

INTRODUCTION BY
REPRESENTATIVE BILL CEVERHA

On August 17, 1982, Federal Judge Jerry Buchmeyer, declared the Texas Sodomy Law, Section 21.06 of the Texas Penal Code, to be unconstitutional. A notice of appeal was filed by Attorney General Mark White, on November 1, 1982. On March 11, 1983, the last day on which a new bill could be introduced in the House of Representatives, Attorney General Jim Mattox, dropped the State's appeal of the Baker v. Wade decision. In dropping the appeal, Mr. Mattox suggested that the legislature should reintroduce a sodomy law if it thought it was in the public's interest.

The Baker v. Wade case was tried in June of 1981. No evidence of the public health threat caused by homosexual conduct was introduced at the trial court. The Attorney General has made no effort to ask the District Court to reopen the evidence to introduce the overwhelming medical evidence concerning the public health threat caused by homosexual conduct.

The diseases being transmitted by homosexuals and being caught by homosexuals during their sexual practices threaten to destroy the public health of the State of Texas. One of the most recent and deadly diseases is Acquired Immunological Deficiency Syndrome ("AIDS"). Two recent articles in "Time" magazine, March 28, 1983, and "Newsweek" magazine, April 18, 1983, confirm the deadly consequences of AIDS. Both articles also confirm that AIDS first occurred in the homosexual community either through their sexual practices, blood donations or through close contact with the heterosexual community.

The citizens of the State of Texas must be protected from the spread of AIDS and other sexually-transmitted diseases which occur as a result of homosexual conduct. House Bill 2138 has been introduced for the purpose of preventing and deterring homosexual conduct which causes the transmission of disease.

INTRODUCTION BY

DR. PAUL CAMERON

Homosexual conduct poses a tremendous public health problem for the United States and the State of Texas. The medical implications of allowing homosexual conduct to proliferate in a community are staggering. To understand why homosexual conduct results in the type of public health problems that it does, it is first necessary to understand what homosexuals do. Most heterosexual, or normal, citizens do not understand the nature of homosexual conduct. Homosexuals rarely have monogamous relationships. Most homosexuals have had more than 500 lovers and approximately 30% of the homosexual community in the United States has had more than 1,000 lovers. Homosexuals engage in anonymous sex with as many different sexual partners as possible. In a given sexual episode, it is not unusual for homosexuals to have sexual relations with between ten and thirty different partners.

Gay baths and gay bars where sex is engaged in, pose serious health problems for the State of Texas. 89% of the homosexual community engages in oral/anal contact. "Rimming" is a homosexual practice of inserting one's tongue into the anus of another individual. 22% of the homosexuals engage in a practice called "handballing," or "fist fucking." Handballing or fist fucking is the practice of inserting one's fist or forearm into the anus of another individual for sexual pleasure. Another practice of the homosexual community is a practice called "scat." Scat is the playing with, eating or exchange of defecatory materials.

11% of the homosexual community engages in a practice called "golden showers," or urinating on each other for sexual pleasure. There are many other types of practices which homosexuals engage in which, because of the type of conduct, create public health problems.

Homosexual conduct results in the actors being carriers of public health diseases. Hepatitis A, Hepatitis B, cytomegalovirus, AIDS, gonorrhea, syphilis, herpes and many other sexually transmitted diseases are, proportionately, extremely more prevalent in the homosexual community because of their type of sexual practices, the number of sexual partners whom they engage with and the anonymity of the sexual partners.

To protect the public health of the State of Texas, it is necessary that laws be passed which will prevent the type of conduct which results in the transmission and origin of diseases which threaten the public health of the State of Texas. House Bill 2138 is a good attempt to legislate against conduct which results in a danger to the public health.

Legislative Committee Hears Testimony on Restoring the State's Sodomy Law

Montrose Voice Austin Bureau

Austin spectators in the old superior courtroom in the State Capitol laughed Tuesday as the House Committee on Criminal Jurisprudence took testimony describing "hand balling" and other sexual acts.

But Richardson's Republican representative Bill Ceverha's attempt to pass a bill outlawing homosexual acts is no joke to Texas' gay population—estimated at 700,000 by the federal judge who overruled the previous sodomy law.

Several persons appeared in the April 19 meeting to face the anti-gay forces who are trying to revive the sodomy law which was struck down by the 5th U.S. Circuit Court of Appeals last fall.

Committee members heard more than two hours of emotion-filled testimony on HB 2138, but took no action saying they needed more time to study the legislation.

A spokesman for Dallas Rep. Sam Hudson, said Hudson has introduced HB 111,

which will effectively "do the opposite of HB 2138."

Rep. Debra Danburg (D), Houston, became visibly upset as she raised points of order and disputed testimony of Ceverha's supporters who testified that homosexual activity poses a public health threat.

Those who supported the 2138 bill, presented graphic descriptions of homosexual acts to support their contention.

Paul Cameron, a Nebraska psychologist, and Clem Mueller, a doctor, testified that gays are major carriers of Acquired Immune Deficiency Syndrome, a rare disorder that strips the body of its disease-fighting capacity. They also testified that gays carry Kaposi Sarcoma, a rare form of cancer.

Danburg pointed out that only 26 cases of AIDS have been confirmed in Texas. "That's .000371 per cent," she said.

Danburg's biggest problem with 2138

supporters—which included two Dallas policemen—was their lack of expertise.

"None of them have expertise," she said. "The two doctors have never treated anyone with Kaposi Sarcoma or an AIDS victim. They have never participated in any research, given any time, expertise or money or worked in any way with any organization for the purpose of treating or preventing Kaposi Sarcoma or AIDS.

"I think they are homophobic," she said.

Danburg said she does not think the bill has the five votes needed to make it out of the nine-member committee. But, she said, she is afraid to be confident about something this important.

If the bill makes it to the full house, she predicted, it will pass by a vote of 120-30. "Not because it is rational or of good quality, but because the way the media reports it, it will look like a referendum on homosexuality, and the members will not vote for that."

MONTROSE

V O I C E

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responsible people don't shirk it. In contrast, as general and rewrite supervisor, I did find the association with Bob Peters and Jesse Lee a distinct satisfaction.

Bob is a member of the New York Bar Assn., a pastoral counselor, and the director of the "Christian News Report" (heard in New York, New Jersey and Connecticut on the one-hour "Message of Victory" broadcast Saturday mornings at 9:00, WNYM-Radio, 1330 AM).

Jesse majored in political science at Virginia Tech and is an administrative assistant in a religious organization.

The world divides between those who believe that "God has spoken" (Heb. 1:1-2 in the Bible) and those who don't. Bob, Jesse and I believe that God's plan for happy and beneficial human living is clearly revealed in the Bible. This Holy Book repeatedly declares that homosexuality is not part of His plan and is unacceptable to Him (though He dearly loves homosexuals and transforms them when they repentantly turn to Him).

Some say that Jesus never condemned homosexuality and therefore we shouldn't. This is an error. On a number of occasions Jesus spoke against porneia, a Greek word that countless authorities define as embracing all irregular sex.

We call special attention to the fact that we are absolutely not attacking persons in this booklet, but, instead, an obsessive practice which is emotionally and physically harmful to persons. In fact, the only reason we have undertaken this distasteful project is that we truly love human beings, most certainly including homosexuals, and feel deep concern for the holistic welfare of all persons.

Please, never think we lack affection for any city--particularly the beautiful one beside the Golden Gate. Let anyone call it melodramatic who will, but our eyes have been very wet with tears for San Francisco many times as we've worked on this report.

A few miscellaneous notes:

In San Francisco the Board of Supervisors is the equivalent of the City Council in many other cities. SF, whenever used, of course equals San Francisco.

We certainly do not like the main current meaning of the word gay. Gays are not gay. But we've often used it here because it's well known and understood.

Most of the sources used in this report are San Francisco sources. A few not from San Francisco were recommended by San Franciscans. The few remaining ones--and indeed all of them--are pertinent to San Francisco. And, in another sense, to any other city wise enough to listen!

We deeply and sincerely acknowledge vast amounts of fine input and help freely given by both San Franciscans and New Yorkers. Regretfully we couldn't use all of it, but we do want to express our heartfelt thanks.

For the most part this report allows original sources to speak for themselves through direct quotations. Our prayer is that God will cause the booklet as a whole to speak to the minds and hearts of many in our own city of New York and in other cities.

