

AIDS ADVISORY COMMITTEE
MEETING MINUTES
January 11, 1985
State Capital, Room 2040

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
Michael Gottlieb, M.D.
Stan Hadden
James Chin, M.D.
Richard Hamilton, M.D.
Sal Rosselli
William Filante, M.D.

COMMITTEE MEMBERS ABSENT

Bill Kraus

DEPARTMENT OF HEALTH SERVICES STAFF PRESENT

Ken Kizer, M.D.
D.L. Gunter
Jim Felten
Levi Kamel, Ph.D.
Ken Brock, MSW
Augie Detres
Richard Fox
Geneve Wager
Bill White

STAFF REPORT - James Chin, M.D.

1. Dr. Chin presented an overview of the AIDS situation in California. Current statistics, as defined by the Centers for Disease Control, show that close to 1800 cases of AIDS have been reported so far in the state. Of these, over 700 patients have died, with no recovery expected for anyone having been diagnosed. "AIDS is probably the worst infectious disease epidemic since the Black Plague or the influenza pandemic of 1918." Estimates are that fifty percent or greater of the high-risk, gay population may be infected with AIDS and from 5-20 percent of those infected will come down with the full manifestation of AIDS and die within five years of diagnosis.

The number of AIDS cases may be expected to double in 1986 and subsequent years until 1990 when a plateau effect should be seen.

2. Two major problems that we will have to address in 1985 include:
 - (a) the issue of confidentiality,

- (b) the AIDS antibody test which will be available as soon as February 1st for routine use in blood banks.

Preliminary guidelines have been issued by CDC for use in blood banks. These recommendations (attached) address the concerns raised at the last meeting by representatives from the blood banks.

3. Dr. Ken Kizer, Deputy Director for Preventive Health Services, explained that the budget submitted for FY 1985-86 proposed an additional \$1 million for AIDS which will earmark seven positions for AIDS surveillance and epidemiological work, plus assistance to local health departments for epidemiologic investigation and technical support. The AIDS budget proposed for the Department of Health Services for next year, therefore, totals \$2,034,000.

An additional \$2.9 million will be available for research through the University system.

4. The Chairman asked what steps are underway to fill vacant AIDS positions. The seven positions proposed in the budget including the physician, would not be in effect until July 1985 unless emergency funding becomes available before that time. Recruitment for the AIDS Coordinator position is underway now. This position is funded under a federal grant. Bruce Decker expressed the need to fill positions as soon as possible. Mr. Decker also commended all Health Services staff involved in AIDS, up to and including Peter Rank.
5. D.L. Gunter presented information requested at the last Committee meeting regarding federal and local funding for AIDS. CDC anticipates \$1.5 million will be designated for AIDS education. No time-frame on the availability of these monies has been advertised in the Federal Registry.

Staff has telephonically surveyed sixteen high AIDS morbidity counties in California to determine local support for AIDS (attached). Some of the figures given were estimates for hospital services since counties could not retrieve specific AIDS patient data.

The Chairman expressed concern that Los Angeles County may not be "pulling their weight," and called upon Dr. Gottlieb to respond to this potential problem.

Dr. Gottlieb commented that Los Angeles is responding to AIDS in a meaningful way in that there are a number of novel things going on, ie. the first dental clinic for AIDS patients, educational programs sponsored by the Health Department, information exchange groups and a monthly AIDS forum. He also went on to say that certainly in Los Angeles, as elsewhere in the state, more needs to be done in education.

Dr. Roth pointed out the existing need for extended care services in Los Angeles.

The Chairman suggested that, in light of the future devastating impact

AIDS will have both on human suffering and fiscal costs, that an independent study be commissioned by a medical research entity to project the impact that the AIDS crisis is going to have on the health systems in California including Medi-Cal.

UNIVERSITY OF CALIFORNIA AIDS RESEARCH PROJECTS - Dr. Lawrence Freedman

Approximately \$3 million was appropriated in FY 1983-84 for AIDS research. A U.C. Task Force on AIDS was created to ensure that funds were distributed productively. The Task Force consists of 8 specialists who meet three to four times per year to review the progress reports, to discuss future program direction and to coordinate the efforts around the state.

The two major projects are direct clinical research in San Francisco (UCSF) and Los Angeles (UCLA). There are currently no projects addressing AIDS in women. Approximately \$300,000 from the total appropriation has been purposefully saved for heterosexual and women aimed AIDS projects and researchers are being encouraged to submit proposals in this area.

There are approximately 40 AIDS contracts in effect at this time. Some of these include 13 studies for nonclinical experimental research; 5 studies devoted to aspects of the national history of AIDS; 2 studies investigating the risk to health care workers, and 4 studies on treatment analysis.

Dr. Freedman felt, even though we tend to underestimate it, the research efforts that are established throughout the University health care system play an essential role in the day-to-day care administered to persons with AIDS. He stated that the money allocated to the U.C. Task Force is utilized to attempt to solve the mystery of AIDS. An integral and vital part of this effort is the promotion of the highest level of scientific knowledge and human understanding.

EFFECTIVENESS OF AIDS EDUCATION - James Ferels

Mr. Ferels presented the results of a study funded by the San Francisco AIDS Foundation to assess the impact of their health education activities. Committee members were given a copy of the report. Others may purchase a copy of the study through the Foundation.

Results were based on the rectal gonorrhea rates of males diagnosed in the San Francisco City clinic. In addition, a random sample survey was conducted with gay and bisexual men to determine commonly held views regarding their sexual behavior (a summary of the survey is attached). Mr. Ferels made the point that monies spent now for health education in AIDS will result in far less costly hospital and other expenses later.

HOME HEALTH CARE FOR AIDS PATIENTS - Hadley Dale Hall

In comparison with hospitalization costs for AIDS patients, which Mr. Hall has researched at more than \$1,000 per day, the care for those AIDS patients who do not require acute hospital attention, can be done for much less. His organization, the Visiting Nurses Association of San Francisco, currently has a contract from the City to care for 18 AIDS patients. This will be expanded to 36 patients on February 1st, to 45 patients next June and may be up to 90 patients in July 1985.

Mr. Hall stated that 85 percent of the AIDS patients served by VNA have been Medi-Cal eligible and that Medi-Cal pays for less than 10 percent of home care costs while the State Department of Social Services pays less than 15 percent. Four major problems include:

1. Delays in certification of patients eligibility.
2. Adequate reimbursement for services.
3. Recognition of AIDS patients as severely impaired.
4. Delays in assessments for in-home services.

Mr. Hall concluded that AIDS patients can be cared for in a more humane way, in a better place than in hospitals and at much less cost, but this cannot be done without the recognition and financial support from the government (Mr. Hall's testimony is attached).

While Dr. Filante recognized the tremendous need for home health care for AIDS patients and complimented Mr. Hall on his obvious commitment to his work, he urged Mr. Hall to concentrate on the cost-effectiveness of his program as a valuable resource alternative for AIDS victims as well as other ill and elderly persons.

MEDI-CAL PRESENTATION - Bill White

Mr. White expressed that the Medi-Cal Program shares the concerns of the Committee regarding the unusual problems surrounding AIDS patients. One of the problems in responding to the crisis is that AIDS does not fit the pattern typically seen in that persons who are already eligible for Medi-Cal get sick at a rate that can be expected for the population as a whole. Rather, what we are seeing is a large number of people in the general population whose illness over a long period of time moves them into Medi-Cal. Thus, many of the AIDS patients have not reached Medi-Cal status yet.

Mr. White stated that he attempted to sample the extent and costs of AIDS services that would normally be expected. His very limited review showed average costs ranged from \$1,000 to \$16,000 per month, averaging \$5,000

per month. With the growing number of cases, averaging \$60,000 per year, a very significant impact on the cost to Medi-Cal can be anticipated. Further analysis of AIDS data is planned.

Dr. Roth questioned Mr. White about the Medi-Cal policy of medically accepted vs. experimental treatment given to AIDS patients ie. that total hospital costs will not be paid if currently unaccepted treatments are used. Mr. White responded that there will always be a grey area until the efficacy of new treatments are determined and approved.

He also explained that hospital costs are covered if patients are receiving routine care when administered an experimental treatment as opposed to being hospitalized essentially for the purpose of administering novel treatments.

Dr. Hamilton asked if Medi-Cal could pay private insurance premiums for AIDS patients who lose their jobs, as is done in New York. A motion was made that this be further investigated.

The Chairman suggested that the Committee prepare a report to the Director on the problems seen in Medi-Cal in order to hasten the process of addressing and alleviating these problems.

AIDS ANTIBODY TESTING AT BLOOD BANKS - Robert Benjamin, M.D.

A test for HTLV III antibody will be available and in use in blood banks in a few weeks. The range of sensitivity for the test ranges from a high of 98 percent to a low of 60 percent.

Dr. Benjamin expressed his fears, and those of his colleagues in public health, that the blood of people who have the antibodies for AIDS, but whose test shows a false-negative reading, will be introduced into the blood supply. This may already be happening, however, with the testing widely available, persons in high-risk groups may flock to blood banks for a free test while not identifying themselves as a high-risk group member. This is based on many conversations he has had with callers identifying themselves as gay and wishing information on AIDS. He went on to say that unless this test can be offered apart from blood donation, we will have on our hands a public health problem of major proportion.

Dr. Benjamin proposed that testing must be offered free of charge by local health departments through their VD clinics, hospitals, or primary care clinics. Assurances of confidentiality must be guaranteed. Testing done at blood banks must be done in such a way that confidentiality is maintained while separating those who just wish testing from other donors. Other avenues for testing to consider could be for gay advocate organizations to provide testing sites, using code numbers instead of names.

Dr. Benjamin also recommended that counselling services must be available for those who have positive tests. A mass education effort is also

necessary to inform the public what the test means or does not mean; that a negative test does not mean absence of AIDS; to discourage people who engage in high-risk activity from seeking the test until more is known about the results; that all testing information is confidential and that all positive tested individuals will be placed on a non AIDS identified deferred donor list. Lastly, the work should get out that blood is needed from non high-risk activity individuals to boost the blood supply.

Dr. Chin stated that the test for AIDS will be licensed and available February 1st (attached is a press release relating to this issue from Assembly Roos).

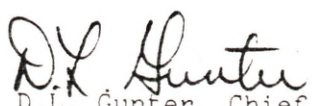
Mr. Decker made the point that he feels the gay community has shown a good deal of responsibility in dealing affirmatively with the dangers of spreading AIDS and would follow recommendations not to go to the blood banks. Dr. Benjamin agreed that he's also seen a very positive response from the gay community, but fears that we cannot afford not to look at alternatives to protect the blood supply.

Memorandum

To : AIDS Advisory Committee Members

Date : January 28, 1985

Subject: Meeting Minutes

From : 
D.L. Gunter, Chief
V.D. Control Program

Enclosed are the meeting minutes from the January 11, 1985 Committee meeting in Sacramento.

Also enclosed is a copy of a recent press release from Assemblyman Mike Roos in reference to proposed legislation for the establishment for AIDS testing sites.

The agenda for next Committee meeting, scheduled in Orange County on January 31, 1985 (1:30 p.m. - 5:00 p.m.) will include a review of Assembly Concurrent Resolution (ACR) 118 and the Committee's interim report on AIDS to the Director of Health Services.

For those members who will be flying in, please call me if you need a ride from the airport.

PREVENTION OF BLOOD-BORNE TRANSMISSION OF AIDS
(WHAT CAN BE DONE TO MAXIMIZE THE SAFETY OF DONATED BLOOD)

1. Notify all donors that all blood will be tested for evidence of HTLV-III infection.
2. All donors who have a positive test result "confirmed" by an additional test will be notified of these results and referred for appropriate follow-up, i.e., evaluation and counseling.
3. All donors found to have serologic evidence of HTLV-III infection will be placed on a statewide general blood donor deferral register without listing of the specific reason for being included in the register. All blood donors should be aware of this before donation.
4. Blood from any donor which has any equivocal results or just one "positive" which cannot be duplicated with additional tests, will not be used for transfusion. These donors will be "flagged" at the local blood bank and if they return for additional donation, their blood will be subjected to additional tests.
5. Information disseminated by blood banks and health departments should continue to reinforce the need for all persons who may be in any risk group for AIDS to refrain from donating blood, because even though an antibody test is now available, the test is not capable of detecting all infections to the HTLV-III virus. In addition, persons in a risk group

for AIDS (or who have been in such a group) cannot be assured that they are not infected unless repeated tests over several months to a year are negative and high risk factors have also been eliminated.

6. In recognition of some situations where a person may be in a risk group for AIDS, and is placed in a setting where he/she feels compelled to donate blood, blood banks should consider a check-box at the end of the donation form to read - Blood donated only for research purpose, not for transfusion.
7. In addition, all donors should still be advised after donation that if they have any doubts of whether they may be at any risk of AIDS, that they can call back to a specific telephone number to state that their blood should not be used for transfusion purposes.
8. Special clinics should be developed to provide HTLV-III antibody testing for persons who may be at risk of AIDS.

Draft Guidelines

January 10, 1985

Infectious Disease Section

Berkeley, California

P: GALLAGHER, DAN

SUMMARY OF AIDS PATIENT SERVICES
By Line Item
Budget Breakdown
Fiscal Year 1984-85

COUNTY

AMOUNT

SAN FRANCISCO

Total \$7,437,226 (1)

Public Health Services \$1,463,662 (1)

Contract Services \$2,520,523 (2)

Subtotals

AIDS Education Services \$ 551,074

Patient Support Services 679,643

AIDS Home Care 474,622

Continued Hospital Care 357,000

Mental Health AIDS Prevention Support 295,107

AIDS Screening 62,987

Hospital Services \$3,242,970 (1)

Community Substance Abuse Services 51,818 (2)

Health Promotion 21,453 (1)

Department of Social Services 136,800 (2)

(1) Includes cost estimates of general county services (not specific to AIDS)

(2) Funds specific for AIDS.

LOS ANGELES

Total \$6,571,259 (1)

Public Health Services 339,000 (1)

Contract Services

Subtotals 224,259

Patient Support Services \$ 46,259

AIDS Education Services 128,000

AIDS Screening 50,000

Hospital Services \$6,000,000 (1)

Community Substance Abuse Services 8,000

SACRAMENTO

Total \$ 70,453 (2)

Contract Services (AIDS Patients Support Services) \$ 70,453

ORANGE

Total \$ 17,000 (2)

Laboratory Services 17,000

ALAMEDA

Total

\$ 16,000

(2)

Health Promotion for AIDS

16,000

SAN BERNARDINO

Total

\$ 600

(2)

Health Promotion for AIDS

600

NOTE:

The following counties surveyed provided AIDS Patient Services, but did not have any specific line items for AIDS and could not give cost estimates for such services: San Diego, Santa Clara, Marin, Contra Costa, Sonoma, San Mateo, Riverside, Monterey, Fresno, and Santa Barbara. Furthermore, Sacramento, Orange, Alameda and San Bernardino counties also provide services for AIDS patients, but could only reflect AIDS funding by the specific line items given above.



SAN FRANCISCO AIDS FOUNDATION
54 TENTH STREET
SAN FRANCISCO
CALIFORNIA
94103-1360
415 864-4376

January 11; 1985

PRESS RELEASE

Contact:

FOR IMMEDIATE RELEASE

Holly Smith, 864-4376

SURVEY DOCUMENTS EFFECTIVENESS

OF AIDS-EDUCATION CAMPAIGN

James M. Ferels, Executive Director of the San Francisco AIDS Foundation, testified today before the SB-910 Committee on AIDS, urging state funding of AIDS education programs in California, as well as additional state support for existing local AIDS education organizations. Citing research recently conducted for the Foundation, Ferels noted that "we are now in a position to demonstrate the effectiveness of educational programs involving AIDS."

The major random-sample survey of gay and bisexual men in San Francisco was conducted in September 1984 by a professional public opinion and market research firm for the San Francisco AIDS Foundation. The survey documents that gay and bisexual men, those considered at highest risk for AIDS, have made major changes in their sexual behavior in response to AIDS-education campaigns conducted by the Foundation and other agencies over the past two years. The study, the first random-sample survey ever taken of this population group, documents the current sexual practices of gay and bisexual men and reveals some startling contrasts with commonly-held views of the group under study.

The sample of 500 men was randomly drawn from all parts of the City. A 30-minute detailed telephone questionnaire was administered to each participant in the study.

Of the men in the sample, nearly one out of every three had not engaged in sex with anyone in at least the month preceding the survey. Nearly ten per cent identified themselves as celibate. Slightly over half were involved in a primary relationship with another man, and roughly half of such relationships were monogamous. Twenty-one per cent, although having some sexual contact outside their relationships, were not engaging in practices considered "unsafe" by the medical profession.

In various ways, then, more than two-thirds of the sample had effectively removed themselves from any serious risk of spreading AIDS during the period covered by the survey.

In response to questions rating the degree of risk associated with specific sexual practices, the men demonstrated a remarkable degree of accurate and sophisticated knowledge about AIDS transmission.

The formal study was conducted for the Foundation by Research & Decisions Corporation, a major San Francisco public opinion polling and market research firm, with funding provided by the San Francisco Department of Public Health. The study was commissioned to assist the Foundation in the development of AIDS-prevention programs for high-risk populations. The San Francisco AIDS Foundation is a nonprofit organization chiefly responsible for AIDS-related educational programs in San Francisco.

Among the findings in the survey:

- * One-half of the survey respondents personally knew someone who had been diagnosed with AIDS.
- * Gay and bisexual men believe that the epidemic has had a significant overall impact on their sexual behavior and lifestyle. They agree that, because of AIDS, "many men are changing their lives for the better", and most agree that the epidemic is not "damaging the gay movement by limiting sexual freedom."
- * Despite resistance to condom usage, there appears to be an attitudinal predisposition to successful AIDS adaptation on the part of most gay and bisexual men.
- * Gay and bisexual men are highly concerned about AIDS risk-reduction, and are accurate in their assessment of risk associated with specific sexual practices.
- * Respondents cited educational programs of the AIDS Foundation (and related groups such as BAPHR) along with the gay press as sources of their information about AIDS.

Survey Press Release, page 3.
January 11, 1985

The researchers recommended that the objective of future campaigns should be to reinforce the two-thirds of gay and bisexual men who have successfully adapted to the epidemic, and to motivate, for the first time, the one-third who have not. They also pointed out that many of the minority who engage in high-risk activities are not aware of the extent of the changes made by the majority, and recommended programs to change "the perception of group norms."

"This is our first opportunity to stop the spread of a deadly infectious disease in the relatively early stages, using modern technology of communications and research. The time to act is now," Ferels concluded.

Copies of the complete 133-page report covering the survey are available for \$20.00 from the San Francisco AIDS Foundation, 54 Tenth Street, San Francisco CA 94103.

TESTIMONY

AIDS Advisory Committee
Sacramento, California
January 11, 1985

My name is Hadley Dale Hall and I am the Executive Director of the VNA of San Francisco.

We have been providing service to patients diagnosed with Acquired Immune Deficiency Syndrome (AIDS) in their homes since 1982. Since that time we have had experience with over 100 patients who have received a full spectrum of nursing, social work, Homemaker-Home Health Aide, therapy and volunteer services. Approximately 85% of all patients have been Medi-Cal eligible or receiving Medi-Cal at the start of their home care. Less than 15% of AIDS patients have had Medicare, private insurance or other forms of third party reimbursement available to them.

Since early 1983, we have encountered four recurrent problems with these patients. These issues are not exclusive to patients diagnosed with AIDS but in fact are familiar to all patients needing in-home services. These four issues are:

1. Delay in certification of patients eligible for Medi-Cal and Department of Social Services (DSS) In-Home Supportive Services (IHSS);
2. Reimbursement for Homemaker-Home Health Aide services for Medi-Cal/DSS certified patients;
3. Recognition as severely impaired patients and eligibility for maximum coverage of IHSS; and
4. The delay in assessing and authorizing IHSS care by government employees after a staff of highly trained and

skilled nursing and social workers have assessed the patient.

Patients with AIDS have multiple and devastating infections associated with their condition, these infections create symptoms such as diarrhea, nausea, vomiting, pain, weakness and confusion, which are often debilitating and difficult to control. Close monitoring of these symptoms is vital not only for the maintenance of the patient's comfort at home, but also in identifying different and potentially infectious diseases.

There is a high mortality rate and there is a rapid deterioration of the patient -- the average prognosis, after diagnosis, is between 6 - 18 months.

1. Patients frequently lack the traditional family support mechanisms to assist with the cumbersome process of making the Medi-Cal or DSS application awaiting review of their application and then, as is the case for DSS assistance, awaiting a DSS social worker to make a home visit. These steps have taken up to 4 months to complete before reimbursement for Medi-Cal or DSS services have been approved.

In one instance, a patient who was income eligible for DSS IHSS was referred early in August, 1984 by a social worker with a Master's degree in social work. This patient was in the terminal stages of his illness and in need of 24 hour care. He rapidly became bed-bound with severe symptoms of diarrhea, nausea, anorexia, and weakness. The DSS social worker did not make a visit until October, 1984 at which time the patient was certified for 56 hours per week (8 hours per day at \$3.82/hr). The patient died December 8, 1984 at home with 24

hour care -- yet still considered a "partially impaired" patient by DSS.

This patient was severely impaired and in need of maximum assistance. Although we received retroactive reimbursement, to the date of referral, in other instances, patients have died before the DSS worker made an intake visit and reimbursement was virtually impossible to obtain.

2. The Homemaker-Home Health Aide worker is the single most important health care provider in the home. Activities, such as, toileting, meal preparation, bathing, ambulation, bed-making, and grocery shopping become the most difficult tasks for the patient without the assistance of the Homemaker-Home Health Aide.

Homemaker-Home Health Aide services are distinguished by "non-personal" (bed-making, meal preparation) and "personal" (bed-bath, toileting) care. Medi-Cal currently reimburses for certified home health aide assistance at a rate of \$27.56 for a maximum of 16 visits during the eight week "Treatment Authorization Request" (TAR) period. Medi-Cal does not reimburse for homemaker services.

The DSS does reimburse, for IHSS help but not for Home Health Aide services, at a rate of \$3.82/hour (not by visit). The maximum reimbursement we have received has been for 56 hours per week in only one instance. Most patients have received reimbursement for less than 20 hours per week.

This arbitrary distinction between IHSS worker and Home Health Aide is cumbersome and confusing. If a patient has diarrhea and needs assistance with toileting while the homemaker

is there, the Homemaker is not obligated to assist the patient. On the other hand, the Home Health Aide is not obligated to assist the patient with meal preparation should the patient need lunch while the Home Health Aide is there. When working with such a debilitated population who is to draw the line? Shouldn't these roles be combined? In reality, they must be combined. This arbitrary classification imposed on the worker only to meet reimbursement requirements creates unnecessary inefficiency at all levels of care in assigning, preparing, relieving and supporting the Homemaker-Home Health Aide member of the health care team.

3. DSS has refused to classify AIDS patients as "severely impaired" despite the continued experience since 1982 that these patients need 24 hour care during the terminal stage of their illness.

our experience has shown that DSS does not reimburse the patient at their maximum rate of \$921/month but rather at much lower rates. We have usually been reimbursed at the rate of \$638/month for a non-severely impaired (NSI) patient (or approximately 20 hours/week of care). Despite the assessments of highly qualified nurses and social workers to recommend increases in Homemaker care their suggestions have not been followed by DSS' social workers to assess for an increase in care.

4. The staff of our team is highly qualified by their training and experience to provide home and hospice care. They continuously make decisions regarding the patients plan of care by their frequent visits, telephone conversations, and team conferences with the patient, family members and the patient's

primary physician. They are aware of short term and long term treatment plans of the patient and physician and are relied upon to make discretionary decisions should the patient's condition change rapidly.

On numerous occasions we have suggested that the assessments of our staff could be substituted for the DSS worker's assessment thereby speeding the reimbursement process, and provide a team of health care workers familiar with all aspects of the patient's living situation and support systems. Our social workers and nurses could serve as "liaisons" to DSS to make this entire process more efficient and effective in providing care to the patient.

RECOMMENDATIONS FOR CHANGES

1. Patients with AIDS who are eligible for Medi-Cal and DSS reimbursement should be certified at the time the application is made. Their deterioration has proved to be devastating and rapid. Delays in reimbursement only deny the patient much needed assistance.
2. Homemaker-Home Health Aides can be substituted for the other for reimbursement purposes. Medi-Cal and DSS pay on a different basis: visit versus hourly. These payment scales should be revised so that an hourly rate is established. This would allow for the provision that the Homemaker-Home Health Aide service is provided as necessary. The Homemaker-Home Health Aide' responsibilities are similar and virtually indistinguishable when in the home. These activities should

be recognized as one and the same and a sole title should be established to eliminate role confusion. For years, all spectrums of the health care system have failed to recognize the importance of this vital worker in the home. It is time that we do.

3. Patients diagnosed with AIDS have multiple physical, psychological and social needs. They rapidly lose their ability to carry out activities of daily living, including ambulation, toileting, and eating. They are or become severely impaired and should be recognized as such. Reimbursement by Medi-Cal and DSS should reflect this status by providing the maximum coverage by Homemaker- Home Health Aides.
4. All Home Health Agencies require a staff of highly skilled and dedicated nurses, social workers, Homemaker-Home Health Aides, and volunteers to effectively provide service. Our nurses are licensed by California, and our social workers have master's degrees in social work and counseling. They are experienced and knowledgeable in the daily complexities of each patient's disease condition and social network. Their daily assessments are well-documented and appropriately supervised. Their expertise should be recognized and utilized to complete the intake package of the DSS workers so that Homemaker-Home Health Aide services could be initiated immediately upon admission to our program.

Failure to make some changes will mean more patients hospitalized needlessly at greater expense.

7029

A Progress Report on the University of California

AIDS Research Program

Presentation to The Regents' Committee on Educational Policy
January 17, 1985

I. BACKGROUND

The acquired immunodeficiency syndrome (AIDS) is a disease caused by a virus (an organism that is unable to multiply in nature and which requires a host cell for some or all of its genetic machinery). The AIDS virus is termed a "retrovirus" since unlike some other viruses it transmits its own RNA which in turn then assembles parts of the host cell's DNA to form the necessary gene for replication. This is important because the enzyme (a reverse transcriptase) necessary for this coding and assembly process may be a target for chemotherapy. Retroviruses are found throughout nature. Examples include the viruses that cause leukemia in cats, mammary tumors in mice, and AIDS-like syndromes in primates. In many of these instances the disease produced is similar to that seen in AIDS patients.

The AIDS virus specifically attacks and destroys certain white blood cells called helper lymphocytes that are critical elements in the body's normal defense system. The resulting defect renders the patient unable to combat certain unusual infections and malignancies. It is interesting that, in the test tube at least, the lymphocytes must be in an activated state; that is, in the process of already reacting to some other infection, in order to be infected by the AIDS virus. All data suggest that the AIDS virus is new, and our best current opinion is that it most likely evolved in Central Africa between 1972 and 1976 and most probably from a pre-existing animal retrovirus. The AIDS virus exhibits distinct differences from other retroviruses previously found in man: it can be killed by heat and is quite susceptible to lipid solvents (such as soap, alcohol, etc.). It is unable to persist very long in nature unless it finds a home in the host cells.

II. EPIDEMIOLOGICAL AND CLINICAL FEATURES

AIDS cases were first described in the United States in 1980-81, but go back as far as 1976 in equatorial Africa. More than 8000 cases have been identified in the United States. The number continues to double every 9 to 11 months, depending on the part of the nation studied. In San Francisco, over 800 cases have been seen: of these, two thirds are living at any given time. There really is no substantial data to suggest that this epidemic is slowing down. The Center for Disease Control has, for the last two weeks, been receiving reports on 120 new cases each week.

We make a diagnosis of AIDS only when a patient has fulfilled certain clinical criteria established by the Center for Disease Control of the United States Department of Health and Human Services. These are patients presenting with certain strange opportunistic infection(s), such as Pneumocystis carinii pneumonia, and/or with unique malignancies such as Kaposi's sarcoma without the usual predisposing conditions. Once the diagnosis of AIDS has been established, these patients spend from 10 percent (San Francisco) to 30-40 percent (New York) of their time in the hospital. The mortality rate in patients with the full-blown disease is 100 percent. It is important to note, however, that individuals may be infected with the virus and secrete it in various body fluids without developing the full-blown AIDS condition.

