

**CMA COMMITTEE ON AIDS AND
STDs; DOCUMENTS ON
PROPOSITIONS 96/102, 1988**



California Medical Association

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Dr. Paul Volberding
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Dear Paul,

Cathy Roseberry suggested the following CMA background materials would be of interest in our struggle against Propositions 96/102.

Please call me if you've got questions or comments.

Sincerely,

Mark Madsen

Enclosures



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THE FOLLOWING ANALYSIS ADDRESSES PROPOSITION 96 (BLOCK INITIATIVE)

SECTION 199.95 PURPOSE

This section notes "...the purpose of the chapter is to require that information that may be vital to the health and safety of the public....be obtained and disclosed in an appropriate manner in order that precautions can be taken to preserve their health and the health of others...". However, the section does not address the issue of providing money or developing a procedure for the education of all public safety workers regarding appropriate measures they can take to reduce the risk of on the job infection.

SECTION 199.96 SEXUAL CRIMES

While the charge of sexual crimes is one of the most heinous, the issue could be raised regarding the fact that testing would be required of someone charged with such a crime, not someone who has been convicted of such a crime. The concern with this issue, is that for our criminal justice system, someone is innocent until they are proven guilty. While this may appear to be a technicality to some individuals, it does pose a question for the criminal justice system.

Secondly and more importantly, this section provides no provisions for the education of the alleged victim regarding the importance for them to undergo long term HIV Antibody Testing. The issue is not whether the individual who is alleged to have committed the act is antibody positive, rather, the issue is whether the virus was transmitted. Given the window of infectivity, an individual charged with the crime could be negative on one test (which is all that is required), but later test antibody positive. The protection of the victim and their partner requires education and on-going testing regardless.

SECTION 199.97 ASSAULTS ON OFFICERS

While the intent of this section is valid, public safety and emergency workers are involved in violent situations or situations in which trauma victims are treated at the incident sites, the major concern is that, once again it does not require any education of the officers on what procedures should be taken at all times to insure, as best possible, minimizing the risk of the transfer of potentially infectious fluid. However, the most serious considerations are raised by the provisions that the test results be sent to the defendant, to the public safety worker involved, and to the employing agency of this individual. Again, the issue is not whether the

individual is HIV positive; the issue is whether or not the officer themselves have become infected due to exposure. A serious concern would be that if an officer was told the person was negative, the officer would not follow through, be seen and possibly tested themselves, to assure that this individual was not a false negative.

The second area raised is that of informing the employing agency. For an officer, who has had an on the job incident of transmission, and the individual charged with spreading the fluid tests negative, and that is reported to the employing agency, where does the officer stand if in the future that officer does contract AIDS. Given that an individual tested negative, the issue would then be, "how did the officer contract the disease?" Far better were the testing to occur on a serial basis for the officer, based upon the point of possible infection, and thus protecting both the officer (who would be instructed on the best method for safe sexual practices) and their spouse. Such a procedure will lessen the possibility that the infection would be spread to his or her loved one.

SECTION 199.98

The question posed here is Section (e) regarding confidentiality. The concern is that the officer, who has been informed that someone is HIV positive, telling others inappropriately the results. Not because the officer should not share the information in some respects, but the officer, now assumes the liability if an inmate or another individual, charges that they have been discriminated against, or in any manner has received undue or harsh treatment because of this individuals breaking of the confidentiality ruling. This in reality, may increase an officers personal liability as well as the agencies.

SECTION 199.99 CUSTODIAL SAFETY

Sections (a) and (b) totally omit all existing law regulations addressing patient/physician confidentiality. While for many officers, this confidentiality seems to be a screen, behind which medical personnel may hide and keep information from them; in reality, this screen of confidentiality affords protection to the institution. Only by having patient confidentiality, will an inmate be willing to tell medical providers symptoms of their illness. Medical providers, once they know symptoms can initiate treatment and further protect the institution from the spread of diseases. A waiver of confidentiality in this arena, may well decrease the frankness and openness of communication with medical providers. Thus, incarcerated individuals will hide their symptoms and will hide their illness, for fear of reprisal and isolation.

Current regulations as noted in Title 15, Section 1205, Subsection (b), currently provides the facility commanders responsibility to insure that policy and procedures are in place to allow communication between medical and custody staff, and yet protect confidentiality. Unfortunately, many facilities have not moved forward and developed procedures to address very valid concerns that medical and custody staff have. The Section that most clearly addresses this matter is CAC-Title 15, Section 1205:

on those individuals in the event of blood spills, increases on the job risk to custodial staff.

The bottom line in all institutions across the board, is that every individual in that institution should be treated as if they are HIV positive. This means that anytime an officer or any other staff person comes in contact with blood they should be wearing disposable plastic gloves to lessen the risk of a transfer of blood through an open cut or break in the first barrier of defense, the skin. Thus, the language and the intent of this proposition in reality increases risks of legal action, but most importantly increases risks to the officer for on the job exposure.

According to the June 23, 1988 article in the New England Journal, in a study of Emergency Department patients, 4% were positive, but had no symptoms and were not being seen for AIDS.

The second area of concern is Subsection (e), which again calls into question the role of confidentiality and placing any officer that divulges or breaks the confidentiality laws as set forth to be subject to a misdemeanor charge. This increases an officers personal liability.

While the intent of Proposition 96 is worthy, the overall implications for the health and safety of correctional officers as well as Sheriffs' department, makes it imperative to stand opposed, as the language is currently written. Had the initiative had more appropriate language regarding the mode of transmission of this infection; education occurring for all individuals involved in a custody setting; and appropriate protective gear, such as the issuing of gloves to all officers, and protection of patient confidentiality being a part of this initiative, it is most likely no one would oppose it. Also, the language set fourth in a Proposition is not amendable except upon a two thirds vote of the California General Public. Given what we know regarding Propositions, (e.g., Proposition 13, and its long term impact on counties because of the inability to reverse its provisions), it seems most warranted that any issue regarding AIDS not be addressed in this format.

"The health authority shall insure confidentiality of each inmates medical/mental health record file, and such file shall be maintained separately from and in no way be a part of the inmates other jail records. The responsible physician/health authority or medical staff designated by him/her shall communicate information obtained in the course of medical/mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate, or others, management of the jail, or maintenance of jail security and order."

It is in this Section of Title 15, that provisions are set for medical providers to inform custody personnel when there is an issue that can pose a serious problem to the health and safety of other individuals in the facility. This requirement for a policy is further reinforced regarding communicable diseases in Title 15, Section 1206, Medical/Mental Health Procedure Manual.

"The responsible physician/health authority shall, in cooperation with the facility manager, set fourth in writing, policy and procedures which include but are not limited to...."(i) Management of inmates suspected of or confirmed to have communicable diseases...."

It is important to understand the complete waiver of confidentiality and the information being given the custody commander, only addresses HIV infection. However, medically, we know, that hepatitis B has a higher rate of infectivity. It is a very valid concern that individuals will be targeted as being highly infectious who are not, but, at the same time less attention may be paid to individuals with diseases that are more infectious. (Each year 200 health care workers die from Hepatitis B related illness.)

Section (c) addresses the issue of the officer in charge of the facility "....notifying all employees, medical personnel, contract personnel, and volunteers providing services at the facility receive the information from the medical providers so that they may take appropriate action to provide for the care of such an inmate or minor, and for the safety of other inmates or minors, and their own safety." From a liability perspective this particular section seemed to pose the most serious question for counties and correctional facilities. While it would require an attorney to make a full assessment of this section, it is fairly well understood that inmates have the right to sue under Section 1983 of the Civil Rights Act. This section allows for suits based upon someone being handled differently, or being handled in a discriminatory manner within an institution. Individuals whose test results are known by the institution will probably be segregated. Such housing can lead to charges of unequal treatment, and will open a whole arena for lawsuits. According to some attorneys, section 1983 is lucrative because attorney awards are quite high if it is proved that civil rights were violated, and facilities are in addition, liable for ALL court costs.

Aluded to above, is the issue of "special handling" for individuals when their HIV status is known. The issue is to reduce, across the board, the risk of job exposure. Training of staff must be uniform for all individuals, not just those individuals who have been identified as being HIV positive. To know someone's infectivity and use gloves on those individuals; and yet not know someone else's infectivity and not use gloves

CALIFORNIA MEDICAL ASSOCIATION

BACKGROUND ON PROP. 102

September 8, 1988

**California's
most trusted
medical experts
urge you to vote**

**NO
on 102**

California
Medical Association

California
Nurses Association

California Association
of Hospitals and Health
Systems

Health Officers
Association of California

**Don't let AIDS
become a political
football!**

Haven't we had enough of extremist politicians with no medical expertise, trying to sabotage the efforts of medical professionals working to stop AIDS? Let's insist that *public health officials*, not political grandstanders, determine the best ways to stop AIDS.

Let's see that our compassion governs the response to AIDS, not needless fear and discrimination.

On Tuesday, November 8, vote

**NO
on 102**

FOR MORE INFORMATION:

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Californians Against
Proposition 102
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San Francisco, CA 94102
415/621-4450

Southern California Office:
7899 Santa Monica Blvd.
109-343
West Hollywood, CA 90046
213/858-1005

LOCAL OFFICE:

**If you
thought
LaRouche
was crazy...**

...now someone wants to wipe out years of progress against AIDS!

Twice in the past two years, California voters have said, "NO!" to a political demagogue trying to interfere with effective programs to stop AIDS.

Now Congressman William Dannemeyer has proposed an initiative even *more extreme* and *irrational* than the AIDS Quarantine Initiative (Propositions 64 and 69) proposed by Lyndon LaRouche—an initiative that could make AIDS *worse!*

Don't be fooled! Proposition 102 does *not* require reporting of AIDS cases, which are currently reported! What Proposition 102 *does* is wipe out confidentiality protection for AIDS tests.

Prop 102 would wipe out programs that are controlling AIDS!

Proposition 102 puts out the simple-minded argument that we should "treat AIDS like any other disease." But because AIDS is a *much* more complex disease than others, medical experts have designed special programs to encourage people at risk for this disease to seek medical care.

Like the LaRouche AIDS quarantine initiatives, Proposition 102 would discourage people from being tested voluntarily for AIDS, because they could lose their jobs, homes or health care. Fewer volunteers would participate in vital research because of these threats.

Approved and funded by Governor Deukmejian's administration, these programs have helped communities hardest hit by AIDS to *dramatically reduce* new AIDS infections by:

- Encouraging people to be tested, by keeping AIDS test results confidential.
- Providing AIDS test centers that allow people to be anonymously tested—providing assurances of confidentiality.
- Educating people who may be at risk for AIDS to protect their health and the health of others.
- Encouraging people with positive AIDS tests to participate in research to treat and prevent AIDS.

Prop 102 threatens the health of all Californians!

Proposition 102 threatens *millions* of Californians, whether they are healthy or not. Proposition 102 would:

- Allow employers and insurance companies to require AIDS virus tests.
- Close all programs that provide critically needed anonymous AIDS testing.
- Require the reporting of names of everyone who tests positive for AIDS, or who has *ever* tested positive.
- Cost many Californians their jobs, housing and medical insurance, even if they pose *no* threat to the health of others.
- Require medical personnel to report the names of people whom they merely *think* may have been exposed to AIDS, creating witchhunts that could ruin the lives of *perfectly healthy* people.
- Discourage people at risk for AIDS from being voluntarily tested, increasing the chances they unknowingly will transmit the virus to others.
- Cost many Californians their lives by creating a climate of fear that keeps them from seeking early treatments that could *save their lives*.