Rev. Roger Fulton
New York, New York...Washington's Birthday, 1983

DREAD DISEASE DEBUT

MORE "GAYS" ARRIVE ... DISEASE SKYROCKETS

To start with, let's consider the eye-opening basic opinions of leading San Francisco physicians working in the field of sexually transmitted diseases (STD)--such authorities as Selma Dritz, M.D., Epidemiologist, Office of Disease Control, SF Public Health Dept.; Michael Heller, M.D., Dir., Div. of Emergency Medicine, University of Calif./SF; and Charles Wibbelsman, M.D., Chief, Div. of Venereal Disease Control/SF:

"A favorable political and social atmosphere" in the mid-1970s (climaxed by the March '78 passage of the gay rights bill) caused: (1) a rapid influx of homosexuals into the city (a 400+ per cent increase in less than a decade), and (2) an eruption of STD (some diseases up approximately 1000 per cent).

MORE SEX WITH MORE MEN = MORE DISEASE

"The sexual activity of the homosexual puts him at increased risk for most STD....he acquires these diseases at an alarming rate."--Yehudi M. Felman, M.D., venereal disease control specialist.

"Never in the history of the world has there been so much sex available to men as there is for gay men in San Francisco."--Burleigh Sutton, SF banker, also identified by CBS Television as a "part of San Francisco's gay establishment."

"The average gay man here has had sexual encounters with at least 500 different men; 28 per cent, with more than 1000."--1979 television report on a just-completed Kinsey Institute study of "San Francisco's gay colony." (Some in the gay life for years have volunteered that they have had such encounters with 10,000 men.)

"The bottom line is that, yes, part of our lifestyle ['a high degree of sexual activity with many different partners'] is a hazard to our health."--Dan William, M.D., a homosexual treating "a largely homosexual group of patients," quoted in an article on "The Gay Plague."

THE DISEASE INVENTORY

Syphilis: The federal Centers for Disease Control have reported SF first among major American cities in per capita incidence of this age-old blight (Morbidity and Mortality Weekly Report). The SF City Clinic has reported of its infectious cases, 95 per cent are homosexual men (Western Journal of Medicine).

Gonorrhea: SF is second among major U.S. cities in per capita incidence. Its rate is five times the California average.--San Jose Mercury.

Hepatitis A: "...indeed an extremely common, almost routine, infection among gay men." --Michael Heller, M.D. (see above). "Transmission is usually by the [oral-contact-

with-feces] route."--Sexually Transmitted Diseases journal. "In San Francisco the number of reported cases...has doubled in the last two years....The SF Bureau of Disease Control reports that 80-85 per cent of these cases are in gay men between ages 20 and 40."--The Advocate Guide to Gay Health.

Hepatitis B: "...a disease that causes tremendous human suffering and economic burden to our nation."--American Liver Foundation. The Journal of Infectious Diseases, in an article entitled "Hepatitis B in Homosexual Men," reported the results of a study conducted in five major American cities (Chicago, Denver, Los Angeles, St. Louis and San Francisco): "Rates of serum positivity [presence of disease] of hepatitis B virus differed significantly..., ranging from 50.5% in St. Louis to [a high of] 75.8% in San Francisco...."

Gay Bowel Syndrome: Says Michael Heller, M.D. (see above) in The Annals of Emergency Medicine: "In recent years it has been recognized that homosexual men are subject to a remarkable variety of colon-rectum disorders. The term 'gay bowel syndrome' has been used to describe these disorders," twelve of which Heller lists in two accompanying tables in his article.

A physicians' reference book entitled Current Medical Diagnosis and Treatment lists many symptoms of these diseases ranging from medium-grade fever and hypertension to acute dysentery-like problems and death.

A report soon to appear in the Western Medical Journal will show that between three and four of every 10 San Francisco-area gay men "carry" at least one of these diseases.

Since the mid-'70s, incidence of two of these diseases has increased 1000 per cent or more, according to data from SF Dept. of Public Health and two journals, Sexually Transmitted Diseases and Sexual Medicine Today.

Diffuse Undifferentiated Non-Hopkins-like Lymphoma (DUNHL) was unknown in the late '70s in SF in the most sexually active age group (20-39). In the early '80s four cases have appeared in the city. All were "gay" males. All have died.--The Lancet.

A.I.D.S.--MYSTERY KILLER No. 1

"I wake up at 2 in the morning and I ask myself: 'What are we going to do? We can't let these young men die.' But they do die, and I want to weep. If you think only scientifically, AIDS is the medical whodunnit of the decade--but who can think that way when it's going on all around you? Right here in this office I interviewed two young patients only a week ago, and today both of them are dead!"--Selma Dritz, M.D., Epidemiologist, Office of Disease Control, SF Dept. of Public Health.

"...the century's most virulent epidemic...as relentless as leukemia...as contagious as hepatitis...scientists simply cannot catch up with it...continues to rage in big-city homosexual communities with terrifying and deadly results...raises fears about the nation's blood supply...threatens to move into mainstream America...deadly (of cases reported before June '81, 75 per cent are dead...smallpox [long considered a high-level killer] claimed 25 per cent of its victims)...

A PRACTICAL
DEFINITION

responsible for the near-collapse of the body's immune system...leaves the victim prey to cancers and infections the body is unable to defend against...the immune problem is apparently irreversible."--New York Times Magazine.

A.I.D.S.--THE GHASTLY FACTS

AIDS = Acquired Immune Deficiency Syndrome.

"The number of cases of AIDS per million population reported between June 1, 1981 and Sept. 15, 1982 in New York City [alas!] and San Francisco was roughly 10 times greater than that of the country as a whole."--Library of Congress Research.

"More than 75 per cent of all AIDS victims are young homosexual males."--San Francisco Chronicle under the headline "Battling a Plague That's Killing Gays."

"Before 1980 only nine cases of AIDS were reported."--New York magazine. "As of Feb. 2, 1983, 1,025 definite cases had been reported."--Library of Congress Research. "Cases diagnosed and reported have been doubling every six months."--Dr. Richard Selik of the federal Centers for Disease Control, in the SF Chronicle.

It May Be Only the Beginning: "The incubation period for AIDS is thought to be [from six months to] two years....people who have already been infected might not know it until sometime between mid-1983 and the end of 1984. By then each carrier might have unknowingly infected hundreds more individuals--through sexual contact, blood donations or some yet unimagined route."--New York Times Magazine.

ADDITIONAL MASSES ARE IN DANGER

Gonorrhea of the throat, common among male homosexuals, is "showing up in unusual ways....A person with this infection can cough on a crowded rush-hour train [or in a classroom, etc.] and spread his disease to those around him."--Zelig Friedman, M.D., board-certified immunologist and allergist.

In sexually transmitted diseases (epidemic among male homosexuals), some are easily spread through saliva, as at water fountains, lunch counters, etc. and all can be.
--Zelig Friedman, M.D.

"Hepatitis A is indeed an extremely common, almost routine infection among gay men."--Annals of Emergency Medicine. "It is also infamous as a disease spread by food handlers."--Zelig Friedman, M.D.

A.I.D.S. and Blood Transfusions: "There is no test or combination of tests to identify AIDS in screening donated blood."--Robert Hirsch, M.D., medical director, Greater New York Blood Program. "The federal Centers for Disease Control have also found 26 cases of an AIDS-like disease in children."--Library of Congress Research. "Hemophiliacs...comprise another vulnerable group in blood transfusions. Nine have recently contracted AIDS, with six fatalities. The youngest to die was age seven."--National Hemophilia Foundation. "The Centers for Disease Control are investigating 'eight cases who don't fit any known risk groups [relating to blood transfusions].'"--Washington Post, in an article, "Mysterious Lethal Disease Spreads."

Dare They Play Political Tug-of-War? "The political issues now facing gays are overwhelming....I could never allow gays to be excluded, as gays, from...donating blood."--Roger Enlow, M.D., immunologist and "gay" political strategist. "The thing is, people are dying. The medical problem is more important than the civil rights issues."--James Curran, M.D., head of AIDS Task Force, Centers for Disease Control.

A FINAL WORD...

Besides much intense, believing prayer, we recommend letters, mailgrams, phone calls and individual or group visits to city officials. The League of Women Voters will supply their names, addresses and phone numbers.

It is also highly important to make use of public talks, sermons, newspaper and broadcast outlets, meetings large and small.

Finally, plan ahead: if the legislation passes which would outlaw all negative statements about homosexuality and other sexual orientations, be prepared to take a humble yet frank stand of God-fearing civil disobedience! May thousands of us have the integrity and the strength to be faithful to God and humanity!

