THE OFFICIAL NEWSLETTER OF THE

NATIONAL COALITION OF GAY STD SERVICES

VOLUME 7:3 FEBRUARY/MARCH, 1986

This Newsletter is published by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS). Although efforts will be made to present accurate, factual information, the NCGSTDS, as a volunteer, nonprofit organization, or its officers, members, friends, or agents, cannot assume liability for articles published or advice rendered. The Newsletter provides a forum for communication among the nation's gay STD services & providers, and encourages literary contributions, letters, reviews, etc. The Editor/Chairperson reserves the right to edit as needed, unless specific requests to the contrary are received. Articles for the Newsletter, or inquiries about membership or subscriptions may be addressed to Mark P. Behar, PA-C, Chairperson, NCGSTDS, PO Box 239, Milwaukee, WI 53201-0239 (414/277-7671). Please credit the NCGSTDS when reprinting items from the Newsletter. We're eager to hear from you, and will try to answer all correspondence! The NCGSTDS is the proud recipient of the National Lesbian/Gay Health Education Foundation's JANE ADDAMS-HOWARD BROWN AWARD, for outstanding effort and achievement in creating a healthier environment for lesbians and gay men, June 12, 1983.

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NCGSTDS MEETING MARCH 12 AT DC'S WHITMAN-WALKER

The annual meeting of the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS) is scheduled for Wednesday, March 12, 1986, 1-4 pm at the Whitman-Walker Clinic, 2335 18th Street, NW, Washington, DC 20009 (202/332-5295). In order to avoid conflict with other meetings and conference activities, the meeting was scheduled the day before the general conference is scheduled to begin at the facility of one of the Coalition's founding members.

Major agenda items include: 1) State of the Coalition (including membership, finances, newsletter, and the Guidelines & Recommendations for Healthful Gay Sexual Activity brochure); 2) Direction of Official Newsletter; 3) Board of advisors & sharing of work responsibilities; 4) Corporate/nonprofit status; 5) Future directions; 6) Election of chairperson; 6) Reports from member services; 7) Site of next meeting (American Public Health Association Annual Meeting, Las Vegas, Sept. 28-Oct. 2); 8) Other business. Hope to see you there!!
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NCGSTDS SEMI-ANNUAL MEETING REPORT

The semi-annual meeting of the NCGSTDS was held November 19, 1985 in conjunction with the 113th annual meeting of the American Public Health Association, at the Georgetown Hotel. Following is a brief report of business conducted. Chairperson Mark Behar presided. After a brief welcome, introductions were made of those in attendance, and a brief history of the Coalition was offered.

A report on the State of the Coalition was made. All membership records and the Official Newsletter are entirely computerized. A survey of members use of computers revealed: Of 37 responses, 8 planned to acquire computer systems before the end of 1985. Seven owned IBM-PCs, 3 owned each of the following: Compaq, IBM-AT or -XT, TRS; 2 owned each of the following: Apple 2E, Kaypro, or Sanyo; the following hardware was used by one person each: Columbia, Leading Edge, DEC Rainbow, Wang, and Olivetti. Seven people use Hayes products for telecommunications, with several other brands owned by one person each. Printers: 8 use Okidata, 5-Epson, 2 each use C. ITOH, Toshiba, & Imagewriter; 6 other brands were mentioned. Information Sharing: 8 subscribe to Compuserve; 8 to Delphi; 8 to CAIN; and 3 to the Source. Software: Numerous brands were used, but WordStar or WordStar 2000 were used by 14; dBase 2 or 3 by 8, Lotus 123 by 7, and Appleworks by 3; several people write their own software. Hopefully in 1986, we will be able to refine and update this information, and share it with CAIN and other members who have interest in computer networking and information sharing. Members needing assistance with software or hardware problems may be able to be referred to other members with similar needs for more personal and friendly assistance.

Membership: Total paid membership as of November 1, was 265 (about 35 ahead of previous year) for membership categories 1 through 8 (excluding 7); category 7, the complementary subscription category, comprised about 30% of the total, with the total of paid and unpaid memberships at 347. A resolution to greatly reduce the numbers in this category was accepted; in order to survive the high costs of publication and postage, membership must be strongly encouraged. A new membership brochure incorporating information from the old "fact sheet" was approved. Revised dues structure was also approved (no changes except where indicated): category 1--$250; 2--$50 (was $55); 3--$35; 4--$50 (was $35); 5--$25 (was $20); 6--$25 (was $20); 7--complementary (extremely limited); 8--$55 (overseas). GUIDELINES & RECOMMENDATIONS FOR HEALTHFUL GAY SEXUAL ACTIVITY BROCHURE: Income from sales of the brochure was $845 in 1984-85 for the 4th edition. The 5th edition was suggested, to revise and update information about AIDS and risk reduction. As far as we know, it remains one of the only brochures that addresses risk reduction for all STDs along with AIDS, and although rather verbose, remains a valuable complement for education. The revised 5th edition will be targeted for distribution by the March Health Conference, and distributed to the membership via the Newsletter. CORRESPONDENCE RECEIVED: 1058 pieces of mail were received in 1984-85; From July through October, the numbers were running almost 100 more than during a similar period in 1984. We will attempt to explore the possibility of referring requests for AIDS information by students doing reports to another agency (NGTF?), which will help to decrease our work load. NEWSLETTER: Due to computer software (WordStar 2000--grrrrr!!) problems in the summer & fall, the first issue was considerably delayed; these glitches have since been worked out, and the Newsletter is on schedule. Due to the vast amounts of information, it is getting more and more difficult to sift through and condense information for the Newsletter. The recently enacted membership dues revision will help ensure a greater financial base that may enable the future hiring of limited staff. Any suggestions to help alleviate this chronic information overload will be greatly appreciated. The most difficult problem is that the production of the Newsletter is in Milwaukee, where there are not extensive opportunities to utilize volunteers. Both issues of volume 7 have been 76 pages, which have accounted for excessive expenses. A priority system that limits the amount of information available may have to be more systematically enacted. FINANCES: Total income for 1984-85 was $12,484; total expenses, $12,068; present savings balance, $2683. CHAIRPERSON: Mark Behar was re-elected chairperson. The next election will be at the March Annual Meeting. The meeting was adjourned.
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INTERNATIONAL AIDS PROSPECTIVE EPIDEMIOLOGY NETWORK (INAPEN) MEETS AT NATIONAL LESBIAN/GAY HEALTH CONFERENCE, MARCH 13

The International AIDS Prospective Epidemiology Network (INAPEN) will host a general membership and board meeting, Thursday, March 13, noon to 1:30 at the George Washington University Marvin Center (800 21st Street, NW, Washington, DC; exact room to be announced/posted). The agenda will include a report of the state of INAPEN's finances and activities; discussion of plans for 1986 including research grants being submitted and planned, computer module development, and association with the American Social Health Association; updating the INAPEN data base in psychosocial, neuropsychiatric, epidemiological, and laboratory developments; discussion and approval of any official business and resolutions (submit any resolutions to INAPEN office prior to the meeting); and INAPEN meeting plans for the duration of 1986--International AIDS Conference in Paris, June 23-25, Homosexuality & Medicine Conference in London, August 14-16, and the American Public Health Association Annual Meeting in Las Vegas, September 28-October 2. Please notify INAPEN if you plan to attend the March 13th meeting by writing or phoning: INAPEN, 259 E. Erie #108, Chicago, IL 60611 (312/908-4694).

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CONFERENCE: RESPONDING TO THE AIDS EPIDEMIC--CONSTITUTIONAL, LEGAL, AND SOCIAL POLICY ISSUES

A national symposium on emerging legal and public health issues for makers of public policy, attorneys, and concerned citizens sponsored by The Center for the Study of Law, Science and Technology and Arizona State University, will take place April 7-8 in Tempe, Arizona (about 10 miles from Phoenix's Sky Harbor International Airport. Intense public concern and government efforts to deal with AIDS starkly present the problem of protecting rights when prompt action is necessary and the scientific facts are less than certain. The resulting issues of law and policy are of immediate concern for attorneys, government officials, service providers and all persons concerned with protecting individuals from contracting AIDS and respecting the rights and caring for those suffering from AIDS. This conference will involve nationally prominent experts in public health, epidemiology, law insurance and other fields. It will focus on the formulation of sensitive and effective public policy in response to AIDS. Specific topics to be addressed will include such matters as: proposed federal and state legislation to control AIDS; public health measures already being implemented; exclusion or segregation of individuals in public schools, prisons and the workplace; responsibilities of physicians and other health professional to treat people with AIDS; liability of individuals and government agencies for failing to exercise care in preventing the transmission of AIDS; actions of private health insurers to deny coverage to persons with or at risk for AIDS. Registration received before March 14 ranges from $125-235, after March 14, $150-260, depending on your professional status. For more information, write: Rosalind Pearlman, ASU Center for the Study of Law, Science, & Technology, Tempe, AZ 85287 (602/965-2124).

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CONFERENCE ON AIDS IN MASSACHUSETTS MARCH 26

by Janice Irvine, with thanks to Boston's Gay Community News, 2/15/86

A day long conference entitled "AIDS: Practical Considerations for Health and Service Personnel," will be held March 26 at Merrimack College in North Andover, Massachusetts. Presented jointly by the Boston AIDS Action Committee, Visiting Nurse Association HomeCare, and Merrimack College, the conference is designed to meet the needs of professionals working directly with the public and will feature upto-date information on AIDS and ARC. The keynote address will be given by the state's commissioner of public health, Bailus Walker, Jr. Walker will be followed by various speakers and workshops throughout the day. Registration fees are $45, which includes the plenary session and afternoon workshop, lunch, and all workshop materials. For additional information, contact: Ann Cerami, VNA HomeCare, 451 Andover Street, North Andover, MA 01845 (617/686-1010).

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ALCOHOLISM REGIONAL CONFERENCE IN APRIL

with thanks to Detroit's Cruise, 2/5/86

The National Association of Lesbian and Gay Alcoholism Professionals (NALGAP) will hold their mid-west regional conference in East Lansing, Michigan, April 11-13, 1986. Registration for the conference is $20 (students, $10). Some scholarships are available for those whose finances would otherwise prevent their participation. NALGAP is a non-profit organization dedicated to improving treatment for lesbian and gay alcoholics and substance abusers, and assisting alcoholism agencies and all helping professionals to better serve their gay and lesbian clients. Registration forms may be obtained from Steven L. Berg, Dept. of Religious Studies, Michigan State University, East Lansing, MI 48824 (517/353-9098).

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YOUTH SYMPOSIUM IN MINNEAPOLIS, MAY 30-31

The political, cultural, and medical events of the last decade have heightened awareness of the issue of adolescent homosexuality. There is growing evidence that lesbians and gays are among those youths at greatest risk for impaired physical, social, and emotional health. However, the controversial nature of the subject has previously discouraged systematic exploration of the issues. The "National Symposium on Gay and Lesbian Youth" will feature nationally renowned educators, physicians, psychologists, social workers, attorneys, politicians, and clergy to consider the needs of gay and lesbian adolescents. Keynote presentations, panels, and workshops are planned to promote discussion and to provide practical applications of knowledge to an audience of health professionals, educators, and other interested parties. Topics will include the development of sexual preference, special mental issues relevant to gay and lesbian youth, the experience of families with gay and lesbian children, social issues such as chemical abuse, prostitution, runaways, and the problem of sexually transmitted diseases in the gay community. Workshops will focus on practical strategies to promote mental, social, and physical health among gay and lesbian adolescents. For additional information, brochures, or registration, contact Darla Eckroth at Continuing Medical Education of the University of Minnesota, 612/373-8012. The symposium will be held May 30-31 at the University Radisson Hotel (615 Washington St., S.E., Minneapolis, MN), and is being cosponsored by the Institute for Continuing Education in Adolescent Health, University of Minnesota Adolescent Health Program and Continuing Medical Education, and the Minnesota Task Force on Gay & Lesbian Youth.

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HONOLULU AIDS CONFERENCE APRIL 4 DRAWS WORLD EXPERTS

AIDS is everyone's challenge. Education is our most powerful weapon. AIDS: Learning Together is a one day workshop Friday, April 4 at the Ala Moana Hotel in Honolulu, is bringing together some of the world's leading authorities to present the most up-to-date information on AIDS. It is being cosponsored by the following agencies: The Life Foundation (The AIDS Foundation of Hawaii), the Hawaii State Department of Health, the Hawaii Medical Association, Burroughs Wellcome Company, Hawaii Medical Service Association, Hawaii Nurses Association, Kaiser-Permanente Medical Care Program, Kapiolani Women's and Children's Medical Center, Kuakini Medical Center, Queen's Medical Center, and St. Francis Hospital. Applications have been made for accreditation for both physician and nursing continuing education credit. The conference faculty and some of the topics are: Harold Jaffee, MD (CDC AIDS Activity; "Epidemiology of AIDS in the U.S."); Mervyn Silverman, MD, MPH (past director, San Francisco Dept. of Health; "Public Health Policy, Problems, and Politics"); Jay A. Levy, MD (UCSF; "AIDS Associated Retrovirus (ARV): How Does It Cause Disease?"); Deborah Greenspan, BDS (UCSF; "Oral Manifestations of AIDS Virus Infection;" "Infection Control Issues for the Dental Office") Donald Abrams, MD (UCSF, SF General Hospital; "AIDS Retrovirus Infection: Clinical Manifestations"); Constance Wofsy, MD (UCSF, SF General Hospital; "Opportunistic Infections in AIDS;" "Heterosexual Transmission of AIDS"); Alison Moed, RN, BSN (SF General Hospital; "The Nursing Experience in an AIDS Unit"); Michael Gottlieb, MD (UCLA; "Strategy for HTLV-III Infection--Antivirals, Immune Modulators, Vaccines"); David McEwan, MD (Honolulu Medical Group); and The Very Reverend Hollinshead T. Knight (St. Andrew's Cathedral, Honolulu). Cost of the Conference is $80 ($100 after March 14) for doctors & dentists; $40 ($60) for RNs and other health care professionals; $30 ($50) for all others. For additional information, contact: Life Foundation (808/924-2437), Hawaii Dept of Health (808/735-5303), or the Hawaii Medical Association (808/536-7702), or write: AIDS: Learning Together, Pat Kawamoto, Hawaii Medical Association, 320 Ward Av., Suite 200, Honolulu, HA 96814.

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COMPUTERIZED AIDS INFORMATION NETWORK

Computerized AIDS Information Network (CAIN) is the only data base specifically designed on AIDS. CAIN is accessible worldwide through Delphi, a national data base. CAIN is an up-to-date, easily accessible resource, with information on, research/clinical data (including research programs and drug/clinic treatments), resource library (including journal abstracts, videos/brochures/books listings), nationwide services providers listing, legislative and legal news, plus more. In addition, CAIN offers you direct contact (via your personal computer) to others working on the AIDS epidemic. The need to share/exchange information on this deadly disease is imperative. CAIN can keep all AIDS related information at your fingertips. CAIN will be presenting "On-Line Computerized AIDS Information" at the National Lesbian/Gay Health Conference and AIDS Forum, March 13-15, 1986 at the George Washington University, Washington, DC. For more information about CAIN or the Health Conference, call 213/464-7400 x 277. CAIN is a non-profit project of the Los Angeles Gay and Lesbian Community Services Center, in cooperation with AIDS organizations around the world and with funding from the State of California Department of Health Services/AIDS Section, private businesses and individual donations.

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ETHNIC MINORITIES & AIDS CONFERENCE

The Third World AIDS Advisory Task Force is currently planning the first Western Regional Conference on AIDS and Ethnic Minorities, scheduled for April 25-27 in San Francisco. The Conference format is designed primarily for health care and service providers serving ethnic minority communities. The Third World AIDS Advisory Task Force was founded in 1985 to respond to the health needs of at risk ethnic minority communities. Members of the Task Force include representatives from service provider agencies, multi-disciplined professionals and concerned community activists. Goals of the Task Force include education, consultation and training for health care and service providers in the development of culturally sensitive and knowledgeable services and materials. This first Western Regional Conference is being convened to help focus attention on the impact of AIDS on ethnic minority communities, and to assist in the development of a comprehensive plan to address AIDS education and prevention in minority communities. Fourteen workshops are tentatively planned in the following areas: politics, substance abuse, youth, media education & outreach, HTLV-III antibody testing, risk reduction, women, correctional and other institutions, mental health, treatment, legal issues and insurance, support services, and a panel discussion with people with AIDS. The NCGSTDS, seeing the great need and importance of facilitating the development of networks among people of color and other ethnic minorities, has become a financial cosponsor of the event, and strongly encourages attendance by AIDS service organizations. For more information, contact: Western Regional Conference, AIDS and Ethnic Minorities, 50 Fell Street, San Francisco, CA 94102 (415/558-2541). The Conference is a project of the Third World AIDS Advisory Task Force, an advisory group to service providers addressing AIDS prevention, education, and delivery of direct services to Third World communities in the San Francisco Bay Area.
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BLACK CAUCUS PLANS AIDS BROCHURE FOR COMMUNITY

edited by John A. Fall, with thanks to the New York Native, 1/6-12/86

The Pennsylvania Black Caucus (PBC) hopes to have an AIDS brochure aimed at educating the black community ready for distribution soon, according to state representative and PBC chairperson Peter Truman. At the December 4 press conference held during a meeting of the National Black Caucus of State Legislators, Truman said the PBC wants to obtain funding for the project. He also predicted that government response to the epidemic would increase. "The problem is becoming acute. It's only a matter of time before their is more response from every level of government." The president of the national caucus, Maryland State Senator Clarence Mitchell, III, noted the indiscriminate effect of AIDS. "It's obvious that this is a disease that's more prevalent in the homosexual community, but it's being felt in all communities," he stated.
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BLACK COMMUNITY & AIDS CONFERENCE PROPOSAL WINS FUNDING FROM PHS

by Rick Harding, with thanks to The Washington Blade, 2/7/86

The National Coalition of Black Lesbians and Gays announced that it has been awarded four grants totaling over $36,000 to aid in its goals of providing services, education, and political leadership to the black gay community. According to the Coalition's Executive Director Gil Gerald, the U.S. Public Health Service (PHS) is providing $19,824 for the group to use for organizing and sponsoring a national conference on the topic of AIDS in the black community. Gerald said the coalition will seek the assistance of other groups including the NAACP, the National Urban League, and black health professional and religious organizations in planning the conference, which will be held in Washington, DC in the late summer or early fall. Gerald called the conference "essential" because "many blacks still believe that AIDS doesn't affect them" and is confined mainly to the white middle class. Nationwide, 25% of all AIDS cases are among blacks, although, according to Census Bureau statistics for 1984, 12.1% of the U.S. population is black. Gerald said the conference will provide an opportunity for the black community as a would to pull together and decide how to fight the epidemic. He said that by including mainstream black groups in the conference's planning states, he hopes to reach a broader cross-section of the community than the Coalition could reach alone. Also, the other groups will share some of the financial and organizational responsibilities in presenting the conference. Gerald said that part of of the PHS grant will be used to hire a new program director who will oversee the upcoming conference. In addition to the PHS grant, the Coalition has been awarded $7500 from the Chicago Resource Center, $7500 from the Ms. Foundation, and $2000 from the New York /city based /funding /exchange to be used for general support. Part of these grants will help revive publication of a periodical news magazine and to develop a national resource guide for black gays & lesbians.
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COLUMBUS AIDS TASK FORCE PRINTS BROCHURES

with thanks to Columbus' Stonewall Union Newsletter, January, 1986

The Columbus AIDS Task Force Education and Information Committee has recently completed the printing of four new brochures, which are entitled: "AIDS: Reducing Your Risks;" "Facts the Public Should Know About AIDS;" "When a Friend Has AIDS;" and a brochure describing the Columbus AIDS Task Force (CATF). These brochures may be obtained at no charge by writing to CATF, PO Box 8393, Columbus, OH 43201.
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FILMSTRIP ON AIDS GEARED TO TEENS AVAILABLE

Franklin Clay Films of Costa Mesa, California announced that a new educational filmstrip series on AIDS is now available. This 2 part color filmstrip kit has sound on cassette and is targeted specifically for teenagers. These may be the only teenager oriented filmstrips available today on AIDS, and stresses education and prevention. Part 1 is titled, "The Nature of the Disease" (15 minutes, 84 frames) describes the progression of the disease from first exposure through its various manifestations including ARC, AIDS, and brain-related effects. The terrible consequences of the disease are balanced by the fact that it is difficult to become infected from normal, casual interaction with people. Teenagers are urged to keep aware of the information supplied by news media and local authorities. Part 2 is titled, "What's My Risk?" (16 minutes/84 frames) and places AIDS in the context of an STD. Some major similarities and differences with other STDs are described. Examples are provided to show that adolescents ca be at risk for becoming infected, and that each individual has the choice of determining how much risk they take. If a person chooses to have sex the use of condoms greatly reduces the risk of getting AIDS and other STDs. The kit is shipped with a discussion guide, containing ideas helpful to the presenter for introducing the program and conducting followup discussions. It also contains answers to commonly asked questions about the disease. The AIDS Filmstrip (catalogue #B-768) is available for sale immediately (30 day full refund privilege) for $69 plus $2.50 shipping, from Franklin Clay Films, POB 2808, Costa Mesa, CA 92628-1808 (714/957-0414). Franklin Clay Films has been producing educational filmstrips for 15 years in areas of health and home economics. Because information about AIDS is so rapidly changing, the company offers revised audio cassettes of informational updates every so often for a small extra charge, so that factual information can be more thoroughly communicated. [NCGSTDS ED NOTE: Although the filmstrip is expected to soon be critically reviewed by AIDS Project/Los Angeles and we therefore can't comment on the specific content or style of presentation, we applaud any efforts to seriously target information about AIDS and risk reduction to youth. Hopefully, more will follow.]
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INFORMATIONAL VIDEOTAPE AVAILABLE

with thanks to Detroit's Cruise, 1/15/86

Health and Life Inc., producers of medical video tapes for consumers and the medical profession has begun distribution of a 27 minute informational videotape entitled, "AIDS--What Is It?" According to Margaret Roze, executive director for Health & Life, the AIDS tape was developed for use by schools, colleges, hospitals, prisons and other private and public institutions that have a need for information about the disease. The tape will also be made available to consumers through vido store retailers. In addition, the videotape tells the viewer how AIDS is transmitted and how to prevent the disease. It also separates myth from fact on how AIDS is not transmitted. One of the experts featured are Jill Joseph, PhD, University of Michigan researcher studying the social and psychological aspects of people with AIDS [and NCGSTDS member], Jim Toy, gay male coordinator, University of Michigan, and Richard Villarier, Wellness Networks, Detroit. "Our goal in developing "AIDS--What Is It?" was to provide a better understainding of AIDS to help people deal with fears and prevent its spread," said Roze. "The tape gets to the basic information needed by laymen and health care professionals," she continued. "We're providing information that is timely and vital to a public that has deep concerns about AIDS." The videotape can be ordered by calling 1/800/328-1240 in Michigan, or 1/800/624-8983 elsewhere in the U.S.
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ARCHIVES FOR AIDS HISTORY ESTABLISHED IN HOLLYWOOD

with thanks to The Washington Blade, 1/3/86

The International Gay & Lesbian Archives has announced the formation of the AIDS History Project. The project offers its services at no charge to all gay oriented AIDS organizations in order to ensure that their histories and relevant papers are not lost in the crush of the crisis. It will also gather and centralize all AIDS information and make it available to the public for research and education purposes. Volunteers and donations of funds and materials are welcome. For more information, contact David Grossman, AIDS History Project, 1654 North Hudson, Hollywood, CA 90028 (213/463-5450).
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EMPLOYMENT OPPORTUNITIES IN SAN DIEGO

with thanks to San Diego AIDS Project and the Computerized AIDS Information Network, 2/7/86

San Diego AIDS Project is seeking a psychologist and a health education consultant, starting April 1, 1986. The psychologist would serve as SDAP's Executive Director, the health education consultant as the agency's project coordinator. Interested applicants should have experience in social service administration, and should send references and a CV to Search Committee, 3683 Albatross St., San Diego, CA 92103. Salary is negotiable. SDAP is an Equal Opportunity Employer.
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DRUGS & AIDS: LETTER TO THE EDITOR

[The following letter refers to an article appearing in the Official Newsletter, 7:2, p. 53, "Researchers Say 70% of AIDS Patients Have Been Drug Abusers."] "...Your newsletter continues to fascinate me; it is undoubtedly the best chronology of what is being done, both medically and socially, about this terrible epidemic. Your recent issue contained an article which I would like to comment upon, as a medical research analyst. The article sates that 70% of AIDS patients have been drug abusers. This is a disturbing, but highly misleading, statistic, because there is no healthy control group, no statistical analysis, and no sample size. To determine whether any suspected risk factor is truly associated with a disease, a case control design must be used to assess whether the incidence of the RISK FACTOR is higher in people with the disease than those without it. Alternatively, people with the RISK FACTOR, and people without it, are followed to see who is more likely to develop the disease. The later is usually too cumbersome and slow, so the case control design is usually used. Even if a correlation is suggested, an analysis for confounding variables, true risk factors which are associated with the risk factor being studied, must be performed to avoid a false positive result ("type II error"). It would not surprise me if 75% of all young adults "have used oral `street drugs' such as marijuana, cocaine, poppers, and so on, at least once a week for at least several years, or that drug abuse is associated with promiscuity. It is also possible that drug abuse does increase the risk of contracting AIDS, as the association of marijuana with reduced immune function has been known for years. These data, however, are practically meaningless. They could be speaking of as few as thirty promiscuous males, aged 30-34, all of whom were active in the late sixty's peace movement (wasn't everybody?). In true form, the CDC is attempting to mitigate public fear by laying blame on AIDS victims, and in so doing, creating yet another unwarranted source of fear and discrimination. It is important that this issue be clarified by performing a well-controlled study. If you would send me the medical journal reference for the CDC study, I will be happy to analyze it; and develop a study which would be better controlled. Such a study could be performed, simply and cheaply, using your own members as healthy controls with an anonymous questionnaire...." ----Nancy Lord, MD, New York City

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INDIANS, AIDS PARALLEL

in a letter to the editor to Wisconsin's OUT!, 2/86 reprinted with thanks

"The AIDS crisis facing gay men reminds me of a similar situations the original people of America encountered. Although the American Indian has survived, by the turn of the century the Indian was referred to as the "vanishing American." Whites did everything possible to remove them from their land: disease and alcohol were introduced, the buffalo exterminated, every major treaty broken. Genocide was practiced by the U.S. military. The first Americans' native land became their graveyard. AIDS is a disease that weakens the body's immune system to fight off infection, eventually resulting in death. The Indians had very weak immune systems, as does an AIDS victim. They had no immunity to European diseases. The Mandan Nation, for example, practically vanished overnight in 1837 when a smallpox epidemic struck. In 1847, the Cayuse of Oregon all but disappeared from measles brought in by missionaries. The vast majority of Native Americans perished not from the white man's guns or starvation, but from his sicknesses. Where today are the Narragansets, the Hidatsa or Illinois Indians, as well as hundred of other tribes? Every week I watch or hear of gay men who die of AIDS. Over 8000 have now died. AIDS is not a gay disease; in reality it originated among a heterosexual population in Africa years before spreading to gays. Our government's same lack of concern is present today as it was when the Indians were vanishing. It angers me to realize that if any other segment of the population besides homosexuals was being ravaged by such a disease, the response would be much more positive and concerted in terms of federal funding, research and public awareness. President John F. Kennedy left us a challenge in his following statement about the American Indian: `Before we can set out on the road to success, we have to know where we are going, and before we can know that, we must determine where we have been in the past. America has much to learn about the heritage of our American Indians. Only through this study can we as a nation do what must be done if our treatment of the American Indian is not to be marked down for al times as a national disgrace.' American also has the challenge of waking up to the seriousness of the AIDS situation. A great deal more needs to be done by non-gay Americans or this nation's treatment of AIDS victims will also be remembered for all times as a national disgrace. I hope a lesson can be learned form history." ----Lawrence W. O'Connor, Chicago

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MOTHER GETS HTLV-III INFECTION FROM CHILD

Federal health officials reported the first case of a parent getting the AIDS virus from their own child. But they blamed it on extensive contact with the blood and bodily fluids of a very sick infant, not on ordinary contact among family members. "This is a very extreme example," said Dr. Harold Jaffe, a top AIDS researcher at the CDC. The child, now 2, was born with a severe intestinal abnormality which has required numerous operations, the use of ostomy bags for collection of his excretions, and blood transfusions from at least 26 donors. In one of those transfusions, most likely in May, 1984, he contracted the virus from the blood of an infected donor, the CDC reported. The boy's mother, in moths of caring for him in a hospital and at home, frequently handled his blood, his wastes, and tubes used to feed him. A test of her blood last October showed evidence of infection, however has not developed the symptoms of AIDS.

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NONOXYNOL-9 KILLS AIDS VIRUS IN VITRO

- with thanks to Bruce Voeller, PhD, and the Mariposa Education & Research Foundation, 1/6/86

A long awaited research study recently published carries significant importance for reducing the rapid spread of the AIDS virus. The study shows that HTLV-III/LAV/ARV is inactivated in vitro by small amounts of nonoxynol-9 (N-9), an FDA approved substance used worldwide in spermicidal creams, jellies, and foams. Such sexual use prompts special interest regarding N-9 and prevention of AIDS because most persons infected with the virus have contracted it sexually. About 2 million Americans already are believed to have been sexually infected with the AIDS virus, as have many in Europe, Africa and South America. The newly published research is described in letter to the editor of The Lancet (12/21-28/85), by researchers at the Centers for Disease Control and Mariposa, who report N-9 inactivates the AIDS virus at concentrations of 0.05%. Spermicidal gels and creams contain 100 times greater concentrations. Thus, spermicides provide a lethal environment for the AIDS virus and offer the possibility of a significant means of protection to those at risk of sexually contracting the virus. Until now, condoms have been one of the major protections recommended by AIDS service organizations, despite the absence of published scientific research [until recently] documenting the condom's efficacy either in laboratory studies or ones with human subjects. Dr. Bruce Voeller, a Mariposa scientist coauthor of the study said, "I think we have made a very important breakthrough. We found that the virus was equally killed whether 0.05% N-9 was tested in pure form or in a commercial spermicide. Inactivation occurs in 60 seconds. For a widely used sexual product to have major toxicity to the AIDS virus is of great importance. Although I think anyone concerned about sexual exposure to the virus should indeed use a condom, we now have in N-9 a very significant addition to the arsenal for sensible sex. We now have more laboratory information about the AIDS virus and nonoxynol-9, properly published for peer review, than about the AIDS virus and condoms." Voeller continued: "Condoms have a well known failure rate for preventing pregnancy (a fact never mentioned by AIDS groups). The failure rate of condoms with the virus reasonably can be predicted to be at least as bad as with pregnancy. Indeed, viral failure rates probably will be a good deal greater, because the risk of pregnancy exists only a few days each month, when a woman is fertile; the viral risk is every day of the month. While the condom is undoubtedly one important step in protection, its widespread link to "SAFE SEX" is exaggerated. Combining use of the condom with that of an N-9 spermicide, constitutes a major movement toward protection, in my view. But even combining these two methods, no one would believe there is a guarantee of protection such as implied in the familiar phrase, "SAFE SEX"." The Mariposa Foundation expressed grave concern that while both the government and the private sector have rightly spent great sums on seeking a cure for AIDS, both have failed the public and future generations by not underwriting clinical trials of both condom protection and nonoxynol-9 protection of human subjects from the virus. In the absence of a cure, prevention is of prime importance; even with well established cures for other STDs such as gonorrhea, lack of preventive education is linked with that disease remaining second only to the common cold in frequency in the United States. For more information, contact: Mariposa Foundation, PO Box 36835, Los Angeles, CA 90036 (818/905-0715). [ED NOTE: Voeller and Malcolm Potts of Family Health International (Research Triangle Park, North Carolina) wrote a response to a question about condom efficacy in British Medical Journal (volume 291) that urges more research into condom efficacy. They write, "Meanwhile, even though we believe that condoms afford a substantial degree of protection and their use should be encouraged, that encouragement should be tempered with cautionary warnings discouraging increased sexual activity. Users should be told of the risks. `Safer sex' guidelines that we have seen rarely, if ever, provide instruction in the proper use of the condom. The Consumers Union reported that the commonly cited 10% `use failure rate' for condoms is significantly reduced when improper use is eliminated...." The NCGSTDS Editor agrees, and also believes that in vivo studies (at least in animal rectums and vaginas!) testing condoms with nonoxynol-9, with the AIDS virus. Is there any evidence that N-9 may be dangerous when used on rectal mucosa? If so, is this risk worse than possible exposure to HTLV-III? I fear that the answers to these and other questions will never be addressed because of the lack of interest and money to promote such understanding. What do you think?]

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DEATHS GO UNREPORTED IN CALIFORNIA

edited by John A. Fall, with thanks to the New York Native, 2/17-23/86

An unpublished study by the California Department of Health Services concludes that as many as 17% of AIDS deaths in the state may go unreported. The study also indicates that married men make up more than one third of these unreported cases. "However concerned we have been about AIDS, we should be at least 17% more concerned," said Gary F. McHolland, co-author of the study. "A major concern is if this means that physicians are knowingly not reporting AIDS cases." The report was undertaken by the health department's Medi-Cal insurance section, which based its findings on a review of death certificates, according to the Associated Press. McHolland discussed the study's conclusions, but did not reveal the text or the specific methodology used, causing some people to doubt its accuracy. "There are many potential sources of error," said Dr. Robert E. Anderson, chief of the health department's AIDS section. "Everyone in this business thinks there is some under reporting of AIDS cases, but most people don't think it is as great as what they found." Dr. Dean Echenberg of the San Francisco Dept. of Public Health also questioned the study. "This report could be very misleading because it is not altogether clear what they did. I wish they had put out their methods at the same time they put out their results."

