July 17, 1987

Kenneth Kizer, M.D., M.P.H.
Director
Department of Health Services
Sacramento, CA

Dear Ken,

This is an attempt to keep open our communication channels as you suggested at our recent San Francisco meeting.

I write now because this seems to be a unique time in AIDS prevention. It is clear that the public's concern regarding AIDS (Field poll) is being received by politicians. This is resulting in increased funding both at the State and the Federal levels. The issue now is: can we as government officials, operating in a far from ideal managerial setting, put into practice an AIDS prevention program along the guidelines put together (with your help) by Jim Chin and I.

The implications, I feel, are far greater than just AIDS. The major historical question regarding AIDS will be: how well the government respond to protect its people. The answer, when viewed historically in terms of hundreds of thousands of deaths from a theoredically preventable disease, will be (at least to date) "terribly". We must face the reality that, outside of a few areas, we do not have anywhere near a level of activity that is justified by the seriousness of this epidemic. As a result, the historical review to date will be very negative. The response by parents and friends who have seen their loved ones die, and the others who fear that they or their loved ones will be next, will be an angry one. Their confidence in government as a whole and public health in particular will be jolted. They will justly ask, "What were our officials doing?".

But the eroding of the public's confidence in government will only be one of the adverse results. As the public looses confidence and respect for government, loss of support for it and its programs naturally follows. The consequenses could be further loss of the necessary expertise that good government requires in this highly technological and specialized age and, more specifically, a further erosion of public health programs which are clearly needed to decrease preventable morbidity and mortality in this country.

If we continue to assume that government can't successfully undertake an AIDS prevention program and individuals won't change behavior anyway (neither one of which I believe), it will open the back door to unwarranted, wasteful, and costly programs demanded by the people to "do what the public health establishment has been unable to do". The ultimate social disruption from such a program, linked to the image of the "unworkable government" could have great ramifications for the future of this society.

California has been far more advanced than most other states and the hope is to keep that position. My advice is for the State to move very proactively now. The Department needs to serve as the unifying center to make sense out of the chaos, make scientifically-based policy and field an aggressive AIDS

prevention program. We technocrats can design such a program quickly and, provided adequate state and county staff can be hired, can field such a program. What is required is strong leadership. The governor's discomfort in dealing with these issues could be easily and effectively delegated to a expert advisory committee (combination of Conant/Decker/Agnos-type committees). Policy for the difficult issues which surround AIDS could be promulgated by this committee for State, County, and community groups to carry out. If such a program could be instituted, the State would be viewed by the public as movers in this field, pushing aggressive behavior modification programs, serologic testing and contact notification. This would prevent the "distracters" from pushing their own narrow issues and, as a result, obstructing the bigger program.

Your role in this is essential, I feel. If you would put together a relatively small group (which would have the support and respect of the governor's office and of legislative select committee) and told it not to come out of a room until an acceptable AIDS prevention policy was finalized, I think we could do it. If so, California could resume its leadership role in AIDS prevention.

This is important. I know you are running full steam in many directions, but this, in my mind is the big one for public health.

I'll do what I can to help. Let me know.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC AIDS Advisor