

SR

10

*Eden Mulder*  
3822

COMMITTEE BILL FILE WORK-UP ON:

Bill #: SR210 AIDS Prevention Committee  
Sponsor: Kelly  
Room #: 1 Phone #: \_\_\_\_\_

- 1 Receive Original Bill and Log In.
- 2 Duplicate Work Copies for Committee File and Senator's File.
- 3 File Original Bill in Special Locking File.
- 4 Set-Up Weekly Schedule of Hearings (2 Weeks in Advance if possible).
- 5 Notify Senate Secretary (5 Day Rule Applies - Allows Time to Get it Printed in Journal). A Copy of the Committee Agenda is Sufficient.
- 6 Move Work File to "Active" File Drawer.
- 7 Notify the Following Persons of the Hearing Date:

COMMITTEE MEMBERS:

*9/25*

Josephson 4781  
 Jones 3743  
 Kerttula 3771  
 Halford 445

DEPARTMENT LIAISONS:

Administration  
 Commerce & Econ Dev  
 Community & Reg Affairs  
 Corrections  
 Education-Leg  
 Education-Budget  
 Environ Conservation  
 Fish & Game  
 Health & Social Services  
 Labor  
 Law  
 Military Affairs  
 Natural Resources  
 Post-Secondary Ed  
 Public Safety  
 Revenue  
 Transportation  
 Court System  
 Legislative Affairs  
 U of A (FBKS)

Michael McMullin 2200  
Becky Bear 2504  
Doug Griffin 4750  
Bill Ladwig 3376  
Steve Hole 2800  
Mary Hockela 2800  
Mark Thorson 2621  
Roland Shanks 4100  
Randall Burns 3030 *Slig used 3090*  
Brian Braley 2700  
Dick Pegues 3672  
Dick Rountree 4600  
Sharon Barton 2406  
Kerry Ramesbury 2854  
Jos Mapranath 4336  
Royce Weller 2300  
Susan Fleischhauer 3900  
Bob Fisher 264-0545  
Pam Stoops 3852  
Brian Rogers 474-7593  
Bob Evans 3500

BILL SPONSOR(S):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GOVERNOR'S OFFICE:

*9/25*

*Request Robinson 3500*

Mike Nizich 3616  
Candy Griffin 3500  
 Equal Emp Opp  
 Human Rights  
Chris Callahan  
Women's Com 561-4227

- 8 Request Back-Up Information from Bill Sponsor As Soon As Possible.
- 9 Request Witness Roster of Persons the Sponsor Has Notified or Desires to Have Notified.
- 9/25* 10 If First Committee of Referral, Request Fiscal Note from Pertinent Department Liaison(s) for each bill change (ie. SS, CS etc) - (5 Day Rule Applies).

- \_\_\_\_\_ 11 *If Necessary, Prepare or Request Sectional Analysis from Legal (3867) when pertinent for each change (ie. SS, CS etc). This is Pretty Much a Judgement Call.*
- \_\_\_\_\_ 12 *Research and Prepare Back-Up Material as Necessary.*
- \_\_\_\_\_ 13 *Prepare Committee Files (8 Copies: 1 ea for: Committee Members, Committee Aide, Senate Pool Secretary).*
- \_\_\_\_\_ 14 *Prepare 10-15 Copies of All Documents to Hand Out to Public During the Hearing (ie. Bill, Short Synopsis, Others at Sponsor's Request).*
- \_\_\_\_\_ 15 *Distribute Committee Agenda (Schedule).*
- \_\_\_\_\_ 16 *If Requested, Provide Files As Soon As Possible On the Day of the Hearing. Otherwise, Provide the Files at the Beginning of the Hearing in the Committee Room.*
- \_\_\_\_\_ 17 *When the Bill Passes Out of Committee Complete Green Cover Sheet Including*
  - \_\_\_\_\_ *Date of 5-Day Notice*
  - \_\_\_\_\_ *Date Turned Into the Senate Secretary's Office*
  - \_\_\_\_\_ *Signatures & Recommendations**Attach a Copy of the Fiscal Note(s)*
- \_\_\_\_\_ 18 *Copy Green Cover Sheet to File.*
- \_\_\_\_\_ 19 *Turn in To Senate Secretary's Office.*
- \_\_\_\_\_ 20 *Maintain Completed Committee's Aide Copy in File to be Filed in Archives at the End of the Session.*
- \_\_\_\_\_ 21 *Make Sure That Each Senator Has Possession of His/Her Personal File to be Disposed of at the End of the Session.*

WITNESS ROSTER WORK SHEET

SR10 - AIDS Prevention Committee  
Bill # Title Date of Hearing

1. Name: Elizabeth Ward, #  
Address: \_\_\_\_\_ Phone #: 3090  
Representing: Dept of Health Title: Dir.
2. Name: Sarah Boessen  
Address: \_\_\_\_\_ Phone #: 586-5271  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
8. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
9. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
10. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
11. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_
12. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Representing: \_\_\_\_\_ Title: \_\_\_\_\_

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 2/18/87 5-DAY NOTICE  
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER:

\*\*FISCAL NOTE(S) ATTACHED 1 \*\*  
IN ACCORDANCE WITH AS 24.08.035  
(see below)  
2/5/87

DATE TURNED INTO OFFICE 2/27/87

Mr. President:

HESS Committee considered SR 10

Establishing a Senate Special Committee on AIDS Prevention.

and recommended:

[ ] replace with CS \_\_\_\_\_ - [ ] same title  
[ ] attached amendment(s) and [ ] new title

[X] do pass

[ ] do not pass

[ ] no recommendation

~~[ ]~~ individual recommendations

[ ] further referral to \_\_\_\_\_

[ ] letter of intent adopted and attached

\*\* Committee [X] attached or [ ] adopted fiscal note(s)  
[X] zero [ ] fiscal impact

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

\_\_\_\_\_  
*see Joseph Hess*  
\_\_\_\_\_  
*J. K. Hall*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Hess RPT 3dp*  
\_\_\_\_\_  
*FN Pub 3/2*  
\_\_\_\_\_  
*TO RIS*  
\_\_\_\_\_

*Paul d. Frink Do Pass*  
Chairman signature and recommendation

[ ] Committee Backup Attached

February 25, 1987

SR10

Hello. My name is Sara Boesser. I'm a trained volunteer here in Juneau for SHANTI, a non-profit organization that provides emotional and practical support to persons facing life-threatening illnesses such as cancer--and including AIDS. I am also involved in Juneau's interagency AIDS network.

I am very pleased to be here today to support Senate Resolution 10. And I want to thank Senator Kelly for introducing such a positive, forward-looking proposal for Senate consideration. By the very fact that he distributed the Surgeon General's Report on AIDS alongside SR10, he has put Alaska's legislature in the enviable position of being able to meet the AIDS challenge objectively and accurately from day one. Other states were not so fortunate. AIDS caught many totally by surprise. They struggled with AIDS issues in those years past without the large body of medical knowledge we are fortunate to have today.

Alaska's legislature is fortunate in that medical research has shown that AIDS is a fragile virus, not casually transmitted, but also that with certain precautions, AIDS exposure and transmittal can be avoided. SR10 says it all: "AIDS is preventable through personal understanding of the threat." The Surgeon General's statement that prevention is all we have, right now, is a sobering thought. Alaska's first AIDS diagnosis was in 1982. To date, there have been 32 cases. If the current predictions of a 10-fold increase by 1991 come true, there will be over 300 cases in Alaska by then. A Senate Committee could be instrumental in slowing this spread, and I wish to urge you all to support forming such a committee.

I see such a committee as being a very challenging, active committee. If its members are dedicated to keeping current with the national body of research being done in this field, and if they strive to circulate this information in as timely and effective a manner as possible, the Alaskan population will be very well served.

I see the circulation of AIDS prevention information as invaluable to all Alaskans. But there are at least three focuses that the Committee might keep in mind in their effort to extend information as the means to prevent the further spread of AIDS:

- 1) First of all, a focus on health care providers.

Alaska's major hospitals and Public Health Agencies are being kept quite current on AIDS issues. But private practitioners, family doctors, other nurses and care-givers, mental health professionals, and clergy could benefit from more current, readily available information. Such readily available information could help them be more willing and able to work with persons with AIDS-related diagnoses. More medical personelle could then recognize signs of the virus sooner. Earlier diagnosis not only would promote longer, healthier life for the patient, but would also reduce the chance of someone unknowingly spreading the virus.