III. SPREAD OF THE VIRUS

The AIDS virus is found in semen, blood, and saliva. The virus appears to be spread sexually and in the United States has been most effectively spread in the male homosexual community. This population constitutes 70-75 percent of all cases in the United States. The specific sexual acts through which the transmission of the virus is most efficient is still not known; however, statistical data suggests that rectal intercourse is a likely candidate. Still we do not know how well the virus penetrates the skin or various other body surfaces such as the eye, mouth, vagina, and rectum. The predominant risk factor in gay men has been multiple sex partners, and this type of activity seems to have been an effective multiplier of the infection that permitted its rapid spread throughout the more sexually active segments of the gay community.

The available data suggests that large proportions of gay men in New York City, Los Angeles, San Francisco, and most recently Seattle have acquired the virus and are producing antibody to it. In San Francisco the estimate is between 40-60 percent. We do not know what fraction of those infected will ultimately develop the full-blown disease. Current scientific speculation is that 10-20 percent will, but these percentages could be much higher.

Other populations at risk of acquiring AIDS include intravenous drug abusers, blood transfusion recipients, hemophiliacs, and the offspring of women with AIDS. It is suspected that the disease in intravenous drug abusers is spread by needles contaminated with infected cells from AIDS virus carriers. Patients receiving blood transfusions are infected when they receive blood from donors infected with the virus. In hemophiliacs it is felt that Factor VIII concentrate used in the treatment, which is a product of pooled blood from multiple donors, is contaminated with the virus; in fact, a researcher at the University of California, San Francisco, Jay A. Levy, has demonstrated that past methods used in the processing of Factor VIII

concentrate did not kill this retrovirus. Transplacental infection or acquisition from the birth canal have been suggested as the mode of spread of the AIDS virus to children of an AIDS mother.

Of increasing concern is the spread of the infection through heterosexual activity. This was recognized initially in equatorial Africa, where the cases are distributed approximately equally between men and women and where, again, promiscuous sexual activity with multiple partners is a critical risk factor. Of groups tested in Central Africa, female prostitutes had the highest prevalence of serum antibody to the virus, as well as actual clinical disease. Similar observations have recently been made in Haiti.

In the United States, heterosexual transmission has been suspected in intravenous drug abusers, and in San Francisco several cases of AIDS in women where the virus appears to have been transmitted from men to women through vaginal intercourse have been identified. Case studies purporting to document female to male transmission are less convincing, although such transmission probably occurs. In the United States, males with AIDS who do not fall into one of the identified high-risk groups have a high incidence of promiscuous heterosexual activity. As of today we really do not know how big a problem heterosexual spread will be. The African and Haitian experiences clearly point to the capacity for heterosexual spread of the virus, but the relative number of proven cases in the United States is still small. This is an area where we are currently focusing our research attention.

AIDS appears to be incredibly difficult to transmit through casual contact. To date, essentially no health care workers that do not fall into a high-risk group have contracted clinical disease from caring for AIDS patients, even though we have now had intensive exposure for over three years. Studies are currently underway throughout the University of California system to verify this observation, since a confounding factor in the equation at present is the long incubation period of the disease, which may range up to five years. Two recent cases from elsewhere suggest that accidental needlesticks occurring while drawing blood from AIDS patients may have transmitted the virus. However, at San Francisco General Hospital, we have recently reported a case (New England Journal of Medicine, January 1985) where hepatitis B was transmitted to a health care worker but was not accompanied by transmission of the AIDS virus. To date the Center for Disease Control has tested sera from 40 health care workers with accidental needlesticks and another 40 have been tested in Boston. All were negative. This is another area of great concern where we are funding studies.

IV

WHAT HAS UC DONE?

Basic scientists and clinicians from the University of California system have been deeply involved with the AIDS problem from the very beginning. Michael Gottlieb (University of California, Los Angeles) was one of the first to describe the syndrome and Marcus Conant and Paul Volberding (University of California, San Francisco) were among the first to describe the malignancies associated with the disease. A University of California San Francisco Task Force developed and published (New England Journal of Medicine, 309:740-744, 1983) the first set of infection control guidelines for handling AIDS patients in the hospital setting; standards that were later adopted by many institutions throughout the country. Murray Gardner and his colleagues at the Primate Center of the University of California, Davis, described a disease in monkeys very similar to human AIDS and characterized the ideal animal model for further study of AIDS. Recently, Jay Levy (University of California, San Francisco) was the third investigator in the world to isolate the AIDS-associated virus.

V.

UNIVERSITY OF CALIFORNIA SYSTEMWIDE TASK FORCE ON AIDS

A. Funding Process

When the potential magnitude of the AIDS problem was first discerned, Michael Gottlieb and Marcus Conant, from the University of California at Los Angeles and San Francisco, respectively, proposed to Speaker of the Assembly Willie Brown that the State of California support basic research in AIDS. You have heard Dr. Hopper's description of the sequence of events that followed the Legislature's appropriation of \$2.9 million to the University for AIDS research 18 months ago. The Universitywide Task Force on AIDS was charged with ensuring that the funds were fairly distributed for scientifically sound research projects and with the development of a coordinated program of research throughout the University of California system. The Task Force has attempted to stimulate the interest of some of our previously uninvolved outstanding scientists in areas of research related to AIDS. Requests for proposals (RFPs) were sent to all University of California campuses in 1983 and 1984, and 48 and 75 proposals, respectively, were submitted for the Task Force's evaluation for funding. Each proposal is sent to two external (non-Task Force) reviewers. In a one-and-a-half day session, each proposal is ranked according to its relevance to the AIDS problem and the scientific quality of the proposal as judged by both external and Task Force reviewers. About 50 percent of the proposals submitted in both cycles have been funded. Projects have been funded at 7 of the 9 UC campuses.

Funded proposals have involved research at all levels, from the most basic biology of the virus to its effects on the immune system; from the method(s) of transmission to diagnostic tests; from epidemiologic and clinical studies to those dealing with the various social issues and psychological ramifications intertwined with the disease (e.g., the cost of caring for AIDS patients; ethical issues involved in dealing with dying patients). Additionally, two AIDS clinical centers in San Francisco and Los Angeles, have been established as mechanisms for the coordination of research in the respective areas of the State and, most importantly, to provide for the acquisition and storage of tissue and sera samples from AIDS patients at various stages of the disease and to make these specimens readily available to other local and national investigators.

B. Special Directed Research Activities

As we have learned more about the disease and its causative agent and have thus been able to more specifically identify key research problems, we have moved recently to the solicitation of targeted proposals for directed research. For example, in connection with the question regarding the potential of the virus to be spread heterosexually, we have asked for proposals to ascertain this risk. Another example is the persisting question: What are the potential risks, if any, assumed by health care workers who work in a variety of capacities with AIDS patients? We have funded two related studies: one at San Francisco General Hospital (J. Louise Gerberding) and a second at UCLA (James Cherry). Both studies are prospective and examine the risk of accidental exposure of health care workers to the AIDS virus in the hospital setting.

C. Attempts to Facilitate Investigation

The Task Force has endeavored to address issues that facilitate AIDS clinical research. This is not easy given that AIDS is a communicable disease. Patients may be stigmatized if they are known to have AIDS and there are legitimate interests in the personal privacy of the research being undertaken. In fact, a need for protection from prosecution is critical in order to get candid information from participants who may be I.V. drug abusers or prostitutes. The Task Force has engaged the University's attorneys to deal with the issue of confidentiality of information given by individual study participants, while at the same time providing for the sharing of sufficient

aggregate information so that legitimate public health needs may be met. In addition we have, through two sources, acquired and made available to our funded investigators a virus DNA probe, an important necessary research tool which is extremely difficult for an individual investigator to obtain.

D. Educational Programs

In the opinion of the Task Force, the early dissemination, to our institutions and to the general public, of reliable information about AIDS is of tremendous importance. Thus, specific educational programs through which current, accurate information can be disseminated have been funded. Such programs have been held at the University of California campuses in Irvine, Los Angeles, and San Francisco and have been organized primarily through the AIDS clinical research centers. Faculty members of the University of California system have played major public service educational roles as representatives on numerous national television programs and have been widely visible in local newspapers throughout the State again for the purpose of disseminating concise, correct information regarding this disease. At the University of California, San Francisco, a series of videotapes is currently being produced for use in industrial and hospital settings, for the purpose of disseminating information regarding not only the cause of AIDS and the probable mechanism(s) of transmission of the virus but also, and especially, to alleviate to the extent that current information will allow, widespread fears about the spread of the disease through casual contact. University of California investigators have also assumed critical leadership roles in various University hospitals throughout the system in keeping the staff informed about each new significant observation or breakthrough involving AIDS as such occurs.

VI. OTHER AIDS-RELATED ACTIVITIES

A. Models for Clinical Care

At San Francisco General Hospital, under the supervision of the University of California, San Francisco, clinicians and investigators (Paul A. Volberding, Constance Wofsy, Donald I. Abrams), a model clinic and inpatient ward have been established. These facilities have proven highly successful as models for the clinical care of these complex patients and, in addition, have been extremely valuable resources for clinical investigations. The success of the AIDS Clinic and hospital ward has been highly visible.

B. Health Planning and Policy Activities

Clinicians and investigators of the University of California have taken major leadership roles at local, state, and national levels in helping to formulate health policy and programs for the AIDS epidemic. Marcus Conant (UCSF) and Michael Gottlieb (UCLA) are on state legislative and gubernatorial advisory committees. I chair the Mayor's Advisory Committee on AIDS for the City and County of San Francisco; a committee that has utilized University of California faculty as a key resource in mapping strategies and formulating health care policy dealing with the epidemic. The Committee tracks almost daily the spread of the disease and is formulating plans for both short- and long-range patient care activities.

VII. SUMMARY

We are clearly in the midst of a major medical catastrophe, the potential impact of which is now only beginning to be realized and the eventual magnitude of which could be absolutely enormous. The University of California has assumed a major leadership role by helping to focus the system's scientific and clinical resources on better understanding the disease, unraveling its mysteries, trying to predict its consequences, developing models for clinical care, and helping to formulate policy that will plan for the future care of its patients. That there will be any early vaccine to prevent the spread of AIDS or a drug to cure the infection seems highly improbable at the present time, and I am deeply concerned that we are only now starting to appreciate the magnitude of this problem.

VIII. THE FUTURE

The level of funding provided to the University of California by the State specifically for AIDS research has been adequate for our purposes up until this point in the development of the AIDS research program. However, as I mentioned earlier in this report, the AIDS Task Force has recently moved toward the targeting of certain critical problem areas for directed research. Accordingly, over the next several weeks the Task Force will develop recommendations to the Office of the President with respect to any anticipated needs for additional research funds for 1985-86.

Consistent with the University's mission, the most important role that the University can exercise in the AIDS effort is research, and the attention of the Task Force has been focused accordingly. However, my assessment is that individually and collectively, the University faculty members involved in AIDS research stand ready to cooperate with designated agencies of government at all levels as these agencies move to plan and implement appropriate AIDS programs.

UNIVERSITYWIDE AIDS TASK FORCE MEMBERS

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Robert D. Cardiff, M.D.

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Thomas C. Cesario, M.D.

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Lawrence R. Freedman, M.D., Vice Chairman

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University of California at San Francisco

Jack G. Stevens, D.V.M., Ph.D.

University of California at Los Angeles

William C. Reeves, Ph.D.

University of California at Berkeley

EDUCATIONAL SEMINAR GRANT AWARDS 1984-1985

Dr. Michael S. Gottlieb
UCLA AIDS Clinical Research Center
University of California at Los Angeles
Awarded Educational Seminar Grant for:
"A Conference On AIDS For Health And Public Service
Personnel: Facts-Perceptions-Myths"
and
"Ethical Issues In HTLV III Antibody Testing"

Dr. Sudhir Gupta
Medicine/Division of Basic & Clinical Immunology
University of California at Irvine
Awarded Educational Seminar Grant for:
"International Conference on AIDS-Associated Syndromes"

Dr. Marcus A. Conant
UCSF AIDS Clinical Research Center
University of California at San Francisco
Pending Educational Seminar Grant for:
"AIDS And Mental Health"

INITIAL 1983 AIDS GRANT AWARDS

<u>APPLICANT</u>	<u>CAMPUS</u>	<u>TITLE</u>
Dr. Arthur Amann	SF	Mechanisms of immunodeficiency in AIDS
Dr. Marcus Conant	SF	Clinical Research Center
Dr. Drew	SF	Cytomegalovirus as a cause of AIDS
Dr. Murray Gardner	D	Simian AIDS - etiology, patho- genesis and prevention
Dr. Richard Gaynor and Dr. David Golde	LA	Etiology and pathogenesis of AIDS/Kaposi's Sarcoma
Dr. Michael Gottlieb	LA	Clinical Research Center
Dr. Sudhir Gupta	I	Biologically active molecules in AIDS
Dr. Jay Levy	SF	Search for an unknown viral agent Supplemental Award
Dr. Ronald Mitsuyasu	LA	Evaluation of T-lymphocyte precursors in AIDS and Kaposi's Sarcoma
Dr. Thomas Mundy	LA	Immunosuppression by infusion of lymphocytes and spermatozoa
Dr. Paramarz Naeim	LA	Study of HLA antigens and other immunologic markers on lymphocytes and thymic cells in AIDS
Dr. William Rutter	SF	Kaposi Sarcoma and hepatitis b virus
Dr. Nora Sun	LA	Study of lymph node biopsies in patients with AIDS

1983-1984 AIDS AWARDEES

<u>APPLICANT</u>	<u>CAMPUS</u>	<u>TITLE</u>
Donald Abrams	SF	Apheresis in AIDS-related conditions: lymphadenopathy and immune thrombocytopenic purpura
Eugene Barnett	LA	Analysis of circulating immune complexes in AIDS
Jay Beckstead	SF	The pathogenesis & prognosis of persistent diffuse lymphadenopathy syndrome (PDLS)
James Cherry	LA	A cross sectional & prospective cohort pilot study of the risk of occupationally contracted AIDS in health care personnel
Lawrence Drew	SF	The role of cytomegalovirus in the etiology of AIDS
Diane Eardley	SB	Murine graft-vs-host disease as a model for AIDS
Richard Gaynor	LA	Viral etiology of AIDS/Kaposi Sarcoma
Jesse Goodman	LA	A murine model of viral induced Acquired Immunodeficiency
Martin Kagnoff	SD	Intestinal immune function in the Acquired Immunodeficiency Syndrome
Jay Levy	SF	Isolation of the infectious agent responsible of AIDS
Loan Eng Lie-Injo	SF	Possible role of hepatitis B virus in AIDS
Linda Lovenstine	D	Correlation of Rhesus macaque tissue types with naturally & experimentally transmitted Simian Acquired Immunodeficiency Syndrome (SAIDS)
Allen McCutchan	SD	The role of AIDS-related viruses in the etiology and pathogenesis of AIDS

1983-1984 AIDS AWARDEES CONTINUED:

Andrew Moss	SF	A case-control study of Acquired Immune Deficiency Syndrome diseases
Celia Spina	LA	Cytotoxic responses in AIDS
Richard Stiehm	LA	Development of immunodeficiency including AIDS in multi-transfused premature infants
Daniel Stites	SF	T cell subset analysis in AIDS and other related high risk groups
John Stobo	SF	Production of a monoclonal antibody with specificity for AIDS associated cell surface antigen
Susan Wall	SF	Nuclear magnetic resonance studies of lymphadenopathy in patients with AIDS
Diane Wara	SF	B-lymphocyte differentiation in homosexuals with lymphadenopathy syndrome
Warren Winkelstein	B	The usefulness of skin tests and erythrocyte sedimentation rates for screening populations for risk of developing AIDS

UNIVERSITYWIDE AIDS TASK FORCE
INDIVIDUAL RESEARCH AWARDS: 1984-1985

<u>Investigator</u>	<u>Project Title</u>
Arthur J. Ammann, M.D. Pediatric Clin. Res. Ctr. Moffit 679 UCSF San Francisco CA 94143 (415) 666-2171 -1736 CAMPUS: SF	"An In Vitro Cell Model For The Evaluation Of The Effects Of AIDS Related Virus Immunologic Function"
Jay H. Beckstead, M.D. Pathology, HSW 501 UCSF San Francisco CA 94143 (415) 666-2613 -1758 CAMPUS: SF	"Characteristics & Pathogenesis Of The Persistent Diffuse Lymph- adenopathy Syndrome & Kaposi's Sarcoma"
Benjamin Bonavida, Ph.D. Microbiology/Immunology CHS 43-169 Medicine, UCLA Los Angeles CA 90024 (213) 825-2233 -6746 CAMPUS: LA	"Impaired NK Function And Its Restoration"
James R. Carlson, Ph.D. Pathology/Medicine UCD Medical Center Sacramento CA 95817 (916) 453-3330 -2544 CAMPUS: D	"AIDS-Related Virus Exposure In Central Northern California"
James D. Cherry, M.D. Pediatric Infectious Dis. MDCC 22-442 UCLA Los Angeles CA 90024 (213) 825-5226 -9161 CAMPUS: LA	"A Cross-Sectional & Prospective Cohort Pilot Study Of The Risk Of Occupationally Contracted A.I.D.S. In Health Care Personnel"
John E. Conte, Jr., M.D. Medicine/Infectious Dis. Moffit 181 UCSF San Francisco CA 94143 (415) 666-5793 -2308 CAMPUS: SF	"Development Of A High Performance Liquid Chromatographic Technique For The Quantitation Of Pent- amidine & Preliminary Investigation The Pharmacokinetic Disposition Of Pentamidine In Patients Being Treat For Pneumocystis Carinii Pneumonia"
Robert J. Debs, M.D. Cancer Research Institute 1282 Moffit Hospital UCSF San Francisco CA 94143 (415) 666-5018 -3957 CAMPUS: SF	"Liposome-Directed Targeting Of Pentamidine In Pneumocystis Carinii Pneumonia"

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Project Title

"The Role Of Cytomegalovirus In
The Etiology Of And/Or Complications
Of A.I.D.S. & Prevention Of CMV
Infection By Vaccination"

"Murine Graft-Vs-Host Disease
Model For A.I.D.S."

"A.I.D.S.; Pathogenic
Mechanisms Of Ocular Lesions"

"The Role Of Mononuclear
Phagocytic Cell in A.I.D.S."

"Simian A.I.D.S.-Etiology,
Pathogenesis & Prevention"

"Regulation Of Gene Expression
By HTLV-III/LAV"

"A Cross Sectional & Prospective
Cohort Study Of The Risk Of
Occupational A.I.D.S. Exposure
To Health Care Workers"

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Project Title

"Complement Receptors In
Patients With A.I.D.S."

"A Murine Model Of Viral Induced Immur-
odeficiency: An Investigation Of The
Immunology Of Repetitive Murine Cyto-
megalovirus Infection & Of The Inter-
action Of MCMV Infection With Retro-
virus-Induced Lymphomagenesis"

"Oral Viral Leukoplakia-
A New Lesion In Association
With The Acquired Immunodeficiency
Syndrome"

"Macrophages-Lymphocyte
Interactions in A.I.D.S."

"Alveolar Macrophages From Patients
With A.I.D.S.: Phagocytic Function
And Response To Mycobacteria"

"Tissue & Cell Specific Distribution
Of Retroviruses Associated With
A.I.D. Of Humans & Non-human Primate

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Project Title

"Gene Expression By Germinating
Blastoconidia of Candida Albicans"

"Immortalized T-Lymphocytes From
Patients With Pre-A.I.D.S. & A.I.D.S."

"Detection Of M.Avium-Intracellulare
Antigen In Serum & Urine Using Mono-
clonal Antibodies In An Enzyme-Linked
Immunosorbent Assay"

"Intestinal Immune Function In The
Acquired Immunodeficiency Syndrome"

"Pneumocystis Carinii: Microbiology,
Immunology, & Molecular Biology"

"Costs Of Treatment Of A.I.D.S.
Patients In A County Hospital, 1984"

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Project Title

"Activation Of Macrophages With
Natural Peptide Antibiotics"

"Isolation Of The Infectious Agent
Responsible For A.I.D.S."

"Pathogenesis Of The A.I.D.S.
Characterization Of A.I.D.S.
Related Retrovirus Cytotropism &
Its Effects On Immune Function"

"Decision Making For A.I.D.S.
Patients By Advance Directives"

"The Role Of A.I.D.S.-Related
Viruses In The Etiology &
Pathogenesis Of A.I.D.S."

"Evaluation Of T-Lymphocyte
Precursors In A.I.D.S. &
Kaposi's Sarcoma"

Investigator

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CAMPUS: I

Project Title

"A Followup Study Of Men At
High Risk Of A.I.D.S."

"Antibodies Against Thymus
Epithelium In Patients With
A.I.D.S."

"Production Of Simian A.I.D.S.
Type I Retrovirus & Development
Of A Vaccine"

"Fertilization And Immune Recognition
In Protochordates: A Direct Model For
Studies Of Immunosuppression In
A.I.D.S.?"

"A Mouse Model For A.I.D.S.:
Effect Of Reducing Suppressor/
Cytotoxic T-Cells"

"The Establishment Of Kaposi's
Sarcoma In Tissue Culture"

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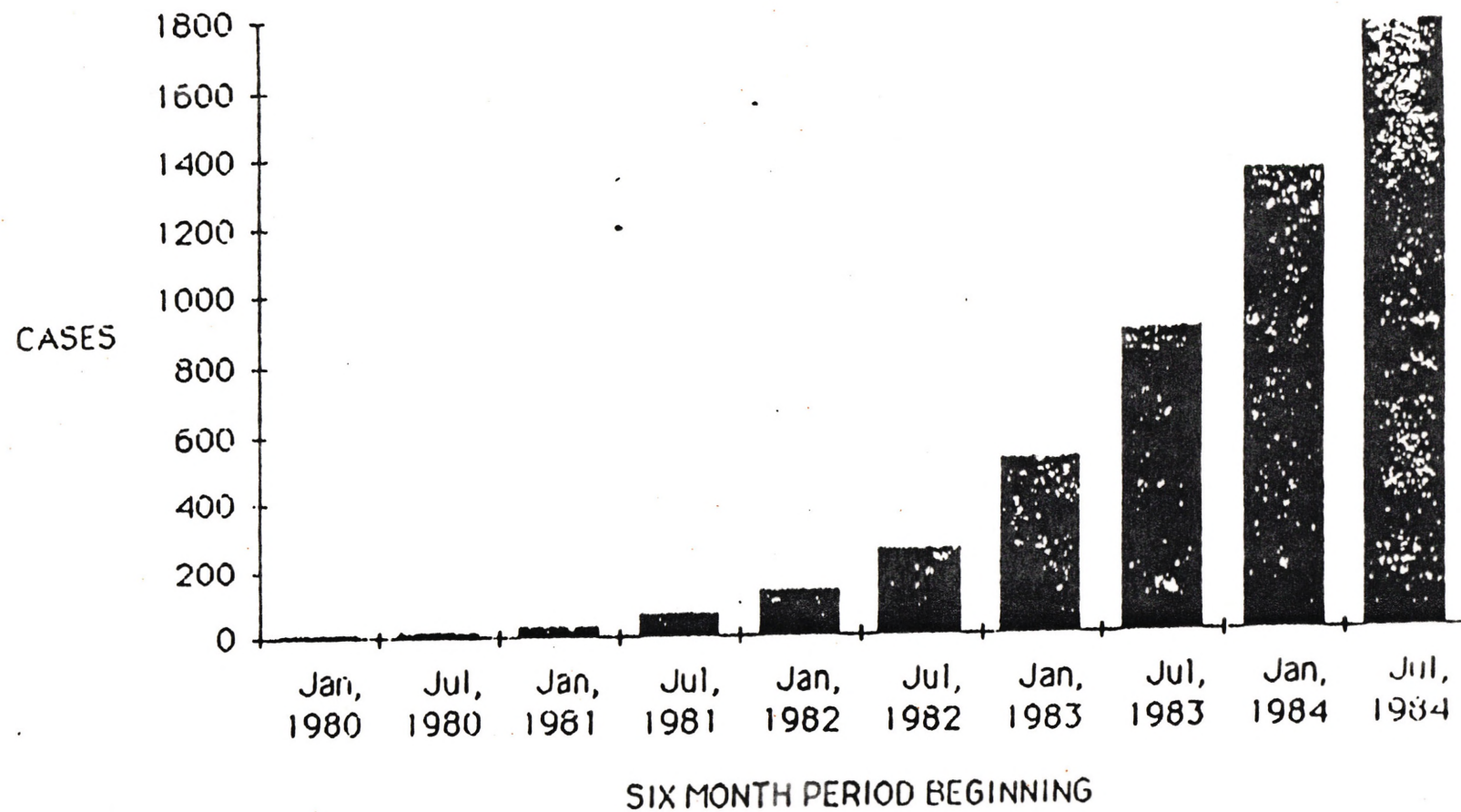
CAMPUS: SF

Project Title

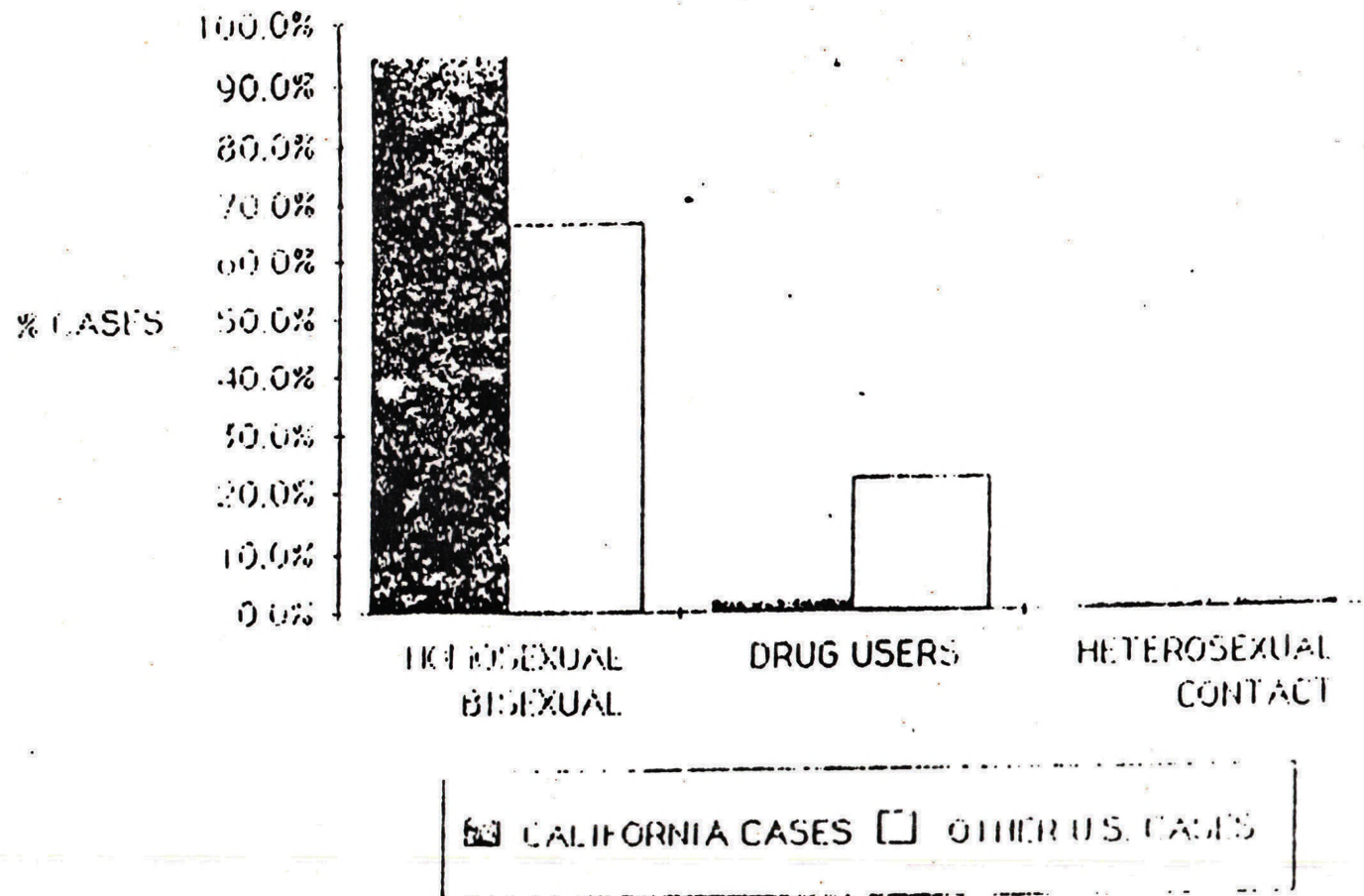
"Cytotoxic Responses in
A.I.D.S."