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"GET UP!"

by Judy Hamlin, with thanks to "Guest Views" in Detroit's Cruise, 2/5/86

On all sides we are threatened. If AIDS doesn't kill us the "right wing" will. From many members of our community I hear, "I want to make a difference." From many of us I hear, "What can I do? I don't know what skills I have that will help." Chet Simpson and I were talking and came up with "GET UP!"

G--GET INVOLVED. There are many groups that are actively working with AIDS. [In the Detroit metro area] Wellness Network provides education and direct assistance to people with AIDS; Edwina Richards has organized a Woman's Blood Drive; Michigan Organization for Human Rights (MOHR) is working on legal and educational aspects and to maintain and increase our civil rights in spite of the current hysteria. There are many groups Each of these groups need money and volunteers. Skills that are needed include driving, shopping, stuffing envelopes, writing legal briefs, operating a computer, giving blood, giving hugs, and many more.

E--EDUCATE YOURSELF. Learn what safe sex is--and isn't. Learn how AIDS is transmitted. Learn about recreational drugs and their potential dangers. Learn about the early warning signs and where to get testing and treatment. Learn safe ways to have fun and show affection.

T--TEACH SOMEONE ELSE. Share with someone else--your family, a coworker, a friend--what you know about AIDS.

U--UNITE. Men and women, drag queen and leather, feminist and chauvinist should unite. We must all work together.

P--PRACTICE. Practice safe sex!

Anita Bryant didn't get us down; if we all GET UP!, AIDS won't either.
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ANTIAPARTHEID LEADER MANDELA EXHIBITS AIDS-HYSTERIA

with thanks to The Washington Blade, 1/31/86

To the Readers' Forum (letters to the editor): "I was greatly distressed by the comment which I heard on the TV tonight as [antiapartheid leader] Winnie Mandela was arrested on attempting to return to her home in Soweto, South Africa. Her remarks, upon resisting the efforts of police attempting to arrest her were: "Don't touch me, you may have AIDS!" I was, at first, shocked by her remarks. How could someone who is the subject of perhaps the most brutal of all racist and intolerant regimes respond in such an insensitive and uncaring fashion. Certainly, if she knows about the word AIDS, she must understand the implications of its usage. Her remarks only add to the intolerance and bigotry against gays and other affected groups (mostly minority and disadvantaged--like the population she represents). I only can hope that perhaps Ms. Mandela soes not understand the real implications of her remrks. I truly cannot imagine that a victim of such a brutal, racial society would respond in a way which would respond in a way which would add fuel to the fire against antoher oppressed minority group. ----Lawrence E. Berman, Washington, DC [NCGSTDS ED NOTE: Most of the cases of AIDS are among heterosexually active (presumably) men and women in Central Africa, not among homosexuals; it would be surprising to me if in light of the overwhelming oppression of apartheid in South Africa, if gay political and civil rights issues are even acknowledged. The tragedy was that Mandela intentially or by accident (out of her own anger, fear, frustration) incorrectly attributed AIDS transmission with casual contact by the police. Even granting that there may be no public education about AIDS in that country, the statement was inflammatory, and instilled fear.]
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SURAMIN SIDE EFFECTS END STUDY

edited by John A. Fall, with thanks to the New York Native, 2/10-16/86

Side effects caused by suramin, an anti-viral drug, were so severe for some research subjects with AIDS in a University of California study of the drug that the research had to be discontinued last December 1. The drug, believed by some researchers to be effective against AIDS, caused kidney malfunctions, among other problems, in at least three of the 25 study subjects. "When we realized that adrenal insufficiency was happening and especially after viral culture monitoring [which showed that the suramin was having little effect on HTLV-III], we advised the patients of the opportunity to stop using the drug if they wished. They all stopped," said Dr. Paul Volberding, chair of the study. Dosages of suramin over 500 mg. proved too toxic for most of the people with AIDS. "I guess we got kind of relaxed about the drug when lower dosages showed no side effects," Volberding told Charles Linebarger of San Francisco's Bay Area Reporter. Dr. Larry Kaplan, co-chair of the research project, refused to say categorically that none of the research subjects had died as a result of the suramin they took.
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NEXT NEWSLETTER

Article submissions for the next issue of the NCGSTDS Official Newsletter, volume 7:4, April/May, are due by April 21, 1986. Anticipated publication and mailing will be in early May. Address articles to: NCGSTDS, PO Box 239, Milwaukee, WI 53201. Thanks!!
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EXECUTIVE DIRECTOR NEEDED FOR KS/AIDS FOUNDATION OF HOUSTON

Houston's KS/AIDS Foundation is seeking a new executive director, who will manage staff, monitor and oversee day-to-day functioning of the agency, coordinate Board committee activity, and will plan and oversee the execution of fundraising, grantsmanship, public relations/advocacy, media relations, and finances with an appropriate Board committee. Applicants are expected to have completed an undergraduate degree, have writing and public speaking abilities, and have three years managerial experience either in private industry or with a social service agency. Starting salary is $30,000. Interested applicants must send a resume with a brief cover letter to: James F. Beecher, President, KS/AIDS Foundation of Houston, Inc., P.O. Box 66973, Suite 1155, Houston, TX 77006.

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MALPRACTICE INSURANCE LOST, CLINIC SCRAMBLES FOR ALTERNATIVES

by Lisa M. Keen, with thanks to The Washington Blade, 1/31/86

A report in a recent Washington Post said that Washington, DC Whitman-Walker Clinic may have to close its doors in two months because its insurance has been cancelled caught many gay activists by surprise. But clinic officials said that although the situation is "very serious," they are "very confident" that a solution will be found without curtailing Wjhitman-Walker's services to the gay community. Clinic President Dusty Cunningham said the Clinic learned that its medical malpractice insurer, Integrity, Inc., would no longer be providing coverage for non-profit community health clinics such as Whitman-Walker. Coverage from Integrity was arranged through the National Association of /community Health Centers. Jim Graham, Whitman-Walker's administrator, said Clinic officials began scrambling immediately to find alternative insurance coverage for its medically-related services. Graham said those services presently include 6000 patient visits per year for VD testing and treatment, 50 HTLV-III antibody tests and 5 AIDS evaluation tests per week, alcoholism and drug abuse treatment programs for approximately 100 people twice a week for 9 months, and counseling services for people with AIDS or ARC, as well as people concerned about AIDS. Graham added that 25% of the 1178 who took the HTLV-III antibody test at Whitman-Walker last year identified themselves as either non-gay or non-bisexual. Graham and representatives of the three other community health clinics losing insurance coverage are hoping to meet with DC Public Health commissioner Andrew McBride soon to see if the city could provide help in getting new insurance coverage. Graham said the Clinic has neve had a malpractice suit filed against it and has filed an appeal with Integrity, located in New Jersey, to renew the Clinic's policy. An Integrity spokesman told the Post that the insurance company decided to stop covering small community health centers because of the "terrible losses" such clinics presented for the company. [NCGSTDS ED NOTE: I doubt that!! In my over 10 years of experience working in the area of gay health with gay STD services, I am not aware of any litigtion from any of them, much less actual losses from successful suits or out-of-court settlements. Is anyone aware of such actions? Please let us know! If I may speculate, it's AIDS-phobia/"Fraids" that's giving the company cold feet; a similar situation in the IUD industry after Robbins declared bankrupsy after the Dalkon Shield fiasco is directly related to Ortho's pulling of their Lippes Loops and Searle pulling their Copper 7s and Tatum-T IUDs--the fear and threat of litigation. It's cowardly; and it's business.] "It has nothing to do with us being gay or AIDS-oriented," thought Graham. "But the insurance market for clinics like ours is tough--it's tough for non-profits." One possible source of insurance coverage, said Graham, may come from the Clinic's formal affiliation agreement with the George Washington University Medical Center [see related article]. That agreement calls for the Clinic and GWUMC to jointly hire a medical doctor who will serve the university half-time as a faculty member and serve the Clinic half-time as its medical director. The Clinic's current medical director, Dr. Peter Hawley, has performed his services on a volunteer basis for 4 years while working full-time at the Veterans Administration Hospital. Graham said the agreement with the Clinic with a medical doctor on a regular basis with daytime hours. The new medical director, once hired, will also supervise all medically-related services at the Clinic along with the Clinic's 17 volunteer doctors, nurses, and lab personnel. The Clinic will pay up to $27,500 per year of the medical director's salary and GWU will pay the remainder of the salary, plus fringe benefits and the doctor's malpractice insurance. Dr. Jorge Rios, chairman of the GWUMC, said that in exchange for its part of the agreement, GWU would gain "teaching site" for residents and interns and would be able to use the Clinic for research purposes. Rios and Clinic officials stressed that any research conducted at the Clinic by GWU researchers would be done only with the approval of the Clinic board and with the expressed written consent of any individuals involved in the studies. Graham and Cunningham emphasized that guarantees of confidentiality would be a foremeost concern to the Clinic in approving any study. Rios said GWU has already begun a search for the new faculty member and that once the medical center has identified two or three qualified candidates, the Clinic would have an opportunity to approve GWU's final choice. Cunningham said the candidate would have to be "gay or gay-sensitive."

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The February 14, 1986 Washington Blade reports that emergency legislation was introduced into the City Council to provide the Whitman-Walker Clinic and three other non-profit community health clinics in the city with temporary insurance coverage for its volunteers. Two bills which passed unanimously, will provide those volunteers with insurance coverage for nine months under the city's own insurance.

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WHITMAN-WALKER CLINIC & GEORGE WASHINGTON UNIVERSITY DEPT. OF MEDICINE AFFILIATE

The George Washington University Medical Center and the Whitman-Walker Clinic of Washington, DC, have joined to provide the first university-affiliated fully staffed and equipped quality health care clinic primarily for the gay community. Under the terms of the three-year agreement, the Whitman-Walker Clinic (WWC), now in existence for 15 years, will continue to provide patients care, AIDS educational programs, diagnosis, and counseling in which GWUMC research, and the education of medical students and residents in internal medicine, will be an integral part. "The whole medical community is concerned with the needs of the gay community and the problems associated with AIDS," says Jorge Rios, MD, chairman of the GWUMC Dept. of Medicine. "Through the affiliation between the Medical Center and the Clinic, it is hoped that AIDS research will be advanced and the public's understanding of AIDS and health care will be significantly increased." Through the affiliation of the GWUMC's Dept. of Medicine and WWC, a new faculty member is being sought to serve as the Clinic's medical director. In addition, doctors and clinicians, employee and volunteer alike, may become members of the clinical faculty of GWUMC and obtain admitting privileges at the GWU Hospital. All the academic and education resources of the University and its Medical Center will become accessible to the Whitman-Walker staff. Currently the Whitman-Walker Clinic has 5-6000 patient visits each year. "This affiliation is a very important milestone for Whitman-Walker, and for the gay community," said the Clinic's president, Dusty Cunningham. "Not only does this agreement enhance our ability to respond medically, but it greatly expands our options for research. It also marks an important merging of resources between the gay community and an important medical teaching center." The Clinic has four primary AIDS programs: the AIDS Foundation which provides direct financial assistance to persons with AIDS, the Robert Schwartz housing services, patient services, and community outreach and prevention. Approximately 300 volunteers comprise Whitman-Walker's AIDS resource pool. In addition, the Clinic has an alcoholism program, a gay men's venereal disease clinic and a lesbian resource and counseling collective. The Clinic is located in the Adams-Morgan section of Washington at 2335 18th Street, NW, Washington, DC 20009 (202/332-5295).
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AID ATLANTA FACES POLITICAL CHALLENGES
by Sarah Schulman, with thanks to the _New York Native_, 1/27-2/2/86

In the midst of an effort to develop more political power, AID Atlanta (AIDA) mistakenly endorsed a move that could lead to the quarantine of AIDS patients, but successfully recanted, providing media support for the AIDS advocacy group. Dr. Ken South, director of AIDA, told the _Atlanta Journal and Constitution_ that State Representative Bill McKinney "snookered" his bill adding AIDS to a list of venereal diseases that must be reported to state health officials. Originally, AIDA believed that McKinney's bill would simply add AIDS to a 1918 statute already requiring doctors to report cases of VD to the state. However, the task force neglected to consult the original statute. Only after their endorsement was announced did the AIDS group realize that the law permitted officials to "_isolate_ persons infected." It also empowers the police to "offer such assistance, including restraint and arrest as shall be necessary to assure examination and treatment." The incident came at a time when the task force is facing a difficult upcoming legislative session in which they hope to pressure the state to provide a budget to services and public education. According to AIDA Information Director Johnny Walsh, his organization has requested $200,000 from the Georgia Dept. of Human Resources. Even though the Governor's Task Force on AIDS has recommended that grant plus $300,000 to establish an out-patient clinic and $30,000 for LAV/HTLV-III antibody testing, it appears unlikely that the money will be granted. "To support AIDA," Walsh said, "as far as they're concerned, is to support homosexuality." He added that his organization serves all people with AIDS, not only gay men. Unlike New York City, Atlanta is not responsible for its own public health, and so is dependent on the state and not the city for support. Walsh added that Mayor Andrew Young is the co-chair of an upcoming benefit for AID Atlanta. There are currently 287 cases reported from Georgia, 120 of whom are clients of AIDA. Up to this point, they have survived on private donations, grants from Fulton County, and money form foundations. After an Atlanta newspaper ran an editorial against homophobic health policies, McKinney told a press conference that homosexuality is "not normal," and accused gay people of "tagging on" the civil rights movement. He also claimed that gay men had an average of 400 to 500 "deviate" sexual encounters per year. McKinney is the author of a bill designed to close bathhouses and to require tracing sexual contacts of all persons with AIDS. According to Walsh, there is one bathhouse in the city, which is currently involved in litigation in an effort to stay open. Walsh said that the bathhouse buys safe-sex literature from AIDA and distributes it. They also hold safe-sex parties. "They recognize that if they want to survive, they have to change what goes on in their establishment," he said. "I don't think the Atlanta gay community is upset about the potential of bath closure," Walsh added. "Bitterness is not the right word, but AIDS is just now really beginning to hit here and a lot of people remember the past and the baths were a part of that." Walsh told the _Native_ that McKinney is motivated primarily by ambition. "McKinney's actions are all about political expedience. It's a way of getting himself live on Channel 2. It's a mean of being bullish on AIDS."
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"EXPLICIT SEX" BANNED FROM CDC AIDS EDUCATION, MUST PASS "POLITE" TEST FOR FUNDING

by Kim Westheimer, with thanks to Boston's Gay Community News, 1/18/86

Concern over the "sexually explicit" nature of some AIDS educational material has led the Centers for Disease Control (CDC) to formulate new guidelines for any such material receiving CDC funding. Eight AIDS organizations for "Innovative Projects for AIDS Risk Reduction" will not receive the grants, which average $100,000 each, until they comply with the new controversial CDC standards. Approximately 20 proposals for funding had been submitted to the CDC in September by AIDS groups across the country. In October, those groups received a letter from Dr. Michael Lane, head of the preventative services at the CDC. According to one of the applicants, Lane's letter said that a decision on the proposals would be delayed because "review of the innovative AIDS risk reduction applications has raised concern about the explicit content of some proposed written and audio visual material." A number of theories were expressed to GCN about who was responsible for the delay. Many think that the orders came from the White House. "People who I work with at the CDC told me about this," said Dr. Ken Mayer, research director at Boston's Fenway Community Health Center. "This was not a decision made at the CDC level. It was decided by the White House and Health & Human Services." Larry Kessler, director of Boston's AIDS Action Committee who had hoped to be involved in implementing a risk reduction proposal submitted by the Educational Development Center in Newton, agrees. "I think it's coming from the Public Health Services or a cabinet level or the White House. The CDC has been fairly open and positive. They're not anti-gay or anti-sex, but they get their money form Congress and Public Health Services." CDC's Lane told GCN, "People above me in the department weren't prepared to fund things that used words like `cocksucking.' The whole problem would be embarrassing and could jerk the entire program from under our feet." In order to avoid this "embarrassment," the CDC has created new guidelines for the proposals. These guidelines state that language used in written or visual materials should be "understood by a broad spectrum of educated adults in society, should be able to communicate to a specific group like gay men, and should be judged unoffensive [sic] to most educated adults beyond that group." Audio-visuals and pictorials used in projects need to "communicate risk reduction methods by inference rather than through any display of the anogenital area or overt depiction of the performance of safe sex or unsafe sex." These guidelines are to be carried out by a local or state body consisting of a minimum of five people, a "reasonable cross-section of the community, not drawn predominantly from the targeted group." Asked why the body could not be made up predominantly of members of the targeted group, Lane said, "If you assume that materials are offensive, it will be to the larger community, not the target." The composition of the review panel may be chosen by the grantee but must be approved by the director of the local or state health department, according to the new guidelines. Reaction to the CDC's new policy has bee mixed. Spokespersons for most of the groups that had submitted proposals for funding indicated some concern about the local review panels, and strong misgivings about the new guidelines, which some find unworkable or damaging to the cause of safe-sex education. AID Atlanta (AIDA) has decided to designate Atlanta's AIDS Task Force as the review panel. "In our case, it will strengthen our work to work with the task force," said Ken South, director of AID Atlanta. The advantages to this, said South, are that a variety of people working on AIDS will be well-informed of their risk reduction plan. If nothing else, this may help spread information about risk reduction. South is concerned about the manner in which the guidelines need to be followed. "It's insulting...[and] patronizing that AIDS agencies run by professional people have to have this super-parent over their shoulder." However, South feels confident that despite the new guidelines, AIDA will be able to carry out its proposal, though he is concerned that modification may be necessary. The proposal revolves around Play Safe Parties, complete with a Safe Sex Trivia Game and role plays. South is afraid that some of this may be censored. For example, one of the trivia questions is, "A golden shower can be dangerous when: 1) it's below 32 degrees outside; b) if you aim above the neck, or c) if one drinks cheap beer." One of the role-plays depicts a couple who, seeking a threesome, needs to figure out how to get a third person and how to talk about safe sex. South is not sure if either of these examples would be acceptable under CDC guidelines. Many other AIDS activists are concerned about the nature of the guidelines as well. Laurie Behrman, of New York's Gay Men's Health Crisis, told GCN that members of GMHC are not sure they can carry out the proposal under the new guidelines. They will attempt to make a decision by mid-January. GMHC's proposal includes a safe-sex video and a series of graphics showing that health sex can be erotic. Dr. James D'Eramo, GMHC's director of AIDS prevention, finds these sexually explicit materials absolutely necessary. "To those who find it offensive, AIDS is not a polite epidemic," said D'Eramo. "Look into the problem of sexophobia and erotophobia." The AIDS Project/Los Angeles probably has the least to worry about in the face of the new guidelines, at least so far as its current risk reduction proposl is concerned. Its proposal is for a mass media campaign directed at the general public, with plans to study the effects of the campaign. Paula Van Ness, director of AIDS Project/Los Angeles (APLA) is nonetheless concerned about the new guidelines. "It's difficult when you have a crisis like this and you have to get through to people if people are frightened off [by fear of being sexually explicit]. Everyone loses." But the CDC's Lane insists that the guidelines are not a form of censorship. "Censorship means you can't do it," he said. "What we're saying is if you use taxpayers' funds you have to make it acceptable. We're specifically doing what the Supreme Court dictates in issues of censorship related to pornography. We're allowing local guidelines to be set, rather than Federal guidelines." Lane did not see the broad guidelines as dictating what would be decided on the local level, despite the fact that those guidelines specifically say that risk reduction programs

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EXPLICIT SEX BANNED, Continued

can not include material such as sexually explicit videos. The eight groups chosen to receive grant money if they adhere to the new guidelines, are: APLA, AIDA, GMHC, Beth Israel Medical Center (New York), Memorial Sloan Kettering Cancer Center (New YORK), Narcotic and Drug Research (New York), Ohio Dept. of Health, and the University of Pittsburgh.

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COST CONTAINMENT VS. AIDS IGNITES POLICY DEBATE

by Michael Helquist, with thanks to The Washington Blade, 1/24/86

The American response to the AIDS epidemic has moved into a new phase of awareness and concern, according to speakers at the "AIDS and Public Policy" forum held in New York City, January 16-18. Local, state, and federal governments must assume more responsiblity in AIDS public policy issues, it was concluded, and the most vexing problems inovlve the expense of AIDS medical care, and yet local jurisdictions lack the authority to revamp the way health care financing is handled in this country. Several experts maintained that only the federal government can bring about the changes required to provide adequate health care. More than 250 public health officials, hospital administrators, and representatives from major foundations attended the conference, which was sponsored by Dr. Phillip Lee's Institute for Health Policy Studies and the United Hospital Fund, an influential organization involved in public policy questions facing New York City. Gay commentators at the forum charged that lesbians and gay men have failed to hold the Reagan administration accountable for its ambivalent approach to funding AIDS research and patient care services. "In 1986 there is no more pressing an issue for the government to face than AIDS public policy," said Lee, a physician and director ofthe Institute for Health Policy Studies at the Universtiy of California-San Francisco. Lee said AIDS appeared at a time when the federal government had forced the states to assume new responsibilities and a higher share of the costs of health care. Yet the states are ill-prepared to fund the medical and prevention programs necessitated by AIDS. Lee averred that homophobia has kept many state health departments and legislatures from meeting the needs of people with AIDS. He further asserted that the failure of the federal government to assume its responsibilities for funding AIDS programs simply shifts the burden to states, cities, and to people with AIDS themselves. "A strong federal role is required," Lee noted, "and the most pressing issue is health care financing." Less, a former assistant secretary for the federal Health, Education, and Welfare Department (HEW)--since reorganized and renamed Health and Human Services (HHS)--said it is critical that the issue of funding AIDS expenses be faced openly at all levels of governemnt. Under the current "hodgepodge of financing mechanisms," Lee suggested, New York and other cities will soon be hard-pressed to meet AIDS expenses. "The federal government refuses to recognize the gay community as legitimate, and yet it expects gay people to take care of AIDS themselves," charged gay political commentator and author Dennis Altman, who characterized the Reagan administration's response to AIDS, "a patchwork of neglect and panic." "Almost nobody in government is prepared to deal with education," Altman noted. "They are far too scared to be seen as supporting homosexuality and drug use." Altman questioned why the media and the gay community found it so difficult to criticize the government's track record. Altman, whose own book about AIDS has just been published (AIDS in the Mind of America) noted that the media have undertaken few in-depth reports on the administration's funding of AIDS programs. Tim Westmoreland, aide to California Representative Henry Waxman, and an assistant counsel to the House Subcommittee on Health and the Environment, voiced similar complaints about the media. "We are losing the war against AIDS because the Reagan administration is allowing us to lose and because the media have allowed the government to get away with it," Westmoreland charged. He noted that the media failed even to ask the President anything about AIDS until 1985. Westmoreland added that the efforts to deal with AIDS are hampered by "the politics of the budget." Both Altman and Westmoreland charged that the gay community has allowed the Reagan administration not to respond. Westmoreland cited "a failure of synthesis of thought" among gay people. "White gay males affected by AIDS were taken by surprise," Westmoreland observed. "Somehow they thought that an administration that cuts back on nutrition services for children and that forces elderly patients out of the hospital before they are well would embrace adequate health care for gay men with AIDS." Westmoreland further noted that gay people who continue to call for AIDS funding while supporting Reagan's military spending "are not paying attention." Altman stated the case more bluntly. "It is time to say that there is no longer room in the gay political movement for right-wing gay people." Several speakers called for coalition-building among groups who are "disenfranchised" from adequate health care. David Rothman, PhD, professor of social medicine at New York's Columbia University, observed that the homeless, the elderly, and experimental patients, as well as people with AIDS, are not receiving adequate public health care. While Altman questioned the lack of political leadership int the gay community, he noted that AIDS organizations in major American cities have assumed the most prominent leadership role. "And yet these organizations have moved more into the mainstream...[and] have become more bureaucratic, and their leaders have fewer insights into movement politics," Altman said. Congressional aide Westmoreland concluded, "The medical McCartyites are already gearing up; the politics will only get worse." Although discouraged by the current realities of the American public health system, Dr. Lee said he found some hope in the examples set by people with AIDS and the thousands of volunteers across the country who work in AIDS programs. Lee suggested that "they represent a rebirth of the concept of our community responsibilities as citizens."

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CDC ISSUES RFP FOR 1986 AIDS EDUCATION AND RISK-REDUCTION PROGRAMS

with thanks to AIDS Action Update, January/February, 1986

In late January, 1986, the Centers for Disease Control (CDC) issued four requests for funding proposals (RFPs) in the Federal Register which describe exact requirements for funding 1986 AIDS education and risk-reduction programs. Applications are due at CDC by March 3. All of the RFPs stress collaborative local working relationships between public health authorities and community-based groups (a key requirement for which the AIDS Action Council (AAC) and other gay organizations lobbied hard) as well as projects directly targeting the at-risk communities. The four types of programs announced are:

1) State based AIDS projects for community health education and risk reduction ($5.2 million): so called "capacity-building" grants for which only official state public health agencies may apply. Up to 45 awards in the form of cooperative agreements will be made, with an average award of $115,000. Applicants must demonstrate "evidence of commitment to generate community cooperation and support for AIDS prevention activities and to maintain close collaboration and working relationships with community based organizations serving the interests of groups at risk for AIDS." CDC expects that these awards will be used by states mainly to hire additional staff with AIDS specific duties.

2) Projects for augmentation and evaluation of established health education/risk reduction programs in communities with a high incidence of AIDS ($5.7 million): so called "augmentation" grants for which only official state public health agencies in states with 100 or more reported cases of AIDS may apply. Between 15-25 cooperative agreements will be awarded, with an average award of @285,000. Community based collaboration is required, and additional review criteria include the quality of the applicants' plans for assessing education programs with emphasis on levels of disease-related knowledge and counseling to change behaviors.

3) Community based demonstration projects for AIDS prevention and risk reduction ($4 million total): so called "demonstration" projects which have already been awarded, in fact to public health authorities in Seattle, Denver, Houston, and Albany. The demonstration projects are based entirely on the hypothesis that controlled use of the HTLV-III antibody blood test as an educational tool may be useful in changing behavior. In Seattle, for example, participants are being drawn from persons who request the antibody test voluntarily at alternate testing sites. Those who test positive will be counseled and followed up to see whether knowledge of antibody status effects changes in behavior. Seronegatives will be similarly counseled and followed up with additional blood testing to see whether counseling prevents them from becoming infected. This RFP contains the usual language on community based cooperation, as well as a requirement that "confidentiality of all information obtained related to clinical laboratory results, medical, or counseling information on individuals and/or studies with personal identifiers will be maintained." CDC admits, however, that most states have soft statutes pertaining to confidentiality and that it, CDC, can do no more than strongly encourage the states to tighten up these statutes.

4) Innovative projects for AIDS risk reduction ($1.9 million): so called "innovative programs for which awards have already been made, in fact, to community based groups (in Los Angeles, New York, Houston, and ~~~~~~~~~~~) that applied for them last July. CDC plans no more innovative awards this year--a decision that the AAC and others have vigorously opposed These are the only grants for which community based groups may apply directly. We believe they will yield the most promising results of all the announced projects, and will continue to fight for more funding.

The AAC has a number of problems with CDC's proposed programs which you should know and take into account when you deal with your local public health authorities: 1) There isn't enough money, particularly for low-incidence areas that have no established AIDS services. At an average of $115,000 each, the "capacity-building" grants will not go far. While it can be argued that many states badly need at least one or two individuals to head up a state-wide AIDS effort, and the CDC money will encourage that, it can also be argued that many financially beleaguered states may just use the money to hire additional staff without attention to their purpose. 2) There isn't enough money directly available to community based groups. More "innovative" grants are essential (though unlikely) to make it possible for local groups to obtain direct government support. CDC prefers, instead, to deal with public health authorities, which are being asked to work collaboratively with community based groups. The latter are not always taken seriously by public health authorities, however; in fact, several states have in effect tired to buy off community based groups by offering them small cash subsidies in return for their support. The AAC has asked CDC to monitor its public health constituents to make sure they don't abuse their positions, but some such abuses have already occurred. 3) All the RFPs emphasize HTLV-III antibody testing as an essential ingredient in education programs. All RFPs ask public health authorities to "determine prevalence of HTLV-III infection among at-risk groups." Though CDC officials swear that this does not mandate use of the test in educational programs (with the exception of the demonstration projects, which are based on the test), the AAC fears that most public health people will read the RFPs to mean testing is required. We have asked CDC to clarify its intentions to states, but are not holding our breath for them to do so. AIDS SERVICE PROVIDERS NEED TO BE VIGILANT WITH THEIR STATE AND LOCAL PUBLIC HEALTH CONTACTS IN RESISTING THE COMPLETELY UNPROVEN NOTION THAT

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CDC ISSUES RFP, continued

ANTIBODY BLOOD TESTING IS AN ESSENTIAL EDUCATIONAL TOOL. The demonstration projects now being conducted in Seattle, Denver, Houston, and Albany are sufficient for statistical purposes to provide the data needed to assess the test's educational value. In the meantime, the test is not required as part of grant applications, and no further use of it should be encouraged. 4) Guidelines for content and language of risk reduction programs. Attached to the RFPs is a list of content and language do's and don'ts for grant applications. These were developed by CDC after it stopped funding for an innovative project that included a safe sex soft porn video (the project has since been funded, we understand, but without the video). To protect itself from criticism, CDC decided to require that local communities set up advisory panels to judge and certify the suitability of proposed innovative education projects. If the panels okay projects, CDC will fund them. The CDC criteria by which the panels must judge proposed projects include provisions that a) content and language be suitable to reach targeted at-risk communities; but b) whatever is defined as "suitable" must be inoffensive to "reasonable" local sensibilities; and, in any case, c) audiovisual materials and pictorials cannot depict overt sex acts or anogenital area of the body, and d) educational group sessions cannot involve "sexually suggestive physical contact or actual sexual practices." In high-incidence cities with established AIDS service providers, none of this is likely to present many problems. In low-incidence areas where services are just getting off the ground and communities do not yet understand AIDS related issues, CDC's efforts to regulate prevention messages may result in no messages at all being conveyed to at-risk groups. Only you, the local service-provider, can monitor the situation and let us know if your community is having trouble mounting an effective risk-reduction effort. Do let us know of any problems, too, since we can follow them up immediately with our contacts at CDC. Contact: AIDS Action Council, 729 Eight Street, SE, Suite 200, Washington, DC 20003 (202/547-3101).
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PSYCHOLOGISTS CONDEMN PREJUDICE, DISCRIMINATION ASSOCIATED WITH AIDS
with thanks to the American Psychological Association, 2/3/86

Given current evidence that persons do not become infected with the AIDS virus through casual contact, "the American Psychological Association deplores the exclusion of persons with AIDS or those suspected of having AIDS from housing, employment, education or necessary professional services," says a resolution adopted by the national association of psychologists. APA "condemns use of the AIDS epidemic as a vehicle for fostering prejudice or discrimination against any group or individual," says the resolution adopted February 1 by the APA Council of Representatives, the policy-making body of the 61,000 member professional and scientific society. "Until there are empirical data linking specific tests with the eventual development of AIDS, the American Psychological Association condemns indiscriminate testing to detect exposure to AIDS." APA says that psychosocial and mental health aspects of AIDS should be stressed in treatment, research, and prevention programs, and urges that mental health services for persons with AIDS, AIDS-related conditions or an exaggerated fear about the threat of AIDS "should be widely available." However, while noting that identification of persons exposed to the AIDS virus is "a major public health goal," APA urges that the confidentiality of patient be protected. APA supports increased funding for public education regarding AIDS and calls on psychologists "to combat irrational public fears" of AIDS through teaching, public lectures, counseling and therapy, consultation, and research. The resolution was developed by the APA Committee on Lesbian and Gay Concerns and the APA Board of Social and Ethical Responsibility for Psychology. Text of the APA resolution follows:

"Recognizing that the epidemic of [AIDS] threatens the mental health and civil liberties, as well as physical health, of many persons, the [APA] adopts the following resolution: The importance of psychosocial and mental health components of AIDS should be stressed in treatment, research and prevention programs. APA is also concerned about the public health aspects of AIDS and about the physical and mental health of the public. Therefore, APA supports the greater expenditure of public funds for public education regarding AIDS and for the accurate dissemination and utilization of the current scientific information regarding the prevention and treatment of AIDS. Necessary mental health services for persons with AIDS, AIDS-related conditions, or an exaggerated fear about the threat of AIDS should be widely available. Given current research evidence that individuals do not become infected with the AIDS virus through casual contact, the American Psychological Association deplores the exclusion of persons with AIDS or those suspected of having AIDS from housing, employment, education or necessary professional services. The [APA] condemns use of the AIDS epidemic as a vehicle for fostering prejudice or discrimination against any group or individual. Until there are empirical data linking specific tests with the eventual development of AIDS, the [APA] condemns indiscriminate testing to detect exposure to AIDS. Psychologists are urged to combat irrational public fears of AIDS through education and other professional activities including teaching of courses, lectures to the public, counseling and therapy, consultation, and research regarding the fear of AIDS. Large-scale identification of AIDS seropositive persons, a major public health goal, clearly requires adherence to the requirement of confidentiality of patient records. We urge that this customary ethical tenet be strictly followed in all dealings with persons voluntarily screened for the AIDS virus."
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CDC REFUSES TO REVIEW SAFE SEX FILM

by Janice Irvine, with thanks to Boston's Gay Community News, 2/15/86

The Centers for Disease Control in Atlanta has refused to review the new safe sex film, All Hands on Dick, A Jack-Off Party, according to the New York Native. Ted McLivenna, president of the Institute for Advanced Study of Human Sexuality, sent the film to the director of the CDC, along with a press release calling the CDC's decision to temporarily freeze AIDS educational grants nationwide "totally irresponsible." The temporary freeze has been followed by new CDC guidelines aimed at weeding out "explicit" sexual content from safe sex educational materials. CDC officials returned the package unopened and later said that they didn't know what was in it. Dr. Willard (Ward) Cates, director of the CDC's Division of S.T.D. Control, said, "In my medial training, [I] have seen many male masturbation films and personally have no hang-ups about those. However, whether or not a project panel would approve that for federal funding, I doubt it, given the guidance as written by the CDC." The film was sent to the CDC so that, while they were making funding decisions, they could see what types of educational materials exist, according to Clark Taylor of the Institute. "They're afraid of [U.S. Congressman William] Dannemeyer [R-CA] and those people who think that the government is funding pornography and pandering to homosexuals, helping them to fuck better." Filmed last October on a $1000 budget, All Hands on Dick, A Jack-Off Party offers advice on throwing successful j-o parties ("Don't let people stand in the kitchen and talk about work"), and shows several men engaged in kissing, nipple-tweaking, spanking, and mutual masterbation. It is aimed at "the mainstream gay culture," according to Taylor, and will be distributed through mail order, adult bookstores, and video outlets. The Institute recently completed another safe sex film, Norma and Tony Explore the Safe Sex Guidelines. It targets programs for drug users and portrays the relationship between a gay IV drug user and a heterosexual woman.