The better educated all medical and mental health professionals are about safe sex precautions, and about the elimination of high risk behaviors, the more of a role they can have in helping stop the spread of AIDS in Alaska.

2) The second focus of the Committee's AIDS Prevention information is certainly obvious: the Alaskan population at large. The Committee will be challenged to review and consolidate the Nation's best, most accurate, most effective means of educating all segments of Alaska's population regarding AIDS. The Committee should be open to public input and to public requests, and at the same time be capable of dispelling myth and fear, offering instead life-saving facts. Everyone who is sexually active, or who uses interavenous drugs, is at risk for exposure to the AIDS virus. The better people understand this, the safer everyone will be.

There is another very important way in which thorough AIDS knowledge will benefit Alaskans. Not only will it help prevent the spread of the disease itself. The time is finally here when the fear of the disease can also be stopped. It is my experience, and the experience of everyone I have dealt with on this issue, that the more people know about AIDS, the less fearful they are of it.

Overcoming the fear of AIDS, and the fear of those persons with AIDS-related diagnoses, is an absolutely vital step all Alaskans must take in order to meet the AIDS challenge in a reasonable, effective, humane way. As you all know, AIDS is no longer restricted to the United States' original high risk groups. AIDS is now spreading rapidly also in the heterosexual community. The fears and prejudices many have associated with people with AIDS in the past must quickly be put aside so that Alaskans can live together, work together, and care for one another, safely and humanely, as--one by one--we each meet the AIDS issue in our own daily lives.

3) The third group that must be thoroughly educated about AIDS is a subgroup of the Alaskan public that the Committee would have to give special attention to in order to successfully stop the spread of AIDS in Alaska. That group is our young people -- our children and our young adults. For them, sexual activity and discovery is unavoidable. If children do not learn from an early age what sexual practices do or do not put them at risk for AIDS, they will not be safe. No longer can young people 'learn from experience.' Unsafe experience doesn't now just cause pregnancy -- now it can cause death. The Committee will have to research effective methods for addressing Alaska's young people if the spread of AIDS is truly to be stopped here.

In conclusion, I wish to restate my thanks to Senator Kelly and his staff for proposing SR10. I see such an AIDS Prevention Committee as a very active, year-round committee, dedicated to researching and consolidating the Nation's best, most current AIDS information into formats that can be made readily available to all Alaskans throughout the State. This information could take many forms. It could be made available in public information packages. It could include training and awareness programs, or a video-education library. The Committee could consider compiling a public speaker's bureau for AIDS-related topics. It could consider compiling a referral list of doctors, counselors, clergy, agencies, organizations, and individuals who are ready and willing to offer support to persons facing AIDS diagnoses, their families, and their friends.

As legislators strive to fully serve their constituents, they will need AIDS prevention information. The lessening of fear of AIDS, and of people with AIDS-related diagnoses that will result from this information, will allow Alaskans to work caringly and effectively with one another to meet the AIDS challenges. A positive, constructive Senate Committee for AIDS Prevention will help this goal become a reality.

Thank You.

Sara Boesser  
9622 Eagle St.  
Juneau, AK  
99801

789-0462 (h)  
586-5231 (w)

STATE OF ALASKA 1987 LEGISLATIVE SESSION  
FISCAL NOTE

REQUEST: \_\_\_\_\_

Bill Version: SR 10  
Publish Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_  
Title: Establishing a Senate Special Committee on AIDS Prevention  
Sponsor: Senator Tim Kelly  
Requestor: Senate HESS Committee

Agency Affected: Legislative Affairs Agency  
BRU: Legislative Council  
Legislative Leadership  
Components: Session Expenses  
Senate Leadership

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING         | FY 87 | FY 88 | FY 89 | FY 90 | FY 91 | FY 92 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES |       |       |       |       |       |       |
| TRAVEL            |       |       |       |       |       |       |
| CONTRACTUAL       |       |       |       |       |       |       |
| SUPPLIES          |       |       |       |       |       |       |
| EQUIPMENT         |       |       |       |       |       |       |
| LAND & STRUCTURES |       |       |       |       |       |       |
| GRANTS, CLAIMS    |       |       |       |       |       |       |
| MISCELLANEOUS     |       |       |       |       |       |       |
| TOTAL OPERATING   | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| CAPITAL           | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| REVENUE           | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |

FUNDING: (Thousands of Dollars)

|               |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| GENERAL FUND  |  |  |  |  |  |  |
| FEDERAL FUNDS |  |  |  |  |  |  |
| OTHER         |  |  |  |  |  |  |
| TOTAL         |  |  |  |  |  |  |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

ANALYSIS : (Attach a separate page if necessary)

No additional fiscal impact. Funding is contained within Session Expenses and Senate Leadership components.

Prepared by: Pamela A. Stoops, Manager  
Division: Administrative Services  
Approved by: Warren W. Endicott, Executive Director  
Agency: Legislative Affairs Agency

Phone: 465-3850  
Date: 2/25/87  
Date: 2/25/87

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

DISTRIBUTED BY  
SENATOR TIM KELLY

Surgeon  
General's  
Report  
on

ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME



## Foreword



This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans—fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs—addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is *not* spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between \$8 and \$16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

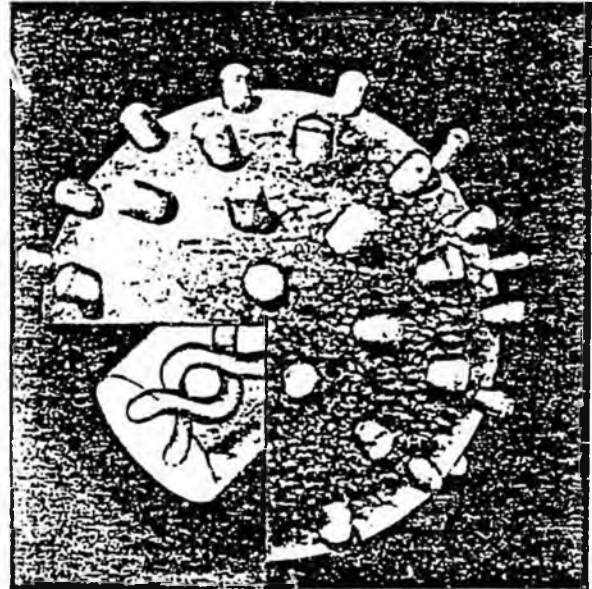


C. Everett Koop, M.D., Sc.D.  
*Surgeon General*

## AIDS

### *AIDS Caused by Virus*

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV"<sup>1</sup>. These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The



*Artist's drawing of AIDS virus with cut away view showing genetic (reproductive) material.*

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<sup>1</sup>These are different names given to AIDS virus by the scientific community:

- HIV — Human Immunodeficiency Virus
- HTLV-III — Human T-Lymphotropic Virus Type III
- LAV — Lymphadenopathy-Associated Virus

AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

#### *No Known Cure*

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

#### *Virus Invades Blood Stream*

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" — using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

## Signs and Symptoms

### *No Signs*

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

### *ARC*

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

### *AIDS*

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and

may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

### Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

### AIDS: the present situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.



### No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

### Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct

contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

#### *Control of Certain Behaviors Can Stop Further Spread of AIDS*

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease—its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

#### *Risks*

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

#### *Sex Between Men*

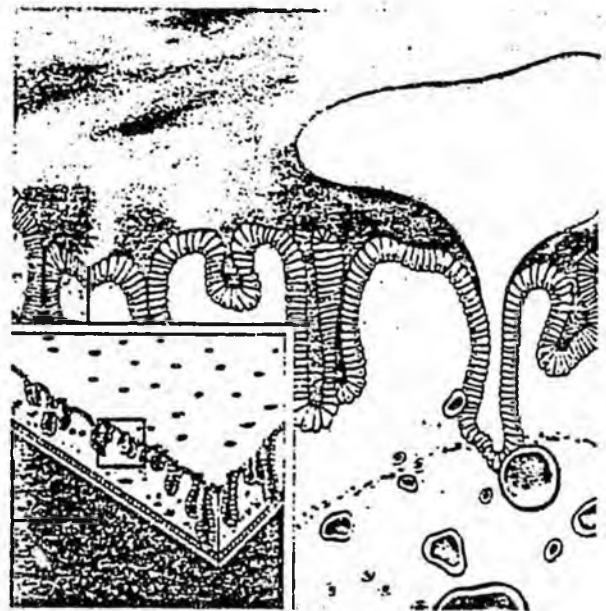
Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

#### *Multiple Partners*

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.



