compensated for behavior counseling and support services; 2. publicly-funded counselors who could work with private patients in physicians' offices; or 3. means by which private patients could receive counseling through public facilities.

Confidentiality. For any program to successfully influence the behavior of participants, there must be a strong sense of trust between the program and the participants. Such trust is highly vulnerable to any threat of reprisal or inappropriate disclosure.
of confidential information (25). To be successful prevention/treatment centers must be places where infected persons feel comfortable to discuss their behavior in an atmosphere free of adversity.

Funding. Because of: 1) the large number of HIV-1-infected persons and the costs associated with identifying them; 2) the expense of follow-up and behavioral intervention (estimated to be $1000/person/year)*; and 3) the cost of medical interventions for those showing progression, this program will be expensive. Considering the large number of infected persons, it is unlikely that any single private or public service will be able to undertake prevention/treatment centers alone. Instead, a combination of public and private funding will be required. Many insured clients may prefer to use private centers while those without insurance will have need for publicly-funded clinics. At its best, public and private centers would work collaboratively in this endeavor by both supplying services with which they are most proficient and identifying ways to spread program costs evenly and fairly within the society.

* The estimate of $1000 per year includes laboratory, clinical and counseling costs for 3 visits per year, plus a 6 week (one night per week) behavior change/information course.
ADVANTAGES AND DISADVANTAGES (Table). There are considerable, at least conceptual, advantages to the prevention/treatment center idea. First, the possibility of having coordinated patient care from the discovery of infection to terminal hospitalization could efficiently direct resources and so that the best and the most cost-beneficial health care and personal support could be applied in concert. Second, the early application of the most efficacious medical interventions would assure the patient of the healthiest and the most productive life possible. Third, the early application of the most efficacious behavioral interventions would ensure that the risk of transmission to others is minimal. Fourth, once it becomes known that there are treatments available which are maximally effective if instituted BEFORE the onset of clinical disease (i.e., laboratory monitoring required) and that there are reliable and competent facilities available to monitor and treat people, much of the current resistance to antibody testing would decrease. Indeed, people who perceive themselves to have been at risk, would voluntarily present themselves for testing to take advantage of these facilities. As more and more infected people are identified, a better estimate of the prevalence of infection would become available.

Last, and possibly most important, the affected members of our communities and the society as a whole will see that our society takes care of its members, even during catastrophic times. Such a societal vision and confidence is essential for us to be able to successfully take on the next social challenge after AIDS.
There are both potential and actual disadvantages to establishing prevention/treatment centers and these need to be put in the equation early on in our planning. The first potential disadvantage could be any adverse effect resulting from the identification of large numbers of infected persons. These effects could originate from both the individual or the society. Individual ones, especially depression, can be severe (16). But it is hoped that, through counseling and, where necessary, referral, the serious consequences of these expected depressive reactions could be minimized. Societal discrimination against the large numbers of HIV-1-infected persons identified through these programs could be considerable (25,26) if individuals or centers were to inappropriately disclose infection status. It is assumed that such clinics will follow a long tradition of maintaining patient privacy and that programs will successfully counsel patients on how to determine to whom they reveal their status. With such protection, inadvertent disclosure should be rare. Nevertheless, anti-discrimination legislation and judicial support of such legislation could be important adjuncts which would help insure the success of the prevention/treatment center concept (26).

The final disadvantage of this proposed program would be its cost. It would be expensive. The question is, would the outcomes of the programs justify the expense. Unfortunately, a complete answer to this question will not be known in advance of fielding the program. And, indeed, many of the social benefits of the program may be difficult to quantitate. The courage to begin and to
simultaneously assess the program's strengths and weaknesses and to change it in ways which will make it function better are required. Yet, the resources of any nation are limited and funds spent for this program will mean that we will have to do without something else. Within the realm of AIDS prevention it is important that the other important components not be sacrificed for this one. Specifically, it is important to maintain those general and targeted educational programs designed to change societal norms to assure that, even when HIV-1-infected persons do not follow risk reduction-guidelines, their contacts will protect themselves and no HIV-1 transmission will result.

Two pilot prevention/treatment centers are being evaluated at this time in California. The results of this evaluation will provide important information on the balance of benefits and costs of these centers.
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POSSIBLE ADVANTAGES AND DISADVANTAGES
OF THE PREVENTION/TREATMENT CENTER APPROACH

ADVANTAGES

1. Coordinate patient care and resource use
2. Maximize prevention effect
3. Increase longevity of HIV infected persons
4. Improve documentation of the prevalence of infection
5. Coordinate contact notification
6. Reflects society's concern for its people

DISADVANTAGES

1. Risks of increased identification of HIV+ persons
   - personal anxiety
   - adverse societal reaction
2. Expense
Identification of HIV +

Anonymous Testing

Confidential Testing

Physician Testing

Follow-up

Medical and Immunologic Evaluation

Ongoing Behavioral Evaluation and Intervention

Referral

Medical

Psycho/social Support

Formal Behavioral Change Training
FOR IMMEDIATE RELEASE
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PRESS BRIEFING PAPER ON PROP. 102

DANNEMEYER AND AIDS:
A DECEPTIVE REMEDY

Seven years of careful deliberation by policy makers -- working in concert with reputable scientists, public health officials and other health professionals -- has produced a consensus as it relates to a prudent course of action to curtail the spread of AIDS in this country.

Those policies -- supported by the National Academy of Sciences, the Public Health Service, the Centers for Disease Control, Surgeon General C. Everett Koop, and the Presidential Commission on the HIV Epidemic -- have shown efficacy, particularly in light of limited resources, in slowing the spread of AIDS.

A few politicians, notably Rep. William Dannemeyer (R-Fullerton, CA) who sponsors Proposition 102, seek to employ outdated, counterproductive measures that repudiate the conventional wisdom of forward-thinking scientists, health professionals and policy-makers who created responsible AIDS programs through thoughtful debate and genuine concern for protecting America from AIDS.

Dannemeyer's statements on AIDS and AIDS policy range from
simply uninformed to absurd. Most elected officials developed their strategies in tandem with reputable scientists and public health professionals, but Dannemeyer hired a Nebraska psychologist, Paul Cameron, who was expelled from the American Psychological Assn., whose views were repudiated by the Nebraska Psychological Assn., and who made misrepresentations to the U.S. District Court in the Northern District of Texas (all before he was retained by Dannemeyer). As an example of his enlightened point of view, Cameron is a proponent of quarantining all homosexuals until the AIDS epidemic is over.