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PROGRESSION FROM EXPOSURE TO AIDS: HOW MANY?

by Peg Byron, with thanks to The Washington Blade, 1/31/86

New predictions by public health officials tht greater numbers of people who have been infected with HTLV-III will eventually develop AIDS are being criticized by researchers. But even narrower interpretations of reports by National Cancer Institute scientists are still bad news. Studies of gay men, IV drug users, and hemophiliacs who were infected with HTLV-III at least 4 years ago indicate that from 10-30% are developing AIDS, according to Dr. James Goedert. Earlier estimates by the federal Centers for Disease Control projected that within five years of infection, only 5-10% would develop full-blown AIDS. Goedert's report was presented by Dr. William Blattner at an international AIDS conference held in Martinique earlier this month. A study of 80 gay men in New York City who were infected with the AIDS virus by 1982 showed about one-third of them have developed AIDS. Goedert told the Blade that similar studies made of gay men in Washington, DC, and Denmark, and studies of hemophiliacs and IV drug users showed 10-20% developing AIDS. Goedert said the difference might be attributable to time, in which case, if the New York group was simply infected earlier than others, then others, then other populations that are AIDS antibody positive will eventually develop AIDS at a similar rate. "But there are enough differences between the populations so we might hope there are cofactors tht might make a difference," Goedert added, suggesting differences in sexual activity or recreational drug use as possibilities "The actual accumulated risk of AIDS after 7 or 8 years is anybody's guess," Goedert said, "but it's a lot higher than 10%." Dr. Anthony Fauci, newly named director of the National Institutes of Health AIDS Task Force, told a public forum in New York, that based on "soft data," at least 40% of those with the HTLV-III antibody may develop AIDS over a longer period of time. Dr. Neil Schram, former president of the American Association of Physicians for Human Rights (AAPHR), told the Blade that "doomsday" projections (of the number of infected persons doubling or tripling in the next 5-10 years, and that "perhaps 400,000 Americans are already doomed to die from AIDS, and that number could climb to a million within 5 to 10 years," according to the New York Times) should be reconsidered in light of "a leveling off in New York and San Francisco [gay communities] and among hemophiliacs" of new AIDS cases.Schram cited reports that showed the effects of the AIDS virus to be greater when the immune system has already been weakened by other viruses or parasites. Because safer sex practices have reduced many gay men's exposure to such potential cofctors in the last few years, the increase of AIDS cases appears to have slowed among gay men, according to Schram. Dr. Cladd Stevens, head of the New York Blood Center's Laboratories of Epidemiology, said her studies of infected gay men were showing "relatively high rates also" of AIDS. Based on a study of 850 men, most infected by 1980, 8% developed AIDS within a 2 year period, but over more time, she said, the total could climb to over 30%. Stevens also reported that the rates of new HTLV-III infections among gay men had not changed. The effects of more widely-spread safe sex practices are being countered, she said, by the increased prevalence of the virus within the gay male community. However both Stevens and Schram strongly qualified new estimates, noting that changes in sexual behavior that reduced repeated exposures to HTLV-III could affect the prognosis for someone who is already infected. Goedert said that such factors were now under study at NCI.

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HOME ANTIBODY TEST KIT BEING DEVELOPED BY HARVARD

by Rick Harding, with thanks to The Washington Blade, 2/21/86

Scientists at Harvard University released two studies that could boost the search for a drug to combat AIDS and the search for a more convenient test for the HTLV-III antibody, according to the Wall Street Journal. Harvard's Dr. William Haseltine published a report detailing how the HTLV-III virus uses a "transactivator" or "TAT" gene to produce a substance that affects an infected cell's RNA and results in the greatly increased production of viral proteins within the cell. Haseltine said the isolation of the TAT gene could allow development of an antibiotic drug to combat the AIDS virus. In a separate study, doctors isolated the HTLV-III antibody in the saliva of people with AIDS and foresee developing a home saliva antibody test kit.

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REAGAN SEEKS $51 MILLION AIDS CUTS

compiled from information by Gordon Gottlieb, with thanks to Boston's Gay Community News, 2/15/86, and with thanks to NGLTF AIDS Update, 2/6/86, and AIDS Action Update, January/February, 1986

Five months after he called AIDS research "one of the [administration's] top priorities," President Ronald Reagan asked Congress on February 5 to cut approximately $51 million in already-appropriated funds for AIDS related research, testing, and direct services. AIDS activists are optimistic that support for AIDS funding on Capitol Hill will prevent major cuts from being enacted. Some of the requested cuts stems from compliance with the Gramm-Rudman-Hollings across the board cutbacks, which mandates automatic spending cuts to achieve a reduced federal deficit. The President would reduce spending in 1986 from the appropriated level of $244 million to $193 million, and then raise spending to $213 million in fiscal 1987, proposing that it remain at that level through fiscal 1991. The $51 million in cuts would be achieved in the following ways: $10 million as part of the 4.3% Gramm-Rudman cutbacks faced by most programs; $15 million eliminating the demonstration health care programs for persons with AIDS in four high-incidence cities; $10 million from the alternative HTLV-III antibody testing sites; $14 million from the basic research conducted at the National Institutes of Health; and $2 million from the Public Health Service's AIDS Hotline. The$15 million demonstration health care program was designed as an investment to ultimately save the government money. It was hoped that better and less expensive approaches to providing care for people with AIDS could be developed, thus reducing Medicaid and other associated costs. Eliminating this program delays the time when innovations can reduce the staggering health care costs of AIDS. The four cities affected are: New York, Los Angeles, San Francisco, and Miami. The $10 million for the alternative testing sites was initially intended to help protect the nation's blood supply, so individuals concerned about their antibody status would not go to blood banks instead. There is no evidence to suggest this is no longer necessary; indeed one informal survey in Maryland showed that people at alternative sites would have gone to blood centers to be tested if the site had not been available. In addition, the testing sites have provided an excellent opportunity for educating and counseling individuals at risk to AIDS about preventing transmission of HTLV-III. [NCGSTDS ED NOTE: Blood collection agencies such as the American Red Cross, may be especially effective lobbyists to help regain these funds; make sure your city's blood centers are well aware of the potential ramifications!] The $2 million for the PHS' AIDS Hotline represents the only significant commitment on the part of the government to a continued effort at informing the citizenry and calming public fears. All other hotlines are generally run by AIDS related or gay organizations, groups that some in the public may feel uncomfortable about contacting. More importantly, in non-urban areas where such alternative hotlines are not available, who will people call to receive accurate, unbiased information? The $14 million in NIH cuts for treatment therapies research plus another $20 million from the Centers for Disease Control, other NIH projects, the FDA, and the Alcohol, Drug Abuse and Mental Health Administration are also particularly foolhardy. Just as scientists are making progress, there is no cause for slowing down research--and that's just what cutbacks would do. Not only should these rescissions be blocked, but additional research and education dollars are needed. Further progress requires additional funds because each step forward in research opens many more needed avenues to explore. Your help is urgently needed! Congress will be deciding whether to approve none, some, or all of the cuts (with the exception of Gramm-Rudman cuts, which are authorized under overriding legislation, unless of course the Courts overrule them). We can and must save the AIDS budget! Write or call your Representative and Senator immediately, telling them how vital it is, from your own perspective. Personal letters and phone calls are best. Put yourself and your friends, family, and associates--as many people as you can muster--on record to your elected representatives that the Administration must not get away with cutting these funds. The 1986 elections may prompt members of Congress to support crucial social programs, including AIDS funding, according to Andy McLeod, press secretary to Sen. Lowell Weicker (R-CT), who sits on a key appropriations subcommittee. In a related development, the President has asked the Surgeon General, C. Everett Koop, to prepare a report to the nation on AIDS. Koop, who until now has been kept out of AIDS activities, has a past record of antigay attitudes that makes gay and AIDS political activists extremely wary of his entry into the AIDS picture. According to Paul Boneberg, coordinator of the National Mobilization Against AIDS, the intent of the Koop report may be to minimize the impact of an independent report on AIDS to be released later in the year by the National Academy of Science's National Institute of Medicine. Boneberg said Koop, who has no familiarity with AIDS, could be expected to produce "an apologist's report," which would, among other things, probably encourage more HTLV-III testing.

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NATIONAL POSTER COMPETITION SPONSORED BY LOUISVILLE PRIDE WEEK COMMITTEE
with thanks to Detroit's Cruise, 2/19/86 and
with thanks to Rick Harding and The Washington Blade, 2/21/86

The Pride Week '86 Committee and Gays and Lesbians United for Equality (GLUE) in Louisville, Kentucky has announced a national poster contest with a $100 dollar cash prize. They are soliciting works of art to be used for a national poster bringing more attention to the current national concern for AIDS. The juried competition, whose theme is "An Emotional Response to AIDS," will bring the winner the cash prize and national exposure; the top 25 entrants will be exhibited at a Louisville gallery in June. Artists should submit a slide of their original artwork (drawing, print, photograph, or painting). The original should measure 17 x 22", and four color works are acceptable. Slides should be labeled with the artists name, address, phone number, and medium, and be accompanied by a $10 entry fee. Deadline for submission is April 15th, and should be sent before that date to: Marcia Grubb, 1118 Rogers Street, Louisville, KY 40204, or call Kevin Davis at 502/637-2574 (days). Grubb is in charge of the annual distribution of over 40,000 Kentucky Derby posters for the city of Louisville, and plans to distribute copies of the national poster to the AIDS service agencies across the country so they can benefit from sales of the poster.
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CIRID MEDICAL UPDATES
[Prepared as a public service to the medical community by the Division of Clinical Immunology/Allergy, Department of Medicine, UCLA School of Medicine. This update represents editorial opinion and should not be construed as otherwise. Published by the Center for Interdisciplinary Research in Immunology and Disease (CIRID) at UCLA and by the UCLA AIDS Center, Andrew Saxon, MD, Editor in Chief; Peter Wolfe, MD, Associate Editor. For more information, call 213/825-1510.]

Primary Human T-Lymphotropic Virus Type III Infection. (D.D. Ho et al., Annals of Internal Medicine, 103:880, 1985.) The authors studied the appearance of an acute viral illness associated with seroconversion to HTLV-III in three persons. One was an intravenous drug user and the other two were homosexual men. In each case the time of exposure prior to the generalized illness could be reasonable well documented to be three to six weeks prior. Patient 1 developed fever, rigors and arthralgia and a leukocyte count of 3800 approximately four weeks after exposure. Antibodies for HTLV-III were negative as were extensive evaluations for other etiologies. A blood culture was positive for isolation of HTLV-III virus and the patient's serum drawn nine weeks later showed clear evidence of seroconversion while HTLV-III was no longer isolated from the blood. The second patient had fever, headache and a truncal papular rash six weeks after presumed contact. His antibody test for HTLV-III was positive from bothe the cerebral spinal fluid and the blood, but HTLV-III culture was negative. About 2 weeks later the patient developed generalized lymphadenopathy which persisted and a positive viral cultrue done 14 weeks after the initial symptoms was positive. Antibody tests for HTLV-III remained positive. Antibody tests for HTLV-III remained positive. The third patient developed fever, headache, stiff neck and a truncal macular papular rash four to five weeks after presumed contact. HTLV-III was isolated from the blood while antibody tests were negative. The patient seroconverted within 5 weeks to a positive HTLV-III antibody test. CIRID EDITOR NOTE: This report documents further the acute illness that is seen in some patients acquiring HTLV-III infection. This supports the initial report of such an illness which appeared in Lancet earlier this year. The cases reported are convincing though it is difficult to be absolutely definitive about incubation times in drug users and homosexual men. There clearly is an acute HTLV-III viral illness with fever, myalgias, headache and a particular truncal, maculopapular rash. Additionally, lymphocytic meningitis associated with headache and stiff neck has been documented. Essentially HTLV-III acute viral infection is just that, an acute viremia with rather typical viral features. At this time, however, we do not know what is the denominator; that is, how many people develop symptoms and signs of acute infection versus how many people asymptomatically seroconvert. If it is similar to other viral illnesses, it is likely that only a small percent develop long term complications of HTLV-III infection (ARC, AIDS) without evidence of acute primary illness. Certainly any individual in a risk group should be screened for HTLV-III virus antibody at the time of a viral illness suggestive of HTLV-III infection and followed up with serologic tests within the next months. While viral culture would be nice during the acute illness, at present this is difficult to obtain, expensive and very time consuming. The future development of rapid and possibly semiquantitative assays for HTLV-III virus will be very important in this regard.

Followup at Four and One-Half Years on Homosexual Males with Generalized Lymphadenopathy. (U. Mathur-Wagh, et al., New England Journal of Medicine, 313:1542, 1985.) The authors report continuing followu-up on a group of patients with persistent lymphadeopathy originally studied in 1981. Initially reported after 30 months, 19% had met the criteria for AIDS. Now at 4 1/2 years, of the 42 patients, 29% have AIDS (7 with KS, 2 with PCP, one with both KS and PCP, and one with non-Hodgkins lymphoma). Earlier they had found an association between nitrate inhalant use and KS. This holds up again at 4 1/2 years and is similar to findings now reported by the CDC in which heavy use of nitrate inhalants was strongly associated with KS. CIRID ED NOTE: This study, as others, suggests a progression of about 5% per year and this is one of the most lengthy studies as yet reported. The association between KS and heavy nitrate use is intriguing but the explanation is totally unknown.
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TRANSMISSION OF AIDS--NEW DIRECTIONS

by J. Silberner, with thanks to Science News, 2/15/86

For now, stemming the spread of the AIDS virus relies on understanding who gets infected and how. Recent reports on the mode of transmission are alternately: disturbing--the first known instance of a mother infected by her child [see related article]; reassuring--a confirmation of previous work showing that casual contact with AIDS patients is not a risk; curious--a possible link between clitoroidectomy and heterosexual transmission in Africa. In the child-to-mother transmission, the boy was born with a digestive disorder that required numerous medical procedures, including a blood transfusion (done before the AIDS blood screen was available) that exposed him to the virus. The mother, a former paramedic, performed some of the procedures. Blood samples from both mother and son have repeatedly shown the presence of AIDS antibodies, though virus cultures on both have come up negative. Neither shows overt signs of the syndrome. Since the mother did not recall ever having stuck herself with a needle, the researchers at the CDC who describe the case in the February 7 Morbidity & Mortality Weekly Report suggest she got the infection through exposure to blood and body secretions and excretions. She did not wear gloves and often did not wash her hands immediately after exposure; adherence to guidelines for health care workers could have prevented transmission, the CDC researchers contend. Previous reports have described only 3 health care workers infected with the AIDS virus, and nonsexual family contact had not been found to spread it. The data on AIDS victims' families are backed up by a report in the February 6 New England Journal of Medicine from several U.S. institutions. Of 101 people in nonsexual household contact with 39 AIDS patients, only one had evidence of the infection--a child presumably infected around the time of birth. But as nonsexual transmission of the virus comes to light, the heterosexual transmission of AIDS seen in Africa remains an enigma. Anthropologist Uli Linke of the University of California at Berkeley suggests in the January 17 Science that the practice of clitoroidectomy may provide an explanation. Areas in Africa where part of the female genitalia is ritualistically removed correspond to the areas of the epidemic, she says. After some types of clitoroidectomy, vaginal intercourse can cause bleeding, and anal intercourse is often substituted. Either practice, notes Linke, could encourage spread of the virus.
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COLPOSCOPIC EVALUATION OF THE PENIS HELPS DETECT WARTS

An article by William Growdon, et al. in the October, 1985 Obstetrics & Gynecology, "Pruritic vulvar squamous papillomatosis: Evidence for human papillomavirus etiology (66:4, pp. 564-68)" suggests the use of colposcopic evaluation of the penis to aid in the identification of human papillomavirus induced squamous papillae ("warts"). The article discusses the condition in the vulvar vestibule, when it is accompanied by a syndrome of itching, pain, burning, and painful or uncomfortable sexual intercourse. Many of the female patients had sought the attention of several doctors before and after the clinical manifestation of squamous papillomatosis and were often told "everything is normal." Some of the papillae were teardrop shaped, some were rod-shaped, some had a serrated edge rather than a smooth edge. Colposcopy of these areas revealed the papillae with a vascular core as well as punctation of some surrounding flat epithelium. Acetic acid (white table vinegar, 5%) lavage caused significant enhancement of the individual papillae and whitening change of the flat epithelial surfaces of inner labial involvement although the papillae themselves whitened only minimally or not at all. On the male partners examined, the majority of abnormal epithelial changes were noted on the distal shaft, at the junction of the shaft with the glans or one the glans. All males were asymptomatic. Condyloma virus, now known as human papillomavirus (HPV), has been noted to cause different macroscopically appearing lesions depending on which epithelium was affected. Although some 25 different types of HPV have been identified, most familiar are those causing the genital acuminate warts, types 6 and 11. Recently, flat condyloma, also termed noncondylomatous cervical wart and subclinical papillomavirus infection, has been observed on the cervix by colposcopy, and some previously described mild dysplasia on pap smears is now recognized as condylomatous changes. Controversy exists over whether to treat these newly defined lesions or to see if spontaneous regression will occur. For more information, write: William A. Growdon, MD, Dept. of Ob/Gyn, CHS 22-173, UCLA School of Medicine, Los Angeles, CA 90024. [NCGSTDS ED NOTE: It is now fairly well accepted that certain strains of HPV is closely related to the development of cervical cancer precursors, or cervical intraepithelial neoplasia, and that this virus is sexually transmitted. Colposcopic techniques (with acetic acid) are now being used for diagnostic evaluation of sites other than the cervix. It's important for some spirited researchers to investigate the role of colposcopic techniques (i.e., merely acetic acid, magnifying glass, and bright light, to begin with) of penis and anorectum. We've discussed this issue in this newsletter before, and we'll make our offer again: at least two clinicians have expressed serious interest in pursuing a collaborative study in this area; if anyone is interested in at least a pilot study, please contact the NCGSTDS, and we'll help you get together. When the AIDS crisis is licked, are we begging for a new epidemic of anorectal carcinoma? Write: NCGSTDS, POB 239, Milwaukee, WI 53201.]
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BIBLIOGRAPHY CONTAINS REFERENCES FROM MEDICAL JOURNALS AND GAY PRESS

An updated bibliography of articles on AIDS prepared by the Canadian Gay Archives is now available. Medical, Social and Political Aspects of the AIDS Crisis: A Bibliography contains references from medical journals and the gay press, as well as from major daily newspapers in the U.S. and Canada. Compiled by Donald McLeod and Alan Miller, the 314 page, 8 1/2 x 11 inch book is a continuation of Miller's Gays and AIDS: A Bibliography, published in 1983. The earlier book contained early AIDS references through March, 1983. The present volume continues from April, 1983 to September, 1984, and includes a number of references not found in the earlier book. The updated biblography was prepared not only to list what has been written about AIDS, but also to reflect what is contained in the libraries of the Canadian Gay Archives and the AIDS Committee of Toronto, and to encourage their use, according to the compilers. The book is available for $19.95 from CGA, Box 639, Station A, Toronto, Ontario M5W 1G2.
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REALTORS IN CALIFORNIA ISSUE AIDS GUIDELINES
with thanks to Computerized AIDS Information Network (CAIN), 1/22/86

A California Realtors group has issued guidelines saying buyers should be told if a former homeowner is an AIDS victim, but a county official says such advice is a "witch hunt against homosexuals." "The reality is that agents are being sued and threatened with lawsuits if they do not disclose this," said Stephen Groome, an attorney for the California Association of Realtors. Denis L. Bolen, senior vice president in the Woodland Hills office of Coldwell Banker, said his company has instructed its agents in December to follow the guidelines of full disclosure. Bolen, who supervises 275 agents, said a December 17th memo issue by his company said knowledge that a homeowner suffered from AIDS was relevant in the sale of property. "This fact, if known, must be disclosed to potential buyers," said Bolen, reading from the memo. "The same rule would apply if there was a murder in the house," Bolen said. "If it could materially affect the value of the property, then we are legally required to inform a potential buyer." The fact that AIDS cannot be transmitted outside body fluids is irrelevant, according to the Coldwell Banker memo, "because from the point of view of the buyer this fact is clearly material." Homosexual rights activists in Los Angeles said the state association's recommendation was discriminatory and would distort the public's attitudes about the fatal disease. "They are subtly stating something that isn't true. They seem to be stating that you could get the disease by living in the house," said Luis Maura, spokesperson for the AIDS Project/Los Angeles. Morris Kight, a member of the Los Angeles County Human Relations Commission, said the association's advice is "an unnecessary witch-hunt against homosexuals....It's destructive, ill-thought out, and against all common sense," he said. "No one can ever prove that a building or any part of building can cause AIDS."
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CHANGING WAYS IN DENVER
by Phil Nash, with thanks to The Washington Blade, 2/7/86

As of September, 53.5% of gay and bisexually active men in a Denver study report having made significant changes in the type of sex they engage in after learning about AIDS. Meanwhile, only 5.1% of heterosexual men and 6.2% of heterosexual women have made changes in the type of sex they have, according to a study headed BY DR. David Cohn, coordinator of AIDS Activity for the Denver Disease Control Service. The study also showed that gay and bisexual men made significant reductions in their number of sex partners after learning about AIDS, while heterosexual men and heterosexual women have not reduced their number of sex partners as significantly. The 466 gay and bisexual respondents in 1985 said they had an average of 4.7 partners per month prior to learning about AIDS, but have only had 2.1 per month after learning about it. The 1089 heterosexual male respondents claimed an average of 2.1 partners per month before learning about AIDS and reduced their number of contacts to 1.6 partners per month. The 525 heterosexual female respondents formerly had 1.7 partners per month and reduced their contacts to 1.6 partners per month after learning about AIDS. Cohn's preliminary findings, were reported in the January 10 issue of the Journal of the American Medical Association. In the study, 86% of gay and bisexual men surveyed were at least "moderately" concerned that they would develop AIDS. By 1984, 41% had changed the way they had sex; by 1985, 53.5%. The percentage of gay and bisexual men in the Denver study reporting significant sex behavior changes is lower than the degree of such changes seen in studies commissioned by the San Francisco AIDS Foundation. As of April, 1985, San Francisco studies showed that as many as 81% of gay and bisexual men had adopted exclusively safe sex practices. The Denver study also shows a heightened level of concern among heterosexuals about contracting AIDS. In 1985, 44.9% of heterosexual men and 51.7% of heterosexual women reported that they were at least moderately concerned about getting AIDS. But Cohn says, behavior shifts among heterosexuals are currently unwarranted in the Denver area, and concern among heterosexuals about contracting the disease is disproportionate with respect to epidemiological evidence. In Colorado, nearly 90% of the 155 cases of AIDS reported as of January 10 were among Denver area gay men. No other risk group is predominant among the remaining 10%.
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TATOOS CALLED LOATHSOME

by Larry Bush, with thanks to The Washington Blade, 2/14/86

A $12.5 million study proposal to contain AIDS in the military through "Stars of David" on people who are antibody positive and the creation of U.S. zones free of "high risk individuals" is being disavowed by the influential research institutions where it was drafted. The proposal, which Pentagon officials confirmed won a first-round approval and remains slated for final review next month, was created by scholars at the prestigious Hoover Institute of Stanford University, the Independent Stanford Research Institute, and the Pacific Medical Center. All three groups are headquartered in the San Francisco Bay area. The study proposal's authors' major research contract over the past 20 years has been in the area of biological and chemical warfare plans for the Department of Defense. Their proposal is one of several submitted under a broad authority appeal issued by the Pentagon for some $40 million in AIDS research budgeted for the current fiscal year. The Pentagon AIDS research budget represents nearly the same amount that President Reagan asked Congress to cut from the civilian AIDS budget. The proposal, under military review, argues that AIDS will shortly be found to be transmitted casually through such activities as sneezing, coughing, touching door knobs or toilet handles, or through air conditioning ventilators and mosquito bites. The proposal projects a "public health disaster so dramatic it has the potential to change the face of society....several hundred million deaths could occur during the next 10 years." In light of these projections, the proposal suggests, "extreme public health measures" would be necessary "in direct conflict with the Constitution." Among other steps, the proposal suggests "mandatory and overt identification" of people with AIDS, AIDS-related conditions (ARC), or a positive antibody test result, noting that the concept is "however loathsome, a Star of David concept." The sponsoring organizations for the scholars quickly sought to distance themselves from the research proposal after it became a front page story in the San Francisco Examiner. Although the proposal specifically stated that the authors were working directly with the conservative Hoover Institute of Stanford University--including Hoover Institute Director Glen Campbell's wife, Rita Ricardo-Campbell, a health expert in her own right, who was given top consideration to replace HHS Secretary Margaret Heckler last year--Campbell himself publicly disavowed any official ties with the proposal.

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EQUINE INFECTIOUS ANEMIA VIRUS SIMILAR TO AIDS VIRUS

by J. Silberner, with thanks to Science News, 2/8/86

The virus associated with AIDS is in the same family as a virus that causes an infectious, sometimes fatal disease in horses, according to research form the federally supported Frederick (MD) Cancer Research Facility. Determining the family to which the AIDS virus belongs is a question of more than academic interest: an understanding of the virus' closest relatives could suggest a way to deal with the virus itself. Robert Gallo of the National Cancer Institute (NCI) in Bethesda (MD), has categorized the AIDS virus--within a family of leukemia-causing viruses. Other scientists, however, have maintained that the virus's structure and behavior in the body put it in a group of slow-acting, untreatable viruses called lentiviruses, a family that includes the equine infectious anemia virus (EIAV). The Frederick group used a computer program to compare HTLV-III proteins with proteins from EIAV; from visna virus, a lentivirus that attacks sheep; and from two leukemia viruses, bovine leukemia virus (BLV) and HTLV-I. The computer analysis showed that EIAV had the most animo acid sequences in common with the AIDS virus. Visna virus ran second, with HTLV-I and BLV a distant third. The details of the analysis, made by Robert M. Stephens, James W. Casey and Nancy R. Rice, appear int he February 7 Science. This finding follows a discovery by Luc Montagnier and his colleagues at the Institut Pasteur in Paris that blood from people with the AIDS virus contains antibodies that react with one of the proteins manufactured by EIAV. Matthew A. Gonda, also of the Frederick laboratory, then showed that the AIDS virus was more similar to visna than to HTLV-I and -II (Science News, 1/12/85, p. 22). The similarity means the sheep and horse infections can be studied for their relevance to human AIDS, but it may be bad news for development of a vaccine, says Opendra Narayan of Johns Hopkins University in Baltimore. Narayan worked with Gonda, Gallo, and others to show the visna virus similarity. "These viruses [lentiviruses] undergo a lost of mutation," he says. The constant changes may prove too much of a moving target for a vaccine. More hopeful in terms of a vaccine, NCI researchers reported on a protein capable of stimulating AIDS-antibody production. According to a paper given by Flossie Wong-Staal at the Annual Congress for Recombinant DNA Research in Baltimore, regions of the gene that codes for the protein were identical in four different AIDS virus isolates, suggesting the protein might provide a basis for a vaccine. While the Frederick work firms up the virus's position in the lentivirus family, it won't help in naming the virus, which is variously called HTLV-III, LAV, or ARV. According to Harold Varmus of the University of California at San Francisco, who is heading a nomenclature group sponsored by the International Committee on the Taxonomy of Viruses, the name will not depend on the virus's exact classification. The problem of what to call it "should be coming to a resolution in a few weeks," says Varmus.