*Vulnerable rectum lining provides avenue for entry of AIDS virus into the blood stream.*



### How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

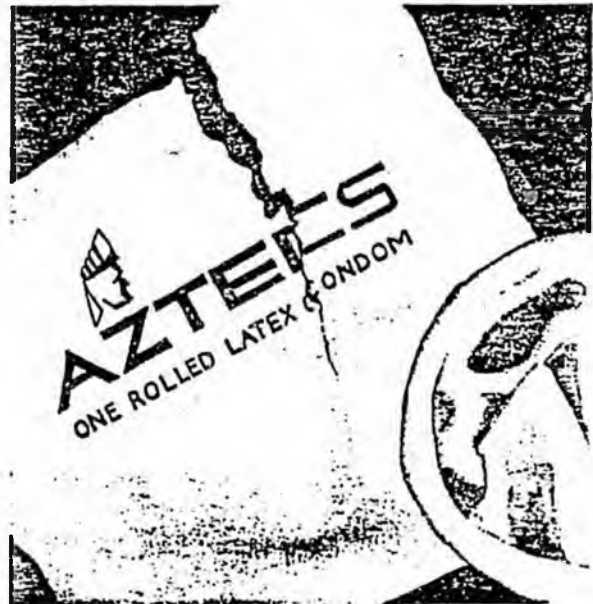
### Prevention of Sexual Transmission - Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

### AIDS: you can protect yourself from infection

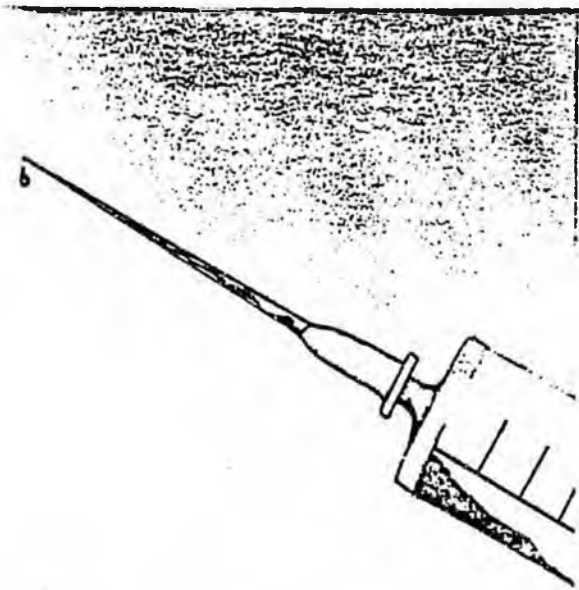
Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).



- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).

- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO* to sex and drugs, they can avoid AIDS which can *kill* them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.



*Dirty intravenous needle and syringe contaminated with blood that may contain the AIDS virus.*

### *Intravenous Drug Users*

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

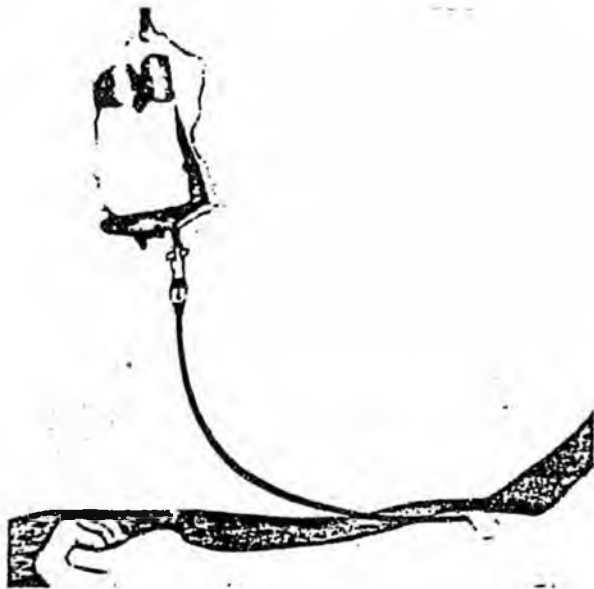
No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a clean, previously unused needle, syringe or any other implement necessary for the injection of the drug solution.

### *Hemophilia*

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

### *Blood Transfusion*

Currently all blood donors are initially screened and blood is *not* accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become



infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should *never* donate blood.

#### *Mother Can Infect Newborn*

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous

drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

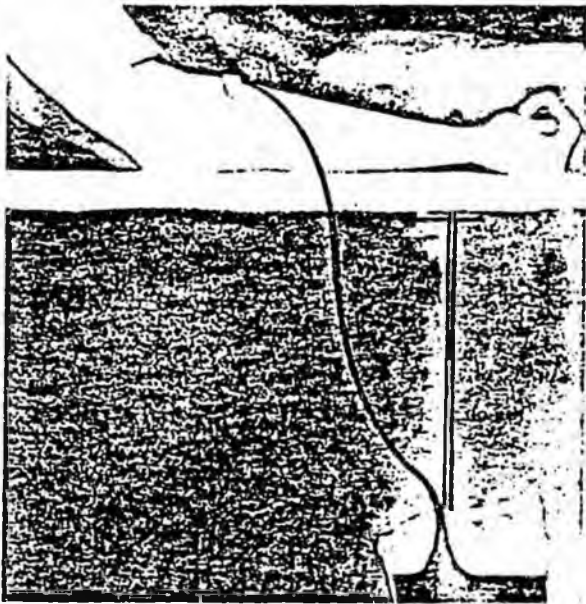
#### *Summary*

*AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.*

#### **AIDS: what is safe**

##### *Most Behavior is Safe*

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus.) AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual contact.



### *Donating Blood*

Donating blood is *not* risky at all. You cannot get AIDS by donating blood.

### *Receiving Blood*

In the U.S. every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

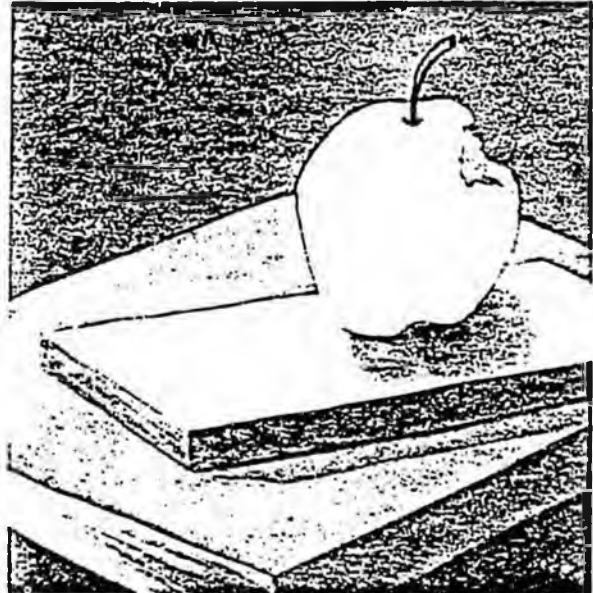
There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS

cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

### *Children in School*

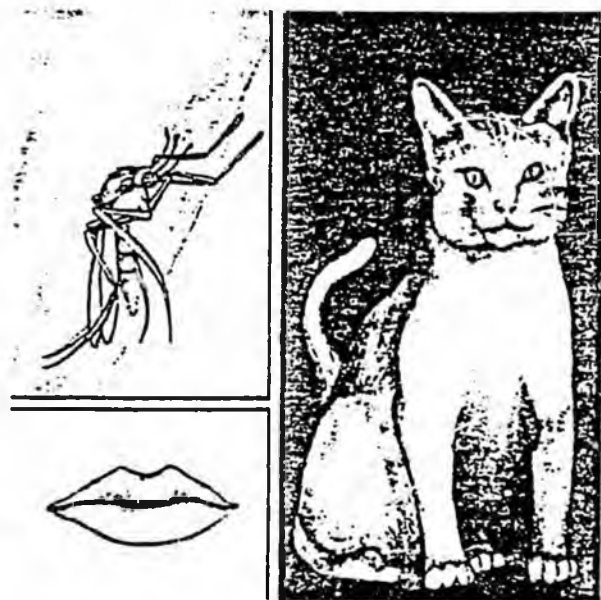
None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open



cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.