This pamphlet has been issued as a public service by

FAITH AND CITIZENSHIP TEAM

P. O. BOX 305
STATEN ISLAND, N.Y.C. 10301

Suggested contributions to help cover production, postage and handling: \$1 for one copy; \$2 for three copies; \$5 for ten copies. For more than 50 copies, write for details.

Immediate larger contributions will enable us to share this crucial information with many other leaders and concerned citizens. Will you play a larger, more strategic role today?

United States Senate

WASHINGTON, DC 20510

February 25, 1986

Mr. Frank X. Richter
890 Geary Street, Apt. #34
San Francisco, CA 94109

Dear Frank,

Knowing of your interest and concern regarding AIDS, I wanted to share with you my Senate floor statement of October 22 in connection with Senate passage of the fiscal year 1986 federal budget for AIDS research, public education, and other public health activities.

In the few short years since AIDS was first diagnosed in 1981, the epidemic has claimed thousands of lives. The number of new AIDS cases continues to increase at an alarming rate. Although officials in the Reagan Administration have repeatedly stated that AIDS is this nation's number one health priority, the Administration has consistently refused to provide Congress with a comprehensive plan and budget request. To ensure that progress would be made as rapidly as possible toward bringing an end to this killer disease, I led Senate efforts to increase funding for AIDS work during each of the last three fiscal years.

When the Senate began consideration of the FY 1986 budget for AIDS-related activities, I was especially concerned that not enough funds were being provided for treatment research and the development of new therapeutics. Scientists have made great progress in the last four years; they have identified the causative agent of AIDS and unraveled many of its symptoms. Thus, I believed that the time had come to increase our efforts on a new front -- treatment.

I urged Senator Weicker, the Chairman of the Labor-HHS-Education Appropriations Subcommittee, to increase by \$70 million the budget for clinical research and drug development regarding AIDS. In line with what I had recommended, the FY 1986 Labor-HHS-Education Appropriations Act (Public Law 99-178), enacted on December 12, includes \$234 million for AIDS research and public health activities -- more than double the amount spent in fiscal year 1985.

In addition, I proposed an amendment, which was agreed to, to increase the Food and Drug Administration's budget for fiscal year 1986 by \$3.4 million -- for a total of \$10 million -- in order to help expedite the testing and review process within the FDA for drugs designed to treat AIDS. In fiscal year 1985, I had succeeded in adding \$8.35 million to the FDA's budget for similar purposes. My two amendments together increased the FDA's funding for AIDS work by more than 150 percent.

Ensuring that the necessary resources are available to combat AIDS has been a high priority in my Senate work. I will continue this effort until the epidemic is brought to a halt.

With warm regards,

Sincerely,

A handwritten signature in blue ink that reads "Alan Cranston". The signature is written in a cursive, flowing style.

Alan Cranston

Enclosure

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Congress of the United States

House of Representatives

INTERGOVERNMENTAL RELATIONS AND
HUMAN RESOURCES SUBCOMMITTEE
OF THE
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SUBCOMMITTEE ON INTERGOVERNMENTAL RELATIONS AND HUMAN RESOURCES
HEARING ON THE FEDERAL AND LOCAL GOVERNMENTS'
RESPONSES TO THE AIDS EPIDEMIC
SAN FRANCISCO, CALIFORNIA
Room 2007, Federal Building
450 Golden Gate Avenue
July 3, 1985, 9:00 a.m.

WITNESS LIST

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People With AIDS Alliance

Mr. Richard Rector
Mobilization Against AIDS
People With AIDS Caucus

Mrs. Karen Schain

PANEL II

Mitch Bart, Acting Executive Director
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Bill Bradley, Member, Board of Directors
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OPENING REMARKS, BARBARA BOXER, AIDS HEARING, JULY 3, 1985

MY DEEPEST THANKS TO CONGRESSMAN TED WEISS FOR BRINGING HIS SUBCOMMITTEE HERE.

THERE ARE TWO MAJOR PROBLEMS THAT I TRUST WILL BE EXPLORED HERE TODAY: THE MAGNITUDE OF THE AIDS EPIDEMIC WITH ALL ITS CONFOUNDING MANIFESTATIONS, AND THE LACK OF APPROPRIATE AND EFFECTIVE FEDERAL RESPONSE BY THE CURRENT ADMINISTRATION. FROM THIS DISCUSSION WE WILL GATHER INFORMATION THAT CAN BE TAKEN BACK TO OUR COLLEAGUES IN CONGRESS TO GUIDE US IN OUR LEGISLATIVE EFFORTS TO DETERMINE FEDERAL RESPONSIBILITY IN COMBATTING THIS TERRIBLE DISEASE.

WHILE THE FEDERAL RESPONSE HAS BEEN FRUSTRATING TO MANY OF US, SAN FRANCISCO HAS DONE MUCH MORE THAN COMPLAIN - SAN FRANCISCO HAS ORGANIZED TO MEET THIS EPIDEMIC HEAD ON. THIS COMMUNITY HAS ESTABLISHED MODEL PROGRAMS IN EDUCATION AND RISK REDUCTION, PATIENT TREATMENT, HOME HEALTH CARE, HOSPICE, AND CLINICAL AND VIRAL RESEARCH.

OUR COMMITTEE IS ONLY ONE EXAMPLE OF THE MANY WHICH HAVE COME TO SAN FRANCISCO TO LEARN FIRSTHAND WHAT CAN AND SHOULD BE DONE IN THE FIGHT AGAINST AIDS.

THE DISEASE PERSISTS. PRESIDENT REAGAN'S BUDGET REQUESTED A 10 MILLION DOLLAR REDUCTION IN AIDS APPROPRIATIONS FOR FISCAL YEAR 1986. WITH SUCH RESTRAINED COMMITMENT TO OUR NUMBER ONE HEALTH PRIORITY, IT IS NO SURPRISE THAT THE CITY OF SAN FRANCISCO AND THE STATE OF CALIFORNIA HAVE BEGUN FUNDING BASIC RESEARCH EFFORTS THAT ARE OF NATIONAL IMPORTANCE. THE BURDEN CONTINUES TO LIE WITH LOCAL AND STATE GOVERNMENTS AND WHILE SAN FRANCISCO HAS MET THE CHALLENGE, WITHOUT FEDERAL LEADERSHIP, OTHER COMMUNITIES HAVE BEEN UNABLE TO DO SO.

AIDS IS A COMPLEX EPIDEMIC THAT HAS BROUGHT TO THE SURFACE
MANY CHALLENGES. THESE INCLUDE:

THE BALANCE BETWEEN PROTECTION OF INDIVIDUAL CIVIL
RIGHTS AND THE PROTECTION OF PUBLIC HEALTH.

THE DEFINITION OF AIDS TO ENSURE OUR REPORTING
AND SURVEILLANCE (SIC) EFFORTS INCLUDE AIDS
RELATED CONDITIONS AND HTLV III INFECTIONS.

APPROPRIATE HEALTH CARE SERVICES TO AIDS PATIENTS.

EDUCATION AND PREVENTIVE EFFORTS.

THE PROMPT FEDERAL REVIEW OF PROMISING TREATMENT
THERAPIES AS THEY BECOME AVAILABLE.

ADEQUATE FUNDING OF BASIC CLINICAL RESEARCH.

THE NEED FOR A COMPREHENSIVE, LONG RANGE PLAN
BY THE FEDERAL GOVERNMENT.

IT IS IMPORTANT TO TAKE AWAY FROM THIS HEARING A CLEAR UNDERSTANDING
OF THE URGENCY FELT BY THIS COMMUNITY. THAT URGENCY, COMBINED
WITH SAN FRANCISCO'S EXAMPLE, AND THE TESTIMONY OF OUR DISTINGUISHED
WITNESSES, WILL HELP US BRING THE AIDS CRISIS TO THE ATTENTION
OF CONGRESS IN A COMPREHENSIVE AND CLEAR WAY.

THANK YOU.

TED WEISS, NEW YORK, CHAIRMAN
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OPENING STATEMENT OF THE HONORABLE TED WEISS
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HEARING ON THE FEDERAL AND LOCAL GOVERNMENTS' RESPONSES TO THE
AIDS EPIDEMIC
SAN FRANCISCO, CALIFORNIA
JULY 3, 1985

This subcommittee held its first hearings on this tragic epidemic two years ago. At that hearing, we received testimony from an articulate and extremely courageous witness from San Francisco named Roger Lyon. He told us that he had just been diagnosed with Kaposi's Sarcoma and had come to Washington to share his pain, and hope, with us. At the end of his statement, Roger said,

"I came here today with the hope that this administration would do everything possible and make every resource available. There is no reason this disease cannot be conquered. We do not need infighting, this is not a political issue. This is a health issue. This is not a gay issue. This is a human issue. And I do not intend to be defeated by it. I came here today in the hope that my epitaph would not read that I died of redtape."