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WORKPLACE AND AIDS SEMINAR ATTRACTS 85 CORPORATIONS IN DC

by Doug Hinckle, with thanks to The Washington Blade, 1/31/86

Representatives of McDonald's Restaurants, Saks department stores, C&P Telephone, Riggs National Bank, MCI telephone, and 80 other corporations met at Washington, DC's Capital Hilton to discuss "AIDS and the Workplace." The four hour seminar wass sponsored by the Greater Washington Board of Trade and included presentations by legal and medical experts. Caitlin Ryan, former program manager of the Whitman-Walker Clinic's AIDS program, and currently an independent consultant for AIDS training, urged employers to support an employee with AIDS's need to continue working. "Structure and daily routine," said Ryan, "are most important" to a person with AIDS. Joan Dubinsky, an attorney with the American Red Cross, said that employers dealing with AIDS in the workplace need to "manage fear, manage cost, and manage transmission." On the legal side, employers were told that allowing an employee with AIDS to continue working is "probably not" a violation of federal or state occupational safety and health regulations. And, noted Attorney Robert Gomber of the Centers for Disease Control,"as the law is developing, it appears AIDS will be considered a "handicap" or a "disability" under state and federal laws prohibiting discrimination on the basis of handicap.
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CORPORATIONS FINANCE EDUCATION FOR EMPLOYERS

edited by John A. Fall, with thanks to the New York Native, 1/20-26/86

An educational program designed to help employers deal with AIDS related issues in the workplace has obtained more than half of its proposed budget through corporate sponsorship. San Francisco based companies, including BankAmerica Corp. and Levi Strauss & Co., have already donated $65,000 of the estimated $111,000 cost, reports Au Courant. "AIDS in the workplace," the educational program coordinated by the San Francisco AIDS Foundation, will implement written materials in English and Spanish and a videotape. An educational manual will advise employers on "the in-house ability to cope with AIDS [and] reduce fears that people have about contracting AIDS from fellow employees," according to Jackson Peyton, education director of the Foundation. "We talk about situations common in the workplace; concerns over shared coffee cups, telephones, food handlers, and fears about airtight buildings where the air is recirculated constantly....[Employers] recognize that this type of information is cost effective and needs to be done before there is a crisis in the workplace," Peyton stated.
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ATTITUDES & CONCERNS ABOUT AIDS STUDIED BY AIDS PROJECT/LOS ANGELES

AIDS Project/Los Angeles (APLA) will be conducting a landmark study of the attitudes and behavior of gay and bisexual men regarding the AIDS epidemic. The results of this study will be used to help APLA plan its education and risk reduction campaign and will also be made available to the Dept. of Health Services for Los Angeles County and other AIDS related organizations. Beginning January 22, a total of 400 phone interviews will be conducted throughout LA county. Phone numbers will be selected at random, and all interviews will be kept confidential. APLA strongly encourages self-identified gay and bisexual men to participate in these interview. Trained interviewers will be asking these men to share their sexual history and current attitudes about AIDS and safe sex. According to APLA's director of education, John Mortimer, "until research yields more results in terms of treatment and prevention, community education is one of the most effective weapons we have to combat AIDS. What we learn from these interviews will help APLA and other AIDS related organizations to plan communication and education programs that respond to current community attitudes and needs." The study is being conducted jointly by two public opinion firms: Universal Communications of LA, and Communication Technologies of San Francisco.
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LAW & AIDS CLOSED CIRCUIT TELECAST, FEBRUARY 27

AIDS is a disease that raises a multitude of socioeconomic and legal issues, like no other in recent past. The area is laden with cross-currents that are confusing if not inconsistent. The literature and discussions on AIDS reflect a mix of myth and reality, as well as speculation and inference. Undoubtedly, progress has been made in understanding the disease, but much remains uncertain and unknown. Our legal system is grappling with the multifaceted issues stemming from this disease. There is a tension between the right of society to act against a perceived hazard and the right of an individual who would be severely affected by those acts. In an effort to address the major legal issues evolving from this medical emergency, the American Law Institute-American Bar Association (ALI-ABA Video Law Review will present AIDS and the Law Thursday, February 27, 1986. The program is cosponsored nationally by the University of Pennsylvania Law School and locally by American Law Network affiliates. This 5 hour program--a four hour satellite telecast and an hour of local commentary and discussion--will originate live from Washington, DC, and be transmitted simultaneously to closed circuit viewing sites in 44 cities nationwide via the American Law Network. For more information, contact ALA-ABA Video Law Review toll free, 800/CLE-NEWS, ext. 1661 (Pennsylvania only, 215/243-1661) or write to 4025 Chestnut St., Philadelphia, PA 19104.
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PRIDE DAY ORGANIZERS ASKED TO CANCEL FESTIVAL DUE TO AIDS

by Lou Chibbaro Jr., with thanks to The Washington Blade, 2/14/86

Organizers of Washington, DC's 1986 Gay & Lesbian Pride Day rejected suggestions that this year's event be canceled because of the AIDS epidemic, the event's acting cochairman Jay Chalmers said this week. But Chalmers, a member of the Pride Day board of directors, said the event remains in jeopardy due to a reluctance of volunteers and potential sponsors of fundraisers to come forward to help finance the event. Some members of the gay community told Chalmers that this year's Pride Day celebration should be canceled so that funds needed to pay for the event can be turned over to groups combating the AIDS epidemic. "That would be just what Jerry Falwell wants," said Chalmers, a local real estate agent. "I think our community needs to go out and celebrate, and we need to do it in the open, for the whole world to see." He noted that although organizers of this year's event rejected "outright" suggestions that it be canceled due to AIDS, he said that volunteers were urgently needed to raise funds to pay for permits, deposits on beverage sales concessions, rental fees for a stage and sound system, publicity, and other expenses. Bar fundraisers have also traditionally provided start-up money for the event. Rivalries among bar owners and disagreements between bar owners and organizers of Pride Day have resulted in "misunderstandings" in previous years, and according to Chalmers, organizers will do everything possible "to achieve unity among the bars and the festival organizers." Persons interested in volunteering or wishing additional information, should contact: Jay Chalmers, 202/232-5324.
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NORTH CAROLINA ROYAL COURT TARGETS AIDS ACTIVITIES

The North Carolina Royal court, Inc., of Greensboro, in association with concerned community leaders, has established the Triad Health Project. Already in operation is an Emergency Assistance Fund (EAF) which offers non-medical financial aid to PWAs and PWARCs. The EAF is being administered by a tax-exempt, non-profit corporation. Two other projects are currently underway. The community education program is now in phase two. Phase one was a highly successful mass media coverage of the efforts to educate the public about AIDS which included a five part feature story on a local TV station, a three part series on another station, and a three part feature in the Greensboro News and Record. Associated Press picked up the newspaper story and it ran in at least eight other cities around the state. Phase two will be aimed more at the high risk groups with literature and public service announcements being produced with the help of the Guilford County Health Department. A followup media campaign will focus on public service announcements on radio, TV and cablevision to include the information line phone number of Tel-Med, sponsored by the Health Department. (The script for the tapes was written locally and is much less technical than the nationally distributed tapes from the Tel-Med office.) A training program is being formulated with the close cooperation of Director of Hospice, Director of Health Education of Guilford County Health Department, and the Chief of Internal Medicine, Infectious Diseases, Moses Cone Memorial Hospital. Any information, printed materials, suggestions or ideas, which you or your group would be willing to share with us will be greatly appreciated. A concerted effort by all of us will get the job done! Please contact: David R. Wright, President, N.C. Royal Court, Inc., P.O. Box 16601, Greensboro, NC 27416-0601.
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WOMEN UNITED FOR AIDS RESEARCH & CARE AT BOSTON'S HARVARD AND RADCLIFFE

Boston's AIDS Action Committee and New England Deaconess Hospital will be the benefactors of proceeds from a seven day fundraiser for AIDS research and care called "Festival of Life--Ovations" and sponsored by Women United for AIDS Research & Care of Harvard & Radcliff Universities. The week long activities begin on February 17 with performances by Judy Collins, Joan Kennedy, Colleen Dewhurst, JoAnne Akalaitis, Alexandria Marshall, Nancy Marchand, Kathy Bates, Carmen de Lavallade, Jayne Anne Philips and accomplished women from Boston, Harvard, and Radcliffe Universities. Also included are numerous discussions on topics such as "women and AIDS," "risk reduction," "AIDS and the law," "how you can help," and "a personal account," as well as exciting performances of repertory theatre, mime & magic, cabaret, film, live rock, chamber music, jazz, poetry readings, hologram demonstrations, improvisational comedy, and children's experimental theatre. A Service in Celebration of life will conclude the week-long benefit, and will feature choral selections and a service conducted by the Reverend Peter Gomes. Featured on Wednesday evening is an AIDS symposium, with local and national experts including Jerome Groopman, MD, Larry Kessler, Ken Mayer, MD, and George Seage III, MPH.
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PETER HAWLEY HONORED AS "WASHINGTONIAN OF THE YEAR" BY JAYCEES

with thanks to The Washington Blade, 1/24/86

Peter Hawley, MD, medical director of the Whitman Walker Clinic and one of Washington, DC's leading authorities on AIDS, will be honored along with 16 others as a "Washingtonian of the Year" at a dinner to be held at the Marriott Hotel. The dinner is being hosted by the Downtown Jaycees, an organization made up of members of the business community that for the past fifteen years has chosen outstanding area men and women for the honor.
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FUNDRAISING PHONE INFO LINE

AIDS Project/Los Angeles (APLA) has established 976-APLA, a fundraising phone line that also gives callers one-minute of current pertinent AIDS information. At the end of this informational message callers will be referred to 800/922-AIDS in case additional information is required. The 976-APLA line was provided by Intercambio, Inc., a provider of 976 phone services in California. The line can take up to 24 calls a minute, 24 hours a day, daily. The caller will automatically be charged $2 per phone call on their phone bill. Out of this $2, 50 cents will go directly to the telephone company for the service, 50 cents to Intercambio for operational expenses only, and the remainder $1 directly to APLA. APLA was founded in 1982 and is the city's leading organization dealing with AIDS education and services. Monies donated go towards the following programs: professional psychological counseling, advocacy for public assistance, food services, necessities of life program, shelter, in-home assistance (buddy program), day-care, dental care, transportation, insurance information and advocacy, financial information, legal assistance, religious and spiritual counseling, recreational and socialization activities, personal grooming care, workplace availability, and educational services including printed materials, hotlines and speakers' bureaus. For additional information, contact: APLA, 7362 Santa Monica Blvd., West Hollywood, CA 90046 (213/876-8951).
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CHICAGO SEEKS MORE MONEY

with thanks to The Washington Blade, 1/31/86

Gay leaders in Chicago say that the $200,000 budgeted for AIDS-related services for that city for fiscal year 1986 is inadequate, according to Chicago's Windy City Times. Although Mayor Harold Washington's AIDS budget for 1986 is twice as much as the $100,000 that was allocated for 1985, local activicst Jim Flint said in a recent press conference that the funding is still insufficient to combat the problem of AIDS in that city. Flint pointed out that the city set aside over 17 times its AIDS budget, or $3.5 million, for other communicable diseases which, he said, have decreased by a rate of 15% over the past year. Flint said that even though the 1986 budget has already been approved by the Chicago City Council, the mayor still could amend the current budget or transfer funds from other departments. With just over 3 million people, Chicago's population is nearly five times that of Washington, DC's; the number of AIDS cases reported in Chicago so far is 276, compared to 310 in the District. DC's Mayor Marion Barry's AIDS budget for 1986 called for over $889,000 to be spent on AIDS related services in DC. [NCGSTDS ED NOTE: This demonstrates an effective use of statistics to support a case for additional funding; comparing AIDS budget items with those of other communicable diseases is especially interesting!]
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SONG HOPES TO BRING IN $500,000 FOR AIDS

with thanks to Detroit's Cruise, 2/5/86

The popular song, "That's What Friends Are For," by Dionne Warwick, Elton John, Stevie Wonder, and Gladys Knight, has reached the number one position on the pop, black, and adult contemporary singles lists this month, according to Billboard Magazine. The American Foundation for AIDS RESEARCH is hoping to raise over $500,000 for education and research of AIDS from proceeds from the song.
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MINNESOTA POLITICIANS WORK AT GAY BAR'S AIDS BENEFIT

edited by John A. Fall, with thanks to the New York Native, 2/3-9/86

The Super Sunday AIDS Fundraiser, a benefit held January 12 at the Gay 90s bar, raised $24,000 with the help of 22 elected and appointed Minnesota officials, working as volunteers. Mayor George Latimer of St. Paul, Mayor Don Fraser of Minneapolis, four state legislators, and councilmembers from both of the Twin Cities were among the officials who each donated an hour of their time to serve as greeters or guest bartenders for the benefit. Super Sunday Brad Theissen said the benefit not only raised money, but also raised many of the officials' consciousnesses. "The mayor of St. Paul made a speech and urged people to fight not only the disease, but the political nonsense that has occurred. We heard after the benefit that the politicians were impressed with what they say, what they felt, and what they observed."
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BOB HOPE JOINS LIZ TAYLOR'S EFFORTS

with thanks to The Washington Blade, 2/14/86

Comedian Bob Hope served as master of ceremony and actress Elizabeth Taylor served as hostess at a gala fundraiser for the American Foundation for AIDS Research and the Arizona AIDS Foundation Trust, pulling in $800,000 for the two organizations. Taylor was presented with the Woman of the Year Award at the fundraiser in recognition of her work in combating AIDS. First Lady Nancy Reagan was given a special Humanitarian Award for her work to halt drug abuse, with the event's organizers noting that drug abusers are among the groups at high risk for contracting AIDS.
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CENTERS FOR DISEASE CONTROL

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

January 17, 1986 / Vol. 35 / No. 2

17 Update: Acquired Immunodeficiency Syndrome — United States

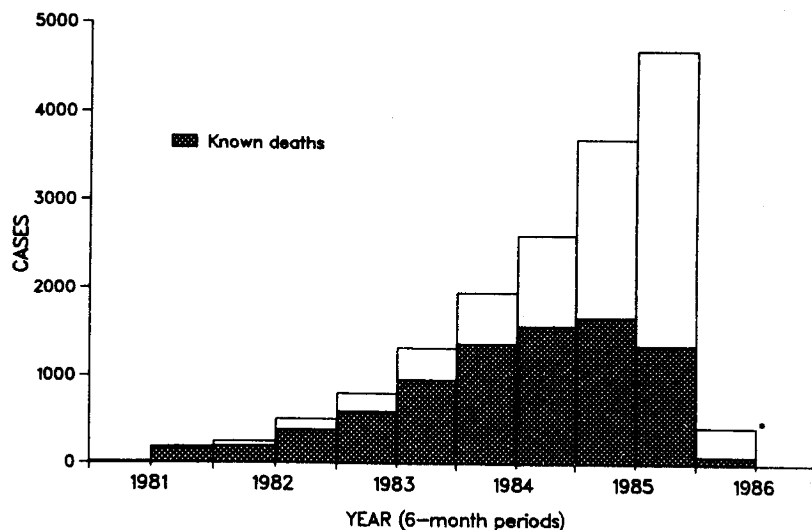
Current Trends

Update: Acquired Immunodeficiency Syndrome — United States

Between June 1, 1981, and January 13, 1986, physicians and health departments in the United States notified CDC of 16,458 patients (16,227 adults and 231 children) meeting the acquired immunodeficiency syndrome (AIDS) case definition for national reporting (*1-3*). Of these, 8,361 (51% of the adults and 59% of the children) are reported to have died, including 71% of patients diagnosed before July 1984. The number of cases reported each 6-month period continues to increase (Figure 1), although not exponentially, as evidenced by the lengthening case-doubling times (Table 1). Cases have been reported from all 50 states, the District of Columbia, and three U.S. territories.

Adult patients. Among adult AIDS patients, 60% were white; 25%, black; and 14%, Hispanic. Ninety percent were 20-49 years old, and 93% were men. Although the race, age, and sex distribution of adult AIDS patients has remained relatively constant over time, significant changes have occurred in the distribution of specific diseases reported. *Pneumocystis carinii* pneumonia (PCP) continues to be the most common opportunistic infection reported among AIDS patients, accounting for 43% of reported opportunistic diseases; incidence of PCP continues to increase relative to other reported opportunistic diseases among AIDS patients ($p < 0.0001$). PCP accounted for 35% of the diagnosed AIDS-associated diseases before January 1984 and 47% of those diagnosed from January 1985 to December 1985. The increase in PCP was associated with a decrease in Kaposi's sarcoma (KS), the second most common AIDS-associated opportunistic disease. Before December 1984, KS accounted for 21% of reported diagnoses; between January 1985 and December 1985, KS accounted for 13% of reported diagnoses. Among all AIDS patients, 63% have been diagnosed with PCP; 24%, with KS; 14%, with candida esophagitis; 7%, with cytomegalovirus (CMV) infections; 7%, with cryptococcosis; 4%, with chronic herpes simplex; 4%, with cryptosporidiosis; 3%, with toxoplasmosis; and 3%, with other opportunistic diseases only. These values tend to underestimate the number of diseases diagnosed in a given patient, because health-care providers frequently do not provide follow-up information on diseases that occur after the case has initially been reported.

FIGURE 1. Acquired immunodeficiency syndrome cases and known deaths, by 6-month period of report to CDC — United States, through January 13, 1986



*Data incomplete.

A total of 15,243 (94%) AIDS patients can be placed in groups* that suggest a possible means of disease acquisition: men with homosexual or bisexual orientation who have histories of using intravenous (IV) drugs (8% of cases); homosexual or bisexual men who are not known IV drug users (65%); heterosexual IV drug users (17%); persons with hemophilia (1%); heterosexual sex partners of persons with AIDS or at risk for AIDS (1%); and recipients of transfused blood or blood components (2%). The remaining 984 (6%) have not been classified by recognized risk factors for AIDS.

AIDS patients reported as not belonging to recognized risk groups are investigated by local health officials to determine if possible risk factors exist. Since 1981, 1,206 AIDS patients reported to CDC were initially identified on the original case report form as not belonging to a risk group. Of these individuals, 398 were from countries where heterosexual transmission may account for many AIDS cases. Of the remaining 808, information was incomplete on 178 patients due to: death (116), refusal to be interviewed (24), or loss to follow-up (38). Two hundred ninety-seven cases are still under investigation. Interviews or other follow-up information were available on the remaining 333 patients. Based on this information, risk factors were ultimately identified in 197 (59%) individuals; 25 (8%) were found not to meet the criteria of the surveillance definition for AIDS and no risk was identified on 111 (33%) AIDS patients. In interviews of the 111 patients for whom no risk was identified, 39 (35%) gave

*Patient groups are hierarchically ordered; patients with multiple risk factors are tabulated only in the group listed first.

TABLE 1. Acquired immunodeficiency syndrome cases, by date of report and doubling time — United States, through January 13, 1986

Cumulative cases reported	Date	Doubling time (months)
129	September 1981	—
257	February 1982	5
514	July 1982	5
1,029	January 1983	6
2,057	August 1983	7
4,115	April 1984	8
8,229	February 1985	10
16,458	January 1986	11

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / PUBLIC HEALTH SERVICE

histories of gonorrhea and/or syphilis, indicating that these AIDS patients were at risk for other sexually transmitted infections. Of 57 men interviewed, 15 (26%) gave histories of sexual contact with a female prostitute.

Reported cases have increased in all patient groups (Table 2). The relative proportion of AIDS cases among most risk groups has remained stable (Table 3). The proportion of AIDS cases associated with blood transfusions has increased from 1% to 2% ($p = 0.015$). Due to the long period between infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV) and development of AIDS, the impact of serologic screening of blood donations and deferral of those at increased risk cannot be expected to be reflected yet in national AIDS reporting. In the groups not classified by recognized risk factors, the proportion of AIDS patients born outside the United States has declined from 4% to 2% ($p < 0.0001$).

Pediatric patients. Among 231 AIDS patients under 13 years old, 19% were white; 60%, black; and 20%, Hispanic. Fifty-five percent were male. Fifty-eight percent were diagnosed with PCP; 19%, with disseminated CMV; 15%, with candida esophagitis; 6%, with cryptosporidiosis; 4%, with KS; and 22%, with other opportunistic diseases only. One hundred seventy-four (75%) pediatric patients came from families in which one or both parents had AIDS or were at increased risk for developing AIDS; 33 (14%) had received transfusions of blood or blood components before onset of illness, and 11 (5%) had hemophilia. Risk-factor information on the parents of the 13 (6%) remaining cases is incomplete. Although 57% of pediatric patients have been reported within the last year, 72% were actually diagnosed before 1985. Pediatric patients have been reported from 23 states, Washington, D.C., and Puerto Rico; cases reported per state ranged from one to 91 (median three). Seventy-five percent of the cases have been reported from New York, Florida, New Jersey, and California.

Reported by State and Territorial Epidemiologists; AIDS Program, Center for Infectious Diseases, CDC.

TABLE 2. Acquired immunodeficiency syndrome cases reported by year and yearly percent increases, by patient group — United States, through January 13, 1986

Patient group	Before 1/14/82	1/14/82-1/13/83		1/14/83-1/13/84		1/14/84-1/13/85		1/14/85-1/13/86		Total
	No.	No.	(% Inc)*	No.	(% Inc)*	No.	(% Inc)*	No.	(% Inc)*	
Adult										
Homosexual/bisexual men and IV drug users	16	66	(312.5)	211	(219.7)	418	(98.1)	599	(43.3)	1,310
Homosexual/bisexual men not IV drug users	178	473	(165.7)	1,341	(183.5)	2,939	(119.2)	5,669	(92.9)	10,600
IV drug users	22	138	(527.3)	392	(184.1)	785	(100.3)	1,429	(82.0)	2,766
Hemophilia patients	0	7	(0.0)	10	(42.9)	38	(280.0)	69	(81.6)	124
Heterosexual contacts	1	10	(900.0)	18	(80.0)	53	(194.4)	100	(88.7)	182
Transfusion recipients	0	6	(0.0)	28	(366.7)	56	(100.0)	171	(205.4)	261
None of the above/other:										
No identified risks;	3	28	(833.3)	76	(171.4)	131	(72.4)	348	(165.6)	586
Born outside U.S.†	7	48	(585.7)	85	(77.1)	114	(34.1)	144	(26.3)	398
Subtotal	227	776	(241.9)	2,161	(178.5)	4,534	(109.8)	8,529	(88.1)	16,227
Pediatric	0	16	(0.0)	35	(118.8)	48	(37.1)	132	(175.0)	231
TOTAL	**227**	**792**	**(248.9)**	**2,196**	**(177.3)**	**4,582**	**(108.7)**	**8,661**	**(89.0)**	**16,458**

*Percent increase.

†Includes persons born in countries in which most AIDS cases have not been associated with known risk factors.

Editorial Note: The incidence of AIDS continues to increase. In 1982, 747 cases were reported; in 1983, 2,124 were reported (a 184% increase); in 1984, 4,569 were reported (a 115% increase); and in 1985, 8,406 were reported (an 84% increase). From analyses of past trends, further increases are expected for 1986; however, the percentage increase in 1986 is likely to be smaller than that noted in 1985.

The number of AIDS cases that have not been classified into previously identified risk groups is not increasing proportionately faster than the number of cases in identified risk groups. Past experience would suggest that many cases currently under investigation will be reclassified.

Currently reported AIDS cases have resulted from HTLV-III/LAV exposure up to 7 years before diagnosis (*4*); the possibility of longer incubation periods cannot be excluded. Since HTLV-III/LAV infection persists in an individual, persons previously infected continue to remain at risk for developing AIDS. Due to the long period between infection and development of AIDS, transfusion-associated cases are expected to continue (*4*). However, voluntary donor deferral by those at increased risk for AIDS and serologic testing of donated blood and plasma for HTLV-III/LAV antibody—implemented in March 1983 and spring 1985, respectively—have greatly reduced the potential for HTLV-III/LAV transmission through transfusion (*4-6*).

The increase in previously diagnosed pediatric AIDS cases reported within the past year reflects improved reporting as well as inclusion in the case definition of histologically confirmed

TABLE 3. Distribution by patient group of reported acquired immunodeficiency syndrome cases, by date of report — United States, through January 13, 1986

Patient group	Before 1/14/84		1/14/84-1/13/85		1/14/85-1/13/86		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Adult								
Homosexual/bisexual men and IV drug users	293	(9.3)	418	(9.2)	599	(7.0)	1,310	(8.1)
Homosexual/bisexual men not IV drug users	1,992	(63.0)	2,939	(64.8)	5,669	(66.5)	10,600	(65.3)
IV drug users	552	(17.4)	785	(17.3)	1,429	(16.8)	2,766	(17.0)
Hemophilia patients	17	(0.5)	38	(0.8)	69	(0.8)	124	(0.8)
Heterosexual contacts	29	(0.9)	53	(1.2)	100	(1.2)	182	(1.1)
Transfusion recipients	34	(1.1)	56	(1.2)	171	(2.0)	261	(1.6)
None of the above/other.								
No identified risks;	107	(3.4)	131	(2.9)	348	(4.1)	586	(3.6)
Born outside U.S.*	140	(4.4)	114	(2.5)	144	(1.7)	398	(2.5)
Subtotal	3,164	(100.0)	4,534	(100.0)	8,529	(100.0)	16,227	(100.0)
Pediatric								
Parent with AIDS or at increased risk for AIDS	38	(74.5)	40	(83.3)	97	(73.5)	175	(75.8)
Hemophilia patients	3	(5.9)	1	(2.1)	7	(5.3)	11	(4.8)
Transfusion recipients	6	(11.8)	6	(12.5)	21	(15.9)	33	(14.3)
None of the above/other	4	(7.8)	1	(2.1)	7	(5.3)	12	(5.2)
Subtotal	51	(100.0)	48	(100.0)	132	(100.0)	231	(100.0)
TOTAL	3,215	(100.0)	4,582	(100.0)	8,661	(100.0)	16,458	(100.0)

*Includes persons born in countries in which most AIDS cases have not been associated with known risk factors.

diagnoses of chronic lymphoid interstitial pneumonitis in children under 13 years of age (3). Since most pediatric AIDS cases result from perinatal transmission of HTLV-III/LAV, the race/ethnicity and geographic distribution of pediatric AIDS patients is similar to that of reported AIDS cases among adult females.

Planned prospective studies of incidence and prevalence of HTLV-III/LAV infection should determine whether current reports of patients meeting the AIDS case definition for national reporting accurately reflect the distribution of infected persons. Persons meeting the AIDS case definition are only a small percentage of all persons infected with HTLV-III/LAV (7). CDC uses the existing case definition for surveillance purposes, because other manifestations of HTLV-III/LAV infection are less specific and less likely to be consistently reported nationally.

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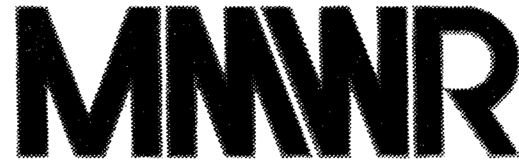
CENTERS FOR DISEASE CONTROL

January 24, 1986 / Vol. 35 / No. 3



MORBIDITY AND MORTALITY WEEKLY REPORT

35 Update: Acquired Immunodeficiency Syndrome — Europe

International Notes

Update: Acquired Immunodeficiency Syndrome — Europe

As of September 30, 1985, 1,573 cases of acquired immunodeficiency syndrome (AIDS) were reported to the World Health Organization (WHO) European Collaborating Centre on AIDS by the 21 countries corresponding with the Centre (Table 1). The new cases represent an average increase of 27 cases per week. Of the 1,573 patients, 792 are reported to have died (case-fatality rate: 50%) (Table 2, Figure 1).

The greatest increases in numbers of cases were observed in: the Federal Republic of Germany—75 (five to six per week); France—74 new cases (five to six per week); the United Kingdom—49 (three to four per week); and Italy—40 (three per week). In each of four countries (Belgium, Netherlands, Spain, and Switzerland), an increase of one to two cases per week was noted. Five countries (Czechoslovakia, Hungary, Iceland, Poland, the Union of Soviet Socialist Republics) had not reported any cases.

AIDS cases per million population were calculated using 1985 population estimates (Institut National d'Etudes Démographiques, Paris). The highest rates were noted in: Switzerland—11.8; Denmark—11.2; and France—8.5. These rates are low compared to the U.S. rate of 60.0 (7).

DISTRIBUTION BY DISEASE CATEGORY AND PATIENT SEX

A total of 1,025 patients (65%) presented with one or more opportunistic infections; 309 (20%) had Kaposi's sarcoma (KS) alone; and 212 (13%) had opportunistic infections with KS. The category "Other" (27 cases) includes four cases of progressive multifocal leukoencephalopathy (France—three; Denmark—one), six cases of isolated cerebral lymphoma (the United Kingdom—two; France—three, Switzerland—one), three cases of isolated Burkitt lymphomas of the brain (Denmark—one; the Federal Republic of Germany—two); 10 cases of B-cell non-Hodgkin's lymphomas (the Federal Republic of Germany—four; the Netherlands—three); and Luxembourg, Norway, and Switzerland—one each); and four unknown (Sweden). The highest case-fatality rate (59%) was noted for patients with both KS and opportunistic infections. The case-fatality rate for opportunistic infections alone was 56%; for KS alone, 25%.

Males accounted for 92% of the cases (Table 3). The male:female ratio was 11:1. Forty-two percent of cases occurred in the 30- to 39-year age group. Thirty-six pediatric cases (children under 15 years old) have been reported in 10 European countries. Twenty-four (67%) children either had parents with AIDS or parents in a group at high risk for AIDS; for 10 pediatric patients (five with hemophilia and five with blood transfusions), transmission was linked to contaminated blood or blood products. In two of the pediatric patients, no risk factor was reported.

DISTRIBUTION BY GEOGRAPHIC ORIGIN

Total cases were distributed geographically and by risk group as follows (Table 4):

Europeans* (1,330 cases [85% of total]). A total of 1,288 (97%) patients were living in Europe before onset of the first symptoms; 42 (3%) were living in non-European countries: United States—13; Zaire—12; Haiti—three; and one each in Bermuda, Brazil, Burundi, Congo, Gabon, Ghana, Malaysia, Morocco, Nicaragua, South Africa, Togo, and Venezuela; the country of residence was not specified for two patients.

Of the 1,330 European patients, 1,031 (78%) were homosexual or bisexual. Ninety (7%) patients were IV drug abusers, and 21 (2%), both homosexual and IV drug abusers. These 111 cases were diagnosed in: Italy—45; Spain—26, the Federal Republic of Germany—14; France—11; Switzerland—seven; Austria—four; the United Kingdom—three; and Sweden—one. Fifty-two (4%) of the reported patients had hemophilia and were diagnosed in: the Federal Republic of Germany—21; Spain—12; the United Kingdom—nine; France—three; Sweden—two; and one each in Austria, Denmark, Greece, Italy, and Norway. One German patient with hemophilia was reported as being homosexual and an IV drug abuser. Thirty (2%) patients, for whom the only risk factor found was blood transfusion, were

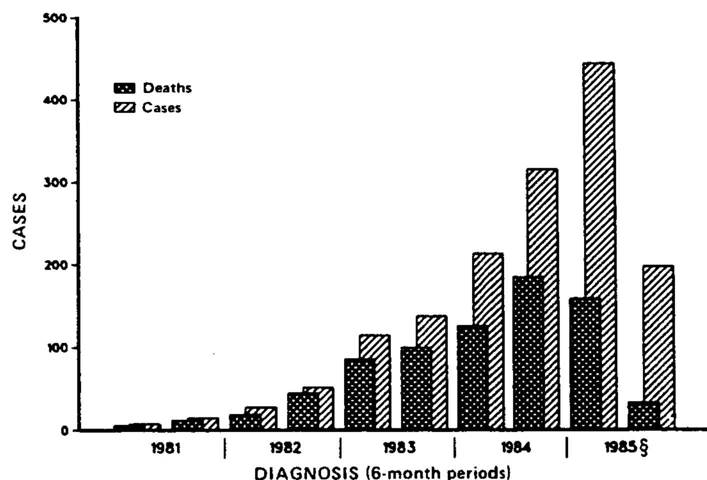
TABLE 2. Acquired immunodeficiency syndrome cases and number of deaths, by disease category — 21 European countries,* through September 30, 1985

Disease category	Cases	(%)	Deaths	(%)
Opportunistic infection	1,025	(65)	575	(56)
Kaposi's sarcoma	309	(20)	77	(25)
Opportunistic infection and Kaposi's sarcoma	212	(13)	126	(59)
Other	27	(2)	14	(52)
Total	**1,573**	**(100)**	**792**	**(50)**

*Austria, Belgium, Czechoslovakia, Denmark, Finland, France, the Federal Republic of Germany, Greece, Hungary, Iceland, Italy, Luxembourg, the Netherlands, Norway, Poland, Spain, Sweden, Switzerland, the United Kingdom, the Union of Soviet Socialist Republics, and Yugoslavia.

*The word European refers to patients originating from one of the countries belonging to the WHO European region.

FIGURE 1. Acquired immunodeficiency syndrome cases and deaths, by 6-month period of diagnosis — 21 European countries,* January 1, 1981-September 30, 1985†



*Austria, Belgium, Czechoslovakia, Denmark, the Federal Republic of Germany, Finland, France, Greece, Hungary, Iceland, Italy, Luxembourg, the Netherlands, Norway, Poland, Spain, Sweden, Switzerland, the United Kingdom, the Union of Soviet Socialist Republics, and Yugoslavia.

†Before 1981, 21 cases, including 11 deaths, were reported. In addition, 23 cases (10 deaths) with unknown dates of diagnosis were also reported.

§January-September 1985.

TABLE 1. Reported acquired immunodeficiency syndrome cases and estimated rates per million population — 21 European countries, October 1, 1984-September 30, 1985

Country	Oct. 1984	March 1985	June 1985	Sept. 1985	Rates*
Austria	-	13	18	23	3.1
Belgium	-	81	99	118	11.9
Czechoslovakia	0	0	0	0	0.0
Denmark	31	41	48	57	11.2
Federal Republic of Germany	110	162	220	295	4.8
Finland	4	5	6	10	2.0
France	221	307	392	466	8.5
Greece	2	7	9	10	1.0
Hungary	-	-	-	0	0.0
Iceland	0	0	0	0	0.0
Italy	10	22	52	92	1.6
Luxembourg	-	-	1	3	7.5
Netherlands	26	52	66	83	5.7
Norway	4	8	11	14	3.3
Poland	0	0	0	0	0.0
Spain	18	29	38	63	1.6
Sweden	12	22	27	36	4.3
Switzerland	33	51	63	77	11.8
United Kingdom	88	140	176	225	4.0
Union of Soviet Socialist Republics	-	-	-	0	0.0
Yugoslavia	-	-	-	1	-
Total	**559**	**940**	**1,226**	**1,573**	-

*Per million population based on 1985 populations.

diagnosed in: France—15; Belgium, the Netherlands, and the United Kingdom—four each; the Federal Republic of Germany—two; and Italy—one. Among these 30 cases, five had received blood transfusions outside Europe: one diagnosed in the Netherlands had undergone heart surgery in the United States; one diagnosed in France had received blood transfusions in Haiti and Martinique; and two diagnosed in Belgium had received transfusions in Zaire. One child diagnosed in the United Kingdom had received a blood transfusion in the United States. For 90 patients (7%), no risk factor was found (male:female ratio 2:1). Risk-factor information was not obtained for 16 patients.

Caribbeans (39 [2%]). Thirty-seven patients were living in Europe before the onset of the first symptoms: 32 Haitians were diagnosed in France; one, in Belgium; and one, in Switzerland; one Dominican and one Jamaican were living in the United Kingdom; one patient of unspecified origin was living in Switzerland. Two Haitian patients diagnosed in France were living in Haiti.

Of the Caribbean patients, four were homosexual, and no risk factors were identified for 34 (male:female ratio 3:1). Risk-factor information was not obtained in one case.

Africans (157 [10%]). These persons were diagnosed in eight European countries and originated from 22 African countries (63% from Zaire and 10% from the Congo). Among the remaining 20 countries, the number of cases varied from one to five. Eighty-six patients (55%) were living in Europe before onset of the first symptoms. Sixty-six resided in Africa, and one, in the United States. Two patients from Zaire and one each from Burundi and Rwanda were living in other parts of the world.

Of the 157 Africans, 11 were homosexuals; five had received blood transfusions; and one was both homosexual and an IV drug abuser. No risk factors were identified for 124 (male: female ratio 2:1); and for 16, information was not obtained.

Other origins (47 cases [3%]). Most of these patients originated from the American continents: the United States—23; Argentina—four; Brazil—three; and one each from Canada,

TABLE 3. Acquired immunodeficiency syndrome cases, by age group and sex — 21 European countries, through September 30, 1985

Age group	Males	Females	Total No.	Total (%)
0-11 mos.	6	8	**14**	**(0.9)**
1-4 yrs.	9	6	**15**	**(1.0)**
5-9 yrs.	3	1	**4**	**(0.3)**
10-14 yrs.	3	0	**3**	**(0.2)**
15-19 yrs.	8	0	**8**	**(0.5)**
20-29 yrs.	277	57	**334**	**(21.2)**
30-39 yrs.	622	36	**658**	**(41.8)**
40-49 yrs.	375	12	**387**	**(24.6)**
50-59 yrs.	103	9	**112**	**(7.1)**
≥ 60 yrs.	21	4	**25**	**(1.6)**
Unknown	13	0	**13**	**(0.8)**
Total	**1,440**	**133**	**1,573**	**(100.0)**

Chili, Nicaragua, Peru, and Uruguay. One patient each originated from Australia, Egypt, Lebanon, New Zealand, Pakistan, Thailand, and Turkey; the origins of four were unknown. Fourteen of these patients were not living in Europe before the onset of the first symptoms (the United States—10; Canada and Africa—one each; unknown—two).

Among the 47 patients, 39 were homosexual; two were both homosexual and IV drug abusers (one Canadian diagnosed in the United Kingdom and one American diagnosed in Spain). One American diagnosed in Sweden had hemophilia. Two did not present any risk factors. Information was not obtained in three cases.

