SUTRO & CO
INCORPORATED

201 California Street
San Francisco, California 94111

Since 1858

Rec. 3/28

March 26, 1986

Constance Wofsy, M.D.
Co-Director, AIDS Activity Division
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy:

Having watched the 2-hour program on PBS last evening, I wanted to drop you a brief note of appreciation.

In a relatively hostile environment, you were not only direct but ameliorative as well. In addition, I felt that you and Merv Silverman showed the sensitivity, compassion and understanding that is so necessary if we are to make headway in educating people about AIDS and ARC. It's a long road but it can well be shortened by presentations such as yours. Thank you again.

Sincerely,

John L. Blumlein

JLB/vhl
cc: Mervyn Silverman, M.D.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

SAN FRANCISCO, CALIFORNIA 94143

March 26, 1986

Dr. Constance Wofsy
Ward 86, SFGH

Dear Dr. Wofsy:

Bravo! Well said! Last night's discussion on KQED was enhanced enormously by your participation in it. I hope you will seek opportunities to speak publicly often. Education is surely the key for now, and you state that so eloquently.

Sincerely,

Franklin Cook

KRAMES
COMMUNICATIONS
MORE THAN INFORMATION...

BOARD OF DIRECTORS
CHAIRMAN
Lawrence A. Krames, MD

VICE PRESIDENT, TREASURER
Edward Halvajian
SECRETARY
Douglas C. Boven
Walter Rocelli, President
Rapid Mounting & Finishing Co.
Sheldon Gross, MD
Sy Wexler
Wexler Film Productions
Eugene Bertorelli
Senior Partner
Oppenheim, Appel & Dixon
Charles J. Antonini, Sr., MD
Jerome W. Hull
Retired Chairman of the Board
The Pacific Telephone Company

PUBLISHER
Lawerence A. Krames, MD

ASSOCIATE PUBLISHER, VICE PRESIDENT OF MARKETING
William Ace Remas

VICE PRESIDENT OF FINANCE AND ADMINISTRATION
Robert E. Lester

BOARD OF CONSULTANTS
ANESTHESIOLOGY
Bruce H. Gesson, MD
Marshall H. Rottarman, MD
Elliot Krames, MD
BEHAVIORAL SCIENCE
Kenneth R. Pelletier, PhD
CARDIOLOGY
Arnold W. Goldschlager, MD
Colman Ryan, MD
CHIROPRACTIC
Sigmund Miller, DC
DERMATOLOGY
David A. Paslin, MD
FAMILY PRACTICE
David C. Young, MD
GASTROENTEROLOGY
Hayden L. Klaeveman, MD
GENERAL SURGERY
Paul Negulescu, MD
INDUSTRIAL HEALTH & SAFETY
David C. Hutchinson
INTERNAL MEDICINE
Robert N. Brodsky, MD
Martin Lorber, MD
Samuel D. McFadden, MD
OBSTETRICS AND GYNECOLOGY
Beth L. Reimer, MD
Karen Abbot-Heckel, MD
Stephen J. Scherfele, MD
OPTHAMOLOGY
John C. Cavender MD
Robert J. Keefe
D. Richard Reynolds, MD
OPTOMETRY
Timothy L. Sanders, OD
ORAL SURGERY
Richard Smith, DDS
OTHODONTICS
Harry Hatasaka, DDS
ORTHOPEDIC SURGERY
Stephen E. Conrad, MD
James M. Glick, MD
Gordon Campbell, MD
OTOLARYNGOLOGY
Philip C. Bartlett, MD
Albert Geller, MD
Lawerence A. Krames, MD
OTOLOGY
Rodney C.Perkins, MD
PATIENT/HEALTH EDUCATION
Ruth Breitenbach, RN, BS
Sandra L. Rensvold, RN
PEDIATRICS
Sheldon Gross, MD
PHYSICAL THERAPY
George B. Hamil, Jr. RPT
PLASTIC SURGERY
Edward Falces, MD
Mark Gorney, MD
PODIATRY
Bruce Dobbs, DPM
Marc A. Brenner, DPM
PREVENTATIVE MEDICINE AND FITNESS
John J. Bagshaw, MD
RADIOLOGY
James Moore, MD
THORACIC SURGERY
Thomas J. O'Connell, MD
UROLOGY
Thomas J. McGeoy, MD

312 90TH STREET
DALY CITY, CA 94015-1898
(415) 994-8800

November 11, 1986

Constance Wofsy, MD
AIDS Activities Division
San Francisco General Hospital
1001 Potrero Avenue, Bldg. 80, Ward 84
San Francisco, CA 94110

Dear Dr. Wofsy:

Krames Communications would like your help in the development of our newest subject on AIDS. Having mock-up versions of new booklets reviewed by people like you helps us develop booklets that are sensitive to the needs of the marketplace. Here's how the review process works.

On December 16, 1986 we will send you a mock-up version of the booklet. You will review both the text and illustrations of the booklet carefully for clarity and accuracy. We may have items we wish you to pay particular attention to, such as the appropriateness of the title or the accuracy of a specific illustration. In that case, a list of specific questions will accompany the mock-up booklet.

We do not expect you to "proof" or edit this mock-up (which will be done by our inhouse staff before we go to press), but are most interested in your overall impressions, your market perspective, and the technical accuracy of the material.

After your review, Nancy Bruning, the writer/editor of the booklet, will phone you to discuss your reactions to the booklet. We would like to schedule this call between December 18-23, 1986. This phone interview is extremely helpful and ensures that we have an accurate understanding of your comments.

We realize you are a busy professional and that it would be impossible to fully compensate you for your time, but we would like to forward an honorarium of $100.00 and 50 complimentary copies of the finished product in recognition of your contributions.

May we look forward to hearing your opinions on this product? A short reply at the bottom of this letter will be more than sufficient.

Thank you for your time and consideration.

Sincerely,

Susan Douglass

Susan Douglass
Assistant to the Creative Director

SD:cmc
Enc: Sample copy

I believe we spoke by phone several months ago. I complimented your VD publication. I appreciate the offer of the opportunity to review the AIDS publication. My schedule is so crowded that I could not do the review justice at the time indicated. I wanted to let you know immediately so that you could identify another consultant reviewer. L

NOVA

Produced for PBS by
WGBH
125 Western Avenue
Boston
Massachusetts
02134
617.492.2777

Made possible by
grants from
Public Television Stations,
Allied Corporation
and the
Johnson & Johnson
Family of Companies.

15th January, 1986.

Dear Dr. Wofsy,

This is just a quick note to thank you for all your help on this film. Max Whitby, who you met in Bethesda, will be editing the film in London and he has just sent out the rushes on cassette. The San Francisco filming worked out particularly well, so we're both delighted. He will be sending me further cassettes of the film as it progresses. It should be finished towards the end of March. As soon as we have transmission dates for the Horizon in England, and Nova in America, I will let you know.

I must apologise for all the confusion and delay during the filming. I hadn't quite grasped that your schedule was so frantic in those last few days before Christmas; and then once filming had begun we ran into a few technical problems which delayed our schedule. Still, everything turned out in the end, and I'm very grateful for all the time and energy you devoted to our project.

Yours sincerely,

David Dugan

David Dugan
Producer, Horizon/Nova

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

received 4/21

IND 24,705

APR 11 1986

Constance Wofsy, M.D.
Co-Director, AIDS/KS Clinic
San Francisco General Hospital
Building 80, Ward 86
995 Potrero Avenue
San Francisco, California 94110

Dear Dr. Wofsy:

Reference is made to your Notice of Claimed Investigational Exemption for a New Drug for Spiramycin.

It is required that a sponsor of an Exemption forward a progress report of clinical investigation at reasonable intervals not exceeding a year. Such reports aid us in the evaluation of the safety and effectiveness of the drug with respect to the proposed plan of study. It is noted that your Exemption does not contain this information. We are requesting, therefore, that you promptly report at this time.

In the event clinical study was not initiated or was discontinued during trial, we should be notified promptly. Notification of discontinuance should include the reason therefor, assurance that investigators have been informed, and any steps taken with respect to unused supplies of the drug. Such information should be forwarded in triplicate and directed to the assigned IND number.