Prop 102 could cost taxpayers hundreds of millions of dollars!

The official ballot analysis determined that Proposition 102 could *cost hundreds of millions of dollars*—money that probably would be taken out of current programs that are working to stop AIDS.

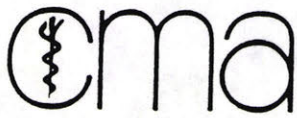
The sponsors of Prop 102 aren't telling the truth!

Proposition 102 is *not* about reporting people who have AIDS. The law already requires this. Proposition 102 would require public reporting of all people who merely test positive for exposure to the AIDS virus—and these tests *aren't* always accurate.

Proposition 102 wouldn't increase confidentiality protections for AIDS tests results—it actually *repeals* California's AIDS confidentiality laws.

Current laws give health officials sweeping powers to notify people who may be at risk for AIDS and control this disease. And current laws allow doctors to notify a spouse who may be at risk for AIDS, with or without consent of their patient.

Proposition 102 won't affect insurance rates if it passes. What it *will* do is let insurance companies ignore their responsibilities in this health crisis. It *will* shift the burden of health care onto expensive taxpayer-funded programs.



California Medical Association

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August 5, 1988

TO: MEMBERS OF THE EXECUTIVE COMMITTEE AND CMA COUNCIL

FROM: AUDREY L. COVNER
CMA Legal Counsel

RE: ANALYSIS OF PROPOSITION 102

As you are probably aware, the November ballot will contain Proposition 102, the "Paul Gann AIDS Initiative" (also known as "The Dannemeyer Initiative", and "The AIDS Reporting Initiative"). The California Medical Association has decided to oppose this initiative and has joined in a lawsuit seeking to remove the proposition from the ballot.

Proposition 102 is a lengthy and detailed initiative. To assist you in understanding this initiative and CMA's opposition to it, we have prepared a section-by-section analysis which you will find attached to this letter.

Before reading this detailed analysis, however, a few general issues which which apply to the entire initiative should be noted.

NO PROVISION FOR LEGISLATIVE AMENDMENT

Proposition 102 does not contain a provision which will allow for legislative changes after its enactment. This means that the provisions of this initiative can only be repealed or changed by a vote of the people on a future ballot. Indeed, Proposition 102 specifically states that it can only be amended by "the people, according to process."

There are several inherent problems which arise with an initiative that cannot be amended by the legislature. Cleanup language to make the initiative consistent with other laws cannot be enacted. Legislative changes to reflect future changes in the law and/or public policy cannot occur. Perhaps most importantly, developing health policy through initiatives without the opportunity for the legislature to later amend the initiative to comply with accepted health practices raises serious concerns. This is particularly true in an area where there is significant potential for medical developments which will need to be addressed on an expedited basis.

COST OF IMPLEMENTING THE INITIATIVE

The official summary prepared by the Legislative Analyst and Director of Finance regarding the fiscal impact of this initiative states as follows:

"It could be as high as tens or hundreds of millions of dollars." This potentially significant financial burden must be evaluated when examining the initiative.

CMA SPONSORED LEGISLATION AS AN ALTERNATIVE

While the CMA has taken an oppose position on this initiative, some of the concepts embodied in the Dannemeyer Initiative are consistent with CMA policies on AIDS. Over the last few years CMA has sponsored and/or supported legislation to implement CMA policies. Currently there are four CMA-sponsored bills in the legislature which address these issues.

SECTION-BY-SECTION ANALYSIS OF PROPOSITION 102

SECTION 1 -- INITIATIVE TITLE

This section states the name by which the initiative would be known if enacted into law.

SECTION 2 -- INTENT LANGUAGE

This sets forth various declarations regarding AIDS.

SECTION 3 -- DEFINITION OF "AIDS" AND "TESTED POSITIVE"

AIDS is defined as Acquired Immune Deficiency Syndrome. "Tested Positive" is defined as referring to "results of a generally acceptable confirmatory test or tests and not to any screening test unless the test is also considered to be a generally acceptable confirmatory test."

SECTION 4 -- EXPANSION OF COMPELLED DISCLOSURE

With a few exceptions, current law provides that no person can be compelled in any state, county, city, or other local civil, criminal, administrative, legislative, or other proceeding to identify, or provide identifying characteristics about, a person who is the subject of an AIDS blood test. The initiative limits this by stating that this protection applies "except as provided in this chapter [initiative]". As the initiative includes a large number of exceptions, this change would substantially diminish many of the safeguards established by current law.

Current laws refer to blood tests for the "antibodies" to the probable causative agent of AIDS. The initiative amends this by referring to blood tests which detect "evidence of infection" by the probable causative agent of AIDS. This "infection" language is used throughout the initiative. Its effect would be to expand the number and type of tests which would trigger the initiative's requirements (primarily the mandatory reporting obligations).

SECTION 5 -- RESTRICTIONS ON CONFIDENTIALITY/ USE OF AIDS TEST FOR INSURABILITY OR SUITABILITY FOR EMPLOYMENT

This section would reduce the penalty for unauthorized disclosure of AIDS test results from a maximum of \$10,000 to a maximum of \$5,000. No penalties would be assessed where the disclosure was done pursuant to the provisions of the Act. Since the initiative includes numerous "authorized" disclosures, this section would significantly limit current protections embodied in the laws regarding confidentiality.

This section also repeals current law which prohibits the use of an AIDS blood test to determine a person's insurability or suitability for employment.

SECTION 6 --
CHANGES REGARDING
CONSENT/ANONYMOUS
TESTING

This section deletes the requirement of a written consent for an AIDS test and implies that consent need not be "informed" or even express. The language of the initiative is as follows: "This consent shall be no different than is required for any other diagnostic blood test." Thus, general consent for a diagnostic blood test might be interpreted to imply approval for an AIDS blood test.

According to this section a minor can only give consent if he or she is legally emancipated. This restricts current California law which allows minors 12 years or older to consent to medical treatment for the care of any infectious, contagious, communicable, or sexually transmitted disease.

This section also changes the law of consent for an incompetent patient. Currently, an HIV blood test may be done on an incompetent patient only with written consent from a person legally authorized to make health care decisions and only "when necessary to render appropriate care or to practice preventive measures." The initiative eliminates the need for written consent and deletes the limitation on the reasons why the test can be performed.

Finally, alternative test sites would be prohibited from conducting "unlinked" or anonymous testing. Since this was the reason the alternative test sites were established, this section would likely eliminate the need for these sites.

SECTION 7 --
IMMUNITY FOR
DISCLOSURE OF
TEST RESULTS

The following would be immune from liability for damages resulting from disclosure of test results where the disclosure is authorized by this Act: the State Department of Health Services, alternative test sites, blood banks, plasma centers, and physicians.

SECTION 8 --
MANDATORY REPORTING
OBLIGATION

Under the terms of this section, physicians, blood banks, plasma centers, and alternative test sites who know or have "reasonable cause to believe" that a patient or donor "has been infected by, or has tested positive in" a test for infection by AIDS must report the person to the local health officer. While there is some ambiguity as to the application of this section, it seems to apply to all physicians, not just those operating a blood bank or alternative test site. In either case, this not only changes current law by requiring mandatory reporting of a positive AIDS test, but also requires reporting of someone who is "believed"

to be infected by AIDS or "believed" to have tested positive. Later sections impose both criminal and civil liability for failure to comply with the Act, including these reporting requirements.

SECTION 9 --
SPOUSAL NOTIFI-
CATION CHANGES

Section 9 repeals a statute enacted last year which allows for spousal notification. Instead, spousal notification is provided for in other provisions of the initiative.

SECTION 10 --
MANDATORY AND
PERMISSIVE
DISCLOSURE OF
TEST RESULTS

This is one of several sections which expands the persons to whom the results of a positive AIDS test may be disclosed without patient authorization. A physician would be able to disclose to any of the following:

1. The subject of the test.
2. Any person authorized to consent to the test.
3. A person believed to be the spouse of the subject of the test.
4. Any person with whom the subject of the test is believed to have had sexual contact "or any other contact believed to pose a threat of infection to that person".
5. Other medical personnel involved in the treatment of the subject of the test.

This language allows for widespread disclosure since the physician may contact anyone believed to have had sexual contact with the patient or anyone whom the physician believes is threatened with infection. Unlike Section 8, there is no requirement that these beliefs be reasonable.

Moreover, a physician would have a duty to disclose test results without patient authorization to:

1. The patient.
2. A person authorized to consent to the test.
3. The local health officer, under the circumstances described in Section 8.

SECTION 11 --
CONTACT TRACING

This section imposes a duty on health officers to use "every available means" to investigate all reported cases of persons diagnosed with AIDS or who have tested positive, to ascertain the sources and possible transmittal of AIDS infection, and to take "all measures reasonably necessary to prevent the transmission of the infection." This would likely necessitate diverting attention from other diseases and is predicted to have a substantial fiscal impact since the obligations include, but are not limited to, notification of the patient's spouse, other known sexual partners, and any other person the public health officer "has reasonable cause to believe has been exposed". This section goes on to state that it is not meant to require the use of quarantine. However, other California laws already allow health officers to quarantine or isolate when necessary.

SECTION 12 & 13 --
REPEAL OF CURRENT
LAW REGARDING
PUBLIC HEALTH

These sections repeal current law which allows the county health officer, with written consent from the patient, to alert sexual partners or partners of shared needles about their potential exposure. The other section repealed deals with consent for an incompetent patient. These issues are addressed in other sections of the initiative. See Sections 6 and 11.

SECTION 14 --
MANDATORY
DISCLOSURE OF
CONTACTS

This would require that every person who knows that he or she has tested positive for infection by AIDS shall, "within 7 days", report to the local health officer the names and addresses of persons from whom the disease may have been contracted and to whom the disease may have been transmitted.

SECTION 15 --
STATE REGULATIONS/
LOSS OF PRIVILEGES
IN LITIGATION

The Director of Health Services would be required to adopt regulations governing the dissemination of AIDS-related confidential information, and to establish guidelines necessary to prevent the transmission of the disease.

This section also provides that information obtained by a physician as part of an examination of a patient who has tested positive, or information transmitted pursuant to the mandatory reporting obligations in Section 8, would be admissible in criminal actions for violation of any of the provisions of the initiative and for certain sex crimes, and in civil actions against the patient for transmittal, or threatened transmittal of AIDS.

Physicians and health officers may be required to testify in any of those proceedings. In addition, existing privileges which may protect against disclosure of confidential information during litigation would not be applicable in any of the above mentioned proceedings. These include the privilege not to testify against one's spouse, the privilege not to be called as a witness against one's spouse, the privilege for confidential marital communications, the physician-patient privilege, and the psychotherapist-patient privilege.

SECTION 16 --
PROTECTIVE
CLOTHING

Pursuant to this section, an employer could not inhibit or interfere with an employee's decision to wear any protective clothing or gear that the employee deems necessary to protect against contamination by AIDS. This section is not limited to any particular type of workplace (i.e. a health care facility) and does not require any reasonableness standard. The employee has complete discretion as to when, where, and what protective clothing may be worn.

SECTION 17 --
PENALTIES FOR
FAILURE TO REPORT

It would be a crime for any person to refuse to give any information, make a report, or comply with any of the statutes enacted by this initiative. There would also be a fine of \$250, for each violation, against any physician who fails to comply with the reporting requirements.