In September, 1988, the U.S. House of Representatives rejected Dannemeyer-supported amendments to the Federal AIDS Policy Act of 1988 (HR-5142) by overwhelming bi-partisan majorities. For example:

> Mandatory Reporting (the basic premise of Prop. 102) defeated by the Congress 372 to 70.

> Marriage License Testing (a program already repealed in Louisiana; and which the Illinois Health Department and Legislature's Health Committee have asked be repealed) defeated by the Congress 304 to 91.

> Testing all hospital patients defeated by Congress 302 to 89.

These programs were rejected not only because they would (in the words of Congressman Henry Waxman), "defeat the whole purpose of
the legislation," but also because they are inordinately expensive in a time of limited resources.

At the same time that Dannemeyer supports indiscriminate testing and reporting programs (the basis of Prop. 102) that would cost hundreds of millions of dollars to implement, he sponsored an amendment that would reduce appropriated monies for AIDS research by $100 million (June 15, 1988).

Furthermore, on May 25, 1988, he voted to restrict the use of federal funds for voluntary testing, counseling and prevention programs; all programs that have proven effective in stemming the spread of AIDS over the past seven years.

Dannemeyer and his ultra-conservative colleagues have opposed any suggestion that people who are HIV-positive should be protected from discrimination in housing, employment, insurance, or school attendance.

His position on this key issue shows up again in Prop. 102, which would allow HIV test results to be used as a criteria for employability and insurability.

Dannemeyer asserts without documentation that 30-44% of HIV-infected individuals suffer from "AIDS dementia." Responsible, long-term AIDS researchers say that such dementia almost exclusively manifests itself only in the "end-stages" of full-blown AIDS, and at
a time when the individual would have long been out of the workplace.

"If persons are denied employment because they test positive for the virus, even when symptom-free and otherwise healthy, there could be a great loss of productive capacity to society and a large increase in welfare costs," said the Los Angeles Area Chamber of Commerce in its opposition to Prop. 102.

Furthermore, Dannemeyer adopted language directly from the two LaRouche initiatives (which he called "sound public health policy"), that mandates HIV-positivity be classified as a "communicable, infectious" disease. That language is designed among other things to preclude seropositive children from attending school.

Dannemeyer's views have been repeatedly disputed and overidden by numerous legal experts and all the federal courts in this country, including the U.S. Supreme Court (School Board of Nassau County, FL v. Arline, 107 US 1129, 1987).

On October 6, 1988, the Department of Justice ruled, "persons with AIDS and those infected but not yet ill are protected by the federal law barring discrimination against the handicapped in government jobs and federally funded programs."

These decisions are not being made by what Dannemeyer calls, "San Francisco liberal" judges. The Wall Street Journal reported
[August 1988], "In a series of surprising decisions, one Reagan
district court judge after another has effectively demolished the
conservative policy agenda on AIDS....Virtually all of the important
test cases on AIDS have ended up before Reagan appointees."

Dr. Ruth Roemer, Adjunct Professor of Health Law at the School
of Public Health, University of California/Los Angeles and Past
President of the American Public Health Association, asserted in
testimony before the Los Angeles County Commission on AIDS:

"...The proposition repeals the provision of California law
providing that HIV test results shall not be used in any
circumstances for the determination of insurability or suitability
for employment. To repeal this provision is blatantly
discriminatory....The Presidential Commission has pointed out that
each incident of discrimination perpetuates ignorance and fear and
undermines rational public health policies. If we want to torpedo a
public health approach to the AIDS epidemic, then this proposition
is the way to do it."

Congressman Dannemeyer has long promoted reporting as the only
means of finding those who are seropositive. But his mandatory plans
have been consistently discounted by a broad range of health
professionals as extraordinarily expensive and counterproductive.

Dr. Mervyn Silverman, President of the American Foundation for
AIDS Research, has pointed out that mandating reporting of seropositive individuals will undermine research on AIDS and prolong the epidemic. Dr. Paul Volberding, Editor of the *Journal of Acquired Immune Deficiency Syndrome*, has said that mandating reporting of seropositivity will scare away research subjects and drive the epidemic underground.

Furthermore, the contact tracing provisions extend considerably beyond those traditionally used for sexually transmitted diseases, the criteria that Dannemeyer so frequently cites. Under Prop. 102, said Dr. Roemer, "[T]here is no provision for partner notification without informing the contacted partner of the identity of the infected person -- a procedure scrupulously observed in sexually transmitted disease contact testing."

Dannemeyer also likes to tout the effectiveness of the mandatory reporting and contact tracing in Colorado, which he says does not impede voluntary testing.

However, in a letter, Thomas M. Vernon, MD, and Colorado Department of Health Executive Director, wrote: "The forces behind Proposition 102 are seriously misrepresenting the premises under which I provided them information on Colorado's HIV reporting program....I am outraged to learn that I am being portrayed as a supporter of increased mandatory testing, of reporting by physicians
based on suspicion, and of the release by public health officials of identifying information on individuals tested under any circumstances. Such proposals are contrary to my beliefs and to principles of our disease control programs in Colorado."

While Dannemeyer purports to want to encourage individuals to be tested, the very programs he promulgates in Prop. 102 would produce contrary results.

Four studies presented at the IV International AIDS Conference in Stockholm in June, 1988 clearly show, "The availability of anonymity increased overall demand for testing by 50%....Twice as many seropositive persons were identified during the 3-1/2 months after anonymity became available." [Lancet, August 13, 1988.]

Public health officials have never been reluctant to demand whatever measures they need to protect the public from diseases. It is no different now. If they believed Prop. 102's programs would be constructive, they already have the power to implement them.

The California Conference of Local Health Officers and the Health Officers Association of California both oppose Prop. 102 for myriad reasons, but specifically because: "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."

That phrase "inflexible, cumbersome and cannot adjust to new medical developments" could be used to describe Rep. Dannemeyer and the Physicians for a Logical AIDS Response and their dangerous, expensive and unnecessary Proposition 102.