Sincerely yours,

Donald A. Fowler

Donald A. Fowler
Supervisory Consumer Safety Officer
Division of Anti-Infective
Drug Products
Office of Biologics Research and Review
Center for Drugs and Biologics

Levi Strauss & Co. Levi's Plaza 1155 Battery Street San Francisco, California 94106 Phone 415 544-6000
Executive Offices

QUALITY NEVER GOES OUT OF STYLE

April 23, 1986

Dr. Connie Wofsy
Co-Director
Oncology/AIDS Activities
San Francisco General Hospital, Ward 84
995 Potrero Ave
San Francisco, Ca. 94110

Dear Connie:

Thank you so much for your tremendous contribution as Master of Ceremonies for the "AIDS in the Workplace" conference. I must also applaud you for your role in the video production.

Your thoughtful comments and experience with AIDS patients added a dimension of compassion and credibility to the conference that was invaluable.

Your answers were clear, straightforward and warm. It would be hard to overstate my pride in the outcome of the conference or my appreciation for your participation in this important event.

On behalf of the Business Leadership Task Force and as host for the event, thank you again.

Best personal regards,

Robert D. Haas
President and
Chief Executive Officer

April 2, 1986.

HARRY E. HOFFMAN, JR.
[redacted]

Dear Dr. Watsey,

Having watched the recent PBS "Frontline" program on AIDS, I wish to commend you on the reasoned, direct, and compassionate manner in which you dealt with this controversial subject. Truly, as you say, this is an epidemic, and the injection of the moral issue by Rep. Dannemeyer is redundant to the problem. Education is a partial solution, and I feel a wide dissemination of your knowledge and reasoned viewpoint would greatly alleviate the fears of the general public. Sincerely,

Harry Hoffman

EQUAL RIGHTS ADVOCATES

1370 MISSION STREET SAN FRANCISCO CA 94103 415/621-0505

July 2, 1986

Dr. Constance Wofsy
Assistant Chief of Infectious Diseases
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy,

Thank you for allowing us to honor you at our Twelfth Anniversary luncheon. Because of your willingness to be honored at this year's event, ERA was able to have the most successful luncheon ever.

I am sorry you were unable to be present to accept the award. However, Laurie Hauer spoke eloquently on your behalf and conveyed to all of us the significance of your accomplishments. We thank you for doing the very important work on AIDs on behalf of all of us.

Thank you again for your support.

Sincerely,

Marjorie M. Holmes

Marjorie M. Holmes, Chair
Board of Directors

Board of Directors: Marjorie M. Holmes, *Chair;* Ann Brick; Cassandra M. Flipper; Helen P. Goldsmith; Miriam Goodman; Herma Hill Kay; Molly Martin; Eva Paterson; Irving Pfeffer; Peggy Saika; Susan Tohbe; Michael Traynor; Kathleen Owyang Turner; Thomas Unterman. **Staff:** Nancy L. Davis, *Executive Director;* Gail M. Kaufman, *Assistant Director;* Marjorie Fujiki, Judith E. Kurtz, Shauna Marshall, *Staff Attorneys;* Mary Anne Courtney, *Administrator;* Laureen Asato, *Development Associate;* Dawn Tyler, *Legal Secretary;* Shirley Harms, *Receptionist.* **Of Counsel:** Terisa E. Chaw; Mary C. Dunlap; Joan Messing Graff; Donna J. Hitchens; Wendy W. Williams.

EQUAL RIGHTS ADVOCATES

1370 MISSION STREET SAN FRANCISCO CA 94103 415/621-0505

received 3/27

March 25, 1986

Dr. Constance Wofsy
Assistant Chief of Infectious Diseases
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Wofsy,

On behalf of the Board of Directors and staff of Equal Rights Advocates I want to thank you for agreeing to allow ERA to honor you at this year's annual luncheon. We understand that you will be in Paris for an A.I.D.S. conference and that you have arranged for either Laurie Hauer or Judith Cohen to represent you at the luncheon. We know some luncheon participants will be disappointed that you won't be at the luncheon in person, but ERA feels that the scientific work and the educational program you are committed to are so significant to our community that we would rather not postpone your involvement as an honoree. We are approaching Mrs. Rosabelle Tobriner, a community and civic leader, and Dr. Yoshiye Togasaki, retired Chief of the Division of Preventive Medicine in Contra Costa County, a 1929 graduate of U.C. Berkeley and an activist doctor during WW II who dedicated herself to improving health conditions in Manzanar and Tule Lake concentration camps, to join us as honorees. We are pleased that Valerie Coleman, a well-established Bay Area news journalist and presently morning news co-anchor on KCBS radio, has also agreed to allow us to honor her.

The luncheon is a time when our friends, colleagues and supporters can gather and take a few minutes to reflect upon the past years' work in our fight against discrimination. In past years the event has attracted a crowd of over 600, a large number of whom are attorneys and many of whom are activists.

The luncheon is scheduled for Thursday, June 19, 1986 from 11:30 a.m. to 2:00 p.m. at the Meridien Hotel in San Francisco.

Board of Directors: Cassandra M. Flipper, *Chair;* Ann Brick; Helen P. Goldsmith; Miriam Goodman; Marjorie M. Holmes; Herma Hill Kay; Eva Paterson; Irving Pfeffer; Susan Tohbe; Michael Traynor; Kathleen Owyang Turner; Thomas Unterman. **Staff:** Nancy L. Davis, *Executive Director;* Gail M. Kaufman, *Assistant Director;* Marjorie Fujiki, Judith E. Kurtz, Shauna Marshall, *Staff Attorneys;* Mary Anne Courtney, *Administrator;* Dawn Tyler, *Legal Secretary.* **Of Counsel:** Terisa E. Chaw; Mary C. Dunlap; Joan Messing Graff; Donna J. Hitchens; Wendy W. Williams.

We would love to have the opportunity to meet with you and Laurie and/or Judith before you leave for Paris so we can get acquainted and you can learn more about our work. I will call you next week to see if we can set up a convenient time.

Again, thank you for agreeing to allow ERA to honor you and, therefore, assuring us of a successful Twelfth Anniversary Luncheon.

Sincerely,

Gail Kaufman
Assistant Director

GK/srh

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1248

received file

May 16, 1986

Constance Wofsy, M.D.
Associate Clinical Professor of Medicine
Co-director, AIDS Activities
San Francisco General Hospital
1001 Potrero Avenue, Room WD86
San Francisco, CA 94110

Dear Dr. Wofsy:

Just a note to thank you for taking the time to meet with Governor Deukmejian and me during our recent tour of AIDS research laboratories at the University of California, San Francisco. It was a very informative and, I believe, productive meeting.

Again, thank you.

Sincerely,

Ken Kizer

Kenneth W. Kizer, M.D., M.P.H.
Director

Bank of America

received file

Nancy L. Merritt
Vice President

June 16, 1986

Dr. Constance Wofsy
Assistant Chief of Infectious Diseases
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Connie,

I recently received an invitation to the 12th Anniversary Luncheon of the Equal Rights Advocates Group. I was very pleased to see that you were one of the people being honored for your leadership and dedication in the area of research and education on AIDS. I can obviously vouch for a part of this on a first-hand basis from our experience at the Business Leadership Task Force seminar and then again in Sacramento, talking with the Senators and the Press. I will not be able to attend the Equal Rights Advocates' luncheon but wanted to convey my admiration for your efforts in the AIDS field.

I look forward to having an opportunity to work with you again in the future. Again, congratulations.

Regards,

N.

March 28, 1986

Dear Dr Wolfsey:

Last Tuesday I watched Frontline on channel 28. Each time you started to speak, I hung on every word. I want to thank you for providing straight, honest answers to each question you were asked. I listened as each of the men on the panel responded to their questions without actually providing any answers. Thank you for your honesty, your insight, and your professionalism.

Sincerely,

Cynthia Pinsky

Mr. & Mrs. Steven D. Pinsky
[redacted]

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

Julius R. Krevans, M.D.
Chancellor at San Francisco

David J. Ramsay, D.M., D.Phil.
Senior Vice Chancellor,
Academic Affairs

Office of the Chancellor
San Francisco, California 94143

April 11, 1986

Dr. Constance Wofsy
Department of Medicine
SFGH Wd 86

Connie

Dear Dr. ~~Wofsy~~:

I would like to thank you for your excellent participation in yesterday's press briefing for Governor Deukmejian. I know all of you had to make last minute adjustments in your calendars to attend. The briefing was a great success - the Governor's staff rated it as the best they had participated in for some time, and the Governor appreciated the high quality of the presentations. Thank you again for your help.