DISTRIBUTION BY RISK GROUP

It is not possible to compare precisely the situations in the various European countries because of differences that may exist in the methods of data collection. Furthermore, in countries where AIDS is still rare, distribution may be modified with the increase in number of cases. However, some observations can be made:

Male homosexuals. AIDS patients belonging to this risk group accounted for 60%-100% of the total number of cases in 12 of 16 countries. In four other countries (Belgium, Greece, Italy, and Spain), male homosexuals accounted for fewer than 50% of cases.

IV drug abusers. The spread of AIDS in Europe has been particularly marked in this group. In October 1984, IV drug abusers represented only 2% of the total number of European cases and were reported by three countries. By September 30, 1985, they represented 8% of all European cases and were reported by nine countries, a significant increase ($p < 0.001$). Italy and Spain together accounted for 63% of the IV drug abusers with AIDS in Europe. Forty-five (49%) of the 92 Italian patients and 23 (37%) of the 63 Spanish patients were members of this risk group.

Cases related to transfusion of blood and blood products. Ten countries have reported AIDS among hemophilia patients, and six have reported cases among blood transfusion recipients.

Patients not belonging to any of the above risk groups. This group contributed the second largest number of cases. In four countries (Belgium, France, Greece, and Switzerland), a high proportion of patients originated from regions where most AIDS patients have not belonged to any of the above risk groups but where heterosexual transmission is thought to be a major factor. In Belgium, 72% of the patients originated from equatorial Africa; in France, 11% originated from the same region, and 8% from Haiti; in Switzerland, 12% originated from equatorial Africa).

REVIEW OF PUBLIC HEALTH MEASURES RELATED TO BLOOD DONORS

A questionnaire on public health measures related to blood transfusion was sent to the 21 European countries corresponding with the Centre and to Portugal. Except for the Union of Soviet Socialist Republics, all the countries answered this questionnaire.

Systematic screening of blood donors for lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III) antibodies became effective in 16 of 21 countries between June and November 1985. In 13 countries, the screening is compulsory. In three others (Italy, the Netherlands, and Sweden), this screening is recommended rather than compulsory, but the public health authorities of these countries consider that the recommendation is followed and all blood donations are tested.

The test used in these countries is the enzyme-linked immunosorbent assay (ELISA). The follow-up tests used are mainly a second ELISA with an immunoblot (Western blot) or immunofluorescence test. Portugal is the only country that does not yet use a follow-up test. The follow-up test is recommended in six countries (Denmark, Greece, Italy, the Netherlands, Sweden, and Switzerland). In the other nine countries, the follow-up test is compulsory.

Among the 16 countries that have taken measures related to blood donors, only Portugal has organized a national register of seropositive blood donors for whom confidentiality has been ensured. A national register is under consideration in Norway.

Specialized consultations for the follow-up of seropositive subjects are organized or are being organized in 11 of 16 countries (Austria, Belgium, Denmark, the Federal Republic of Germany, France, Italy, Luxembourg, Norway, Sweden, Switzerland, and the United Kingdom). In Finland, seropositive subjects are followed up by their usual physicians. Specialized consultations are under consideration in four countries (Greece, Hungary, the Netherlands, Portugal).

Information for seropositive subjects is systematic in five of 16 countries (Denmark, Finland, Greece, the Netherlands, and Switzerland) and recommended in 10 countries (Austria, Belgium, the Federal Republic of Germany, France, Hungary, Italy, Luxembourg, Norway, Sweden, and the United Kingdom). No official recommendation concerning information to seropositive subjects has been made in Portugal. Systematic screening of blood donors is under consideration in five countries (Czechoslovakia, Iceland, Poland, Spain, and Yugoslavia).

Eighteen countries have a national reference center for confirmation. Luxembourg is, and Iceland will be, using a reference center in a neighboring country. Portugal has not made a decision on this subject yet.

Measures to exclude donors at risk have been taken in all the countries except Czechoslovakia, Finland, and Portugal. These measures were initiated in 1983 for seven countries (Belgium, Denmark, France, the Netherlands, Norway, Sweden, and the United Kingdom); in 1984 for Luxembourg; in 1985 for Austria, Greece, Iceland, Italy, Poland, Spain, and Yugoslavia. No date was given for Hungary.

EDITORIAL COMMENTS BY THE WHO CENTRE

Prevention of AIDS transmission through blood transfusion is now effective in most European countries due to systematic screening for LAV/HTLV-III antibodies in blood donors. Even in countries where no cases of AIDS have been officially reported, the establishment of screening programs is being studied; in Hungary, screening is already compulsory.

As in the United States, male homosexuals account for the highest percentage of the total number of cases (69%). The distribution by risk group shows a marked increase in cases among drug abusers, accounting for 2% of 421 European cases by July 1984, and 8% of the 1,573 cases reported by September 1985. Over 40% of the cases in Italy and Spain occurred in this group. Several 1985 studies in various European countries showed a high frequency (20%-50%) of serologic markers of infection with LAV/HTLV-III in IV drug abusers, indicating that the spread of the infection has been rapid in this population. Information campaigns that are being set up should emphasize this aspect of the spread of AIDS.

Surveillance of AIDS in Europe was set up progressively in 1982; case-fatality rates obtained before 1982 cannot be included in the present surveillance data because of an unknown proportion of patients lost to follow-up.

The Centre uses the CDC case definition. One source per country, recognized by the respective national health authorities, provides the information. The national data are noted on standard tables, and each source is responsible for the quality of the data provided. Hungary, the Union of Soviet Socialist Republics, and Yugoslavia now also collaborate with the Centre.

The number of cases diagnosed between January and September 1985 must be considered as provisional because of the time required for reports to reach national surveillance centers.

Reported by JB Brunet, MD, R Ancelle, MD, Institut de Médecine et d'Épidémiologie Africaines et Tropicales (WHO Collaborating Centre on AIDS), Paris, France; Federal Ministry of Health and Environmental Protection, Vienna, Austria; Conseil Supérieur de l'Hygiène Publique, Ministère de la Santé, Brussels, Belgium; Institute of Virology, Bratislava, Czechoslovakia; Statens Serum Institute, Copenhagen, Denmark;

TABLE 4. Acquired immunodeficiency syndrome cases, by patient risk group and geographic origin — 21 European countries, through September 30, 1985

Patient risk group	Origin: Europe	Caribbean Islands	Africa	Other	Total No.	(%)
1. Male homosexual or bisexual	1,031	4	11	39	**1,085**	**(69)**
2. IV drug abuser	90	-	-	-	**90**	**(6)**
3. Hemophilia patient	52	-	-	1	**53**	**(3)**
4. Transfusion recipient (without other risk factors)	30	-	5	-	**35**	**(2)**
5. 1- and 2-associated	21	-	1	2	**24**	**(2)**
6. No known risk factor						
Male	59	24	81	3	**167**	**(11)**
Female	31	10	43	-	**84**	**(5)**
7. Unknown	16	1	16	2	**35**	**(2)**
Total	**1,330 (85%)**	**39 (2%)**	**157 (10%)**	**47 (3%)**	**1,573**	**(100)**

Institute of Biomedical Sciences, Tampere, Finland; Direction Générale de la Santé, Paris, France; Robert Koch Institute, West Berlin, Federal Republic of Germany; Ministry of Health, Athens, Greece; National Institute of Hygiene, Budapest, Hungary; General Direction of Public Health, Reykjavik, Iceland; Instituto Superiore di Sanita, Rome, Italy; Ministère de la Santé, Luxembourg, Luxembourg; Staatstoezicht op de Volksgezondheid, Leidfehendam, Netherlands; National Institute of Public Health, Oslo, Norway; National Institute of Hygiene, Warsaw, Poland; Ministerio de Sanidad y Consumo, Madrid, Spain; National Bacteriological Laboratory, Stockholm, Sweden; Office Federale de la Santé Publique, Berne, Switzerland; Communicable Disease Surveillance Centre, London, United Kingdom; Ministry of Public Health, Moscow, Union of Soviet Socialist Republics; Federal Institute of Public Health, Belgrade, Yugoslavia.

Reference
1. CDC. AIDS weekly surveillance report. September 30, 1985.

CENTERS FOR DISEASE CONTROL

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MORBIDITY AND MORTALITY WEEKLY REPORT

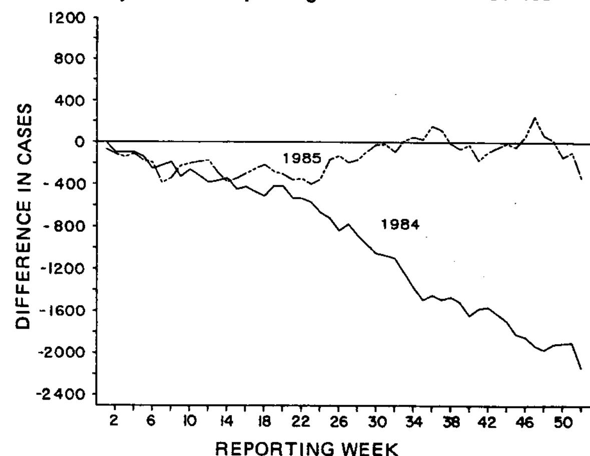
74 Tuberculosis — United States, 1985 — and the Possible Impact of HTLV-III/LAV Infection
76 Apparent Transmission of HTLV-III/LAV from a Child to a Mother Providing Health Care

Tuberculosis — United States, 1985 — and the Possible Impact of Human T-Lymphotropic Virus Type III/ Lymphadenopathy-Associated Virus Infection

In 1985, a provisional total of 21,801 tuberculosis cases was reported to CDC, a 2.0% decline from the 1984 final total of 22,255 cases. Similarly, in 1985, the provisional incidence rate was 9.1 per 100,000 population, a decline of 3.2% from the 1984 final rate of 9.4/100,000. Compared with 1983, the number of reported cases in 1984 declined progressively, so that by week 52, there were 2,139 fewer cumulative provisional reported cases (Figure 5). Compared with 1984, there was no such progressive decline in 1985.

Reported by Div of Tuberculosis Control, Center for Prevention Svcs, CDC.

FIGURE 5. Difference in cumulative tuberculosis cases between 1984 and 1983 and between 1985 and 1984, by *MMWR* reporting week — United States



Editorial Note: From 1975 through 1978, the average annual decrease in reported tuberculosis cases was 5.7%. From 1978 through 1981, when there was a large influx of Southeast Asian refugees, the average decline was only 1.4%. The average decline of 6.7% from 1982 through 1984 indicated that the previous downward trend had resumed. The 2.0% decline in 1985 thus represents another slowing of this trend.

Although the reasons for the relatively small decline in 1985 cases are not fully known, evidence supports the hypothesis that human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV) infection of persons infected with the tubercle bacillus has caused an increase in tuberculosis in some areas.

The suspicion that HTLV-III/LAV infection may be responsible for increased tuberculosis morbidity is based on the following:

1. Since other immunosuppressive disorders are associated with an increased risk of developing clinically apparent tuberculosis (*1,2*), there is a theoretical reason to believe that compromised immunity secondary to HTLV-III/LAV infection may favor activation of preexisting latent *Mycobacterium tuberculosis* infection.
2. Some of the areas with the largest tuberculosis morbidity increases this year (New York City, California, Florida, Texas) are also some of the areas that have reported the largest number of acquired immunodeficiency syndrome (AIDS) cases to date (*3*).
3. Data from New York City indicate that increased tuberculosis morbidity is occurring in areas of the city where most AIDS cases have occurred. Matching the New York City tuberculosis and AIDS case registers has revealed increasing numbers of AIDS patients with histories of tuberculosis. An increasing number of persons with histories of intravenous drug abuse—a known risk factor for AIDS—have been diagnosed as having tuberculosis (*4*).
4. In Dade County, Florida, a substantial number of persons with AIDS either had tuberculosis at the time AIDS was diagnosed or had it within the 18 months preceding the AIDS diagnosis (*5*). Based on an analysis currently in progress, 109 (10.0%) of the 1,094 AIDS patients reported to CDC from Florida through December 31, 1985, have also been diagnosed with tuberculosis.

To better understand the problem and to design the most effective and efficient program strategies, it will be essential to establish as soon as possible: (1) the proportion of tuberculo-

sis patients who also have AIDS; (2) the proportion of specific subpopulations with tuberculosis that have HTLV-III/LAV infection; (3) the proportion of AIDS patients who have had tuberculosis diagnosed; (4) the relative risk among persons with both tuberculosis infection and HTLV-III/LAV infection of developing clinical tuberculosis, compared with suitable controls with tuberculous infection; (5) whether patients with HTLV-III/LAV infection and tuberculosis are more or less likely to transmit tuberculosis infection to others; (6) the validity of tuberculin skin-test results for persons with AIDS or HTLV-III LAV infection; and (7) the efficacy of current treatment regimens among patients with HTLV-III LAV infection and tuberculosis.

CDC's Division of Tuberculosis Control, Center for Prevention Services, is working closely with the Florida and Dade County health departments and the New York City Department of Health in designing and conducting studies to obtain answers to these questions.

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Epidemiologic Notes and Reports

Apparent Transmission of Human T-Lymphotrophic Virus Type III/ Lymphadenopathy-Associated Virus from a Child to a Mother Providing Health Care

CDC has received a report from state and local health officials of a child with transfusion-associated infection caused by human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV), the virus that causes acquired immunodeficiency syndrome (AIDS). The child's mother appears to have been infected with HTLV-III/LAV while providing nursing care that involved extensive unprotected exposure to the child's blood and body secretions and excretions.

The child, a 24-month-old male, was diagnosed as having a congenital intestinal abnormality on day 4 of life. Over the next several months, he had numerous surgical procedures, including colonic and ileal resections, repairs of ostomies, a liver biopsy, and intravascular catheter replacements. The child has been hospitalized 17 months and has required intravenous hyperalimentation and continuous nasogastric feedings throughout his life. His illness was also characterized by frequent bouts of bacterial sepsis, many of which were apparently related to his gastrointestinal disease and indwelling intravascular catheter. Because of anemia due to chronic illness, multiple surgical procedures, gastrointestinal bleeding, and frequent blood drawing, the child required multiple transfusions between birth (February 1984) and early June 1985.

Because of the child's history of both recurrent bacterial sepsis and multiple transfusions, a blood sample was drawn for HTLV-III/LAV antibody in May 1985. This sample, and a second sample obtained 3 months later, were both positive by enzyme immunoassay (EIA); the second sample was tested by Western blot assay and was positive. In June 1985, the ratio of T-helper to T-suppressor lymphocytes (T_H/T_S) was normal (1.6). Serum obtained during an investigation in December 1985 was strongly positive for antibody to HTLV-III/LAV by EIA (absorbance > 2.0, negative cutoff = 0,083, absorbance ratio > 24). Western blot assay at CDC was positive for both the p24 and gp41 bands.* Cultures of the child's peripheral blood lymphocytes, saliva, and stools for HTLV-III/LAV have been negative.

Blood from 26 donors had been transfused to the child between birth and June 1985. One of these donors was a 34-year-old female whose serum, obtained in January 1986, was strongly positive for antibody to HTLV-III/LAV by both EIA (absorbance ratio > 20) and Western blot assay (positive gp41 and equivocal p24 bands).* Her blood was transfused to the child in May 1984 before serologic testing of donors for HTLV-III/LAV was available. All other donors were seronegative.

The child's 32-year-old mother has been closely involved in the child's care during hospitalization and at home, which has required frequent contact with the child's blood and with other body fluids. Her activities included drawing blood through the child's indwelling catheter at least weekly, removing peripheral intravenous lines occasionally, emptying and changing ostomy bags daily for the 7 months these were in place, inserting rectal tubes daily to facilitate large-bowel clearing, changing diapers and surgical dressings, and changing nasogastric feeding tubes weekly. When interviewed, she did not recall any specific incidents of needle-sticks or other parenteral exposures to the child's blood. However, the mother did not wear gloves, and on numerous occasions, her hands became contaminated with blood, feces (which often contained blood), saliva, and nasal secretions. She did not recall having open cuts or an exudative dermatitis on her hands; however, she often did not wash her hands immediately after blood or secretion contact.

In March, June, and October 1985, the mother donated blood; none of her donated blood was given to her child. As part of routine blood-donor screening, the blood was tested for HTLV-III/LAV antibody. She was seronegative by EIA in March and June. In October, a serum sample was repeatedly positive by EIA and was confirmed by Western blot assay. Serum obtained during an investigation in December 1985, and the October 1985 specimen, were both strongly positive by EIA (absorbance ratio > 24) and Western blot assay (positive p24 and gp41 bands) at CDC.* The mother remains clinically well; however, her T_H/T_S ratio was 0.9 (normal > 1.0) when tested in December 1985. Culture of her peripheral blood lymphocytes for HTLV-III/LAV was negative.

Extensive epidemiologic investigations did not reveal any other risk factors for infection in the mother or child. The mother was employed as a paramedic before the child's birth but denied needlestick injuries or exposure to AIDS patients. The child's father is negative for HTLV-III/LAV antibody* and is clinically well with a normal T_H/T_S ratio of 2.4.

Reported by AIDS Program, Center for Infectious Diseases, CDC.

Editorial Note: The child reported here most likely acquired the infection from transfusion of blood donated in May 1984 by a donor later found to be seropositive. The child's mother most likely acquired HTLV-III/LAV infection from her son while providing nursing care that involved extensive contact with his blood and other body secretions and excretions. She did not take precautions, such as wearing gloves, and often failed to wash her hands immediately after exposure.

*Results confirmed by competitive EIA for HTLV-III antibody performed by the Laboratory of Tumor Cell Biology, National Cancer Institute.

Epidemiologic investigations did not reveal other risk factors for HTLV-III/LAV infection in the mother. The timing of her seroconversion (between June and October 1985) suggests that her exposure occurred after the birth of her child (February 1984). Limited case reports suggest that the seroconversion period for HTLV-III/LAV is approximately 1-6 months (*1-3*); there are no published reports of seroconversion periods greater than 6 months. Although initial attempts at virus isolation from the mother and child have been negative, the EIAs have been repeatedly reactive from multiple specimens in separate laboratories. The high absorbance ratios and presence of strong bands reacting to specific viral proteins on Western blot assay are most consistent with HTLV-III/LAV infection.

Previous CDC guidelines have emphasized that in hospital, institutional, and home-care settings, health-care workers or other persons providing care for patients with HTLV-III/LAV infection should wear gloves routinely during direct contact with the mucous membranes or nonintact skin of such patients (*4*). They should also wear gloves when handling items soiled with blood or other body secretions or excretions. Additional precautions, such as wearing gowns, masks, or eye coverings, may be appropriate if procedures involving more extensive contact with blood or other body secretions or excretions are performed. Education and foster care of children infected with HTLV-III/LAV, such as the child reported here, who lack control of their body secretions or excretions require special considerations as outlined previously (*5*).

Transmission of HTLV-III/LAV infection from child to parent has not been previously reported. The contact between the reported mother and child is not typical of the usual contact that could be expected in a family setting. None of the family members of the over 17,000 AIDS patients reported to CDC have been reported to have AIDS, except a small number of sexual partners of patients; children born to infected mothers; or family members who themselves had other established risk factors for AIDS. Seven studies involving over 350 family members of both adults and children with AIDS have not found serologic or virologic evidence of transmission of HTLV-III/LAV infection within families other than among sex partners, children born to infected mothers, or family members with risk factors for AIDS (*6-12*).

Although transmission of HTLV-III/LAV in the health-care setting has been reported, such transmission has been extremely rare. In five separate studies, a total of 1,498 health-care workers have been tested for antibody to HTLV-III/LAV. In these studies, 666 (44.5%) of the workers had direct parenteral (needlestick or cut) or mucous-membrane exposure to patients with AIDS or HTLV-III/LAV infection. Twenty-six persons in these five studies were seropositive when first tested; all but three of these persons belonged to groups recognized to be at increased risk for AIDS (*13-17*).

CDC is aware of only one other case in which HTLV-III/LAV transmission from a patient to a person providing care may have occurred through a nonparenteral route (*18*). In this report from England, a 44-year-old woman, who was not a health-care worker, developed AIDS after she had provided home nursing care for a Ghanaian man who was diagnosed with AIDS at postmortem examination. The care involved prolonged and frequent skin contact with body secretions and excretions. The woman recalled having some small cuts on her hands and an exacerbation of chronic eczema. She denied any sexual contact with the patient.

The occurrences of the case reported here and the English case suggest that HTLV-III/LAV infection may, on rare occasions, be transmitted during unprotected contact with blood or other potentially infectious body secretions or excretions in the absence of known parenteral or sexual exposure to these fluids. Adherence to published guidelines for health-care workers (*4*) should prevent transmission through exposure to blood or body fluids.

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FOUNDATION MONEY AVAILABLE FOR AIDS HEALTH SERVICES

The AIDS Health Services Program of The Robert Wood Johnson Foundation is offering $17.2 million in grants to support the establishement of specialized comprehensive health and supportive services for victims of AIDS and AIDS related disorders. By emphasizing community-based, out-of-hospital care, the aim of the Program is to help bring needed medical and supportive services to people with AIDS; demonstrate that care can be provdied to them more humanely and at reduced cost; and help relieve the burden that caring for AIDS patients has placed on many urban hospitals in the absence of alternative, community-based services. Hospitals, local health departments, major voluntary organizations, or consortia of health care organizations in the 21 metropolitan areas with the largest AIDS case loads are eligible to apply. (According to the CDC, as of 12/20/85, those 21 metro areas by SMSA are: New York City, San Francisco, Los Angeles, District of Columbia, Miami, Houston, Newark, Chicago, Philadelphia, Dallas, Atlanta, Boston, Jersey City, Nassau County (NY), Ft. Lauderdale, San Diego, Seattle, New Orleans, West Palm Beach, Anaheim, and Baltimore.) Up to ten grants will be made under the Program. The grants will be for four years, and to encourage projects covering the largest possible geographic areas, only one grant will be made in each city. If an anticipated federal grants initiative for similar purposes materializes, the Foundation and the Department of Health and Human Services (HSS) are planning to coordinate the two programs as closely as possible, including a joint review of applications. The first step for those wishing to apply is to send a letter of interest (not to exceed 2 pages) to Dr. Mervyn Silberman, MD, MPH (Director, AIDS Health Services Program, Institute for Health Policy Studies, University of California-San Francisco School of Medicine, 1326 Third Av., San Francisco, CA 94143 415/666-4921), identifying the parties involved or to be involved in the development of the application, and the general intent of the proposed project. Deadline for receipt of proposals is June 17, with announcement of grants in October.
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RESTAURANT ASKS $1 FROM CUSTOMERS FOR AIDS, DONATES TO WASHINGTON'S SCHWARTZ HOUSE

by Doug Hinckle, with thanks to The Washington Blade, 1/24/86

Three VCRs and a check for $1327 were given to the Schwartz Housing Services of the Washington, DC Whitman-Walker Clinic by Annie's Paramount Steak House. Over a period of several months, Annie Kaylor, manager of the Dupont Circle restaurant, asked her customers for a $1 donation for AIDS when she took their orders at the restaurant. With the help of the Washington Video Sales, who sold the VCRs to her at cost, Annie was able to purchase three VCRs for $100. Two of the VCRs have already been installed in the Schwartz House and Engebretsen House, two residential homes for people with AIDS who need temporary shelter. Rev. Harold Burris, director of the Schwartz Housing ?Services, said the third VCR would be installed in the White House, a facility named for Curtis L. White scheduled to open the first of February.
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APPLE COMPUTERS OFFERS GRANTS FOR INTER-AGENCY NETWORKING

with thanks to Los Angeles Computerized AIDS Information Network (CAIN), 1/23/86

A better way for your nonprofit group to organize and use information vital to its existence--that's the Apple Community Affairs Grant. The grant includes Apple personal computer systems and software, along with extensive training and followup support. You may already know networks as individuals or groups with common values, cooperatively sharing information and activities. You're no doubt already using a network of some kind in your organization's work (hint: CAIN). Through an Apple micro-computer, three to five organizations share information and activities via personal computers connected through the telephone. If you are interested in an Apple grant, please contact: Apple Corporate Grants Community Affairs Program, 20525 Mariani Av., Cupertino, CA 95014 (408/973-2974). [Several NCGSTDS members successfully received grants from Apple.]
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RFP FROM CHICAGO RESOURCE CENTER

The nation's largest gay & lesbian philanthropy, Chicago Resource Center, will continue to fund lesbian and gay organizations in 1986, and will consider a wide range of programs with emphasis on direct services for gay men and lesbians, health care issues and education, civil and legal rights of gay men and lesbians, coalition building, and outreach to educational and community institutions. Priority will be given to organizations which focus exclusively on gay/lesbian issues. All grant awards are for one year's funding only. Programs previously funded may apply again in subsequent years. However, requests from funded organizations will not be considered prior to the one year anniversary of the previous award. Grants will be considered by only those agencies that are IRS 501 (c)(3) tax exempt. In 1985, there were 65 awards given, ranging from $800-10,000 (average, $5823). For more information, contact the Chicago Resource Center, 209 W. Jackson Blvd., Suite 500, Chicago, IL 60506 (312/461-9333). Proposals will be reviewed four times in 1986: submission deadlines are (applicant notification date in parentheses): March 31 (June 30), June 30 (September 30), September 30 (December 31), and December 19 (March 31, 1987).
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SAN DIEGO AIDS PROJECT ANNOUNCES MAJOR FUND RAISING EFFORT

The San Diego AIDS Project (SDAP) announced details of its first major fundraising event for 1986, "Evening with Friends," a star-studded night of entertainment to take place March 10, at the city's Civic Theatre at the Convention and Performing Arts Center. James E. Stoddart, chairman of the board of directors of SDAP, joined Jack O'Brien, artistic director of the Old Globe Theatre and director of the benefit, in the announcement. O'Brien said that the decision to name the event was based on having artistic friends donating their talents on stage and a full house of friends from our community demonstrating their support. The benefit is being co-chaired by four of America's distinguished and prominent citizens--Mrs. Betty Ford, Senator and Mrs. Pete Wilson, and Mrs. Joan Kroc. "Evening with Friends" offers San Diegans an ideal opportunity to take an active role in dealing with this terrible threat to our health," Kroc said. "In addition to enjoying an entertaining evening, we will be expressing our compassion for those who now suffer from AIDS and supporting research taht may help to head off what could become a worldwide epidemic." The benfit hopes to raise $500,000 with procees being distributed between SDAP, the San Diego County AIDS Assistance Fund, University of California San Diego Medical School's AIDS research, and the American Foundation for AIDS Research. Entertainment will be provided by a host of superstars to include New York's hot stage talent, Peter Allen & his band, jazz recording artist Bob James, "Evita" stage star Loni Ackerman, "Cats" stage performers Kim Criswell and Mark Morales, from the mega-hit series "Dallas," Fern Fitzgerald, stars from the soon to be released feature film, "Critters," Scott Grimes and Nadine VanDer Velde, the cast of Los Angeles' musical, "Berlin to Broadway," recording artists Marcel & Nathan East, San Diego's California Ballet prima ballerina, Denise Dabrowski, along with seventy members of the San Diego Opera Chorus...with more surprises to be announced later. Vosburgh Productions, a San Diego based firm which is responsible for producing and organizing "Evening with Friends," stated that tickets will range from $20-$1000, with those purchasing tickets at $250 or more attending a post-performance supper with an auction of donated fantasy vacations. Those attending at the $1000 level will be entitled to a pre-performance celebrity reception. "The AIDS crisis needs the support of our entire community, and "Evening with Friends" is San Diego's opportunity to demonstrate that support," stated chairman of the board, James Stoddart. "This situation must solicit the best we have to offer as human beings, and we must share our compassion, knowledge, spiritual strength and financial resources with our friends," Stoddart continued. "Our goal is that we may all share our `evenings with friends' in a healthier world."
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PRISONERS MOBILIZE AGAINST AIDS, SUPPORT CHILDREN WITH ILLNESS

by Jane Rosett, with thanks to the New York Native, 1/13-19/86

Six prisoners at New Jersey's Rahway State Penitentiary held a press conference December 16 to help publicize their gift of $1095.70 to the Children's Ward at United Hospitals Medical Center of Newark. "These kids, these kids--this is what I can't understand," said Dutch, who is serving a life sentence for kidnapping. "You know, no offense to you people, but I can't understand the public. These kids are in prison and they're ostracized by everybody. Nobody cares, especially if they're black or Puerto Rican. Who gives a shit about a black or Puerto Rican, right? And they're in the hospital and nobody cares about them. When we called up and I found out they didn't have a TV or radio or nothing, that's sickening, and these kids are dying right here." When Dutch discovered the children at United Hospitals did not have a TV, he spent his entire savings to buy them one. This mobilized other prisoners. John F. Sheridan, Robert Denike, Charles Allen, E. Goldie Boone, and Rasol Shabazz initiated a prison wide appeal to help 26 abandoned children who are dying of AIDS. Since August 1985, 432 out of 1300 inmates have been reached. Over half gave some, if not all of their maximum daily work wage of $1.30. The most difficult aspect of raising the money was in getting to fellow prisoners, many of whom are in isolation and virtually impossible to contact. Sheridan credits the strong inmate response to "their selfish fears" that someday their own kids will wind up in an AIDS ward. These men are afraid of AIDS, and they should be. The New Jersey Department of Corrections conservatively estimates that 75% of New Jersey prisoners use or have used IV drugs, and Rahway prisoners estimate that between 10-25% of the inmates share needles. This support for the children therefore, should not be construed as support for the silent gay community within Rahway penitentiary. Still, as one gay prisoner suggested to me, some inmates realize that, were it not for the gay community's ability to organize, even less would be known about AIDS than is known now. "But the children can't speak," said one prisoner. "Their parents have died and I think the heterosexual population is overlooking that....It's very sad, very sad indeed...." This prisoner continued to explain that, just like outside prison, the gay community has taken on the burden of caring for those with AIDS and educating those at high risk. Given the social reality of backlash against gays and IV drug users, it is more "acceptable" for these men to be concerned with these children than with their own AIDS crisis. While these men are truly concerned for the children, their campaign is indirectly serving a more important purpose--it is an extension of Sheridan's year-long struggle to obtain relevant information about risk-reduction for fellow prisoners. He also demands that a doctor who knows about AIDS come to Rahway to examine prisoners who desire it, in full confidentiality. So far, 97 cases of AIDS have been reported within the New Jersey prison system. Sheridan, an ex-burgler, runs the Rahway library and is solely responsible for its AIDS file. He is known as Rahway's prisoner/jailhouse "lawyer." Since January, 1985, he has been writing to William H. Fauver, Commissioner of the Department of Corrections, demanding that prisoners be provided with education about AIDS. In his first letter, he explained that he had met other prisoner-patients with AIDS at a Trenton hospital, while he had been evaluated for coronary testing. These people expressed concern for fellow prisoners with whom they had shared needles and urged

(CONTINUED)

PRISONERS MOBILIZE, Continued

Sheridan to get information about risk reduction back to these men. Some prisoner-patients had already written to their friends telling them to seek help, but these undiagnosed inmates have been hesitant to seek medical advice and thereby admitting to drug use. Their fear of punishment for admitting this is greater than their fear of AIDS. Sheridan thinks this is ridiculous, and said so in his letter to Fauver. He also stressed the need to maintain full confidentiality, in order to respect prisoners' fear of being disciplined. The use or possession of narcotics or any narcotic paraphernalia is listed, along with having sex with another prisoner, under the schedule of prohibited acts. An inmate adjudged guilty of violating these standards may be isolated in lock-up ("in the hole") for 15 days, receive 365 days administrative segregation, or lose 365 days commutation time ("good time"), and be denied parole. Sheridan has yet to receive a response from Fauver. He did, however, receive a memo from John J. Rafferty, superintendent of the Dept. of Corrections, explaining that Dr. Isabela Guerrera, director of Medical Service for Mid-State Correctional Institutions, would be visiting the prison. But Rafferty warned that, "In order to prepare for the doctor's arrival, I will need the names you claim have a shared common denominator with inmate Mallozi. It is not my intention to use this information to discipline those inmates for past substance abuse practices," Rafferty said. Department Health Services Coordinator Allen Koeningfest also wrote Sheridan a note, urging him to cooperate with Rafferty. The Department had presumed that Sheridan's concern was specifically about people who had had relations with Mallozi, an inmate whose name Sheridan had never mentioned in his letter. (No one was mentioned in Sheridan's letter, in an attempt to protect prisoners from being harassed by prison officials.) Sheridan wrote back to Rafferty immediately, refusing to "squeal" on his fellow prisoners, and reminding him that inmates are too afraid of being punished to identify themselves. Believing that this was the only way they would be allowed to be examined by Guerrera, the prisoners authorized Sheridan to release a list of names of people who know that they have shared needles with prisoners with AIDS. The "experts" arrived and briefly spoke to the group, but never examined individuals privately Inmates began to fear that they had been "set up." This was confirmed when they questioned Rafferty, who warned them, "Remember, I have your names now. We'll be watching you. I'm going to start cracking down on you guys, now that I know who you are." The power of the Dept. of Corrections to conduct witch hunts among the prison community is exactly what prevents high-risk prisoners from speaking out in their own war against AIDS. T. Gary Mitchell, director of Inmate Advocacy for the New Jersey Office of the Public Defender, shares Sheridan's concern that prisoners be provided with adequate medical attention in complete privacy. Mitchell wrote in a letter to Koeningsfest, "I understand that you have stated that the Dept. of Corrections would absolutely not disseminate information to the inmate population on known methods for reducing the risk of contracting AIDS." Koeningsfest refuses to disseminate information about risk reduction because he fears that, somehow, it would be viewed as condoning or encouraging homosexuality and IV drug use. Mitchell has also expressed concern about the treatment of prisoner-patients with AIDS. Mitchell indicated his disgust with the Dept. of Corrections' policy of shackling people with AIDS to their beds "24 hours a day, 7 days a week," in a letter to Commissioner Fauver, and warned that "Administrative convenience or fiscal concerns should not be a justification for chaining a person like an animal." Mitchell had previously criticized the department for forcing prisoners to share razors used for shaving. On June 21, 1985, Sheridan and "John Doe" filed a complaint under the Civil Rights Act, 42 USC 1983, accusing Fauver, Koeningsfest, and Rafferty of denying them their Eighth Amendment Constitutional rights by making it impossible for them to seek medical attention without fear of retribution for any prohibited conduct. They have yet to receive a response. Sheridan is due for parole in 1988. Upon release, he intends to continue working against AIDS. Hopefully, he won't have to wait until then to be recognized for all the work he has done so far. He continues to write letters to the Department. Most recently, he wrote to Koeningsfest, suggesting that he resign as Health Services coordinator. "You can either return [inmates] to [their] communities with an awareness of AIDS and known risk reduction methods, or you can return them as you received them, ignorant and unaware, and not only increase their risk of contracting AIDS but also increase the risk of others in the community who may have intimate contact with them. The choice is yours."
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HYACINTH FOUNDATION OFFERS TRAINING FOR AIDS VOLUNTEERS

by John A. Fall, with thanks to the New York Native, 1/27-2/2/86

New Jersey's Hyacinth Foundation, a nonprofit lesbian and gay counseling and research organization, and Rutgers Medical School, are offering a free training program for persons who want to work with AIDS-related organizations, February 1-2. The 2 day program will be given at Rutgers' Piscataway campus. Training for volunteer service as "buddies" for people with AIDS, legal advocates for AIDS patients, and various other positions will be provided at the program, according to Hyacinth Executive Director Dr. Margaret Nichols. Numerous speakers will make presentations on issues related to AIDS, such as medical aspects of the syndrome, death and dying, and the legal implications of the epidemic. Persons with AIDS or ARC and people who have lost family, lovers, and friends to the syndrome will also speak to the trainees. "Having people with AIDS and friends and lovers talk is just as important as having experts talk about AIDS." Nichols told the Native, adding that the inclusion of people physically and psychologically effected by AIDS will increase the training program's "human and emotional" dimension. Nichols estimated that 100 to 200 people would attend the program. For more information, contact the Hyacinth Foundation, 201/246-8434.
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JEWISH HOSPITAL WILL OPEN AIDS CLINIC

edited by John A. Fall, with thanks to the New York Native, 1/13-19/86

San Francisco's Mount Zion Hospital and Medical Center will become the nation's first Jewish hospital to provide a diagnostic clinic for infectious diseases such as AIDS, when the facility opens January 16. The clinic will initially operate on a half-day-per-week basis and supplement diagnostic work currently performed at San Francisco General Hospital. The Mt. Zion clinic will "deal with patients who have AIDS, related diseases, and immunity problems," according to hospital spokesperson Pat Newman. Temple Emanu-El, a local synagogue, donated $20,000 to the new clinic. The money will be used for home and hospital services. "This is a cooperative venture between Mt. Zion and the community," Dr. Ernest Rogers, chairman of the synagogue's AIDS committee noted. He hoped that the joint action would set an example for other religious groups, reports Peggy Isaak Gluck of the Northern California Jewish Bulletin.