####
FORMAL COMPLAINT
SUBMITTED TO FAIR POLITICAL PRACTICES COMMISSION.
OCTOBER 24, 1988

COMPLAINANTS: Assemblyman Johan Klehs
2013 State Capitol
Sacramento, CA 95814
916/445-8160

Bruce B. Decker, Former Chairman
California AIDS Advisory Committee
9060 Santa Monica Blvd., #106
Los Angeles, CA 90069
213/278-9355

COMPLAINT

PERSON OR PERSONS WHO ALLEGEDLY VIOLATED THE POLITICAL REFORM
ACT:

WILLIAM DANNEMEYER (DANNEMEYER FOR CONGRESS)
505 East Commonwealth
Fullerton, CA 92632
714/870-7780

UNKNOWN -- BECAUSE UNDISCLOSED -- PRINCIPALS
OF THE COMMITTEE TO CAP THE NATIONAL DEBT
P.O. BOX 254502,
Sacramento, CA 95865

LAWRENCE MACNAMEE, MD, President
CALIFORNIA PHYSICIANS FOR A LOGICAL AIDS RESPONSE
505 East Commonwealth, Suite A
Fullerton, CA 92632
714/870-0331

DR BENJAMIN HARPER, MD, Treasurer
CALIFORNIA PHYSICIANS FOR A LOGICAL AIDS RESPONSE
505 East Commonwealth, Suite A
Fullerton, CA 92632
714/870-0331

PAUL GANN, Stop Aids Initiative Committee
ID #880282
3385 Arden Way, Sacramento, CA 95825
916/482-6175
LINDA STONE, Treasurer, Stop AIDS Initiative Committee  
ID #880282  
3385 Arden Way, Sacramento, CA 95825  
916/482-6175

PROVISION OR PROVISIONS OF THE POLITICAL REFORM ACT ALLEGEDLY VIOLATED:

The above individuals and committees, and possibly others, have failed to disclose critically important information about the sources of their campaign funds in connection with the promotion of Proposition 102. They have received funds from unregistered committees, donated monies to unregistered committees, and have failed to register as political committees with the Secretary of State’s office.

Provisions of the Political Reform Act which have been violated include, but are not limited to, the following government code sections: Section 84101 (the requirement for campaign committees to register and file statements of organization), Sections 84200, 84200.5, and 84200.7 (requirement to file campaign disclosure statements at specified times), Section 84211 (requirement to disclose campaign contributions and expenditures, and fully identify each contributor and recipient of $100 or more), Section 84216 and 84216.5 (requirement to fully disclose campaign loans).

DESCRIPTION. WITH AS MUCH PARTICULARITY AS POSSIBLE. OF FACTS CONSTITUTING ALLEGED VIOLATIONS:

1. The Stop AIDS Initiative Committee received a campaign contribution, in the form of a loan, of $90,000 from the Committee To Cap the National Debt. The Committee To Cap the National Debt has not registered with California's Secretary of State, as required by law, or with the Federal Election Commission. Furthermore, the Committee To Cap the National Debt has failed to provide any information regarding where, or from whom, it received the funds enabling it to make the $90,000 loan. (See Exhibits A and B).

2. California Physicians for a Logical AIDS Response has not registered with the California Secretary of State, as required by law, and furthermore, has not filed disclosure statements, even though they are proponents of Proposition 102. They received $21,200 in loans from the Dannemeyer for Congress Committee between 9/14/87 and 4/15/88, plus $3,000 in loans from the Stop AIDS Initiative Committee. This non-
disclosure precludes the voters from knowing from whom they have collected additional funds, and to whom they are distributing funds and for what purpose. (See Exhibits C and D).

The attached letter shows that they have been soliciting endorsements and money from doctors throughout the state. (See California Physicians for a Logical AIDS Response "Dear Colleague" letter, dated September 30, 1988.-- Exhibit E).

4. Stanford Apts., 834 Grandview, Fullerton, CA, 92632 (which is owned by Congressman Dannemeyer) made a loan of $100,000 on 2/17/88 to the Stop Aids Initiative Committee, but it has not filed a major donor statement in its own right as "contributing" to a political campaign as required in Section 82013(c). (See Exhibit B)

NAMES AND ADDRESS OF POTENTIAL WITNESSES, IF KNOWN:

Congressman William Dannemeyer, 505 East Commonwealth Avenue, Fullerton, CA 92632

Unknown -- because undisclosed -- principals of the Committee To Cap the National Debt, P.O. Box 254502, Sacramento, CA 95865

Dr. Lawrence MacNamee, MD, 505 E. Commonwealth Avenue, Suite A, Fullerton, CA 92632

Dr. Benjamin Harper, MD, 505 East Commonwealth Avenue, Suite A, Fullerton, CA 92632

Paul Gann, 3385 Arden Way, Sacramento, CA 95825

Linda Stone, 3385 Arden Way, Sacramento, CA 95825

CONCLUSION:

Under penalty of perjury, the foregoing is true and correct to the best of our knowledge.

Date: _______________ Signed: __________________________

Assemblyman Johan Klehs
Bruce B. Decker
Former Chairman
California AIDS Advisory Committee
STATEMENT OF
BRUCE B. DECKER
FORMER CHAIRMAN, CALIFORNIA AIDS ADVISORY COMMITTEE

9 AM -- Tuesday, October 25, 1988
Room 1190, State Capitol

I am sure that it comes as no surprise to those of you who have covered Mr. Dannemeyer that -- as usual -- he is playing fast and loose with the truth. It is unmitigated hypocrisy for Dannemeyer to demand the reporting of HIV-positive people and not reporting truthfully the sources of his campaign contributions.

Like LaRouche, Mr. Dannemeyer and his medical extremist friends appear to be creating illegal front committees so as to conceal the true source of their funding. This kind of duplicity is rampant in their campaign, not only as it relates to their finances but also in what they are telling the public about the Initiative's effects and ramifications.

We cannot stand idly by watching laws being broken, particularly when they are being broken by the very people who make them.

A deceptive, unholy alliance has been formed by the proponents to deceive California's voters about this Initiative. Mr. Dannemeyer's medical front, the California Physicians for a Logical AIDS Response (with whom he shares
offices in Fullerton), is little more than a paper tiger: The political equivalent of six guys and a mimeograph machine.