### *Insects*

There are no known cases of AIDS transmission by insects, such as mosquitoes.

### *Pets*

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

### *Tears and Saliva*

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

*AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.*

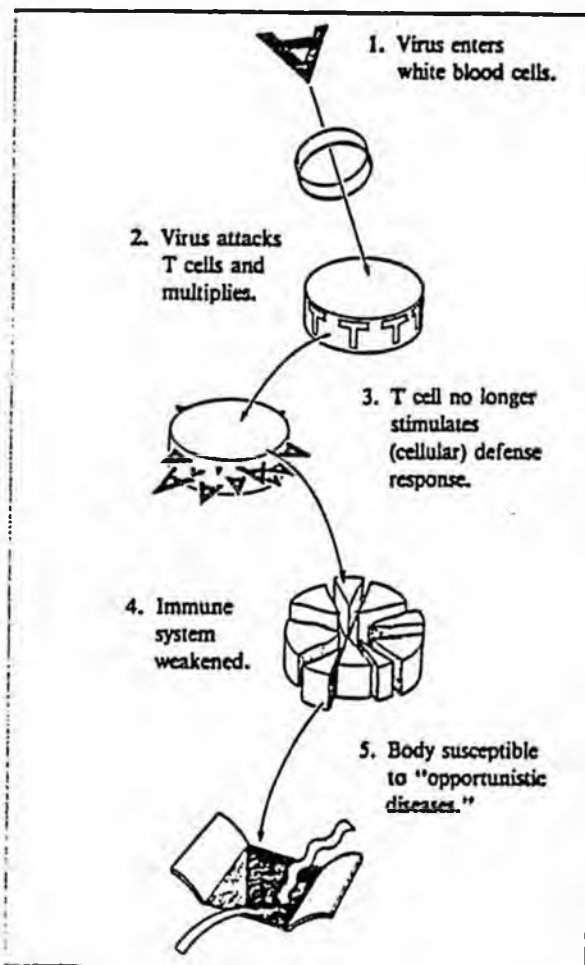
### *Testing of Military Personnel*

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody. The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.

### AIDS: what is currently understood

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the



potential discovery of factors that may better explain the mechanism of AIDS infection.

*Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?*

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

### Summary

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS—for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.

## Look to the Future

### *The Challenge of the Future*

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society: changes that will affect us all.

### *Information and Education Only Weapons Against AIDS*

It is estimated that in 1991 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

### *AIDS will Impact All*

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

### *Be Educated - Be Prepared*

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and your family physician will be able to help you.

## *Concern About Spread of AIDS*

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

### *Special Educational Concerns*

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

### *High Risk Get Blood Test*

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

### *Anger and Guilt*

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.

*Confidentiality*

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts—as is the practice with other sexually transmitted diseases—those infected with the AIDS virus go underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

*State and Local AIDS Task Forces*

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of State and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

*School*

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

*Sex Education*

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

*Handicapped and Special Education*

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental

behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

#### *Labor and Management*

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

#### *AIDS Education at the Work Site*

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients *before* the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

#### *Strain on the Health Care Delivery System*

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities.

#### *Mental Health*

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

#### *Controversial Issues*

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

#### *Compulsory Blood Testing*

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who *test* negatively might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

### *Quarantine*

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

### *Identification of AIDS Carriers by Some Visible Sign*

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

### *Updating Information*

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

### **Additional Information**

#### *Telephone Hotlines (Toll Free)*

PHS AIDS Hotline  
800-342-AIDS  
800-342-2437

National Sexually Transmitted Diseases Hotline/  
American Social Health Association  
800-227-8922

National Gay Task Force  
AIDS Information Hotline  
800-221-7044  
(212) 807-6016 (NY State)

#### *Information Sources*

*U.S. Public Health Service  
Public Affairs Office*  
Hubert H. Humphrey  
Building, Room 725-H  
200 Independence Avenue,  
S.W.  
Washington, D.C. 20201  
Phone: (202) 245-6867

*Local Red Cross or  
American Red Cross  
AIDS Education Office*  
1730 D Street, N.W.  
Washington, D.C. 20006  
Phone: (202) 737-8300

*American Association of  
Physicians for  
Human Rights*  
P.O. Box 14366  
San Francisco, CA 94114  
Phone: (415) 558-9353

*AIDS Action Council*  
729 Eighth Street, S.E.,  
Suite 200  
Washington, D.C. 20003  
Phone: (202) 547-3101

*Gay Men's Health Crisis*  
P.O. Box 274  
132 West 24th Street  
New York, NY 10011  
Phone: (212) 807-6655

*Hispanic AIDS Forum*  
c/o APRED  
853 Broadway, Suite 2007  
New York, NY 10003  
Phone: (212) 870-1902 or  
870-1864

*Los Angeles AIDS Project*  
1362 Santa Monica  
Boulevard  
Los Angeles, California  
90046  
(213) 871-AIDS

businesses, and governments and facilitating a smoothly functioning economy with a minimum expenditure of resources. We believe this legislation will provide significant benefits to consumers. These benefits may take the form of lower prices for goods and services; increased use of goods and services; or the development of new products and repackaging of traditional services in new ways that promote their accessibility and utility to consumers.

We agree with you for the need of comprehensive legislation that would allow banks to compete equitably with other providers of financial services. It is crucial that legislation of this type be enacted in order to maintain a viable as well as a safe and sound banking system. We hope you will agree to introduce this legislation in order that it may be the subject of public debate and consideration in the Senate.

Sincerely,

EDWARD L. TINGLING

By Mr. STEVENS (for himself,  
Mr. MURKOWSKI, and Mr. DAN-  
FORTH):

S. 52. A bill to improve efforts to monitor, assess, and to reduce the adverse impact of driftnets; to the Committee on Commerce, Science, and Transportation.

**PACIFIC DRIFTNET FISHERIES**

Mr. STEVENS. Mr. President, the living marine resources off our coasts are under grave attack from the growing threat of plastic driftnets. These nets are suspended vertically in the water by floats, and are allowed to drift with the high sea currents. The nets are capable of entangling any species of fish, marine mammals, or sea birds which come into contact with them.

The driftnet fleets of Japan, Korea, and Taiwan have been allowed to grow at an alarming rate. The Japanese mothership salmon fishery currently operates 172 catcher vessels in the North Pacific Ocean. The squid and billfish driftnet fisheries sprang up in the late 1970's and have experienced the highest growth in the last 3 years. The combined fleets field over 1,700 vessels in the North Pacific, and set more than 1 million miles of net annually.

The fleets have gone virtually unregulated, and the domestic regulations of the respective nations have a poor enforcement record. Last year, the Coast Guard sighted a number of Japanese and Taiwanese vessels in fishing zones prohibited by the laws of their own countries. The National Marine Fisheries Service law enforcement personnel recently seized 600,000 pounds of illegally caught salmon. The investigation is ongoing, but the preliminary indication is that the salmon were caught by Taiwanese vessels operating on the high seas.

U.S. conservation efforts within the Exclusive Economic Zone over anadromous species, marine mammals, and sea birds are being seriously undermined by these plastic curtains of death. The National Ocean Policy Study held oversight hearings on the impact of these driftnet fisheries. The little information which is available

highlights serious disruption in the marine ecosystem caused by driftnets. It is estimated that over 1 million salmon of U.S. origin are caught or destroyed annually. Further catch statistics will probably reveal that the actual loss is much greater than the current estimates. These fleets also entangle Dall's porpoise, northern fur seals, and sea lions in the nets. The fur seal population of the Pribilof Islands has declined by over 400,000 animals. U.S. scientists believe that as many as 50,000 fur seals die annually as a result of entanglement in nets and other nonbiodegradable marine debris. The oversight hearing also produced testimony on the shocking number of driftnet-related mortalities in the sea bird population. Many of the species killed by the driftnets are protected by the Migratory Bird Treaty.