"T Cell Subset Analysis In A.I.D.S.
And Other High Risk Groups"

CALIFORNIA AIDS CASES 1980-1984 CUMULATIVE



AIDS CASES 1980-1984
BY SELECTED PATIENT GROUPS



AIDS ADVISORY COMMITTEE
MEETING MINUTES
January 31, 1985
GAY AND LESBIAN COMMUNITY SERVICES CENTER
Orange County

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
Michael Gottlieb, M.D.
Stan Hadden
Richard Hamilton, M.D.
William Filante, M.D.
R.R. Roberto, M.D.
(alternate for Dr. Chin)

COMMITTEE MEMBERS ABSENT

James Chin, M.D.
Sal Rosselli
Bill Kraus

DEPARTMENT OF HEALTH SERVICES PRESENT

D.L. Gunter
Geneve Wager
Augie Detres
Don Lyman, M.D.

The AIDS Advisory Committee was called to order at 1:00 p.m. and the first order of business was the request of the American Association of Women Voters to make a proposal to the Committee. (See attachment I.)

Leslie Dutton, AAWV President outlined alternatives for California's blood banking system, to lessen the risk of AIDS transmission through blood transfusions, stating that one of two policies should be adopted:

1. Restrict all blood donations to females only, taking emergency actions, until such time as a test for the VIRUS as well as the antibodies are in use.
2. Continue to collect blood donations from females, using the current questionnaire type screening for high risk groups, however, all units of blood should be labelled either male or female as well as blood type.

Mr. Decker thanked Ms. Dutton for her presentation and stated the AAWV proposal was gratefully accepted and would be referred to staff for analysis before the committee would consider recommendations to the director.

The next order of business was discussion of AB 403 with Mr. Larry Bush in attendance, representing Assemblyman Agnos office.

LOREEN ARBUS

Dr. Filante passed out copies of AB 488 by Assemblyman Roos. In that both bills contained vital components addressing confidentiality of HTLV III laboratory test reporting and reporting of AIDS cases as part of research projects, the committee respectfully requested consideration for combining both bills.

Dr. Kleiman of the American Red Cross Blood Services was present and expressed his desire for unified legislation.

Dr. Filante further reported that a special AIDS committee may be called together in mid-February to address the need for a statewide coordinated assessment of total AIDS funding, including research, direct services, information and education, surveillance, laboratory and Medi-Cal services.

Mr. Decker may be called to testify before this special committee.

Dr. Roth asked staff the results of follow-up of Title XX funding as it relates to possible federal housing available for hospice care for AIDS patients.

Dr. Lyman responded that he would be in touch with appropriate officials in Department of Social Services and get back to Dr. Roth the following week.

Mr. Decker reported on his trip to Washington D.C. and his meeting with Health and Human Services Department, secretary for Public Liaison, Stephen Ray Miller and Frances Harris, special assistant to Secretary Heckler. Discussions centered around the timing and impact of announcing the availability of the HTLV III test by blood banks and the availability of funds for alternate screening sites.

Quoting from an article in the LA Times, Mr. Decker stated that federal funds may be available for alternate screening sites.

"High risk individuals will be urged to have the test at private doctors offices, community health center, and public health clinics and for reasons of both confidentiality and familiarity the department expects that they will be willing to use these alternative test centers," Heckler said.

Dr. Roberto commented that Dr. Chin favored at least a three month moratorium on reporting of reactive tests by the blood banks.

Dr. Lyman recommended to the Committee that concerns and questions centered around Medi-Cal issues be put in writing so that he could properly address those issues with the director.

Mr. Gunter reported that the Department is in the process of recruiting for a physician and a coordinator for the AIDS program.

The balance of the meeting was spent in discussion and revisions of the Committee report to the director. Meeting adjourned at 5:30 p.m.

January 31, 1985

STATE PANEL URGED TO ADOPT WOMEN'S BLOOD BANK PROPOSAL

Members of the American Association of Women Voters attending the meeting of the California AIDS Advisory Committee today at the Garden Grove Gay and Lesbian Community Center, requested that their proposal for an all women's blood bank program, be added to the committee's recommendations being formulated for adoption by State public health officials in dealing with the AIDS epidemic which is spreading at a rapid rate throughout the state and the nation.

The California AIDS Advisory Committee is a nine member panel consisting of public health authorities and Gay community activists who are appointed by the Governor and the State Legislature to assist in developing public health policy on the AIDS crisis. The AAWV has expressed concern regarding the lack of public representation on the panel, fearing that public policy on the AIDS epidemic is not protecting the general public from the spread of HTLV-3, the AIDS virus which lies undetected in the nation's blood supply.

Leslie Dutton, AAWV President outlined alternatives for California's blood banking system, to lessen the risk of AIDS transmission through blood transfusions, stating that one of two policies could be adopted:

1. Restrict all blood donations to females only, taking emergency actions, until such time as a test for the VIRUS as well as the antibodies are in use.
2. Continue to collect blood donations from males and females, using the current questionnaire type screening for high risk groups, however all units of blood should be labelled either male or female as well as blood type.

Mrs. Dutton told the AIDS Committee members that female blood should be available for individuals upon request, stating "not one American citizen should be forced to accept blood which may have the HTLV-3 virus in it", noting that the vast majority of women are not exposed to the deadly AIDS virus and their blood will severely lessen the possibility of AIDS transmission.

In addition to the women's blood donor policies, the AAWV urged the committee to also adopt recommendations made by the American Dental Association which calls for dentists to use gloves, masks, gowns and goggles with ALL patients

Jan. 31, 1985
Page two

because of the difficulty in identifying high risk individuals who are homosexuals or bisexuals.

"The general public has been excluded from consideration in the development of public health policy on AIDS to date, " Mrs. Dutton said. "The American Association of Women Voters is represented here today to urge this committee to recommend that California public health officials take swift action to stop the spread of this dreadful disease." Mrs. Dutton noted that "Isolation measures for hospital treatment of AIDS patients should be formulated to protect the public and you, as members of the the GAY community and public health profession entrusted with developing policy , should use your powerful appointments to protect the public as well as the GAY community."

#

Capitol Report

More funds sought for AIDS

SF health officials plead for Medi-Cal money

By Thorne Gray
Bee Capitol Bureau

San Francisco public health officials raised a strong plea Wednesday for the state Medi-Cal program to pay more hospital, nursing and home care bills for AIDS victims.

Mental health officials called for a state investment in counseling for AIDS victims and their families as well, fearing there may be "panic in the streets" and community hysteria as the fatal disease spreads.

Those were two concerns that emerged in the first meeting of an Assembly Ways and Means Committee task force to help shape next year's state budget for the growing AIDS crisis.

The disease is "potentially the most significant infectious disease epidemic faced by this nation in this century," said Bruce Decker, chairman of the state's AIDS Advisory Committee.

Decker, whose committee has met since last August, said there are more than 8,000 AIDS cases in the nation, about a fourth of which are in California.

There is no cure or vaccine for the disease, which has been highly fatal, striking mainly homosexual men but also hemophiliacs, Haitians, intravenous drug users, some men who visit prostitutes and a few persons who receive blood transfusions.

And if the cases keep doubling in number every nine months, there could be 9,000 cases in San Francisco within the next three years, warned Dr. Marcus Conant of the University of California at San Francisco.

Thus far, the University of California budget has included \$2.9 million a year for two years for AIDS research and the AIDS Advisory Committee has doled out another \$1.5 million for a variety of information and education programs.

In addition, the federal government's annual \$86 million national investment in AIDS research is expected to continue next fiscal year, along with separate grants directly to Los Angeles and San Francisco, said Acting Health Director Stanley Cubanski.

Cubanski said the administration

is giving the AIDS budget a "comprehensive look" that includes new items which he was "not free to discuss at this point." For now, the budget proposes to continue the annual \$2.9 million UC investment and to double the information and education budget administered through the AIDS Advisory Committee.

The potential magnitude of the AIDS problems could be seen in the price tag for two bills that cleared the Ways and Means Committee earlier in the day.

The measures, by Assemblymen Michael Roos, D-Los Angeles and Art Agnos, D-San Francisco, propose to spend \$5 million to pay private clinics to offer tests for an AIDS antibody, nearly as much as the state's entire expenditures on AIDS to date.

The legislators say the clinics will give high-risk groups an alternative to blood banks to get tested for the antibody, a clue to whether they have been exposed to AIDS. If possible carriers went to blood banks for the tests, the testing program might endanger the blood supply more than protect it, the legislators said.

Nun who got AIDS by transfusion dies

SAN FRANCISCO (AP) — A Roman Catholic nun who contracted AIDS after a blood transfusion has died at age 66, and the pastor at her church said Wednesday her death "shows that everyone should be concerned" about the disease.

Sister Romana Marie Ryan, a nun for 47 years, taught preschool and kindergarten children at St. Philip's School. She died last week of AIDS-associated pneumocystis carinii pneumonia that her weakened immune system couldn't fight, said her physician, Dr. Nicholas Burik.

She was in "excruciating pain" before she died, said the Rev. Thomas F. Regan, pastor of her church.

"I pray daily for the person whose blood I received and for all other victims of this disease," Regan quoted Ryan as saying after she learned in December that she had AIDS.

In July 1983, Ryan broke her leg on a school outing and had a blood transfusion during surgery. Doctors believe she contracted AIDS, or acquired immune deficiency syndrome, from that transfusion.

Ryan later began to develop purple marks on her skin and grew weaker. By the end of the year, she was hospitalized.

Doctors were puzzled by the AIDS symptoms, but then

searched her records and found the transfusion. They told her the diagnosis was AIDS.

"Naturally, it was a sledgehammer blow," Regan said. "A 66-year-old celibate nun being told she has AIDS. But she accepted it."

Blood test license delayed

WASHINGTON (AP) — The government has delayed for "additional weeks" the licensing of a test designed to screen blood for evidence of the virus believed to cause AIDS, the Health and Human Services Department announced Wednesday.

Human Services Secretary Margaret Heckler said the Food and Drug Administration would approve the test only when it had reviewed all field test data and when it was assured that the test would be available in the quantities needed.

AIDS, or acquired immune deficiency syndrome, leads to the destruction of the body's immune system.

Scientists believe AIDS is caused by a virus. The blood test is designed to detect antibodies indicating past exposure to the virus, but not the virus itself or the disease.

AIDS ADVISORY COMMITTEE
MEETING MINUTES
February 21, 1985
State Capitol, Room 3121
Sacramento

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
Michael Gottlieb, M.D.
Sal Rosselli
James Chin, M.D.
William Filante, M.D.
Stan Hadden

COMMITTEE MEMBERS ABSENT

Bill Kraus

DEPARTMENT OF HEALTH SERVICES PRESENT

D.L. Gunter
Jim Felten
Don Lyman, M.D.
Kathleen Acree, M.D.
Geneve Wager

Members of the AIDS Advisory Committee met in closed session at 11:00 a.m. on February 21, 1985, to finalize the Committee report to the director of Health Services. Dr. Lyman and Dr. Kizer were in attendance.

The general meeting was called to order by Mr. Decker at 2:00 p.m. The minutes of the meetings held on January 11 and 31, 1985, were reviewed and approved.

Staff report included a report on availability of Department of Social Services Title XX Block Grant monies, and the status of the AIDS R.F.P. for FY 1985-86 funds.

Dr. Lyman reported to the committee that title XX block grants would have to be requested by interested contractors through their appropriate county.

In that the deadline for mailing R.F.P.'s is March 1, 1985, committee members were urged to telephone comments, recommended changes to D.L. Gunter at the unit office by February 25, 1985.

After discussion it was agreed that contractors, who need "start-up" assistance, could request ten percent of total personnel cost as "indirect cost" of the proposal.

It was further agreed that R.F.P.'s would only be mailed to existing contractors as well as all previous groups submitting proposals, and letters of intent be sent to approximately 300 other organizations.

Mr. Decker reported on the current Assembly Ways and Means committee review of total AIDS needs, funding levels, and statewide coordinated efforts.

Mr. Bush, Assembly representative, updated for the committee the current AIDS bills, AB 488 and AB 403. (See attached handouts).

Mr. Chris Bowman, from Senator Marks' office, reported on Medi-Cal proposals, SB 292. (See attached handouts).

Two other bills were briefly mentioned by Mr. Stan Hadden. These bills, to be introduced by Senator Roberti, would extend the AIDS Advisory Committee status to 1990, and redefine the Departments AIDS unit to a program level.

Dr. Roth requested the departments staff to invite the State Commissioner of Insurance and Blue Cross/Shield State Commissioner to a future meeting of the Advisory Committee.

Next meetings planned for March 22, 1985 - Los Angeles
May 3, 1985 - San Francisco

Needed Insurance to the Agms - 161.1, AB 488, as amended in the Assembly, February 14, 1985.

Submitted to the San Francisco County Board of Supervisors, February 19, 1985, by Chris Bowman Chair of the Ad Hoc Committee on AIDS and a Board Member of Concerned Republicans for Individual Rights.

1. Add to 199.20, Line 8, after AIDS ", nor shall the identity or identifying characteristics which would identify any individual who is the subject of a blood test to detect antibodies to the probable causative agent of AIDS be subject to subpoena without the informed written consent of the subject of the blood test."
2. Insert before "results" in 199.21 (a), (b), (c), & (e) "the identity or identifying characteristics which would identify any individual who is the subject of a blood test to detect antibodies to the probable causative agent of AIDS or the".
3. Increase the fines listed in 199.21 (a) and (b) to read:
 - (a) "not to exceed two thousand five hundred dollars (\$2,500)" and "The minimum amount of damages awarded shall be one thousand dollars (\$1,000) plus court costs".
 - (b) "not to exceed ten thousand dollars (\$10,000) plus court costs, as determined by the court. The minimum amount of damages awarded shall be five thousand dollars (\$5,000) plus court costs, as determined by the court."
4. Insert after "psychological harm to" in 199.21 (c), ", or the loss or suspension of any civil right of" the subject of the test.
5. Insert a new paragraph after 199.21 (c) to read: "199.21 (d) Any person who uses the identity or identifying characteristics which would identify any individual who is the subject of a blood test to detect antibodies to the probable causative agent of AIDS or the results of a blood test to detect antibodies to the probable causative agent of the acquired immune deficiency syndrome, except as provided in this chapter or Section 1603.1 or 1603.3, as amended by AB 488 of the 1985-86 Regular Session, which results in economic, bodily, or psychological harm to, or the loss or suspension of any civil right of the subject of the test, is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year or a fine of ten thousand dollars (\$10,000) or both"
6. Change 199.21 (d) to read 199.21 (e), (e) to (f), (f) to (g), etc.
7. Delete after "insurability" in 199.21 (e) "until the department, by regulation, makes a finding that the blood tests are reliable indicators of AIDS which they are purported to detect"

Needed Amendments to the Roos Bill, AB 486, as amended in the Assembly, February 14, 1985.

GENERAL COMMENTS: The bill provides \$5,000,000 for funding alternative testing for the antibody to the probable causative agent of AIDS which would be conducted by the Counties or contracted out by the Counties. Currently, only \$1,000,000 is being spent by the State for AIDS Education and \$2,900,000 for AIDS Research. Most medical and scientific testimony has stated that the antibody test is worthless as a diagnostic tool, even were it to be reliable, which it is not. Could not the \$5,000,000 be better spent to augment monies for education and research?

Proponents will argue that providing state monies for alternative testing sites is necessary to prevent a flood of people donating blood just to get the results of the antibody test. Would it not make more sense, to simply not notify people who donate blood of their test results, period. (Not just for one year as contained within the Roos bill). If people couldn't get the results, they would not be inclined to go to the blood banks for that purpose, and the problem would be solved without spending the \$5,000,000.

Unfortunately, it is unlikely that such logic will prevail in the chambers of our legislature, so the following changes in the Roos bill would help to further strengthen confidentiality of the testing.

1. There is a need to clarify on page 7, line 2 of the Roos Bill what "a confidential statewide blood donor deferral register" means. Confidential to whom? How would the register be safeguarded from unauthorized access? The greater the distribution of the list, the greater the likelihood of disclosure.

2. Section 1603.3 (f) states "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 positive for antibodies to the probable causative agent of AIDS". The section doesn't limit the collection to those who are positive for the antibodies tested at blood banks or plasma centers and seems to contradict the Agnos legislation which attempts to limit disclosure of the test results. The section should be amended to reflect that concern.

3. Section 1603.3 should be amended to include language to the effect that "The antibody test is unreliable and individuals who test positive may not be positive for the antibody, and others who test negative may be positive for the antibody." and "There is no absolute guarantee that an individual's identity and test results may not be disclosed to third parties, nor that such information may not be used to deprive an individual of insurance, employment, or civil rights."

4. Section 1602 (a) on page 1 needs to be strengthened to specify steps to protect confidentiality and suggestions outlined by Mobilization Against AIDS.

Minor Changes include:

a. The testing for the Antibody for the AIDS Virus should be conducted on all blood and blood components donated at blood banks and plasma centers and any blood imported into the State. Blood or blood components found to be positive after two tests should be disposed of immediately.

b. The address and social security number and any additional required by the department in Section 1603.1 should be deleted.

CATASTROPHIC AND CHRONIC ILLNESSES REFORM ACT OF 1984

1. The insurance carrier has the responsibility to continue full coverage of an individual enrolled in a group health plan who subsequently is diagnosed with a catastrophic illness or illnesses (one likely to incur medical expenses in excess of \$15,000 per year until death) for a minimum of three years from diagnosis or until death (whichever comes first), provided the individual or his/her representative applies for conversion to an individual health plan of the carrier within 31 days of the individual's termination from employment because of the catastrophic illness or illnesses, and that regular premiums are paid on a timely basis and in full.

2. Under no circumstance may the premiums of the individual health plan be greater than the premiums of the individual's latest group health plan, nor may the benefits (within the time limits set herein) be less than those provided under the group plan. No medical examination or assessment shall be required by the carrier wherein all or some of the rights enumerated above may be waived.

3. Any individual (as defined above) who becomes unemployed and whose net income is less than \$800 per month may request Medi-Cal to pay for his/her individual health plan premiums. Upon this request, Medi-Cal will confirm that the individual has been diagnosed with a catastrophic illness or illnesses, that the individual's net income is less than \$800 per month, and that he/she

has complied with Medi-Cal's spend-down requirements. If all criteria are met, Medi-Cal will begin paying the individual's health plan premiums within 30 working days of the date of the request. Proof, submitted within the 31 days allowed for conversion to the carrier, that a request has been made is sufficient to allow the individual continued coverage for the next 90 days even if the initial premium was not paid at the time of application for conversion.

4. Should an individual (as defined above) live longer than three years after diagnosis, the carrier has the right to terminate coverage, provided that the catastrophic illness or illnesses has/have not been cured. Once an individual's coverage is terminated, Medi-Cal (should the individual meet the financial requirements set by Medi-Cal) will begin coverage. To ensure continuity of coverage, individuals who have survived 33 months following diagnosis may apply for Medi-Cal coverage.
5. Should an individual (as defined above) be cured of the catastrophic illness or illnesses within three years of diagnosis, and that cure is confirmed by a competent medical authority of the carrier's choosing, the individual has the right to convert to an individual health plan subject to routine medical examination and assessments as may be required by the carrier. If the individual's premiums were paid by Medi-Cal, such subsidies will be discontinued and the individual has the responsibility to repay Medi-Cal for an amount equal to that paid by Medi-Cal within three years of the cure.

6. Should an individual (as defined above) be cured after three years of diagnosis and after Medi-Cal has assumed full responsibility for the individual's health care, the individual has the right to apply for an individual health plan of the most recent carrier as outlined in paragraph 5. As in paragraph 5, the individual has the responsibility to repay Medi-Cal for an amount equal to that paid by Medi-Cal within three years of the cure.
7. Should an individual (as defined above) die, his/her estate must repay Medi-Cal for an amount equal to the premiums paid by Medi-Cal within one year of the individual's death. Should the estate be insufficient (following funeral expenses) to pay the full amount, the balance of the estate will go to Medi-Cal.
8. Should any carrier have more than 1% of its clients (as determined by the aggregate number of health insurance clients, both group and individual, in California) who are catastrophically ill, it may refer any additional catastrophically ill client who wishes to convert from group to individual health insurance to Medi-Cal for Medi-Cal coverage, or it may limit individual coverage for the client (as defined herein) to 90 days or not more than \$25,000, afterwhich coverage may be terminated. Whichever option is applied, the carrier must exercise a uniform, non-discriminatory approach.
9. Individuals with chronic (expected to last longer than three average years) illnesses, disorders, and/or disabilities, in which annual

costs exceed \$3,000, shall be eligible for Medi-Cal (if financial criteria are met) and will reimburse Medi-Cal on the same basis of the Genetically Handicapped Persons Program.

10. In the case of individuals who are confined, either voluntarily, or involuntarily to a facility because of Alzheimer's Disease or any other disabling disease, the individual's family (parent(s), guardian(s), conservator(s), brothers and sisters, and child(ren)), collectively has the initial responsibility for medical costs, if not covered by private insurance. Medi-Cal will cover payments for such individuals in excess of medical costs equivalent to 25% of the collective family's net income over \$10,000, or over 25% of the collective family's total assets (as averaged over five years) have been devoted to covering medical expenses.

11. Medi-Cal shall provide equal reimbursement for similar medical and attendant services provided by Intermediate Care Facilities and Home Hospice Care. Attendant care reimbursement shall reflect the cost of such care in the private sector.

2. Individuals diagnosed with catastrophic degenerative illnesses (costing more than \$15,000 a year in medical expenses with a mortality rate of 90% or greater within three years of diagnosis), who enroll in MEDI-CAL will be required (as under current law) to spend down to \$1,500 in personal savings, but will not be required to share ^{up to} in the cost of their medical care if their income is less than \$800 per month.

Individuals who have an income of over \$800 per month must pay all of their medical expenses with excess income over \$800 per month.

Individuals who earn less than \$800 per month, but more than \$504 will enter a cost-sharing deferral program. Upon the individual's death (within three years of diagnosis), MEDI-CAL will access the individual's estate for an amount equivalent to all income received during any monthly period in excess of \$504 per month. MEDI-CAL's claim will have first priority over any other claim once funeral expenses are paid. Said claim may not exceed \$10,656.

Should an individual live beyond 36 months of diagnosis, he or she would have to share all medical costs over \$504 per month subsequent to the 36th month.

Should an individual recover from the catastrophic degenerative illness, he or she will be required to reimburse MEDI-CAL for the balance of cost-sharing within a three year period. Failure to do so will authorize MEDI-CAL to post a lien against the individual's assets.

COMMENT: This proposal would create a minor-cash flow inconvenience for MEDI-CAL, but should not result in a significant loss of revenue or increase in expenditures in the long-run. It would, however, preclude undue hardship on individuals already burdened by a catastrophic degenerative illness. Such individuals should not be faced with the option of moving to a tenement or malnutrition. Yet the cost of living for rent, transportation, food, and utilities in urban areas of California well exceeds \$504 per month. In San Francisco, decent studio apartments go for \$300 a month, and decent one bedroom apartments start at \$375 a month, if you can find them.

The deferral provision being proposed is similar to the measure taken by Governor Deukmejian for elderly citizens living in convalescent or rest homes.

Alternative proposals could vary the \$800 based on the cost of living of particular counties, could limit the number of months that cost-sharing below \$800 per month would be deferred, or limit the reimbursement schedule to fewer months.

RETURN BY WEDNESDAY

ADDITIONAL COPY

LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, Marks.

General Subject: Medi-Cal: catastrophic illness.

Existing law provides for the Medi-Cal program which provides low-income persons with health care services.

This bill would provide that an individual who is diagnosed as having a catastrophic illness shall be eligible, under specified circumstances, to have the Medi-Cal program pay health insurance premiums for a period of 36 months if the individual was enrolled in a medical insurance plan through his or her place of employment, the individual has the right to conversion of coverage, and the individual is no longer employed.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 14109.8 is added to the Welfare and Institutions Code, to read:

14109.8. (a) Notwithstanding any other provision of federal or state law, and to the extent provided for under subdivision (d), an individual who is diagnosed as having a catastrophic or degenerative illness which has a mortality rate of at least 90 percent within a period of three years from the time of diagnosis, and where the average annual cost of care for the illness exceeds fifteen thousand dollars (\$15,000), shall be eligible for payments under this chapter.

(b) Any person eligible under this chapter pursuant to subdivision (a) who is enrolled in a medical insurance plan through his or her place of employment, and who has the right to conversion of coverage, shall, upon his or her unemployment, be eligible to receive payment under this chapter to pay the monthly premiums for the medical insurance plan in which he or she is enrolled for a period of 36 months.

(c) If an individual eligible pursuant to subdivision (a) is also eligible for services under any other provision of this chapter, the individual may elect

eligibility under either subdivision (2) or under the other provision of this chapter.

- 0 -

HEALTH PROVIDER CONCERNS ABOUT HTLV-III AIDS ANTIBODY TEST?

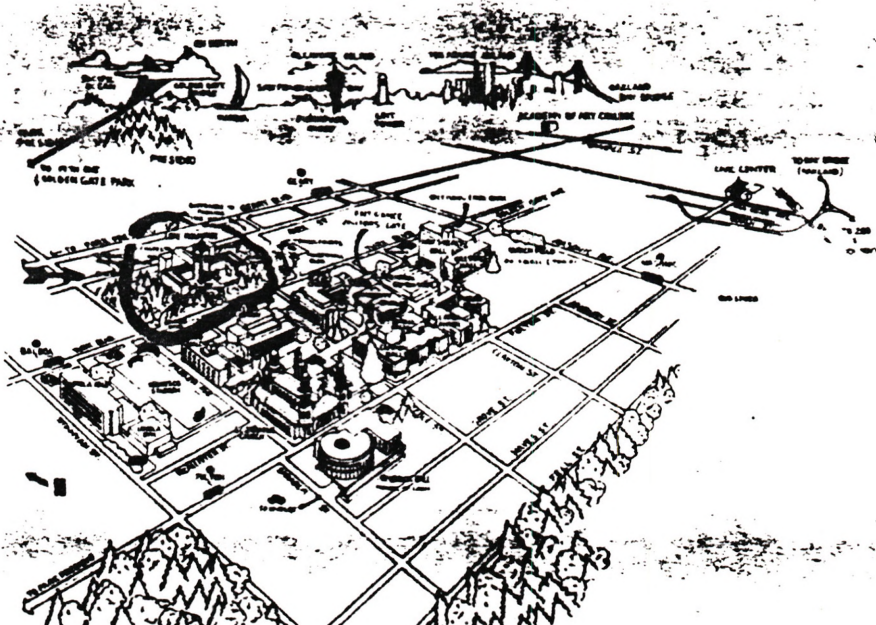
The Centers for Disease Control in conjunction with the San Francisco Department of Public Health is presenting a seminar to help inform health care providers in northern California concerning:

INTERPRETATION OF SEROLOGIC TESTING FOR ANTIBODIES TO HTLV-III AND PATIENT COUNSELING ABOUT TESTS AND TEST RESULTS

The seminar should help health providers:

1. Answer inquiries about serologic tests for antibodies to HTLV-III and when appropriate, refer callers to additional sources of information.
2. Advise persons prior to testing so each can make an informed choice about whether to have a test performed.
3. Explain the meaning of serologic test results to seropositive patients.
4. Explain precautionary measures that all seropositive patients should observe.
5. Understand the concerns of high-risk persons that HTLV-III antibody test results remain confidential.