What particularly concerns me is that they have admitted in writing (under penalty of perjury) to no fewer than four major violations. How many more have they committed, concealed by one facade of respectability or another?

And where is all this "funny money" coming from?

As the only elected official in California to actively campaign for the LaRouche Initiative, one might be tempted to speculate that LaRouche is now repaying Mr. Dannemeyer his debt.

In the same sense that this Initiative demonstrates the double standard by which these zealots wish to treat AIDS, this is a living demonstration of the double standard by which they operate.

I am only sorry that my old friend, Paul Gann, has been duped into allowing them to use him as part of this deception.

I challenge Mr. Dannemeyer and his medical extremist friends to come clean. I hope they can explain away these irregularities, but I suspect that when asked about them, they will resort to that age-old tactic of attacking Assemblyman Klehs and me, rather than explaining to California's voters just where their money is coming from.
At the same time, they might also tell us where the hundreds of millions of dollars to pay for their questionable programs mandated by their Initiative will come from, how we are going to stop this epidemic if they will force us to stop research to find a vaccine and cure, or how they can claim this to be a public health crisis and ignore the unified opposition of every major health organization in California.

Somehow, I suspect they will come up short.

#####
Minutes

California AIDS Leadership Committee

Wednesday, October 26, 1988
San Francisco, CA

Members Present
*Kenneth W. Kizer, M.D.
*Peter Carpenter
*Marcus Conant, M.D.
*Thelma Frazier, M.P.A.
*David Werdegar, M.D.
Delia Alvarez
J. William Cox, M.D.
Steve Fournier
Scott Gassaway, Esq.
Gayling Gee, R.N.
Stan Hadden
Paul Lairson, M.D.
German V. Maisonet, M.D.
Robert J. Melton, M.D.
John Mortimer
Michael O'Connor, M.D.
Chauncey Veatch III
William B. Walker, M.D.
Laurens P. White, M.D.

Members Represented
Beverly Bradley, Ph.D.
Robert C. Gates
Roxani Gillespie
Bruce Haynes
Gary D. Macomber
John Ramey
James Rowland
Kirk West

Members Absent
*Joan Abrahamson, Esq.
*Donald Francis, M.D.
C. Duane Dauner
Royce Diener
David J. Kears
Linda McMahon
Larry Naake
Merle A. Sande, M.D.

*Executive Committee Members

By
Bill Brooke
Caswell Evans, M.D.
Peter Groom
Robert Aguillo
Mary Hickman, M.D.
Maggie DeBow
Nadim Khoury, M.D.
Nancy Sullivan
CALL TO ORDER

Co-Chair Dr. Kizer called the meeting to order at 10:20 a.m. Minutes from the August and September 1988 meeting were approved as submitted.

INFORMATION ITEMS

REPORTS FROM SUBCOMMITTEES

All subcommittees have met at least once except the Occupational and Work Related Issues. Co-chairs still need to be assigned to this subcommittee.

First rough drafts were available from Public Safety and Prison Issues and Education and Prevention Subcommittees. Each subcommittee co-chair made brief presentations on work completed and what still needs to be accomplished.

ACTION ITEMS

AB 2576 - Chapter 1084

AB 2576 requires the Department to adopt regulations to implement the screening of all organ and tissue donors for HIV. The bill does not specifically address secretions (sperm or breast milk). In December 1985 the Department of Health Services (DHS) issued "Guidelines for Testing Donors of Organs, Tissues, and Semen for Antibody to HIV-III". Although there have been no reported transmissions of HIV through the donation of semen in California, the concern is providing guidance to HIV mothers nursing their babies and testing of mothers donating breast milk. The Maternal and Child Health and WIC programs encourage women to breast feed their babies or donate milk for babies who cannot tolerate formula. The Perinatal and Pediatric Subcommittee will include this as a charge to the subcommittee with a report back at the November meeting. The Department will also work with the author to amend language of AB 2576 to include secretions (sperm and breast milk) in the bill.

The following motion was introduced by Dr. Kizer:

"In developing regulations for AB 2576, DHS will use tissue in the most generic sense to include secretions."

Motion was seconded and unanimously passed.

AB 3673 - Chapter 1475

Requires DHS to provide a study on the various methods which should be used to protect safety officers and other emergency response personnel from exposure to and transmission of HIV. The study could be useful in looking at the incidence of transmission in an emergency setting and in defining possible exposure (biting, kicking, scratching, etc.).

The DHS, Office of AIDS (OA) will begin working on the study with input from the Emergency Medical Services Authority, the Public Safety and Prison Issues, and the Occupational and Work Related Issues subcommittees.

SUBVENTION GRANTS

The DHS/OA is responsible for funding of AIDS related programs statewide.
Currently, funding for AIDS related activities is done through a Request for Proposal (RFP). Any organization can submit a proposal based on the criteria outlined in the RFP and may receive funding. The DHS/QA contracts with various local organizations to provide services in many different areas.

Health jurisdictions have contacted DHS regarding AIDS subvention funding. This method of funding allows local health jurisdictions to plan for all specified services provided not only by the county health jurisdiction but also by hospitals, clinics, universities, minority groups, local community based organizations, etc.

DHS would like to foster the concept of AIDS subvention funding. Dr. Kizer expressed his concern that the QA is becoming a "contract mill" when it should be offering technical assistance. Robert Melton suggested that DHS look at the Short-Doyle and Department of Alcohol and Drug Programs as possible models in funding.

Participation by health jurisdictions would be on a voluntary basis and will probably be done on a pilot basis in 5-10 health jurisdictions the first year (1989-90). A letter will be sent to the local health jurisdictions by the end of November outlining criteria by which jurisdictions can request subvention funding.