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PHILADELPHIA SCHOOLS DISTRIBUTE AIDS BOOKLET TO STUDENTS

edited by John A. Fall, with thanks to the New York Native, 1/13-19/86

The Philadelphia city school board unanimously authorized the purchase of 200,000 English and 20,000 Spanish copies of the booklet What Everyone Should Know About AIDS, for distribution to high school students, staff, and parent groups. Additional material and modifications from the board will be included in the booklet, according to school district spokesperson Bill Thompson. Produced by the Channel L. Bete Company, the booklet is expected to be delivered to the school board by the end of January, reports Philadelphia Gay News.

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GOOD NEWS HEADLINE WANTED IN DETROIT

with thanks to Detroit's Cruise, 1/15/86

The Detroit Free Press recently asked a number of noted people in the Detroit area what headline would they want to most likely see in 1986. Mickey Shapiro, a Wst Bloomfield developer, responded to the question with: "I'd like to see a headline that says we finally found a cure for AIDS, so we can get all this stuf over and done with and we don't have to read about it anymore. Just the thought of AIDS is scaring everyone. I's ruining society." Shapiro's comments were published in the "Double Takes" column in Detroit Magazine, January 5.

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WHOLE PICTURE PROJECT PROMOTES GAY JOURNALIST'S QUEST FOR COMPREHENSIVE AIDS COVERAGE

by Hank Wilson, Ben Gardiner, Burt Gerrits & Arthur Evans with thanks to Boston's Gay Community News, 1/11/86

[Written as a letter to the editor.] "Dear GCN: Why is our concept of the AIDS crisis like an elephant? Because we ourselves are like the proverbial blind pack: each has a hand on a part, but none has an understanding of the whole. Our knowledge remains fragmentary because the mass media, both gay and straight, have failed to provide a coverage of AIDS that is grounded on vigorous investigative reporting, sharpened by exhaustive follow-up, and integrated into a comprehensive point of view. For example, for more than six months now, a major San Francisco hospital has kept unused on its shelves an antiviral drug that many AIDS people desperately need but cannot obtain except by going to Mexico. Who is the media pressing [for] hard nosed questions about such bureaucratic bungles? No one. Partly as a result of the inadequacy of the media, people who have life-saving information cannot get it into the hands of those who need it most, medical researchers needlessly duplicate each other's studies, a swelling tide of homophobia sweeps along a public starved for reliable information, and an ill-informed government responds with halting, piecemeal, and uncoordinated policies. In order to get a more comprehensive media understanding of AIDS, we propose to create a unique new endeavor: The Whole Picture Project (TWPP). This will be a nonprofit institute that will underwrite the expenses and salary of a lesbian or gay reporter for one year. The reporter, a seasoned journalist yet to be determined, will travel around the country vigorously pursuing al significant AIDS leads, uncovering any suspicious dark corners, cross examining medical experts, scrutinizing public office holders, and integrating the latest findings into a comprehensive overview. By so doing, the reporter will uncover new developments and integrate in a way that no one in the mass media now has the means or motivation to do, thereby helping to enlighten people with AIDS, the government and the public at large. The Whole Picture Project foresees an initial budget of $75,000 to pay for the salary, traveling expenses, secretarial support, and other costs of a top-notch lesbian or gay reporter. We seek donors, both large and small, across the nation who would be willing to underwrite such a project, serve on its board of directors, select the journalist in question, and review his or her work. We ourselves (all veteran gay activists) are only the facilitators of the project and will retire from its services once its board and contributors are established. If you or anyone you know can help us create and maintain such a project, please get in touch with us at once at The Whole Picture Project, 2215-R Market Street, #238, San Francisco, CA 94114 (415/547-2200). We assure you both of complete confidentiality and of the seriousness and capability of the Project. Remember, throwing money after AIDS research is not enough. We need to have access to the whole picture."

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SALIVA FURTHER DISCOUNTED AS ROUTE OF AIDS TRANSMISSION BY BOSTON STUDY

compiled by Kim Westheimer, with thanks to Boston's Gay Community News, 1/11/86

A report released by Dr. David Ho, of Boston's Massachusetts General Hospital, should help allay fears that AIDS may be contracted by saliva. Ho's study of 71 gay men, reported in the New York Times, found the HTLV-III virus present in only one man's saliva. In that case, the level of the virus was "ten thousand fold lower" than it was in the man's blood. A previous study, published last October in the journal Science, found the HTLV-III virus in the saliva of 8 out of 18 gay men. Jerome Groopman, of Boston's New England Deaconess Hospital, is not clear as to why the two studies had such different results. Regardless of those differences, Groopman said the fact remains, "saliva has not been an avenue of disease transmission." AIDS activists and researchers have argued that saliva is an unlikely vehicle of transmission as no cases of AIDS have been attributed to it. If saliva were a vehicle of transmission, friends and family of people with AIDS who do not fall into high risk groups would be contracting the disease.
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KINSEY INSTITUTE HOPES TO RESTUDY SEXUAL ACTIVITIES

edited by John A. Fall, with thanks to the New York Native, 1/13-19/86

The Kinsey Institute wants to reinterview thousands of the people polled about their sexual activities in the 1940s by biologist Alfred C. Kinsey. Institute director June M. Reinisch said the new interviews could reveal the effect of the original study participants' sexual practices on their lives as they grew older. The researchers also plan to study the accuracy of memory by comparing the earlier interviews with the participants' recollections of those interviews, reports the United Press International. Kinsey originally interviewed approximately 18,000 people for his study. "We'd like to interview a minimum of 2000 and a maximum of 4000" of those people, Reinisch said. The Institute is currently seeking $1 million for the project.
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COLLEGE HEALTH ASSOCIATION ISSUES STATEMENT

with thanks to Detroit's Cruise, 1/15/86

The American College Health Association (ACHA) and American Council on Education (ACE) have issued statements on medical and legal aspects of AIDS on campus. ACHA's Task Force on AIDS emphasizes the recommendations of the US Public Health Service on preventing the spread of AIDS. Current medical knowledge doesn't justify keeping people with AIDS out of dining halls, gyms, swimming pools, or auditoriums, says the task force. The group recommends that institutions give the highest priority to providing medically sound, widely available educational programs on AIDS on the basis of its individual situation. This approach is more likely to reduce legal complications. Specific recommendations deal with confidentiality, housing, care of the infected, and discouraging the spread of the disease. ACE's memo onlegal issues advised dealing with people with AIDS on a case-by-case basis. Cut-and-dried regulations, ACE point out, would risk noncompliance with various conflicting points of exisiting law. Another point in ACE's guidelines is the recommendation that institutions be ready to change policies consistent with changes in medical knowledge about AIDS.
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EDUCATIONAL PLAYS COMMISSIONED IN SAN DIEGO

San Diego State University's Student Health Advisory Board has commissioned the San Diego AIDS Project to present a program of educational AIDS plays, the productions forming the core of the University's AIDS awareness efforts, and is being funded by the University's Associated Students and Student Health Services. SDSU Graduate student Thomas Vegh has been chosen the San Diego AIDS Project to act as the program's producer/artistic director. One of the plays presented will be "A Matter of Fact" by Robert Stone, a polemical satire fashioned after the TV game show "Family Feud." The short playlette has been especially written to convey the facts, figures, fallacies, and demographics of the AIDS epidemic. Another play in the program is Mark Fairchild's "Miles to Go" and will be directed by the La Jolla Playhouse's Susan Leigh. "Miles to Go" illustrates the social and emotional impact AIDS is making on individuals and their relationships. The program will be presented at SDSU's Experimental Theatre the week of February 11 for 8 performances. A comprehensive booklet about AIDS will be distributed at the program and audience members will have the opportunity to participate in a post-performance discussion with health care professionals and the artists. For more information, contact: SDAP, Thomas Vegh, PO Box 89049, San Diego, CA 92138 (619/265-4133).
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EARLY FROST RERUNS APRIL 28TH

with thanks to Detroit's Cruise, 2/5/86

The National Broadcasting Company has decided to repeat the widely acclaimed, "An Early Frost," the powerful drama about AIDS that aired last November. The rebroadcast is scheduled for Monday evening, April 28th.
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"RIMMING" & "FISTING" CHALLENGED AS NOT BEING "UNSAFE"

a letter to the editor by Austin's (TX) Lars Eighner, with thanks to Boston's Gay Community News, 1/25/86

[NCGSTDS ED Note: This letter highlights the importance of health educators being able to communicate risk reduction strategies convincingly to the gay community. We must be prepared to defend everything about "safer sex" and risk reduction with facts and rational arguments. What is your reply to this letter?] "Dear GCN: I notice that you are now publishing safe-sex guidelines in your prisoners' section. Your guidelines differ in no important way from those provided by many AIDS information projects. Yet, it appears to me that some of the guidelines cannot be supported by the facts, so far as the facts are known. In particular, the listing of rimming [oral-anal contact] and fisting [hand/arm insertion into anorectum & colon] as unsafe seems more motivated by cultural prejudice than by any reasonable concern about the transmission of AIDS. Both rimming and fisting do involve inherent risks which people involved in such activities ought to be aware of. But neither fisting nor rimming involves, necessarily, any special risk of AIDS. One of the risks of fisting is that the bowel might be perforated. For this reason, closely filed nails, avoidance of jewelry or other hard, sharp objects, gentleness, and communication are all essential to safe fisting. The theory that fisting may increase the risk of AIDS rests on the belief that fisting may result in smaller fissures which, while not dangerous or noticeable in themselves, might provide a portal of entry for the AIDS virus. Even if this were true, then no danger of AIDS could result unless the virus were present. If the person being fisted follows the safe-sex guidelines otherwise--i.e., doesn't get fucked without a condom, doesn't swallow cum--where could the AIDS virus come from? Maybe from an open wound on the hand of the fister. But then fisting would be ill-advised for obvious reasons having nothing to do with AIDS. Then there are the microscopic-tiny-cut-little-drop-of-blood risks--the sort of arcane improbabilities involved in arguing for HTLV-III testing for food handlers. In any event, all such risks could be obviated if the fister used a surgical glove. The case concerning rimming is less clear. Sure there are germs down there. But are they AIDS virus? The AIDS virus is utterly incapable of feeding on fecal matter and reproducing in the bowel. Why should there be more living AIDS virus at one end of the GI tract than at the other? If wet kissing is thought to be probably safe, why is rimming on the unsafe list? The AIDS virus has been isolated from some saliva samples. If it can be isolated from fecal matter--and I don't know that it can--then it ought to be either that both kissing and rimming are probably safe, or that both are thought to be unsafe. If there is a medical rather than a cultural reason for making its distinction, it is less than obvious and ought to be explained. Otherwise, I think that the generally accepted "safe acts" lists are only another example of the "respectable homosexual" community using AIDS as an excuse to trash the gay community. Indeed, the history of AIDS projects is little more than the history of the betrayal of the gay community by respectable homosexuals who trip over themselves in their haste to destroy the institutions and traditions of gay culture. The world is fatal. The theory that government ought to, or can, provide a risk-free world is highly overrated....[the rest of the letter addresses the gay health situation in Texas, and a perceived conspiracy by gay community leaders to "sell out" to authorities.] It's time to start questioning where money sent to AIDS projects goes. It's time to ask who is running these things, and by what right they are negotiating away our baths, our bookstores, and, in Texas, our liberties. And just because it's printed on a safe-sex card, doesn't make it so." [ED NOTE: Some of the arguments proscribing rimming & fisting as AIDS-risky: rimming increases the chance of exposure to enteric pathogens, including parasites that may be immune suppressive--a cofactor in the possible development of AIDS/ARC after infection with HTLV-III; sharing of body secretions from perianal abrasions by oral/gingival contact, especially if gum bleeding is present, or if saliva has HTLV-III virus; fisting obviously may produce traumatic abrasions, lacerations or perforations that not only may allow the virus easier access from one partner to another if the active partner's hand has an open cut around the fingers or nails (a common occurance even by those in sedentary occupations) but also may be directly responsible for a bacteremia with potentially pathogenic bowel bacteria getting into the blood circulation and causing a type of a blood infection which would be a rather significant stress on the immune system. Also, common bacteria (staph & strep) found on the skin of the hands, arms, and penis (and elsewhere, but other body parts aren't usually implicated in sexual activities!) also may contribute to infection. It is true, however, that it is the virus that causes infection, not specific sexual activities; however such activities may constitute important cofactors that may alter the health outcome & prognosis of a person infected with HTLV-III. Can you think of anything else? Let us know! NCGSTDS, POB 239, Milwaukee, WI 53201.]

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CONDOM MANUFACTURER PROMOTES PRODUCTS TO GAY COMMUNITY

Ansell Incorporated of Dothan, Alabama, one of the nation's largest manufacturers of latex condoms, recently sent out promotional information about their line of condoms, along with recommendations about reducing the risk of contracting AIDS. Condoms range in cost from $9.25-$18 per gross, or in bulk, from $48.70-$82.10 per 1000, depending on the type of latex condoms ordered. If you didn't receive information from Ansell but would like to, please contact Patricia Balto, Sales Manager, 201/530-9500, or toll free, 1/800/633-0909, or write Ansell, POBox 1252, Dothan, AL 36302.

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"FOSTER HOME" TYPE SETTING FOR PWAs NEEDING HOUSING IN MARYLAND

The AIDS Pilot Project under Project Home will facilitate the housing of people with AIDS throughout the areas of Maryland's Prince George's, Montgomery and Baltimore Counties, as well as Baltimore City. Eligibility for the program requires that the clients present a diagnosis of AIDS or ARC, and lack an appropriate housing situation due to their medical condition. Clients will be certified according to the amount of assistance they require. A person requiring extensive help with the activities of daily living would be considered a level III client. A person who needed room and board and was able to care for themselves would be considered a level II client. Home providers would be paid $441/month for a Level II client, and $859/month for a level III client. Although some patients might require periodic hospitalizations during the course of their placement, they would always be able to return to the same home or supervised apartment, upon discharge from the hospital. Home providers can be individuals or organizations who wish to take patients into their own homes, care for them in supervised apartments, or group homes for up to 8 patients. As with all other Project Home placements, the certification process includes a home study by the case manager, fire and health department inspections, as well as training, provided by the Dept. of Human Resources and the Dept. of Health and Mental Hygiene. This training covers all aspects of providing care, from how to provide personal assistance while observing certain common sense risk reduction guidelines, to dealing with the more psycho-social aspects of the illness. Case management is provided by the Maryland Social Services Administration. This involves the ongoing monitoring of the patient's needs and the quality of the service provided, as well as the coordination of social supports and other services for the clients. Any individuals or organizations interested in receiving more information about this program should contact Don Gershberg, Dept. of Human Resources, 300 West Preston St., Baltimore, MD 21201, 301/576-5355.
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GAY RADIO NETWORK CLOSES DOWN IN PART DUE TO "AIDS-OVERLOAD SYNDROME"
with thanks to The Washington Blade, 1/24/86

The National Gay Network, a radio news agency devoted to gay and lesbian coverage, suspended operations in October due to financial difficulties, according to Philadelphia's Au Courant. The Network began distributing news tapes to a syndicate of radio stations in 1981, and by October, 1985 had 38 subscribing stations in the U.S., Australia, and the Netherlands. Network founder Tom Post explained that at the time of its closing, the service was costing over $15,000 a year to operate and was not supporting itself. "I was mentally exhausted from having to read all the time about AIDS." Post said he may resume the Network's operations if, after reevaluating the service, he determines that gay advertisers will support it. He also said that he might apply for a grant.
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RADIO PROGRAM ON AIDS AT STONY BROOK
edited by John A. Fall, with thanks to the New York Native, 2/24/86

"AIDS Clearinghouse," a biweekly program concerned with current AIDS-related issues, began airing January 28 on WUSB, the non-commercial radio station of the local branch of the State University of New York. The 6-7 minute program is presented every Tuesday and Thursday morning at 9:55. "I figured six or seven minutes would be enough," Doug Delmar, the program's producer told the Native, "but now I realize half an hour twice weekly wouldn't be enough time. There's a lot of information our there about AIDS, but it's not always well disseminated. A lack of information can lead to misinformation, which can have sad consequences." According to Delmar, the show will take its information from medical journals, health notices, mass media, and the gay and lesbian community. WUSB-FM broadcasts on 90.1 and can be received in most of Suffolk County as well s portions of Nassau County, upstate New York, and southern Connecticut.
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OPINION OF GAYS AFFECTED BY AIDS
edited by John A. Fall, with thanks to the New York Native, 1/20-26/86

A November Gallup poll of over 10,000 Americans concluded that AIDS has adversely affected public opinion of homosexuality. One-third of the survey's respondents said the epidemic has caused them to view homosexuality more negatively. Another 59% of the people questioned said AIDS had not changed their opinions about gay people. Two percent said they were more sympathetic toward homosexuals because of the syndrome. People over 65 years of age, people who did not complete high school, and people with low incomes were the respondents who most often said that AIDS had worsened their attitude about gay people. The percentage of people in favor of legalizing homosexual activity between consenting adults was lower in this poll than in the one taken in 1982. The earlier survey found 45% of the respondents supported such legalization, while 39% opposed it. The newest poll revealed 44% favoring legislation and 47% opposing it. The increased opposition may have come from the 1982 poll's 16% of respondents who were undecided about the legislation issue. Only 9% remained undecided in the new survey. The 1985 poll found no evidence of increased support for denying employment to gay men and lesbians. Seventy-one percent of the respondents said gay people should be hired as salespersons, 55% supported the idea of gay people in the military, 41% approved of allowing gay people into the clergy, and 38% said gay people could work in elementary schools.
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GALLUP POLL TRACKS AIDS IMPACT

with thanks to The Washington Blade, 1/10/86

A Gallup poll printed in the New York Times in December reported that 59% of American adults surveyed say the AIDS epidemic has made no difference in the way they feel about gays and 37% say their opinions have changed for the worse. In addition, 2% say they are more sympathetic toward gays because of AIDS, and 2% say they are undecided. Regarding sodomy laws, since a 1982 poll, sentiments have shifted slightly to the view that gay sexual activity should not be legalized. The 1982 poll showed that 45% favored legalizing homosexual relations and 39% were opposed. The more recent poll shows 44% favor legalization, and 46% are opposed. The poll involved telephone interviews with 1008 adults who were aged 18 or older. [The last issue of the Official Newsletter reported about a similarly conducted Harris poll.]

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MEDIA POLLED BY AIDS PROJECT/LOS ANGELES

AIDS Project/Los Angeles (APLA), as part of its ongoing commitment to educate the public and work closely with the media toward that end, will be sending out a poll to press persons asking for input on AIDS related issues they feel need clarification and that frequently culminate in misinformation. Some of the issues the poll will address include: discrimination, research, illegal and legal treatments, high risk groups and living with AIDS. As a result of this poll, specific areas of information indicated as needing clarification will be addressed in information gatherings for those interested persons. The poll is expected to go out the week of January 20, 1986.

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IMPACT OF AIDS MEASURED

with thanks to Chicago's Windy City Times, 1/16/86

A recent study placed the cost of the first 10,000 cases of AIDS at $6.3 billion. The study was done by Dr. Ann M. Hardy, an epidemiologist for the CDC, is the first published to deal with the national economic impact of the disease, according to The New York Times. The total included $1.4 billion in hospital expenses and almost $5 billion in earnings lost due to disability and premature death. According to the study, hospital expenses have averaged $147,000 per patient. The figure was based on data gathered in New York, San Francisco, and Philadelphia. Dr. Hardy said that while the number of persons with AIDS is increasing the cost per case is declining. This is due, she said, to the application of cheaper alternatives such as home care. The study said AIDS has an unusually high economic impact because it strikes people in the prime of life; 90 percent are in the 20 to 40 age range. However, the study said that compared to other serious diseases, the impact of AIDS remains small. Circulatory ailments were estimated at costing $80 billion annually, and cancer $46 billion.

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INSURANCE SUIT FILED IN SAN FRANCISCO

by Michael Helquist, with thanks to The Washington Blade, 2/7/86

A $5 million fraud suit has been filed against Great Republic Insurance Company by a San Francisco man who said the company refused to pay medical bills related to his AIDS treatments. The case is one of the first in the nation to challenge a claim by an insurance company that AIDS is a "pre-existing illness," thus absolving it from having to pay medical expenses. William Horner, 30, a resident of San Francisco's Castro district, charged that an independent insurance agent solicited his business, interviewed him at home, and suggested Great Republic as an appropriate provider of health insurance coverage. According to Horner, he had no AIDS-related symptoms prior to his insurance application in May of last year. Great Republic granted coverage but refused to pay more than $4000 in medical expenses that resulted since Horner's June 17 AIDS diagnosis, when Horner developed pneumocystis carinii pneumonia. Great Republic refused to pay the claims, saying that Horner suffered from a pre-existing condition. Horner's private physician has notified the insurance company that "this allegation of a pre-existing condition is categorically untrue." Great Republic has yet to comment on the case and has been granted a 30-day period in which to respond. Horner's lover, David Hebert, also has AIDS; his condition is more advanced, requiring several hospitalizations during the last few months. The agent who sold Horner the insurance coverage knew of Herbert's diagnosis at the time the application was filed. "Great Republic is one of the biggest offenders in the insurance industry for AIDS discrimination," charged Horner's attorney Alice Philipson, who is also active in the Bay Area Lawyers for Individual Freedom (BALIF) organization. Philipson said that Great Republic had mounted an aggressive sales campaign in the Castro district. The $5 million suit covers both punitive and exemplary damages, Philipson said. Exemplary damages are often granted to set an example for other companies in a given industry. "Five million dollars is the minimum that will affect the insurance industry enough to stop this; a lesser amount will not be a sufficient deterrent," Philipson commented. One day earlier, Philipson filed a similar $5 million suit against Blue Cross of California for also refusing to pay AIDS related medical claims. The after the suit was filed a Blue Cross representative denied the charge, saying that the company will pay claims for AIDS patients. The company representative said the claim had been refused earlier because of "in-house" problems.

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DISCRIMINATION MONITORING BY NGLTF CRISISLINE

with thanks to The Baltimore Gay Paper, 2/86

Victims of AIDS related discrimination as well as those who have direct knowledge of such discrimination, are asked to report such incidents to the National Gay & Lesbian Task Force's (NGLTF) Crisisline, at 800/221-7044. Callers will be provided with referrals to organizations offering support and legal assistance where they exist. This data is useful in comprehending the scope of AIDS related discrimination, in documenting the types of discrimination taking place for the benefit of alerting the media, as well as government officials considering legislative remedies. The reports are confidential; contact name and number for follow-up are desirable, but not required. Reports received thus far have included the victimization of persons with AIDS, persons with ARC, lesbians, and members of high-risk groups in several areas, including employment, housing, insurance, and medical services. A compendium of selected discrimination reports without identifying information is available from NGLTF's AIDS project coordinator upon request, at 80 Fifth Av., #1601, New York, NY 10011.

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WAITER LOSES JOB

by Rick Harding, with thanks to The Washington Blade, 2/7/86 & 2/14/86

Washington, DC resident Ernest Jarrell, who was diagnosed with AIDS recently, said that when his employer at The Broker Restaurant on Capitol Hill learned he had AIDS, he fired him and told him that he would not be covered under the restaurant's group health insurance plan. The restaurant's owner told the Blade that Jarrell will be covered under the group insurance plan for one month, but that he will remain terminated from employment. Jim Graham, administrator of the Whitman-Walker Clinic, said cases like Jarrell's are not unusual in the city, and that he personally has handled 26 similar cases in the past year-and-a-half. When contacted at his Virginia office, restaurant owner Steve Veletsis vehemently denied that Jarrell was terminated because he has AIDS, but that the restaurant's management had planned to fire him anyway because of falsification of charge card receipts to increase his tips from American Express. Veletsis said that the dismissal occurred at the same time Jarrell discovered he had AIDS. He admitted that his business has been damaged by an article about Jarrell's firing in the Blade. Jarrell denied altering the receipts and said he thinks Veletsis is alleging fraud as an excuse for firing him. According to Jarrell and another waiter, who refused to be identified, restaurant's manager Kamran Soltani had told the employees "a number of times" that if they contracted AIDS, they would be fired. Soltani was reportedly also planning to require all new restaurant employees to take the HTLV-III antibody test as a condition of employment. Graham said none of the employment discrimination cases he has helped resolve have gone to court, largely because employers want to avoid "the glare of publicity." He said that when the city's human rights laws protecting the handicapped are explained to the employers, most choose to settle the conflicts without formal legal action. Although Jarrell said he does not plan to file employment discrimination charges against the restaurant, Veletsis said he plans to file fraud charges against Jarrell in the near future. Neighboring Virginia and Maryland also have laws which prohibit discrimination against the handicapped and therefore also protect the employment rights of people with AIDS. One problem, he said, is that people with AIDS sometimes become too ill to continue the negotiations, so the complaints must be dropped. Graham said the Clinic is hiring a legal services coordinator soon, whose job will be to handle cases like Jarrell's. Funds for the position are being made available through a $29,000 grant from the Presiding Bishop's Fund of the Episcopal Church.

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INDIANA BOY FIGHTS COMMUNITY'S FEAR OF AIDS, GOES TO ITALY

with thanks to Computerized AIDS Information Network, 2/5/86

A 14 year old hemophiliac boy with AIDS from Indiana said he wants to convince people they needn't be afraid of him. Ryan White, who was barred from attending school because of the disease, said he agreed to come to Rome and take part in a talk show on Italian State television because he wanted to "inform people about AIDS and tell them really not to be afraid of AIDS." Ryan follows his lessons through a special telephone hookup because school officials in Kokomo decided he might endanger his classmates. Ryan's mother, Jeanne, and his 12 year old sister, Andrea, accompanied him on the 4 day trip. "Hemophiliacs all over the world now are coming down with AIDS," Mrs. White told a news conference. "These children deserve the right to a normal life, especially if they're healthy enough and they want to go to school." Ryan said he thought parents, more than children, objected to his attending classes. He said some have threatened to take their children out of school if he is allowed to attend. His mother said she understands why people would be fearful, but "there's no basis for the fear, really. I'm not worried, I don't worry for my daughter, and we live with Ryan." Piero Baladoni, interviewer for the Italian talk show, said the program wanted to "share in the battle that Mrs. White is conducting against the front of sensational news that has been established around AIDS." Ryan took questions that viewers telephoned to the show Italia Sera (Italy Evening). One caller was a boy of Ryan's age who wanted to know how he felt when told he was barred from school. "I felt rejected and left out...alone," Ryan said through a translator, and the most difficult moment was when he learned he had the disease. At the end of the program, the interviewer asked Ryan to say goodbye to the viewers. He said, "Ciao, tutti" (goodbye, everybody).

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BLACKMAILED DOCTOR SUSPENDED IN PHILADELPHIA

edited by John A. Fall, with thanks to the New York Native, 1/20-26/86

The Pennsylvania State Board of Medical Licensure recently suspended local dermatologist Dr. Roy Kinder's license because he issued false drug prescriptions to a pharmacist who threatened to reveal the doctor's homosexuality. The one-year suspension will be followed by two years' probation, during which Kinder must serve one day per week at a venereal disease clinic. Pharmacist Herbert Nibauer admitted blackmailing Kinder in 1979 by threatening to ruin the dermatologist's practice through revealing "certain things" about the doctor's life, reports Au Courant. Kinder said he agreed to write prescriptions for Nibauer's drugstore because he did not wish to suffer public humiliation. Although the medical board acknowledged Kinder's record of community service, it did not feel that Nibauer's threats warranted breaking the law. "A physician's utmost responsibility is to his patients and his profession," the board stated. "Physicians must not exhibit weakness when faced with coercions and threats." [NCGSTDS ED NOTE: No comment about whether the pharmacist was charged with extortion or unethical behavior.]

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MISINFORMATION PERSISTS FOR BLOOD DONORS

by Lou Chibbaro Jr., with thanks to The Washington Blade, 1/10/86

Officials with the American Association of Blood Banks (AABB), the organization that collects nearly half of the nation's supply of blood, announced that blood donations have dropped to an alarmingly low rate and that fear of contracting AIDS through donating blood may be the reason for the decline. Dr. Eugene M. Berkman, the association's president, told a Washington press conference that a recent public opinion poll commissioned by the association indicates that 34% of those polled considered it "likely" that someone could contract AIDS by donating blood. Berkman said the poll, which questioned 1005 randomly selected Americans between November 29 and December 3, also revealed that 53% of those polled said they believed it was either "very likely" or "somewhat likely" that one could get AIDS from blood transfusions. One of the more disconcerting findings of the poll, according to Berkman, was that only 46% of those questioned knew about the HTLV-III antibody test and its use by blood banks to screen all donated blood for possible contamination by the virus. Berkman and Gilbert M. Clark, executive director of the AABB, said that their organization has no specific date to link the poll results to the recent decline in blood donations, but the two said they are convinced that "misinformation" about AIDS is responsible for the decline. They said the AABB is distributing two public service television commercials to its member groups throughout the country that stress that blood donations are collected with disposable, sterile needles and that there is "absolutely no possibility" of contracting AIDS by donating blood. Berkman said that less than 1 % of the AABB's HTLV-III antibody screening of donated blood results in positive tests for both ELISA and Western blot screening procedures. Most of the blood that tests positive comes from donors who fall into one of the high-risk groups, Berkman said. He noted that because it takes between one and six weeks for someone infected with the AIDS virus to generate HTLV-III antibodies, blood bank officials are still urging persons in high-risk groups, including gay men, to refrain from donating blood.