**LOCATION:
LONE MOUNTAIN
AUDITORIUM**



Parking in lots is by permit only. Limited street parking is available on Anza, Parker, and Turk Streets. The only convenient lunch is at the Campus Student Center Cafeteria. Coffee and tea will be provided at the Auditorium.

There will be three identical one-day Sessions from 8am-5pm (with one-hour lunch break) on February 27, 28, and March 1.

You must reserve a spot in order to attend. To do so please call 864-8100 (San Francisco City Clinic) and give your name, affiliation, the date that you are interested in and whether you will eat lunch in the student cafeteria.

CALL 864-8100

Memorandum

To : AIDS ADVISORY COMMITTEE

Date : February 14, 1985

Subject: AIDS Committee Meeting


From : D.L. Gunter, Chief
VD Control Program

The next meeting of the AIDS Advisory Committee is scheduled for February 21, 1985, in Sacramento, California.

- 11:00 a.m., Room 205, State Capitol
- 2:00 - 4:00 p.m., Room 3191, State Capitol

Attached please find a copy of January 31, 1985 minutes.

Attachments
JF:gew

Memorandum

To : AIDS Advisory Committee Members

Date : March 18, 1985

Subject: AIDS Meeting Minutes

From : D.L. Gunter, Chief
VD Control Program

Enclosed are the minutes of the February 21, 1985 AIDS Advisory Committee meeting.

The next meeting of the AIDS Advisory Committee will be March 22, 1985 in Los Angeles, CA.

Location: Los Angeles County Health Administration
314 North Figueroa Street
Los Angeles, CA 90012

Time: 11:00 a.m. - Room 906D or 931

Lunch

1:00 p.m. to 5:00 p.m. - Room 931 (Executive Conference Room)

NOTE: PARKING IN BUILDING GARAGE - PARKING PASSES ARRANGED FOR MEMBERS AND STAFF

DLG:gew

bruce b. decker

February 28, 1985

Kenneth W. Kizer, M.D., M.P.H.
Deputy Director for Preventive Health Services
714 "P" Street Room #1253
Sacramento, California 95814

Re: AIDS Advisory Committee--84/85 Recap; 85/86 Recommendations

Dear Dr. Kizer:

As an advisory body to the Director of Health Services, and by virtue of our access within both the Administration and the Legislature, we have become the clearing-house for AIDS (Acquired Immune Deficiency Syndrome) related statewide issues. We have met monthly since last August, meeting in Sacramento, San Francisco and Southern California when appropriate. Five physicians; Dr. Filante, a member of the Legislature; Dr.'s Hamilton and Roth, caring for AIDS patients on a daily basis; Dr. Gottlieb, a University of California researcher, and Dr. Chin, the state infectious disease epidemiologist, have complemented the other four members representing the Gay community, AIDS-related organizations and health care workers. We come from diverse political, social and professional backgrounds, but have become a strong, co-ordinated, non-divisive working body.

The co-operation we have seen, not only on our committee, but by the staff of the Department of Health Services, the University of California Research Task Force, Medi-Cal, the Governor's office, the Legislative staffs, and many expert witnesses, has been gratifying. We are living proof that AIDS is not a political issue; it is not a partisan issue; it is not a sexual issue; it is, in fact, a public health issue and it appears to be one of the most significant infectious disease epidemics faced by our nation in this century.

With over 8000 cases reported nationally, approximately 25% of which are here in California, the number of AIDS cases appears to be doubling every 9 months. AIDS' incubation period may be as short as nine months or as long as five years. In spite of very encouraging recent news we still do not have a vaccine or a cure for it, or for many of its opportunistic infections.

Thankfully, AIDS does not appear to be highly contagious. It is primarily limited to 4 major risk groups: male homosexuals, intravenous drug users, Haitians, and hemophiliacs. We are seeing it being sexually transmitted and transmitted through blood products to low-risk groups, but by comparative statistics, while sensationalized by the media, the actual risk of contamination to the heterosexual or low-risk group communities appears to be very small at this time, while potentially increasing. Extensive studies of medical personnel caring for AIDS patients indicate that it is not spread through casual contact, airborne routes, or means other than sexual contact, blood, or shared needles.

It is important that we see that we are dealing with two epidemics, as Secretary of Health and Human Services Margaret Heckler noted two years ago: one is a disease and the other is a fear!

If we are to succeed, government must be perceived as not only responding to this crisis, but as anticipating needs as or before they arise. Care needs to be provided to relieve the suffering and sorrow associated with AIDS, education to reduce its spread, and assurance to relieve unfounded fears.

We need to help people understand what to be concerned about and what not to be concerned about. We must reassure our constituents that government is functioning in this, its most critical role: that of protecting the public health.

Fear engenders a full spectrum of responses: ranging from utmost concern to ugly retribution. We have and will continue to see loving, caring responses to this crisis along with crackpot schemes by those who would shamelessly manipulate this crisis for personal or political profit, or both.

As our committee addresses the issues associated with this crisis, we suggest dividing the discussion into 7 principal areas in an effort to create a co-ordinated and comprehensive program:

1. Education/Information
2. Medi-Cal
3. Epidemiology
4. Research
5. Laboratory Work
6. Blood Banks/Confidentiality
7. Co-ordination.

Education/Information

CFY 84/85: \$ 737,500

Our principal objective in education is to reduce the spread of the disease. By working with the principal risk groups to educate them we have succeeded in a dramatic reduction in risk-accentuating habits. Dr.'s Coats and Conant and the San Francisco AIDS Foundation have documented through a detailed survey that education projects funded by the City/County of San Francisco and the Department of Health Services have been very effective. Each project that we have funded has included the criterion that it have statewide application. Recently we brought our contractors together to conduct their mid-year review and to exchange information. It was a very valuable session and demonstrated that the projects funded in 1984/85 provide an excellent model for 85/86.

In the 84/85 funding we had 2 cycles of request for proposals which resulted in:

June:	13 Proposals totalling	\$ 1,027,000	-- funded	\$ 414,000
August:	12 Proposals totalling	\$ 724,000	-- funded	\$ 328,000
		\$ 1,751,000		\$ 742,000

While we funded a variety of good programs, several areas were not adequately addressed in 1984/85: Education to the hemophiliac community, to women re: AIDS, to IV drug-users, and to individuals with sexual contact to high-risk groups. Pilot programs were funded in some of these areas and all are at the top of our list in priority for 1985/86. While we are directly serving most coastal counties and concentrations of high-risk populations, several inland counties are not yet directly served.

Clearly, the progress made in research projects creates an everbroadening educational need. Testing for HTLV-3 antibodies is a good example and mandates enormous counselling programs. We have worked with the Legislative staffs to address this subject.

Education/Information Recommendation

CFY 85/86: \$ 1,500,000

We recommend continued funding of the current programs after a clear and complete review of each contractor to evaluate their performances. In addition, we must expand our efforts to the smaller risk groups and geographic areas not yet served.

It is critical that we launch a comprehensive media campaign, including half-day workshops to raise the profile of the California AIDS Project. Our constituents must get accurate, timely information reassuring them that we are on top of the situation. Public Service announcements may well be another avenue to supplement contact with the Gay and Straight press.

In the coming year we will need to address a wide variety of issues in the heterosexual community. The media will be sensationalizing the crisis and we must be prepared to calm the situation. Issues like those relating to children born to women infected with HTLV-3 and to individuals who come in sexual contact with high-risk groups will require sophisticated education to the non-gay community on the transmission of AIDS and exposure-reductive techniques.

Last year we had to dip into Education/Information money to fund the epidemiology and lab operations. We clearly recommend that \$1.5 million of the \$2.034 million be spent in Education/Information activities. There were many good programs and aspects of programs which we could not fund last year. Combining that with the expanding needs, we feel our recommendation is well in line.

Medi-Cal

Due to the debilitating nature of AIDS it appears that either through the loss of employment and employment-based medical insurance or the exhaustion of private insurance, almost all patients will end up on Medi-Cal. With estimates in excess of 15,000 cases by 1987 and average care costs exceeding \$100,000 per case, the financial impact on the health care providing system, particularly Medi-Cal, is, and will be, enormous.

This is further illustrated by the fact that Monday, February 11, The Secretary of Health and Human Services announced the adding of AIDS to the list of diseases prompting presumptive disability status with relation to Social Security and Medicare.

At any given time, between 10 - 15% of all AIDS patients are hospitalized. Provision for home care can improve our care delivery system and reduce our cost burden. Statistics indicate that AIDS has been 100% fatal within 4 years of diagnosis. Provision for hospice care can also improve and humanize our ability to cost-effectively deal with the efforts to allow for death with dignity.

Medi-Cal Recommendations

If Medi-Cal is to be humanely responsive to AIDS patients while providing maximum care at the most responsible expense, several revisions in procedure need to take place.

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Vested insurance benefits must be extended to a patient, at his own expense or reimbursed by the state, if his unemployment is resultant from his inability to work in relation to his terminal illness. Continuing private insurance coverage must be maintained as long as possible for the good of the patient, provider, and State of California.

The "Sharing of Cost" policy must be reviewed and revised. The cost of living for a terminal patient makes this policy almost unconscionable.

Reimbursements yielding 25-50% payment to overall billing are seriously discouraging private physicians for caring adequately for AIDS patients.

Presumptive eligibility status must be extended to AIDS patients.

Epidemiology

CFY 84/85: \$ 150,000

Without active epidemiological activities we will not know the extent of our need, the progress we are making, or the vital information which will help us to solve this baffling problem. We need to continue field operations in an effort to better train reporting entities and monitor events.

Epidemiology Recommendations

CFY 85/86: \$ 150,000

Significant numbers of Federal and County dollars are being spent in this area. We recommend that through co-ordination, due to our limited resources, we maximize the impact of our current budget in this area by using as much information generated by others as possible.

Research

CFY 84/85: \$ 2,900,000

Recently, the University reported on its efforts to its Regents.

The University funded research clinics in San Francisco and Los Angeles and in doing so sought to improve our ability to care for patients through research.

Research Recommendation

CFY 85/86: \$ 2,900,000

Research outside the U.C. system under the current arrangement is precluded, so we recommend that the Department of Health Services work with an Advisory Committee of research and medical experts (including members of the current U.C. Task Force) to solicit, evaluate and recommend funding of proposals for additional clinical research.

We recommend that an independent planning project be funded to evaluate the long-term impact that AIDS will have on the health providing system here in California, so as to give us accurate, educated, independent guidance in anticipating future needs in a timely fashion.

State Lab

CFY 84/85: \$ 75,000

As research and technology give us new tools, the state laboratories must have the means to keep up with them.

State Lab Recommendations

CFY 85/86: \$ 100,000

Given the new testing techniques surfacing, we recommend continued funding of the pilot programs we funded last year.

Blood Banks/Confidentiality

Much attention, both from the media and the Legislature, has been focused on the blood supply and related issues of testing and confidentiality.

The Federal government has recently announced its intention to license a blood test to detect the presence of antibodies to HTLV-3, the suggested causative agent of AIDS. Because the significance of this and other tests beyond detecting the mere presence of antibodies is unknown, the confidentiality of test results is critical, particularly in matters of insurability and employment.

It is in recognition of the extraordinary need to reassure the nation of the purity of our blood bank supply that this test is being licensed without complete understanding of its implications.

Blood Banks/Confidentiality Recommendations

CFY 85/86 : \$ 5,000,000

Preliminary examination of AB403 and AB488 which have recently been introduced into the State Legislature indicate that they address these issues sensibly. It is our understanding that some federal money will be available to supplement the testing and counselling funding. We recommend that the Department immediately evaluate our needs and communicate them to the Centers for Disease Control.

Our Committee has addressed the issues of testing, counselling and confidentiality exhaustively. Given the media profile this issue has received, this is perhaps the most urgent area which we need to address. The gay and straight community must be reassured that their government is sensitive to their needs and concerns.

Blood bank contamination eliminates the concept of risk groups; if the blood supply is contaminated, everyone is at risk! Confidentiality of the test results, as long as they are generally inconclusive, is imperative to protect innocent people from discrimination.

Co-ordination

Clearly, there is the need to co-ordinate our state government's response internally and co-ordinate our response with Federal and local agencies. Oftentimes in government the left hand does not always know what the right hand is doing. The medical, social, research and legal implications of this crisis emphasizes the need to coordinate our response.

We have seen the animosity and frustration that the appearance of unresponsiveness creates. Let us not allow ourselves to be criticized in the way the Federal government has been.

Improving the visibility of our efforts is critical--not only to our ability to deal with the disease, but also to deal with the fear. Sharing responsibility of funding comprehensive programs with Federal, State and local bodies is also critical to our success.

Co-ordination Recommendations

CFY 85/86: \$ 250,000

We recommend that an individual or individuals be assigned the responsibility of ascertaining the programs being funded to deal with AIDS by all local, county, state and Federal agencies in California. We request that the findings be reported to our Committee at the earliest possible date. Needless to say, this report and its ongoing monitoring will help us to logically determine areas of need and to avoid duplication of effort.

We recommend that an individual or individuals be assigned the responsibility of researching with each and every other department of state government potential programs which may dovetail or have some support, education or research application to AIDS. We request that these findings are also reported to our Committee at the earliest possible date. This report and its ongoing monitoring will help us to identify areas of opportunity and potential problem areas while maximizing existing funded programs outside of the Department.

We recommend that the positions of Program Co-ordinator and Medical Officer be filled, and that remaining positions with relation to co-ordination and support of educational/informational activities be reinforced.

We recommend that the Supervisor of these co-ordination efforts be clearly empowered by the Administration to cut through the bureaucratic red tape and get total, prompt co-operation. We all agree that AIDS is the most significant public health crisis we have seen in this decade; possibly in this century. Dramatic, decisive and responsible recourse is needed to minimize the impact of this tragedy on our constituents.

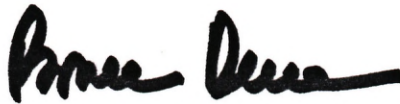
Conclusion

The preceding has been a review of 1984/85 funding levels and our recommendations as they relate to proposed 1985/86 funding levels.

While we can appreciate the need to recognize the broad spectrum of concerns the Administration must address, we respectfully suggest that given the fear, the sorrow, and the suffering that the AIDS crisis is manifesting, additional resources should be allocated, particularly in the areas of education and information.

The only way we are going to slow the rate of increase (doubling every nine months) is through education of high-risk groups in methods of risk-reduction procedures. If we could set aside, for the moment, humanitarian considerations, looking simply at the future financial impact AIDS potentially has on state government it is clearly in our enlightened self-interest to invest as much as can be efficiently spent in efforts to educate constituents in risk reduction. Many people do not yet know the seriousness of the crisis, and others who do, don't know what to do about it. By many comparisons we have spent only modest amounts on this crisis; amounts which do not accurately reflect the potential cost in human suffering and dollars this crisis forbodes.

Sincerely,



Bruce B. Decker, Chairman
The AIDS Advisory Committee

Michael Roth, M.D., Vice-Chairman
James Chin, M.D.
William J. Filante, M.D.
Michael Gottlieb, M.D.

Stan Hadden
Richard R. Hamilton, M.D.
Bill Kraus
Sal Rosselli

cc: Governor George Deukmejian
State Senator Jim Neilsen
State Senator David Roberti, President Pro Tem
Assemblyman Patrick J. Nolan
Assemblyman Willie L. Brown, Jr., Speaker

BBD/smp

bruce b. decker

February 28, 1985

Kenneth W. Kizer, M.D., M.P.H.
Deputy Director for Preventive Health Services
714 "P" Street Room #1253
Sacramento, California 95814

Re: AIDS Advisory Committee--84/85 Recap; 85/86 Recommendations

Dear Dr. Kizer:

As an advisory body to the Director of Health Services, and by virtue of our access within both the Administration and the Legislature, we have become the clearing-house for AIDS (Acquired Immune Deficiency Syndrome) related statewide issues. We have met monthly since last August, meeting in Sacramento, San Francisco and Southern California when appropriate. Five physicians; Dr. Filante, a member of the Legislature; Dr.'s Hamilton and Roth, caring for AIDS patients on a daily basis; Dr. Gottlieb, a University of California researcher, and Dr. Chin, the state infectious disease epidemiologist, have complemented the other four members representing the Gay community, AIDS-related organizations and health care workers. We come from diverse political, social and professional backgrounds, but have become a strong, co-ordinated, non-divisive working body.

The co-operation we have seen, not only on our committee, but by the staff of the Department of Health Services, the University of California Research Task Force, Medi-Cal, the Governor's office, the Legislative staffs, and many expert witnesses, has been gratifying. We are living proof that AIDS is not a political issue; it is not a partisan issue; it is not a sexual issue; it is, in fact, a public health issue and it appears to be one of the most significant infectious disease epidemics faced by our nation in this century.

With over 8000 cases reported nationally, approximately 25% of which are here in California, the number of AIDS cases appears to be doubling every 9 months. AIDS' incubation period may be as short as nine months or as long as five years. In spite of very encouraging recent news we still do not have a vaccine or a cure for it, or for many of its opportunistic infections.

Thankfully, AIDS does not appear to be highly contagious. It is primarily limited to 4 major risk groups: male homosexuals, intravenous drug users, Haitians, and hemophiliacs. We are seeing it being sexually transmitted and transmitted through blood products to low-risk groups, but by comparative statistics, while sensationalized by the media, the actual risk of contamination to the heterosexual or low-risk group communities appears to be very small at this time, while potentially increasing. Extensive studies of medical personnel caring for AIDS patients indicate that it is not spread through casual contact, airborne routes, or means other than sexual contact, blood, or shared needles.

It is important that we see that we are dealing with two epidemics, as Secretary of Health and Human Services Margaret Heckler noted two years ago: one is a disease and the other is a fear!

If we are to succeed, government must be perceived as not only responding to this crisis, but as anticipating needs as or before they arise. Care needs to be provided to relieve the suffering and sorrow associated with AIDS, education to reduce its spread, and assurance to relieve unfounded fears.

We need to help people understand what to be concerned about and what not to be concerned about. We must reassure our constituents that government is functioning in this, its most critical role: that of protecting the public health.

Fear engenders a full spectrum of responses: ranging from utmost concern to ugly retribution. We have and will continue to see loving, caring responses to this crisis along with crackpot schemes by those who would shamelessly manipulate this crisis for personal or political profit, or both.

As our committee addresses the issues associated with this crisis, we suggest dividing the discussion into 7 principal areas in an effort to create a co-ordinated and comprehensive program:

1. Education/Information
2. Medi-Cal
3. Epidemiology
4. Research
5. Laboratory Work
6. Blood Banks/Confidentiality
7. Co-ordination.

Education/Information

CFY 84/85: \$ 737,500

Our principal objective in education is to reduce the spread of the disease. By working with the principal risk groups to educate them we have succeeded in a dramatic reduction in risk-accentuating habits. Dr.'s Coats and Conant and the San Francisco AIDS Foundation have documented through a detailed survey that education projects funded by the City/County of San Francisco and the Department of Health Services have been very effective. Each project that we have funded has included the criterion that it have statewide application. Recently we brought our contractors together to conduct their mid-year review and to exchange information. It was a very valuable session and demonstrated that the projects funded in 1984/85 provide an excellent model for 85/86.

In the 84/85 funding we had 2 cycles of request for proposals which resulted in:

June:	13 Proposals totalling \$ 1,027,000	-- funded \$ 414,000
August:	12 Proposals totalling \$ 724,000	-- funded \$ 328,000
	<u>\$ 1,751,000</u>	<u>\$ 742,000</u>

While we funded a variety of good programs, several areas were not adequately addressed in 1984/85: Education to the hemophiliac community, to women re: AIDS, to IV drug-users, and to individuals with sexual contact to high-risk groups. Pilot programs were funded in some of these areas and all are at the top of our list in priority for 1985/86. While we are directly serving most coastal counties and concentrations of high-risk populations, several inland counties are not yet directly served.

Clearly, the progress made in research projects creates an everbroadening educational need. Testing for HTLV-3 antibodies is a good example and mandates enormous counselling programs. We have worked with the Legislative staffs to address this subject.

Education/Information Recommendation

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We recommend continued funding of the current programs after a clear and complete review of each contractor to evaluate their performances. In addition, we must expand our efforts to the smaller risk groups and geographic areas not yet served.

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Sal Rosselli

cc: Governor George Deukmejian
State Senator Jim Neilsen
State Senator David Roberti, President Pro Tem
Assemblyman Patrick J. Nolan
Assemblyman Willie L. Brown, Jr., Speaker

BBD/smp

PHONE LISTING
(As of September 13, 1985)

AIDS SECTION STAFF

ANDERSON, Robert, M.D. 445-0599
AIELLO, Andrea. 445-0581
AKUNE, Helen 445-0636
BROCK, Kenneth 445-0610
CAIN, H. Leon, III 445-0696
DETRES, Augie (Augustine) 445-0642
FOX, Richard 445-0666

BRADLEY, Florence
HIRSCH, Bob 445-0697
JENKINS, Sandy 445-0689
MILLER, Dan 445-0629
ROBINETT, Denise,
WAGER, Geneve

CHACON, Juan 445-0702

AIDS - General Office Number 445-0553

Address: AIDS SECTION
1812 - 14th Street
P. O. Box 160146
Sacramento, CA 95816-0146

AIDS HOTLINES:

Northern California 1-800-367-AIDS (2437)
Southern California 1-800-922-AIDS (2437)
Alaska/Hawaii (212) 807-6016
Other States 1-800-221-7044

AIDS Field Office Personnel:

BURSAW, Michael. (619) 239-0104
Del TEMPLIS, Corrinna).
ORENSTEIN, Fern): (415) 464-0307/8
WERTZBERGER, Geoffrey (714) 834-8709

KIZER, Kenneth W., M.D., MPH 445-1248
GREGORY, Maridee A., M.D. 445-2927
LYMAN, Donald O., M.D. 445-1102
ACREE, Kathleen H., M.D. 445-3151
CHIN, James, M.D. 8-571-2566
GUNTER, D.L. 323-1458
FELTEN, Jim. 445-2938
IMLE, Bill (Press Office) 445-1967

INFORMATION, DHS. 445-4171

Calls within state offices: Use last 5 digits.

ATSS PREFIXES

571 = 540	492 = 322
473 = 323	485 = 445

AIDS BUDGET SUMMARY

<u>STATE FUNDS</u>	<u>FY 1983-84</u>	<u>FY 1984-85</u>	<u>FY 1985-86</u>
University Research	\$2,900,000	\$3,094,000	\$ 5,214,000 ^{1/}
Department of Health Services	500,000	1,000,000	5,122,169 ^{2/}
HTLV-III Testing	---	---	5,000,000
 TOTAL STATE FUNDS	 \$3,400,000	 \$4,094,000	 \$15,336,169
 <u>FEDERAL FUNDS</u>			
Surveillance	\$ 102,891	\$ 196,996	\$ 196,996 ^{3/}
HTLV-III	---	---	2,455,578
Los Angeles	117,461	186,045	186,045
San Francisco	144,860	587,266	587,266 ^{4/}
 TOTAL FEDERAL FUNDS	 \$ 365,212	 \$ 970,307	 \$ 3,425,885
 GRAND TOTAL	 <u>\$3,765,212</u>	 <u>\$5,064,307</u>	 <u>\$18,762,054</u>

^{1/} \$1 million to be distributed to universities outside the UC system.

^{2/} Total amount \$5,122,169 = \$4,249,500 for AIDS Community Education + \$872,669 for Epidemiology/Surveillance and program support.

^{3/} Federal grants not yet awarded for FY 1985-86 (October - September). Amounts should be equal or greater than 1984-85 awards.

^{4/} Includes special studies for blood transfusion and Hepatitis B follow-up.

AIDS CONTRACTS

1984-85

<u>Contractor</u>	<u>Total Contract Amount</u>	<u>Total Expenditures</u>	<u>Remaining Balance</u>
1) AIDS Project, Los Angeles	\$163,834	\$163,530.76	\$ 303.24
2) Desert AIDS Project	24,813	24,813	-0-
3) GLCSC, Los Angeles	83,858	59,271.24	*24,586.76
4) GLCSC, Orange	50,245	50,209.95	35.05
5) Gay United Services	20,000	20,000	-0-
6) Haight-Asbury Free Medical Clinic	10,000	10,000	-0-
7) City of Long Beach	21,410	13,094.62	**8,315.38
8) Orthopaedic Hospital - Los Angeles	21,877	17,560.61	4,316.39
9) The Pacific Center	53,079	52,774.96	304.04
10) River Community Services	22,000	22,000	-0-
11) Sacramento AIDS Foundation	19,959	19,723.63	235.37
12) County of San Diego	22,509	14,785.16	***7,723.84
13) San Francisco AIDS Foundation	100,389	68,562.56	****31,826.44
14) County of Santa Barbara	29,724	29,724	-0-
15) County of Santa Clara	52,905	46,742.60	6,162.40
16) San Diego AIDS Project	39,750	39,696.94	53.06
 TOTAL	 <u>\$736,352</u>	 <u>\$652,490.03</u>	 <u>\$83,861.97</u>

*Expenditures and Balance as of May 31, 1985.