ADJOURN

Next meeting will be November 30, 1988 in Sacramento. Meeting was adjourned at 2:10 p.m.
Form 420
1988
Original

Recipient Committee
Campaign Statement
(Government Code Sections 81300-81307 (217))
Type: C

Statement covers period: 10-01-88 through 10-22-88

Check one of the following boxes to indicate the type of statement being filed:
- Pre-election Statement
- Special Odd-Year Campaign Statement
- Resolution Statement
- Ballot Measure Qualification Statement
- Supplemental Pre-election Report
- Pre-Election Statement, you must complete Form 495 and attach it to this statement.
- Termination Statement

Name of Committee:

Paul Garn -- Stop AIDS Initiative Committee - Yes on Proposition 102

Address of Committee:

3305 Arden Way, Sacramento, CA 95825

Name of Treasurer:

Linda Stone

Permanent Address of Treasurer:

3305 Arden Way, Sacramento, CA 95825

Date of Election (Mo. Day. Yr.): November 3, 1988

Is this a sponsored committee? Yes / No

Proprietor or Affiliated Committee: California Physicians for a Logical AIDS

Yes on Proposition 102

Response - Yes on Proposition 102

Dr. Benjamin Harper, MD Treasurer

505 East Commonwealth Ste. A Fullerton, CA

Candidate(s) or Measure(s) for which this Committee is Primarily Formed:

Acquired Immune Deficiency Syndrome (AIDS) Reporting

Support / Oppose / Office of Candidate / Ballot Measure Number or Letter and Jurisdiction

X / / / Prop. 102

Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/26/88 at Sacramento, CA

[Signature]

A candidate, officerholder or state measure proprietor who controls a committee must also verify the campaign statement.

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-26-88 at Sacramento, CA

[Signature]

For Information in Quirki to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act."
**NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:**
Paul Ga-n -- Stop Aids Initiative Committee - Yes on Proposition 102

**STATEMENT COVERS PERIOD FROM 10-01-88 TO 10-22-88**

**L.D. NUMBER:**
880282

<table>
<thead>
<tr>
<th>DATE</th>
<th>IND. EXP.*</th>
<th>NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER</th>
<th>CHECK ONE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE</th>
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<td>10-21-88</td>
<td></td>
<td>California Physicians for a Logical Aids Response - Yes on Proposition 102</td>
<td>X</td>
<td>3,875.80</td>
<td>6,875.80</td>
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*An "independent expenditure" is an expenditure which is not made at the behest, under the control or at the direction of, in cooperation, consultation, coordination, or concert with, or with the approval of, the candidate or committee on whose behalf it is made.*
CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

AMOUNT CONTRIBUTIONS RECEIVED

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<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
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<tr>
<td>Monetary contributions</td>
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<td>$5,737.00</td>
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<tr>
<td>Loans received</td>
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<td>-0-</td>
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<tr>
<td>Subtotal Cash Receipts</td>
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<td>$5,737.00</td>
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<tr>
<td>Non-monetary contributions</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Total Contributions Without Enforceable Promises</td>
<td>639,870.17</td>
<td>$5,737.00</td>
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<tr>
<td>Enforceable Promises (Except loan guarantees, see Line 18 below)</td>
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<td>-0-</td>
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<tr>
<td>Total Contributions</td>
<td>$639,870.17</td>
<td>$5,737.00</td>
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EXPENDITURES MADE

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<th>Column B</th>
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<td>Payments</td>
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<td>Loans Made</td>
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<td>Subtotal</td>
<td>585,053.30</td>
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<tr>
<td>Accrued expenses (unpaid bills)</td>
<td>22,552.24</td>
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<td>Total Expenditures</td>
<td>$607,605.54</td>
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*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

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<th>Description</th>
<th>Amount</th>
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<td>13.</td>
<td>Cash on hand at the beginning of the period (Enter “Cash on hand at end of reporting period” from previous statement filed.)</td>
<td>$61,901.26</td>
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<td>14.</td>
<td>Cash receipts this period (Line 3, Column B above)</td>
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<td>15.</td>
<td>Miscellaneous increases to cash (Schedule G, Line 4)</td>
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<td>16.</td>
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<td>29,620.49</td>
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<td>17.</td>
<td>Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)</td>
<td>$38,017.77</td>
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<td>18.</td>
<td>Amount of loan guarantees received (Schedule B, Part I, Column (b))</td>
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<td>19.</td>
<td>Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse</td>
<td>$192,552.24</td>
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SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

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<th>7/1 to Date</th>
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<td>Contributions Received</td>
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<tr>
<td>22.</td>
<td>Expenditures Made</td>
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I.D. NUMBER (IF COMMITTEE) 880282
## Schedule A
### Monetary Contributions Received

**Form 420 or 490**

(Amounts May Be Rounded To Whole Dollars)

**Statement Covers Period**

<table>
<thead>
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<th>From</th>
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<td>10-01-88</td>
<td>10-22-88</td>
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**Name of Candidate, Officeholder or Committee:**

Paul Gam -- Stop Aids Initiative Committee - Yes on Proposition 102

<table>
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<th>Date Rec'd</th>
<th>Full Name and Address of Contributor</th>
<th>Occupation</th>
<th>Employer</th>
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<th>Cumulative To Date</th>
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<td>10-14-88</td>
<td>Betty Brown 3810 Orange Avenue Long Beach, CA 90807</td>
<td>Occupation: Retired</td>
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<td>100.00</td>
<td>100.00</td>
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<tr>
<td>10-14-88</td>
<td>Mrs. Mary A. Butcher 14457 E Oak Whittier, CA 90605</td>
<td>Occupation: Retired</td>
<td>Employer:</td>
<td>150.00</td>
<td>150.00</td>
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<tr>
<td>10-14-88</td>
<td>Mr. Kristen Ciaramito 21881 Red River El Toro, CA 92630</td>
<td>Occupation: Teacher</td>
<td>Employer: Los Angeles County</td>
<td>100.00</td>
<td>115.00</td>
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<td>10-14-88</td>
<td>M H MacArthur 3731 Tibbitts Street Riverside, CA 92506</td>
<td>Occupation: Retired</td>
<td>Employer:</td>
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<td>100.00</td>
</tr>
<tr>
<td>10-14-88</td>
<td>Roberts 35 Shelford Avenue San Carlos, CA 94070</td>
<td>Occupation: Engineer</td>
<td>Employer: Self Employed</td>
<td>100.00</td>
<td>100.00</td>
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</table>

**Subtotal**

|            | 550.00 |

**Summary**

1. AMOUNT RECEIVED -- CONTRIBUTIONS OF $100 OR MORE
   (Include all Schedule A subtotals) ........................................... $ 550.00

2. AMOUNT RECEIVED -- CONTRIBUTIONS OF LESS THAN $100 (Not itemized) ............ 5,187.00

3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD
   (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page ........... $ 5,737.00
SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:
Paul Garn -- Stop AIDS Initiative Committee - Yes on Proposition 102