In response to concerns raised by Alaskan fishermen and the environmental community, I introduced S. 2811 last year. The legislation was designed to increase the availability and reliability of information pertaining to impact of the driftnet fisheries on living marine resources, and to impose further conservation measures within the U.S. Exclusive Economic Zone. S. 2811 passed the Senate Commerce Committee in July without objection, and was brought to the Senate floor in October. Unfortunately, last minute concerns were raised by New England fishermen and further consideration was postponed until this year. The New England fishermen believed that S. 2811 contained an assertion of jurisdiction over fishery resources outside the Exclusive Economic Zone. This concern is unfounded. There is nothing in the legislation which extends U.S. fisheries jurisdiction. The United States has already asserted jurisdiction over anadromous species such as salmon in the Magnuson Act, and our jurisdiction has been formally recognized in international agreements by the Governments of Taiwan, Japan, and Korea.

Mr. President, I am introducing today the legislation in much the same form as S. 2811. Senate Report 99-529 contains a concise explanation of the impact of the driftnet fishing fleets living marine resources. The report also provides an analysis of S. 2811 which serves as the basis for the legislation I am introducing today. Senate hearing 99-562 is another excellent source of information on the driftnet issue.

Several of the provisions contained in S. 2811 have been modified to accommodate concerns raised by the State Department. First, the requirement that observers be placed on all vessels in the Japanese salmon fishery has been changed to require a sufficient number of research observers necessary to ensure 95 percent confidence in the information.

Second, the Secretary of Commerce is granted authority to modify the Sea Bird Protection Zone around the Aleu-

ian Islands upon a finding that such modification will provide an equal or greater degree of protection for sea birds.

Third, the Secretary of State is provided with 2 years to enter into cooperative monitoring and research agreements with foreign nations before joint-venture fishing permits for nations that refuse to enter into such agreements by the end of the 2-year period may be denied.

Finally, a new provision has been included in the legislation which requires the administration to evaluate the feasibility of, and provide recommendations for the use of our Nation's satellite resources to assist in the monitoring of driftnet operations. A coordination of satellite resources is imperative if we are to enforce our anadromous species jurisdiction in a cost-effective manner.

This legislation is critical to the conservation of our living marine resources throughout their migratory range. I call upon my colleagues to become informed on the issue and join with me in this effort.

By Mr. STEVENS:

S. 53. A bill to establish a National Commission on Acquired Immune Deficiency Syndrome; to the Committee on Governmental Affairs.

**NATIONAL COMMISSION ON ACQUIRED IMMUNE DEFICIENCY SYNDROME**

Mr. STEVENS. Mr. President, acquired immune deficiency syndrome, more commonly known as AIDS, which was unknown in 1978, has emerged as a major sexually transmitted disease and has appropriately been placed at the top of the public health agenda by the Department of Health and Human Services. The AIDS virus now infects more than a million people in the United States and, to the best of our knowledge, most of these people will remain carriers for life. At least 100,000 of those people infected with the AIDS virus in the United States are women. Even more frightening are the prospects faced in other parts of the world. Infection in Central Africa, within the so-called AIDS belt, has risen to over 10 million people, accounting for almost one-tenth of the entire population.

The cases of AIDS reported thus far are only the beginning of the expected toll. At least 50 percent of those now infected will, within the next 5 to 10 years, progress to severe disease and death. We know that the virus inflicts serious damage on the immune system, with the resulting inability of the victim to fight off infections. It also causes gross impairment of the brain. In some cases, the brain is reduced by massive tissue destruction to one-third its normal size. Other life-threatening forms of this disease include at least three forms of cancer—all potentially lethal; infiltration of the lungs with white blood cells; and

impairment of the clotting components of the blood.

If the spread of AIDS is not checked, the present epidemic will become a catastrophe. More than 1 in 10 Americans may be infected by this virus in the foreseeable future. In a recent report issued by the Surgeon General, Dr. Everett Koop, it is estimated that, by the year 1991, patients with AIDS will need health and supportive services at a total cost of between \$6 and \$16 billion. A constantly increasing population of AIDS patients will severely burden the health care system and cripple our armed services. I believe this situation demands both immediate action to stem the spread of infection and a long-term national commitment to produce a vaccine and therapeutic drugs.

Education is the key, along with basic scientific research. The National Academy of Sciences has indicated that a program of research will require at least \$1 billion by 1990, with additional monetary commitments over many years. We have made only a start in meeting this crucial need. In the fiscal year 1987 continuing resolution, \$396 million was provided for public health activities aimed at preventing and treating AIDS. This is in addition to the \$21.3 million Congress appropriated, at my request, to fight AIDS in the military.

Federal agencies, including the National Institutes of Health, the Centers for Disease Control, and the Food and Drug Administration, have contributed enormously to the acquisition of knowledge about AIDS and the HTLV-III virus and to the development of techniques to help in its efforts with several Federal agencies, and is soliciting and reviewing extramural research proposals. I want them to continue their efforts, but greater involvement of the academic and private sectors must be encouraged. We need to determine the appropriate level of our national effort. There is also a need to mobilize existing resources, both fiscal and manpower, and encourage cooperation between the public and private sectors. To fill these needs—and also to inform the American public, Congress, and the executive branch—I have introduced legislation to form a National Commission on AIDS.

This Commission will be charged with comprehensively examining the AIDS issue, including research and current health care efforts; encouraging other public and private groups to become involved in domestic and international efforts on AIDS; and studying the employment, housing, and insurance problems incurred by individuals with AIDS, as well as any legal or ethical issues or violations of civil rights. The Commission will be asked to submit a report to Congress and the President making recommendations for legislative and administrative actions to prevent and treat AIDS, to provide education and information

about this disease, to provide assistance to individuals having AIDS, and to coordinate our Nation's spending priorities relative to this disease.

Mr. President, we need to mobilize all existing resources through more effective coordination between the public and private sectors. To meet this need, and also to inform the American public, Congress, and the President, we must establish a National Commission on AIDS. I ask my colleagues to support this bill.

By Mr. CHILES:

S. 64. A bill to amend the Agricultural Adjustment Act to permit marketing orders to provide for paid advertising for Florida-grown strawberries; to the Committee on Agriculture, Nutrition, and Forestry.

PAID ADVERTISING FOR FLORIDA-GROWN STRAWBERRIES

Mr. CHILES. Mr. President, I am pleased to introduce legislation which will be of great assistance to Florida's strawberry growers. As you know, Florida is an important and growing producer of strawberries. The Florida Strawberry Growers Association has been very successful in strawberry research, marketing, and services to its members.

Florida strawberry growers, through the Florida Strawberry Growers Association of Agriculture for the eventual establishment of a Federal marketing order for strawberries in the State of Florida. An important part of this marketing order will be paid advertising. Provisions for paid advertising in the marketing order will greatly assist the growers in their promotion efforts.

The Agricultural Marketing Agreement Act of 1937 did not make provision for paid advertising as part of a marketing order. But through the years the act has been amended to allow such advertising for many commodities. Marketing orders for almonds, cherries, papayas, carrots, citrus fruits, onions, tokay grapes, fresh pears, dates, plums, nectarines, celery, sweet corn, limes, olives, pecans, avocados, apples, and tomatoes may all involve paid advertising. The legislation I am introducing would add Florida strawberries to that group.

I commend Florida's strawberry growers on their successful efforts to promote their product and am pleased to introduce this legislation on their behalf.

I ask unanimous consent that the text of my bill be printed in the Record.

There being no objection, the bill was ordered to be printed in the Record, as follows:

S. 64

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PAID ADVERTISING FOR FLORIDA-GROWN STRAWBERRIES UNDER MARKETING ORDERS.

The first provision of section 602(x)(1) of the Agricultural Adjustment Act, enacted

with amendments by the Agricultural Marketing Agreement Act of 1937 (7 U.S.C. 602c(x)(1)), is amended by striking out "or tomatoes" and inserting in lieu thereof "or tomatoes, or Florida-grown strawberries.".

By Mr. HECHT (for himself, Mr. Reid, Mr. Symms, Mr. Nickles, Mr. Gramm, Mr. McClure, Mr. Waller, Mr. Grassley, Mr. Hatch, Mr. Cochran, Mr. Melcher, and Mr. Wilson):

S. 65. A bill entitled the "Highway Speed Modification Act of 1987"; to the Committee on Commerce, Science, and Transportation.