**Expenditures and Balance as of March 31, 1985.

***Expenditures and Remaining Balance as of April 5, 1985.

****Expenditures and Remaining Balance as of May 31, 1985.

ACQUIRED IMMUNODEFICIENCY SYNDRO. AIDS)
MONTHLY SURVEILLANCE REPORT
January 1981 - July 31, 1985

Department of Health Services
AIDS Section
P.O. Box 160146
Sacramento, CA 95816-0146

California Cases by residence at onset of illness from
January 1981 to July 31, 1985 (includes 13 cases reported
prior to January 1981)

1. PRIMARY DISEASE	CASES	% of TOTAL	DEATHS	% DEAD
KS without PCP	859	30.03	268	31.20
PCP without KS	1458	50.98	622	42.66
Both KS and PCP	197	6.89	120	60.91
OI without KS or PCP	346	12.10	170	49.13
TOTAL	2860	100.00	1180	41.26

KS = Kaposi's sarcoma
PCP = Pneumocystis carinii pneumonia
OI = Other opportunistic infections

2. AGE	CASES	% OF TOTAL
Under 5	12	0.42
05 - 13	2	0.07
14 - 19	7	0.24
20 - 29	429	15.00
30 - 39	1398	48.88
40 - 49	682	23.85
Over 50	315	11.01
Unknown	15	0.52
TOTAL	2860	100.00

3. RACE/ETHNICITY	CASES	% OF TOTAL
White, not Hispanic	2352	82.24
Black, not Hispanic	220	7.69
Hispanic	228	7.97
Haitian	1	0.03
Asian or Pacific Is.	19	0.66
American Indian/Alaskan	3	0.10
Other	1	0.03
Unknown	36	1.26
TOTAL	2860	100.00

4. RISK GROUPS

	NUMBER OF CASES		TOTAL CASES	% OF TOTAL
	MALES	FEMALES		
Homosexual	2374	0	2374	83.00
Bisexual	281	0	281	9.83
Intravenous (IV) Drug User	45	8	53	1.85
Hemophiliac	12	3	15	0.52
Heterosexual Contact	5	4	9	0.31
Transfusion	30	19	49	1.71
Parent at Risk	1	2	3	0.10
None/Apparent/Unknown	63	13	76	2.66
TOTAL	2811	49	2860	100.00

5. FATALITY RATES BY TIME OF DIAGNOSIS

	NUMBER OF CASES	NUMBER OF DEATHS	CASE-FATALITY RATE
1981 Jan-June	20	18	90.00
Jul-Dec	37	28	75.68
1982 Jan-June	77	55	71.43
Jul-Dec	134	96	71.64
1983 Jan-June	274	184	67.15
Jul-Dec	381	233	61.15
1984 Jan-June	512	229	44.73
Jul-Dec	668	197	29.49
1985 Jan-June	720	128	17.78
Jul-Dec	24	2	8.33

AIDS CASES BY COUNTY
OF RESIDENCE AT ONSET OF ILLNESS

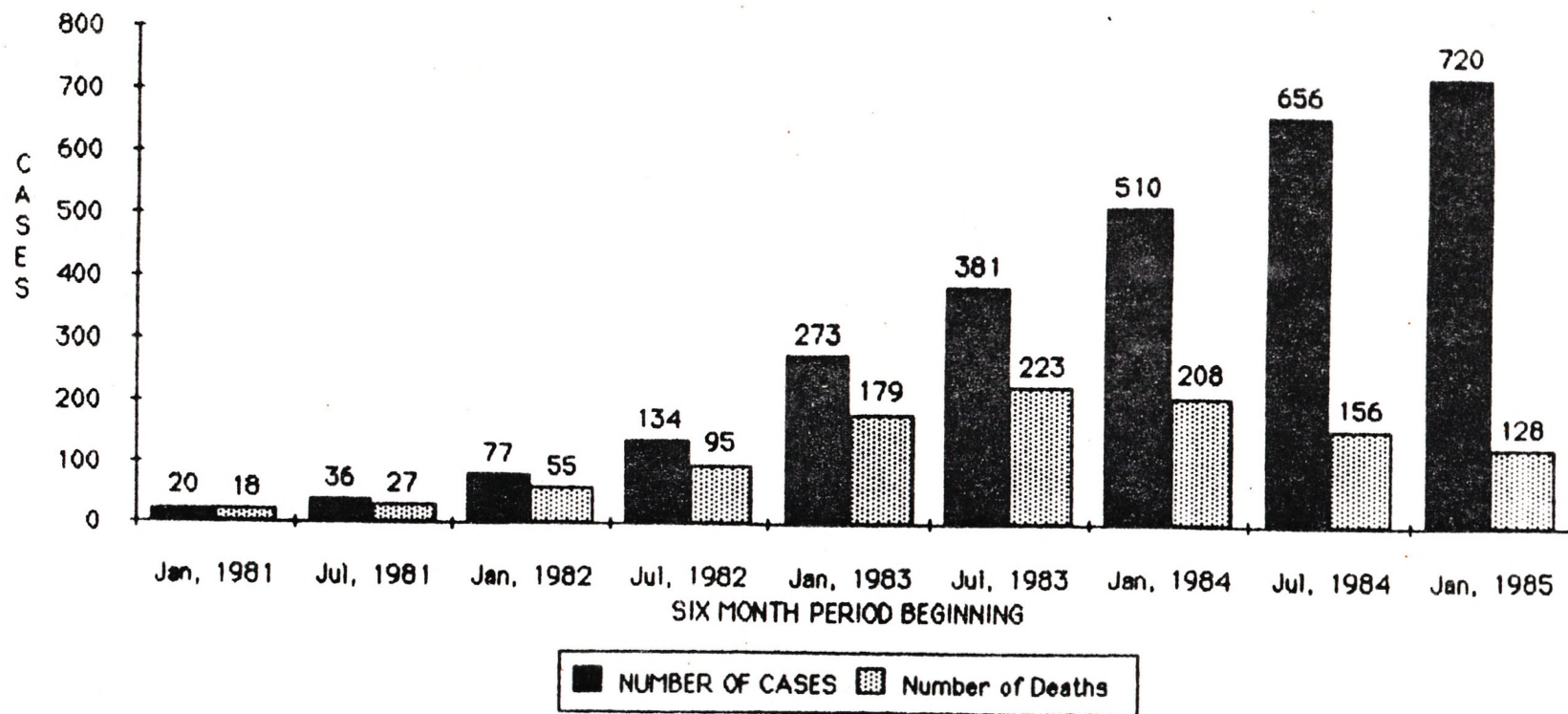
January 1981 - July 31, 1985

	CASES	DEATHS
San Francisco	1179	464
Los Angeles	1041	457
Orange	103	46
Alameda (ex. Berkeley)..	99	35
San Diego	90	33
Santa Clara	47	23
Riverside	39	17
Contra Costa	37	12
Sonoma	31	8
San Mateo	29	14
Marin.....	28	11
Sacramento	23	9
Monterey	12	6
San Bernardino	11	4
Santa Barbara	11	3
Out of State	8	3
Santa Cruz	7	4
San Luis Obispo	7	3
Kern	7	1
Fresno	6	5
Mendocino	6	4
San Joaquin	6	2
Ventura	5	2
Berkeley	4	1
Stanislaus	3	3
El Dorado	3	2
Lake	3	2
Solano	3	1
Yuba	2	1
Imperial	2	1
Placer.....	2	1
Napa	2	0
Merced	1	1
Trinity	1	1
San Benito	1	0
Humboldt/DelNorte.....	1	0
TOTAL	2860	1180

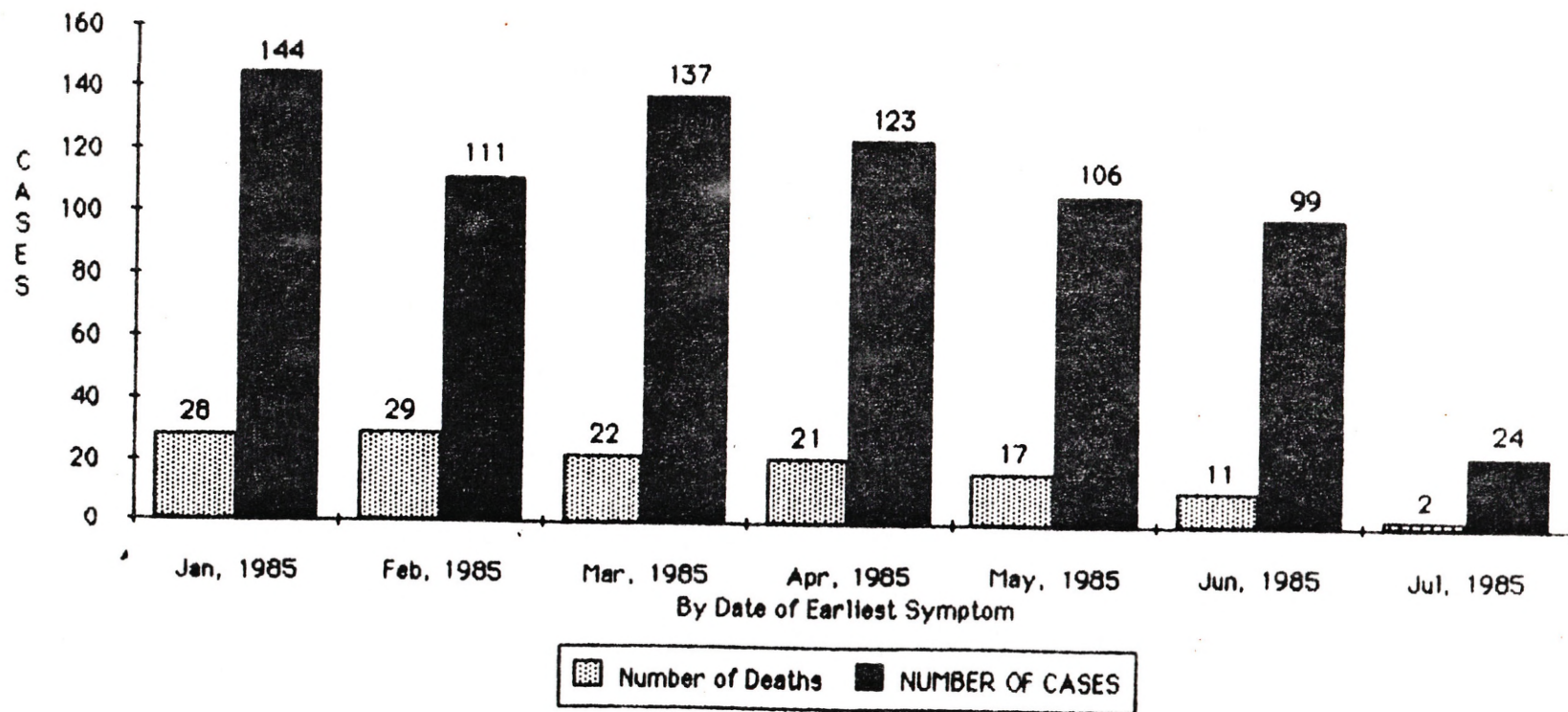
7. RESIDENCE	CASES	PERCENT OF TOTAL
-----	-----	-----
New York	4388	35.8
California	2799	22.8
Florida	866	7.1
New Jersey	751	6.1
Texas	622	5.1
Illinois	255	2.1
Pennsylvania	253	2.1
Massachusetts	232	1.9
Georgia	200	1.6
District of Columbia	199	1.6
Maryland	164	1.3
Puerto Rico	143	1.2
Washington	139	1.1
Connecticut	138	1.1
Louisiana	128	1.0
Virginia	116	0.9
Colorado	88	0.7
Michigan	80	0.7
Ohio	79	0.6
Missouri	57	0.5
North Carolina	57	0.5
Arizona	54	0.4
Indiana	42	0.3
Hawaii	38	0.3
Oregon	36	0.3
Minnesota	32	0.3
Wisconsin	28	0.2
Alabama	26	0.2
Kentucky	26	0.2
South Carolina	26	0.2
Oklahoma	22	0.2
Tennessee	22	0.2
Rhode Island	19	0.2
Utah	18	0.1
Delaware	14	0.1
Nevada	14	0.1
Iowa	12	0.1
New Mexico	11	0.1
West Virginia	10	0.1
Other States (11)	52	0.4
-----	-----	-----
Total - USA	12256	100.0

AIDS ACTIVITY, CID, CDC, ATLANTA, GA.

CALIFORNIA AIDS CASES 1981-1985



CALIFORNIA AIDS CASES 1985



DEPARTMENT OF HEALTH SERVICES

2151 Berkeley Way, Rm. 708
Berkeley, CA 94704
(415) 540-2566



August 14, 1985

To: California Health Officers

California AIDS Surveillance
and Epidemiology Personnel

A very important AIDS risk group which has been documented is that of infants who are born to mothers who are infected with the AIDS virus (HTLV-III). Epidemiologic and laboratory data have shown the transmissions of this virus from an HTLV-III infected mother to her child, before, at, or shortly after the time of birth. Although cofactors contributing to AIDS in adults are not known with certainty, it is believed that the undeveloped immune system of a newborn contributes importantly to the development of disease in infants who are infected with the HTLV-III virus. Although not universal, the risk of infection to a baby born to an infected mother appears high and the prognosis for the infant once infected, appears poor.

Because of the potentially disastrous result for the fetus when an expectant mother is infected with the AIDS virus, the Infectious Disease Branch of the State Department of Health Services advises that special health information be given to women of child bearing age who are at increased risk for infection with the AIDS virus. Such information is essential for women who are found to be HTLV-III antibody positive.

It has been well documented that infection with the AIDS virus may be sexually transmitted. One study (military) indicates that a majority (70%) of females (wives) steadily exposed to males with AIDS over a period of months will develop antibodies to the HTLV-III virus.

Groups of women at increased risk to conceive an infant who might develop AIDS include:

1. Female AIDS patients.
2. IV drug abusing females with or without positive antibody tests for HTLV-III.
3. Females receiving a blood transfusion from a donor who is subsequently found to be HTLV-III antibody positive.

4. Females with sexual exposure to men at increased risk of infection, ie:
 - a. male hemophiliacs
 - b. men with multiple transfusions
 - c. IV drug abusing men
 - d. bisexual men
5. Females with multiple episodes of STD's.

Such females should be identified and followed by serologic examination and educated about AIDS. We believe that this difficult and sensitive task is medically and legally appropriate. Education is equally important for women in the above groups who test negative as well as for those who are positive for HTLV-III antibodies.

Suggested protocol for implementation:

1. Male AIDS patients or any male who is found to be HTLV-III antibody positive should be interviewed for steady "female sexual partners over the previous five year period." Steady is defined as an identifiable and locatable female sex partner who was exposed on more than one occasion.
2. Identified sexual consorts should be confirmed by matching with detailed physical description and dates of sexual exposure.
3. The woman should be given HTLV-III antibody test information and encouraged to obtain the HTLV-III antibody test.
 - a. through her private physician (with or without insurance)
 - b. a local county health department clinic if they offer the test
 - c. at an alternate test site
4. A consent and release form should be signed by the woman and a public health worker should be available to discuss the significance of the test results with her and her physician if needed.
 - a. If a woman is found to be positive for HTLV-III antibodies she should be advised to defer pregnancy. Intensive education should be directed at such women on how to prevent transmission of HTLV-III to sex and drug using partners.

August 14, 1985

- b. If a woman is found negative, she should be advised to consider a repeat test in 6-12 months. Intensive education should be directed at these seronegative women as to how they can keep from being infected with the AIDS virus.
 - c. If the test remains negative, pregnancy may be considered if exposure to high risk sexual partners has not continued.
5. Referral for psychological support is imperative because of the emotional distress or anxiety that may accompany notification of women about their potential risks.
6. Referral for clinical evaluation may also be necessary.

State AIDS Field Representatives are available to assist you in providing the services outlined above.

Sincerely,

James Chin, M.D.

James Chin, M.D., Chief
Infectious Disease Branch

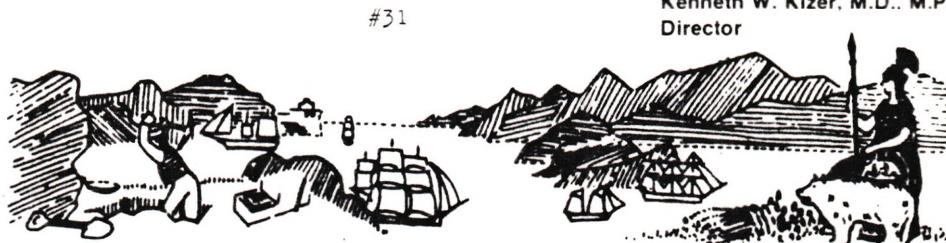
cc: James W. Curran, M.D., Director
Harold Van Patten
Infectious Disease Branch
Aids Branch
Centers for Disease Control
Atlanta, GA 30333

Dr. Tom Peterman
AIDS Activity
Bldg. 6, Rm. 285
1600 Clifton Road
Atlanta, GA 30333

Robert Cole, Acting Chief
Maternal and Child Health Branch
714 P Street, Room 740
Sacramento, CA 95814

California Morbidity

Weekly Report from the
Infectious Disease Branch



UPDATE: HUMAN T-LYMPHOTROPIC VIRUS TYPE III ANTIBODY TESTING - UNITED STATES*

The enzyme immunoassay (EIA) serologic tests to detect antibody to human T-lymphotropic virus type III (HTLV-III) are highly sensitive and specific, according to reports presented at a U.S. Public Health Service Workshop on HTLV-III Antibody Testing on July 31, 1985. The tests are currently being used at blood banks, plasma collection centers, health departments, and selected clinical centers throughout the United States.

The U.S. Food and Drug Administration reported cumulative HTLV-III antibody test data from more than 1.1 million units of blood collected at 155 centers through June 16, 1985. Of these, 2,831 (0.25%) were reported as positive based on a repeatedly reactive EIA test. The pattern of positive tests varied slightly in different regions of the country and by test kit used.

The Atlanta Region of the American Red Cross (ARC) and CDC reported data from testing more than 51,000 blood donors, of whom 0.23% were repeatedly reactive by the Abbott EIA method. Among the specimens from 106 blood donors with repeatedly reactive tests, 34 (32%) were strongly reactive (ratio of specimen absorbance to cutoff value 7.0 or greater). EIA tests categorized as strongly reactive correlated highly with both positive Western blot tests (94%) and culture for HTLV-III/lymphadenopathy-associated virus (LAV) (56%).

Of 220 donors whose tests were initially reactive and subsequently negative, as well as a random sample of 50 with an initially negative EIA test, none had either a positive Western blot test or positive culture. Among those donors notified and interviewed to date, 16 (89%) of 18 with strongly reactive EIA tests admitted identifiable risk factors for HTLV-III/LAV infection, while none of 20 with weakly reactive tests admitted identifiable risk factors.

To determine the sensitivity of the Abbott EIA test in high-risk persons, virus isolations were attempted from homosexual men attending a clinic for sexually transmitted diseases in San Francisco, California. None of 70 men with negative HTLV-III antibody tests had a positive culture, while 43 (60%) of 72 with repeatedly reactive tests were culture-positive. Among the 72 EIA-positive sera in this portion of the study, 70 (97%) were considered to be highly reactive. Ninety-seven percent of those EIA-positive specimens tested to date have had a positive Western blot test.

Data from other blood banking organizations paralleled the findings of the ARC/CDC study in suggesting that approximately one-third of EIA-positive sera from blood donors were strongly reactive, regardless of the test kit used. Donors with strongly reactive EIA tests were also highly likely to have positive Western blot tests and to have positive EIA tests by other test kits.

Weakly reactive EIA tests correlated poorly with positive Western blot tests and were judged to be nonspecific for HTLV-III/LAV infection. The reason for nonspecific test reactivity is unknown, but proposed refinements in the test may eliminate many of the low level reactions.

Comment: Based on available data, only about 0.25% (1 in 400) blood donors have repeatedly reactive EIA tests to HTLV-III antibody. Approximately 0.08% (1 in 1,200) donors were found to have strongly reactive EIA tests, and these donors were likely to have other test results (Western blot, HTLV-III/LAV culture) that suggested they had been infected with HTLV-III/LAV.

*Adapted from MMWR 34(31):477-478, August 9, 1985

Table 1. Reported Cases of Selected Notifiable Diseases in California, 31st Week Ending August 3, 1985

Disease	Cases Reported This Week			Total Cases Reported to Date		
	1985	1984	1983	1985	1984	1983
AIDS	32	18	12	1,101	570	298
Coccidioidomycosis	2	34	1	186	214	135
Encephalitis, Viral	3	3	4	114	104	76
Food Poisoning (excludes Botulism)	3	14	-	308	312	508
Gonorrhea	1,960	1,290	1,801	65,474	56,312	63,387
Hepatitis Type A (Infectious)	153	124	91	4,213	3,843	2,814
Hepatitis Type B (Serum)	141	112	111	3,290	2,938	2,519
Hepatitis Non A - Non B	34	24	26	683	696	656
Hepatitis Type Unspecified	32	29	24	1,120	673	807
Malaria	25	1	5	197	161	162
Measles	8	5	4	175	287	157
Meningitis, Viral	47	30	44	506	559	581
Meningococcal Infections	5	3	4	204	173	160
Mumps	4	8	6	270	273	228
Pertussis	12	5	4	146	72	42
Rabies, Animal	15	8	13	325	340	227
Rubella (German Measles)	-	2	5	74	129	206
Salmonellosis	123	81	118	1,958	2,052	2,313
Shigellosis	135	80	81	1,727	2,191	2,021
Streptococcal Infections, Respiratory	317	482	282	24,416	14,863	15,460
Syphilis, Primary and Secondary	72	47	115	2,371	2,261	3,011
Tuberculosis (Total Reports)	64	56	85	1,983	1,961	2,187
Typhoid Fever	1	-	6	79	58	50

AIDS (Acquired Immune Deficiency Syndrome)

Contract Review Meeting

January 31 - February 1, 1985

January 31, 1985

10:00 a.m. Introductions/Opening Remarks - D.L. Gunter
10:20 a.m. Review of Surveillance/Epidemiology Meeting - Augie Detres
11:00 a.m. Contract Audit Experience - Bill Misenhimer
11:30 a.m. AIDS Advisory Committee - Bruce Decker

1:00 p.m. - Open Discussion of Contract Objectives - Richard Fox,
5:00 p.m. Levi Kamel, Ph.D., Kenneth Brock, MSW

Topics include:

High-Risk Education - literature distribution;
street outreach; business/community efforts/
urban vs. rural projects; women/I.V. drug abusers/
hemophiliacs and AIDS/project evaluation techniques.

Health Provider Education - provider packets;
dentist education CAIN; VD staff/local VD clinic
cooperative relationships; hospital/home health
workshops; project evaluation techniques.

General Public Education - AIDS hot lines; media
campaigns; emergency services (police/fire safety)
workshops; project evaluation techniques.

February 1, 1985

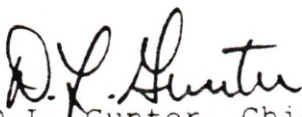
9:00 a.m. - Open Discussion of Contract Objectives (continued)
12:30 p.m.

Memorandum

Health Officers
STD Area Supervisors
STD Lead Persons

Date : May 28, 1985

Subject: Policy Clarifications


From : D.L. Gunter, Chief
VD Control Program

The California Department of Health Services AIDS Activities has recorded 2,157 cases of AIDS from 1981 to April 15, 1985. Of these 762 (35%) have been reported since June 1984.

CPA VD Program policy pertaining to the counseling of STD patients about AIDS risk reduction remains in effect. See memoranda of September 6, 1984 and December 11, 1984.

In addition to homosexual males, there are other persons who are seen as STD patients who are also at increased risk of exposure to AIDS. These include bisexual males, IV drug abusers, prostitutes and persons who have sex with prostitutes.

As stated in the December 11, 1984 policy memo all STD patients counseled by CPA staff are to be given a succinct description of AIDS, the modes of transmission, and risk reduction behaviors. This AIDS information should be presented as a separate and distinct educational component of our interviews and counseling sessions. The policy applies whether the patient, contact or cluster is classified as public, private or military.

DLG:gew

AIDS Advisory Committee
Meeting Minutes
March 22, 1985
Los Angeles County
Administrative Building
Los Angeles, CA

BID
MAR 85-

RS PRESENT

COMMITTEE MEMBERS ABSENT

.D., Vice Chairman

Bruce Decker, Chairman
Sal Rosselli
William Filante, M.D.

b, M.D.

n, M.D.

RESENT

Donald Lyman, M.D.
Kenneth Brock, MSW
Geneve Wager

I. PROPOSED LEGISLATION

Stan Hadden gave an overview of proposed legislation. See attached summary.

II. STATUS OF RFP

The RFP was sent to all contractors and former applicants on March 1, 1985. Approximately three hundred letters announcing the availability of the RFP were sent on February 25, 1985, and we have received approximately 50 requests for RFP's. The April 1, 1985 deadline for proposals has been extended for April 8, 1985.

III. CDC HTLV III ANTIBODY TRAINING

Training was conducted by CDC in San Francisco on February 27, 28, and March 1, 1985, and in Los Angeles on February 19, 20, and 21, 1985. Approximately 1400 registered for the training.

IV. NEW POSITIONS

Interviews were conducted for Program Coordinator on March 7, 1985. It was recommended by the Office of Civil Rights that additional recruiting for Hispanic applicants be conducted before the selection is made. Selection is expected on April 1, 1985. Field Representative positions were interviewed on March 22, 1985, and a decision will be made within ten days.

AIDS Advisory Committee
Meeting Minutes
March 22, 1985
Los Angeles County
Administrative Building
Los Angeles, CA

COMMITTEE MEMBERS PRESENT

Michael Roth, M.D., Vice Chairman
Stan Hadden
James Chin, M.D.
Michael Gottlieb, M.D.
Richard Hamilton, M.D.

COMMITTEE MEMBERS ABSENT

Bruce Decker, Chairman
Sal Rosselli
William Filante, M.D.

STAFF MEMBERS PRESENT

Donald Lyman, M.D.
Kenneth Brock, MSW
Geneve Wager

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V. STATE CONTRACTORS REPORT

Randy Pesquiera from Orange County Gay/Lesbian Community Services Center, representing the Southern California contractors and Jeremy Landau from Pacific Center in Alameda County, representing the Northern California contractors', presented the following concerns:

- A. RFP Process: Contractors who have "proven track records" should be automatically funded and not go through the RFP process for at least two year periods. They feel that the yearly RFP process encourages competition between contractors, and takes time to prepare, taking them away from program activities.

Dr. Chin's Response: state law mandates all applications be reviewed, and given equal consideration.

- B. Some contractors have problems in communicating with state administration. They encounter double messages and contradicting information. They are afraid to talk with monitors as they may be discredited down the line. (See attached statement #5)

Dr. Roth's Response: It is our intent to solve any problems that arise. If you do not get satisfaction from people in the department regarding proposals, call me and I will do my best to avert any problems.

I agree with Dr. Chin, that State law mandates all applications must be accepted, reviewed and given equal consideration.

- C. Administrative overhead should be 20% (see attachment #1). Several agencies in Northern California are outgrowing their offices and are in the process of moving requiring the need for additional overhead costs.

- D. The AIDS video library is an example of problems that have arisen between state and state contractors. The Berkeley contract was administered with a great deal of difficulty and during those difficulties five other contractors were approached to take over that program at the same time the state developed another program.

There wasn't any feedback from contractors on what their needs were, nor was the Berkeley contractor asked what they intended or felt was necessary.

A recommendation was made by Lisa Raffel that either the Sacramento AIDS Foundation, or GLCSC Los Angeles (CAIN) take responsibility. (See attachment #4). The contractors endorse this recommendation.

- E. Statistics between the counties and state do not match.
(See attachments #2 and #3).
- F. Several county health departments have been encouraged to apply for funds. The contractors are not saying to discourage county from applying, but recommend that the county not be given funds unless they provide, at their expense, an AIDS Project Coordinator for all AIDS activities in the county.
- G. The Contractors want to meet with AIDS Advisory Committee regularly during the coming year and encouraged the Advisory Committee to directly ask for input as they are the "resident experts."

Dr. Roth's Response: Contractors are always welcome to meet with the Committee. We are eager to have your input.

Money has been a difficult matter. We realize that money to implement projects has been short. The 10% we added this year should be a step in the right direction. The ten percent we allocated is all we have to spend. We are hoping that overhead expenses could be subsidized by private, local, city or county funds.

VI. ALTERNATE TESTING SITE PROPOSAL

Dr. Chin reported that the State Department of Health Services sent a proposal to CDC to fund approximately 120 alternate testing sites for the HTLV-III Antibody test. An application for approximately \$2.5 million to be administered through counties and community agencies was proposed.

This proposal excludes San Francisco as they are sending their own proposal to CDC. These funds should be available on April 1, 1985.

VII. LOS ANGELES COUNTY EDUCATIONAL PLAN

Bill Misenhimer, Executive Director of AIDS Project Los Angeles, presented a Los Angeles county-wide education program developed by county and community organizations to encourage a joint federal, state and county funding of AIDS education activities. (See attached report).

The next meeting will be held in San Francisco, on May 3, 1985.

Summary of Status of All AIDS Cases
 Known to Reside in Alameda County
 Cumulative to 7 March 1985
 (89 cases total)

TABLE 1

<u>Onset Date</u>	<u>Number</u>	
Before 1983	13	(14.6%)
1983	25	(28.0%)
1984	37	(41.6%)
1985*	14	(15.7%)
Total	89	(100.0%)

TABLE 2

<u>Sex</u>	
Male	87
Female	2
Total	89

TABLE 3

Cases by Ethnic Origin

White	60	(67.4%)
Black	13	(14.6%)
Hispanic	12	(13.5%)
Other	2	(2.2%)
Not stated	2	(2.2%)
Total	89	(100.0%)

TABLE 4

Age @ Dx.

Under 20	0	0
20 - 29	17	(19.1%)
30 - 39	34	(38.2%)
40 - 49	20	(22.5%)
50 - 59	15	(16.9%)
Over 60	3	(3.4%)
Total	89	(100.0%)

TABLE 5

Distribution by Disease and Date of Diagnosis

	<u>Before 1983</u>	<u>1983</u>	<u>1984</u>	<u>1985 to Date</u>	<u>Total</u>	
K	7	9	10	3	29	(32.6%)
P	3	10	19	6	38	(42.7%)
O	0	3	4	4	11	(12.4%)
K + O	0	1	1	1	3	(3.4%)
K + P	1	1	0	0	2	(2.2%)
P + O	2	1	3	0	6	(6.7%)
Totals	13	25	37	14	89	(100.0%)

K = Kaposi's Sarcoma

P = Pneumocystis Carinii Pneumonia

O = Other opportunistic infection

* = to date

RB:gw
 3/11/85

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
CALIFORNIA AIDS PROJECT

California AIDS Project
Department of Health Services
P.O. Box 1210
Sacramento, CA 95810

March 5, 1985

California Cases of residence at onset of illness from January 1981 to February 6, 1985 (Includes 12 cases reported prior to January 1981).