I.D. NUMBER (OF COMMITTEE) 880282

STATEMENT COVERS PERIOD
FROM 10-01-88 THROUGH 10-22-88

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;C&quot; - MONEY &amp; IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES</td>
</tr>
<tr>
<td>&quot;I&quot; - INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES</td>
</tr>
<tr>
<td>&quot;L&quot; - LITERATURE</td>
</tr>
<tr>
<td>&quot;B&quot; - BROADCAST ADVERTISING</td>
</tr>
<tr>
<td>&quot;N&quot; - NEWSPAPER AND PERIODICAL ADVERTISING</td>
</tr>
<tr>
<td>&quot;O&quot; - OUTSIDE ADVERTISING</td>
</tr>
<tr>
<td>&quot;S&quot; - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS</td>
</tr>
<tr>
<td>&quot;F&quot; - FUNDRAISING EVENTS</td>
</tr>
<tr>
<td>&quot;G&quot; - GENERAL OPERATIONS AND OVERHEAD</td>
</tr>
<tr>
<td>&quot;T&quot; - TRAVEL, ACCOMMODATIONS AND MEALS</td>
</tr>
<tr>
<td>&quot;P&quot; - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES</td>
</tr>
</tbody>
</table>

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IN COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citicorps Diners Club</td>
</tr>
<tr>
<td>P.O. Box 6002</td>
</tr>
<tr>
<td>The Lakes, NV 88901</td>
</tr>
<tr>
<td>Dutra Communications</td>
</tr>
<tr>
<td>1303 J Street, Suite 260</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
</tr>
<tr>
<td>Greve, Clifford, Diepenbrock &amp; Paras</td>
</tr>
<tr>
<td>1000 G Street, Suite 400</td>
</tr>
<tr>
<td>Sacramento, CA 95812</td>
</tr>
<tr>
<td>People's Advocate, Inc.</td>
</tr>
<tr>
<td>3385 Arden Way</td>
</tr>
<tr>
<td>Sacramento, CA 95825</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>1,203.00</td>
</tr>
<tr>
<td>L</td>
<td>5,236.40</td>
</tr>
<tr>
<td>C</td>
<td>Calif. Physicians for a Logical Aids Response -- Fees for legal services in preparing the initiative</td>
</tr>
<tr>
<td>G</td>
<td>3,835.29</td>
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</tbody>
</table>

SUBTOTAL 14,150.49

IMPORTANT: Contributions and expenditures made out of campaign funds to or on behalf of other candidates or committees must also be entered on the Allocation Page, Page 2.

SUMMARY

1. PAYMENTS OF $100 OR MORE MADE THIS PERIOD
   (Include all Schedule E subtotals) $29,484.49

2. PAYMENTS UNDER $100 THIS PERIOD (Not itemized) 136.00

3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS
   (Schedule B, Part 2, Column (d)) 0

4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) 0

5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line B, Column B of Summary Page $29,620.49
SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE (CONTINUATION SHEET)
FORM 420 OR 490
NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:
Paul Garin — Stop AIDS Initiative Committee - Yes on Proposition 102
STATEMENT COVERS PERIOD FROM 10-01-88 THROUGH 10-22-88
I.D. NUMBER (IF COMMITTEE) 880282

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. Refer to the back of this schedule for detailed explanations of each category.

- "C" - MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
- "I" - INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES
- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "G" - GENERAL OPERATIONS AND OVERHEAD
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Pacific Bank 2270 Arden Way Sacramento, CA 95825</td>
<td>T,L Sub-Vendor</td>
<td>12,875.00</td>
</tr>
<tr>
<td></td>
<td>T,L U.S. Postmaster Sacramento, CA</td>
<td>13,004.07</td>
</tr>
<tr>
<td>U.S. Postmaster Sacramento, CA 95825</td>
<td>L</td>
<td>1,325.00</td>
</tr>
<tr>
<td>Wayne C. Johnson &amp; Associates, Inc. 1121 L Street. Suite 1000</td>
<td>P Sub-Vendor</td>
<td>383.26</td>
</tr>
<tr>
<td></td>
<td>P Dr. Warren L. Bostick</td>
<td>1,004.93</td>
</tr>
<tr>
<td></td>
<td>P 2521 Buckeye Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P Newport Beach, CA 92660</td>
<td></td>
</tr>
</tbody>
</table>

| SUBTOTAL                                                           | 15,334.00                      |
AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84217, and must be filed with all filing officers who received the statement being amended. NOTE: This form is not used to amend a Statement of Organization Form 410. To amend a Statement of Organization, use the Form 410.

I. The information required in Section I must correspond to the information provided on the campaign statement.

NAME OF FILER:
Paul Gam -- Stop AIDS Initiative Committee - Yes on Proposition 102

ADDRESS OF FILER:
3385 Arden Way, Sacramento, CA 95825

NAME OF TREASURER (IF APPLICABLE):
Linda Stone

PERMANENT ADDRESS OF TREASURER (IF APPLICABLE):
3385 Arden Way, Sacramento, CA 95825

II. The following information amends campaign disclosure statement, Form No. 420, Executed on 10-05-88 for the period 07-19-88 through 09-30-88.

III. The amended information affects items on the:

[ ] Front Page [ ] Allocation Page [X] Summary [X] Schedules(s) A & E

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Also attach a new front page, Summary or appropriate schedule if needed for clarification.

Schedule A: Changes reflect errors in addition/subtraction.

Schedule E: Changes are due to bank service charges to our account due to 2 contributions returned NSF.

Include additional information on reverse side or on appropriately labeled continuation sheets. (Number of pages attached _____)

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-27-88 at Sacramento, CA by Linda Stone (Signature of Treasurer or Filer)

A candidate, officeholder or state measure proponent who controls a committee must also verify the campaign statement.