~~Sincerely~~,

David J. Ramsay
Senior Vice Chancellor,
Academic Affairs

DJR/fo

cc: Chancellor Julius R. Krevans
Dean Rudi Schmid
Assistant Chancellor Michela Reichman



THE CHASE HOTEL

3/25/86

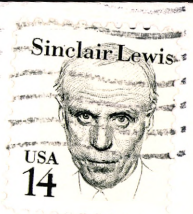
212 North Kingshighway
St. Louis, Missouri 63108
(314) 361-2500
Toll Free Reservations: 1-800-325-8989

St. Louis's only 1983/1984 Mobil 4-Star and AAA 4-Diamond Hotel. 385 newly renovated rooms - 85 suites. Two restaurants, three lounges, indoor garage, outdoor garden pool. National Historic Landmark. A Grande Hotel in the Grand Tradition.

Dear Connie,
I'm here in St. Louis on a business trip and I turned TV on to get the news and saw you on the PBS AIDS program. That was one helluva show. You were wonderful as usual and I wanted you to know what a great job you're doing. LINDA ROSENDORF

93983-D

MWM DEXTER
AURORA, MISSOURI
U.S.A.



post card

Connie Wofsy M.D.
AIDS Clinic
San Francisco
General Hospital
San Francisco
California

received file

SAN FRANCISCO: SCHOOL OF MEDICINE
OFFICE OF THE DEAN
S-224 – BOX 0410

April 10, 1986

TO: Rudi Schmid, MD

FROM: William K. Hamilton, MD WKH

Dear Rudi:

I wanted to let you know about the meeting today with the Governor. You will be extremely pleased to know that Dr. Sande and his team of investigators put on a most impressive show. The Governor's press officer told Michela that this was the best briefing for the Governor he had ever observed.

Merle presented a brief overview of our activities, emphasizing the role which State funding has played, and then introduced in turn, Jay Levy, John Greenspan, Diane Wara, Constance Wofsy, and Paul Volberding. Each of these people did a super job of encapsulating the information, relating their research to the existing problem and emphasizing the importance of State support and the role of the University in providing an atmosphere of cooperation among departments, institutes and schools. The investigators all exuded confidence and optimism and the seriousness of the problem and their attack upon it.

David Ramsay and I met with the Governor in Julie's office briefly before the briefing session and this also went smoothly, I believe. The press coverage was extensive, and the smoothness of this operation attests to the skills of those who organized it.

Enclosed is the press packet which was handed out at the time of this conference.

WKH:jbm

cc: Drs. Sande, Greenspan, Levy, Volberding, Wofsy, Wara, Greene, and Michela Reichman

December 29, 1986

Dear Dr. Wolfy,

Enclosed please find our check for $250.00 made out to the General Foundation for Medicine and directed to be used specifically for

AMERICAN GREETINGS
© AMERICAN GREETINGS CORP.
WN 13-3E

research conducted under your direction for the AWARE program.

I enjoyed talking with you on the telephone and hope that our contribution, which I wish could be

$1250 to Gilda 1/14/87. CW.

larger, will be of some assistance in the achievement of your goals.

With our best wishes for success in your efforts in 1987.

Sincerely,
Elise K. Smith
(Lisa)

City and County of San Francisco

Human Rights Commission
Office of Contract Compliance
Office of Dispute Resolution

March 7, 1986

Into correspondence received file

Dr. Connie Wofsy
S.F. General Hospital
Ward 84
1001 Potrero Street
San Francisco, California 94110

Dear Dr. Wofsy:

On behalf of the San Francisco Human Rights Commission, we would like to thank you for your participation as a testifier at the AIDS/ARC Discrimination Public Hearings held on February 4 and 5, 1986. Your testimony will go a long way toward bringing an end to AIDS/ARC based discrimination and working toward meaningful and humane solutions to the difficult tasks ahead. Your vigilence in regard to discrimination in this matter is to be commended.

An AIDS/ARC Discrimination Public Hearings Report is currently being prepared, which will include background into the scope of AIDS/ARC discrimination and associated problems, summaries of oral and written testimony, findings, and extensive recommendations. A Public Hearing Advisory Committee has been formed and will work diligently to ensure compliance with the recommendations. Once the Report is completed and approved by the Commission, you will be receiving a copy.

Again, thank you for your efforts and contribution to the first public hearings on AIDS/ARC discrimination in the nation.

Sincerely,

Esta G. Soler (JW)

Esta G. Soler
Chair

Jackie Winnow

Jackie Winnow
Lesbian/Gay Community Liaison

EGS:JW:pa
[W-Shell]FBB

Bay Area Vascular Medical Group
Practice Limited to Vascular Surgery

RICHARD W. STARRETT, M.D., MED. CORP.
DAVID E. SMITH, M.D., PROF. CORP.
ROGER M. HAYASHI, M.D., MED. CORP.

14601 S. Bascom Ave., Ste. 250
Los Gatos, CA 95030
408-371-8591

6 April 86

Constance B. Wofsey, M.D.
Department of Medicine
San Francisco General Hospital
Medical Center
San Francisco, Calif. 94110

Dear Connie,

Sitting at home the other night with 2 1/2 kids and a big mortgage, I very much enjoyed seeing you participate in KQED's special on AIDS. Yours was by far the most sensible and reasoned contribution, and I felt you were really a credit to the profession. Then I read your article in NEJM today, and that double dose of Wofsey prompted me to generate this voice from the past.

I must add that you look smashing in grey and haven't aged a bit in the ten or twelve years since I last saw you.

Best regards,

Dick

Richard Starrett

ABBOTT

Diagnostics Division

Abbott Laboratories
Abbott Park, Illinois 60064

February 19, 1986

Dr. Constance Wofsy
General Foundation for Medicine/AWARE
San Francisco General Hospital
995 Potrero Avenue
Bldg 80, Ward 84
San Francisco, CA 94110

Dear Dr. Wofsy:

Enclosed is our check in the amount of $3,500.00 per our AIDs collaborative studies of high risk females.

Sincerely,

Norman J. Wald

Norman J. Wald, Ph.D.
Manager, Technology Assessment and Acquisition

NJW/vlh
8426C

Enclosure

cc: I. Cooper
D. Bonewitz, Ph.D.
L. Valdivia, Ph.D.

ABBOTT

Diagnostics Division

Abbott Laboratories
Abbott Park, Illinois 60064

Check to Gilda 4/90

February 19, 1986

Dr. Constance Wofsy
General Foundation for Medicine/AWARE
San Francisco General Hospital
995 Potrero Avenue
Bldg 80, Ward 84
San Francisco, CA 94110

Dear Dr. Wofsy:

Enclosed is our check in the amount of $3,500.00 per our AIDs collaborative studies of high risk females.

Sincerely,

Norman J. Wald

Norman J. Wald, Ph.D.
Manager, Technology Assessment and Acquisition

NJW/vlh
8426C

Enclosure

cc: I. Cooper
D. Bonewitz, Ph.D.
L. Valdivia, Ph.D.

VOL1550 GENERAL FDTN FOR MED/AWARE REMITTANCE ADVICE 368809 A 368809

DISB.	INVOICE NO.	INV. DATE	B. NO.	REFERENCE	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
CHAD	AIDS STUDIES	021986	HGG HGG	2388	3,500 00		3,500 00
				TOTALS	3,500 00		3,500 00

ABBOTT LABORATORIES

PLEASE DETACH BEFORE DEPOSITING

ABBOTT LABORATORIES
NORTH CHICAGO, ILLINOIS 60064

5241-3-R4

WACHOVIA BANK AND TRUST COMPANY
240 SUNSET AVENUE
ROCKY MOUNT, NORTH CAROLINA 27801

A 368809 66-351/531

APR 02, 1986 NOT VALID AFTER 6 MONTHS 368809

PAY TO THE ORDER OF

CHECK AMOUNT	
*****3,500	00

VOL1550 GENERAL FDTN FOR MED/AWARE
SAN FRAN GEN HOSP
EXACTLY*3500*DOLLARS*AND*00*CENTS

GENERAL FDTN FOR MED/AWARE
SAN FRAN GEN HOSP
995 POTRERO AV, BLDG 80, WARD 84
SAN FRANCISCO CA 94110

AUTHORIZED SIGNATURE

⑈00368809⑈ ⑆053103514⑆016767 000167⑈

WOFSY

ACLU

AMERICAN
CIVIL LIBERTIES UNION
OF SOUTHERN CALIFORNIA

ORANGE COUNTY
CHAPTER

230 E. 17th St. #217
Costa Mesa, CA 92627
Telephone (714) 631-4460

March 4, 1986

The following is a tentative list of the expected legal consequences should the LaRouche initiative pass in California. The comment numbers refer to comments added in the right margins of the attachments.