HIGHWAY SPEED MODIFICATION ACT

Mr. HECHT. Mr. President, today I am reintroducing legislation I sponsored almost 2 years ago to modify the 55-miles-per-hour speed limit law. Since the introduction of that bill, S. 329, I have been impressed with the enormous public interest in this legislation and their support for changing this outdated law. Obviously, Congress holds the same viewpoint since just last fall, during consideration of the 1986 highway reauthorization bill, an amendment to change the 55-miles-per-hour law sponsored by Senator Symms and myself passed this body by a vote of 56 to 38. Under the provisions of that amendment, individual States would have been allowed to raise speed limits on rural interstate highways up to 65-miles-per-hour; however, only if the Governor so chooses.

The legislation I am offering today, Mr. President, is very similar to what the Senate approved last fall. Simply put, this bill, S. 65, allows our States the right to raise the speed limit up to 65 on all roads, interstate and noninterstate. It takes into full consideration that in high-density population areas, speeds should remain at 55. But it also acknowledges that our States are the only entities best suited to know what roads and highways are capable of being traveled at high speeds. And, most importantly, it returns that right back where it belongs, with the States.

Mr. President, there has been much written and said about whether or not we should change the 55-miles-per-hour law. I think there is no question we should, and it is obvious that most Americans think so too. In fact, it is estimated that today over 75 percent of all drivers do not comply. Why then should we not bring back some common sense and reality to the issue? Why should we not return this job back to our States? And, why must the Federal Government remain in the business of telling Americans how they should or should not drive?

I am pleased today, Mr. President, to be joined by Senators Reid, Symms, Nickles, Gramm, McClure, Waller, Grassley, Hatch, Cochran, Melcher, and Wilson in sponsoring this legislation. In a meeting Senator Symms and I had in the Oval Office last fall, President Reagan endorsed a change

1 reduce the incidence of acquired immune deficiency  
2 syndrome and to address problems encountered by indi-  
3 viduals having such syndrome;

4 (2) monitor the progression of acquired immune  
5 deficiency syndrome among the general population and  
6 among specific risk groups;

7 (3) evaluate research activities relating to the pre-  
8 vention and treatment of acquired immune deficiency  
9 syndrome;

10 (4) evaluate health services provided to individuals  
11 with acquired immune deficiency syndrome;

12 (5) analyze the efforts of State and local public  
13 health agencies to combat acquired immune deficiency  
14 syndrome;

15 (6) study legal and ethical issues relating to ac-  
16 quired immune deficiency syndrome;

17 (7) study the problems encountered by individuals  
18 having acquired immune deficiency syndrome in—

19 (A) obtaining and maintaining employment;

20 (B) participating in public and private educa-  
21 tional systems;

22 (C) obtaining housing; and

23 (D) obtaining and retaining insurance;

24 (8) study potential violations of the civil rights of  
25 individuals having acquired immune deficiency syn-

1 drome, including possible violations of rights of privacy  
2 and confidentiality;

3 (9) study the effect that acquired immune deficien-  
4 cy syndrome has had on the armed forces, including  
5 the effect on the recruitment and retention of person-  
6 nel;

7 (10) evaluate efforts by educational institutions  
8 and other public and private entities to provide educa-  
9 tion and information concerning acquired immune defi-  
10 ciency syndrome;

11 (11) identify public and private financial resources  
12 available to prevent and treat acquired immune defi-  
13 ciency syndrome, to provide education and information  
14 concerning such syndrome, and to provide assistance to  
15 individuals having such syndrome;

16 (12) encourage Federal, State, and local agencies,  
17 philanthropic organizations, businesses, labor organiza-  
18 tions, print and broadcast media, academic institutions,  
19 and other public and private entities to participate to  
20 the maximum extent feasible in activities to prevent  
21 and treat acquired immune deficiency syndrome and to  
22 provide assistance to individuals having such syndrome;

23 (13) encourage Federal agencies and other appro-  
24 priate public and private entities to participate in inter-

1 national efforts relating to acquired immune deficiency  
2 syndrome; and

3 (14) prepare the report required by subsection (b).

4 (b) Within 18 months after the date of enactment of this  
5 Act, the Commission shall prepare and transmit to the Presi-  
6 dent and the Congress a report describing the activities of the  
7 Commission and containing such recommendations as the  
8 Commission considers appropriate for legislative and adminis-  
9 trative actions to prevent and treat acquired immune defi-  
10 ciency syndrome, to provide education and information con-  
11 cerning such syndrome, and to provide assistance to individ-  
12 uals having such syndrome.

13 MEMBERSHIP OF THE COMMISSION

14 SEC. 4. (a) The Commission shall be composed of—

15 (1) the Attorney General;

16 (2) the Secretary of Defense;

17 (3) the Secretary of Education;

18 (4) the Secretary of Health and Human Services;

19 (5) the Secretary of Labor;

20 (6) the Secretary of State; and

21 (7) 15 members appointed by the President, of

22 which—

23 (A) 6 members shall be Federal, State, and  
24 local officials who have expertise and experience  
25 in the delivery of health care services;

1 (B) 3 members shall be representatives of  
2 academic institutions which conduct research on  
3 acquired immune deficiency syndromes;

4 (C) 3 members shall be representatives of  
5 public and nonprofit private organizations involved  
6 in activities relating to acquired immune deficien-  
7 cy syndrome; and

8 (D) 3 members shall be representatives of  
9 the general public.

10 (b)(1) The President shall appoint the members of the  
11 Commission described in subsection (a)(7) within 60 days  
12 after the date of enactment of this Act.

13 (2) In appointing members of the Commission under  
14 subsection (a)(7), the President shall ensure that the members  
15 of the Commission have knowledge and technical expertise in  
16 the areas of responsibility specified for the Commission in  
17 section 3(a).

18 (c) A vacancy in the Commission shall be filled in the  
19 same manner as the original appointment was made. A va-  
20 cancy in the Commission shall not affect its powers.

21 (d)(1) Except as provided in paragraph (2), members  
22 shall be appointed for the life of the Commission.

23 (2) If any member of the Commission who was appoint-  
24 ed to the Commission under paragraphs (1) through (3) of  
25 subsection (a) leaves the office specified under any such para-

1 graph, such individual may continue as a member of the  
2 Commission for a period not in excess of thirty days begin-  
3 ning on the date such individual leaves that office.

4 (e) The members of the Commission shall elect a Chair-  
5 man from among the members of the Commission.

6 (f) Eleven members of the Commission shall constitute a  
7 quorum, but a lesser number may hold hearings.

8 (g) The Commission shall hold its first meeting on a date  
9 specified by the President which is not later than 90 days  
10 after the date of enactment of this Act. Thereafter, the Com-  
11 mission shall meet at the call of the Chairman or a majority  
12 of its members, but shall meet at least three times during the  
13 life of the Commission.

14 (h)(1) Each member of the Commission who is not an  
15 officer or employee of the United States shall be compensated  
16 at a rate equal to the daily equivalent of the annual rate of  
17 basic pay prescribed for grade GS-18 of the General Sched-  
18 ule under section 5332 of title 5, United States Code, for  
19 each day (including traveltime) during which such member is  
20 engaged in the actual performance of duties as a member of  
21 the Commission. Each member of the Commission who is an  
22 officer or employee of the United States shall receive no addi-  
23 tional compensation.

24 (2) While away from their homes or regular places of  
25 business in the performance of duties for the Commission, all

1 members of the Commission shall be allowed travel expenses,  
2 including per diem in lieu of subsistence, at rates authorized  
3 for employees of agencies under sections 5702 and 5703 of  
4 title 5, United States Code.

5                   DIRECTOR AND STAFF OF COMMISSION

6           SEC. 5. (a) The Commission shall appoint an Executive  
7 Director who shall be compensated at a rate not to exceed  
8 the rate of basic pay prescribed for level V of the Executive  
9 Schedule under section 5316 of title 5, United States Code.

10           (b) With the approval of the Commission, the Executive  
11 Director may appoint and fix the compensation of such addi-  
12 tional personnel as the Executive Director considers neces-  
13 sary to carry out the duties of the Commission.

14           (c) The Executive Director and the additional personnel  
15 of the Commission referred to in subsection (b) may be ap-  
16 pointed without regard to the provisions of title 5, United  
17 States Code, governing appointments in the competitive serv-  
18 ice, and may be paid without regard to the provisions of  
19 chapter 51 and subchapter III of chapter 53 of such title  
20 relating to classification and General Schedule pay rates.

21           (d) Subject to such rules as may be prescribed by the  
22 Commission, the Executive Director may procure temporary  
23 or intermittent services under section 3109(b) of title 5,  
24 United States Code, at rates for individuals not to exceed  
25 \$200 per day.