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BODY TRANSPORT REFUSED OVER AIDS IN DC

by Lou Chibbaro Jr., with thanks to The Washington Blade, 2/7/86

Washington, DC Public Health Commissioner Andrew McBride said he hopes to use a recent incident in which city medical technicians and police officers refused to handle the body of a man who died of AIDS as a "teaching opportunity" to allay the fear of AIDS among city employees. McBride, a physician, drove to the home of the man who died, put on his surgical apron and gloves, and helped a supervisor from the city medical examiner's office carry the body from a basement apartment to a city van after technicians with the medical examiner's office and police refused to remove the body for more than six hours. "There continues to be unnecessary fear among our employees [over AIDS] despite our best effort to alleviate this fear," McBride said in a telephone interview. McBride said he will meet with supervisors and employees at the medical examiner's office, which is responsible for removing bodies from hospitals and homes, to arrange for additional training on how to cope with the AIDS issue. Between the time of McBride's arrival to assist with the body and the time Michael Lanier, 25, was found dead in his bedroom, a fire department rescue squad had been called to the scene and seven police cars remained parked on the street in front of the apartment. Police officers and at least one technician supervisor from the medical examiner's office waited outside the apartment for more than six hours, according to witnesses, with the police refusing to help the supervisor remove the body. Meanwhile, about 12 members of Lanier's family, including his mother, waited in anguish in the living room of the apartment while the dispute over handling the body continued outside, according to Jim Potter, a volunteer case worker with the Whitman-Walker Clinic, and Lanier's "buddy" for the past three months. McBride said he decided to assist personally in removing the body after he was informed about the problem by the Mayor's Command Center, a city office that coordinates emergencies. "I did it to expedite the matter," McBride said, adding that he never expected his appearance on the scene to attract so much attention. "In the back of my mind, I also wanted to demonstrate to people that this is something that we, the policymakers, have no problem in doing," he said. Ironically, a local funeral director familiar with AIDS cases said much of the confusion over the handling of the body could have been avoided if the family or the medical examiner's office had contacted a funeral home to remove the body.

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COURTROOM CONTROVERSY ERUPTS OVER HTLV-III ANTIBODIES

by Rick Harding, with thanks to The Washington Blade, 1/31/86

Controversy is brewing in Montgomery County (Maryland) over whether defendants who have tested positive for the HTLV-III antibody have the right to a trial in a public courtroom. The disagreement began December 6, when Montgomery County Sheriff's deputies, called upon to transport an antibody positive defendant to court, did not do so. Instead, they apparently called 6th District Court Judge Edwin Collier, who ruled that the defendant's trial would be rescheduled in a room at the county prison. Following vehement protests by the defendant's attorney and the local chapter of the American Civil Liberties Union that a trial in the prison would seriously violate the defendant's constitutional rights, the court's administrative judge, Thomas Lohm, overturned Collier's decision and reset the prisoner's trial for a public courtroom. But the contoversy now continues in the state's higher level Circuit Court where many of the same issues are being raised once again. Circuit Court Judge Peter Messitte called a meeting of state's prosecuting attorneys and public defense attorneys to plan a "test case" of a person who has tested antibody positive, to determine where the defendant's trial should be held, and then to rule on the issue to establish precedent for future trials. According to Assistant Public Defender Thomas Cooke, no one except the judges is suggesting that the trials should be held anywhere but in a public courtroom. State's Attorney Andrew Sonner thinks the judges' reluctance to hold the trials in a regular court stems from fear of AIDS, worrying about the safety of court personnel and spectators. In an amicus (friend of the court) brief, ACLU attorneys Elizabeth Symonds and Arthur Spitzer said "the irrational attempts of some public officials to shield themselves from an imagined--but in fact nonexistent--risk of exposure to AIDS [are] at the expense of the constitutional rights of those accused of committing a crime." The brief says that holding the tirals in the prison hearing room "in effect closes any proceedings there to the public" and therefore, "infringes on the defendant's Sixth Amendment right to a public trial." State's Attorney Sonner said that he doesn't approve of the test case hearing, which Judge Messitte plans to discuss, believing that the hearing is particularly pointless, since no matter what is decided, it will not set any legal precedent. According to Sonner, the ruling will not have effect over toher courts since Circuit Court decisions are not binding over others and facts in other antibody positive defendant cases may be completely different.
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ANTIBODY NEGATIVE AND VIRUS POSITIVE

From the journal abstract: A cohort of 215 asymptomatic homosexually active men from a Boston community health center are being prospectively followed to assess the natural history of HTLV-III infection. The study, authored by Ken Mayer, MD, Anne Stoddard, ScD, Jane McClusker, MD, David Ayotte, MSPH, Roberta Ferriani, BA, and Jerome Groopman, MD, is published in the February, 1986 Annals of Internal Medicine. To determine if certain asymtomatic persons who are HTLV-III antibody-negative may be viremic, an algorithm was developed that defined high-risk characteristics (a sexual partner with AIDS; more than 100 lifetime homosexual sexual partners; or leukopenia, lymphopenia, neutropenia, or thrombocytopenia). Of 33 asymptomatic homosexual men who did not have antibody to HTLV-III and whose cases have not been previuosly reported, 2 had HTLV-III recovered from their lymphocytes. Clinical, behavioral, and hematologic data from seronegative persons did not distinguish between those with negative or positive viral cultures. [NCGSTDS emphasis; this extrapolates to a 6% false negative rate!] Asymptomatic carriage of HTLV-III in high-risk seronegative persons underscores the need to base preventive educational strategies and behavioral modification on the assessment of risk factors and not solely on the results of HTLV-III antibody screening."

[NCGSTDS ED NOTE: In the last issue of the Official Newsletter (7:2, page 60), Dr. Robert Bolan said: "...What is wrong with it is that the antibody test is not positive in 100% of infected individuals. Dr. Jay Levy, at University of California-San Francisco, has found living virus in 2% of a sample of persons who repeatedly tested negative for the antibody. Other researchers at Pacific Presbyterian Medical Center have found virus in 10% of 60 or so individuals whose antibody tests remained negative. These investigators claim to have a more sensitive culture technique than that currently in use by others...." To summarize, researchers are finding that between 2-10% of the men being tested for HTLV-III have no antibody but have virus. This has grave implications for our community and the test itself.]
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TESTING OF PRISONERS SOUGHT

edited by John A. Fall, with thanks to the New York Native, 2/17-23/86

Delaware State Representative Gerald Buckworth and State Senator William Tobert are sponsoring a bill in the Delaware legislature which sanctions screening of all inmates in state prisons for infectious diseases, including AIDS. The proposed legislation was submitted to the House Judiciary Committee January 14. If passed, the bill will allow prison diagnostic services to "review medical histories, complete medical examinations, and perform laboratory tests as are deemed appropriate and begin a course of treatment." The HTLV-III antibody test is included among the laboratory tests the proposed measure seeks to permit. "Essentially, the intent is to make the prisons safe for everyone," Representative F. Stuart Outten, who supports the bill, told John Ward of Philadelphia Gay News.
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ANTIBODY POSITIVE BOY FLEES ABUSIVE PEERS

edited by John A. Fall, with thanks to the New York Native, 2/17-23/86

A fifteen year old boy with hemophilia who tested positive for antibodies to HTLV-III was driven out of his hometown by other youths, who mentally and physically abused him to such an extreme that he had to literally "fight his way out of the house," according to his father. An Associated Press report, which did not identify the boy, said he had been expelled from Hobart (Indiana) High School after officials became aware of his confidential antibody test results. Hobart School Superintendent Richard Abel said he believes the boy has AIDS, not just a positive test status. Abel would not five any evidence for his belief, but he did acknowledge the turmoil the boy's expulsion had caused. "I know he's been hassled--maybe hassled is the wrong term," Abel philosophized. "Sometimes students can be cruel." The boy now lives with his grandparents in Missouri, where he attends public school and has not experienced harassment.

ANTIBODY FREE ID CARDS FOR SALE IN DENVER

edited by John A. Fall, with thanks to the New York Native, 1/13-19/86

Denver's Medical Screening Services, Inc., has introduced the "Social Card," a wallet-sized card that declares the holder free of HTLV-III antibodies and some sexually transmitted diseases. Blood testing for the Social Card may be done by Medical Screening Services or by a private doctor. The card, which costs $20, is marked valid only for the "date tested." Company owner Alan Wolff termed the Social Card "sexual behavior modification. It says that the bearer has been tested for, and more importantly educated about, AIDS. We are hoping to keep the chain unbroken," Wolff said, "that one holder will have sex with another holder, or that sexual partners will encourage each other to be tested. This goes beyond just selling the cards, which do not represent a perfect product." Colorado health officials have stressed that the card is rendered useless whenever the cardholder has a sexual encounter, reports GLC Voice.

"PROTECTION" ID CARDS FOR PEOPLE TESTING HTLV-III ANTIBODY NEGATIVE

by Lisa M. Keen, with thanks to The Washington Blade, 1/24/86

Los Angeles city officials used technical building code violations as a means of stopping a private business from opening--a business which is offering to perform AIDS antibody tests for $100 and then to issue AIDS "Protection IDs" to persons who test negative. Mark Siegal, deputy to Councilman Joel Wachs, who is helping lead the City Council's campaign against the business, said the claims of the "National Association for AIDS Awareness (NAFAA)" to provide "a real AIDS protection at last" in issuing the ID cards are "grossly misleading." Siegel said the City Council has asked the district attorney, the Food & Drug Administration, the U.S. Postal Service, and other agencies to "look into the propriety of using the antibody test for this purpose." NAFAA offers "totally confidential" testing and "virtually tamper-proof `Protection ID' cards for persons wishing to use the service. The testing and picture ID cards cost $100 initially, and $45 every three months for follow-up testing and a renewed card. In a press release, NAFAA claims that obtaining the "Protection ID" is a way to stop the spread of AIDS. "You, and others carrying the Protection ID can use your cards to makeinformed person-to-person decisions," the release stated. Siegel said the City Council hopes to find a way to shut down the business permanently.

HOUSTON FOOD HANDLERS MAY NEED "HEALTH" CARDS

by Craig C. McDaniel, with thanks to The Washington Blade, 1/24/86

A Houston City Council committee is meeting weekly as a parade of witnesses testify on a proposal to require food handlers to be tested for the HTLV-III antibody and to carry health cards. Councilman Larry McKaskle called for the city to reinstate the health cards that were mandatory for screening other communicable diseases until 1978. McKaskle, described by gay leaders as "anti-gay," said the cards would help stop the spread of AIDS. AIDS and gay rights were key issues in municipal elections last fall, as a co-called "straight slate" tried to oust Mayor Kathy Whitmire and several pro-gay council members. The incumbants won re-election, but the health card issue survived. The Committee on Communicable/Infectiuos Disease Control has been meeting since late November. Officials from the CDC, other federal and state public health agencies, restaurant associations, and blood banks have testified. "The overwhelming preponderance of evidence is that AIDS is not a food-borne disease," said Councilwoman Eleanor Tinsley, one of the three committee members. "Health cards would do absolutely no good in controlling the disease." Instead, Tinsley said, the committee is likely to recommend steps to educate the public about AIDS. Sue Lovell, president of the Houston Gay Political Caucus, said the gay community does consider the hearings an opportunity to educate politicians and the public. The Texas Restaurant Association opposes the measure, said spokeswoman Gabriele Ulrich. Given the industry's high employee turnover rate, she said, "You'd have to have a test every six months." Two Texas-based companies, General Telephone and Enserch, already require some employees--especially those in food service--to take the AIDS antibody test as a condition of employment.

OHIO QUARANTINE BILL OPPOSED BY STONEWALL UNION

Columbus, Ohio's Stonewall Union has taken a major role in fighting against an Ohio House bill which would quarantine persons with AIDS. Stonewall has been instrumental in putting together a coalition of organizations across the state to lobby against the bill. Stonewall has also been monitoring the progress of the bill by attending legislative hearings, making media appearances, and written letters when appropriate. Representative Gillmore, the bill's sponsor, has recently indicated that, due to Stonewall's efforts, he has "seen the light" and realizes that education, not quarantine, is what is needed to stop the spread of AIDS. However, he still believes it is necessary to have contacts traced of those who test positive on the HTLV-III antibody test. Stonewall has objected to this idea, on the basis that the identification of those who test positive could lead to discrimination based upon these test results. For more information, call Stonewall: 604/299-7764.

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ANTIBODY TESTING URGED FOR HIGH RISK WOMEN IN SAN FRANCISCO

by Peg Byron, with thanks to The Washington Blade, 1/10/86

The San Francisco health department is urging women of child bearing age who may have been exposed to the AIDS virus to be tested for the HTLV-III antibody. According to a report from United Press International, health department officials said San Francisco is the first city in the country to make such a recommendation. A special department task force called for women it defined as "high risk" to be tested for the antibody because of the chance that unborn children can be infected through their mothers. "High risk" women were defined by the city's health department as any "who have used intravenous drugs, have had sex with a homosexual or bisexual man, or have had so many sexual partners they are unsure whether they were exposed to the disease." The guidelines will go to the city's five health clinics and to private doctors, and were to be reviewed by the city health commission this week.

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ARRESTED MAN RELEASED BECAUSE OF AIDS

with thanks to Computerized AIDS Information Network (CAIN) and Associated Press, 1/17/86

Charges against a man arrested in Kissimmee, Florida on auto theft and bank fraud charges in Georgia and North Carolina were suddenly dropped when the out-of-state authorities learned he had AIDS, officials say. Sheriff's Major Lee Watko said he called officials in both states to tell them their fugitive had been caught. The man was not identified. "I told them, `I have to be up front with you, the guy's got AIDS,' Watko said, adding that a doctor had verified that the man suffered from the deadly disease. "They said, `We don't want him anymore,'" he said. The 34 year old unnamed suspect was freed from Osceola County Jail after the charges were dropped by Roswell, Georgia, and Statesville, North Carolina, police, officials said. In Statesville, police Sgt. Ken Schawver said pressing charges of writing bad checks worth a total of $700 wasn't worth the cost of handling a prisoner with AIDS who might need special care. But Roswell Detective Les Warden said Georgia charges were dropped only because officers couldn't get to Florida in time to pick up the prisoner before a deadline set by Osceola police. Osceola Sheriff's Captain Jay Young said there was no such deadline. "It sounds to me like somebody is trying to pass the buck." Coming into contact with a suspect who has AIDS distressed the arresting officers, said Capt. Dennis Jewell. "I think there are quite a few people upset over this situation," he said.

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MORMONS REJECT DYING AIDS PATIENT

edited by John A. Fall, with thanks to the New York Native, 2/24/86

The Mormon Church recently excommunicated Clair Harward, who doctors said will die from AIDS within a few months, after he confessed his homosexuality to Mormon Bishop Bruce Don Bowen. "There was so much guilt. I was going nuts," Harvard said of his decision to confess. "I was convinced I'd go to hell if I didn't. I wanted peace of mind." At the bishop's request, Harward named people with whom he had engaged in sexual activities. As a result, Harward's roommate was also excommunicated. "Homosexuality is a sin second only to murder, an abuse of God's gift of procreation," Bowen said. "A sexual relationship within a marriage is appropriate for men and women in God's sight." The bishop advised Harward to shun his gay friends and to "not endanger the public" by attending church services. "When I need my friends the most, they're asking me to be alone," Harward noted. Harward may now die a non-Mormon. Although he plans to appeal the excommunication, the church's rules require the passage of one year before a decision may be reached on the issue. If Harward wins his appeal after he dies, another person can be rebaptized in his name, according to United Press International.

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TEXAS BACKS OFF QUARANTINE IDEA

by Craig C. McDaniel, with thanks to The Washington Blade, 1/24/86

A proposal that would have made Texas the first state in the Union to allow the quarantine of some people with AIDS has been withdrawn after strong opposition from gay leaders and civil libertarians. Texas Health Commissioner Robert Bernstein withdrew his plan topermit the state to isolate, by force if necessary, "incorrigible" people with AIDS who threaten to spread the disease. "We're not dropping it," Bernstein said of the plan at an Austin news conference January 16th. "We're just going to try to do it in a less tumultuous way." Gay leaders from around the state praised Bernstein's unexpected announcement and promised to work with the Dept. of Health to help educate high-risk groups about AIDS. Bernstein, the state's top health official, said the risk of losing support from the gay community over the quarantine plan was pivotal in his decision to drop the proposal. "The [rule's] effect on the relationship between this department and the gay community would be disastrous and out of all proportion to the value gained," Bernstein wrote to board of health members. "We need them," he said at the news conference. "The only thing we have [to fight the spread of AIDS] is education...and the gay population has to be part of that educatio. We didn't see jeopardizing that relationship...was worth it." The controversial plan was proposed to the stae Board of Health after a male prostitute who had AIDS vowed last summer to continue to work the streets of Houston. Fabian Bridges, who has since died of the disease, was persuaded by gay leaders to enter a hospital for treatment. Witnesses accused health officials of playing "plague politics" and said the rule would "drive an important, targeted populatino underground. Fear of a quarantine might cause people to delay seeking medical attention at a time when they may be highly infectious, thereby possibly increasing the spread of the disease," testified Nate Sbastian, executive director of the KS/AIDS Foundation of Houston. "That fear could also hinder physicians from diagnosing and reporting cases [and] the general public's perception of quarantine would mistakenly lead them into believing that AIDS is casually spread." Dr. Mathilde Krim, one of the founders of New York's American Foundation for AIDS REsearch told health officials that the quarantine proposal would do no good and "has the potential of opening up a Pandora's box of horrors." Krim said most of those who have been exposed to the virus do not feel or appear unhealthy and many continue to have "unsafe" sex. Bernstein said the strong opposition, which apparently surprised state officials, persuaded him to drop the proposal. "When you weigh the furor and the emotion against the very few cases that might appear for a year, we thought it was too much," he said.

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FLORIDA MAY REQUIRE ANTIBODY TESTS FOR STUDENTS & TEACHERS

edited by John A. Fall, with thanks to the New York Native, 2/3-9/86

When both halves of the Florida legislature reconvene in April, they will each consider bills banning students and teachers with positive HTLV-III antibody test results from public schools. State Representative Javier Souto recently introduced a bill that would allow antibody testing of elementary and secondary school teachers if there is "probably cause" that they have AIDS. The proposed measure would give local school boards the power to dismiss teachers who test positive for antibodies to the AIDS virus. The bill would also ban students with positive tests from attending class with their peers, instead providing separate classes taught by teachers with AIDS. "I'm not trying to discriminate against anyone or any segment of the population," Souto said of his bill. "I just want everyone to be safe and protected." He acknowledged that casual contact would not spread the virus, but felt that the circumstance of antibody-positive students having sex in the classroom could occur, reports Au Courant. "You can't really control what they do," Souto claimed. "If they are teenagers, they might be having sexual contact." In the State Senate, legislator Donnell C. Childers introduced a bill which would require the Florida Department of Health to inform school boards of students and employees suspected of being infected with HTLV-III. The measure, if passes, will allow school boards to require antibody testing of students and teachers, and it will mandate pre-employment testing for teachers as well.

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NEW MEXICO CONSIDERS HTLV-III ANTIBODY POSITIVE REGISTRY

with thanks to The Washington Blade, 1/10/86

Even though New Mexico Governor Toney Anaya last year became one of the country's first state executives to issue an order prohibiting discrimination in state employment based on sexual orientation, two state senators and a former state health department official are mounting campaigns which activists view as an attempt to restrict the rights of gays and lesbians in the state. According to the Philadelphia Gay News, State Senators Billy McKibben, a Republican, and Caleb Chandler, a Democrat, plan to propose laws during the 1986 legislative session to make homosexual activity illegal. Referring to the AIDS epidemic, McKibben told the Albuquerque Tribune, "Homosexuality is not only wrong, it's dangerous." Meanwhile, officials at the state's Health and Environmental Department reportedly are considering developing a statewide registry of people who test positive for the HTLV-III antibody. New Mexico Lesbian and Gay Political Alliance President Russell Gray strongly opposes the proposed sodomy law and antibody registry, saying that ultimately they would be "detrimental to public health" because if they are adopted, people will deny having AIDS and will be hesitant to seek testing or treatment.

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SOLDIER TESTED FOR AIDS HANGS SELF AT WALTER REED

by Lou Chibbaro Jr, with thanks to The Washington Blade, 1/24/86

An Army private undergoing medical tests for AIDS at Washington, DC's Walter Reed Army Medical Center committed suicide by hanging by his boot laces in a stairwell of a building that had been used as a medical holding unit for both AIDS and non-AIDS patients, according to Walter Reed spokesperson Pete Esker. Sources associated with the hospital told the Blade the soldier, Pvt. Michael W. Foster, 26, of Marion, Alabama, had been harassed by other patients at the hospital. Esker said the suicide followed two weeks of reports of "conflicts" between AIDS and non-AIDS patients at the holding unit, which serves as a dormitory for out-patients undergoing tests and treatment. He said some ofthe conflicts appeared to stem from "displays of overt homosexuality" by some of the AIDS patients. Esker said all reports of homosexual activity are being investigated by the Army's Criminal Investigation Division (CID). In accordance with Army regulations, he said, anyone found to be involved in homosexual acts will be subject to discharge regardless of medical condition. Two sources familiar with Walter Reed hospital said Foster was being tested for an AIDS-related condition or for a positive test result for the HTLV-III antibody. The sources said Foster and other patients with AIDS related conditions had been subjected to verbal "taunting" by some of the non-AIDS patients. "It was a clear case of AIDS hysteria," said one of the sources, who refused to be identified. Many of the "higher ups" in charge of the patients were not taking sufficient steps to alleviate tensions between the two groups of patients. Esker said officials offered teh patients with AIDS related conditions the option of being transferred to a "minimum care ward" at the hospital, where they would be separated from the non-AIDS patients. Three patients agreed to be transferred, and four chose to remain at the holding unit. One of the sources said Col. Harlan Baker, troop commander at Walter Reed, oprdered the patients with AIDS conditions to go to the minimum care ward, however Esker said he was not aware of such an order, and Baker did not return a reporter's phone call. Baker required all patients assigned to the medical holding unit to attend a meeting where they were briefed on AIDS by a hospital physician specializing in infectious diseases. Col. Baker warned the patients at the meeting that harassment of AIDS patients would not be tolerated and that anyone found behaving improperly towards person with AIDS or AIDS related conditions would be "dealt with appropriately," the source said. Esker said hospitalofficials have initiated a major AIDS education program for the Walter Reed staff and health care providers during the past year, which he considers a "model" program fro the Army. He said a high patient turnover makes it difficult to provide AIDS information to patients, since they are transferred out of the hospital after a relatively short stay. "The idea of patient education is where we should probably devote more attention," Esker concluded.

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JUDGE WON'T STOP NAVY DISCHARGES

by Lou Chibbaro Jr., with thanks to The Washington Blade, 1/24/86

A federal judge refused to issue an injunction to bar the Navy from discharging 11 seaman recruits who tested positive for the HTLV-III antibody. U.S. District Court Judge Louis F. Oberdorfer denied the recruits' request for the injunction following the disclosure in court by a government attorney that Navy Secretary John F. Lehman Jr., had decided to grant the recruits honorable discharges. Last fall, after pulling them from basic training programs, Navy officials told the recruits they would be given general discharges on grounds of "erroneous enlistment." A positive HTLV-III antibody test indicated the men had pre-existing health conditions, Navy officials said, and the Navy was not required to retain them. Oberdorfer said the recruits' claims that they would suffer "irreparable" harm under a general discharge had been "severely undercut" by Lehman's decision to give them honorable discharges. He also said he was turning down their request for an injunction because they would be unlikely to win a lawsuit they filed against the Navy earlier in January to block officials from discharging them. Lehman's decision to grant the recruits honorable discharges is a "substantial change" from the Navy's previous position, said Ross Getman, one of the attorneys representing the seaman. He said that the men had to weigh this change against the chances, now less likely, of their winning an appeal and the prospects of a damagins court precedent if they lose the appeal. A loss at the appellate level could have a negative impact on future cases involving AIDS and the military. Getman said Lehman's decision to grant the men honorable discharges had the effect of prompting Oberdorfer to rule against the men without requiring the Navy to address the merits of the case, which centers around whether the recruits should be treated differently from other active duty military personnel. Under recently issued Pentagon rules, active duty personnel who have completed basic training may remain in the military if they test positive for the AIDS antibody as long as they show no signs of clinical illness. Navy officials said that in the future, all recruits will be tested for the antibody before they are sworn into active duty and that all those who test positive will be rejected outright. In a related development, five San Diego Navy recruits have lost their bids to block the Navy from discharging theym for testing positive for the AIDS antibody. In the U.S. District Court for the Southern District of California earlier in January, Judge Rudy Brewster refused to issue a temporary restraining order, allowing the Navy to begin processing the men for general discharge.

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OHIO AIDS GROUPS ISSUE POSITION STATEMENT ABOUT ANTIBODY TESTING

edited by John A. Fall, with thanks to the New York Native, 1/20-26/86

A meeting held November 15-17 between Ohio Department of Health officials and state gay health professionals and leaders produced a misleading position paper which states that an alternative HTLV-III antibody test site is the best place for an individual to make a decision about taking the test. The paper was released by the Ohio AIDS Coalition, a new group formed at the meeting. The statement makes numerous questionable remarks about HTLV-III and the antibody test. Relying heavily on the assumption that the virus alone causes AIDS, the coalition contends that the test is reliable, a claim disputed by many scientists. The paper also falsely states that a large minority of the people who receive positive antibody test results have the virus within them, whereas the test only detects the presence of antibody to the virus, not whether or nor the virus is present in the blood. The coalition's statement goes on to suggest that the identity of the people tested for the antibody has been protected, even though several areas currently require reporting of the names of those testing antibody positive. The coalition's position represents a compromise between state gay leaders, according to Gay People's Press Associates. The meeting, which was sponsored by the State Dept. of Health, included many opposing opinions about the test. Leonard H. Calabrese, head of Clinical Immunology at the Cleveland Clinic Foundation, advanced the theory that a positive antibody test means the person tested is actually infected with the virus if he is a gay or bisexual man. "We now know that a positive test [in homosexually active men] is synonymous with viral infection--not past viral infection and immunity, but harboring the virus nearly 100% of the time." Some people attending the meeting supported recommending that all men in "high risk" groups take the test. "We are ethically obliged to take the test and make decisions about our own sexual behavior based on what we as individuals have learned about our status from the test," said Ron Rucker, the coordinator of Cincinnati's alternative test site. Representatives from every major test site except the one in Cincinnati said their staffs were already overworked and ill-prepared to give adequate counseling about test results. A number of people attending the meeting spoke against advising people to take the test. "Unfortunately, people interpret the test as being too black and white," stated Dr. Joan Wurmbrand, a lesbian who sees people referred from the Columbia testing site. "After learning they are positive, some feel they no longer have to worry about safe sex, because they are already exposed. Negatives sometimes believe they can go out and have unsafe sex because they can't infect others." Howard Getz, a member of the Dayton AIDS Task Force, said the alternative test sites may be the worst places to educate people about safe sex. "The educating doesn't come across when you sandwich it with depressing test results," he said. "The education does work when it's in a very positive environment and you are able to say, `You can be as sexual as you want and here's how.'" The coalition's position paper states that the group supports alternative testing sites if the health department guarantees standardized testing procedures and adequate counseling services at those sites.

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HTLV-III ANTIBODY TESTING COMMUNITY MEETING FOR CLARIFICATION OF ISSUES & REASSESSMENT OF POLICY

Gay health providers in the greater Milwaukee area are participating in a special meeting that will gather local leaders to update and clarify gay health providers on the HTLV-III antibody test and to determine whether a reassessment of the community's position concerning recommending whether gay men should or shouldn't be tested for the antibody. Since the meeting will be in the form of a candid and informal discussion, it was decided that it would be closed to everyone except gay & lesbian health providers with a working knowledge of AIDS and antibody testing. "That way, participants will be more apt to `speak their minds,' without fear of being misquoted out of context by the media, or by the inhibiting effect of having health department officials present" according to Mark Behar, one of the meeting's organizers. The meeting is scheduled for Wednesday evening, March 5, at Mt. Sinai Medical Center's Rapkin Auditorium, to take place before the 7th National Lesbian & Gay Health Conference and 4th National AIDS Forum in Washington, DC. It is hoped that a consensus may be reached that can help build a foundation for internal guidelines and a position statement on antibody testing for the Brady East Sexually Transmitted Disease (BEST) Clinic's HTLV-III Antibody Testing Program, which began last spring. Whatever position statement is developed, will eventually be released and disseminated. Those invited to participate include: Mark Behar, PA-C (NCGSTDS), Doug Johnson, RN (BEST Clinic, Milwaukee AIDS Project), Paul Turner, MD (Milwaukee AIDS Project), Steve Byers, JD (BEST Clinic), Roger Gremminger, MD and Brenda Jo McClellan, RNC (St. Anthony's Hospital HTLV-III Antibody Testing Program), Maureen Small, MD and Marcos Huffman, MD (BEST Clinic), Tim Tillotson (Blue Bus Clinic, Madison, Wisconsin AIDS Task Force), Representative David Clarenbach (Wisconsin State Legislature, Sponsor of Wisconsin Legislation on antibody testing), Earl Bricker (Governor's Liaison to the Governor's Council on Lesbian & Gay Issues), Will Handy, MSW (Wisconsin AIDS Task Force, Wisconsin Governor's Council on Lesbian & Gay Issues), Michael Bielinski (Green Bay Center Project's HTLV-III Antibody Testing Program), Sue Dietz, RN (Milwaukee AIDS Project, Milwaukee Coalition on AIDS Issues, Wisconsin AIDS Task Force), Jay Menitove, MD (Blood Center of Southeastern Wisconsin, Council of Community Blood Centers), Jim Lovette, RN (Cook County (Illinois) Hospital AIDS Program, Illinois AIDS Interdisciplinary Advisory Council), and David Ostrow, MD, PhD (American Association of Physicians for Human Rights, Chicago AIDS Task Force). In addition, the volunteer staffs of the state's AIDS organizations and the gay S.T.D. services are invited to attend. The meeting is being cosponsored by the BEST Clinic, the AIDS Resource Center of Wisconsin, and the Wisconsin Governor's Council on Lesbian & Gay Issues.