1. **Reporting of names** to local health authorities of persons with AIDS and HTLV-III carriers, and even persons suspected (probably based on antibody test results) of having AIDS or being HTLV-III carriers will be required of physicians and others not currently required to report. Existing confidentiality protections will be superseded, and some public health officials might be pressured to investigate each person reported. See comments 16, 18, 19, 20, 21, 34, 35, 37 and 38.

2. **Food handlers** such as cooks, waiters, airline stewards, and possibly bartenders will be prevented from working with food if they are, or are even suspected of being HTLV-III carriers or of having AIDS. See comments 27, 28, 39 and 40.

3. **School exclusion** will probably be required for students and staff who are HTLV-III carriers, have AIDS, or conceivably even merely reside with a HTLV-III carrier or person with AIDS. See comments 13, 21, 25, 26, 41, 42 and 43.

4. **Travel restrictions** might be asserted by law enforcement or public health officials against HTLV-III carriers and persons with AIDS. See comments 12 and 29.

5. **Quarantine and isolation** powers might be more readily used by law enforcement and public health officials against HTLV-III carriers and persons with AIDS. See comments 1, 9, 10, 11, 12, 15, 23 and 24.

Randall G. Wick
President
Orange County Chapter
ACLU of Southern California

Attachments:

	Page
LaRouche initiative with official summary	2
Existing laws invoked by the initiative (selected extracts)	3 to 8
Existing laws relating to, or probably superseded by the initiative	9 to 12
Glossary of Terms	13
Index	13

INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) INITIATIVE STATUTE. Provides that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition. Requires that both be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services. Provides that both are subject to quarantine[1] and isolation statutes and regulations. Provides that Department of Health personnel and all health officers shall fulfill the duties and obligations set forth in specified statutory provisions to preserve the public health from AIDS. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local government: Adoption of the proposed initiative would not result in a substantive net change in state or local finances[2].

[1] The words "subject to quarantine" are used as criteria for the school exclusion and travel restriction laws.

[2] There is no evidence showing that there will be no financial impact if the initiative is passed.

To the Honorable Secretary of State of California:

We, the undersigned, registered, qualified voters of California, residents of _____ County (or City and County) hereby propose a statutory initiative relating to acquired immune deficiency syndrome (AIDS) and petition the Secretary of State to submit the same to the voters of California for their adoption or rejection at the next succeeding general election or as otherwise provided by law. The proposed statutory amendments (full title and text of measure) read as follows:

Section 1 • The purpose of this Act is to:

(a) Enforce[3] and confirm the declaration of the California Legislature set forth in Health and Safety Code Section 195 that acquired immune deficiency syndrome (AIDS) is serious and life threatening to men and women from all segments of society, that AIDS is usually lethal[4] and that it is caused by an infectious agent with a high concentration of cases in California;

(b) Protect victims of acquired immune deficiency syndrome (AIDS), members of their families and local communities, and the public health at large; and

(c) Utilize[5] the existing structure of the State Department of Health Services and local health officers and the statutes and regulations under which they serve to preserve the public health[6] from acquired immune deficiency syndrome (AIDS).

[3] The word "enforce" indicates that action is intended.

[4] The prior law (Section 195) didn't use the words "usually lethal", there is no concrete medical proof that exposure to HTLV-III or AIDS is "usually" lethal, and the statement ignores progress made in treatments for AIDS.

[5] The word "utilize" indicates that action is intended.

[6] The words "protect or preserve the public health" are used as criteria for the quarantine and isolation laws.

Section 2 • Acquired immune deficiency syndrome (AIDS) is an infectious, contagious and communicable disease and the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable[7] condition and both shall be placed and maintained by the director of the Department of Health Services on the list of reportable diseases and conditions mandated by Health and Safety Code Section 3123, and both shall be included within the provisions of Division 4 of such code and the rules and regulations set forth in Administrative Code Title 17, Part 1, Chapter 4, Subchapter 1, and all personnel of the Department of Health Services and all health officers shall fulfill all[8] of the duties and obligations specified in each and all of the sections of said statutory division and administrative code subchapter in a manner consistent with the intent of this Act, as shall all other persons identified in said provisions.

[7] The word "communicable" is used as criteria for the reporting, quarantine, isolation, school exclusion, and food handler exclusion laws.

[8] The words all officers shall fulfill all duties and obligations stress that compliance is required, not discretionary.

Section 3 • In the event that any section, subsection or portion thereof of this Act is deemed unconstitutional by a proper court of law, then that section, subsection or portion thereof shall be stricken from the Act and all other sections, subsections and portions thereof shall remain in force, alterable only by the people, according to process.

California Health and Safety Code

Division ____

Chapter 1.10 Acquired Immune Deficiency Syndrome Research and Workshop Grants

S 195. Legislative findings and declarations

out of date!

The Legislature hereby finds and declares the following:

(a) Acquired Immune Deficiency Syndrome is a serious disease threatening the lives of men and women of all segments of society.

(b) The advancement of knowledge about Acquired Immune Deficiency Syndrome will reveal fundamental information that may lead to treatment, prevention, and ultimately a cure which will be of great benefit to society.

(c) As of August 8, 1983, the reported cases in the United States totaled 2,008.

(d) About 40 percent of the victims have died of Acquired Immune Deficiency Syndrome, but it appears to be far more lethal. Of cases diagnosed a year ago, more than 60 percent have died, and the toll may go far higher.

(e) There is a growing agreement that an infectious agent may be at fault but none has been found. There is no definitive test for diagnosing Acquired Immune Deficiency Syndrome.

(f) Although cases have been reported in 33 states, they have been concentrated in New York (48.7 percent) and California (21 percent). The cases reported in 20 California counties since 1979 exceed 450.

Division 4. Communicable Disease Prevention And Control

...

Chapter 2. Functions of State Department

S 3050. Places of quarantine

The state department may[9] establish and maintain places of quarantine or isolation.

[9] The initiative might be interpreted by some public health officials to mean that they "shall" establish places of quarantine and isolation for persons with AIDS and HTLV-III carriers, in order to "enforce" the initiative's purposes and intent, and that the initiative eliminates their discretion.

S 3051. Quarantine, isolation, inspection and disinfection of persons and property

The state department may[10] quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgment such action is necessary to protect or preserve the public health.

[10] The initiative might be interpreted by some public health officials to mean that they "shall" quarantine and isolate persons with AIDS and HTLV-III carriers, in order to "enforce" the initiative's purposes and intent, and that the initiative eliminates their discretion.

S 3052. Destruction of property

The state department may destroy such objects as bedding, carpets, household goods, furnishings, materials, clothing, or animals, when ordinary means of disinfection are considered unsafe, and when the property is in its judgment, an imminent menace to the public health.

S 3053. Additional measures; possesion of body of living or deceased person

Upon being informed by a health officer of any contagious, infectious, or communicable disease the state department may take such measures as are necessary to ascertain the nature of the disease and prevent its spread. To that end, the state department may[11], if it considers it proper, take possesion or control of the body of any living person, or the corpse of any deceased person.

[11] The initiative might be interpreted by some public health officials to mean that they "shall" control persons with AIDS and HTLV-III carriers, to "enforce" the initiative's purposes and intent, and that the initiative eliminates their discretion.

Chapter 3. Functions of Health Officers

S 3117. **Leaving quarantined premises**

A person subject to quarantine[12] or strict isolation, residing or in a quarantined building, house, structure, or other shelter, shall not go beyond the lot upon which the building, house, structure, or other shelter is situated, nor put himself in immediate communication with any person not subject to quarantine, other than the physician, the health officer or persons authorized by the health officer.

[12] The initiative might be interpreted by some law enforcement officials to restrict the movements of persons with AIDS and HTLV-III carriers, since the initiative summary indicates that they are "subject to quarantine and isolation statutes."

S 3118. **Exclusion of persons from school**

No instructor, teacher, pupil, or child who resides[13] where any contagious, infectious, or communicable disease exists or has recently existed, which is subject to strict isolation or quarantine of contacts, shall be permitted by any superintendent, principal, or teacher of any college, seminary, or public or private school to attend the college, seminary, or school, except by the written permission of the health officer.