I have used all reasonable diligence, and to the best of my knowledge, the treasurer has used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on [DATE] at [CITY AND STATE] by [SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROONENT]

Executed on [DATE] at [CITY AND STATE] by [SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROONENT]

Executed on [DATE] at [CITY AND STATE] by [SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROONENT]

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act."
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Monetary contributions</td>
<td>$328,647.13</td>
</tr>
<tr>
<td>Loans received</td>
<td>$190,000.00</td>
</tr>
<tr>
<td>Subtotal Cash Receipts</td>
<td>$518,647.13</td>
</tr>
<tr>
<td>Non-monetary contributions</td>
<td>$14,151.15</td>
</tr>
<tr>
<td>Total Contributions Without Enforceable Promises</td>
<td>$518,647.13</td>
</tr>
<tr>
<td>Enforceable Promises (Except loan guarantees)</td>
<td>$123,194.15</td>
</tr>
<tr>
<td>Total Contributions</td>
<td>$518,647.13</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments</td>
<td>$504,886.26</td>
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<tr>
<td>Loans Made</td>
<td>$80,175.04</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$585,061.30</td>
</tr>
<tr>
<td>Accrued expenses (unpaid bills)</td>
<td>$57,595.52</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$607,613.54</td>
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### Statement of Changes in Financial Condition

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.) $18,882.15

14. Cash receipts this period (Line 3, Column B above) 123,194.15

15. Miscellaneous increases to cash (Schedule G, Line 4) -0-

16. Cash payments this period (Line 10, Column B above) 80,175.04

17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 + 16 above) $61,901.26

18. Amount of loan guarantees received (Schedule B, Part I, Column B) -0-

19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse $192,552.24

### Summary for Candidates in Both a June and November Election

21. Contributions Received: 

22. Expenditures Made: 

- 3 -
### SCHEDULE A
**MONETARY CONTRIBUTIONS RECEIVED**
FORM 420 OR 490
*(Amounts May Be Rounded To Whole Dollars)*

**NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:**
Paul Garr -- Stop AIDS Initiative Committee - Yes on Proposition 102

**STATEMENT COVERS PERIOD**
FROM 07-19-88 THROUGH 09-30-88

**I.D. NUMBER (OF COMMITTEE):** 880282

<table>
<thead>
<tr>
<th>DATE RECD.</th>
<th>FULL NAME AND ADDRESS OF CONTRIBUTOR</th>
<th>OCCUPATION</th>
<th>EMPLOYER</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
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<td>Employer:</td>
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<td>Occupation:</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Occupation:</td>
<td>Employer:</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL**

**SUMMARY**

1. **AMOUNT RECEIVED — CONTRIBUTIONS OF $100 OR MORE**
   (Include all Schedule A subtotals) .................................................. $21,887.26

2. **AMOUNT RECEIVED — CONTRIBUTIONS OF LESS THAN $100 (Not itemized).** ........................................ 121,306.89

3. **TOTAL MONETARY CONTRIBUTIONS THIS PERIOD**
   (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page. .................................................. $143,194.15
NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE: Paul Garn -- Stop AIDS Initiative Committee - Yes on Proposition 102

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I", and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

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IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

SUBTOTAL

IMPORTANT: Contributions and expenditures made out of campaign funds to or on behalf of other candidates or committees must also be entered on the Allocation Page, Page 2.

SUMMARY

1. PAYMENTS OF $100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals) $ 57,275.04
2. PAYMENTS UNDER $100 THIS PERIOD (Not itemized) 320.48
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d)) -0-
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) 22,579.52
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page $ 80,175.04
Dear Friend:

Following is list of all AIDS-related bills passed by the Legislature and signed into law by the Governor. Most of these measures take effect on January 1, 1989. A few, known as "urgency" bills, take effect immediately. A brief summary of each bill is included.

Many of these bills are positive in their design and can help our state deal with this greatest of health crises. Unfortunately, not all of these measures will result in what we know to be sound health policy.

We must ensure the many complex issues surrounding AIDS are addressed responsibly. Your active involvement in this process will help achieve sound policy results as we face another year of challenges when the new Legislature convenes in January.

If you need more information on AIDS bills in this report, please call Ron Gray in my State Capitol office at (916) 445-8994.

Warm Regards,

Leo McCarthy

ASSEMBLY BILLS

AB 806 (Floyd) Diseases. Requires the Department of Corrections to conduct unlinked seroprevalence studies among prison inmates. Chapter 168. Urgency bill.

AB 1119 (Tucker) Public Safety. Requires the county health officer to notify emergency care personnel if rescue services have exposed them to a disease transmitted by oral contact, secretions of the body or blood. Chapter 260. Implementation is left to school boards.


AB 2374 (Statham) AIDS Education. Requires a mandatory education program as a condition of probation or drug diversion for persons convicted of intravenous drug offenses or prostitution. Establishes a $70 fine for all persons convicted of specified sex crimes, $50 of this fine to be used to fund the program but not prohibit a person from participating if he/she is unable to pay. Chapter 1243.

AB 2892 (Vasconcellos) Home and Community Based Services/AIDS Vaccines. Includes among the services offered under the Medi-Cal program home and community-based services for beneficiaries with AIDS or ARC who require an intermediate care facility or a higher level of care. Chapter 1555.

AB 2936 (Quakenbush) AIDS Advertising. Adds AIDS, ARC, and diseases or conditions of immune system to the list of conditions in the Sherman Food, Drug and Cosmetic Act which prohibits false advertising of drugs and medical services. Chapter 813.

AB 2994 (Tucker) AIDS: Peace Officers. Entitles a peace officer to receive an immediate physical examination, and quarterly HIV tests for 12 months if he/she has sustained an injury during an incident involving a suspected carrier of AIDS. Also requires training courses for peace officers on AIDS issues. Chapter 94.

AB 3255 (Jones) AIDS Testing. Allows physicians to test patients for the AIDS virus with informed consent rather than written consent. Allows disclosure of AIDS test results to health care workers and allows AIDS test results to be recorded in the patients medical record. Chapter 1582.


AB 3364 (Roos) AIDS Prevention. Requires DHS to establish an AIDS primary prevention program, which would be required to be integrated into specified existing programs under the Department's jurisdiction. Chapter 1537.

AB 3505 (Bradley) AIDS: Bathhouses. Prohibits any person from maintaining, managing, or operating a bathhouse which encourages conduct which can transmit AIDS. Chapter 917.

AB 3673 (Clute) Arrested Persons: Disease. Requires a study to determine methods to protect public safety officers from communicable diseases. Chapter 1475.