SECTIONS 18 &
19 -- BIOLOGICAL
HAZARD LABELS

This would require clinics and health facilities to place a biological hazard label on all items known to be soiled by or containing body fluids of patients infected with AIDS.

SECTION 20 --
BLOOD DONATION BY
PERSONS HAVING
KNOWLEDGE OF
THEIR INFECTION

This would make it a felony for donating blood if one knows they have been infected by AIDS or if one knows they have tested positive for "any test indicative of infection" by AIDS.

SECTION 21 --
ENHANCEMENT OF
CRIMINAL PENALTIES

This would require a 3-year enhancement to a sentence for any of the enumerated sex crimes where the person committing the offense knew that he or she was infected by AIDS or had tested positive for infection by AIDS.

SECTION 22 --
ENHANCEMENT OF
PENALTY FOR
PROSTITUTION

This would make prostitution a felony where one knows that he or she is infected with AIDS or has tested positive for infection by AIDS.

SECTION 23 --
MANDATORY TESTING
WHEN CHARGED WITH
SEXUAL OFFENSE

This section provides that blood samples may be taken from a person charged with a violation of particular sexual offenses and the blood may be tested for "the presence of evidence of any probable causative agent" of AIDS. The results of the test would be transmitted by the clerk of the court to the Department of Justice to be included in the state summary clinical history information. Upon request, the Department of Justice would be required to disclose the test results to the court, the defense attorney, the prosecuting attorney, and the local law enforcement agency involved in the criminal prosecution.

SECTION 24 --
SEVERABILITY

This section provides if one portion of the Act is deemed unconstitutional by a court of law, then it shall be stricken and the rest of the Act remain in force. It also states that the initiative can be altered only by "the people, according to process." In other words, any changes to this initiative can only be made by a subsequent vote of the people.

COMMENTARY ON PROPOSITION 102

Impact of Proposition 102 on Clinic Program

Presently, drug treatment programs are one of the few ways to reach out to intravenous drug users (IVDUs) with HIV prevention information and materials. Proposition 102 would affect this outreach in the following ways:

- Because nearly all of the clients of our Drug Detoxification Program fall into one or more of the "high risk groups", the Program staff would be required to assume the role of public health police. Not to do so would place the professional staff at odds with the law and liable to fines and criminal prosecution. Thus, the trust and confidence we foster in our client relationships-- the very basis of successful therapeutic and medical intervention-- would be irrevocably broken.
- Individual therapeutic treatment could not be coupled with participation in recovery groups, since the fundamental tenet of such Twelve-Step oriented programs is anonymous fellowship.
- All private files of past or present clients-- now maintained in confidence-- would be at increased jeopardy for being made available to public health officials.
- Given their "police" role, those Program staff who attend Twelve Step programs to maintain their own recovery would face ostracism.
- The Program would find it much more difficult to encourage HIV antibody testing on the part of high risk clients; this testing, conducted under guidelines of strict confidence, has been a mainstay of the Program's HIV prevention activities in the past three years.
- There would be an overall reduction in demand for treatment, largely because of client mistrust of confidentiality. This could place current funding levels of the Detox Program in jeopardy.
- Current AIDS research activities would be negatively impacted as high-risk groups would be reticent to participate in studies where HIV testing is an integral aspect of the research. This would have the effect of slowing the development of the knowledge base needed to fight the epidemic.

Resulting Impact of Proposition 102 on IVDUs

- Because of the reporting requirement for "high risk" individuals, IVDUs would frequently view treatment programs as a gateway into the criminal justice system. In particular, IVDUs who either knew of or suspected their seropositive status would refuse to seek substance abuse treatment and ancillary medical care.
- The IVDU population, already an elusive, alienated risk group, would be further dissuaded from entering treatment programs. This would result in continued use of drugs and the likelihood that HIV contagion would be increased, rather than decreased.
- Street outreach workers who attempt to educate IVDUs as to AIDS risk reduction-- such as the Community Health Outreach Workers of San Francisco's MidCity Consortium to Combat AIDS-- would also come under pressure to be part of the reporting system for suspected HIV-positive individuals. Even if the outreach workers defied this pressure, there would be a climate of suspicion on the part of IVDUs toward the workers, and a resultant weakening of the risk-reduction campaign.

Ultimate Impact of Proposition 102 on the Larger Community

The Haight-Ashbury Free Clinics have had twenty years of experience in dealing with the problem of intravenous drug use in San Francisco. We believe that the current small size of the IVDU AIDS problem in this city-- heterosexual IVDUs currently constitute less than 2% of the city's AIDS caseload-- is the result of our, and others', ability to reach out to the IVDU with a prevention message they can trust. Proposition 102, if passed, would shatter this trust and alienate the IVDU population from the very agencies which have done most to protect them, thus far, from HIV contagion. In effect, HIV disease would be driven underground, and would spread much more rapidly among IVDUs, their sexual partners, and their babies, than at present.

Proposition 102 is poorly conceived and would be counter-productive. It is bad medicine for California.

- John A. Newmeyer, Ph.D.
Epidemiologist, HAFC Detox Program
- Art McDermott, M.A.
Research Assistant, HAFC Central
- Darryl Inaba, Pharm.D.
Director, HAFC Detox Program
- John Watters, Ph.D.
Director, Urban Health Study



STOP DANNEMEYER / NO ON 102

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 voluntarily 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 known 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.



DANNEMEYER / NO ON 102

BACKGROUNDER

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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DANNEMEYER / NO ON 102

MEDIA MESSAGE

MAJOR THEME: Proposition 102 would disrupt seven years of thoughtful public health policy on AIDS and destroy AIDS research projects in California.

REASONS WHY: Reporting and contact tracing will drive people away from the health system and research projects.

Such broad contact tracing would use up money needed for education and research programs.

Using HIV-test results for insurance and employment would unnecessarily remove hundreds of thousands from the work force and put them on welfare, disability and Medi-Cal.

The Initiative's programs are unworkable and would undermine all the effective education and research programs developed over the past seven years.

Expense of Initiative's proposals could weaken other public health programs in California.

DANNEMEYER: Takes a LaRouche approach to handling AIDS

One of only two elected officials who endorsed the LaRouche Initiative; John Doolittle is the other.

Dannemeyer and Doolittle are the Abbott and Costello of Aids policy.

In the past two years, we have had LaRouche, Son of LaRouche, and now we have the "Illegitimate Son of LaRouche."

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



California Medical Association

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September 8, 1988

Survey of California Voters on Proposition 102

The following are results of a recent survey conducted by a California polling organization on Proposition 102. (The sample size was 1000 voters and the margin of error was 3.2%).

1. To the question(s), "Have you heard of something called Proposition 102 (Also known as the Dannemeyer Initiative)?" California voters responded in the following percentages:

Yes	22%
No	64%
Not sure	14%

2. "Proposition 102 was written with the intent to stop the spread of AIDS by requiring doctors to report to public health authorities anyone who tests positive for the AIDS virus, much as they currently do for venereal disease cases. Knowing this and nothing else, would you say you favor or oppose Proposition 102?"

Favor	60%
Oppose	25%
Not sure	16%

3. "Now suppose you learned that Proposition 102 would outlaw all anonymous testing sites, cost taxpayers hundreds of millions of dollars to implement, and allows insurance companies to deny medical coverage if a person tests positive, even though the person may never develop the disease. Now knowing this, would you favor or oppose Proposition 102?"

Favor	18%
Oppose	65%
Not sure	17%

Mark L. Madsen, MPH
Director
Department of Physician Education



DANNEMEYER / NO ON 102

FOR IMMEDIATE RELEASE
August 19, 1988

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AIDS Research Will Be Hampered

CALIFORNIA POLL RESULTS CONCERN PROP. 102 OPPONENTS

LOS ANGELES -- While the results of a recent California Poll showing that 72% of California voters initially favor Proposition 102 concern the Initiative's opponents, they are neither totally surprised nor discouraged by the results.

"We are concerned," said State Controller Gray Davis who co-chairs the Stop Dannemeyer/No on 102 campaign, "but the high number who favor Prop. 102 will decrease significantly once the voters learn that the Dannemeyer Initiative will devastate our AIDS research programs."

Davis added, "This measure will ultimately be defeated when they see that the California Medical Assn., the California Nurses Assn., the Health Officers Assn. of California, and the California Hemophilia Council, and every other responsible medical professional organization in the state opposes Prop. 102.

"The poll shows that California voters are highly educated about AIDS; and having resoundingly defeated the two previous LaRouche AIDS Initiatives, they will similarly defeat this 'Illegitimate Son of LaRouche,'" Davis continued.

Beyond simply requiring doctors and blood banks to report HIV-positive individuals (and those "suspected" of being HIV positive) to public health officials, the

Initiative violates the time-honored ethics of medical research by requiring reporting of infected individuals who agree to participate in research projects designed to find a vaccine and effective treatments for the deadly disease.

"This measure will drive those people we most need for research away from the very programs that will help them and that will facilitate finding other treatments and vaccines," said Michael Gottlieb, MD, an eminent California AIDS researcher. "Research in California will be irreparably hampered if this Initiative passes."

Co-sponsored by California's leading medical organizations and statewide opinion leaders, the Stop Dannemeyer/No on 102 campaign will educate the public about the underlying implications of the Initiative, which extend far beyond the mere "reporting" of HIV-positive individuals.

Said Helen Miramontes, past president of the California Nurses Assn., "While individual parts of the Initiative may appear reasonable, when voters have the opportunity to examine it as a whole, we are confident they will agree with California's doctors, nurses, public health officers, and virtually every other health professionals organization that the Prop. 102 goes way overboard. It is an unnecessary, expensive and dangerous over-reaction to the problem by a few mean-spirited individuals."

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**INITIAL FAVORABLE VOTER REACTION
TO TWO NEW AIDS INITIATIVES,
PROPS. 96 AND 102.**

By Mervin Field
Director, The California Poll

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There is initial favorable voter reaction to two November ballot initiatives dealing with the reporting of and testing for the AIDS virus.

Proposition 96 would require AIDS testing for defendants in criminal and juvenile cases where police officers, fire fighters or medical personnel believe they have been exposed to AIDS through the transfer of bodily fluids.

Proposition 102 would require doctors, blood banks and others to report to local health officials any patients or blood donors whom they feel might have AIDS or have tested positive for the disease.

The California Poll, in a statewide survey completed in late July, found that when the two initiatives are described in these terms, there is initial overwhelming support--79% in the case of Prop. 96 and 72% in the case of Prop. 102.

Prop. 96 was placed on the ballot by Sheriff Sherman Block of Los Angeles County.

Prop. 102 is backed by Republican Congressman William Dannemeyer and Dr. Lawrence McNamee, both of Orange County.

In the November 1986 election and again in the June 1988 election, California voters soundly rejected Prop. 64 and Prop. 69, two other AIDS initiatives. However, those two measures, backed by associates of political extremist Lyndon LaRouche, required doctors and local health officials to report to state health agencies the names of AIDS patients and people who test positive for AIDS antibodies and make them subject to state quarantine and isolation requirements.

The California Poll has periodically tracked public opinion and reaction to the AIDS epidemic since its emergence. In this survey, people were asked how worried they were that they or someone close to them might get AIDS. About one in seven Californians (15%) said they were very worried and another 25% said they were somewhat worried. These findings are virtually identical to those found in an earlier 1985 survey.