1. <u>PRIMARY DISEASE</u>	<u>CASES</u>	<u>PERCENT OF TOTAL</u>	<u>DEATHS</u>	<u>PERCENT DEAD</u>
KS without PCP	672	33.32	192	28.57
PCP without KS	962	47.69	395	41.06
Both KS and PCP	150	7.44	92	61.33
OI without KS or PCP	233	11.55	114	48.93
Total	2017	100.00	793	39.32

KS = Kaposi's sarcoma
PCP = Pneumocystis carinii pneumonia
OI = Other opportunistic infections

2. <u>AGE</u>	<u>CASES</u>	<u>PERCENT OF TOTAL</u>	3. <u>RACE/ETHNICITY</u>	<u>CASES</u>	<u>PERCENT OF TOTAL</u>
Under 5	7	0.35	White, not Hispanic	1662	82.40
05 - 13	1	0.05	Black, not Hispanic	150	7.44
14 - 19	6	0.30	Hispanic	152	7.54
20 - 29	294	14.58	Haitian	1	0.05
30 - 39	1015	50.32	Asian or Pacific	13	0.64
40 - 49	479	23.75	Islander		
Over 50	211	10.46	Other	1	0.05
Unknown	4	.20	American Indian/ Alaska Native	2	0.10
			Unknown	36	1.78
Total	2017	100.00	Total	2017	100.00

March 5, 1985

4. Risk Groups

	<u>NUMBER OF CASES</u>		<u>TOTAL</u>	<u>PERCENT OF TOTAL</u>
	<u>MALES</u>	<u>FEMALES</u>	<u>CASES</u>	
Homosexual or Bisexual	1682	0	1682	83.39
Bisexual	199	0	199	9.87
Intravenous (IV) Drug User	30	5	35	1.74
Haitian	1	0	1	0.05
Hemophiliac	8	1	9	0.45
Heterosexual Contact	0	1	1	0.05
Transfusion	17	6	23	1.14
Parent at Risk	0	1	1	0.05
None Apparent/Unknown	57	9	66	3.27
Total	1194	23	2017	100.00

5. Fatality Rates by Time of Diagnosis

	<u>NUMBER OF CASES</u>	<u>NUMBER OF DEATHS</u>	<u>CASE-FATALITY RATE</u>
1981 Jan-June	17	14	79.31
July-Dec	35	24	73.44
1982 Jan-June	76	53	71.43
July-Dec	133	91	69.96
1983 Jan-June	270	160	64.64
July-Dec	390	199	58.95
1984 Jan-June	490	157	49.68
July-Dec	538	30	40.13
1985 Jan-June	56	4	39.33

WIDE PLACES BY COUNTY
RECEIVED AT THE STATE DEPT.

January 1981 - March 5, 1985

CODE	COUNTY	CASES	DEATHS
90	San Francisco	576	320
70	Los Angeles	687	321
30	Orange	75	29
60	Alameda (ex. Berkeley)	66	17
80	San Diego	57	14
43	Santa Clara	26	11
21	Marin	24	5
07	Contra Costa	20	6
49	Sonoma	22	6
41	San Mateo	16	8
33	Riverside	22	10
34	Sacramento	11	6
36	San Bernardino	9	2
65	Berkeley	4	1
27	Monterey	7	5
10	Fresno	4	1
15	Kern	3	0
23	Mendocino	5	2
35	San Benito	1	0
40	San Luis Obispo	6	2
17	Lake	2	0
42	Santa Barbara	4	0
44	Santa Cruz	5	3
50	Stanislaus	2	2
56	Ventura	3	2
09	El Dorado	1	0
13	Imperial	1	0
24	Merced	1	1
39	San Joaquin	2	0
48	Solano	1	1
53	Trinity	1	0
	SUBTOTAL	1,964	775
	(Out-of-State)	+ 53	18
	GRAND TOTAL	2,017	793

Date : 18 March 1985

From : AIDS Video Library
UC Berkely Multicultural Gay/Lesbian Student Union

Subject : AIDS Video Library

The AIDS Video library has been functioning minimally, over the last several months, due to some confusion in contracting.

It is therefore recommended that:

1. An existing contractor should maintain this program under .5 FTE. staffing.
2. Operating expenses should be included for CAIN data entry, developing a resource list, circulating information and questionnaires, and video previewing, when necessary.
3. While a physical library is not essential, the possibility of this needs to be anticipated.
4. The need for Dubbing equipment reflective of 3/4 inch, Beta, and VHS needs to be considered.

MLGS is not able to continue this program beyond this fiscal year. However, with the support of Northern California AIDS Contractors, it is recommended that these items be implemented, through an appropriate Contractor, in Northern or Southern California.

Promotion of this library is necessary, for it to be effective. There has thusfar been no provision for this between Contractors.

For further information, please contact:

The AIDS Video Library (MLGS)

(415) 540 - 8805

Attention : Lisa Raffel

3/22/85

Statement to the Committee
representing SOCACA

I AM HERE REPRESENTING THE CONTRACTED AGENCIES IN THE
SOUTHERN CALIFORNIA REGION.

THE TIMING OF THIS COMMITTEES MEETING HAS COME AT A MOST
OPPORTUNE TIME. WE ARE CURRENTLY IN THE MIDST OF PREPARING
PROPOSALS FOR THE UPCOMING FISCAL YEAR. YOU WILL NO DOUBT
HERE SOME OF THE FRUSTRATIONS THAT ARE COMMON TO ALL OF US.

AS AIDS ORGANIZATIONS, WE ARE ASKED TO CAREFULLY HEAR THE
AIDS RELATED NECESSITIES IN OUR COMMUNITIES AND THEN RESPOND
AS SKILLFULLY AND COOPERATIVELY AS POSSIBLE. WE SIMPLY ASK
THAT YOU HEAR OUR NEEDS AND RESPOND IN A LIKE MANNER.

SO WHAT ARE OUR NEEDS.....

FIRST OFF, LET ME STATE THAT THE PRESENT PROCESS FOR
SUBMISSION OF PROPOSALS AND THE GRANTING OF MONEY IS LESS
THAN SATISFACTORY TO MANY OF US.

WE FEEL THAT:

GIVEN THE MANY CONCERNS THAT WE ARE DEALING WITH AND THE
URGENCY OF THOSE CONCERNS, THAT MANY OF THE AGENCIES THAT
ARE APPLYING FOR FUNDING HAVE PROVEN TRACK RECORDS OF ONE OR
MORE YEARS; SUBJECTING THOSE AGENCIES TO A COMPETITIVE
PROPOSAL PROCESS RATHER THAN AN INTELLIGENT REBUDGETING
FIGURE SEEMS BLATENTLY UNNECESSARY. THE CURRENT PROPOSAL
PROCESS SEEMS TO ENCOURAGE COMPETITION BETWEEN ESTABLISHED
AGENCIES IN A GIVEN AREA AND THOSE WITHOUT SUCH EXPERIENCE.

THE EXPERIENCE OF THE ESTABLISHED AGENCIES SHOULD BE
RESPECTED AND USED IN CONSIDERING ANY NEW SERVICES WHERE
ESTABLISHED AGENCIES EXIST..

THERE IS ALSO A PROBLEM WITH COMMUNICATION IN DEALING WITH
THE CURRENT STATE ADMINISTRATION. AS THE NETWORKING AMONG
THE VARIOUS AGENCIES BECOMES MORE REFINED WE CONTINUALLY
ENCOUNTER DOUBLE MESSAGES, CONTRADICTIONARY INFORMATION AND
DOUBLETALK. WHAT IS TRUE ACCORDING TO ONE SOURCE IS NOT TRUE
WITH THE OTHER. THIS EVOLVES TO THE POINT WHERE CERTAIN
CONTRACTORS ARE RELUCTANT TO TALK TO MONITERS FOR FEAR THAT
THEY WILL BE DISCREDITED SOMEWHERE DOWN THE LINE.
THE PERSONNEL OF THE VARIOUS STATE CONTRACTEES IS UNIFORMLY
EXCELLENT, THERE IS A HIGH LEVEL OF COMPETENCE IN
ADMINISTRATIVE POSITIONS THROUGHOUT THE STATE, WE EXPECT
THE SAME FROM THE ADMINISTRATION THAT WE INTERACT WITH.

ANY AIDS RESPONSE PROGRAM - ON A LOCAL, COUNTY, STATE, OR NATIONAL LEVEL IS A RESPONSE TO AIDS NECESSITY. WE MUST HEAR THE NECESSITIES FOR EDUCATION, COMMUNITY COUNSELING, AND DIRECT SERVICES CLEARLY, AND RESPOND AS SKILLFULLY AND COOPERATIVELY AS IS HUMANLY POSSIBLE. THERE IS NO TIME FOR WASTED ATTENTION OR MONEY. WE ARE TRYING TO MEET THE NEEDS OF OUR COMMUNITIES AS COMPETENTLY AS POSSIBLE. WE ASK THAT YOU CONSIDER AND RESPOND TO OUR NEEDS THE SAME WAY. PERHAPS IT IS THE NEWNESS OF THE DISEASE, THE STRONG EMOTIONAL IMPACT OF AN EPIDEMIC THAT CANNOT BE CLASSIFIED AND THAT DOES NOT FIT INTO ANY CURRENT COMPARTMENT. IT IS POSSIBLE THAT THE UNCERTAINTY THAT SO CHARACTERIZES AIDS AFFECTS DECISION MAKING EVEN AT THE HIGHEST LEVELS. THUS, TO SUM UP, OUR TIME AND ATTENTION IS PRECIOUS - THERE ARE A THOUSAND CRIES TO HEAR AND RESPOND TO. PLEASE DON'T WASTE OUR ATTENTION WITH UNNECESSARY POLITICS AND BUREAUCRATIC BUSINESS.

- o AB 1 (Agnos) - AB 1 provides the state of California with a moderate and reasonable solution to the problem of discrimination in employment based on a person's sexual orientation. This bill prohibits discrimination in employment solely on the basis of sexual orientation by allowing complaints of job discrimination to be filed with the Department of Fair Employment and Housing. AB 1 does not affect small businesses with less than 5 employees, religious institutions, schools or non profit organizations. The bill does not protect criminals with a conviction for a sexual offense. The measure has been set for hearing in the Assembly Labor & Employment Committee on April 11th.
- o AB 403 (Agnos) - This bill protects the privacy of individuals who are the subject of blood testing for antibodies to the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). AB 403 establishes civil penalties for negligent or willfull disclosure of blood test results. The bill creates a new misdemeanor for persons who negligently or willfully disclose antibody test results to a third party, except as specified in the bill, which results in economic, bodily or psychological harm to the subject of the test. Following Assembly concurrence on recent amendments to the bill, it will be sent to the Governor.
- o AB488 (Roos) - AB 488 requires blood banks and plasma centers to test all blood and blood components for antibodies to the probable causative agent of AIDS. The bill provides money for counties to establish alternative test sites for individuals wishing to have the test performed. The bill appropriates funds for the state to develop, procure and distribute material on the antibody test. AB 488 requires that individuals seeking the test be informed about the validity and accuracy of the antibody test before the test is performed. The bill also emphasizes the importance of voluntary blood donation deferral for individuals in groups of increased risk for contracting AIDS. Following Senate and Assembly concurrence on conference committee amendments, the bill will be sent to the Governor.
- o AB 1452 (Alatorre) - This bill establishes presumed eligibility for disability retirement for firefighters, health care workers or law enforcement officials that contract AIDS. AB 1452 is sponsored by the L.A. County Deputies Association. This bill sets bad precedent, and feeds the fires of fear and misinformation about AIDS. The bill would apply only to Los Angeles County. The measure has not yet been assigned to a policy committee.

Infectious
Disease Section
11/11/2018
Venereal Disease

- SB 292 (Marks) - This bill would protect AIDS researchers from subpoena, exempting criminal investigations. SB 292 establishes civil penalties for negligent or willful disclosure of research information that results in actual physical, psychological or economic harm to the research subject, unless the subject has given written consent for the disclosure. This bill has not been assigned to a policy committee.
- SB 313 (Torres) - SB 313 will establish an AIDS Ombudsman in the Department of Health Services. Language on this measure is currently being developed in order to rewrite this bill, which currently addresses antibody testing.
- SB 678 (Roberti) - This bill extends the sunset of the AIDS Advisory Committee from July 1, 1986 to July 1, 1990. SB 678 has been assigned to the Senate Health & Welfare Committee. A hearing date has not been set.
- SB 1251 (Roberti) - SB 1251 establishes an interdepartmental AIDS Program in the Department of Health Services. The bill establishes guidelines for funding comprehensive, coordinated AIDS-related clinical research, prevention, education and service contracts where needed throughout the state. SB 1251 has not been assigned to a policy committee.
- SB 1327 (Marks) - This bill would require Medi-Cal to pay health insurance premiums for 36 months for eligible individuals with a catastrophic illness. The bill has not been assigned to a policy committee.
- SB 1328 (Marks) - SB 1328 establishes eligibility for Medi-Cal for victims of catastrophic illness and establishes a formula for determining the share-of-cost for eligible individuals. The bill has not been assigned to a policy committee.
- SB 1446 (Watson) - This bill shortens the time period for investigation of alleged discrimination in state civil service employment from 6 to 4 months. SB 1446 would also require the State Personnel Board to report annually to the legislature concerning the number and types of discrimination complaints, the length of time for resolution and the outcome of complaint investigations. The bill also requires periodic hearings by the State Personnel Board to assess the effectiveness, accessibility and fairness of the state discrimination complaint process. SB 1446 has not been assigned to a policy committee.

o

SB 419 (Dills) - SB 419 would establish clear statutory authority preventing discrimination or harassment on the basis of sexual orientation in state employment. The bill would end confusion for state employees and departments regarding non-discrimination policies in state employment, and enforcement of non-discrimination policies. This bill will be heard by the Senate Public Employment & Retirement Committee on April 15th.



20 March 1985

Mr. Bruce Decker, Chair
California AIDS Advisory Committee
3516 21st. Street
San Francisco, CA 94114

Dear Bruce Decker and Committee Members:

I am writing to you as a follow up to the March 18th meeting in Northern California of the California AIDS Contractors Association. On their behalf, I wish to express my appreciation for your efforts enabling me to meet with the AIDS Advisory Committee on Friday, March 22nd., 1985.

We look forward to increased communication and cooperation between the Contractors and the Advisory Committee. We are hopeful that this communication will move in both directions between us, and that at some time soon, the AIDS Advisory Committee will meet jointly with the Contract Review sessions arranged by the California AIDS Project.

Enclosed are several memos for your consideration:

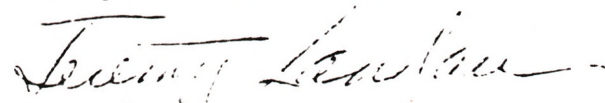
1. Memo on California AIDS-related legislation
2. Memo on Administrative Costs in the State RFP
3. Memo from the AIDS Video Library

It is of utmost significance to us that the lines of communication remain open between Contractors, the Advisory Committee, and the California AIDS Project.

Towards that end, we are raising these issues, which will be discussed in your March 22nd., meeting. In addition, we are in receipt of the March 5th., Monthly Surveillance Report of the California AIDS Project. While we are grateful for this document, it is the first one received in many months. We feel that such reports should be received by Contractors on a regular basis. It is also agreed that materials of an AIDS-related nature provided to the AIDS Advisory Committee, should be provided to the Contractors, as well.

As fiscal management becomes an ever increasing concern to us all, we feel that these issues must be addressed in the RFP process. (See attached memo.) It would streamline matters considerable, if this process were simplified for ongoing contractors who have demonstrable success and that competition in these areas and regions were minimized, not augmented. Local organization should be encouraged to develop cooperative programs, and become conversant with local AIDS resources.

Thank you for your cooperation.


Jeremy Landau
for N. CAL AIDS Contractors

THE PACIFIC CENTER
FOR HUMAN GROWTH

POST OFFICE BOX 908 — BERKELEY, CALIFORNIA 94701 — TELEPHONE (415) 548-8283



20 March 1985

California AIDS Contractors Association
Northern California Region

Dear members of the AIDS Advisory Committee;

On behalf of the California AIDS Contractors Association, I
would like to urge your support of various AIDS-related
legislations, currently making the rounds of the legislature:

SB 419 (Dills)
SB 1251 (Roberti)
SB 678 (Roberti)
SB ~~1337~~ (Marks)
SB 1328 (Marks)

We would also urge your continued support of the following
HTLV3-related legislation:

AB 403 (Agnos)
AB 488 (Roos)

It is also felt that AB 1452 (Alatorre) sets a bad precedent.
We prefer precedents such as that set by certain other agencies
and organizations, that persons employed where they may
routinely come in contact with AIDS/ARC persons, be required
to accomplish their tasks without any discrimination as
they would in any other job-related task.

While we are aware that the Committee is not empowered to do
direct lobbying, any individual support regarding the above
legislations, is appreciated.

Sincerely,


Jeremy Landau

for Northern California
AIDS Contractors

THE PACIFIC CENTER
FOR HUMAN GROWTH

POST OFFICE BOX 908 - BERKELEY, CALIFORNIA 94701 - TELEPHONE (415) 548-8233

Memo From : Northern California Contractors

Date : 18 March 1985

Subject : State RFP

" Administrative Overhead Costs : Due to the limited available of funds , the Department cannot approve proposals requesting indirect/overhead costs more than ten percent of the total budgeted Personnel line item. All requests for overhead should be detailed to reflect actual expenses. "

-- RFP - page 3.

Northern California Contractors are appreciative of the responsiveness what has allowed for the addition of the 10% line item.

However, due to the needs of Contractors throughout California, as well as the nature of AIDS work, it is felt that Administrative Overhead Costs should be written to read :

" the Department cannot approve proposals requesting indirect/overhead costs of more than twenty percent of the total budgeted Personnel line item. "

Being aware that the guidelines have already been established, the Northern California Contractors will be writing the Administrative Overhead Costs line item to reflect a twenty percent need.

We hope that these request can be honored, and that contracts shall not be disallowed on the basis of wording, alone. We also hope that, should the twenty percent line item be approved, it will not cause a ten percent diminishment of Operating Costs.

Thank you in advance for your attention.

Date : 18 March 1985

From : AIDS Video Library
UC Berkely Multicultural Gay/Lesbian Student Union

Subject : AIDS Video Library

The AIDS Video library has been functioning minimally, over the last several months, due to some confusion in contracting.

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MLGS is not able to continue this program beyond this fiscal year. However, with the support of Northern California AIDS Contractors, it is recommended that these items be implemented, through an appropriate Contractor, in Northern or Southern California.

Promotion of this library is necessary, for it to be effective. There has thusfar been no provision for this between Contractors.

For further information, please contact:

The AIDS Video Library (MLGS)
(415) 540 - 8805
Attention : Lisa Raffel

AIDS Advisory Committee

April 1985

NO MEETING HELD FOR THIS MONTH

AIDS Advisory Committee
Meeting Minutes
May 3, 1985
350 McAlister
San Francisco, CA

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
Stan Hadden
Sal Rosselli
Dick Pabich
Michael Gottlieb, M.D.
James Chin, M.D.

COMMITTEE MEMBERS ABSENT

Richard Hamilton, M.D.
William Filante, DDS

STAFF MEMBERS PRESENT

Donald Lyman, M.D.
D.L. Gunter
James Felten
Kenneth Brock, MSW
Levi Kamel, Ph.D.

The Chair opened the meeting by welcoming and introducing the newly appointed member, Mr. Richard Pabich.

Staff distributed minutes from previous meeting with approval pending, reading and discussion at next meeting date.

The Committee discussed at length the need to have well defined review and evaluation criteria for AIDS Information and Education contracts. The following were recommended by the group:

1. Interagency coordination of efforts
2. Underserved areas of state
3. At risk populations - Morbidity
4. Meets objectives of R.F.P.
5. Statewide application

It was suggested that a training workshop (two days) for AIDS Project Coordinators be held in September, 1985.

The final contractors report for FY 84-85 is due July 15, 1985 and it was further suggested that an independent group set up an evaluation of the current contracts.

In preparation for the June 14, 1985 meeting in Los Angeles staff was requested to prepare the following reports for the Committee's review:

1. Laboratory needs
2. Surveillance and Epi Plan
3. State staffing and budget breakdown
4. Nitrite use as a co-factor for AIDS

Staff was requested to follow up on invitations to Mr. Peter Groom, Director, California Department of Insurance and Richard Camilli, Assistant Commissioner, Department of Corporations to attend and address the Committee on June 14.

Mr. Decker will request through Secretary Swoap's office that the Director of the Department of Drug and Alcohol participate in the June 14 meeting.

There was a brief discussion of the cost of holding meetings in Los Angeles and Orange County versus San Francisco and Sacramento, Staff responded that to-date these costs have been reasonable and minimal; and geographic distribution of memberships tends to balance out expenditures.

In response to the RFP issued on March 1, 1985, 41 proposals requesting approximately \$6 million were received (attachment 1).

The afternoon session was entirely devoted to the review and recommendation of the proposals submitted by the technical review panel. (Attachment 2)

After much discussion the Committee recommended the funding of 25 proposals within the budgeted amount of \$1,237,000 available in FY 85086 (attachment 3).

The meeting was ajourned at 5:40 p.m.

Alpha Order by County
Decending Amounts by County

April 8, 1985

AGENCY	COUNTY	AMOUNT
Pacific Center	Berkeley	329,680.00
University of California Berkeley	Berkeley	60,678.00
Gay United Services	Fresno	146,547.00
Fresno County Department of Health	Fresno	80,434.00
Humbolt-Del Norte County of Health	Humbolt	23,486.00
Kern County Department of Health	Kern	51,407.00
Kern Area Health Education Center	Kern	11,035.00
AIDS Project	Long Beach	85,251.00
AIDS Project Los Angeles	Los Angeles	889,925.00
Gay/Lesbian Community Services Center	Los Angeles	249,921.00
Los Angeles County Department of Health	Los Angeles	76,351.00
Children's Hospital of Los Angeles	Los Angeles	67,904.00
Los Angeles Shanti	Los Angeles	65,185.00
AID for AIDS	Los Angeles	62,857.00
Orthopaedic Hospital	Los Angeles	41,800.00
Marin County Department of Health	Marin	72,337.00
Marin AIDS Support Network	Marin	70,160.00
Gay/Lesbian Community Services Center	Orange County	179,776.40

Martinez County Health Department	Martinez	73,869.00
Desert AIDS Project	Riverside	140,380.00
Inland County Health Agency	Inyo Mono Riverside San Bernardino	92,469.00
Sacramento AIDS Foundation	Sacramento	158,372.00
San Diego AIDS Project	San Diego	509,350.00
Hemophilia Council of California	San Diego	237,825.00
Lesbian/Gay Men's Community Center	San Diego	113,330.70
San Diego County Health Department	San Diego	43,745.00
San Francisco AIDS Foundation	San Francisco	937,125.00
City/County of San Francisco	San Francisco	291,686.00
AIDS Interfaith Network	San Francisco	56,950.00
Haight/Ashbury Free Medical Clinic	San Francisco	41,883.00
Womens Needs Center	San Francisco	36,715.00
Operation Concern	San Francisco	29,073..
Haight/Ashbury Youth Project	San Francisco	28,937.20
UC San Francisco AIDS Clinical Research	San Francisco	26,180.00
San Joaquin County Department of Health	San Joaquin	39,186.00
County of San Mateo	San Mateo	105,620.00
Santa Barbara Health Department	Santa Barbara	184,438.00

Santa Clara County Health Department	Santa Clara	87,211.00
Metropolitan Community Church	Santa Clara	32,684.00
Santa Cruz County Health Services Agency	Santa Cruz	61,300.00
Sonoma County AIDS Project	Sonoma	63,647.00
	TOTAL	5,956,710.30

AIDS PROJECT

PROPOSAL REVIEW

FY 1985-86

(Based on \$1,237,500)

<u>Priority</u>	<u>Project</u>	<u>Amount</u>
1	San Francisco City/County	\$175,000*
2	Los Angeles County Health Dept.	150,000*
3	San Diego AIDS Project	65,000
4	Pacific Center	65,000
5	GLCSC - Orange	60,000
6	Long Beach Health Dept.	25,000
7	Santa Clara County Health Dept.	60,000
8	AIDS Project/Los Angeles	150,000
9	San Diego County Health Dept.	30,000
10	Sacramento AIDS Foundation	60,000
11	Gay United Services	30,000
12	GLCSC - Los Angeles	35,000
13	Santa Barbara Health Dept.	35,000
14	Hemophilia Council	100,000
15	Inland Empire	50,000*
16	Sonoma County Health Dept.	35,000
17	San Francisco AIDS Foundation	25,000
18	Fresno County Health Dept.	30,000
19	U.C. Berkeley	30,000
20	Marin County Health Dept.	20,000
21	San Mateo County Health Dept.	20,000
22	Santa Cruz County Health Dept.	20,000
23	Monterey County Health Dept.	20,000
24	Kern County Health Dept.	20,000
25	San Joaquin Local Health District	20,000
26	U.C. San Francisco	5,000
27	Humboldt-Del Norte Health Dept.	20,000
28	AIDS for AIDS - Los Angeles	20,000
29	SHANTI - Los Angeles	40,000

*subcontract requirement

AIDS PROJECT
PROPOSAL REVIEW
FY 1985-86

(Committee Recommendations)

	<u>Project</u>	<u>Recommended*</u> <u>Amounts</u>
1	San Francisco City/County	\$100,000
2	Los Angeles County Health Dept.	45,000
3	San Diego AIDS Project	56,500
4	Pacific Center	68,875
5	GLCSC - Orange	52,200
6	Long Beach Health Dept.	21,750
7	Santa Clara County Health Dept.	52,200
8	AIDS Project/Los Angeles	130,000
9	San Diego County Health Dept.	-0-
10	Sacramento AIDS Foundation	52,200
11	Gay United Services	33,500
12	GLCSC - Los Angeles	115,000
13	Santa Barbara Health Dept.	30,450
14	Hemophilia Council	87,000
15	Inland Empire	-0-
16	Sonoma County Health Dept.	30,450
17	San Francisco AIDS Foundation	153,375
18	Fresno County Health Dept.	26,000
19	U.C. Berkeley	26,100
20	Marin County Health Dept.	-0-
21	San Mateo County Health Dept.	17,400
22	Santa Cruz County Health Dept.	17,400
23	Monterey County Health Dept.	17,400
24	Kern County Health Dept.	-0-
25	San Joaquin Local Health District	-0-
26	U.C. San Francisco	-0-
27	Humboldt-Del Norte Health Dept.	17,400
28	AID for AIDS - Los Angeles	17,400
29	SHANTI - Los Angeles	17,400
30	Desert AIDS Project	35,000
31	Marin AIDS Support Network	17,400

*The Committee chose to reduce the amounts for each contractor in anticipation of additional funds becoming available.

May 24, 1985

Memorandum

To : AIDS Advisory Committee

Date : April 8, 1985

Subject: May 3, 1985 AIDS Advisory
Meeting - REVISED

D.L. Gunter

From : D.L. Gunter, Chief
VD Control Program

The next meeting of the AIDS Advisory Committee will be held at 350 McAlister, San Francisco, on May 3, 1985. The session from 8:00 a.m. to 12:00 p.m. will meet in Room 1157, from 1:00 p.m. to 5:00 p.m. in Room 5035.

The agenda for this meeting will be:

- 8:00 a.m. to 12:00 p.m. - Review and evaluation of 1985-86
Preventive Education Proposals
- 1:00 p.m. to 5:00 p.m. - Recommendations for funding for
1985-86

The meeting following the May 3, 1985 meeting will be June 14, 1985 in Los Angeles.

DLG:gew

Memo From : Northern California Contractors

Date : 18 March 1985

Subject : State RFP

" Administrative Overhead Costs : Due to the limited available of funds , the Department cannot approve proposals requesting indirect/overhead costs more than ten percent of the total budgeted Personnel line item. All requests for overhead should be detailed to reflect actual expenses. "

-- RFP - page 3.

Northern California Contractors are appreciative of the responsiveness what has allowed for the addition of the 10% line item.

However, due to the needs of Contractors throughout California, as well as the nature of AIDS work, it is felt that Administrative Overhead Costs should be written to read :

" the Department cannot approve proposals requesting indirect/overhead costs of more than twenty percent of the total budgeted Personnel line item. "

Being aware that the guidelines have already been established, the Northern California Contractors will be writing the Administrative Overhead Costs line item to reflect a twenty percent need.