Roger Lyon died earlier this year. He, like thousands of others, fell victim not only to a dreaded affliction, but also to an administrative reticence -- to the lack of leadership and commitment needed to garner sufficient Federal resources to challenge this human catastrophe.

When Roger Lyon testified in 1983, almost 2,000 cases had been reported nationwide. Today the numbers and projections are beyond even the most pessimistic expectations. Almost 11,300 cases reported. Over 5,600 deaths. Projections of from 500,000 to 1,000,000 individuals exposed to the virus. AIDS does not discriminate -- it knows no geographic boundaries and afflicts men, women and children in all walks of life.

But despite this magnitude of human suffering, we are still trying to convince the current Administration that labeling AIDS its "number one health priority" is just not enough. Rhetoric is no match for the killer AIDS.

This hearing is another of our efforts to try to convince Administration officials that when hundreds of thousands of lives are at stake, recommending cuts in the FY 1986 AIDS budget is completely unacceptable. They must recognize that when over twenty people are diagnosed with AIDS each day, protracted budget evaluations are inexcusable. They must realize that when the marketing of a vaccine is likely to be years away, a skeletal public education and prevention program is irresponsible. And they must acknowledge that when health costs for persons with AIDS are estimated to cost billions of dollars during the next few years, they can no longer maintain that medical care and social services are solely a local responsibility.

It is critical that we continue to document our progress, and our problems, and build a strong case for attention and resources. Today's hearing will serve an important function by providing the subcommittee with valuable information and insight about the status of AIDS research, education and treatment initiatives that Congresswoman Boxer and I can use in our continuing effort to lobby for additional funding. We are privileged to be receiving testimony this morning from many individuals who have dedicated themselves to solving this crisis. I applaud your work and your strength, and only hope that we will intensify our collective efforts to halt the spread of this disease and find a cure for those already suffering.

DECLARATION OF SEXUAL LIBERATION

We proclaim that Gay Liberation and Sexual Freedom are indivisible. The right to relate sexually with each other without guilt or shame is one we will not compromise.

We categorically reject equating our sexuality with immorality. Morality is based on the treatment of other people, not on the sexuality of individuals.

Gay Liberation includes the right to self-determination. We have the right to free expression with all people in our community, on all levels including sexual. We will be free from institutional coercion and government persecution. We will not accept attempts to isolate people from our community or our community from others. We will fight against the harassment and arrest of our people by the police or the labeling of gay men as "sexual outlaws".

We oppose government attacks on places where gay men meet to have sex as an attack on all gay/lesbian/bisexual people. The hysteria whipped up around AIDS is an attempt to divide our community. We recognize AIDS is a serious disease and demand adequate funding of research to find a cure and of support and comfort for people with AIDS. We will not tolerate the AIDS crisis being used as an excuse for the discrimination, intimidation, moralizing, and violence directed at the gay/lesbian/bisexual community.

We are not going to be shoved back to the closet. We are out to stay and will choose our own sexual lifestyle. We will fight for a world based on compassion, equality, and freedom to live as who we are.

THE COMMITTEE TO PRESERVE
OUR SEXUAL AND CIVIL LIBERTIES

(10-84)

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Thursdays 7:30

Senator Wilson: *Since 1983.*

America is losing the war against A.I.D.S. The number of A.I.D.S. cases is up 74%. Three quarters of those diagnosed before 1983 are dead. What has been our country's response? *much of the*

The response of the government and medical establishment has been inadequate to the point of criminal negligence. Why did it take two years after the medical establishment recognized the danger of A.I.D.S. before the federal government spent its first dollar in response? Why has less money been given to A.I.D.S. research than was given to the Swine Flu Epidemic? Why are there no national "A.I.D.S. prevention" education programs, if this is indeed, as the medical establishment claims, a preventable disease? Has this government accepted defeat? Are you willing to accept thousands more fatalities from A.I.D.S. in 1985? We cannot afford nor will we tolerate an inadequate response and mismanagement of this war against A.I.D.S. Nor should you.

Confidentiality lack sentence

This situation is made worse by the lack of accountability. We find decisions, upon which depend the lives of our people, are being made without our input and with no accounting for the results. Many questions of the gravest concern have been raised to which we can get no response. Is it true that viable government A.I.D.S. research projects have not been funded? Is it true that millions of dollars allocated sit unused in the Office of Management and Budget and that (as Dr. Gallo charges) the purification of the nation's blood supply has been delayed because of this? Is it true that important theories on the cause of A.I.D.S., such as Dr. Teas A.S.F. virus, has been deliberately suppressed? Is it true that research on the HTLV-3 virus has been limited to a select few because of personal ambition and professional grandstanding? ~~Is it true that there has been within the government serious discussion of the internment of People with A.I.D.S. and others? What is being done with the masses of information the government is now collecting on gay men because of A.I.D.S.? We demand a full accounting of the actions taken and planned by the government in response to A.I.D.S.~~

In the absence of truth, rumor and misinformation is widespread. The basic facts about A.I.D.S. are being distorted by the ignorant and those who would use this calamity to attack the lesbian/gay community. We have been misrepresented, criticized, labeled, threatened and attacked because of A.I.D.S. There have been secret police investigations, closure of businesses, increases in police harassment, and discussion of repeal of basic civil rights of Lesbian and Gay people in the name A.I.D.S. The elected officials of our country have been silent about these attacks, a silence that would be inconceivable if the group of victims was not the Lesbian/Gay Community. We call upon you to denounce the use of A.I.D.S. to violate the civil rights of our community.

much of the

~~In summary, Senator Wilson, we have three concerns:~~ 1) The "too-little-too-late" response to A.I.D.S. by our government and medical establishment is inexcusable. We call upon you to investigate by calling for appropriate committee hearings in the Senate. 2) The public is not being given an accounting of what is being done about this epidemic. We call upon you to hold regular "town hall meetings" to report to your constituents on the government progress in winning the war against A.I.D.S. 3) The silence of political leaders about the civil rights attacks on the Lesbian, and Gay, and *and Bisexual* Community must be broken. We call upon you to forthrightly denounce the use of A.I.D.S. as a political weapon, ~~against our community.~~

This letter is being delivered simultaneously to all our elected officials. We need to know your response to our three concerns within two weeks. In that time between 50 and 100 more Americans will become casualties of the A.I.D.S. epidemic.

John Lorenzini

Additional Testimony

My greatest fear is that all the July 3, 1985 testimony will indeed be my epitaph, ~~and that~~ ^(for media-events) this continued government red tape encourages national leaders to continue to remain silent, except ^(Did you bother to invite the others?) at biennial hearings. At these hearings, two legislators out of 535 attended. Does this mean the others don't care? Are they knowledgeable and only you two needed this information? ⁹ Where was Congresswoman Sala Burton? She has had a personal experience of someone on her staff diagnosed with AIDS and yet she is silent and evidently doesn't care. Congressman Ron Dellums has many constituents with AIDS, does he know enough? Educating two federal legislators is not enough. How do you and ~~we~~ ^{spell out} who have testified teach others?

We (PWA) do not want talk. We need action because words will not heal our bodies. We could be alive and a [✓] part of contributing society instead of continuing to die at the taxpayers' expense! We don't want to die and we hope you too will not want our deaths.

If you are serious about AIDS, we recommend the nine point plan by Mobilization Against AIDS (a copy is enclosed) and your committed educational efforts of your fellow legislators. Your efforts hold our life. Do nothing and we will die. Action alone can get our release from this death sentence. We are asking your help.

SALA BURTON
5TH DISTRICT, CALIFORNIA

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COMMITTEE ON RULES
SELECT COMMITTEE ON HUNGER

DELEGATE
NORTH ATLANTIC ASSEMBLY

Congress of the United States
House of Representatives
Washington, DC 20515

February 7, 1986

Mobilization Against AIDS
Mr. Paul Boneberg
2120 Market St., Room 106
San Francisco, California 94114

Dear Paul:

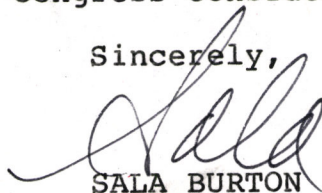
I wrote to you recently to tell you what the President's budget proposes for spending on AIDS. Subsequently, budget documents were released with more detailed explanations of the Administration's plans. These documents make it clear that the reductions in AIDS-related spending are even more calamitous than we first thought.