[13] The initiative might be interpreted by some school officials to exclude students and teachers who are not carriers, but merely live with a person with AIDS or a HTLV-III carrier.

S 3123. **List of reportable diseases; establishment by department; rules requiring quarantine; quarantine by health officer**

The state department may establish a list of reportable diseases and this list may be changed[14] at any time by the state department. Those diseases listed as reportable shall be properly reported as required to the state department by the health officer.

The state department may from time to time adopt and enforce rules and regulations requiring isolation (strict of modified) or quarantine for any of the contagious, infectious, or communicable diseases if in the opinion of the state department such action is necessary for the protection of the public health.

The health officer may require isolation (strict or modified) or quarantine[15] for any case of contagious, infectious, or communicable disease when such action is necessary for the protection of the public health.

[14] The initiative prevents such changes which would eliminate reporting for persons with AIDS and HTLV-III carriers.

[15] The initiative might be interpreted by some public health officials to mean that they "shall" use quarantine and isolation against persons with AIDS or HTLV-III carriers to "enforce" the initiative's purposes and intent, and that the initiative eliminates their discretion.

S 3125. **Duty to report diseases to health officer**

All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living, or visiting any sick person, in any hotel, lodginghouse, house, building structure, or other place where any person is ill of any infectious, contagious, or communicable disease[16], shall promptly report that fact to the health officer, together with the name of the person, if known, the place where he is confined, and the nature of the disease, if known.

[16] The initiative will require reports to the local health authorities by anyone who knows of a person with AIDS.

Chapter 6. Violations

S 3353. **Wilful exposure to disease; misdemeanor**

Except in the case of the removal of an afflicted person in a manner the least dangerous to the public health, any person afflicted with any contagious, infectious, or communicable disease who wilfully exposes[17] himself, and any person who wilfully exposes another person afflicted with such disease, is guilty of a misdemeanor.

[17] The existence of this law (making it a crime for a person with a communicable disease to expose others) is often used to justify measures such as those intended by the initiative.

S 3354. **Violations of chapter 3; misdemeanor; penalty**

Any person who violates any section[18] in Chapter 3 of this division, with the exception of Section 3111, is guilty of a misdemeanor, punishable by a fine of not less than fifty dollars ($50) nor more than one thousand dollars ($1000), or by imprisonment for a term of not more than 90 days, or by both. He is guilty of a separate offense for each day that the violation continued.

[18] The initiative will make it a crime to not report a known case of AIDS, and possibly will make it a crime for school officials and other persons not to obey the restrictions in Chapter 3 above.

California Administrative Code

Title 17: Public Health, Chapter 4. Preventive Medical Service

Subchapter 1. Reportable Diseases And Conditions

Article 1. Reporting

2500. Reporting to the Local Health Authority

It shall be the duty of every physician, practioner, dentist, coroner, every superintendent or manager of a dispensary, hospital, clinic, or any other person knowing of or in attendance on a case or suspected case[19] of any of the following diseases or conditions, to notify the local health authority immediately. A standard type report from has been adopted and is available for this purpose.

[19] The initiative will require that cases and suspected cases of AIDS or HTLV-III carriers be reported to local health authorities. It probably will require the reporting of persons with positive HTLV-III antibody test results.

Amebiasis
Anthrax
Botulism
Brucellosis (Undulant Fever)
Chancroid
Cholera
Coccidioidomycosis
Conjunctivitis, Acute Infectious of the Newborn (Gonorrheal Ophthalmia, Opthalmia Neonatorum)
Dengue
Diarrhea of the Newborn
Diptheria
Dysentery, Bacillary (See Shigella Infections)
Encephalitis, Acute
Epilepsy
*Food Poisoning (other than Botulism)
German Measles (Rubella)
Gonococcus Infection
Granuloma Inguinale
Hepatitis, Infectious
Hepatitis, Serum
Leprosy (Hansen's Disease)
Leptospirosis (including Weil's Disease)
Lymphogranuloma Venereum (Lymphogranuloma Inguinale)
Malaria
*Measles (Rubeola)
Meningitis, Meningococcal or Meningococcemia
*Mumps
Paratyphoid Fever, A, B and C (See Salmonella Infections)
Pertussis (Whooping Cough)
Plague
Poliomyelitis, Acute Anterior
Psittacosis
Q Fever
Rabies, Human or Animal
Relapsing Fever
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Salmonella Infections (exclusive of Typhoid Fever)
*Scarlet Fever
Shigella Infections
Smallpox (Variola)
*Streptococcal Infections, Hemolytic (including Scarlet Fever, and Streptococcal Sore Throat)
Syphilis
Tetanus
Trachoma
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever, Cases and Carriers
Typhus Fever
Viral Exanthem in Pregnant Women
Yellow Fever

For outbreak reporting and reporting of occurence of unusual and rare diseases see Sections 2502 and 2503.

2501. **Reports by Local Health Officer to State Department of Public Health.**

(a) Individual Case Reports: Each local health officer shall report at least weekly, on the prescribed form, to the Director of the State Department of Public Health each individual case of those diseases or conditions not marked with an asterisk (*) in the above list (Section 2500) which have been reported to him in the last seven days.

...

2504. **Report by Individual.** When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable[20] to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person.

[20] The initiative will require reporting of AIDS cases by individuals.

2508. **Reporting by Schools.** It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence[21] of any of the communicable diseases.

[21] The initiative will require schools to report the presence or suspected presence (in students, teachers, or staff) of AIDS. It probably also requires reporting of suspected HTLV-III carriers and those persons who have positive HTLV-III antibody test results.

Article 2. General Instructions

2512. **Investigation of the Case.** Upon being notified of a case, suspected case, or outbreak of a communicable disease, the local health officer shall take whatever steps he deems necessary for the investigation and control of the disease. If he finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, he shall make or cause to be made an examination of the patient in order to verify the diagnosis, make an investigation to determine the source of infection[22], and take appropriate steps to prevent or control the spread of the disease.

If the disease is one which identification of the source of infection is important, and the source of infection is believed to be outside his jurisdiction, the local health officer shall notify the Director of the State Department of Public Health or the health officer under whose jurisdiction the infection was probably contracted if known. Similar notification shall be given if there are believed to be exposed persons, living outside the jurisdiction of the local health officer, who should be quarantined or observed for evidence of the disease.

[22] The initiative probably does not require contact tracing for actual or suspected AIDS cases or HTLV-III carriers. Contact tracing may be done if the local health officer deems it necessary. Such tracing might be done based on antibody test results.

2515. **Definition of Isolation.** Isolation is defined as separation of infected persons, for the period of communicability[23] in such places and under such conditions as will prevent the transmission of the infectious agent. Isolation will be applied as instructed below.

[23] Public health officials who conclude that the initiative means they "shall" use isolation powers against persons with AIDS and HTLV-III carriers, might also conclude that HTLV-III is communicable for an indefinite period of time. This would lead to an infected person being kept in isolation for his or her entire life.

2516. **Strict Isolation.** If the disease is one requiring strict isolation, the health officer shall insure that instructions are given to the patient and members of the household, defining the area within which the patient is to be isolated and stating the measures to be taken to prevent the spread of the disease.

Strict isolation shall include the following measures:

(a) The patient shall have a separate bed in a room protected against flies.

(b) All persons, except those caring for the patient, shall be excluded from the sick room.

(c) The persons caring for the patient shall avoid coming in contact with any other persons within the household or elsewhere until every precaution has been taken to prevent the spread of infectious material from the patient's room.

(d) The persons caring for the patient shall wear a washable outer garment and shall thoroughly wash their hands with soap and hot water after handling the patient or any object he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and hang it in the room until disinfected.

(e) All discharges from the nose and mouth shall be burned or disinfected. The discharges should be received in pieces of soft tissue or cloth and dropped into a paper bag which can be burned.

(f) Objects which may have been contaminated by the patient shall be thoroughly cleansed before being removed from the contaminated area.

(g) The feces and urine of patients suffering from diseases in which the infectious agent appears in the feces or urine shall be disposed of according to instructions given by the local health officer.

2518. **Modified Isolation.** If the disease is one in which only a modified isolation is required, the local health officer shall issue appropriate instructions[24], prescribing the isolation technique to be followed. The isolation technique will depend upon the disease.