The current survey measured public opinion as to whether special sex education classes in public schools should be offered to teach students ways to avoid getting AIDS. Over nine in ten residents (92%) approve of such special sex education classes.

When asked when such instruction should take place, more than four in ten (43%) approve of starting AIDS sex education classes as early as the fifth grade or sooner. Another 35% suggest starting them in the sixth or seventh grade. Thus, more than three-fourths (78%) of the public would like these classes to begin in the primary grades.

In the 1985 and 1988 surveys, The California Poll also explored the public's feeling about the likelihood of getting AIDS from various sources.

In both surveys, virtually everyone thought it very or somewhat likely that a person would get AIDS from having sexual relations with a person who has the disease (98%), using the same hypodermic needle that a person who has AIDS just used (99%), or receiving a blood transfusion from a donor with AIDS (98%). These are the sources of AIDS infection that the medical community, state and local health officials have stressed in their massive public education efforts.

There has been a decline in the public's belief that AIDS can be transmitted through six other sources. Listed below are those sources, the current proportion of the public who now believes it is very or somewhat likely to get AIDS from the source, and the percentage who felt this way in 1985 when the same question was asked.

Table 1

Proportion of Californians who
believe a person is very or somewhat
likely to get AIDS from this source

	<u>1988</u>	<u>1985</u>
Kissing a person who has AIDS	34%	59%
Eating food that has been handled by a person who has AIDS	23%	33%
Giving blood to a blood bank or a hospital	22%	32%
Using unclean public toilets	22%	33%
Working in the same office with someone who has AIDS	5%	14%
Shaking hands with a person who has AIDS	4%	9%

Table 2

Current voter sentiment toward
concepts embodied in Props. 96 and 102

	<u>YES</u>	<u>NO</u>	<u>NO OPINION</u>
<u>Prop. 96</u>			
An initiative to require AIDS testing for defendants in criminal and juvenile cases where police officers, fire fighters or medical personnel believe they have been exposed to AIDS through the transfer of bodily fluids	79%	13	8
<u>Prop. 102</u>			
An initiative to require doctors, blood banks and others to report to local health officials any patients or blood donors whom they feel might have AIDS or have tested positive for the disease	72%	22	6

Table 3

How worried are you that you or
someone close to you might get AIDS

	<u>1988</u> %	<u>1985</u> %
Very worried	15	15
Somewhat worried	25	24
Not too worried	30	27
Not at all worried	29	34
No opinion	1	--

Table 4

Likelihood of getting AIDS from various sources

		<u>Very</u> <u>likely</u>	<u>Some-</u> <u>what</u> <u>likely</u>	<u>Not</u> <u>too</u> <u>likely</u>	<u>Not</u> <u>at all</u> <u>likely</u>	<u>Don't</u> <u>know</u>
Receiving a blood transfusion from a blood donor with AIDS	1988	94%	4	1	1	*
	1985	93%	4	1	1	1
Through sexual relations with a person who has AIDS	1988	92%	6	*	*	2
	1985	92%	6	1	*	1
Using the same hypodermic needle that a person who has AIDS has just used	1988	97%	2	1	*	*
	1985	90%	8	1	1	*
Giving blood to a blood bank or a hospital	1988	12%	10	18	59	1
	1985	20%	12	16	51	1
Kissing a person who has AIDS	1988	11%	23	31	30	5
	1985	26%	33	22	15	4
Using unclean public toilets	1988	7%	15	28	47	3
	1985	11%	22	25	38	4
Eating food that has been handled by a person who has AIDS	1988	6%	17	32	41	4
	1985	8%	25	29	33	5
Working in the same office with someone who has AIDS	1988	1%	4	22	72	1
	1985	2%	12	29	56	1
Shaking hands with a person who has AIDS	1988	1%	3	17	78	1
	1985	2%	7	23	67	1

* Less than one-half of one percent

Table 5

When special sex education classes in
public schools should be offered to students
to teach them how to avoid getting AIDS

Approve	<u>92½</u>
Grades K-2	9
Grades 3-5	34
Grades 6-7	35
Grades 8-9	10
Grades 10-12	2
Don't know what grade	2
Disapprove	7
No opinion	1

-30-

The findings on Props. 96 and 102 are based on interviews with a representative sample of 809 registered voters and are subject to a sampling tolerance of plus or minus 3.5 percentage points. Findings concerning the likelihood of getting AIDS and when AIDS prevention courses should be taught in the schools were asked of a representative sample of 1,002 adults and are subject to sampling tolerances of plus or minus 3.2 percentage points.

Interviewing was conducted by telephone between July 22 and 29, 1988. There are other possible sources of error for which precise estimates cannot be calculated. Different results could occur because of different question wording, sequencing, or undetected flaws in sampling, interviewing or data processing.

INFORMATION ABOUT THE SURVEY

#1459

SAMPLE DETAILS

The survey was conducted among a representative sample of 1,002 California adults, of whom 809 were registered to vote. Interviewing was conducted by telephone between July 22 and July 29, 1988 during the late afternoon and evening on weekdays and all day on weekends. The sample was weighted to bring it into conformity with parameters of the adult and registered voter populations statewide.

Previous survey data were conducted from similar surveys conducted in a comparable manner.

QUESTIONS ASKED

(ASKED OF REGISTERED VOTERS ONLY):

Two initiatives having to do with AIDS will appear on the November statewide election ballot. After I read each one, please tell me whether you would vote YES or NO on each initiative if the election were being held today. If you were voting today, would you vote YES or NO? (SEE RELEASE FOR WORDING) (ITEMS ROTATED TO AVOID POSSIBLE SEQUENCE BIAS)

(ASKED OF ALL ADULTS):

How worried are you that you or someone who you are close to might get AIDS -- very worried, somewhat worried, not too worried or not at all worried?

I am going to read a list of ways that some people say you can get AIDS. As I read each one, please tell me whether you think it is very likely, somewhat likely, not too likely or not at all likely to get AIDS that way. Do you think a person can get AIDS by ... (SEE RELEASE FOR ITEMS) (ITEMS ROTATED TO AVOID POSSIBLE SEQUENCE BIAS)

Do you approve or disapprove of offering special sex education classes in the public schools to teach students about precautions they can take to avoid getting AIDS?

(IF APPROVE):

At what grade level should these special sex education classes begin?

Public Health

TRIAL OF ANONYMOUS VERSUS CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS TESTING

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Summary Before December, 1986, all public human immunodeficiency virus (HIV) testing in Oregon was done confidentially (using names). In December, clients were offered the option of either anonymous or confidential services. As judged by questionnaire responses, the availability of anonymity increased overall demand for testing by 50%: 125% for homosexual/bisexual (gay) men, 56% for female prostitutes, 17% for intravenous drug users, and 32% for other clients. The number of gay clients who had tests increased from a mean of 42 per month during the 4 months before anonymity was available to 108 per month during the 4 months after, whereas, at public sites in Colorado or California and private sites in Oregon, the number of gay clients tested did not increase. Twice as many seropositive persons were identified during the 3½ months after anonymity became available ($n=85$) as in the 3½ months before ($n=36$). Thus, availability of anonymous HIV testing and counselling drew gay men who had not sought services under a confidential testing system.

INTRODUCTION

IN 1985, state and local health departments in the United States made antibody testing for human immunodeficiency virus (HIV) infection available at public testing sites. These programmes were designed to provide an alternative to blood donation for persons who wanted to know their HIV antibody status, but they now offer comprehensive counselling and testing and are thus a primary means of preventing the spread of HIV infection.^{1,2} However, there has been controversy over whether these programmes should offer anonymous testing. In some states public HIV testing is offered only after clients have been asked for personal identifying information, while in others some or all of public HIV testing is offered anonymously and clients are identified by number only.

Those who favour the latter system claim that the option of anonymity attracts clients who would not otherwise present for counselling and testing. We examined this notion by conducting a trial of offering anonymous testing in Oregon.

METHODS

From August, 1986, to March, 1987, county health departments provided all public HIV counselling and testing in Oregon. Before December, 1986, only confidential HIV counselling and testing

TABLE I—SEROPREVALENCE BY RISK FACTOR, FIRST-TIME CLIENTS, AUGUST 1986 TO MARCH 15, 1987

Risk factor	No	Percent of all clients	HIV antibody positive	
			No	Percent of risk group
Gay non-iv drug user	468	29.0	88	18.8
Gay iv drug user	70	4.3	23	32.9
Heterosexual IV drug user	212	13.1	4	1.9
Female prostitute*	51	3.2	1	2.0
Haemophiliac	2	0.1	2	100.0
High-risk partner only	627	38.9	4	0.6
Other	214	13.3	1	0.5
Overall	1613	100.0	122	7.6

*Includes 31 who were also iv drug users.

were offered. Under confidential testing, clients were asked for their name, birthdate, address, and telephone number, but no attempt was made to verify responses. This information was stored confidentially and was not forwarded to the testing laboratory or to the Oregon State Health Division.

In December, 1986, 25 Oregon counties, including the city of Portland, began offering anonymous as well as confidential HIV counselling and testing. The availability of anonymous testing was first announced to the public through a press release on the day before anonymous testing became available and was widely publicised in the media. Three sites that tested small numbers of clients declined to participate.

From the start of the trial, clients received pre-test counselling without being asked to identify themselves. They were then provided with an information sheet describing the differences between anonymous and confidential testing and were asked to choose one option. Clients who chose anonymous testing were identified by number only. Clients who chose confidential testing were handled as before the trial. Demographic and risk factor data were collected from the serology form submitted by the testing site to the Public Health Laboratory. Men who reported that they had a history of homosexual or bisexual contact were defined as gay. Analysis of demographic, risk factor, questionnaire, and serological data was restricted to clients being tested for HIV antibody for the first time. Additional information was collected from a self-administered client questionnaire. This information included knowledge of the availability of anonymous testing, assessment of whether it was the availability of anonymity that had drawn the client to testing, self-assessed risk of exposure to someone with HIV infection in such a way that client could be infected, and waiting time for client between first deciding that he or she wanted testing and actually coming in for testing. On March 15, 1987, use of the questionnaire was discontinued because of the increase in demand for testing that occurred after the Centers for Disease Control recommendations on testing of multiply-transfused persons.³

According to responses to these questions, clients were classified into three groups: those stating that they knew anonymous testing was available and that they would not otherwise have come for counselling; those who either did not know anonymous testing was available, or did know but stated that they would have come anyway; and those who stated that they knew anonymous testing was available, but were not sure whether they would have come if the only option had been confidential testing. We estimated the

TABLE II—CHOICE OF TESTING BY CLIENT GROUP DEC 2, 1986 TO MARCH 15, 1987*

Client group	No	Percent of all clients	Testing option selected No
Would not have come without anonymity	343	29	Anonymous 305 · 89% Confidential 38 · 11%
Would have come without anonymity	695	58	Anonymous 323 · 46% Confidential 372 · 54%
Undecided	160	13	Anonymous 142 · 89% Confidential 18 · 11%

*Excludes 52 persons for whom complete data were not available.