Congress appropriated \$244 million in Fiscal Year 1986 for AIDS-related activities. The new budget proposes to cut that amount -- for the remaining few months of the fiscal year -- by \$41 million. In addition, cuts mandated by the Gramm-Rudman budget law will take \$11 million more, for a total cut of \$52 million in this fiscal year. (Although Gramm-Rudman was ruled unconstitutional today by the U.S. Court of Appeals, it remains in effect until the Supreme Court rules on it later this year.)

In FY 1987, the budget proposes spending of \$213 million, \$31 million less than in FY 1986. Although the enclosed budget documents manipulate figures to show an increase for this year, the simple and unfortunate fact is that the Administration has made drastic cuts in AIDS spending.

I will keep in touch as Congress considers the budget proposal.

Sincerely,



SALA BURTON
Member of Congress

SB:ed

Enclosure

SALA BURTON
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COMMITTEE ON RULES
SELECT COMMITTEE ON HUNGER

DELEGATE
NORTH ATLANTIC ASSEMBLY

Congress of the United States
House of Representatives
Washington, DC 20515

February 5, 1986

Mobilization Against AIDS
Mr. Paul Boneberg
2120 Market St., Room 106
San Francisco, California 94114

Dear Paul:

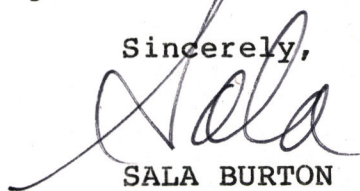
I have enclosed a copy of the Reagan Administration's budget proposal for AIDS-related activities. This proposal is included in the budget submitted to Congress today.

The President's budget message states that AIDS-related programs are one of the "High Priority" items on his agenda. While I agree with the assessment of the importance of these programs, it is dismaying to me that the rhetoric in the message is not backed up with dollars in the budget. The proposal cuts spending on AIDS by \$15 million.

As you know, only after persistent prodding by Congress, the medical community, activists in the gay community and others who were acutely aware of the dangers of this disease, did the Administration begin to fund AIDS research. Subsequently, Administration policy-makers have not, in fact, been in the forefront of proposing new approaches to the AIDS problem, but have often been obstructive -- for instance, forcing the Centers for Disease Control to recall grants approved for explicit educational materials describing safe sex practices.

I will work with those people, such as yourself, who are vitally interested in ending the AIDS epidemic, to ensure that AIDS is truly a high priority of the federal government.

Sincerely,



SALA BURTON
Member of Congress

SB:ed

Enclosure

CONCERNED REPUBLICANS FOR INDIVIDUAL RIGHTS'
RECORD ON THE A.I.D.S. CRISIS

For the past three years, Concerned Republicans for Individual Rights has been actively involved in the fight for additional public and private funding for AIDS research, education, and patient services, and has been at the forefront to ensure that our civil liberties are preserved in the face of public hysteria about AIDS and the willingness of some to give carte blanche to medical authorities trying to stem the epidemic.

Fundraising. In September, 1982, CRIR held the first political fundraiser for the San Francisco AIDS Foundation and raised a net of \$2,300. Since then, we have contributed holiday gifts to patients at Ward 5-B through the Shanti Project, contributed to the Godfather Fund, and in cooperation with Sutter's Mill, raised \$5,500 at the Mr. Financial District contest for the San Francisco AIDS Fund.

Local Politics. In the Spring of 1984, CRIR was the first Gay political club in San Francisco to oppose the closing of or the restricting of sexual activities within bath houses or sex establishments on the grounds that there was insufficient evidence that closure or restrictions would significantly stem the epidemic. We argued that it was how one had sex, not where one had sex which spread AIDS. We also felt that closure or restrictions would undermine the Consenting Adults Act and create a precedent for closing other Gay businesses in the future.

In October, 1984, CRIR joined the San Francisco Community Partnership on AIDS (which includes the San Francisco AIDS Foundation, People with AIDS — San Francisco, Committee to Preserve our Sexual and Civil Liberties, Alice B. Toklas Lesbian/Gay Democratic Club, Stonewall Gay Democratic Club, and as consultants the Bay Area Physicians for Human Rights and Bay Area Lawyers for Individual Freedoms). The Partnership was originally formed to promote safe sex in the baths and sex establishments. Since its inception it has also developed a brochure "When a Friend has AIDS" and distributed several thousands of copies, held two community forums, opposed police harassment in Ringold Alley and elsewhere, discussed the issues of quarantine and discrimination in insurance and employment because of AIDS and the blood tests, and worked closely with friendly legislators in Sacramento and with Gay lobbyists in Washington, D.C.

State Politics. In April, 1983, CRIR lobbied Republican legislators in favor of SB-910 which created the State's AIDS Advisory Committee and recommends how AIDS education monies are to be distributed. The bill was passed by the legislature and signed by the Governor.

In the Spring of 1985, CRIR endorsed the Agnos Bill (AB-403) ensuring a level of confidentiality for those taking the antibody test, and was the first political group to oppose the Roos Bill (AB-488) which allocates \$5,000,000 to fund alternate testing sites and creates a state-wide list including the names of everyone who tests positive for the antibody at blood banks and plasma centers. We were also the first to endorse the Marks/Roberti bill, SB-292 on confidentiality in AIDS research, Roberti/Marks, SB-678, extending the life of the AIDS Advisory Committee, and Roberti/Marks, SB-1251, reforming the State's response to the AIDS crisis and providing another \$4,960,000 to help fight AIDS.

In June of 1985, CRIR and its sister organization, the Log Cabin Republican Club of Los Angeles collected over 7,800 signatures (compared to 5,200 for the Democratic clubs) urging the Governor to approve all supplemental AIDS funding passed by the legislature.

GOVERNOR DEUKMEJIAN'S RESPONSE TO THE A.I.D.S. CRISIS
(White Paper of Concerned Republicans for Individual Rights)
September, 1985

In a recent editorial in the Bay Area Reporter, Brian Jones excoriated Republican Governor George Deukmejian of California by alleging that the Governor has shown little concern to the AIDS crisis and that his statewide radio speech on AIDS, September 7th, and his promise to restore some of the funding he had earlier vetoed was prompted by public pressure.

Concerned Republicans for Individual Rights, the oldest predominantly Gay Republican volunteer organization in the nation, strongly disagrees, and believes that the Governor's response should be viewed in context of the response of other states and the Federal Government. In that light, he comes out the leader.

We have disagreed with the Governor in the past and we acknowledge that more needs to be done in the battle against AIDS. Close to \$4,000,000 is needed for non-clinical research and to provide health services to people with AIDS-related complex, but these items were omitted from SB-1251 by the Democratic leadership of the Assembly. There is a need to restructure the Department of Health Services' AIDS section so that it becomes more effective. The Agnos confidentiality law needs to be strengthened. Insurance and Medi-Cal reforms are needed. And we must remain ever vigilant to ensure that the civil rights we have gained over the years are not undermined in the name of fighting the epidemic.

But, we believe that the Governor (in conjunction with our friends in the legislature) has done much that is positive.

* He signed into law SB-910 in 1983 which created the State AIDS Advisory Committee and he appointed a Gay Republican who serves as its chair. The committee has distributed over \$5,000,000 in the past two years to 26 counties and community-based organizations such as the San Francisco AIDS Foundation and the Pacific Center for AIDS Education.

* The Governor made AIDS a presumptive disability so that people can receive Medi-Cal benefits within a matter of days of diagnosis.

* He signed into law AB-403 and AB-488 which created and funded alternative sites for anonymous antibody testing and ensured that test results for the AIDS antibody could not be used to deny anyone employment or insurance.

* In a compassionate and balanced speech to the people of California, he outlined his concerns and demonstrated his leadership. How many other chief executives have spoken out on the subject?

* And, with the expected signing into law of SB-1251, Deukmejian will have approved \$19,903,500 in AIDS funding for this year.

New York state, which has a Democratic Governor, Mario Cuomo, and has 50% more cases of AIDS than does California is planning to spend \$4,790,000 on AIDS this year. The rest of the states combined are spending less than New York. The Federal Government, were it to spend proportionately what California is spending would spend \$190,000,000. It is currently spending \$106,000,000.