[24]Note that a 1984 legal opinion for the California Dept. of Health Services determined that modified isolation orders may be issued if there are reasonable grounds to believe that medical recommendations are being violated by an AIDS patient.

2520. **Quarantine.** Quarantine is defined as the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed. If the disease is one requiring quarantine of the contacts in addition to isolation of the case, the local health officer shall determine the contacts who are subject to quarantine, specify the place to which they shall be quarantined, and issue instructions accordingly. He shall insure that provisions are made for the medical observation of such contacts as frequently as necessary during the quarantine period.

2526. **Exclusion and Readmission by School Authorities.** It shall be the duty of the principal or other person in charge of any public, private or Sunday School to exclude[25] therefrom any child or other person affected with a disease presumably communicable, until the expiration of the prescribed period of isolation[26] for the particular communicable disease. If the attending physician, school physician, or health officer finds upon examination that the person is not suffering from a communicable disease, he may submit a certificate to this effect to the school authority who shall readmit the person.

[25]The initiative will probably require exclusion of persons (students, teachers, or staff) with AIDS and HTLV-III carriers from schools.

[26]The "period of isolation" may be interpreted as the period of communicability for AIDS, so that some school officials may try to permanently exclude student and staff.

2530. **Public Food Handlers.** No person known to be infected with a communicable disease or suspected of being infected[27] with a communicable disease shall engage in the commercial handling of food, or be employed on a dairy or on premises handling milk or milk products, until he is determined by the health officer to be free of such disease, or incapable[28] of transmitting the infection.

[27]The initiative will prevent cooks, waiters, airline stewards, and possibly bartenders from working with food if they have AIDS, are HTLV-III carriers, or are even suspected of being infected. Even antibody test results might be used to fire food handlers.

[28]Note that it may be impossible for a person with AIDS or a HTLV-III carrier to prove that he or she is "incapable" of transmitting the virus.

2536. **Transportation of Communicable Disease Cases.** No person with a communicable disease subject to isolation[29] nor any contact subject to quarantine shall travel or be transported from one place to another within the local health jurisdiction, without the permission of the local health officer, and no such person shall travel or be transported outside the area of jurisdiction of the health officer until the permission of the health officer into whose jurisdiction the patient is to be brought is obtained. An exception may be made in instances where the patient is to be admitted directly to a hospital for the treatment of the communicable disease, provided that the health officer from whose jurisdiction the case is to be transported shall insure that adequate precautions are taken to prevent dissemination of the disease by the patient or his contacts en route to the hospital.

[29] The initiative might be interpreted by some law enforcement officials to require persons with AIDS or HTLV-III carriers to obtain permission before traveling, since the initiative summary indicates that they are "subject to quarantine and isolation statutes."

2538. **Funerals.** Funeral services for individuals who have died of a communicable disease shall be conducted in accordance with instructions of the health officer. In diseases requiring quarantine of contacts, a public funeral service may be permitted only if the casket remains closed and those contacts subject to quarantine who attend the funeral are adequately segregated from the public.

Article 3. Specific Diseases and Conditions

2579. **Hepatitis, Infectious.** (This term includes cases diagnosed as acute catarrahl jaundice, epidemic hepatitis, and epidemic jaundice.) The patient shall be isolated in accordance with Section 2518 during the acute symptoms. There are no restrictions on contacts.

2581. **Hepatitis, Serum (Homologous Serum Jaundice).** The patient shall be isolated in accordance with Section 2518 during the acute symptoms. There are no restrictions on contacts.

2636. **Venereal Diseases.**

...

(e) **Certification.** Each local health officer shall take every proper means of repressing prostitution, inasmuch as it is the most prolific source of the venereal diseases. Health officers and physicians shall not issue certificates of freedom from venereal diseases to known prostitutes, as such certificates may be used for purposes of solicitation.

...

(h) **Investigation.** All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate[30], all reported cases of venereal disease in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. The attending physician, in every case of venereal disease coming to him for treatment, shall endeavor to discover the source of infection, as well as any sexual or other intimate contacts while the patient was in the communicable stage of the disease. ...

[30] The initiative does not classify AIDS as a venereal disease, but might pressure health officers to use similar investigation and sexual contact tracing powers.

...

(l) **Gonorrhea.** A case of gonococcus infection of the genitourinary tract shall be regarded as subject to isolation until the local health officer is reasonably satisfied that the disease is no longer communicable.

(m) **Syphilis.** A case of syphilis shall be regarded as subject to isolation until, under treatment, all syphilitic lesions of the skin or mucous membrane are completely healed and a competent clinical examination fails to show the presence of any area from which infection may be spread. Any patient who refuses or otherwise fails to receive a full course of a currently accepted method of treatment, or who discontinues treatment prematurely, may be subjected to strict isolation[31] if the health officer deems it necessary.

[31] The existing laws allow for strict isolation for syphilis in some cases.

Cal. Statutes of 1985, ch. 23 (Reg. Session 1985-86, enacting AB 488)

Sec. 1.5, amending California Health and Safety Code §199.21 as added by AB 403

...

(b) Any person who willfully discloses[32] the results of a blood test to detect antibodies to the probable causative agent of the acquired immune deficiency syndrome to any third party, in a manner which identifies or provides identifying characteristics of the person to whom the test results apply, except pursuant to a written authorization, as described in subdivision (g), or except as provided in Section 1603.1 or 1603.3, as amended by AB 488 of the 1985-86 Regular Session, shall be assessed a civil penalty in an amount not to exceed one thousand dollars ($1,000) plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the test.

...

(f) The results of a blood test to detect antibodies to the probable causative agent of acquired immune deficiency syndrome, which identifies or provides identifying characteristics of the person to whom the test results apply, shall not be used in any instance for the determination of insurability or suitability for employment[33].

...

Sec. 2, amending California Health and Safety Code § 1603.1

...

(c) As soon as practicable following diagnosis, a physician shall report to the department and the county health officer the name, date of birth, address, and social security number of all carriers of viral hepatitis under his treatment, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and transfusion-associated AIDS[34] cases to the county health officer for investigation.

(d) As soon as practicable following hospitalization, a hospital shall report to the department and to the county health officer the name, date of birth, address, and social security number of all confirmed cases of AIDS carriers[35], as determined by a person responsible for the care and treatment of a person with AIDS, and all carriers of viral hepatitis hospitalized for treatment of viral hepatitis or AIDS, the name of the hospital, the date of hospitalization, the type of viral hepatitis contracted if known, and any additional information required by the department and shall report immediately all transfusion-associated hepatitis and all confirmed transfusion-associated AIDS cases, as determined by a person responsible for the care and treatment of a person with AIDS, to the county health officer for investigation.

(e) The county health officer shall investigate all transfusion-associated hepatitis cases and transfusion-associated AIDS cases and shall, if possible, trace the sources of human whole blood which was transfused. The county health officer shall report to the department within 72 hours following an investigation the name, date of birth, address, and social security nember of carrier donors[36], possible carrier donors and carriers of viral hepatitis and any additional information required by the department.

(f) The department shall compile two times each month a list of carrier donors, possible carrier donors, and carriers of viral hepatitis and persons who test reactive for antibodies to the probable causative agent of the acquired immune deficiency syndrome and shall distribute the list to blood banks and plasma centers two times each month. The list shall include the name, date of birth, address, and social security number of people who are carrier donors, possible carrier donors and carriers of viral hepatitis and persons reactive for the antibody to the probable causative agent of AIDS[37], and confirmed cases of AIDS, as determined by a person responsible for the care and treatment of a person with AIDS, the date of the human whole blood donation if applicable, the name and address of the blood bank who received the human whole blood donation if applicable, and any other information which the department deems necessary to protect the public health and safety. This list shall be known as the Donor Deferral Register and shall include names

[32] Existing confidentiality protections for AIDS antibody test results will probably be superseded by the initiative, thus allowing school officials and food handler employers to receive the test results, and allowing disclosures to others by officials trying to enforce quarantine, isolation, or contact tracing powers.

[33] Existing discrimination protections will probably be superseded by the rules invoked by the initiative, thus allowing employment discrimination based on AIDS antibody tests of food handlers and school staff.

[34] Existing law (AB 488) requires the reporting of transfusion-associated AIDS.

[35] Existing law requires hospitals to report confirmed AIDS carriers

[36] Existing law requires the tracing of blood donors for cases of transfusion-associated AIDS.