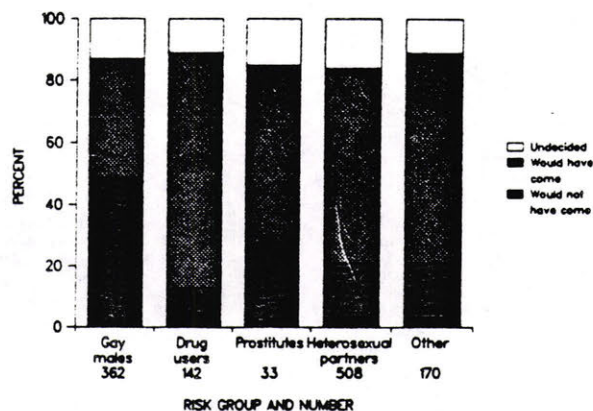


Fig 1—Effect of anonymous testing, by risk group, Dec 2, 1986 to March 15, 1987.

impact of anonymous testing by calculating the ratio of the number of persons who would not have come in the absence of anonymous testing to the number who would have come if confidential testing had been the only option. This ratio excluded those clients who were undecided.

All blood specimens were tested for HIV antibody by enzyme immunoassay (EIA). Specimens non-reactive by EIA were reported as negative. Repeatedly reactive specimens were tested by immunofluorescent antibody or western blot. A positive specimen was defined as one repeatedly reactive by EIA and either positive or equivocal on confirmatory testing.

RESULTS

From August to November, 1986, 363 first-time clients were tested. From December, 1986, to March 15, 1987 (after the anonymous testing option was available) the number was 1250. Of the 1613 total clients, 63.5% were male and 96.2% were white. Percentages positive for HIV antibody are shown in table 1.

Of the 1250 clients tested after anonymous testing was available, 1198 provided information on both their awareness of the availability of anonymous testing and whether they would have come for testing if only confidential testing had been offered. 29% stated that they would not have come if the option had been only confidential testing; 58% either did not know that anonymous testing was available (307) or stated that they would have come anyway (388); and 13% were unsure whether the option of anonymity had drawn them to testing. 11% of the clients drawn by anonymity ultimately chose confidential testing. Conversely, 47% of the clients who stated that they would have come under a confidential system chose to be tested anonymously (table II).

Risk factor for HIV infection was strongly associated with the likelihood that a client had been drawn to testing by the option of anonymity (fig 1). 49% of gay men tested after anonymous testing became available said that they would not have come if only confidential testing had been offered, compared with 13% of iv drug users, 30% of female prostitutes, 21% of persons with a heterosexual high-risk partner, and 21% of other clients. Gay men were 2.4 times more likely than non-gay men to say that they would not have been tested had anonymous testing not been offered ($p < 0.001$). As judged by these subjective responses, demand for testing among gay men increased 125% as a result of the availability of anonymity, compared with 17% for heterosexual iv drug users, 56% for female prostitutes, 33% for persons with high-risk heterosexual partners only, and 31% for other persons.

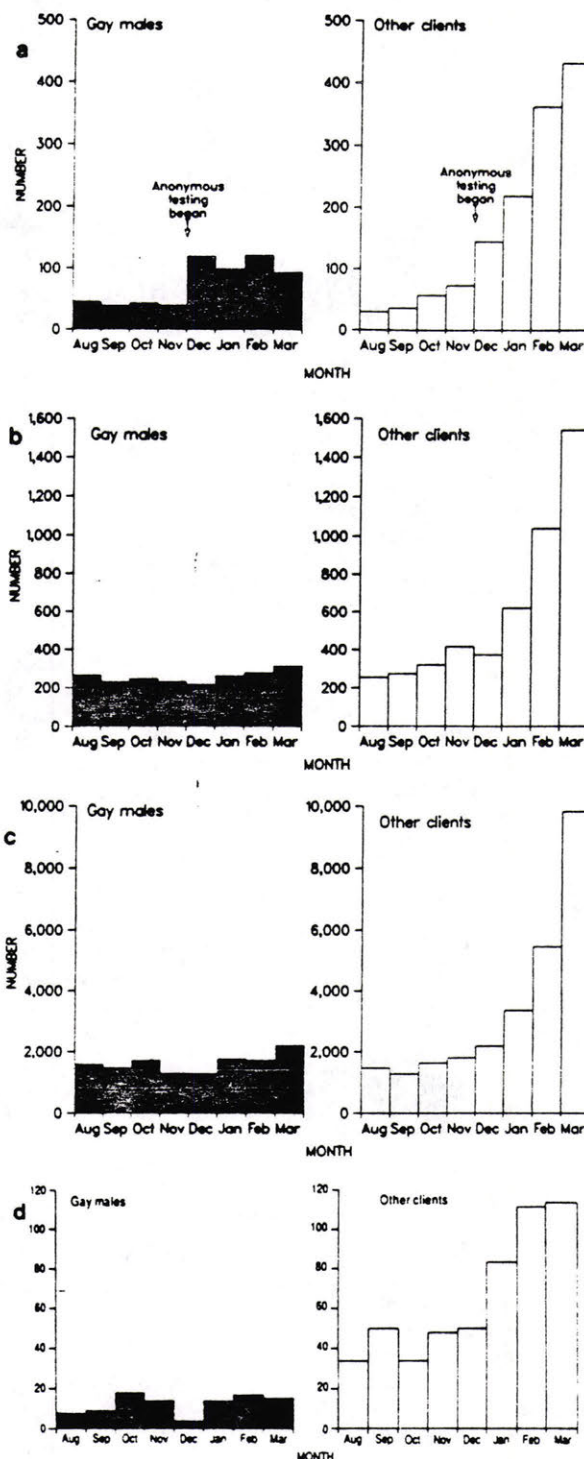


Fig 2—Demand for testing, by month, August, 1986, to March, 1987.

(a) Oregon; (b) Colorado; (c) California (only anonymous testing available); (d) Oregon private sites.

The validity of these subjective data was assessed by examining the temporal relation between demand for testing and availability of anonymity. Demand for testing among gay men increased sharply from a median of 42 per month in the 4 months before anonymity was offered to a mean of 108 per month in the 4 months after anonymous testing became

available ($p = 0.03$, Mann-Whitney-U test). In contrast, the demand for testing in non-gay clients increased steadily throughout this period, and was not similarly affected by the anonymous option (fig 2a).

The conclusion that the sharp increase in demand from gay clients resulted from the anonymous option depends on the assumption that demand among gay clients would have remained constant had anonymous testing not been available. Data on number of clients tested, by risk group, were examined for three settings in the western United States—Colorado, where confidential testing is the only public testing option; California, where state-funded HIV testing is conducted anonymously; and private sites in Oregon that use the state Public Health Laboratory for testing. In all three settings, testing among gay men remained steady from August, 1986, through March, 1987 (Dillion B, AIDS Education and Risk Reduction, Colorado Department of Health, and Ramirez-Rude A, Office of AIDS, Department of Health Services, State of California, personal communications). Demand among non-gay clients in all three settings showed the steady increase seen in Oregon public sites (fig 2 b-d).

The availability of an anonymous testing option in Oregon was also associated with a decrease in the length of time that gay clients reported waiting between deciding that they wanted testing and obtaining counselling and testing. In December, gay clients who would not have come in but for anonymity stated that they had been waiting a mean of 12 months; this waiting period decreased to a mean of 5 months by February. In contrast, the average waiting period for gay clients who stated that they would have come even if only confidential testing had been available remained constant at 4 months from December through February.

Gay men who judged themselves likely to be exposed to someone with HIV infection in such a way that they could be infected were more likely to be antibody positive. 55% (16/29) of those who stated that they were certain that they could have been so exposed were antibody positive compared with 27% (42/154) of those who thought that it was likely, 11% (11/99) of those who thought it was unlikely, and 7% (4/58) of those who thought it was very unlikely. 18% (12/67) of clients who did not know their likelihood of exposure and 25% (1/4) of clients who gave no response were antibody positive. Neither actual nor perceived antibody status was associated with the choice of anonymous or confidential testing.

85 clients tested positive during the 3½ months after the trial of anonymous testing began, compared with 36 positive in the 3½ months before the trial—an increase of 136%. 95% (81/85) of the clients who tested positive after the trial began were gay; of these, 48% (39/81) stated that they would not have come in if the only option had been confidential testing, 41% (33/81) said they would have, and 11% (9/81) were undecided.

94% of clients who received pre-test counselling and testing returned for test results and post-test counselling, and this proportion was almost identical for the anonymous and confidential groups and for gay and non-gay clients.

DISCUSSION

In this trial, the option of anonymity seems to have increased testing by 50% overall and by 125% among gay men. There was less impact on demand for testing among female prostitutes and still less among iv drug users. The number of seropositive persons identified was twice that before the trial.

As well as drawing clients who were averse to confidential testing, the option of anonymous testing shortened the time that gay clients said they waited before coming for counselling and testing. To the extent that HIV counselling and testing is of value in changing behaviours that lead to the spread of HIV infection,^{3,9} the ability to draw high-risk clients without delay is advantageous.

The effect of an anonymous testing option on demand for HIV counselling and testing may differ in other areas. We tried to limit the ability of individuals to affect the outcome of the study by giving no advance notice to the public of the trial of anonymous testing and by restricting our analyses to clients being tested for the first time. The effect of anonymity on demand for testing may be time-limited; however, demand for testing among Oregon gay men through September, 1987, has continued to be more than double that seen before anonymity became available. Furthermore, some of the clients who stated that they would not have come for testing unless assured of anonymity might eventually have come anyway, but anonymity seems to have drawn them sooner to counselling and testing.

There are potential disadvantages as well as advantages to anonymity. In particular, it prevents a counsellor from contacting clients who do not return for test results or from recontacting clients in cases of laboratory error. HIV counselling and testing centres in other areas might evaluate the results in Oregon in the light of the goals of their testing programme.¹⁰ A flexible HIV testing programme should consider offering both confidential and anonymous HIV testing—confidential testing in some settings such as prenatal or sexually transmitted disease clinics, and an option of either anonymous testing or confidential testing in others.

In Oregon, anonymity provided a strategy that preferentially drew gay males, the population in the state currently at highest risk for infection. As groups at risk for HIV infection and public perception of AIDS change over time, it will be necessary to periodically re-evaluate the impact of anonymous testing.

We thank the county health departments of Oregon for their cooperation with this study; the AIDS programmes in Colorado and California for providing data on demand for HIV testing in their states; and Derrick Diggs, Peg Murray, Geri Washington, and Joyce Grant-Worley for their assistance with data management and entry.

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REFERENCES

1. Additional recommendations to reduce sexual and drug abuse-related transmission of human T-lymphotropic virus type III lymphadenopathy-associated virus. *MMWR* 1986; 35: 152-55.
2. Public Health Service guidelines for counselling and antibody testing to prevent HIV infection and AIDS. *MMWR* 1987; 36: 509-15.
3. Coates TJ, Morin SF, McKusick L. Behavioral consequences of AIDS antibody testing among gay men. *JAMA* 1987; 258: 1889.
4. Willoughby B, Schecter MT, Boyko WJ, et al. Sexual practices and condom use in a cohort of homosexual men: Evidence of differential modification between seropositive and seronegative men. Abstracts from III International Conference on AIDS, June 1-5, 1987, Washington, DC: 5.
5. Farthing CF, Jenson W, Taylor H-L, Lawrence AG, Gazzard BG. The HIV antibody test: influence on sexual behaviour of homosexual men. Abstracts from III International Conference on AIDS, June 1-5, 1987, Washington, DC: 5.
6. Pollak M, Schiltz MA, Lelune B. Safer sex and acceptance of testing: Results of the nation-wide annual survey among French gay men. Abstracts from III International Conference on AIDS, June 1-5, 1987, Washington, DC: 5.
7. Van Gennep GJP, Tielman RAP, Goudsmit J, et al. Effect of HIV antibody serodiagnosis on sexual behaviour in homosexual men in the Netherlands. Abstracts from III International Conference on AIDS, June 1-5, 1987, Washington, DC: 4.