We feel that the Governor deserves better than to be dished by Brian Jones. If you agree with us, please give him a call at (415) 557-1437 or (916) 445-2841/445-4341, or write Governor George Deukmejian, State Capitol, First Floor, Sacramento, CA 95814

For more information on CRIR, write to P.O. Box 14174, San Francisco, CA 94114.

Testimony of Senator Alan Cranston
before the
Subcommittee on Intergovernmental Relations and Human Resources
of the
House of Representatives Committee on Government Operations
Hearing on
Acquired Immune Deficiency Syndrome
July 3, 1985
San Francisco, California

I am pleased to have this opportunity to present testimony on the devastating public health crisis -- AIDS. I regret that I cannot be here in person to participate in this hearing. Nevertheless, I would like to express my deep appreciation to the distinguished Chairman of this Subcommittee, Representative Ted Weiss, and to my colleague from California, Representative Barbara Boxer for holding this hearing in San Francisco -- a city with over ten percent of the country's AIDS cases and where hundreds of lives have been lost to this disease. I would also like to congratulate Representatives Weiss and Boxer for their efforts in helping to focus national attention on the seriousness of the epidemic and to ensure that adequate resources are made available for public health activities on AIDS.

Health and Human Services Secretary Heckler has stated repeatedly that AIDS is this nation's number one health priority. Yet, the Reagan Administration has consistently refused to provide Congress with a comprehensive plan and a budget request that would enable the scientists, public health officers, and citizens of our country to make as rapid progress as possible in finding the means to prevent, treat, and cure this terrible disease.

The Administration's approach has, to a great extent, been to deny the specific requests for AIDS funding of various HHS Public Health Service agencies that have high-priority AIDS projects. Thus, for example, the National Institutes of Health and the Centers for Disease Control have often been faced with situations in which the only way for them to fund AIDS activities has been to divert resources from priority activities relating to other diseases. The Congressional Office of Technology Assessment, in a February 1985 technical memorandum concerning AIDS, found that this approach has been detrimental to sound planning and effective programs.

For FY 85, I was able to obtain a document detailing the Public Health Service agencies AIDS budget needs as they saw them. I made that the basis for urging Committee and floor

action amending appropriations bills, and we were able to increase the budget for AIDS research and public health activities by more than \$38 million, to \$94 million for the current fiscal year.

However, despite the alarming rate of the continued increase in the number of AIDS cases, the Administration budget request for AIDS activities for FY 1986 is essentially frozen at FY 1985 levels, and we are once again faced with a lack of cooperation from the Administration in determining what the needs are for dealing with AIDS.

I continue to believe that the greatest resources should be allocated to research, because that is our only real hope for bringing an end to this epidemic. However, two other issues that have surfaced are also extremely important -- public education and the confidentiality of AIDS-related information.

Public Education

With a vaccine still years away from development, public education on risk-reduction is the only means currently available for preventing the spread of AIDS. Yet, in FY 1985 the federal government is devoting only \$2 million to such efforts.

I believe that it is essential that the federal government formulate a national strategy for public health activities to restrain the spread of the AIDS epidemic.

The Centers for Disease Control has estimated that up to one million Americans may already have been exposed to the HTLV-III virus, the probable cause of AIDS. Unless we take strong decisive action as soon as possible to launch major, nationwide, risk-reduction and education programs, the spread of the virus to the uninfected population will inevitably continue, scientists tell us, at an ever-increasing rate, resulting in many tens of thousands of new AIDS cases during the next decade.

Thus, during Senate consideration of the FY 1985 Supplemental Appropriation Act, H.R. 2577, I urged the Senate Appropriations Committee to direct the CDC to submit to that Committee a plan for a nationwide AIDS public education campaign which includes community-based, risk-reduction programs. All population groups are potentially at risk, and therefore education efforts must be targeted for both high-risk groups and the general population. I am very pleased that the Committee has directed the CDC to provide information for such a nationwide program and to do so very quickly -- prior to final action later this summer on the FY 1986 appropriation bill so that Congress can include funding for such a program (S. Rept. No. 99-82, page 161). As I noted in my statement in the Congressional Record on June 20 (S. 8482), the date on which the Senate passed the Supplemental Appropriation measure, I intend to strongly pursue that funding.

Confidentiality of AIDS-Related Information

During the past few years, despite the fact that it has been well established that the AIDS virus is not transmitted through casual social contact, many incidents of near-hysterical reactions against people with AIDS have been reported.

Too often AIDS patients have experienced grossly unfair discrimination and rejection from public agencies, health-care providers, landlords, and a variety of individuals in their communities. There is a real risk that the same type of discriminatory response may occur in the cases of those who have been infected by or exposed to the AIDS virus, HTLV-III, but have not developed AIDS.

In the case of any seriously stigmatizing disease or condition, it is very important to the conduct of research -- including epidemiological studies -- that information identifying individual participants be kept confidential. Otherwise, a fear of inappropriate disclosure may deter individuals from participating in much-needed research as well as result in a great deal of unfair discrimination against totally innocent people. At present, there are not adequate protections available in this area. Thus, to help ensure that research will move forward unimpeded, I am now working with our colleague from California, Representative Henry Waxman, Chairman of the Health and Environment Subcommittee in the House of Representatives, to develop legislation that would protect the privacy of individuals who are the subjects of federally funded research.

Our legislation would also protect the privacy interests of blood donors. Although assuring an adequate, as well as safe, blood supply is an important national concern, at present there are no federal statutory protections of the privacy interests of donors and those applying to be donors.

The need for appropriate safeguards for donor confidentiality has become evident as a result of the development and implementation of the HTLV-III blood-screening test. This blood test is not diagnostic for AIDS. It provides an indication only that a person has been exposed to the HTLV-III virus; the chances are only one in ten that the individual will develop AIDS. I would also note that the antibody test is not perfect. Some individuals (about 2 percent) will show a positive antibody test even though they do not in fact harbor the virus.

Nevertheless, there have been cases in which positive results have been interpreted as evidence of AIDS. Keeping in mind that anyone could produce a positive test result and that such a result does not indicate that a person has or will develop AIDS, I believe there is a real need to protect the privacy of the blood donor.

We must act quickly in this area before any major publicized incidents of abuse cause a decline in the number of those who, in the spirit of serving the public good, seek to donate blood.

Conclusion

In conclusion, I am convinced that only through Federal leadership will the answer be found to halting this killer epidemic. The efforts of the Executive branch have been slow, inadequate, and diffused. Congress must take the initiative and fill the void.

Mr. Chairman and Representative Boxer, I very much appreciate this opportunity to share with you some current major concerns regarding AIDS. I look forward to working together closely with you and others who are testifying before you today in our continuing battle against this tragic disease.

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COMMITTEE ON RULES
SELECT COMMITTEE ON HUNGER
DELEGATE
NORTH ATLANTIC ASSEMBLY

Congress of the United States
House of Representatives
Washington, DC 20515

STATEMENT OF CONGRESSWOMAN SALA BURTON
July 3, 1985
Intergovernmental Relations and
Resources Subcommittee
Phillip Burton Federal Building and Courthouse

I commend the subcommittee members for their efforts in coming to San Francisco, where AIDS has become the most serious health crisis in memory.

As you know, the crisis worsens daily. My friend and colleague Henry Waxman has been performing an invaluable service by entering in the Congressional Record the AIDS Weekly Surveillance Report from the Centers for Disease Control. One week ago, the report noted that 200 Americans died of AIDS, bringing to 5,641 the total number of deaths from the disease. In San Francisco, the death or illness of a friend with this disease has become all too common an experience for those of us who live here.

We are familiar with the Office of Technology Assessment report detailing the slow response of the federal government to this crisis. I hope this subcommittee's findings will spur greater efforts in Washington to quickly begin efforts to halt the spread of AIDS and to find its cause and cure. We will have to spend far more in the near future if this epidemic is not halted soon. This is an exceptionally difficult and expensive disease to treat. The number of victims is increasing at a rapid rate; the potential cost to our nation's health care system is enormous.

I am especially interested in funding for health education programs. I am familiar with community-based programs in San Francisco which have been successful in informing people of ways to prevent the spread of AIDS. While the San Francisco city government has responded well to this crisis with funding for AIDS-related education programs, I am concerned that the federal government has shown little inclination to support these vital efforts.

I appreciate the opportunity to present my views to the committee and thank you for coming to San Francisco to allow the people here, who have been so deeply involved in this crisis, to tell their experiences and express their opinions.