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IMMIGRANTS TO BE SCREENED FOR HTLV-III IN HHS PLAN

by Lou Chibbaro Jr., with thanks to The Washington Blade, 2/7/86, and
by Marcos Bisticas-Cocoves, with thanks to Boston's Gay Community News, 2/22/86

Department of Health and Human Services (HHS) Secretary Otis R. Bowen, MD, is proposing that foreigners who apply for immigration visas to the United States be screened for the AIDS virus s a way to prevent the nation from becoming a nation for people to "flock to" for AIDS treatment, an HHS spokeswoman said. Bowen has proposed new government regulations that would require persons seeking to immigrate to the U.S. to be screened for AIDS as part of physical examinations given by U.S. consular offices in the countries where foreigners apply for visas. "He feels it costs enough to cover the medical expenses for our own people" who have AIDS, said Shellie Lengel, an HHS spokeswoman. Lengel said Bowen believes the U.S. medical establishment could be "overburdened" if it is forced to absorb costs for treating foreigners who have AIDS. Under the regulations proposed by Bowen, AIDS would be added to the list of communicable diseases, such as tuberculosis leprosy, and five sexually transmitted diseases, including gonorrhea and syphilis, which are grounds for preventing people from immigrating to the country. Lengel said the proposed regulations do not specifically call for giving visa applicants the HTLV-III antibody test, but the regulations will "likely" be interpreted to require that the test be given. The regulations, which have yet to be released publicly, have been sent to the Office of Management and Budget and the State Department for comment, Lengel said. If approved by those two agencies, they will be published in the Federal Register and the public will be invited to comment on them. Jeff Levi, government affairs director of the National Gay & Lesbian Task Force (NGLTF) said that his group opposes any regulations that would use the HTLV-III antibody test as a screen for AIDS and said he will urge government officials to reject such a regulation. Levi said the antibody test was not designed as a diagnostic test and "cannot accurately predict" whether someone will develop AIDS. Lengel said that while the antibody test alone was not designed as a diagnostic tool, physicians routinely use the test along with physical examinations as a means of diagnosing AIDS. She said physicians performing physical examinations at U.S. consular offices overseas would probably also use the test to assist them in screening for AIDS. According to Chuck Kline of HHS, the blood of applicants for permanent resident status would be tested for contagious diseases; if it was positive for HTLV-III antibody, than the blood would be further tested for presence of virus. Demonstrating virus would be grounds for denying permanent resident status. Levi further stated that there are additional problems with the proposal. "The reality is that people are leaving the United States to seek treatment for AIDS; people aren't coming here. One real danger," he continued, "is that other countries, France in particular, might take retaliatory measures against the Untied States, might exclude people with AIDS>" Levi was referring to the fact that some wealthier citizens have gone to France seeking treatments not available here. Levi also further criticized the proposed regulations, acknowledging "There is no health threat" from people with AIDS entering the country, given the very specific way the disease is believed to be transmitted.
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HAWAII'S LIFE FOUNDATION OFFERS POSITION ON ANTIBODY TESTING

by David McEwan, MD, with thanks to Lifelines, Newsletter of the Life Foundation, Jan./Feb., 1986

The AIDS Foundation of Hawaii (also known as AIDS Hawaii and the Life Foundation) encourages free, anonymous, and voluntary testing for the HTLV-III antibodies (Ab) for those persons who feel they will be helped to make behavioral changes to reduce the risk of transmission of the HTLV-III virus. The Foundation believes that some will be more motivated to follow risk-reduction guidelines by knowing their antibody result--regardless of whether positive or negative. The Foundation does not support mandatory testing of anyone, nor does it sanction testing which does not guarantee anonymity. In March of 1985, the Foundation, like many organizations on the mainland, took a strong stand against the use of the HTLV-III AB test for any purpose other than what the test was originally designed for, namely screening of blood and blood products at blood banks. At that time, 1) there was inadequate understanding of the test's use in the clinical/diagnostic environment; 2) there was fear of false results; and 3) there was a significant potential for the creation and abuse of lists of high-risk individuals who chose to take the test (regardless of whether they tested positive or negative). Adequate legal safeguards were not in place. With the passage of time and more research, the Life Foundation has reevaluated its position. We feel that the concerns above have been adequately dealt with, particularly by the Hawaiian State Department of Health's decision to provide the antibody test free and anonymously at the [municipal] VD/STD Clinic. (Remember, it's not free and not anonymous at your private physician's office. We are aware of persons who are perfectly healthy and have a negative Ab test who have had their health insurance cancelled by the insurance provider after taking he test at their private physician's office.) There is no doubt that if you are following safe sex guidelines 100% of the time, you will neither become infected nor infect others (if you are Ab positive). It is hard to be perfect. The Foundation has observed that when one finds out one's result, the "issues" become very real. If one is Ab negative (and most are), one becomes more committed to remaining Ab negative. If one is Ab positive, one becomes morally committed to making sure the virus is not transmitted to others. If you find yourself Ab positive, the Life Foundation recommends that you personally contact all your known sexual partners during the past five years. In addition, we recommend a thorough medical evaluation by a physician. The Foundation has developed support groups for persons with an HTLV-III Ab positive blood test result. For more info, contact The Life Foundation, 320 Ward Av., Suite 104, Honolulu, HI 96814 (808/924-2437).
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CDC URGES TESTING, CONTACT TRACING

by Peg Byron, with thanks to The Washington Blade, 1/10/86

[NCGSTDS ED NOTE: Please see related articles in Official Newsletter, 7:2, p.7-9]

The federal Centers for Disease Control (CDC) is encouraging state health departments to promote the use of clinics that treat sexually transmitted diseases (STD0 as test sites for the AIDS antibody test. The CDC wants to expand the use of the antibody test as a means to encourage AIDS prevention among people who may be at risk. In a memo to state and territorial health officials in December, the CDC also guardedly raised two other options for using the test: required reporting of those who test positive and the tracing of their sex partners (contact tracing). Such uses of the antibody test, which is labeled by the Food and Drug Administration (FDA) for use in screening blood donations only, have been strongly criticized by AIDS activists in the past. But National Gay & Lesbian Task Force (NGLTF) spokesperson Ron Najman said that the memo's guarded language could serve as "ammunition" against states that don't have confidentiality restrictions in their testing and reporting procedures. The memo "could have come out in favor of mandatory reporting," Najman added. "Instead it raised issues associated with that." According to an "AIDS Update" newsletter from NGLTF, the CDC memo states "we need to begin evaluating the implications of requiring some kind of reporting of positive HTLV-III/LAV antibody results to the health department....Requiring reporting of positive results, especially with personal identifiers, needs to be weighed against the possibility that such requirements might discourage high risk persons from agreeing to non-anonymous testing." Colorado is currently the only state which requires physicians and clinics to report the names and addressed of those who test positive, although other states have considered that policy. [ED Note: It is rumored that many who are tested in Colorado are advised to give pseudonyms to avoid their identities ending up where they don't want them.] NGLTF Codirector Jeff Levi said he hopes the CDC's cautions will discourage states from enacting such measures. However, there is the likelihood, he added, that "state officials won't see [the CDC recommendations] as one package. They will probably see it as a green light to test people who are high risk [for AIDS] and asymtomatic--anyone who goes to an STD clinic," said Levi. The drawbacks of using STD clinics include their lack of resources for counseling and an atmosphere that can be "coercive and intimidating," said Nancy Langer, a spokeswoman for Lambda Legal Defense and Education Fund. "We're particularly concerned about any suggest for contact tracing through STD clinics," she said. Such clinics typically serve lower income people who don't have private physicians, including many gay men, IV drug users, and prostitutes. Langer said, "I don't think, unfortunately, there will be enough attention paid to this issue by the gay community and by AIDS activist in general," added Langer. The CDC's discussion of sex partner tracing, modifying a model used by epidemiologists at STD clinics, included a statement encouraging AIDS antibody testing "in STD clinics and in clinical settings where IV drug abusers or prostitutes are seen. Since much of AIDS hysteria has focused on prostitutes and individuals at risk who are believed to still be promiscuous," Langer said, "it plays well politically to promote contact tracing at STD clinics. What we need is education, not regulation." Both Langer and Levi described the recent CDC announcement about antibody testing, reportability, and partner tracing as creating the appearance of action against AIDS without significant substance. The CDC, for example, is still keeping funds frozen for $1,669,000 in innovative educational programs. According to Donald Berreth, director of public affairs, "funds for those programs will be released after a review of each is completed by a local panel." The projects have been stalled since October because of objections to their sexually explicit content. Berreth said that CDC's memo was intended to spell out antibody testing issues and drew comments on them from state health officials. He said the CDC guidelines for expanded uses of the test will be announced later in the agency's Morbidity & Mortality Weekly Report. "Less than a week after the CDC distributed its memo, the head of the Association of State and Territorial Health Officers urged the conference of state legislators to pass laws requiring local health departments to keep records of those who test positive for the AIDS antibody and to locate their sexual partners.

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PENNSYLVANIA DROPS REGISTRY LIST IDEA

with thanks to The Washington Blade, 1/24/86

The Pennsylvania Dept. of Health stirred up a great deal of controversy recently when it revealed plans to compile registries of names of people with AIDS-related complex (ARC) and people who have tested HTLV-III antibody positive, reports the Philadelphia Gay News. The health department last month circulated a "request for proposals" from private agencies to assist with an AIDS surveillance program made possible under an $82,000 grant from the CDC. The request reportedly was later amended to delete the registry provision after vociferous protests from a number of groups including gays, AIDS experts, and the Philadelphia mayor's office. Pennsylvania Health Secretary Dr. Arnold Muller said that he wasnot aware of plans to set up the registries at the time they were included in the proposal and that "they were a mistake." Muller said the proposal has been modified so that the planned registries "no longer exist." Still included in the proposal are plans to set up a registry of AIDS cases by demographics--so the CDC can track where AIDS cases are occurring and the magnitude of the problem--and a "needlestick" registry of health care workers who accidently cut themselves with contaminated needles. The program will also include investigations into AIDS cases occuring among people who do not fall into high-risk categories.

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CONTACT TRACING DEBATE HEATS UP IN MINNESOTA

by J.C. Ritter, with thanks to Minnesota's Equal Time, 2/5/86

A proposal of the Minnesota Department of Health to initiate contact tracing and notification for persons possibly infected with the HTLV-3 virus was soundly criticized by gay men attending a community information meeting recently. State officials were urged to put their energy and increased financing into a more extensive safe-sex campaign and to abandon contact tracing. Dr. Michael Osterholm, state epidemiologist, told the crowd at Plymouth Congregational Church, January 29 that the plan is only one of four strategies for fighting AIDS in Minnesota. The others are increased use of alternative testing sites around the state, community-organized education and a mass media campaign. Contact tracing is on the agenda for the state AIDS task force at its next meeting, February 18th. No deadline has been set for action on the proposal. A final draft of the proposal has not been written but generally it would ask for names and identifying information dating to 1978 of all sex partners of persons found positive to the HTLV-3 virus. According to department officials, the proposed state budget for the next biennium for AIDS related health department activities is $1.1 million. That includes $375,000 for contact tracing if the idea is implemented, $150,000 for more testing activities and the balance for continuation of current activities. Osterholm, who was accused at the meeting of attempting to "ramrod" the idea through the task force, said the plan may be a more cost-effective way of finding a greater number of persons exposed to the AIDS virus. He said testing would continue to be offered anonymously and the names of sex partners would be obtained voluntarily. He said of persons surveyed at the test sites, 36% indicated they would provide names of sex contacts if asked. "It would allow us to focus our resources on those most likely to be infected," Osterholm said. "We wouldn't be depending on high-risk persons to come forward. We could go into the community to access these persons." He said notification could be done by the tested person by letter, by a third-party agency contacted by the state or by state workers. But he said, letters could be potentially abused and a non-state agency would face high costs and legal complications. While Osterholm cited the Minnesota Data Privacy Act as a protection of confidential names collected in the tracing, others at the meeting argued that government cannot be trusted and that the Minnesota Legislature could change the state law. "I don't agree with you that you can trust government," said Gary Rankila, a gay attorney who is representing 18 clients who have AIDS, ARC, and positive HTLV-3 antibody status. "They're without jobs, on general assistance and they're sick and alone." He said the data privacy law doesn't provide the protection needed to prevent more widespread discrimination. "I don't trust a regulation," Rankila told the audience. "Don't do it. Draw a line. As a group, don't let them do this to you." Rick Osborne, who along with Rankila serves as a gay member of the Minneapolis Civil Rights Commission, said names get into government computers and they never come out. Eventually, he said, such a list could be used to track down all gay persons. "This should not be used as a bone to throw at the Mike Mennings of the world," said Osborne, referring to the Minnesota legislator who's proposed mandatory testing among other measures for fighting AIDS. "Because this bone bears our flesh." Leo Treadway, ministry associate at Wingspan in St. Paul, said he was disappointed to not see a greater spirit of partnership between the gay community and the state. "If change is coming, it's going to come from education, not from testing or contact tracing," said Treadway. "I'm not about to give you the names of my brothers in this room with no guarantees." Minneapolis City Council Member Brian Coyle said the plans threaten to breach trust between gays and public health officials. "I know how hard it's been for the Minnesota AIDS Project to get (state granted) money in hand," Coyle said. "There are ways to disseminate information if it had government support and funds." Others argued that, unlike other S.T.D.s where contact tracing is used, there's no treatment available for AIDS. Thus, they said, infected individuals who are traced are offered little that they aren't offered little that they aren't offered through general education. Osterholm agreed that contact tracing in areas where infection rate is high would be ineffective, but Minnesota's rate of about 20% infection could make the option a viable way of finding those persons. Several audience members credited Osterholm with "being a friend of the gay community" in his AIDS work, but told him contact tracing before treatment and cure is premature. Stoney Bowden, representing the recently formed political action group, said the plan appears to show a concern "that the gay community needs to be protected from itself." He questioned potential effectiveness, its purpose and funding priorities. Neither Bowden's group nor the Minnesota AIDS Project has taken an official position on the proposal. Osterholm said the plan would not be used if it is not accepted by the task force and, in any case, it would be a part of an overall risk-reduction program. "There's no single intervention that will answer all," he said. "I see it together in the aggregate. I view this more as outreach. We have an obligation if we know someone is possibly unknowingly infecting others or unknowingly getting infected." At a meeting January 28th, task force members suggested a number of changes in the original draft and heard from Dr. Ward Cates, Director of the CDC's Division of S.T.D. Control. He said Minnesota is in the unique position of having a "best case scenario. If it wouldn't work here, it wouldn't work anywhere else." Both gay members of the task force, John Weiser and Morris Floyd, expressed reservations about the plan but indicated it might work with certain groups. "We can't take a passive role in risk reduction, but our risk in civil rights can't be discounted," Weiser said. "We don't want to alienate a high risk population (gay men)....It clearly needs to be considered side by side with other strategies. If we were to adopt it, it needs to be done as a small test first." Floyd said he wanted to argue for trusting relations between gays and officials, "but it is difficult in the context of contact notification. There are a lot of targeted, focused education programs that haven't been given thought." But both agreed the plan might be useful in reaching possibly infected persons who are heavily denying dangers of high-risk activities and possible infection.

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AN OPEN LETTER TO THE GAY AND LESBIAN COMMUNITY

by Neil R. Schram, MD, Past President, American Association of Physicians for Human Rights (AAPHR)

I am writing to you as an openly gay physician who has been involved with AIDS for the past 3 years--both on a political and a medical level. I have watched the inability of the U.S. Public Health Service (primarily the Centers for Disease Control) to deal initially with AIDS at all and its inability still to deal with risk reduction efforts aimed at gay and bisexual men. Similarly, I have watched in California in general and Los Angeles in particular how elected and Public Health officials (except in San Francisco) have been unable to deal with the issue for fear of appearing to condone homosexuality. (The reason, I believe, that the government would not study whether HTLV-III/LAV could get through a condom is that that would require spending money to show a safer way to have anal intercourse.) Thus, risk reduction information that is sexually explicit to control a sexually transmitted disease epidemic has repeatedly been withdrawn because of political pressure, indicating a willingness to see gay and bisexual men die and/or infect their partners (male and female) rather than use words that might be offensive to some people.

The government response was predictable. That of the gay community is more disturbing. We are clearly facing the most serious threat of our lifetime--both on a health and a civil rights level. Instead of facing this terrible reality there is incredible denial on the part of gay men that we are individually at risk. The denial is either expressed as "I've probably already been infected," or worse, "I practice low risk sexual behavior most of the time but when I'm with someone I really care for I don't want to worry about being careful." The corollary to that is, "I find out from my partner if he has been promiscuous and, if not, if not, I figure he's safe." This tends to divide our partners into "good gays" and "bad gays" with the implication that only the latter get infected. Damn it, it's not true. Some of the nicest, kindest people have gotten infected and even have AIDS. And some have had very few lifetime partners. There must be an active campaign to convince sexually active gay and bisexual men not in a mutually monogamous relationship since 1977 of the need to practice low risk sexual behavior all the time. This will be true until we have a better test to indicate 2 people are truly free of infection (since a negative test at present does not guarantee freedom from infection).

I believe there is also a denial because of the estimated 1.5 million Americans infected, "only" 16,000 have developed AIDS (roughly 1% so far). It seems hard to understand or accept that the immune system of many (how many?) of the others is already affected and an estimated 65,000-135,000 of those will develop AIDS. I believe the risk of developing AIDS is reduced by avoiding further infection with HTLV-III or other sexually transmitted diseases that can affect the immune system (CMV, EBV, parasites, etc.).

Even if one chooses not to worry about the health risk, what about our civil rights? It is hard to read the paper any day without someone advocating using (misusing) the HTLV-III antibody test to prevent people from having certain jobs, individual insurance, possibly travel to certain countries, etc. It can't be said too strongly--the danger from the HTLV-III Antibody test will come from where it is required, not where it is voluntary and anonymous.

Do gay and bisexual men need the test? No--not if they are practicing low risk sexual behavior exclusively. What if they are not? Then for some individuals who practice high risk sexual behavior the test may be useful. If it is negative, the major risk is that an individual will believe that he is not likely to get infected and continue high risk sexual behavior. Other than that a negative test has virtually no risk, and would be useful if an individual believes that a negative test would encourage low-risk sexual behavior.

What are the risks of a positive test? First, in the future, an insurance company will ask if you've ever had a positive test (by that time I believe many will be requiring it so it won't matter). Secondly, and far more importantly, the psychological trauma is substantial, with many individuals needing long-term counseling. However, I believe that since these are individuals who were practicing high-risk sexual behavior, if a positive test results in protecting themselves and their partners (as I have seen with my patients), then I believe the gain outweighs the risk.

The threats to our civil rights will not, of course, be limited to the test. There will be attempts to close gay businesses where gay men meet and to (re)criminalize homosexuality.

Thus, there is an incredible need for networking both within and outside the gay and lesbian community. The analogy to Nazi Germany is terrifyingly real. We all seem convinced "It can't happen here." Well, it can. We must do everything we can to prevent it. That means: 1) Each and every gay and bisexual man must take personal responsibility to practice low risk sexual behavior all the time. 2) Each community must (begin?) continue forming coalitions of medical, legal, and political organizations to reach out to the non-gay community to develop alliances, etc. 3) Gay and lesbian organizations must develop outreach programs to our at-risk individuals to strongly encourage and support low-risk sexual behavior. Failure to act on this now threatens our survival both as individuals and as a community.

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IMMIGRANTS MAY FACE AIDS ANTIBODY TESTS

with thanks to Computerized AIDS Information Network, 2/5/86

An order requiring all permanent immigrants to the United States to be tested for exposure to AIDS has been signed by U.S. Health and Human Services Secretary Otis R. Bowen, a spokesman says. The proposed order would add AIDS to a list of medical conditions, including sexually transmitted diseases, that exclude immigrants from entering the country as permanent residents, the Los Angeles Times and the New York Times reported. The regulation must be released for 60 days of public comment and receive approval from the White House Office of Management and Budget, according to identified sources. The proposed regulation does not specifically require immigrants to take the AIDS antibody test, but language in its preamble suggests that the secretary should order the blood test. The practical effect would be to require AIDS antibody screening for immigrants because there is no effective routine test to determine who has the disease. HHS spokesman Charles Kline said that tests would be taken by emigrants in their own countries under medical screening programs in place through the INS.

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EASTERN BLOC AIDS

by Janice Irvine, with thanks to Boston's Gay Community News, 2/8/86

Despite vigorous denials from government officials, AIDS has appeared in Poland, Hungary, Czechoslovakia, East Germany, and the U.S.S.R. Both Soviet and visiting Swedish physicians confirmed that they have seen people with AIDS in a Moscow clinic, according to The Advocate. People have died of AIDS in both Poland and Czechoslovakia, although Czechoslovakia and all of the other Eastern bloc countries except Hungary maintain that they are AIDS-free. This puts the Eastern European countries in the tenuous position of denying the existence of AIDS while attempting to establish AIDS-related services. East Germany, for example, has established an AIDS clinic, Poland's AIDS Emergency Research Council is testing 5000 blood samples from high-risk groups and Hungary has instituted a telephone hotline for AIDS information.

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POLISH GOVERNMENT WANTS SAFE SEX

with thanks to Toronto's The Body Politic, January, 1986

The Polish Communist Party magazine Polityka has urged the government to set up a group for gay men to provide alternatives to secretive sexual contacts which are spreading AIDS. "This form of providing facilities for homosexuals and meeting their needs in comfort and safety would enable the government in turn to exercise some control over this social group," continued the magazine. Polityka said that by encouraging gays to "come out from the darkness" into a recognized and protected organization, the government could prevent the spread of disease. The article was published several weeks after Polish doctors reported that four cases of AIDS had been diagnosed in the country. Homosexuality is legal among consenting adults in Poland, but is generally discouraged in the strongly Catholic country.

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POLES DEBATE AIDS, HOMOSEXUALS

thanks to Computerized AIDS Information Network (CAIN) and Associated Press, 1/14/86

Fear of AIDS has set off a debate on homosexuals' rights in official newspapers that for many years rarely acknowledged that homosexuality even existed in Poland. Unlike neighboring communist countries such as the Soviet Union or Czechoslovakia, where it is punishable by jail, homosexuality is legal in Poland and persecution of homosexuals is unheard of. But there has never been a "gay rights" movement and most homosexuals continue to lead double lives, fearing public ridicule and rejection if they are found out. AIDS may change that. The government says it has identified seven people as carriers of the AIDS virus, but maintains no one has fallen ill with the disease. The figures are treated with skepticism by the public, and there is widespread belief that the government is understating the potential danger. With fear of the spread of AIDS growing, articles on the threat to and posed by homosexuals have stated appearing in the state-controlled press for the first time. The debate was touched off in November when the Communist Party weekly Polityka, one of the country's most influential newspapers, published an article by a man who accused society of intolerance and bigotry toward homosexuals. The author, who signed his name as the pseudonym Krzysztof T. Darski, said it was cynical for the government to ask homosexuals to volunteer to be tested for AIDS after years of neglecting their concerns. Conservative estimates place the number of homosexuals in Poland at about 2 percent of the country's 37 million people. However, others claim the number is closer to 10-15%. The security police are said to maintain an extensive file on homosexuals but have never waged a campaign against them. Public attitudes are conservative on many moral issues, in part because of the strong influence of the Roman Catholic Church on the country's 33 million Catholics. The church has stayed out of the public debate on AIDS but a senior priest in the church hierarchy in Warsaw, who spoke on condition he not be identified, said the disease can be explained as a result of improper moral behavior. One homosexual wrote in a letter published in Polityka that over the past 10 years he had "hundreds of partners, maybe thousands," but that he would not be tested for AIDS. "I have no guarantee that before conducting the tests I will not be forced to register in detail," the man wrote. "I don't trust the state health care system and I am not convinced about its discretion."

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BRAZIL SURVEYS CARNIVAL VISITORS ABOUT AIDS

with thanks to the New York Times, 2/9/86

Brazilian health authorities, alarmed by the growing number of AIDS cases, have distributed questionnaires asking visitors arriving in Rio de Janeiro for Carnival to answer questions about their sexual preferences and possible contacts with the disease. But while Scandinavian, Portuguese and Dutch airlines have handed the forms to their passengers in recent days, the authorities said other airlines, including Pan American World Airways as well as Brazil's Varig, had refused to do so for fear of offending their customers. "Some airlines are putting their commercial interests above public health concern," said Jose Padilla de Castro, Director of Sanitary Control regarding foreigners. The Federal health authorities said they had printed 50,000 questionnaires and asked all airlines flying to Brazil from the U.S., Canada, and Europe to distribute them on board to passengers of both sexes over the age of 18. They said the forms would not be used to deny anyone entry to Brazil. Official concern appeared to center on the many American homosexuals who come to Brazil's famous pre-Lenten festival, many of them on special charter flights. In both Rio and Sao Paulo there are special dances and parades for [the gay community]. "We would like to know if our hypothesis is true that Carnival is a specific time when the disease enters Brazil," said Dr. William Weissmann, author of the questionnaire. "Carnival is a time of casual sex, and we know that among homosexuals the numbers of encounters is very, very high," said another health official. The health authorities reportedly debated briefly whether to have the special charters canceled of to ask all tourists to present blood tests showing whether they were AIDS carriers. Instead, they chose a questionnaire that states that participation in the survey is voluntary and anonymous. The survey coincides with a broad government campaign to raise awareness of the perils of the disease. Officials said that Brazil has had 574 cases of AIDS reported so far, the highest number after the U.S. The first cases, doctors said, involved homosexuals who had traveled to the U.S. But health officials estimated that the real number of cases was far higher in the country, where taboos surrounding homosexuality are strong and poor patients often seek medical care only at a late stage of sickness. A Brazilian soccer star known as Socrates will appear in government television spots urging Carnival revelers to be careful in their choice of sexual partners and to protect themselves with condoms. At the same time, the Health Ministry is distributing posters and pamphlets with basic information about AIDS. The airline questionnaire, which is written in English, Spanish, French, and Portuguese, asks 14 questions, including the visitor's race, sex, marital status, and sexual preference. Health authorities themselves would hand out the forms to passengers on eight charter flights from places with high incidence of AIDS, including New York, San Francisco, and Los Angeles.

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SWEDISH GOVERNMENT CONSIDERING DRASTIC ACTION TO STOP AIDS

edited by John A. Fall, with thanks to the New York Native, 11/4-10/85

A committee appointed by the Swedish government has proposed a measure which would legally force persons with AIDS, or who test positive for HTLV-III antibodies, to name all their sex partners, and would allow compulsory testing of "risk groups" members. The committee has recommended that AIDS be classified as a venereal disease, thus allowing the government to take these actions and others such as confining AIDS patients in hospitals. The Swedish Parliament is presently considering the proposal. Swift passage of the measure could make it effective by early November, according to the International Gay Association Bulletin. Approximately 30 cases of AIDS have been diagnosed in the country to date. Persons wishing to protest the proposal may write to the Swedish Prime Minister, Statsradsberedningen, S-103 33 Stockholm.

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IMMIGRATION LAW CHANGES SOUGHT BY GAY RIGHTS OPPONENTS

by Lou Chibbaro Jr., with thanks to The Washington Blade, 2/7/86

Gay rights opponents in Congress are planning to use AIDS scare tactics to defeat legislation that would eliminate sections of the federal immigration law barring gay foreigners from visiting or seeking residence in the United States, according to Representative Barney Frank of Massachusetts, in a speech at Georgetown University Law School. Anti-gay members of Congress will argue that any changes in the nation's immigration law that would allow gays to enter the country would increase the spread of AIDS and threaten the health of the American people. The proposed changes in the immigration law are part of H.R. 2361, an immigration reform bill introduced in the House of Representatives by Frank. In addition to repealing anti-gay sections of the existing statute, Frank's bill repeals or changes a number of other sections that restrict foreign visitors or persons applying for permanent resident status due to their political beliefs or personal behavior. Frank said key congressional leaders have told him his bill would pass if voted on by a voice vote, but could run into trouble if members are forced into a recorded vote, making them susceptible to attack by fundamentalist and New Right groups for supporting homosexuality or failing to bar foreigners who might have AIDS. Frank noted that Reagan Administration officials expressed support for his bill during public hearings last year. The bill will not be placed before the entire House until next year, following the 1986 Congressional elections.

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NEW ZEALAND OFFICIAL HOPES AIDS DEATHS WILL HELP DEFEAT LAW REFORM

edited by John A. Fall, with thanks to the New York Native, 1/13-19/86

New Zealand Member of Parliament (MP) Norman Jones, a major opponent of that country's proposed Homosexual Law Reform Bill, stated November 13 that he believes the death of more people with AIDS will lead to the bill's defeat. The reform bill proposes the decriminalization of homosexual activity and the extension of civil rights laws to protect sexual orientation. When asked if he was using scare tactics in an attempt to defeat the bill, Jones answered affirmatively. "It's the same tactics as the homosexual people are taking. They know damned well if this bill isn't passed this session, deaths from AIDS will see to it that it's never passed. If those people die--and they should, and they will--of course it will help our cause." Filibusters and amendment proposals by opponents of the bill have delayed a vote on it until the next parliamentary session, which begins in February, according to Pink Triangle. Despite polls indicating a majority of New Zealanders support the law reform, some homophobic legislators and religious groups have persisted in opposing the bill.

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SAUDIS WORRY OVER AIDS EFFECTS THAI WORKERS

with thanks to Computerized AIDS Information Network (CAIN) and the Associated Press, 1/14/86

A Saudi visa regulation concerning the deadly disease AIDS and aliens seeking temporary employment in Saudi Arabia is delaying the departure of thousands of Thai workers for the Middle Eastern country. Thai Labor Department officials said the Saudi Arabian Embassy in Bangkok had advised them that alien workers would not be given visas unless they produced medical papers showing they do not have AIDS. The officials said, however, that most Thai workers had little chance of contracting AIDS. Dr. Praphan Phanupak, associate professor of immunology at Bangkok's Chulalongkorn University, said the hospital has been receiving between 200 and 300 requests a day for AIDS tests since the visa requirement was announced. The Labor Department said there were about 180,000 Thai workers temporarily in Saudi Arabia on construction and other projects.

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CUBA TAKES MEASURES AGAINST AIDS

translated by John Kyper from La Semana (Cambridge, MA), reprinted with thanks to Boston's Gay Community News, 11/9/85

Cuban health officials have announced that up to now no one in that country has been affected by AIDS, but that they were adopting preventive measures on the island, according to the news agency Prensa Latina. Dr. Jose M. Ballester, Director of the institute of Hematology and Immmunology of the Ministry of Public Health announced that "an ample system of vigilance has been set up, given the existence of the disease in neighboring countries. "Although there is absolutely no one in Cuba who has been affected by AIDS, health authorities have adopted preventive measures. Cuba has acquired the necessary means to diagnose this disease," the specialist explained. Moreover, "It will take other measures to detect the disease if it enters the country."

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CENSORSHIP BY CANADIAN CUSTOMS

by Stephanie Poggi, with thanks to Boston's Gay Community News, 2/8/86

Toronto's The Body Politic reprinted a series of safe sex tips that appeared in Blueboy (9:9), however some important information was conspicuously censored by Canadian customs for the Canadian edition. The explicit passages that were removed: "Don't eat asshole. Don't take cum in the ass. Don't drink piss." Customs also deleted a line about getting fucked with a dildo. Although even the complete U.S. version of the Blueboy tips leaves much to be desired (e.g., one of the tips says no orgies with many partners, while safe sex is what is at issue and not the number of partners per se). "In Canada, it seems, dirty words are more dangerous than risky sex. Such puritanism has always has always been deadening; in this case it could turn out to be deadly as well," commented Body Politic.

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RICHARD DREYFUSS ELECTRIFIES LOS ANGELES AUDIENCE AS STAR OF "THE NORMAL HEART"

AIDS Project Los Angeles hosted an opening night benefit of the highly acclaimed stage play, The Normal Heart. The benefit performance played to a packed house of 350 guests at the Las Palmas Theatre in Hollywood, netting $20,000. Proceeds from the benefit will go to APLA's client and educational service. A powerful and emotion-packed play, The Normal Heart by author Larry Kramer, examines the terrifying AIDS epidemic in-depth. Richard Dreyfuss gives an electrifying performance as the lead character, along with the rest of the cast, leaving the audience gasping at the end of the last act.

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AIDS EPIDEMIOLOGY/SURVEILLANCE UPDATE

abstracted from AIDS Weekly Surveillance Report, CDC AIDS Activity

As of February 17, 1986, the Centers for Disease Control AIDS Activity reports a total of 17,517 adult and pediatric cases of AIDS in the U.S. (CDC strict case definition). PATIENT RISK GROUP: Homosexually active men account for 73% of all cases; 17% from IV drug users; 1% from hemophiliacs; 1% from heterosexual contacts with PWAs or at risk for AIDS; 2% from blood/blood product recipients; and 6% from those in no apparent risk or unknown risk group. [Note that Haitians are no longer considered a "high risk" group, yet they had accounted for 3% of all cases. The CDC continues to receive criticism for their atypical "hierarchical" listing, whereby if homosexually active men are also IV drug users or hemophiliacs, they are only counted in the top, i.e., homosexual, category, therefore confusing and misrepresenting the data. CDC officials admit this situation. --ED] AGE: 22% of the cases are aged 29 or less; 47% from ages 30-39; 21% from ages 40-49; and 9% from ages over 49. RACIAL/ETHNIC BACKGROUND: 60% of the cases are white; 25% are black; 14% are hispanic/latino; 2% are other or unknown. GEOGRAPHICAL DISTRIBUTION: 55 states and territories, including the District of Columbia & Puerto Rico have reported cases to the CDC; New York & California have the most cases, with 34% & 23%, respectively; Florida, New Jersey, & Texas report 7%, 6% & 6%, respectively; Pennsylvania, Illinois, Massachusetts, Georgia, & the District, each report 2% of the cases; all other areas each report 1% or less. OVERALL MORTALITY: 52%. CASES PER MILLION OF POPULATION: 77% overall for the entire U.S.; it ranges from 597.6 pM in New York, 578 pM in San Francisco, 193.2 pM in Los Angeles, 333.4 pM in Miami, 219.7 pM in Newark, and 38 pM elsewhere in the U.S., irrespective of standard metropolitan statistical area.

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ILLINOIS INITIATIVES: THE OPENING SALVO

Illinois Department of Public Health director Dr. Bernard J. Turnock recommended several new state initiatives to combat the mounting spread of AIDS. Turnock recommended that HTLV-III infections become a required reportable disease in Illinois. If adopted, such a regulation would require that public health departments be notified when blood tests are found to be positive for antibodies to the AIDS virus. He also recommended that contact referrals and counseling be initiated with AIDS patients and with those individuals who are carriers of HTLV-III, in order to educate and counsel their contacts. The laws and regulations governing patient confidentiality safeguards may also need to be strengthened to ensure that the individual's rights of privacy is not compromised through HTLV-III reporting or through contact investigations, Turnock urged. The proposed AIDS-control initiatives were contained in a memorandum presented to the members of the AIDS Interdisciplinary Advisory Council, empaneled in November by Illinois Governor James R. Thompson and the Department to develop a strategic statewide plan for AIDS control. Turnock asked the Council to consider his recommendations for inclusion in its report to the governor and the state's General Assembly this spring. "We have to get more aggressive in focusing our education and counseling efforts on selected contacts to maximally control the spread of AIDS," Turnock said. "There are women who are carriers of the HTLV-III virus. They, and all other individuals who have been exposed to the AIDS virus, run a very small risk of developing a case of AIDS. But if these women should become pregnant, it is almost certain that their child will be born with AIDS. We have a responsibility to find these women and warn them," he said, giving an example of why his recommendations were necessary. "Maintaining confidentiality is absolutely critical. Every effort must be made to ensure that the identities of AIDS victims and HTLV-III carriers be protected from disclosure," he said. Turnock also recommended that the Council consider a number of other proposals, including: 1) The development of criteria for the use of more stringent AIDS control measures to be used by public health officials in extraordinary circumstances [NCGSTDS ED NOTE: ???!!!]; 2) The establishment of a truly statewide diagnosis, treatment and referral system to ensure adequate patient care outside the Chicago metropolitan area; 3) The creation of an Illinois AIDS Institute or Foundation, a public-private mechanism for carrying out the strategic plan being developed by the AIDS Council; 4) The expansion of current levels of surveillance, education and counseling through local health agencies; and 5) The initiation of AIDS control grants from the Illinois Dept. of Public Health to local health agencies. For more information, contact: Paul O'Connor, 312/917-2608.

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BOOK MANUSCRIPTS WANTED FOR NEW "RESEARCH ON HOMOSEXUALITY" BOOK SERIES FROM HAWORTH PRESS

The "Journal of Homosexuality" and The Haworth Press, Inc., announce that it is expanding its publications program to include single-authored works to be published as book supplements to the Journal. Selected titles may also be marked and distributed by the new Harrington Park Press paperback imprint launched by Haworth last year. Book-length proposals are now welcomed. Of special interest will be practical, innovative approaches and help to contemporary problems faced by homosexual men and women, including but not limited to: Homosexuality and depression, anxiety, and problems-in-living; homosexuality and aging/mid-life crisis; homosexuality and relationship problems; and homosexuality and alcoholism/drug abuse. Prospective authors are invited to send book proposals with copies of their professional curriculum vitaes to the attention of: John P. De Cecco, PhD, Senior Editor (Human Sexuality), The Haworth Press, Inc., Center for Research & Education in Sexuality (CERES), San Francisco State University, Psychology Building, San Francisco, CA 94132.

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