1 (e) Upon request of the Commission, the head of any  
2 Federal agency is authorized to detail, on a reimbursable  
3 basis, any of the personnel of such agency to the Commission  
4 to assist the Commission in carrying out its duties under this  
5 Act.

6 (f) The Administrator of General Services shall provide  
7 to the Commission on a reimbursable basis such administra-  
8 tive and support services as the Commission may request.

9 POWERS OF COMMISSION

10 SEC. 6. (a) For the purpose of carrying out this Act, the  
11 Commission may hold such hearings, sit and act at such  
12 times and places, take such testimony, and receive such evi-  
13 dence, as the Commission considers appropriate. The Com-  
14 mission may administer oaths or affirmation to witnesses ap-  
15 pearing before the Commission.

16 (b) Any member or employee of the Commission may, if  
17 authorized by the Commission, take any action which the  
18 Commission is authorized to take by this section.

19 (c) The Commission may secure directly from any Fed-  
20 eral agency such information as may be necessary to enable  
21 the Commission to carry out this Act. Upon request of the  
22 Chairman of the Commission, the head of such agency shall  
23 furnish such information to the Commission.

24 DEFINITIONS

25 SEC. 7. For purposes of this Act—

1           (1) the term "Commission" means the National  
2           Commission on Acquired Immune Deficiency Syn-  
3           drome established by section 2; and

4           (2) the term "Federal agency" has the meaning  
5           given to the term "agency" in section 551(1) of title 5,  
6           United States Code.

7                           AUTHORIZATION OF APPROPRIATIONS

8           SEC. 8. For fiscal years beginning after September 30,  
9           1987, there are authorized to be appropriated such sums as  
10          may be necessary to carry out this Act.

11                           TERMINATION

12          SEC. 9. The Commission shall terminate 90 days after  
13          the date on which the Commission transmits the report re-  
14          quired under section 3(b) to the President and the Congress.



# EPIDEMIOLOGY BULLETIN

EPIDEMIOLOGY OFFICE  
 DIVISION OF PUBLIC HEALTH  
 DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 STATE OF ALASKA  
 3601 C Street Pouch 6333  
 Anchorage, Alaska 99502-0333  
 (907) 561-4406

DEPARTMENT OF  
 ALASKA STATE LIBRARY

John Pugh, Commissioner  
 Department of Health  
 and Social Services

Editor: John Middaugh, M.D.

BULLETIN NUMBER 2

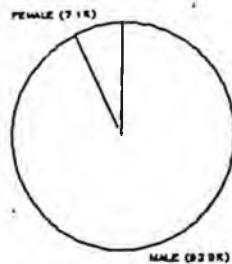
WEEK ENDING JANUARY 24, 1986

## AIDS IN ALASKA

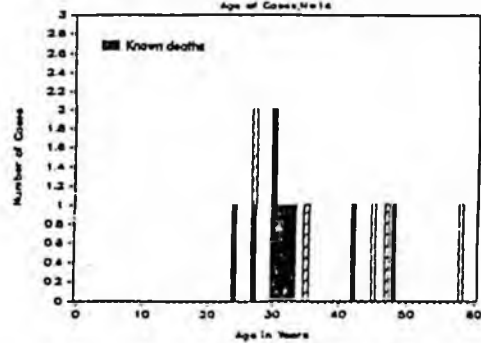
Through January 1986, 14 Alaskans have been confirmed to have AIDS. All AIDS patients have been adults and members of identified high risk groups. In 1985 the Division of Public Health established five sites in order to make accessible to Alaskans blood testing to detect infection with HTLV-III. Through January 15, 1986, 92 of 948 (9.7%) individuals tested were positive for HTLV-III infection. HTLV-III test results by risk category include:

| RISK CATEGORY  | HTLV-III RESULTS |                |
|--|------------------|----------------|
|  | no. positive/    | no. tested (%) |
| Homosexual or Bisexual   | 74/309           | (24.0)         |
| IV Drug User   | 0/38             | (0)            |
| Hemophilia/Coagulation Disorder                                | 2/2              | (100.0)        |
| Heterosexual Contact with person with AIDS or at risk for Aids | 2/7              | (28.6)         |
| Transfusion with blood/blood products                          | 1/10             | (10.0)         |
| All others   | 18/582           | (3.1)          |

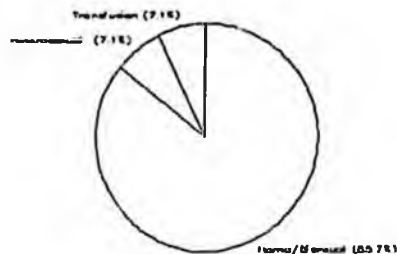
AIDS--ALASKA, through Jan, 1986  
Sex of Cases



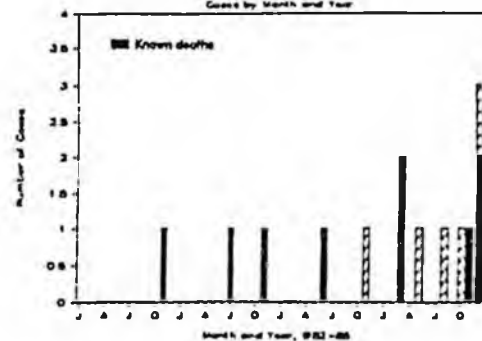
AIDS--ALASKA, through Jan, 1986



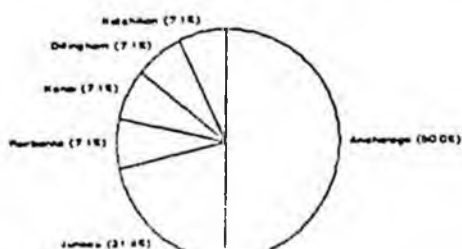
AIDS--ALASKA, through Jan, 1986  
Risk Category No 14



AIDS--ALASKA, 1982-85  
Cases by Month and Year



AIDS--ALASKA, through Jan, 1986  
Place of Occurrence, No 14



**STATE OF ALASKA 1987 LEGISLATIVE SESSION  
FISCAL NOTE**

**REQUEST:** \_\_\_\_\_

Bill Version : SR 10  
Publish Date : \_\_\_\_\_

Revision Date: \_\_\_\_\_  
Title: Establishing a Senate Special Committee on AIDS Prevention  
Sponsor: Senator Jim Kelly  
Requestor: Senate HESS Committee

Agency Affected: Legislative Affairs Agency  
BRU: Legislative Council  
Legislative Leadership  
Components: Session Expenses  
Senate Leadership

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

| OPERATING         | FY 87 | FY 88 | FY 89 | FY 90 | FY 91 | FY 92 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES |       |       |       |       |       |       |
| TRAVEL            |       |       |       |       |       |       |
| CONTRACTUAL       |       |       |       |       |       |       |
| SUPPLIES          |       |       |       |       |       |       |
| EQUIPMENT         |       |       |       |       |       |       |
| LAND & STRUCTURES |       |       |       |       |       |       |
| GRANTS, CLAIMS    |       |       |       |       |       |       |
| MISCELLANEOUS     |       |       |       |       |       |       |
| TOTAL OPERATING   | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |

|         |     |     |     |     |     |     |
|---------|-----|-----|-----|-----|-----|-----|
| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
|---------|-----|-----|-----|-----|-----|-----|

|         |     |     |     |     |     |     |
|---------|-----|-----|-----|-----|-----|-----|
| REVENUE | -0- | -0- | -0- | -0- | -0- | -0- |
|---------|-----|-----|-----|-----|-----|-----|

**FUNDING: (Thousands of Dollars)**

|               |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| GENERAL FUND  |  |  |  |  |  |  |
| FEDERAL FUNDS |  |  |  |  |  |  |
| OTHER         |  |  |  |  |  |  |
| TOTAL         |  |  |  |  |  |  |

**POSITIONS:**

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

**ANALYSIS : (Attach a separate page if necessary)**

No additional fiscal impact. Funding is contained within Session Expenses and Senate Leadership components.