TESTIMONY

of

Stephen F. Morin, Ph.D.
Division of General Internal Medicine
University of California, San Francisco

on behalf of

THE AMERICAN PSYCHOLOGICAL ASSOCIATION

and

THE CALIFORNIA COUNCIL ON MENTAL HEALTH

and

THE AIDS BEHAVIORAL RESEARCH PROJECT OF THE
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

before the

UNITED STATES HOUSE OF REPRESENTATIVES
GOVERNMENT OPERATIONS COMMITTEE
SUBCOMMITTEE ON INTERGOVERNMENTAL RELATIONS AND HUMAN RESOURCES

on the subject of

APPROPRIATIONS FOR AIDS PREVENTION
July 3, 1985

The Honorable Ted Weiss, Chair
Philip Burton Federal Building, Room 2007
450 Golden Gate Avenue
San Francisco, California

Mister Chairman and members of the Subcommittee, I am Dr. Steve Morin. I am the past Chairperson of the Board of Social and Ethical Responsibility for Psychology of the American Psychological Association and the current Chairperson of the California Council on Mental Health (Citizens Advisory Council). I am also an Assistant Clinical Professor in the Division of General Internal Medicine at the University of California, San Francisco.

I am pleased to testify today on the subject of AIDS prevention on behalf of the 76,000 members and affiliates of the American Psychological Association (APA). One of the major goals of the APA is to encourage the application of research fundings to the promotion of human welfare. In keeping with this goal, the APA is a member organization of the Federation of AIDS Related Organizations (FARO).

I am also pleased to testify on behalf of the California Council on Mental Health (Citizens Advisory Council), the body in California state government mandated to advise the legislature on matters related to mental health. The Council is very much concerned with the mental health implications of AIDS and will hold public hearings here in San Francisco on the 25th of July on how mental health agencies have responded to the psychological crisis of AIDS.

I am also pleased to testify on behalf of the AIDS Behavioral Research Project at the University of California, San Francisco. The Project is supported in part by a grant from the National Institute of Mental Health as well as grants from the City of San Francisco. The Project is currently

conducting a longitudinal study of the impact of the AIDS epidemic on social and psychological functioning of gay men in San Francisco.

From these different perspectives I would like to strongly recommend increased federal appropriations aimed at preventing AIDS and promoting health.

Can AIDS be prevented?

AIDS can be prevented. More specifically, the transmission of the virus which causes AIDS (HTLV-III/LAV) can be prevented. From basic research in virology and epidemiology we know that AIDS is caused by a virus and we know the most probable means by which the virus is transmitted.

Limiting the spread of the AIDS virus should be a top priority of the nation's health education agenda. The target for any federal education and prevention effort should be all those who will be potentially at risk, not just those who are currently defined as members of high risk groups.

How effective are educational efforts?

Disease prevention and health promotion are not new ideas. To a large extent the focus of our research efforts at UCSF have been to figure out the extent to which the health psychology principles which have evolved in research

in other areas of health promotion, e.g. smoking cessation, cholesterol intake, etc., might be applicable to AIDS risk reduction. Our research findings suggest that the same principles of health psychology do apply to AIDS prevention. Even more encouraging, our early findings suggest that the success that one can expect from educational programs in AIDS prevention may be much greater than has been found in other areas of health promotion.

Between November of 1983 and November of 1984 information became widely available that AIDS was caused by a virus. Educational materials also became widely available through the San Francisco AIDS Foundation and other groups informing gay men about the specific sexual practices which were considered to be "high risk" for transmission. Among the more than 600 gay men we studied at UCSF over this one year period, we found nearly a 500 percent decrease in those behaviors described in the prevention efforts as being the highest risk for the transmission of the AIDS virus. These data suggest that prevention and educational efforts designed to decrease the transmission of the AIDS virus can be enormously successful.

What is needed for an effective prevention program?

Our data indicates that two essential features are necessary for an effective AIDS prevention campaign. First, an individual must have clear knowledge about how the AIDS virus is potentially transmitted. This information is now widely available in San Francisco. This is not necessarily the case in other places across the United States.

Second, a health promotion campaign is necessary to promote the notion of each individual taking personal responsibility for preventing the transmission of this virus. Although the technical information on how the virus is transmitted can be disseminated in pamphlets and brochures, a much more sophisticated and complex health promotion campaign is needed in order to accomplish the second objective. The City of San Francisco has supported efforts in this direction through the San Francisco AIDS Foundation. The expertise of marketing research specialists has added much to these efforts. Unfortunately, sophisticated disease prevention and health promotion programs are expensive.

Why should appropriations be increased for education and prevention?

In the absence of effective treatment for AIDS, the only hope at this point is an effective prevention program. In formulating public policy decisions with regard to appropriations in the federal budget it is important to consider the cost of prevention versus the cost of health care. The Centers for Disease Control (CDC) estimate that the average cost of health care for each AIDS patient from diagnosis through the duration of the illness is approximately \$114,000. The cost of direct health care for the first 9,000 AIDS patients diagnosed in the United States has exceeded \$1 billion.

Until FY 85 less than 2 percent of funding for Public Health Services (PHS) AIDS activity was allocated for public education and prevention. Now, primary prevention accounts for only 4.1 percent of the PHS AIDS activity. Put another way, the total federal prevention effort is budgeted at less than the average

health care cost of 34 AIDS patients. This is poor public policy.

A study conducted by the U.S. Conference of Mayors found that one of the greatest needs at the local level was funding for training and technical assistance in community education with regards to AIDS virus transmission and the implications of AIDS antibody testing. To date PHS has focussed its educational efforts on physicians and other health care professionals, leaving education of high risk groups largely to the leadership of those of the groups themselves. Only about \$150,000. has been directly allocated thus far for community based prevention efforts.

The total PHS AIDS activity for FY 85 budget is considerably less than the expenditure for one strategic bomber. It is clear that federal budget priorities have not begun to recognize the seriousness of the AIDS epidemic.

After extensive hearings, the California legislature recognized that AIDS is a public health crisis that affects all citizens of the state. The legislature further found that an investment of modest amounts of money today would save lives and reduce health care costs in the future. If the money necessary to conduct an adequate education/prevention campaign in California were projected to a federal efforts, the recommended appropriation would be between \$68 and \$80 million. We urge congressional support for this level of funding.

How could increased education/prevention appropriations be used?

Prevention of communicable diseases is a primary activity assigned to the Centers for Disease Control. It is recommended that the Center for Health Education at CDC be properly funded to develop educational materials. Appropriate funds should also be granted to this agency in order for them to offer technical assistance to community based programs. An advisory group composed of health professionals, representatives of groups currently affected, and members of the general public should assist in program development.

Although centralized materials and technical assistance should be made available through CDC, it would seem most reasonable that the actual education and prevention efforts be carried out by local community based programs. PHS should be encouraged to fund local groups directly as well as to continue funding community based programs through the U.S. Conference of Mayors.

In summary, Mr. Chairman, the evidence is clear that AIDS can be prevented. Well designed educational efforts to date have been extremely successful. The technology exists to design even more effective disease prevention and health education programs. Funding priorities at the federal level need to give increased emphasis to prevention efforts. An increased appropriation of \$68 to \$80 million for FY 86 for AIDS education and prevention would be a wise investment in our nation's future.

AIDS CARE: THE SAN FRANCISCO EXPERIENCE

Gayling Gee, R.N., M.S.

Administrative Nurse II

Ward 86, AIDS Clinic

San Francisco General Hospital

I have had the unique experience of being right smack in the middle of the San Francisco AIDS epidemic. For me, the experience of seeing services grow and expand as the epidemic continues year after year has been extremely intense, highly demanding, professionally challenging, slightly exhausting, and never dull! I'll try to share with you some of my experiences in working with AIDS and in developing and coordinating AIDS services. I will describe how we deliver AIDS care in San Francisco and identify some of the issues that face our nursing and clinical staff.

I. Model of AIDS Care

When I first started with the Oncology Service at San Francisco General Hospital in 1981, I was the only nurse there, hired by Dr. Paul Volberding, Chief of Medical Oncology, as a U.C. Clinical Nurse III to develop and expand services in what was then a single half-day a week Oncology Clinic. An average clinic for us consisted of 20 patients. Back then, in September, 1981, we saw one Kaposi's sarcoma patient. Now, almost four years later, I am the Head Nurse of a combined AIDS and Oncology Clinic. We now have six AIDS clinics and two Oncology clinics and will soon expand into more AIDS clinics. Instead of one K.S. patient per week, we now average about 250 AIDS-related encounters per week. And each one is a complicated case.