References continued at foot of next page

Sept 10, 1988
SF Chronicle

2 CEOs Fight AIDS Measure

By David Tuller
Chronicle Staff Writer

The chief executive officers of Levi Strauss and Pacific Gas and Electric have sent a letter to the heads of 140 other Bay Area companies, urging them to aggressively work against Proposition 102, a controversial ballot measure that would require medical personnel to report the names of people suspected of carrying the virus believed to cause AIDS.

The letter, signed by Robert Haas of

Levi Strauss and Richard Clarke of PG&E, maintains that the "ill-conceived and dangerous measure" would "cripple AIDS education, testing, research and treatment efforts" and cost the state "tens of millions of dollars (that will certainly be borne in part by the business community."

The letter indicates that Levi and PG&E have each pledged \$5,000 to fight Proposition 102, and it urges other companies to send representatives to an October 13 fund-raising dinner at the Hyatt on Union Square.

"The initiative is phrased deceptive-

ly to appear that it is dealing with the disease in a compassionate and thoughtful way, but it's like the wolf dressed up as Grandma in Little Red Riding Hood," said Robert Dunn, vice president for community affairs at Levi Strauss. "We believed it was important for people to know that there were those in the business community who feel this proposition is bad public policy."

On Thursday, the California Chamber of Commerce announced that it, too, is opposing the measure.

The California Medical Association, the California Nurses Association, the

California Taxpayers Association and Senator Pete Wilson also have blasted the proposition.

When informed of the Levi-PG&E letter, tax crusader Paul Gann, a key proponent of the initiative, said he was amazed the companies would oppose the proposition. He vowed to be "on the phone every hour" seeking an explanation.

"I don't understand why they're so anxious to defend people with AIDS and not protect those who don't have it,"

See Page B2, Col. 1

AIDS MEASURE OPPOSED

From Page B1

added Gann, who became infected with the HIV virus from a blood transfusion in 1982.

Among other things, Proposition 102 would:

- Require doctors and other health care professionals — including those at corporate medical facilities — to provide to public health authorities the name of anybody who tests positive for exposure to the HIV virus, or anyone they have "reasonable cause to believe" might be infected. Doctors are currently required to report only the names of those who have a full-blown case of AIDS.

- Allow employees to wear any kind of "protective gear that the employee deems necessary for protection against contamination" in the workplace.

- Repeal a section of the state health code that forbids the use of HIV test results by insurers and employers.

- Forbid anonymous testing of individuals.

Officials at Levi Strauss and PG&E say they fear that the proposition, if it passes, could seriously undermine morale in the workplace. They add that, because of the strict testing requirements, they believe those most at risk would avoid testing and treatment, facilitating rather than hampering the spread of the disease.

Perhaps the most controversial part of the proposition is the "reasonable cause to believe" provision.

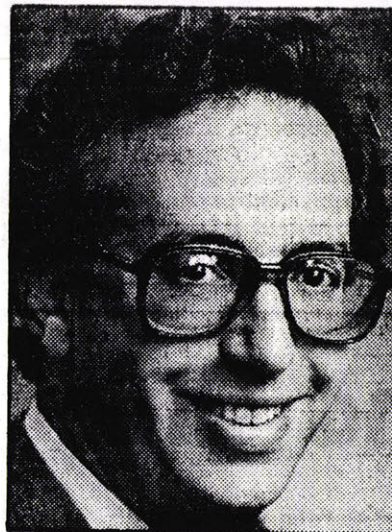
Those supporting the measure say it simply seeks to treat AIDS like any other infectious disease. Yet corporate executives fear that the requirement about alerting health authorities to those suspected of HIV infection would encourage disgruntled employees to report the names of people they don't like to company medical personnel.

"It would transform the doctor-patient relationship to the kind that a citizen had with the Gestapo in Nazi Germany," said Levi's Dunn.

The action against Proposition 102 follows two highly publicized battles against initiatives sponsored by Lyndon LaRouche — Proposition 64 in the general election in 1986, and Proposition 69 in last June's primary. While both lost by wide margins, a recent poll indicated that Proposition 102 has a chance of passing.

"Everyone knew that LaRouche was not a credible person to be dictating the state's policies on AIDS," said Dana Van Gorder, the Northern California coordinator of Californians Against Proposition 102, a coalition of groups fighting the proposition. He said the involvement this time around of Gann and U.S. Representative William Dannemeyer, the Orange County Republican, lends the measure an aura of respectability.

The clout of the business sec-



Robert Haas

tor, says Van Gorder, is critical in the fight to defeat the measure. "The swing vote on this issue will be a slightly more conservative voter, to whom the support of the business community would have enormous appeal," he remarked.

Van Gorder expects Californians Against Proposition 102 to raise \$750,000 to fight the initiative, and hopes that corporate contributions will account for between 5 percent and 10 percent of the total. He approached PG&E and Levi Strauss for their help, he said, because of their opposition to the LaRouche initiatives and their efforts to promote AIDS education in the workplace.

Complicating the issue and inflaming passions on both sides are



Richard Clarke

differences in interpretation of the initiative.

Brett Barbre, special assistant to Dannemeyer, stressed that the protective-gear clause is designed to protect doctors, nurses and other health care workers. Yet some opponents, who have mockingly called it "the spacesuit provision," point out that the language is broad enough to cover all workers. They have raised the spectre of employees wearing outlandish outfits simply because they think a co-worker might be gay.

"It could create havoc in the workplace and seriously impair morale," said Grant Horne, vice president of corporate communications at PG&E.

Proponents and opponents also disagree over whether the proposition will allow employers to resort to wholesale testing of prospective and current employees. Van Gorder and officials of both PG&E and Levi Strauss say yes.

Not so, insists Gann. "Anybody who says that is a damn liar, or mistaken," he exclaimed.

"It's a complex law, and it's possible that he doesn't understand what it does," countered Van Gorder. "If that's what we're up against, it's frightening."

Another bad AIDS initiative

After beating LaRouche proposals, voters now must deal with flawed Prop. 102

WOULD THE average person unhesitatingly allow his or her blood to be tested for the AIDS virus, knowing

that a positive result could threaten that person's job or health insurance? No.

That is one reason why citizens should vote "no" on Proposition 102, the "Reporting Exposure to AIDS Virus" initiative on the Nov. 8 ballot. Purportedly offered as a measure to stop the AIDS spread, Prop. 102 would be counterproductive. It is a political answer to a public health problem. It would cripple effective testing and education programs, strip away civil rights protections, subject AIDS patients to vast anguish and chase many people underground.

And all this would cost money, "possibly tens or hundreds of millions of dollars," according to the Legislative Analyst. Yet Prop. 102 could pass. It could pass despite opposition by the California Medical Association and the overwhelming majority of AIDS experts. Prop. 102 could pass though it contains provisions opposed by Surgeon General C. Everett Kopp and the President's AIDS Commission. Prop. 102 could pass because it responds to fear.

It was put forward by Republican Congressman William Dannemeyer of Orange County. Unlike extremist Lyndon LaRouche, whose two initiatives were easily defeated, Dannemeyer commands some mainstream support. He has been joined by tax crusader Paul Gann, who suffers from AIDS as a result of a tainted blood transfusion. Dannemeyer or Gann can garner significant power and sympathy. Meanwhile, the opposition among AIDS organizations is not as yet well organized.

Dannemeyer contends that Prop. 102 treats AIDS like any other communicable disease. This assumes that all communicable diseases are similar, which they are not. AIDS isn't even like other sexually transmitted diseases, as it is passed between consenting adults and also by use of tainted needles or transfusions. It remains centered among high-risk groups. Prop. 102 terrifies rather than treats these persons.

• Current policies encourage at-risk individuals to be tested without fear of discrimination. (Experience has shown that the number being tested drops significantly when people are asked to waive confidentiality.) Those testing positive are brought

into education programs in order to alter sexual or drug-use behavior. Education has brought new infection among San Francisco gay men to a virtual halt. As Prop. 102 would discourage testing in the first place, it could make the epidemic worse.

• Prop. 102 requires doctors, blood banks and others to report patients *they reasonably believe* to be infected. Thus, someone who looked gay could be reported, by name, to local authorities. Prop. 102 goes on to allow health officials to take "all measures reasonably necessary to prevent transmission" of the disease. Authorities already have such power. The combination of these two phrases, however, seemingly would allow anyone suspected of carrying the AIDS virus to be quarantined.

• Prop. 102 removes restrictions on using HIV-antibody test results. The measure would allow tests to be used in pre-employment physicals, though AIDS is not spread in the workplace. Prop. 102 would allow testing to obtain health insurance, ignoring pending legislative bills that address this complex issue. The cost to government health care programs could run into untold millions of dollars and personal suffering could be immense if insurance companies could eliminate AIDS coverage.

• Prop. 102 confuses those who test positive for the virus with those sick with full-blown AIDS. While it is believed that most of those who test HIV-positive eventually will become ill, the transition from one stage to the other can take a decade or more. This measure could allow discrimination in employment and housing against those who otherwise can enjoy many more years of symptom-free life.

Prop. 102 implies that government has been hamstrung in its ability to treat the AIDS epidemic. This is simply false. Public health officials have enormous power and flexibility under current statutes. Physicians now can inform the spouse, for example, that a partner has AIDS. And AIDS cases today are reported to local health authorities.

Prop. 102 is dangerously regressive. It is a threat not just to gay men, but to other people who may be infected through transfusions and/or through heterosexual transmission. Laced with seemingly credible arguments, it contains punitive aspects rejected by voters when they turned down the LaRouche measures in earlier elections. On Prop. 102, The Examiner urges a "no" vote.

LOS ANGELES TIMES 9/13/88

AIDS: Clearing the Air

The appearance of sponsors of Proposition 102, the mandatory AIDS-reporting initiative, before the California AIDS Leadership Committee on Wednesday was, in the words of one of the co-chairmen, "useful and enlightening." It served above all to expose the fundamental flaws in the initiative—flaws that have led the California Medical Assn. and most health-care and public-health officials to oppose it.

Rep. William E. Dannemeyer (R-Fullerton) and Dr. Larimore Cummins, chairman of the Santa Cruz County Medical Society AIDS Task Force, were the advocates for the initiative. They made the familiar arguments, asserting that the national and state policies now in place have failed and that the time has come to use the techniques of mandatory testing and contact tracing that have been effective in public-health campaigns against other infectious diseases, including venereal diseases. If mandatory reporting works for syphilis, which is not necessarily a fatal disease, why not for AIDS, which is all the more dangerous because there is no known cure?

The very simplicity of the argument is beguiling, but it masks fatal flaws. In the first place, the existing national and state policies are proving effective by the one test that counts: The rate of new infections is dropping in areas of high prevalence. In the second place, the voluntary reporting and contact tracing that are now in place are also proving effective. The superior effectiveness of anonymous-test centers in reaching high-risk persons has been confirmed in a recent study in Oregon reported last month in the *Lancet*.