[37] Existing law requires reporting of blood donors with positive AIDS antibody test results.

of individuals who are indefinitely deferred from blood donations without identifying the reasons for the deferral. The state department may develop guidelines governing the instances when a person is to be removed from the register. These guidelines may include, but shall not be limited to nor be required to include, death of an identified donor or the licensure by the Federal Food and Drug Administration of a new, confirmatory test for AIDS which would allow the state department to more accurately determine if a person should be kept on the registry due to any threat to the state's blood supply that the prospective donor may represent.

(g) The department shall, if possible, contact carrier donors to inform them that they may be carriers of viral hepatitis and should not make blood donations, and shall suggest appropriate treatment alternatives. County health or state department officials shall contact all persons who have confirmed cases of AIDS[38], as determined by a person responsible for the care and treatment of the person with AIDS, to suggest appropriate treatment alternatives and for the purposes of epidemiological studies and followup.

[38] By implication, existing law requires reporting of all confirmed cases of AIDS to local health officials

(h) The department may adopt regulations governing the procedures in this section as it deems necessary to protect the public health and safety.

(i) The state department may replace the test for the antibody to the probable causative agent for AIDS with a superior antibody test, as the state department deems appropriate.

...

California Health and Safety Code, Div. 22. Foods, Restaurants, Etc.

S 28206. **Diseased persons**

No person shall be employed in a bakery who, in the opinion of the health officer, is affected with, or a carrier of, any disease in a stage which is likely to be communicable[39] to persons exposed as a result of the affected employee's normal duties as a food handler.

[39] Existing food handler laws will probably be superseded by the rules invoked by the initiative which don't require proof that AIDS is likely to be communicable by a worker performing duties in a bakery

When information as to the possibility of disease transmission is presented to the health officer, he shall investigate conditions and take appropriate action. The health officer may, after investigation and for reasonable cause, require any or all of the following measures:

(a) The immediate exclusion of such employee or owner from the bakery by the health officer.

(b) The immediate closing of the bakery until no further danger of disease outbreak exists in the opinion of the health officer.

(c) Adequate medical examination of the owner or employees with such laboratory examination as may be indicated; or should such examination or examinations be refused, then the immediate exclusion of the refusing owner or employees from that or any other bakery, until an adequate medical or laboratory examination shows that he is not affected with or a carrier of any disease in a communicable form.

S 28295. **Diseased persons**

No employer shall require or permit any person to work, in a food processing establishment or vehicle used for the production, preparation, manufacture, salel, or transportation of food if the person is infected with any contagious, infectious, or communicable disease which can be transmitted by the food[40] involved.

[40] Existing food handler laws will probably be superseded by the rules invoked by the initiative, which do not specifically require a showing that the food itself can transmit AIDS.

California Education Code

S 44336. **Health hazards**

When required by the commission, the application for a certification document or the renewal thereof shall be accompanied by a certificate in such form as shall be prescribed by the commission, from a physician and surgeon licensed under the provisions of the Business and Professions Code showing that the applicant is free from any contagious and communicable disease or other disabling disease or defect unfitting the applicant to instruct or associate with children[41].

[41] The initiative will probably not prevent the licensing of school teachers or staff since there is no evidence that AIDS and HTLV-III make them "unfitting ...to instruct or associate with children."

S 49451. **Parent's refusal to consent**

A parent or guardian having control or charge of any child enrolled in the public schools may file annually with the principal of the school in which he is enrolled a statement in writing, signed by the parent or guardian, stating that he will not consent to a physical examination of his child. Thereupon the child shall be exempt from any physical examination, but whenever there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist[42].

[42] The initiative would probably require that students with AIDS be excluded from school until they no longer have the disease.

California Administrative Code

Title 5. Education, Part 1. State Department of Education,
Division 6. Certificated Personnel, Chapter 1. General Provisions,
Article 2. Employment and Dismissal

S 5503. **Physical Examination for Employment of Retired Persons.**

(a) The physical examination prescribed by the State Board pursuant to Education Code Section 44839.5 is an examination by a physician and surgeon licensed to practice in California that will enable the examining physician and surgeon to ascertain whether or not the person is free from infectious or contagious disease, including an examination for tuberculosis made in the manner described in Education Code Section 49406.

The physician's certificate, showing that the employee was examined and that the person was found free from active tuberculosis and from any other contagious or infectious disease[43], shall be filed with the county superintendent of schools and a duplicate or photographic copy shall be filed with the employing school district. A notice from a public health agency or unit of the Tuberculosis Association that indicates freedom from active tuberculosis may be substituted for that part of the physicians certificate relating to tuberculosis. The examination shall have been made within six months of filing of the completed certificate with both the county superintendent of schools and employing school district.

[43] The initiative will probably prevent retired persons with AIDS from working as school teachers.

...

Title 17. Public Health, Chapter 2. Laboratories,
Subchapter 1. Service Laboratories,
Group 5.5. Methadone Drug Analysis Laboratories, Article 2. Definitions

S 1168. **May, Shall.**

"May" is permissive; "Shall" is mandatory[44].

[44] The term "shall" used in the initiative is given the meaning "mandatory" in existing health regulations.

Title 17. Public Health, Chapter 5. Sanitation (Environmental),
Subchapter 1. Engineering (Sanitary), Group 6. Public Swimming Pools,
Article 3. Maintenance and Operation

S 7830. **Health of Employees and Patrons.**

No person having a communicable disease shall be employed at a public swimming pool. All patrons known to be, or suspected[45] by the health officer or the management of being afflicted with an infectious disease, suffering from a cough, cold or sores, or wearing bands or bandages shall be excluded from all public bathing places, except on presentation of a written statement of current date as approved by the health officer.

[45] The initiative will probably prevent persons who are even suspected of having AIDS from using public swimming pools without written health officer approval.

Los Angeles Ordinance No. 160289 (August 16, 1985)

S 45.82 **Employment**;—A. *Unlawful Employment Practices.*

It shall be an unlawful employment practice for any employer, employment agency or labor organization or any agent or employee thereof to do or attempt to do any of the following:

1. Fail or refuse to hire[46], or to discharge any person, or to otherwise discriminate against any person with respect to compensation, terms, conditions or privileges of employment on the basis (in whole or in part) of the fact that such person has the medical condition AIDS or any condition related thereto.

[46] The initiative will probably supersede the Los Angeles ordinance prohibiting discrimination based on AIDS, and will allow food handlers to be fired and the exclusion of teachers and students from schools.

...

B. *Bona Fide Occupational Qualification not Prohibited; Burden of Proof.*

1. Bona Fide Occupational Qualification. Nothing contained in this Section shall be deemed to prohibit selection, rejection or dismissal based on bona fide occupational qualification.

...

San Francisco Ordinance No. 49985 (December 20, 1985)

S 3803. **Employment.**—(a) *Prohibited Activity.* It shall be unlawful for any person to do any of the following acts as a result of the fact, in whole or in part, that another person has AIDS or any of the associated conditions covered by this article.

(1) *By an employer:* To fail or refuse to hire, or to discharge[47] any individual; or to discriminate against any individual with respect to compensation, terms, conditions or privileges of employment, including promotion; or to limit, segregate or classify employees in any which would deprive or tend to deprive any individual of employment opportunities, or otherwise adversely affect his/her status as an employee;

[47] The initiative will probably supersede the San Francisco ordinance prohibiting discrimination based on AIDS, and will allow food handlers to be fired and the exclusion of teachers and students from schools.

...

(b) *Bona Fide Occupational Qualification Not Prohibited; Burden of Proof.* (1) Nothing contained in this section shall be deemed to prohibit selection or rejection based on a bopna fide occupational qualification.

...

(c) *Exceptions.* Nothing in this section shall be construed to prohibit any act specifically authorized by the laws of the State of California or any actions taken by or under the direction of the San Francisco Department of Public Health in order to protect the public health.