AB 4209 (Roybal-Allard) AIDS. Requires DHS to develop and disseminate a brochure for victims of sexual assault. Chapter 1109.
AB 4437 (Margolin) AIDS: Temporary AZT Funding. Provides temporary funding to ensure that Californians needing AZT but unable to afford it can receive the drug during an interim period when no federal funds are available to continue a subsidy program. Chapter 977.

AB 4448 (Margolin) AIDS Residential Care Facilities. Creates a new licensure category for residential facilities for people with AIDS. Requires DHS to establish service, health and safety standards. Requires that people with AIDS be placed in either licensed facilities or facilities exempted from licensure. Chapter 1526.

AB 4475 (Brown) AIDS: Demonstration Project. Requires the Director of DHS to designate six counties for health screening and follow-up programs for HIV-positive individuals. Chapter 978.

AB 4536 (Polanco) Congregate Living Health Facilities. Adds a new licensure category to include homes with a capacity up to 25 beds for residents with AIDS or ARC. Chapter 1478.

AJR 22 (Filante) AIDS Vaccine. Memorializes Congress and the President to enact legislation that would add an AIDS vaccine to the National Vaccine Program, would create a victim compensation fund to be funded by a tax on vaccines. Chapter 12.

ACR 108 (Roos) AIDS Education in the Workplace. Requests and encourages every employer in the state to implement an employee AIDS education program based on the most accurate medical and public health information available. Chapter 132.

SENATE BILLS

SB 1002 (Doolittle et al) Blood Donation: AIDS. Creates a felony if a person donates blood knowing that he/she has AIDS or is seropositive. Prohibits disclosure of results of an HIV test to any state or local government unless the information is obtained through court order. Chapter 1154.

SB 1007 (Doolittle et al) Prostitution: AIDS Testing. Requires a court to order an AIDS test for people convicted of specified sex crimes, including prostitution. Requires test results to be forwarded to the Department of Justice which would make the results available to the defense attorney upon request and to the prosecuting attorney as specified. Enhances a sentence by three years if a person convicted of specified sex crimes does so knowing he or she has AIDS or is seropositive. Requires counseling for victims of sex offenses who submit to an AIDS test. Chapter 1597.

SB 1552 (Kopp) Healing Arts. Makes a finding that professionals of the healing arts need continuing education regarding AIDS. Textual changes: Adds provisions requiring licensing boards of health care providers to consider including training in AIDS assessment and treatment in licensing requirements. Chapter 1213.

SB 1913 (Presley) AIDS Testing: Prisoners. Provides procedures by which corrections or law enforcement personnel may obtain AIDS testing of inmates, parolees, or persons taken into custody if the officer has contacted certain bodily fluids. Allows inmates to follow the same procedure. Requires parole officer to be informed if parolee has AIDS. Requires parole or probation officer to notify local law enforcement when an HIV infected parolee or probationer is to be taken into custody. Requires law enforcement officials to maintain confidentiality. Permits testing of groups of inmates if medical officer and hearing panel conclude a medical emergency exists in correctional facilities. Requires correctional institutions and law enforcement agencies to provide AIDS education to staff and inmates. Chapter 1579.

SB 2076 (Alquist) Foster Parents. Requires Department of Social Services to establish pilot projects to recruit foster parents for children 2 years of age and under who have tested positive to HIV or who have AIDS. This project will provide training, education, and support services to these foster parents. Chapter 1236.

SB 2145 (Ayala) Testing: California Youth Authority. Permits the chief medical officer of a facility of the California Youth Authority to authorize HIV testing on individuals confined to the facility. Permits the disclosure of test results to the superintendent of the facility. Permits the disclosure of positive test results to the subject's known sexual partners or needle contacts, provided the subject's identity is kept confidential. Chapter 1119.

SB 2172 (Campbell) AIDS: Patient Care. Increases the Budget Act of 1988. This includes $225,000 for the Barlow Hospice Center in Los Angeles. Chapter 984.

SB 2394 (Russell) Sex Education. Requires all sex education classes to stress that abstinence is the only 100% effective protection against AIDS and other sexually transmitted diseases. Requires course material to stress that monogamous heterosexual intercourse within marriage is a traditional American value. Chapter 1337.

SB 2469 (Dills) Hypodermic needles and syringes. Amends Business and Professional code relating to needles and syringes. Prohibits the disposal of syringes or hypodermic needles in any public place or trash container. Chapter 739.


SB 2599 (Seymour) Substance Abuse Programs. Requires each county to adopt a 5-year substance abuse plan with goals to include the dissemination of AIDS information through hospitals, medical service providers and substance abuse programs. Requires state agencies offering substance abuse services to report annually to the Legislature on its efforts to achieve state master plan goals. Requires Governor to designate one state agency as the lead agency on all drug and alcohol abuse matters. Chapter 983.

SB 2643 (Hart) Search Warrant: AIDS. Permits a court to test a person charged with a crime if there is reason to believe blood or semen have been transferred. Chapter 1088.
SB 2673 (Doolittle) Blood Donations. Specifies who may direct a donor-designated blood donation. Chapter 791.

SB 2788 (Maddy) AIDS Test Results. Permits a physician to inform without consent, the spouse, sexual partner, needle partner or county health officer of a person’s confirmed positive HIV test. Permits disclosure only after physician has discussed results, offered counseling, and first allowing the patient to inform the contacts him or herself. Permits the health officer to inform a spouse, sexual partner or needle partner, but requires that the health officer keep confidential the names and seropositivity status of the individual tested and the persons contacted. Chapter 1216.

SB 2847 (Hart) AIDS: Reporting Requirements. Requires the Director of DHS to report on a comprehensive state plan for treatment and prevention of AIDS. Requires the plan to address specified topics, and to include specific recommendations for solutions to problems. Chapter 1581.

SB 2854 (Watson) Inmates: AIDS Education. Requires state and local correctional facilities to provide AIDS education to inmates. Requires local probation departments to provide information regarding testing and other AIDS services. Chapter 1301.

SCR 79 (Hart) AIDS Education: Institutions of Higher Education. Encourages each institution of higher education to develop comprehensive policies and guidelines on AIDS education for students, faculty, and staff. Chapter 119.

SCR 91 (Seymour) AIDS: Workplace Programs. Recognizes and applauds those California companies which have addressed the issue of AIDS in the workplace. It also applauds those companies that adopted appropriate policies. Chapter 80.