But the anonymous-test centers would be barred by the reporting initiative, to be replaced by a mandatory system that the state's most senior health officer has concluded will not work. The confidential mandatory reporting system that is proposed in the initiative as an alternative already has created problems for public-health officers, committee members have reported. Their reports confirm fears of public-health officials that the mandatory program would drive away the high-risk populations that the present program has been effective in reaching. An official of the Centers for Disease Control reported that some research

programs involving volunteers already are in jeopardy because those who are within the programs have said that they will quit if their HIV-positive status is reported by name, as required in the initiative. A county health officer said that his work would be paralyzed by the requirements of the initiative.

Two other flaws emerged as the committee reviewed the proposition. One is the incredible cost that is implicit in the reporting and contact tracing at a time when counties are running out of funding for basic programs, including money to provide AZT for AIDS patients. The other is the provision in the initiative that would bar any amendment by the Legislature, requiring re-submission to the voters of the state for any change, which would make adaptability to changing conditions difficult if not impossible.

The statements to the committee by Dannemeyer and Cummins were troubling in another way. They displayed significant ignorance of what has been accomplished, including the policies endorsed by the Presidential AIDS Commission, the National Academy of Sciences, the World Health Organization and virtually every health-care expert involved in the pandemic. They offered no convincing scientific evidence to support their claim that the initiative contains a better program than those in place. There was an ideological cast to some of their arguments. And their treatment of information was so casual at some points that Dr. Donald P. Francis of the Centers for Disease Control, an expert in the field, concluded: "At best I would call it a deception of facts."

The California AIDS Leadership Committee postponed until later this month formal action on the initiative. But, significantly, it reaffirmed the stand that it took two months ago in opposing mandatory reporting of HIV-positive test results—a critical element of Proposition 102. That reaffirmation, coming after hearing the sponsors of the proposition, is significant. It represents the views of many of the most expert and best informed concerning AIDS in the state. It is a message that emphasizes the fundamental defect of Proposition 102 and the grave damage that it would do to the continuing effort to contain AIDS.

Reporting Law Would Hurt AIDS Studies, Scientists Say

By VICTOR F. ZONANA, *Times Staff Writer*

SAN FRANCISCO—Some of the nation's leading AIDS researchers gathered here Tuesday to condemn Proposition 102, the latest California AIDS ballot measure, as a dangerous and politically motivated intrusion into their efforts to quell the epidemic.

"This single piece of legislation will have more to do with prolonging the epidemic than anything I can imagine," said Dr. Mervyn Silverman, president of the American Foundation for AIDS Research.

"If LaRouche was Peter Pan, then this is Frankenstein," Silverman added, comparing the November ballot measure to the twice-defeated AIDS initiative backed by political extremist Lyndon LaRouche.

By mandating the reporting to state officials of the names of all those who test positive for the AIDS-causing human immunodeficiency virus (HIV), "Prop. 102 would scare away research subjects and drive the epidemic underground," said Dr. Paul Volberding, editor-in-chief of the *Journal of Acquired Immune Deficiency Syndromes* and head of AIDS programs at San Francisco General Hospital.

"Clinical research in California could come to a grinding halt," added Volberding, who is conducting trials of several potentially promising drugs and depends upon a steady stream of volunteers to test their efficacy.

State law already mandates the reporting of the names of people with clear symptoms of AIDS. Besides extending the reporting provision to those carrying the virus, the measure, backed by Rep. William Dannemeyer (R-Fullerton), would shut down anonymous testing centers for HIV and allow employers and insurers to test for the virus.

The measure would also require doctors to report to the government the names of those they reasonably believe to be infected with HIV, a provision that Silverman called "Orwellian, to say the least."

Opponents of the measure say it runs counter to the proven public health strategy of encouraging members of high-risk groups to come forward for voluntary anonymous testing without fear of losing their jobs and health insurance.

People have come forward for testing and counseling "because they trust us not to put their names on government lists," said Dr. Andrew Moss, an epidemiologist at San Francisco General. He noted that the rate of new infection in San Francisco's gay community "is extremely low and going down," as a result of the city's anonymous testing, counseling and education programs.

"This is not a conflict between public health and civil liberties," added Silverman. "Public health officials

already have all the power necessary to cope with this epidemic," he continued, noting that HIV cannot be transmitted through casual contact.

The researchers at the press conference said they were alarmed by the California Poll released last week that showed 72% of those polled in favor of Proposition 102, 22% opposed and 6% undecided.

Opponents of the measure say their best hope is to persuade Californians that the initiative is bad medicine and cite endorsements of their position by the California Medical Assn., the California Nurses Assn. and the Health Officers Assn.

On Monday, in a boost to the measure's opponents, U.S. Sen. Pete Wilson (R-Calif.) joined his Democratic challenger, Lt. Gov. Leo McCarthy, in opposing Proposition 102.

Proposition 102 AIDS REPORTING

Sen. Wilson Opposes Initiative Requiring AIDS Test Disclosure

By Jerry Roberts
Chronicle Political Editor

California Republican Senator Pete Wilson announced his opposition yesterday to Proposition 102, a conservative-backed ballot measure to require doctors to report the names of all those who test positive for the AIDS virus.

In San Francisco campaign appearances, Wilson also attacked rival Leo McCarthy on Mideast policy, accusing his Democratic foe of turning "a deaf ear and blind eye" to threats to the security of Israel.

On the AIDS issue, Wilson found himself in a rare agreement with McCarthy, who denounced the so-called Dannemeyer initiative last week.

Sponsored by Orange County Representative William Dannemeyer, it would require doctors and blood banks to report to public health officials the names of patients or donors who have AIDS or who test positive for the human immunodeficiency virus, even if they are not diagnosed as having AIDS.

Wilson yesterday agreed with the measure's opponents, who say

that such requirements, which would prohibit the current practice of anonymous and confidential testing, could discourage people at risk from being tested.

"As a practical matter, the requirement to identify those who test positive is going to avert the trend of people coming in and seeking counseling," Wilson said.

Wilson said he supports Proposition 96, sponsored by Los Angeles County Sheriff Sherman Block, which would require AIDS testing for defendants in criminal and juvenile cases when law enforcement, fire or medical personnel believe they have been exposed to the virus by the defendant.

"I think it's only fair that people who are in a situation of being put at risk have the opportunity to determine whether they have been infected," Wilson said.

McCarthy, while condemning Proposition 102 as an "irresponsible dismantling of our progress in the war against AIDS," had until yesterday taken no position on Proposition 96.

Both AIDS testing measures, which are opposed by gay and civil

rights groups, were favored by a large percentage of voters in the most recent California Poll.

Wilson's comments on the initiatives came in an interview just after he delivered a speech on Israel to members of the Concordia Club in San Francisco.

The speech was closed to reporters because of club rules prohibiting the press from attending its functions, a move that embarrassed Wilson campaign officials who had invited reporters to attend.

"McCarthy can't get away with making speeches to Jewish audiences about the cost of indifference and then himself turn a deaf ear and blind eye to clear threats to Israel and the American Jewish community," the senator said. The speech was the latest attempt by Wilson to outflank McCarthy among Jewish voters, a traditionally Democratic group that the Republican has been courting assiduously.

Specifically, he criticized McCarthy for not speaking out against the Democratic Party platform, adopted at last month's convention in Atlanta, and for not criticizing Jesse Jackson, who has a pro-Palestinian tilt in his Mideast policies.

"Both McCarthy and the Democratic platform stood mute on the critical threat to Israel's security posed by those insisting upon a Palestinian homeland on the West Bank," Wilson said, "just as McCarthy in the past has refused to repudiate Jesse Jackson's inexcusable anti-Semitism."

The Republican platform flatly opposes a Palestinian state and a U.N. resolution saying that Zionism is racism. The Democratic platform is silent on both issues.

"Leo McCarthy has always been a strong supporter of the state of Israel," responded McCarthy campaign director Darryl Sragow. "Although Pete Wilson during the 1982 campaign expressed support for the sale of arms to the Saudis, since moving to Washington, he has said all the right things about Israel. This race is basically between two candidates who are both supporters of Israel."

Sragow also accused Wilson of being inconsistent, citing a 1982 radio appearance in which he said Wilson stated his hopes for achieving "a Palestinian homeland that we can be assured won't be used for terrorism."

As for Jackson's views, Sragow said that "we all await Pete Wilson's repudiation of Pat Robertson's assertion that Jews are not equal in the eyes of God," a reference to controversial statements by television evangelist and former GOP presidential candidate Robertson.

Wilson also said he opposes Proposition W, a San Francisco ballot measure calling for a Palestinian homeland. McCarthy earlier announced his opposition to the initiative.

Dangerous Direction on AIDS

The AIDS reporting initiative, Proposition 102, has now qualified for California's November ballot, stirring deep concern among many doctors and public-health workers. The concern is appropriate. This is a dangerous and potentially costly proposal that would undermine the present effective strategy for controlling AIDS.

There are two major provisions of the initiative:

—Requiring that all persons who test positive to the presence of the human immunodeficiency virus (HIV) that causes AIDS report themselves or be reported to public-health officials. The change would amend the elaborate rules of confidentiality now in place and terminate anonymous testing that has proved to be an effective control strategy.

—Ordering public-health officers to pursue the at-risk contacts of those who are infected, a project that could cost billions of dollars while serving, in most cases, only limited public-health purposes.

In limiting provisions for confidentiality and substituting mandatory for voluntary testing, the initiative challenges a basic finding of the Presidential Commission on the HIV Epidemic. "Rigorous maintenance of confidentiality is considered critical to the success of the public-health endeavor to prevent the transmission and spread of HIV infection," the commission concluded. "Current public-health strategies for fighting the spread of HIV infection are entirely dependent on voluntary cooperation."

In commanding an extensive program of partner tracing and notification, the initiative would impose a diversion of money from other more urgent needs identified by public-health officials in the areas of education and treatment. Indiscriminate tracing would cost millions, probably billions, of dollars. The wholesale-notification provisions contrast with the carefully crafted recommendations on notification of unsuspecting partners of infected persons developed by the American Medical Assn. and the presidential commission.

There appear to be many motives behind Proposition 102. Some doctors who are supporting the initiative are frustrated by existing laws restricting the ability of doctors to share AIDS test results with other health-care providers. That problem is now being addressed with legislation. Some of the sponsors, believing that AIDS has become a "politically protected" disease, argue that the existing policy is "ill-conceived and self-defeating," and that it is high time that HIV infection should be treated like other communicable diseases. That is the view of one sponsoring organization, California Physicians for a Logical AIDS Response,

headed by Dr. Lawrence J. McNamee. He is a member of the Los Angeles County Medical Assn. AIDS Committee, but the committee itself has voted to oppose his initiative. Another sponsor, Rep. William E. Dannemeyer (R-Fullerton), has been a vigorous critic of proposals to protect AIDS-infected persons from discrimination on grounds that these are programs that encourage homosexuality and intravenous drug use because a majority of AIDS victims in the United States are male homosexuals and intravenous drug users. In making their criticisms, unfortunately, the sponsors of the initiative have offered no evidence that their sweeping proposals in the initiative would strengthen the efforts to contain the disease. In fact, they would not.