We hope that these request can be honored, and that contracts shall not be disallowed on the basis of wording, alone. We also hope that, should the twenty percent line item be approved, it will not cause a ten percent diminishment of Operating Costs.

Thank you in advance for your attention.

AIDS Advisory Committee
Meeting Minutes
June 14, 1985
Los Angeles County
Administrative Building
Los Angeles, CA

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
James Chin, M.D.
Stan Hadden
Michael Gottlieb, M.D.
William Filante, M.D.
Dick Pabich
Richard Hamilton, M.D.

COMMITTEE MEMBERS ABSENT

Sal Rosselli

STAFF MEMBERS PRESENT

Jim Felten
Donald Lyman, M.D.
Kenneth Brock, MSW
Ed Mendoza

1. Correction to May 3, 1985 meeting. Attachment 1, page 1: Pacific Center is Alameda County; University of California Berkeley is also in Alameda County; AIDS Project should be City of Long Beach, Los Angeles County; Martinez County Health Department should be Monterey County Health Department, Monterey County; Haight-Ashbury Free Medical Clinic should have a proposed amount of \$28,937.20 and Haight-Ashbury Youth Project should be \$41,883.00.
2. BUDGET PROCESS: Total monies for AIDS 1985-86 -- The Governors budget includes \$9.9 million; the Legislative budget requests \$27 million. The Committee encouraged individuals and agencies to write the Governor in support of AIDS funding. Bruce Decker reviewed the State budget process and the current status of the AIDS budget.
3. Stan Hadden gave an update on Legislative Bills.

AB 488 - Passed

SB 678 - Will extend the AIDS Advisory committee and will add two new positions, a representative from the Department of Mental Health and the chair of the U.C. AIDS Task Force.

SB 1251 - Passed Senate Health Committee. Now in Finance Committee.

SB 1327 and SB 1328 - draft stage only - two year bill

1. Requires Medi-Cal to pick up insurance premiums in cases of catastrophic illness.
2. Reevaluates share of cost for Medi-Cal in cases of catastrophic illness.

AB 1452 - This Bill would presume that if a policeman or fireman gets AIDS, it was on the job.

4. Doctor Whitfield, representing Kern County Health Department presented concerns about requiring the diagnosis of AIDS on death certificates. A local funeral director was given the body of an AIDS patient where the diagnosis was not given; however, he was given information to use infectious disease precautions. As a result, the funeral director is pushing for a person's diagnosis to be noted on the death certificate.

Doctor Chin responded that a physician, by law, is not required to put AIDS as the diagnosis.

Stan Hadden stated that problems with funeral directors can be handled through working with the Department of Consumer Affairs.

5. Bruce Decker gave a report on the recommendations to the Director of Health Services on Information and Education contracts. Most of the current contractors will probably be continued at their current levels of funding.

Mr. Decker explained that the staff's \$4.25 million list of proposal requests was not a staff recommendation for funding, but part of the review process to reflect the portion of the proposals with merit.

Proposal: The committee recommends to the Director of Health Services that he recommend a \$3.4 million augmentation to the budget for I & E activities.

Moved and seconded

Six - yes

One - abstention (Dr. Chin)

6. Kate Guzman, Sacramento AIDS Foundation expressed concern that contractors will not be funded in time to continue employees from last year's contracts.

Staff response: A letter of Intent to contract will be sent to contractors as soon as a decision is made.

7. Committee Recommendation: That a temporary Task Force be established to review potential problems in anticipation of the antigen test.

Response: Dr. Gottlieb - A Task Force for this purpose may be premature, as the test will not be available for some time. Also, the Committee cannot respond to every aspect of the AIDS problem and needs to have its role better defined.

Dr. Chin - Suggested using the Department's California AIDS Task Force to clinical issues.

The Committee decided to have Dr. Hamilton chair a subcommittee to address this issue. Dr. Hamilton will work with member of the audience who signed an interest sheet.

8. Peter Groom, Chief Counsel for the Department of Insurance and Anita Astros, Department of Corporation gave a presentation and answered questions relating to problems of insurability for people with AIDS.

The following is a list of questions the Committee has concerning this issue. Mr. Groom and Ms. Astros will draft information guidelines for AIDS patients and individuals at risk concerning insurance laws and regulations.

Areas of Regulation

- A. Can one be denied insurance because of a positive HTLV-III test?
 - B. Can one be dropped from insurance because of an AIDS diagnosis?
 - C. If one has a pre-existing condition, such as AIDS, can they be denied insurance?
 - D. Can one be denied insurance based on homosexuality?
 - E. Can health insurance payment be denied for treatment of AIDS as all treatment is experimental?
 - F. Can an HTLV-III test be used as a requirement for insurability?
 - G. Can one be denied insurance based on any test related to AIDS such as a T-Cell ratio?
9. HTLV-III Alternate Testing - updates:

Thirty-one counties are participating in the testing program. As of June 17, 1985 five counties will be in operation.

July 12, 1985

A memorandum was recently sent to AIDS I&E contractors stating that contract funded positions were not to be used in the HTLV-III program. A double-funding situation could occur as well as a conflict with other contract obligations.

Bruce Decker requested that the lists of emergency medical and mental health providers that counties are required to submit be sent for review by the Committee.

Mr. Decker also requested copies of the pre- and post-test information.

10. Dr. Chin stated that blood bank guidelines are in the process of being developed by Department of Health Services, California Blood Banks, American Red Cross, and the FDA.
11. Dr. Hamilton expressed concern that minors who are sexually active are not being educated about AIDS.
12. Bruce Decker requested a copy of a report being developed by the Department of Education for STD teacher education be sent to each committee member.
13. Dr. Chin reported on the recent ASTHO meeting in Columbus, Ohio.

AIDS related complex will not be reportable and CDC is working on clearer definition. CDC will do special Epi studies of ARC's.

Quarantine was discussed and the final recommendation was that quarantine should not be considered a means of controlling AIDS.

CDC has recommended and ASTHO has approved minor changes to the CDC definition of AIDS. It is expected that there will not be any changes to reporting requirements of AIDS cases.

MOTION: Recommended that the Department of Health Services and CDC not to use the term "ARC" until the definition has been approved.

The next meeting will be held at 350, McAllister, Room 1157, San Francisco, on July 12, 1985 from 9:00 a.m. - 4:00 p.m.

AIDS Advisory Committee
Meeting Minutes
July 12, 1985
350 McAllister Street
San Francisco, CA

COMMITTEE MEMBERS PRESENT

Bruce Decker, Chairman
Michael Roth, M.D., Vice Chairman
Richard Hamilton, M.D.
Stan Hadden
Dick Pabich
Sal Roselli
Michael Gottlieb, M.D.
William Filante, M.D.

COMMITTEE MEMBERS ABSENT

James Chin, M.D.

STAFF MEMBERS PRESENT

Kenneth Brock, MSW
Jim Felten
Ed Mendoza
Donald Lyman, M.D.

The meeting was called to order by the chairman, Bruce Decker at 9:00 a.m.

Ms. Juliet Trainor, Head of Task Force II, representing non-gay AIDS victims, expressed concern that too much emphasis is being placed on gay issues relating to spread of AIDS. She states the need to have more general AIDS information geared to the public at large and statistics reflecting all categories of people affected by AIDS.

Mr. Gary Wood, an attorney representing the Individual Freedom law group, expressed the need for legislation directed at civil rights issues (employment and housing), for the protection of AIDS patients and high risk groups. Dr. Roth suggested that Mr. Wood be in contact with Mr. Steve Smith, MECLA lobbyist, in Sacramento. Mr. Decker recommended that Mr. Wood work with Mr. Stan Hadden on writing legislation.

Mr. Dick Golden, representative from the Department of Alcohol and Drug gave an update on his departments involvement in the AIDS crisis. Mr. Decker requested that Ken Brock give a report on work with Department of Drug and Alcohol Abuse and recommended that the Director of Health Services include I.V. drug abuse programs as a part of the statewide educational plan.

There was a presentation of the case definition of AIDS as outlined in CDC's morbidity and mortality weekly report.

It was agreed that Mr. Dick Pabich would update Federal Research funding at the next meeting of the Committee.

Mr. Russ Toth reported on the State AIDS Contractor meeting planned to be held September 19, 20 and 21, 1985 in Los Angeles. Russ requested feedback from the audience on topics of interest.

The Chair suggested that everyone write the Governor to thank him for the augmentations in educational funds for AIDS.

Antigen Task Force Sub-Committee Report - Dr. Hamilton expressed his concern on the specificity and sensitivity of the test. Many of the issues are the same as the antibody test issues. It recommended that information and education be given to the general public prior to the antigen test being licensed by the F.D.A.; there are many questions yet to be resolved.

The Chair recommends that Drs' Hamilton and Chin meet and make a written presentation at the next meeting of the Committee.

Additional Recommendation:

1. Future presentators prepare written summary of topic.
2. Staff to prepare statistical summary of HTLV-III testing for next meeting.
3. That the Committee endorse the AIDS national fund raising campaign, "Let's Make Halloween Count."

Mr. Stan Hadden gave update on the override of the Governor's veto of AIDS funding. The Senate plans to override attempt. If that is not successful, the money that was vetoed will be added to SB 1251, which is pending in the State Senate.

The Committee discussed and endorsed SB 292 and SB 678, holding discussion and vote on SB 1251 until the next meeting.

Dr. Don Lyman made a statement that the Department recognized the efforts the Committee made in the augmented funds and thanked them for their efforts.

The afternoon session centered around the funding recommendations for the community education and information projects.

Bruce Decker reviewed for those assembled the entire funding process, beginning with the RFPs mailed out to over 400 agencies and community based organizations; to the technical review process leading to a recommendation for \$3,012,500 augmentation to the \$1,237,500 budget proposed by the Governor. The Chairman commended the members of the Advisory Committee as being a competent, hard working body and thanked them for their input into the recommendations to the Director of Health Services for funding for Fiscal Year 1985-86.

Attached are recommendations by the Committee for service areas and statewide projects for Fiscal Year 1985-86.

The next meeting is scheduled for August 16, 1985, in San Diego.

RECOMMENDATIONS BY A.I.D.S. ADVISORY COMMITTEE
FOR SERVICE AREA AND STATEWIDE PROJECTS
FOR FY 85-86
(Ratified, July 12, 1985)

SERVICE AREA PROJECTS

Humboldt/Del Norte Health Department	\$ 20,715.00
Sonoma County Health Department	60,000.00
Marin County Health Department/Marin AIDS Network	50,000.00*
Sacramento AIDS Foundation	150,000.00
Pacific Center (Alameda and Contra Costa Counties)	300,000.00
San Francisco (SF County Health Dept., SF AIDS Foundation, Stop AIDS Project, UCSF)	700,000.00
Northern California AIDS Project (San Francisco AIDS Found.)	300,000.00
San Mateo Health Department	40,000.00
Santa Clara Health Department	88,000.00
Santa Cruz Health Department	38,550.00
Monterey Health Department	37,492.00
(Gay United Services -- Merced, Mariposa, Madera, Fresno, Kings, Tulare, & Kern Counties.	
Fresno Health Department	
Kern Health Department)	100,000.00**
Santa Barbara Health Department -- San Luis Obispo, Santa Barbara, & Ventura Counties	80,000.00
Los Angeles (LA Health Department, AIDS Project LA, GLCSC, Shanti, Long Beach Health Dept., & Aid for AIDS)	1,111,000.00***
Inland Empire Project (Riverside & San Bernardino Counties)	85,000.00****
Orange County (GLOOC)	161,375.00
San Diego (San Diego Health Dept., AIDS Project SD, & GLCSC)	284,000.00
	\$3,605,132.00

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California Hemophilia Council	\$237,825.00
Orthopedic Hospital (Hemophilia)	31,000.00*****
University of California (Student Education Program)	27,402.00*****
U.C. San Francisco Medical Health Conference	20,880.00*****
State Prevention Conferences	100,000.00
C.A.I.N. (for Southern California -- based in LA)	65,000.00
Monitors (stationed in SF, LA, and Sacramento)	180,000.00
	\$662,107.00

TOTAL:

\$4,267,239.00*****

See footnotes on next page.

FOOTNOTES

- * \$30,000 would be subcontracted by the Marin Health Department to the Marin AIDS Network for a full-time position.
- ** The bulk of the \$100,000, if not all funds, would go to the Gay United Services. The staff is requested to determine whether either the Fresno or Kern County Health Department's proposals duplicate in part or completely activities being provided by Gay United Services.
- *** The Committee voted unanimously and was emphatic that all of the \$1,110,000 proposed for LA County community organizations be provided them directly, not through the LA County Health Department. The distribution of monies would be \$650,000 for APLA -- including \$75,000 for market research, \$310,000 for GLCSC, \$40,000 for Shanti Project, \$80,000 for Long Beach Health Department, and \$30,000 for Aid for AIDS.
- **** The Inland Empire would subcontract to the Desert AIDS Project if the Desert AIDS Project maintained its same level of services as it had last year.
- ***** The proposal for the Orthopedic Hospital (Hemophilia) was reduced by 1/4 from the original Attachment A to provide for a 3/4 time position. This project will eventually be merged with that of the California Hemophilia Council, thus the reductions are justified to avoid duplication of services.
- ***** The funding for the UC Student Education Program is contingent on UC's regents providing matching funding, that the program be applicable for statewide use, and that it be applicable to all sexually active students.
- ***** The organizers of the UC San Francisco Medical Health Conference were urged to raise substantial funding through registration fees and sponsorships and provide a wide distribution for its pamphlet.
- ***** The total amount for AIDS Education and Information funding proposed by the AIDS Advisory Committee is \$4,267,239.00 or \$17,239.00 over budget or .4%. The committee recommended that the staff through its contract negotiations keep that fact in mind so that the final approved amounts fall within the budget of \$4,250,000.00. The general consensus was that the difference be shared among most projects, not just one or two.

SYNOPSIS OF THE OPENING REMARKS OF THE CHAIRMAN OF THE A.I.D.S
ADVISORY COMMITTEE (BRUCE DECKER) AT THE AFTERNOON SESSION
OF THE JULY 12, 1985 MEETING
HELD IN RM. 1157, 350 MC ALLISTER STREET
SAN FRANCISCO

The methodical process by which the Committee has determined the level of funding necessary to conduct a comprehensive, coordinated AIDS prevention campaign for the State and which projects should be funded and to what extent they should be funded began with the submission of RFP's in early 1985 to over 400 agencies and community based organizations.

This was an approach similar to the one used by the National Institute of Health in requesting, reviewing, and awarding research grants.

The proposals, 41 in total, which asked for \$5,900,000 in State monies were received this Spring and in April were reviewed by the staff and by committee members to determine what projects were responsive to the RFP and what level of funding was appropriate.

At the same time, the Vasconcellos Committee (on which a number of the AIDS Advisory Committee members sat), met seven times and upon conferring with those members determined that not the initial \$6,000,000 or \$7,000,000 proposed for Education programs was needed, but approximately \$4,250,000.

The Governor in January had proposed \$1,237,500 for Education and \$775,000 for overhead (providing staffing for the AIDS section of the Department of Health Services), but his proposal didn't reflect the information developed subsequent to January.

The \$4.250,000 figure was reflected in the Budget proposed by the Legislature and members of the AIDS Advisory Committee lobbied the Governor to keep that amount for AIDS Education and Information programs in the budget. Each of the four appointees of the Governor to the committee so advised him -- one made a major presentation in writing, another visited the Governor twice on the issue, and the two others wrote to the Governor endorsing the other two appointee's position.

Their position was based on a second technical review of proposals, labelled Attachment A, laying out carefully what was needed -- for a \$3,012,500 augmentation to the \$1,237,500 proposed by the Governor. The Chairman of the AIDS Advisory Committee emphasized that the Attachment A was used by the Governor for decision-making. The document was also in the hands of the Secretary of Health & Welfare (Secretary Swoap), the Director of Health Services (Dr. Ken Kizer), and Director of Finance, and other appointees to the committee.

Decker reiterated that Attachment A represented a technically sound, comprehensive program derived from proposals solicited from 400 County and Community based programs.

He added that the Governor's decision to approve the \$3,012,500 was based on the definitive recommendations on funding contained in Attachment A.

He noted that the Director should recognize that that ~~among~~ reflected the guidance of the Speaker and President Pro Tem of the Senate (who each have four members on the Advisory Committee) and from the Governor (who has also four community members on the Committee).

The Chairman acknowledged that the Director had been extremely cooperative in accepting the recommendations of the Committee since its inception last August.

He then commended the AIDS Advisory Committee as being a competent body, non-divisive, and hard working -- even given the diversity of its membership and politics of individual members. The Committee members have also been most available to contractors to provide assistance and to the State Department of Health Services to take on special assignments relating to AIDS.

The Department of Health Services has done an exceedingly good job based on the limited funds it has had at its disposal in presenting AIDS issues to the public.

In a philosophical vane, the Chairman then discussed the core belief or proven truth that the 1st line of defense in a public health crisis is prevention. If monies are placed into prevention, there doesn't need to be a care or research consideration except for current cases.

Prevention is the centerpiece of the recommendations made by the Committee. One of the few significant agreements seen in Atlanta (the International AIDS Conference of last April) was the need for prevention. The logic follows that such efforts will prevent sorrow and suffering, and then there is the financial consideration. Prevention will save money that otherwise would be spent on care which averages between \$100,000 and \$150,000 per patient. Thus, if the education program of the State can prevent only 50 cases, it will be more than cost-effective.

The Chairman suggested in his discussions with the Governor that AIDS could be his "Medfly" if he didn't take a leadership role in the crisis and that it could easily dry up the \$1,000,000,000 reserve with only 1,000 cases.*

In conclusion, the Chairman emphasized that the bulk of monies recommended by the Committee would go through County Health Departments to be subcontracted to community based organizations or used by the Counties themselves where such organizations didn't exist. As such, the Department has viewed County Health Departments to be an extension of the Department of Health Services.

Where, however, and there is one county whose Board of Supervisors have shown no interest in AIDS Prevention and County health officials have on numerous occasions shown rather bad judgment around AIDS Prevention, the record suggests that a County is unwilling or unable to manage State AIDS Prevention monies for its own use or for subcontracting out, the Committee has consensus to have the State go directly to the community based organizations and fund them without going through the counties. In virtually all cases, save one, this has not proven necessary. In that one case, the Committee is unanimous and vehemently opposed to going through that county.

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FOR FY 85-86
(Ratified, July 12, 1985)

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SUMMARY OF OTHER PERTINENT REMARKS AT THE AFTERNOON SESSION OF THE
A.I.D.S. ADVISORY COMMITTEE'S MEETING
OF JULY 12, 1985

1. It was noted that San Mateo County's proposal had been inadvertently omitted from Attachment A, and it was agreed by the Committee to provide \$40,000 for San Mateo County.
2. Chris Bowman stated that there are additional needs which should be addressed in the areas of AIDS Prevention and that the Committee may want to entertain increasing its funding for FY 86-87 to deal with new risk groups, IV drug users and women at risk, heterosexuals, and to avert public panic. The Chair countered that the State doesn't have unlimited funding and that most current proposals were broad enough to cover those concerns.
3. The Chairman after a brief introduction entertained a motion that \$200,000 be taken from the San Francisco and Los Angeles allocations to fund three full-time monitors, one would work in San Francisco, the second in Los Angeles, and the third out of Sacramento to handle other projects.

There was much discussion ensuing. Dr. Roth suggested that if monies are deducted from SF and LA, they should come from the funding earmarked for the Health Departments, not community based organizations. Dick Pabich and Sal Rosselli advocated that the \$200,000 be taken out of all projects proportionately, not just from SF and LA. Dr. Roth stated that taking 5% from a \$20,000 project would hurt more than taking the same percentage from a \$1,000,000 project. Stan Hadden asked whether the new positions created for the Department of Health Services for AIDS (17-19 positions) could handle the additional monitoring requirements. Jim Felton of the staff replied that the State would need more monitoring help, but that the staff wanted to reserve the decision of where the monitors would be stationed.

The motion entertained was amended so that the \$200,000 would be allotted, but where the money would come from would not be noted. (Roth). The motion was moved by Pabich and seconded by Stan Hadden and passed 5 to 1, with Dr. Gottlieb opposed.

4. The Chairman then asked whether the Committee should create a contingency fund for \$150,000 to be used at the discretion of the Director per the recommendations of the Committee. He added that had such a fund been available in FY 84-85, the Committee could have better responded to the blood bank and HTLV-III antibody testing issues. Discussion followed.

Werner Kuhn of Orange County pointed out that a Billion Dollar reserve already existed from which contingency funds could be tapped. The amounts in the Attachment A were absolutely needed and should not be further reduced. The State was faced by a major epidemic and it should be treated as such.

The Chairman replied that it was exceedingly difficult to go through the bureaucratic paperwork to obtain those funds, and by the time that had transpired, the crisis would be over, not responded to.

John Lorenzini, Coordinator of People With AIDS, SF, asked by \$150,000 wasn't added to Attachment A when it was being prepared and that a number of organizations are struggling to keep their heads above water.

Dr. Lyman supported the proposal, and that other VD programs have flexibility to deal with crises.

After further discussion and a straw polling of the Committee showed the majority to be opposed, the entertaining of a motion for a \$150,000 reserve was withdrawn.

5. The Grant proposals were then discussed. Sal Rosselli and Dick Pabich reviewed the San Francisco proposals and other Northern California proposals. Dr. Roth and Dr. Gottlieb reviewed the Los Angeles and Southern California proposals. Each provided their report. The following are highlights.

a. Rosselli/Pabich recommended dividing the \$1,000,000 for San Francisco as follows: \$700,000 for the Department of Public Health; \$300,000 for the AIDS Foundation -- noting that much of the \$700,000 would be subcontracted to the AIDS Foundation, Stop AIDS Project and AIDS Health Project.

The Chair emphasized confidence in the Department of Public Health to subcontract and use the monies allotted expeditiously.

Pabich noted that the cutbacks from \$525,000 to \$300,000 for the AIDS Foundation's Northern California AIDS project would be in the area of program assistance. Bowman urged the Department to ensure that its cutbacks of \$108,000 not be taken from the Stop AIDS Project -- this was Senator Marks' position that the Stop AIDS Project be fully funded.

It was moved and seconded that the recommendations of Rosselli and Pabich be approved. The motion passed unanimously.

b. Marin County. It was moved and seconded that of the \$50,000 to the Marin County Department of Health that the County subcontract with the Marin AIDS Network to fund one full-time position for \$30,000. The motion passed unanimously.

c. It was moved and seconded that the San Mateo County proposal be approved for \$40,000. The vote passed, 4 yea, 0 nay, and 1 abstention (Dr. Hamilton).

d. Pacific Center's project was approved unanimously.

e. Los Angeles. Dr. Roth proposed moving the CAIN Network from the LA proposal to a Statewide proposal and that the Department of Health receive \$65,000 for monitoring of community based projects. He emphasized that the community based organizations providing AIDS prevention not be funded through LA County, but directly by the State. The motion passed unanimously.

f. Humboldt/Del Norte Health Department. Funding approved unanimously.

g. Sonoma. The Chairman, noting that the County was also responsible for the Russian River where there is a sizeable number of cases, recommended the proposed amount be increased from \$46,433.00 to \$60,000.00. The motion passed unanimously.

h. Sacramento AIDS Foundation. The Chairman commented that the Foundation's proposal was strong and that they are actively expanding their operations outside of Sacramento County. Kate from the Foundation said she was pleased with the recommendation. The proposal to fund for \$150,000.00 was passed unanimously.

i. Santa Cruz Health Department. Passed unanimously.

j. Santa Clara Health Department. The Chairman proposed increasing amount from \$72,332.00 to \$88,000.00 because of the increase of new cases of AIDS. The motion passed unanimously.

k. Gay United Services/Fresno Health Department/Kern Health Department. It was proposed to discuss all three together because of concern of overlapping services. The Chairman moved that the bulk of the \$100,000 proposed go to Gay United Services, if not all funds, to avoid duplication of services and administration. The motion passed unanimously.

l. Santa Barbara. The Chairman asked that since the project also included Ventura County now, that its allocation be increased from \$68,228.00 to \$80,000.00. The motion passed unanimously.

m. Orange County. Werner Kuhn complained that the \$161,375 for the GLOOC project was disproportionately low compared to what San Diego and the Pacific Center were receiving, which had about the same cases as Orange. Chris Bowman asked if anyone knew how many cases there were in Orange, Alameda, San Diego, and Santa Clara Counties. The reply was Orange - 93, Alameda - 84, San Diego - 80, and Santa Clara - 42. Jeremy from Pacific Center said the figure for Alameda was closer to 130. The Chairman countered that Orange was receiving about 90% of what it requested, and that the other Counties had requested higher amounts. The motion to fund the GLOOC for \$161,375 passed unanimously.

n. Inland Empire Project. Carolyn Harris expressed her appreciation for the \$85,000 proposed and added she hoped to get Federal Matching funds to expand the program. The motion to fund passed unanimously.

o. San Diego. The Chairman pointed out the significant increase of AIDS cases in the last year and that San Diego isn't served by LA. The breakdown of the proposed \$284,000 would be \$240,000 for APSD, \$44,000 for SD Health Dept., and a modest subcontract to GLCSC regarding Health Education. The motion passed unanimously.

p. California Hemophilia Council and Orthopedic Hospital. The representative of the Council pointed out that by oversight employee benefits weren't included in the initial proposal, and the Chair moved to increase the amount from \$220,655.00 to \$237,825.00, and to reduce the Orthopedic Hospital to a 3/4 position for \$31,000.00. The motion passed unanimously.

q. UC Student Education Program. Jeremy of Pacific Center stated that he originally opposed the program because of fears of duplications. He now supports the effort and added that UC regents plan to match it dollar for dollar. Dr. Filante stated State funding should be contingent on that matching and that the program be applicable for statewide use. Hamilton added that it be applicable to all sexually active students. The motion passed unanimously.

r. UC San Francisco Mental Health Conference. Chris Bowman asked if the

proposal were responsive to the RFP. Pabich replied that the effort filled the category of providing education to health providers on AIDS and that the information would be recorded in a booklet. Discussion followed on whether or not the conference could be funded by other means. The Chair moved that the staff urge the organizers to raise substantial funding through registration fees and sponsorships and provide a wide distribution for its pamphlet. The motion passed 6 to 1 (Hamilton opposed).

s. State Prevention Conferences. The Chair noted that prevention efforts need to be coordinated and publicized. The media should be provided with clear and accurate picture of what the public needs to be afraid and not afraid. It is important to education community leaders and the media. The first such meeting is planned for mid-September and will include all AIDS contractors. The matter was tabled until the committee could discuss the General Education Videos.

t. General Education Video (Contract). The Chairman stated that the need for the Videos came out of the Vasconcellos Committee and that the Director of Health Services wanted to use part of the \$1,237,500 proposed by the Governor for that purpose. The Chairman had asked the Director to defer his request pending the augmentation, and that it should be placed in the proposal given approval of the augmentation. Discussion followed on the plethora of projects already completed or underway. Concern was expressed about the applicability of some videos to certain audiences and their becoming quickly obsolete. The Chair, therefore asked that the monies for General Education Video be deleted and that the need for such videos be determined at the Contractor's meeting in September. Contractors would be asked to bring all of their videos (that were suitable for general viewing).

s. State Prevention Conferences. With deletion of the Videos, the Committee approved unanimously the Conferences funding.

u. Monitors. Dr. Roth proposed that the \$200,000 reserved for monitors be reduced to \$180,000. The motion passed unanimously.

v. Dr. Hamilton stressed that all contractors should develop materials for the general public. His motion passed unanimously.

5. The Chairman then asked for specific guidance from the Committee.

a. In communicating its recommendations to the Director of Health Services, regarding Los Angeles, Dr. Roth moved and Decker seconded that no projects be funded in Los Angeles County through the Los Angeles County Health Department. Discussion followed. Roth stated that the Department had proved itself unable to fund or monitor projects. The Los Angeles Board of Supervisors had provided no leadership and funding other than that provided by Supervisor Edelman. The State should not risk giving its limited funds to the LA County Health Department. Let's see what they do with the \$65,000 for monitoring before giving them anything more. The Contractors in LA County have proven themselves.