Glossary of Terms

The following definitions are from Ballentine's Law Dictionary, 3d Ed. (Bancroft-Whitney: 1969) [Ballentine's] and Webster's Ninth New Collegiate Dictionary (Merriam-Webster: 1985) [Webster's].

carrier. 5a: A bearer and transmitter of a causative agent of an infectious disease; *esp*: one who carries in his system the causative agent of a disease (as typhoid fever) to which he is immune. [Webster's]

communicable diseases. Infectious diseases. [Ballentine's]

confirm. 4a: To give new assurance of the validity of: remove doubt about by authoritative act or indisputible fact. [Webster's]

contagious disease. A disease communicable by contact, or by bodily exhalation. [Ballentine's]

enforce. 5: To carry out effectively < ~ laws>. [Webster's]

exposed to disease. Subjected to existing conditions under which a disease may be communicated. [Ballentine's]

fulfill. 2a: To put into effect; 2c: To measure up to: SATISFY, 3a: To convert into reality. [Webster's]

infection. The state or condition of a person or animal whose body is affected with a disease, or in or on whose body the germs of a disease are present. [Ballentine's]

infectious disease. A disease caused by bacteria, virus, or other parasite in the body. A disease likely to be spread to other persons by infection. An infectious disease may or may not be contagious, that is, communicable by contact or body exhalation. [Ballentine's]

may. Ordinarily a permissive, rather than a mandatory, term in a statute. Frequently construed as mandatory where relating to the duty of a public officer. [Ballentine's]

shall. Ordinarily, a word of mandate, the equivalent of "must", where appearing in a statute. However, the word "shall" may be held to be merely directory when no advantage is lost, when no right is destroyed, when no benefit is sacraficed, either to the public or to any individual, by giving it that construction. [Ballentine's]

utilize. To make use of: turn to practical use or account. [Webster's]

wilfully. This word when used in a criminal statute generally means an act done with a bad purpose, or without justifiable excuse, or stubbornly, abstinately, perversely, and is also employed to characterize a thing done without ground for believing it is lawful, or conduct marked by careless disregard whether or not one has the right so to act. [Ballentine's]

Index

(comment numbers in parentheses)

	Page
Antibody tests(32, 33, 37)	9,10
Blood banks (37)	9
Confidentiality (32, 33, 46, 47)	9, 12
Contact tracing (22, 36)	6, 9
Criminal laws (17, 18)	4
Food handlers (27, 28, 39, 40)	7, 10
Funerals	8
Hospitals (35)	9
Isolation (1,9,10,11, 12, 23, 24)	2, 3, 6, 7
Los Angeles Ord. (46)	12
Principals (13, 21, 25)	4, 6, 7
Quarantine (1, 9, 10, 11, 12, 15)	2, 3, 4
Reporting (14, 19, 20, 21)	4, 5, 6
existing requirements(34 - 38)	9, 10
San Francisco Ord. (47)	12
Schools (13, 21, 42)	4, 6, 11
Swimming pools (45)	11
Teachers (41, 43)	10, 11
Travel (12, 29)	4, 8
Venereal diseases (30, 31)	8

INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). INITIATIVE STATUTE. Provides that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition. Requires that both be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services. Provides that both are subject to quarantine and isolation statutes and regulations. Provides that Department of Health personnel and all health officers shall fulfill the duties and obligations set forth in specified statutory provisions to preserve the public health from AIDS. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local government: Adoption of the proposed initiative would not result in a substantive net change in state or local finances.

To the Honorable Secretary of State of California:

We, the undersigned, registered, qualified voters of California, residents of _____ County (or City and County); hereby propose a statutory initiative relating to acquired immune deficiency syndrome (AIDS) and petition the Secretary of State to submit the same to the voters of California for their adoption or rejection at the next succeeding general election or as otherwise provided by law. The proposed statutory amendments (full title and text of measure) read as follows:

Section 1 - The purpose of this Act is to:

(a) Enforce and confirm the declaration of the California Legislature set forth in Health and Safety Code Section 195 that acquired immune deficiency syndrome (AIDS) is serious and life threatening to men and women from all segments of society, that AIDS is usually lethal and that it is caused by an infectious agent with a high concentration of cases in California;

(b) Protect victims of acquired immune deficiency syndrome (AIDS), members of their families and local communities, and the public health at large; and

(c) Utilize the existing structure of the State Department of Health Services and local health officers and the statutes and regulations under which they serve to preserve the public health from acquired immune deficiency syndrome (AIDS).

Section 2 - Acquired immune deficiency syndrome (AIDS) is an infectious, contgious and communicable disease and the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition and both shall be placed and maintained by the director of the Department of Health Services on the list of reportable diseases and conditions mandated by Health and Safety Code Section 3123, and both shall be included within the provisions of Division 4, of such code and the rules and regulations set forth in Administrative Code Title 17, Part 1, Chapter 4, Subchapter 1, and all personnel of the Department of Health Services and all health officers shall fulfill all of the duties and obligations specified in each and all of the sections of said statutory division and administrative code subchapter in a manner consistent with the intent of this Act, as shall all other persons identified insaid provisions.

Section 3 - In the event that any section, subsection or portion thereof of this Act is deemed unconstitutional by a proper court of law, then that section, subsection or portion thereof shall be stricken from the Act and all other sections, subsections and portions thereof shall remain in force, alterable only by the people, according to process.

	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	

INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). INITIATIVE STATUTE. Provides that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition. Requires that both be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services. Provides that both are subject to quarantine and isolation statutes and regulations. Provides that Department of Health personnel and all health officers shall fulfill the duties and obligations set forth in specified statutory provisions to preserve the public health from AIDS. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local government: Adoption of the proposed initiative would not result in a substantive net change in state or local finances.

To the Honorable Secretary of State of California:

We, the undersigned, registered, qualified voters of California, residents of _____ County (or City and County) hereby propose a statutory initiative relating to acquired immune deficiency syndrome (AIDS) and petition the Secretary of State to submit the same to the voters of California for their adoption or rejection at the next succeeding general election or as otherwise provided by law.

	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	
	YOUR SIGNATURE AS REGISTERED TO VOTE — PRINT YOUR NAME RESIDENCE ADDRESS — CITY — ZIP	

Date: December 23, 1985
File No.: SA 85 RF 0015

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). INITIATIVE STATUTE. Provides that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition. Requires that both be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services. Provides that both are subject to quarantine and isolation statutes and regulations. Provides that Department of Health personnel and all health officers shall fulfill the duties and obligations set forth in specified statutory provisions to preserve the public health from AIDS. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local government: Adoption of the proposed initiative would not result in a substantive net change in state or local finances.

Title: [AS PREPARED BY THE ATTORNEY GENERAL]

Section 1.

The purpose of this Act is to:

A. Enforce and confirm the declaration of the California Legislature set forth in Health and Safety Code Section 195 that acquired immune deficiency syndrome (AIDS) is serious and life threatening to men and women from all segments of society, that AIDS is usually lethal and that it is caused by an infectuous agent with a high concentration of cases in California;

B. Protect victims of acquired immune deficiency syndrome (AIDS), members of their families and local communities, and the public health at large; and

C. Utilize the existing structure of the State Department of Health Services and local health officers and the statutes and regulations under which they serve to preserve the public health from acquired immune deficiency syndrome (AIDS).

Section 2.

Acquired immune deficiency syndrome (AIDS) is an infectuous, contagious and communicable disease and the condition of being a carrier of the HTLV-III virus is an infectuous, contagious and communicable condition and both shall be placed and maintained by the director of the Department of Health Services on the list of reportable diseases and conditions mandated by Health and Safety Code Section 3123, and both shall be included within the provisions of Division 4 of such code and the rules and regulations set forth in Administrative Code Title 17, Part 1, Chapter 4, Subchapter 1, and all personnel of the Department of Health Services and all health officers shall fulfill all of the duties and obligations specified in each and all of the sections of said statutory division and administrative code subchapter in a manner consistent with the intent of this Act, as shall all other persons identified in said provisions.

Section 3.

In the event that any section, subsection or portion thereof of this Act is deemed unconstitutional by a proper court of law, then that section, subsection or portion thereof shall be stricken from the Act and all other sections, subsections and portions thereof shall remain in force, alterable only by the people, according to process.

received file

NATIONAL ACADEMY OF SCIENCES
2101 CONSTITUTION AVENUE
WASHINGTON, D. C. 20418

INSTITUTE OF MEDICINE

April 11, 1986

Constance Wofsy, M.D.
Associate Clinical Professor
of Medicine
School of Medicine
University of California/San Francisco
1326 Third Avenue
San Francisco, California 94143

Dear Dr. Wofsy:

Just a brief note of thanks for taking the time to talk to our Committee on a National Strategy for AIDS recently. Your comments and responses to questions were most helpful in helping them achieve an understanding of the present situation.

Thanks again.

Sincerely,

Roy Widdus

Roy Widdus
Project Director
Committee on a National Strategy
for AIDS
Director, Division of International
Health