From one nurse and one doctor, the clinic staff has grown to include one administrative nurse, three nurse practitioners, four staff nurses, one LVN, 1 1/2 phlebotomists, 5 clerical staff, one clinical pharmacist, 2 protocol managers and 5 attending physicians.

The clinics have also expanded. They include two "General AIDS" clinics; one on Monday morning and one on Monday afternoon. Each of these clinics has one Oncology and one Infectious Disease attending. Tuesday morning includes the "AIDS-ARC" clinic whose focus is AIDS-Related Conditions (ARC's) and Lymphadenopathy Syndrome (LAS). Tuesday and Wednesday mornings are Oncology clinics. Thursday morning is our "Nurse Screening Clinic" in which patients are screened and evaluated for AIDS. Thursday afternoon is the "AIDS-Opportunistic Infection Clinic", staffed by Infectious Disease attendings. Friday morning is the "AIDS-Kaposi's Sarcoma Clinic", staffed by oncologists. SFGH is unique in that it has both an outpatient AIDS clinic, Ward 86, as well as an inpatient AIDS unit, 5B.

Our clinic nursing staff also provides outpatient chemotherapy administration, outpatient blood transfusions and central line care. And let's not forget clinical research.

At present, we have eight active AIDS research protocols ongoing in the clinic. One more is due to start within the next month. They have enrollment openings from 20 to 120. They include and have included studies on: Alpha Interferon, DHPG, Cis-retinoic Acid, Isoprinosine, Gamma, Interferon, Suramin, Interleukin-2, Ribavirin, Vincristine/Vinblastine, Mitoxantrone, Prophylactic Septra.

Implementation of these clinical trials is an entire clinic activity. Often, these are complicated protocols, using drugs that few nurses and physicians have experience with. Many of the protocols call for weekly or three times a week intravenous administration of drugs. Blood and other lab monitoring are done weekly.

Our nurses, nurse practitioners, lab and pharmacist staff must work hard to keep updated on the actions, administration, monitoring and side effects of each of these drugs. Coordination of efforts is a difficult and constant activity requiring multidisciplinary input.

AIDS patients along the entire spectrum of the disease process are followed in the clinic. Our model of care is flexible enough to accommodate most needs. From the initial screening and evaluation to diagnosis, the patient regards us as their primary care provider throughout the course of their illness, including clinical remissions, progression, numerous experimental treatment protocols, and sadly, terminal care.

Most of our patients are seen in a weekly if not daily basis, especially if they are on treatment protocols. Consequently, clinic nurses become very familiar with patient needs and concerns. But we don't do it alone. We also have an extensive AIDS network that helps us to provide coordinated patient care both in the clinic and in the community.

Ward 86 has three clinic resources:

The Shanti Project is an integral part of our clinic. We have a Shanti counselor who provides emotional support and crisis counseling to AIDS patients in the clinic. The Shanti volunteer support staff of 4, escorts patients to the hospital or pharmacy from the clinic and

does 1,001 errands for both patients and clinic staff.

The AIDS Health Project provides us with a clinic based psychiatric social worker who works with patients on crisis as well as chronic emotional issues.

The Medical Social Service Department of SFGH has assigned a full-time Medical Social Worker to help AIDS patients with concrete needs, such as disability, SSI, housing, transportation, food, etc.

Community AIDS services that we network with and rely on include:

Public Health Nurses and District Health Centers for home visits and counseling.

VNA/Hospice/AIDS Home Care Program for providing skilled nursing services, home attendant service and nursing support during terminal care.

The Shanti Residence Project provides housing and attendant support care to people with AIDS.

The AIDS Foundation who we often refer people to for calls regarding general AIDS information. The AIDS Hotline takes a burden off the clinic staff who can't take the time for general informational questions. They also provide literature on AIDS and risk reduction for patients in pamphlet form for our clinic waiting room.

Our goal in AIDS care is to provide comprehensive, coordinated and sensitive care to all AIDS patients. We have an excellent model of care to do this. Our new challenge is to develop the same kinds of communication and cooperation with other agencies that deal with women's care and substance abuse issues to meet the next high-risk groups to be affected by AIDS.

DIVISION OF AIDS ACTIVITIES/ONCOLOGY
CENSUS ACTIVITY REPORT

	ONC TOTAL	AIDS TOTAL	NEW PT AIDS
January 83	--	--	--
January 84	113	509	65
January 85	200	731	61
February 83	--	--	--
February 84	138	465	46
February 85	140	722	62
March 83	123	289	44
March 84	110	444	69
March 85	161	960	67
April 83	49	159	47
April 84	116	657	75
April 85	159	1061	59
May 83	38	133	40
May 84	154	644	69
May 85	114	1054	102
June 83	86	190	25
June 84	166	583	55
June 1 to 17	74	633	
July 83	99	518	88
July 84	138	748	68
August 83	138	561	90
August 84	177	840	79
September 83	100	439	73
September 84	138	679	51
October 83	94	468	63
October 84	175	861	61
November 83	107	346	43
November 84	149	804	69
December 83	90	362	58
December 84	144	664	71

AB 87
AGNOS

HEALTH

LAWS:

EDUCATION	48212.5
EDUCATION	51220.5
HEALTH AND SAFETY	1596.797
HEALTH AND SAFETY	199.21
HEALTH AND SAFETY	199.22
HEALTH AND SAFETY	199.24
HEALTH AND SAFETY	199.26
HEALTH AND SAFETY	199.71
HEALTH AND SAFETY	199.78
HEALTH AND SAFETY	199.85

SUMMARY:
06/18/87

UNDER EXISTING LAW, BLIND PERSONS, VISUALLY HANDICAPPED PERSONS, AND OTHER PHYSICALLY DISABLED PERSONS ARE GRANTED VARIOUS RIGHTS WITH RESPECT TO PUBLIC STREETS AND ACCOMMODATIONS. PHYSICALLY HANDICAPPED PERSONS ARE PROTECTED AGAINST DISCRIMINATION IN HOUSING AND EMPLOYMENT. THIS BILL WOULD DECLARE THAT THE PROVISIONS RELATING TO PHYSICALLY DISABLED PERSONS APPLY TO ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), AND THAT THE FAIR EMPLOYMENT AND HOUSING COMMISSION, IN HOLDING THAT THE TERM PHYSICAL HANDICAP INCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME FOR PURPOSES OF PROVISIONS RELATING TO EMPLOYMENT, HAS CORRECTLY INTERPRETED STATE LAW. THIS BILL WOULD PROHIBIT A SCHOOL DISTRICT FROM EXCLUDING A CHILD FROM SCHOOL ATTENDANCE ON THE BASIS THAT THE CHILD HAS AIDS OR ARC, EXCEPT WHERE THE GOVERNING BOARD OF THE SCHOOL DISTRICT FINDS THAT THE CHILD'S CONDITION IS SUCH AS TO CAUSE HIS OR HER ATTENDANCE TO BE INIMICAL TO THE WELFARE OF OTHER PUPILS. THIS FINDING COULD ONLY BE MADE AFTER CONSULTATION WITH SPECIFIED PERSONS HAS BEEN CONDUCTED, OR WITHIN 72 HOURS AFTER THE CONSULTATION HAS BEEN REQUESTED, WHICHEVER OCCURS FIRST.

FISCAL

STATE-MANDATED

ACTIONS:

12/05/86 INTRODUCED IN ASSEMBLY
03/02/87 REFERRED TO ASSEMBLY COMMITTEE ON HEALTH
03/03/87 AMENDED
03/31/87 TAKEN OFF CALENDAR
04/20/87 AMENDED
04/21/87 TAKEN OFF CALENDAR
04/22/87 PASSED BY ASSEMBLY COMMITTEE ON HEALTH
04/22/87 REFERRED TO ASSEMBLY COMMITTEE ON

461
8253

* LEGI-TECH 06/24/87 DESCRIPTION REPORT

WAYS AND MEANS
05/06/87 AMENDED
06/17/87 HELD IN COMMITTEE
06/18/87 AMENDED

VOTES: 04/22/87 ASSEMBLY POLICY COMMITTEE VOTE P 10-6

CALENDAR: 06/24/87 ASSEMBLY COMMITTEE ON WAYS & MEANS
14 Room 4202 1:30 p.m.

STATUS: ASSEMBLY COMMITTEE ON WAYS & MEANS