Dr. Rice added that as a Contractor with the County for 10 years, he questioned the County's ability to provide fiscal accountability nor to use funds quickly or efficiently. He added that if the State goes through the County Health Department, this could mean a three month delay before contractors would get their money.

The Chairman added that as per LA County's interest in AIDS, although the AIDS Advisory Committee meeting in June was held on the 9th floor of the Health Department's Bldg., in LA, that virtually no one from the Department attended the meeting.

The motion passed unanimously, 7-0. The Chairman added that the unanimous vote was the result of lengthy discussions and many meetings going back to the inception of the Committee in August 1984. The matter has been an ongoing concern.

b. Assemblyman Filante then commented that he had spent a lot of time with Aides of the Governor and the Governor regarding the augmentation, and that he felt the Committee had done much and produced much since its creation. Applause followed.

The Chairman asked Filante if he used Attachment A. Filante replied that he had and that the document succeeded in convincing the Governor to approve the augmentation. The numbers he came up weren't accidental. The Chairman added that the \$4,250,000 figure wasn't arrived at by accident because of the Vasconcellos Committee and the AIDS Advisory Committee's actions and the process of the staff. Filante added that the documentation proved how the money could be used productively.

A member of the audience expressed concern over how quickly the recommendations of the Committee would be processed so that contractors would start receiving money. Dr. Roth replied that his understanding is that the Governor will follow the recommendations of the Committee. The Chairman added that Dr. Filante's remarks were clear in that regard.

c. The Chairman asked for guidance of the Department. If the word processor is intact and material is quipped -- what time-frame can we expect before the Director makes a decision? The Department representative replied that if the material got to the staff on Monday, it would go to the director by Friday. He expected there to be some areas of disagreement and if those weren't resolved, the process could take longer.

The Chairman added that the staff had been asked to make recommendations for funding projects at the augmentation level, but were unable to do so. On the other hand, the second technical review did incorporate much staff input.

The Department representative said that the Chair and Vice Chair of the Committee would be notified by Friday if there were significant differences between the Staff's recommendations and those of the Committee.

Dick Pabich asked when funding would begin under the \$1,237,500 level and for the \$4,250,000 level. The Chairman mentioned that letters of intent had gone out for the first level. Dr. Lyman stated that ongoing contracts would be approved by mid August and that it would take another 1½ months for new contracts. Jeremy from Pacific Center wondered why that process couldn't be done simultaneously to save time. Dr. Gottlieb expressed concern that the LA organizations had not received letters of intent but only verbal assurances, and that one could not go to the bank on those. Werner Kuhn said that if there was a delay he might have to shut down operations. The Chairman asked contractors to communicate to the staff and him or members of the committee if services must be interrupted. There was the comment that CAIN has to shut down August 1st. Jeremy added that it would be useful to get a ball-park figure for internal negotiations for the hiring of new staff, etc.

Dr. Roth then asked the staff why they couldn't have held off in giving letters of intent since the Governor signed the budget on June 28th, and some letters didn't go out until the 29th. If they knew they were going to have more funding, why limit the amounts to the original \$1,237,500. He added that the resistance of the staff in dealing with contractors and the committee was not in the interest of the State.

Dr. Lyman replied that the sending out of the letters of intent both for funding and rejection was SOP. He was added by the representative of the Department that there is a basic agreement that we go through the counties for funding. The Chairman countered by saying 'who's 'We''?

Concerning differences that might develop between the Committee and the Staff in recommendations to the Director, the Chair suggested that he could request a meeting with the Director and staff or poll the members of the committee to resolve differences or to seek guidance for the department. Dr. Roth reiterated that the recommendations of the Committee as in Attachment A were received and approved by the Governor. Dr. Gottlieb asked again that the staff provide written notification to the contractors in LA County rather than Verbal Assurance. The staff didn't reply. The Chairman added that the staff was using hostage games -- meaning that unless they had their way in going through the County Health Department, no letters of intent would go out.

d. Dr. Hamilton pointed out that the reverse transcriptase test wasn't the same as an antigen test.

It was agreed that the next meeting would be held on August 18th in San Diego. The Chairman asked Dr. Lyman to ensure that the meeting notices went out before August 12th. He closed by stating that he normally thanked the staff for their work in preparing meetings, but given the circumstances that he would move to adjourn without comment.

CALIFORNIA AIDS PROJECT
AIDS ADVISORY COMMITTEE

Department of Health Services
Sacramento, California
August 6, 1984
1:00 P.M. - 4:30 P.M.

- I. The California AIDS Advisory Committee met on August 6, 1984 to complete the following business agenda:
 - A. Welcome and Introductions.
 - B. Update on AIDS.
 - C. Review of FY 1983-84 Projects.
 - D. Organization and Functions of the Advisory Committee.
 1. Naming of Chairman.
 2. Review of recommendations of technical review panel and final decisions on Request for Proposal (RFPs) submitted by last year's contractors.
 3. Process for finalizing budget and other items in Governor's Veto Message.
 4. Process and timetable for new Request for Proposals (RFPs).
 5. Other business.
 6. Next meeting date.

II. AIDS ADVISORY COMMITTEE MEMBERS

ROTH, Michael
Assembly Appointee
Santa Monica, CA

ROSSELLI, Sal
Senate Appointee
San Francisco, CA

KRAUSE, Bill
Assembly Appointee
San Francisco, CA

HADDEN, Stan
Senate Appointee
Sacramento, CA

DECKER, Bruce
Governor's Appointee
San Francisco, CA

HAMILTON, Richard R., M.D.
Governor's Appointee
San Francisco, CA

FILANTE, William J., M.D.
Governor's Appointee
Sacramento, CA

CHIN, James, M.D.
Director of Health Services Designee
California Department of Health
Services
Infectious Disease Section

CALIFORNIA AIDS PROJECT (CAP) STAFF

AULT, Thomas - CAP Supervisor. Department of Health Services, Assistant Chief of the VD Control Program.

HEINDL, Irena, M.D. - Department of Health Services, VD Control Program Medical Officer.

KAMEL, G.W. Levi, Ph.D. - CAP Educational Services Coordinator. Department of Health Services, AIDS Consultant.

FELTEN, James - CAP Administrative Advisor. Department of Health Services, Preventive Services Branch, Administrative Services Coordinator.

BROCK, Kenneth D., MSW - CAP AIDS Consultant. Department of Health Services, VD Control Program staff.

III. REPORT BY AGENDA ITEM

A. Welcome and Introductions.

Peter Rank opened the session and welcomed the committee, reminding them of the importance of their task in responding to issues surrounding the AIDS crisis. Individuals introduced themselves.

B. Update of AIDS.

James Chin, M.D., provided the committee with an update on the medical aspects of AIDS. HTLV-3 is almost certainly the causative agent for AIDS. Serologic testing will become a much greater issue in the near future, and planning is needed now to address the issue. Dr. Chin and Bruce Decker underscored the significance of CDC's pending redefinition of AIDS, noting that there will be a dramatic increase in the number of new cases as a result.

C. Review of FY 1983-84 Projects.

The CAP staff provided a brief review of last year's AIDS education projects. The geographic areas and educational services included in the FY 1983-84 program were outlined.

D. Organization and Functions of the Advisory Committee.

1. Naming of Committee Chair.

Mr. Rank appointed William Filante, M.D., as interim Chair. Bruce Decker and Michael Roth, M.D., were selected as nominees. The vote for Chair was four to four, and no Chair was appointed. At the close of the meeting, Stan Hadden suggested the appointment of two

co-chairs. Bruce Decker suggested that the committee wait until the Governor makes his final appointment. In Dr. Filante's absence at the end of the meeting, acting interim Chair, James Chin, M.D., postponed any action on the issue.

2. Review of Technical Review Panel recommendations and final decisions on continuing contractor proposals.

SAN FRANCISCO AIDS FOUNDATION

The Foundation proposes to 1) continue efforts to develop the Computerized AIDS Information Network (CAIN); 2) continue the Regional Northern California toll-free hot line; and 3) expand prevention and educational efforts through an eight-county Northern California outreach. No monies are requested for projects targeted within San Francisco. The committee recommends funding for 100 percent CAIN Coordinator, 100 percent Northern California Information/Education Coordinator for consulting only, a sufficient amount for supplies, 800 hot line telephone expenses, educational materials, surface road one-day travel, and diskettes. The committee recommends decreasing the communications/postage line item from the amount requested (\$33,514.00), but leaving an adequate amount to perform the contracted activities. CAIN expenses not covered in the recommendations should be covered by network subscription fees. While the Northern California outreach project proposal is excellent, such an elaborate plan is well beyond the means of the state.

The CAP Educational Services Coordinator investigated the desirability and feasibility of the Northern California Outreach from the perspective of Sonoma County (including Russian River area) community leaders, and found that only consulting is desired by local organizations.

PACIFIC CENTER FOR HUMAN GROWTH

The committee agrees with staff that the Pacific Center needs to focus more on high-risk prevention services than are outlined in their proposal. These services should include: 1) a well-planned literature distribution system; 2) better delineated gay bar and bathhouse projects; 3) media workshops; and 4) a study of the need for street outreach services in the urban centers of Alameda County.

Under the above conditions, the committee recommends the following: 1) Support all personnel except the program computer assistant and the bookkeeper. (The switchboard operator line item phoned in on July 26 is rejected.) 2) Support operating expenses as listed.

SANTA CLARA HEALTH DEPARTMENT AND AIDS FOUNDATION

Last year, the Santa Clara County Health Department and the AIDS Foundation worked cooperatively under a joint contract to deliver

educational services to Santa Clara County. Both the health department and the Foundation benefited from this arrangement, and both have expressed a strong desire to continue their joint contract.

The project coordinator has contacted health officers in the other counties to be served (San Mateo, Santa Cruz, San Benito, and Monterey). These officials agree to the regional delivery of AIDS educational services as proposed. However, the plan is weak in high-risk prevention activities, and should be provisionally accepted pending modifications similar to those suggested for the Pacific Center.

The committee recommends support for a 80 percent Public Health Nurse, Communications/CAIN subscription line item, educational materials, printing and duplicating, travel, and the services of a high-risk prevention health education consultant. Support for workshops, a newsletter, and a Speaker's Bureau Coordinator should be excluded.

SANTA BARBARA HEALTH DEPARTMENT

The Santa Barbara Health Department proposes to use its health education consultant to maintain services in the tri-county area (Santa Barbara, Ventura, and San Luis Obispo), and to expand services into Kern County. Health officers in these counties favor the plan. The health educator has demonstrated a high degree of competence in dealing with high-risk and non-gay community groups in the tri-county area, and has begun networking in Kern County.

The committee recommends support for the health educator and operating expenses. However, wages and operating expenses should be cut up to 25 percent. These cuts should make the project more cost-effective, more affordable to the state, and should encourage the counties being served to help support the project.

AIDS PROJECT/LOS ANGELES

This proposal is heavily weighted toward non-fundable items such as direct support services, equipment purchases, and administrative overhead. However, hot line and health care provider aspects of the proposal are acceptable. AIDS Project/Los Angeles should be invited to propose a high-risk prevention project under the new September, 1984, RFP.

The committee recommends support for 100 percent health educator, 25 percent hot line coordinator, limited supplies, hot line telephone expenses, a CAIN subscription, and limited printing/duplicating, and travel.

THE GAY AND LESBIAN COMMUNITY SERVICES CENTER OF LOS ANGELES

The Gay and Lesbian Community Services Center proposal consists of five units of activity: 1) clinic education; 2) a mobile VD clinic; 3) a street outreach; 4) a media outreach; and 5) CAIN operations and data input. The committee agrees with staff that: an in-house educator should not be supported since AIDS educators are now funded under the clinic's federal research and county STD grants; the mobile clinic should not be funded under state education monies because it is not a cost-effective means of promoting AIDS prevention among high-risk groups; and the street outreach and media outreach components should not be funded under continuing funds, but could be better designed and resubmitted under the new September, 1984, RFP. The committee recommends that only the CAIN activities be funded with support for a CAIN Systems Coordinator, paper and diskettes, general expenses, communications, educational materials limited to funds for educational video tapes, printing/duplicating, travel, and CAIN consultant services.

LONG BEACH HEALTH DEPARTMENT

The committee recommends a 75 percent health educator and operating expenses.

ORANGE COUNTY HEALTH DEPARTMENT

The proposal requests overhead and clerical support only and was not recommended for support by the committee. Orange County officials agreed that the health education consultant funded last year could better serve the community if assigned directly to the Gay and Lesbian Community Services Center. In addition, a federally funded grant supports a public health nurse and clerical assistance at the health department.

ORANGE COUNTY GAY AND LESBIAN COMMUNITY SERVICES CENTER

The proposal outlines plans for comprehensive educational services in Orange County, including innovative high-risk prevention activities in Laguna Beach. In addition, health care provider training would be provided in Riverside and San Bernardino Counties.

The committee recommends full support for the program administrator, the field coordinator, and operating expenses as listed.

SAN DIEGO HEALTH DEPARTMENT

The proposal calls for out-stationing a health educator at the San Diego AIDS Project. This person would serve as a liaison between the health department and the gay male community.

The committee recommends funding the 75 percent health educator, educational materials, travel, and a CAIN subscription.

SAN DIEGO AIDS PROJECT

The committee recommends less funding for personnel by reducing support for the director to 50 percent. Operating expenses should include supplies, a CAIN subscription, educational materials, and printing/duplicating costs. Some training support may be needed.

ORTHOPAEDIC HOSPITAL

This proposal calls for providing services to hemophiliacs. Individual counseling sessions should be converted to group sessions and workshops. The committee recommends support at the level requested.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

This proposal calls for bringing the University of California, Los Angeles (UCLA) AIDS medical research group on line as CAIN information providers. This would 1) permit medical officials to monitor medical information; 2) allow researchers to communicate electronically; and 3) increase the overall value of the network. A restricted access mode would be used by researchers.

The committee recommends support for a 20 percent data entry clerk and limited operating expenses. The intention of this project is to serve as a catalyst for information sharing, not to support the activity in full.

3. Process for finalizing budget and other items in Governor's Veto Message.

The committee approved an appropriate amount of \$632,000 to be used for local assistance contracts as recommended by the Technical Review Committee. The use of the remaining funds will be decided in the next meeting, scheduled for September 7, 1984, at 1:00 P.M.

The review committee asks that staff list future recommendations on new proposals using a more concise format. This would expedite future committee reviews and decision-making processes.

4. Process and timetables for new RFPs.

The AIDS Advisory Committee will provide feedback to staff telephonically regarding the new RFP by August 13, 1984. The new RFP will be sent out to as many agencies as possible statewide. Los Angeles agencies and others should be provided with direct consultation as needed to assist in the preparation of state proposals. State RFPs should be shorter, simpler, and made applicable to all areas of the state. Agencies submitting proposals should shorten and streamline descriptions of their projects. No public information activities should be included in new RFP goals, as they are adequate in existing contract goals.

5. Other business.

Travel arrangements for committee members were made.

6. Next meeting date.

A new meeting was set for September 7, 1984, at 1:00 P.M. A site in the Bay Area will be selected.

WORKSHEET

I. CURRENT CONTRACTS

CALIFORNIA AIDS PROJECT TECHNICAL REVIEW PANEL RECOMMENDATIONS

CONTRACTOR	FY 1983-84 FUNDING LEVELS	TECHNICAL PANEL RECOMMENDATIONS	ADVISORY COMMITTEE	ADVISORY COMMITTEE
SAN FRANCISCO AIDS FOUNDATION	71,675	64,240	64,240	Shift of Expenses
CHIANTI, SAN FRANCISCO	24,000	-0-	-0-	
PACIFIC CENTER, BERKELEY	28,022	37,187	37,187	
SANTA CLARA COUNTY HEALTH DEPARTMENT	37,545	52,100	52,100	
SANTA BARBARA COUNTY HEALTH DEPARTMENT	15,000	28,836	28,836	
AIDS PROJECT/LOS ANGELES	90,000	41,386	41,386	
LONG BEACH HEALTH DEPARTMENT	15,000	22,063	22,063	
CHESC, LOS ANGELES	60,000	30,989	30,989	
CHESC, ORANGE COUNTY	23,500	49,241	49,241	
ORANGE COUNTY HEALTH DEPARTMENT	17,985	-0-	-0-	
SAN DIEGO HEALTH DEPARTMENT	17,012	22,982	22,982	
SAN DIEGO AIDS PROJECT	28,000	37,300	37,300	
ORTHOPAEDIC HOSPITAL	12,000	21,883	21,883	
UNIVERSITY OF CALIFORNIA, LOS ANGELES	5,000	6,178	6,178	
TOTALS	444,739	414,385	414,385	

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814



September 13, 1985

AIDS Section
P. O. Box 160146
Sacramento, CA 95816-0146

Mr. Bruce Decker, Chairman
California AIDS
Advisory Committee
3516 - 21st Street
San Francisco, CA 94114

Dear Bruce:

Enclosed please find the minutes of the California AIDS
Advisory Committee meetings for Fiscal Year 1984-85.
Note that there were two meetings in January, 1985 but no
meeting in April, 1985.

If staff can be of further assistance in providing addi-
tional data for the preparation of the Committee's ACR 118
report, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Robert E. Anderson'.

Robert E. Anderson, M.D.
Chief
AIDS Section

Enclosures

cc: Committee Members
AIDS Advisory Committee
Ed Mendoza, Assistant Deputy Director
Public Health
Donald O. Lyman, M.D., Chief
Preventive Medical Services Division
D. L. Gunter, Chief
Sexually Transmitted Disease Section
Juan Chacon, Program Manger
AIDS Section

bruce b. decker

September 16, 1985

Michael Gottlieb, M.D.
52-175 UCLA-CHS
Los Angeles, CA 90024

Dear Mike,

As you may know, I have been working for the past six months to define and develop an Institute to create and market health promotional educational programs to the gay community.

The AIDS crisis, with its resulting confusion and feelings of helplessness, is both a clear indication of the need for such a positive program and a clear motivator to a broad cross-section of gay men, particularly in large metropolitan centers, to learn how to live longer, happier, healthier, more robust lives.

In order to raise the money to start the company, I have sold my building here in San Francisco, leasing back a small unit to use as an operating base. We have begun looking for commercial space in which to design our offices and conference facilities here in San Francisco. I have sought the guidance of many physicians, researchers and mental health professionals like yourself in developing the program outline. I have begun developing the marketing network and strategy, and have roughed up preliminary budgets.

The program as envisioned has five phases:

FIRST: A pre-enrollment interview with a Counsellor/Facilitator which includes filling out a questionnaire relating to current health habits and a review with the Counsellor/Facilitator who will be assigned to the member to be available throughout the program. This will personalize each member's contact with the organization, and give them a focal point for all information and developments. Having one's own counsellor will create a feeling that the program is being custom-tailored to the member's specific needs. Rather than the member feeling that he is just a number, there is a human, face-to-face relationship created. Each new member will receive a loose-leaf binder with introductory materials which will outline some of what he may expect of our program. It may also include an extensive reference/suggested reading list, which has been compiled for us by a health professional.

SECOND: Enrollment in an eight-week series (one two-hour class per week) of classes. Subject headings will include:

1. Fitness/Exercise: Their importance to Health Promotion and exactly how they benefit the body in general
2. Rest/Nutrition: Their importance to Health Promotion and exactly how they are components of good health
3. Stress/Distress Reduction: Understanding & Relief Techniques

Continued ...

4. Impact of Alcohol, Tobacco, Caffeine and Drugs on the Immune System
5. Importance of Positive Self-Image
6. Learning how to have Hot and Healthy Sex
7. Relationship Building (peer/romantic/otherwise)
8. Combining 1 - 7 to insure good health

At the conclusion of each class, hand out materials, an at-home evaluation questionnaire and a goal-setting exercise sheet will be provided to each member for review and action to be included in their binder. These materials will be designed by the professionals whose expertise is being sought to develop one or more specific aspects of the overall program.

THIRD: Upon the completion of all eight classes, the members will go through a re-evaluation interview with their counsellor/facilitator. Going over the members' accumulated evaluation forms and goal setting exercises, the Counsellor would then appraise the member's progress in terms understandable to the member, then the member would be enrolled in a weekend-long workshop.

FOURTH: Lifestyle/behavior modification workshop. Having learned what they need to do, members spend the weekend experiencing implementation methods. Part of the weekend will be spent learning how to develop one's own small (4-6 person) support group for ongoing support and growth.

FIFTH: Upon completion of the workshop during this last phase, members are encouraged to initiate and participate in small support groups, periodically bringing the support groups together to work with each other on improving the effectiveness of their efforts. These periodic get-togethers are a way to validate the good effects of the program, and provide networking and followup opportunities for the participants.

We will ask each member to pay \$450.00 to participate in this six-month program. (\$150.00 upon enrollment and \$50.00 per month for 6 months). Each will receive, in addition to the program, binder, handouts and counselling, a monthly newsletter featuring accurate/timely reports on AIDS and other specific health-related developments and concerns.

We will develop "post-graduate" seminars and workshops on specific subjects as the need and demand arises. We will start in San Francisco in Phase I, expanding to Sacramento, Santa Clara, Los Angeles during Phase II. Then to Orange County, and San Diego in Phase II; New York, Texas, Florida and New Jersey in Phase III.

Specifically, we need your help in the following areas:

- A. In developing specific parts of the program: please let me know if you have a specific interest in being retained to

Continued ...

develop a section of the program in particular.

- B. In identifying and referring to us individuals qualified to be retained as full-time Institute Medical Director and individuals qualified to be retained as Counsellors/Facilitators.
- C. In serving as a member of our Advisory Committee, participating in the ongoing evaluation of the program, development of the newsletter, and development of post graduate project (per diem pay).
- D. In serving as a member of our Research Committee directing our in-house research and in identifying worthwhile ongoing research information and Health Promotion applicable to our members (per diem pay).

We are looking forward to getting off the ground by November 1, so there is some real urgency in receiving your reply and good advice.

We want to develop an impeccably credible program, conduct and fund meaningful research, and play an important part in helping meet the AIDS challenge.

Sincerely,



Bruce B. Decker
President

September 28, 1985

SUPERIOR IMMUNE RESPONSE
S.I.R.*
PROGRAM

SUMMARY

Since the Gay community has been told all the things we can't do with regard to the AIDS epidemic, we feel it's time to indicate what we can do in the face of this crisis. We now know that exposure to the AIDS virus is a necessary but insufficient condition in the development of AIDS. For those not yet exposed, avoidance of exposure is critical. For those who have been exposed, the best medical opinion is to combine avoidance of repeated exposure to the AIDS virus or other co-factors with a sound program of health promotion activities.

Clearly, one of the positive by-products of this crisis is a heightened awareness of the need to concentrate on good health habits. While AIDS is a motivator, it is not the only health-related issue we have to deal with. The S.I.R.* Program is one of prevention where the objective is the avoidance of illness through coordinated concentration on diet and nutrition, fitness, exercise, stress reduction, rest, improved self-image, and avoidance of risk-accentuating substances and habits. Through the education network, the support system of weekly meetings, and intensive weekend workshops, this common-sense approach to life will help to insure a strong, vibrant immune system for a broad cross-section of the gay community. This unique combination of established traditional medical beliefs is a program of overall wellness: of body, mind and spirit.

Given the everyday stress of today's busy life, combined with the explicit stress created by being gay in a predominantly non-gay society, and with the stress that comes from the fear of becoming ill, the combination is a sure recipe for disaster. While the relationship linking stress to illness is indirect, they can be related; medical fact has it that stress is a proven debilitator of immune response. Since stress will significantly deplete the immune system, our program immediately addresses itself to both explicit and implicit stress reduction on all levels, and the channeling of stress factors into positive, rather than negative, options.

Our community has all the same abuse habits as the general population and additional cultural abuse habits. By dealing positively with nutrition habits, fitness sensitivity, substance abuse habits and sexual risk-reduction, we begin the process of gradually and supportively modifying unhealthy lifestyle inclinations.

It should be understood that this is not a purist program. We recognize that we live in a real and complex world, but it does point out the unnecessary trade-offs we make on a daily basis as it relates to our health.

However trite it may seem, the reality is that if we don't have our health, then no matter how much money, power or prestige we possess, the quality of our lives is minimal at best. Our objective is to help those in the Gay community maintain a competitive edge while getting more enjoyment out of life. Not many of us have the knowledge, determination and will-power to do it alone. Our trained facilitators

will lead weekly group sessions designed by physicians and mental health professionals encouraging questions and sharing. The support group created by the communication system established within the network marketing approach provide a forum for the exchange of information and support. It is generally accepted that social support is an excellent buffer to physical illness as well as an opportunity to meet others who share a common interest in health and prosperity.

Since it is becoming increasingly clear that the Government cannot be looked toward to provide this kind of effort, we have designed the program to be distributed through a network marketing entity of Gay people helping Gay people. Not only will this network be the only way the S.I.R.* Program is available, this will avoid all of the traditional retail considerations and costs. The gay community is quite difficult to communicate with from the outside, so through the internal network of independent distributors we will communicate credibly and inexpensively, thus keeping the cost of the program within reason, and the profit "in the family."

One of the blessings of a network marketing approach is that, should you choose to improve your prosperity by involving yourself, you can do so on a part-time basis, while not forfeiting your regular employment. Later, if you find that the opportunities (and satisfaction) available to you through S.I.R. exceed that of your regular employment, you may then consider a full-time commitment.

Careful attention is being paid to maintaining credibility in the medical community, the legal community, and in the high standards applied to the development, of the program. We are acutely aware of the need for absolute integrity in our program, product, and distribution system.

To further demonstrate our integrity, we are committed to funding, with no less than 15% of our net profits, a research and educational entity to deal affirmatively with health, wellness, and social concerns of the gay community.

We will publish for our members a monthly journal, and later, a magazine dealing with correct and timely news about AIDS, fitness, nutrition and good health habits.

Our total commitment to health, efficiency, integrity, a simple but generous compensation package, prosperity and prevention will shortly metamorphose into a single, vigorous movement.

*Trademark applied for

CYPRESS ASSOCIATES

September 27, 1985

Mrs. Margaret Heckler, Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Hubert H. Humphrey Building
Washington, D.C. 20201

Dear Madame Secretary,

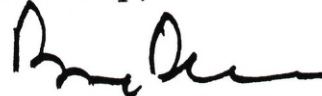
I am writing to thank you for sending the telegram to Miss Elizabeth Taylor which was read at the press conference initiating the formation of the American AIDS Research Foundation (AFAR), and to further express our gratitude for your support of this effort.

I am attaching copies of the press release and we look forward to working closely with you in the future.

I will be in Washington D.C. during the last week of October. Should you desire a complete briefing on AFAR's functions and directions, or perhaps the state of California's own progress in these areas, I would be delighted to meet with you.

With many thanks for all your good work, and my best wishes for your continued good health.

Sincerely,



Bruce B. Decker
Chairman,
California AIDS Advisory Committee

BBD/smp

cc: Dixon Arnett
Michael Gottlieb, M.D.
Mathilda Krim, M.D.
Elizabeth Taylor

CYPRESS ASSOCIATES

September 27, 1985

Kenneth W. Kizer, M.D., Director
Department of Health Services
714 "P" Street
Sacramento, California 95814

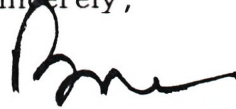
Dear Ken,

Thank you for your letter of September 19 inviting me to sit on a panel to review literature and materials produced for AIDS community education purposes.

I am indeed available and would be honored to be serve as the representative for the California AIDS Advisory Committee, as I believe accuracy and suitability in the literature and the materials developed under state contracts is of foremost concern to all involved in the process.

Please let me know as far in advance as possible of the panel's progress and my specific responsibilities, as well as any particular effort I might be able to extend on its behalf.

Sincerely,



Bruce B. Decker
Chairman,
California AIDS Advisory Committee

BBD/smp

cc: James Chin, M.D.
Assemblyman Bill Filante, M.D.
Michael Gottlieb, M.D.
Stan Hadden
Richard Hamilton, M.D.
Dick Pabich
Sal Rosselli
Michael J. Roth, M.D.