The careless, counterproductive proposals of the initiative are particularly evident when its provisions are compared with the constructive proposals of the presidential AIDS commission, headed by Adm. James D. Watkins. Taken as a whole, the initiative would do great harm to the basic strategy supported by the presidential commission. The breaches in confidentiality alone could destroy the voluntary cooperation of high-risk populations that the presidential commission cited as essential. There are, no doubt about it, problems and imperfections in the AIDS program. The presidential commission identified two basic shortcomings in the present approach: an absence of anti-discrimination laws that would protect victims of the deadly disease, and inadequate funding of efforts to control the disease, including treatment for drug users. But the initiative addresses neither of these problems. Indeed, if adopted, Proposition 102 would exacerbate them. Dannemeyer has emphasized his opposition to anti-discrimination legislation. And the mandates for wholesale contact tracing would squander the already limited resources available.

It is not surprising, in the face of such flagrant defects in the initiative, that the California Medical Assn. and the California Nurses Assn. have gone to court seeking to bar the initiative from the ballot. Proposition 102 would appear to violate constitutional restrictions that initiatives be limited to a single subject. Regardless of the outcome of the suit, the challenge at least makes clear the depth of opposition by many of the best-informed health-care professionals, including most of those directly involved in the effort to contain the AIDS pandemic.

"The initiative is bad medicine and bad public health," according to Dr. Laurens White, president of the California Medical Assn. We agree.

1 DECLARATION OF PAUL A. VOLBERDING, M.D.

2 1. My name is Paul A. Volberding. If called as a
3 witness in this case I could and would testify truthfully as
4 set out in this declaration.

5 2. I am an Associate Professor of Medicine at the
6 University of California, San Francisco ("UCSF"). I am
7 Director of the Center for AIDS Research at UCSF, Chief of
8 Medical Oncology at San Francisco General Hospital ("S.F.
9 General"), head of the AIDS Academic Program at UCSF, a
10 member of Mayor Agnos' AIDS Task Force, and Chief of the
11 AIDS Program at S.F. General.

12 3. The AIDS Program which I direct at S.F.
13 General coordinates all AIDS care and research at S.F.
14 General. The research done by the AIDS Program includes
15 both clinical trials and epidemiology studies. The clinical
16 trials study new methods of diagnosing HIV (the AIDS virus)
17 and examine the effectiveness of various drugs in treating
18 the virus and its clinical manifestations, including ways of
19 delaying or preventing the onset of AIDS in HIV infected
20 individuals. The epidemiology studies track the spread of
21 AIDS in different populations. The AIDS Program at S.F.
22 General is the largest AIDS clinical research program in the
23 world; its personnel includes 15 physicians and 5 nurse-
24 practitioners in a total staff of approximately 120. It was
25 established in January 1983 as the world's first dedicated
26 AIDS clinic and the world's first dedicated AIDS inpatient
27 unit. The AIDS Program is considered as a model worldwide
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1 and has been used by institutions such as Johns Hopkins,
2 Bellevue, and Auguste Viktoria Krankenhaus in West Berlin in
3 setting up their own AIDS treatment programs. It is visited
4 almost daily by experts from around the world.

5 4. I have also served on numerous committees of
6 the National Institutes of Health which focus on AIDS
7 research. These committees include the AIDS Advisory
8 Committee to the NIH Director, the Drug Selection Committee,
9 and the Executive Committee of the AIDS Clinical Trials
10 Group which coordinates clinical trials nationwide. I am
11 also the author and principal investigator of a committee
12 studying the role of AZT in preventing AIDS in otherwise
13 asymptomatic HIV infected people (the "Protocol 019 Study").
14 The Protocol 019 Study is generally recognized as the
15 nation's most important AIDS study since it will tell us
16 whether we can prevent the onset of AIDS in HIV infected
17 individuals. There are approximately 3,200 participants in
18 the study and 35 clinical sites nationwide, including 5
19 sites in California.

20 5. I am also a member of the AIDS Oversight
21 Committee of the Institute of Medicine of the National
22 Academy of Sciences. This Committee was the body which
23 called for the formation of the Presidential Commission on
24 AIDS and for federal funding of AIDS education through the
25 media. In 1986, the Committee published a report entitled
26 Confronting AIDS which set a research policy agenda for
27 AIDS. This report was revised in 1988. Both the 1986 and
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1 the 1988 versions of Confronting AIDS rejected the notion of
2 mandatory reporting of antibody test results as ineffective.
3 The Committee concluded that because evidence showed that
4 behavioral changes were already in place, there was no need
5 for mandatory reporting as a means of containing the spread
6 of AIDS. In addition, the Committee believed that mandatory
7 reporting would discourage individuals from coming forward
8 voluntarily to seek the care that they increasingly need.

9 6. I have been involved in fighting the AIDS
10 epidemic on the international level as well. I was on the
11 Planning Committees of all four International AIDS
12 Conferences held to date; I am Co-Chair of the Sixth
13 International AIDS Conference to be held in San Francisco in
14 1990. I am President Elect of the International AIDS
15 Society which coordinates communications among international
16 researchers and sponsors the International AIDS Conferences.

17 7. I have written numerous articles about most
18 aspects of AIDS. These articles have been published in a
19 variety of journals, including Nature, the Journal of the
20 American Medical Association, and The Annals of Internal
21 Medicine. I am the Co-Editor in Chief of the Journal of
22 Acquired Immune Deficiency Syndromes. A copy of my
23 curriculum vitae is attached hereto as Exhibit A.

24 8. I have worked with doctors throughout
25 California in the fight against AIDS. At the request of
26 former Mayor Feinstein, I started the County Community
27 Consortium, a group of doctors in private practice treating
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1 cases of AIDS and HIV infection throughout the extended San
2 Francisco Bay Area. In addition, I have initiated the AIDS
3 Professional Educational Experience (APEX) program, a
4 program which trains doctors state and worldwide in the
5 latest techniques in the treatment of AIDS.

6 9. In my opinion, the physician reporting
7 requirement of Proposition 102 will have a devastating
8 impact on ongoing AIDS research. Current AIDS research is
9 increasingly focused on otherwise asymptomatic HIV positive
10 individuals, and, in particular, on the epidemiology of AIDS
11 and the drugs which can be used to delay or prevent the
12 onset of AIDS in such individuals. Based upon my extensive
13 work with HIV positive individuals, it is my professional
14 opinion that the reporting requirement of Proposition 102
15 would effectively halt this cutting edge research in
16 California. I base my opinion on discussions I have had
17 with hundreds of patients and physicians treating HIV
18 infected individuals over the course of several years. My
19 patients and the patients of other physicians with whom I
20 have spoken have always been concerned with confidentiality;
21 they fear that unless their HIV positive status is held
22 confidential, they will face discrimination, humiliation,
23 and possibly loss of housing, employment, and insurance.
24 Some of my HIV positive patients have already suffered such
25 discrimination.

26 10. Unless I can assure my patients complete
27 confidentiality, as I have been able to do in the past, it
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1 will be difficult, or perhaps impossible, to find volunteers
2 for our research programs. Indeed, this has already been
3 the case. The mere threat that Proposition 102 would pass
4 has reduced the number of new volunteers last month for
5 Protocol 019, and other patients have expressed concern
6 about continued participation should Proposition 102 become
7 law. There is no question that research will be devastated
8 by the reporting requirement of Proposition 102. Even if we
9 were to offer to destroy our patient's records, that would
10 not reassure them.

11 11. A physician reporting requirement would be
12 particularly devastating to our studies which concentrate on
13 where the virus is spreading, how fast it is spreading, and
14 what can be done to prevent the spreading. In epidemiology
15 studies, volunteers are not treated but instead donate blood
16 regularly to allow researchers to track the spread of AIDS
17 in different populations. Epidemiology studies allow
18 researchers and public policy makers to determine how to
19 allocate resources and target education efforts, to plan for
20 the future, and to learn the implications of HIV infection.
21 Since volunteers are not treated, there is no direct
22 personal benefit to the volunteer; instead, volunteers take
23 part in studies for the general good of the public. In
24 short, the only thing I can offer volunteers in epidemiology
25 studies is complete confidentiality. Given the
26 confidentiality concerns repeatedly expressed by my
27 patients, I am certain that a reporting requirement would
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1 drive those volunteers away. Without the crucial
2 information provided by those volunteers, health planners
3 and government leaders will not know in advance how many
4 hospital beds and other services will be needed for AIDS
5 patients, and in what areas of California they will be
6 needed. This lack of planning could bankrupt the Medical
7 system.

8 12. At this stage in the AIDS epidemic, it is
9 crucial that people be willing to be tested, since there are
10 now effective therapies available in the event they test
11 positive. Specifically, if an individual tests positive,
12 prognostic tests can be used to monitor his or her
13 condition, and, if necessary, appropriate antibiotics such
14 as AZT can be administered to decrease the likelihood that
15 the individual will fall victim to an opportunistic
16 infection. Through the use of such medical management
17 systems, physicians can delay, and possibly prevent, the
18 onset of AIDS. Published reports have confirmed this
19 result. See Fischl, Dickinson & LaVoie, "Safety and
20 Efficacy of Sulfamethoxazole and Trimethoprim
21 Chemoprophylaxis for Pneumocystis Carinii Pneumonia in
22 AIDS," 259 Journal of the American Medical Association
23 1185-1189 (1988); Hughes, Rivers, Schell, Thornton & Lott,
24 "Successful Intermittent Chemoprophylaxis for Pneumocystis
25 Carinii Pneumonitis," 316 New England Journal of Medicine,
26 1627-1632 (1987); Girard, Brun-Pascaud, Farinotti, Temisier
27 & Kernbaum, "Pentamidine Aerosol in Prophylaxis and
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1 Treatment of Murine Pneumocystis Carinii Pneumonia," 31
2 Antimicrob. Agents Chemother., 978-981 (1987); and Hughes,
3 Kuhn, Chaudhary, Feldman, Versoza, Aur, Pratt & George,
4 "Successful Chemoprophylaxis for Pneumocystis Carinii
5 Pneumonitis," 297 New England Journal of Medicine 1419-1426
6 (1988). Based upon discussions I have had with my patients
7 and with other physicians over the course of several years,
8 it is my opinion that most individuals will forego testing
9 and appropriate follow up treatment unless the
10 confidentiality of the tests is assured. If they forego the
11 tests and follow-up treatment, they will face accelerated
12 sickness and death.

13 13. I am also concerned by the requirement that
14 physicians report the names of all individuals whom they
15 have "reasonable cause to believe" are HIV positive to local
16 health officers. Proposition 102 does not define what it
17 means to have "reasonable cause to believe," leaving it to
18 physicians to speculate what the term means. Based upon my
19 experience, it is my opinion that many physicians will
20 misconstrue the term to require them to report all gay males
21 or drug users to their local health officers regardless of
22 whether they show any signs of HIV infection. This
23 ambiguity is of particular concern for the patients cared
24 for by physicians less skilled with AIDS care and with the
25 diagnosis of HIV infection.

26 14. Finally, it is my opinion that requiring an
27 individual to identify his or her sexual partners is not an
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1 effective means of stopping the spread of AIDS. Given that
2 AIDS has a very long incubation period, currently estimated
3 at an average of eight and one half years, the value of such
4 information is almost nil. Indeed, in most cases it is
5 impossible for an individual to know exactly when he or she
6 became infected with HIV. Therefore, it is likely that the
7 names reported would include sexual contacts made prior to
8 his or her infection. In other words, the names of people
9 who were at no risk of infection would be reported to local
10 health officers. This reporting is likely to cause great
11 hardship to these individuals, particularly in rural areas.

12 I declare under penalty of perjury under the laws
13 of the State of California that the foregoing is true and
14 correct and that this declaration was executed on
15 November 8, 1988 at San Francisco, California.

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Paul A. Volberding