Prepared by: Pamela A. Stoops, Manager  
Division: Administrative Services

Phone: 465-3850  
Date: 2/25/87

Approved by: Warren W. Endicott, Executive Director  
Agency: Legislative Affairs Agency

Date: 2/25/87

**Distribution (by preparer):**

Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)  
Senate Secretary

|        |                                     |           |                                     |               |                          |                  |                          |                 |                          |
|--------|-------------------------------------|-----------|-------------------------------------|---------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| TO     | Margi                               | DATE      | 2-6                                 | TIME          |                          | AM               |                          | PM              |                          |
| FROM   | M Sarah                             | AREA CODE | 502                                 | NUMBER        | 5271                     |                  |                          |                 |                          |
| OF     | Boesser                             | EXTENSION |                                     |               |                          |                  |                          |                 |                          |
| MES    | SR10 --                             |           |                                     |               |                          |                  |                          |                 |                          |
| SAGE   | Interested in possible              |           |                                     |               |                          |                  |                          |                 |                          |
|        | Testimony - let her know            |           |                                     |               |                          |                  |                          |                 |                          |
|        | per Davis in 5/10/82                |           |                                     |               |                          |                  |                          |                 |                          |
|        | 4922                                |           |                                     |               |                          |                  |                          |                 |                          |
| PHONED | <input checked="" type="checkbox"/> | CALL BACK | <input checked="" type="checkbox"/> | RETURNED CALL | <input type="checkbox"/> | WANTS TO SEE YOU | <input type="checkbox"/> | WILL CALL AGAIN | <input type="checkbox"/> |
| URGENT | <input type="checkbox"/>            | WAS IN    | <input type="checkbox"/>            |               |                          |                  |                          |                 |                          |

|        |                                     |           |                          |               |                          |                  |                          |                 |                          |
|--------|-------------------------------------|-----------|--------------------------|---------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| TO     | Senator                             | DATE      | 2-25                     | TIME          |                          | AM               |                          | PM              |                          |
| FROM   | M Wendy Porter                      | AREA CODE |                          | NUMBER        |                          |                  |                          |                 |                          |
| OF     | Janeau                              | EXTENSION |                          |               |                          |                  |                          |                 |                          |
| MES    | SR10 → support                      |           |                          |               |                          |                  |                          |                 |                          |
| SAGE   | this bill                           |           |                          |               |                          |                  |                          |                 |                          |
|        |                                     |           |                          |               |                          |                  |                          |                 |                          |
| PHONED | <input checked="" type="checkbox"/> | CALL BACK | <input type="checkbox"/> | RETURNED CALL | <input type="checkbox"/> | WANTS TO SEE YOU | <input type="checkbox"/> | WILL CALL AGAIN | <input type="checkbox"/> |
| URGENT | <input type="checkbox"/>            | WAS IN    | <input type="checkbox"/> |               |                          |                  |                          |                 |                          |

|        |                                     |           |                          |               |                          |                  |                          |                 |                          |
|--------|-------------------------------------|-----------|--------------------------|---------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| TO     | Senator Crumlett                    | DATE      | 2-25                     | TIME          |                          | AM               |                          | PM              |                          |
| FROM   | M Verity Crumlett                   | AREA CODE |                          | NUMBER        |                          |                  |                          |                 |                          |
| OF     | Janeau                              | EXTENSION |                          |               |                          |                  |                          |                 |                          |
| MES    | Just referring                      |           |                          |               |                          |                  |                          |                 |                          |
| SAGE   | Support for SR10                    |           |                          |               |                          |                  |                          |                 |                          |
|        |                                     |           |                          |               |                          |                  |                          |                 |                          |
| PHONED | <input checked="" type="checkbox"/> | CALL BACK | <input type="checkbox"/> | RETURNED CALL | <input type="checkbox"/> | WANTS TO SEE YOU | <input type="checkbox"/> | WILL CALL AGAIN | <input type="checkbox"/> |
| URGENT | <input type="checkbox"/>            | WAS IN    | <input type="checkbox"/> |               |                          |                  |                          |                 |                          |

all work  
 3030  
 Midland  
 2 weeks  
 March  
 -3090  
 current report on  
 present AIDS programs  
 32 cases doubled since last  
 year '82 to increase  
 Prevention / Ed.  
 focus -  
 - National Epidemic -  
 \* what needs to be addressed  
 that isn't  
 Kelly  
 Meeting w/ Atlanta Georgia  
 re Insurance  
 Center for Disease Control

|   |                                     |                   |                                     |               |                          |                  |                          |                 |                          |
|---|-------------------------------------|-------------------|-------------------------------------|---------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| P<br>H<br>O<br>N<br>E<br>M<br>E<br>M<br>O | TO                                  | Senator           | DATE                                | 2-25          | TIME                     |                  | AM                       |                 | PM                       |
|   | FROM                                | M Lavedi Lafferty | AREA CODE                           |               | NUMBER                   |                  |                          |                 |                          |
|   | OF                                  | Janeau            | EXTENSION                           |               |                          |                  |                          |                 |                          |
| MES                                       | SR10 → supports this                |                   |                                     |               |                          |                  |                          |                 |                          |
| SAGE                                      | wants Senator to support            |                   |                                     |               |                          |                  |                          |                 |                          |
|   |                                     |                   |                                     |               |                          |                  |                          |                 |                          |
| PHONED                                    | <input checked="" type="checkbox"/> | CALL BACK         | <input checked="" type="checkbox"/> | RETURNED CALL | <input type="checkbox"/> | WANTS TO SEE YOU | <input type="checkbox"/> | WILL CALL AGAIN | <input type="checkbox"/> |
| URGENT                                    | <input type="checkbox"/>            | WAS IN            | <input type="checkbox"/>            |               |                          |                  |                          |                 |                          |

# AIDS Q&A

## Facts on how virus is transmitted

By LAWRENCE K. ALTMAN  
The New York Times

NEW YORK — As AIDS continues its spread, mounting fear over the epidemic has been matched by persistent confusion as to how the virus that causes the disease is transmitted.

More than 30,000 cases of acquired immune deficiency syndrome have been reported in the United States since 1981, when the disease was first identified. More than half the patients have died. Most victims in this country have been homosexual men and intravenous drug abusers.

Four percent of cases have been attributed to the spread of the virus through heterosexual intercourse with a member of the known high-risk groups: bisexual men, drug abusers or those infected by contaminated transfusions or blood products. An unknown share of the additional 3 percent of cases with undetermined causes may have spread through heterosexual intercourse as well.

Part of the mystery and fear about AIDS arises from the fact that many carriers of the virus are not aware of it. The virus can lurk in the body without causing disease and, among those who develop AIDS, the average time between infection and diagnosis of AIDS may be five years or more.

While much remains to be learned about AIDS, scientists can assert with confidence that studies of victims and patterns have provided a clear picture of how the spread in this country, and how it has not.

**Q: How does AIDS spread?**

**A:** Many studies have documented the spread of virus to an uninfected person through anal intercourse with an infected person; through exchange of blood, such as on contaminated hypodermic needles; from infected mothers to their infants before or during birth, possibly through breast-feeding of infants. Many studies have shown that people do not become infected with the virus as a result of routine, non-intimate contacts in the workplace.

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**Q: Who is now infected with the AIDS virus?**

**A:** Experts estimate that up to 1.5 million Americans are infected with the AIDS virus. Most of these are homosexual men and intravenous drug users, but a small, perhaps growing portion are men or women who were infected through heterosexual intercourse with a drug user or bisexual man. Each infected person is presumed to be capable of spreading the virus to others through sexual intercourse or through blood, as in sharing contaminated needles.

Anyone who has had sexual relations with a homosexual or bisexual man in the last decade, or who has used a non-sterile needle to take drugs in the same period, is at risk of infection. The infection was rare in the United States in the late 1970s, then spread among homosexual men and drug users exponentially in the early 1980s.

**Q: How can a person tell if he or she is infected with the AIDS virus?**

**A:** The blood test for AIDS infection detects the presence of AIDS virus antibodies, substances the body produces in response to invasion by the virus. Those who fear they may be infected can get the blood test through a personal doctor or through anonymous testing centers in many cities throughout the country.

**Q: What proportion of those infected with the AIDS virus will develop AIDS?**

**A:** Scientists believe that AIDS infection persists for life. Only with time will scientists learn what proportion of virus carriers go on to develop AIDS or related afflictions. According to recent estimates by the federal Centers for Disease Control in Atlanta, from 20 percent to 30 percent of carriers will develop AIDS within five years of infection. Only with time will it be known what percentage of infected people will go on to develop AIDS later.

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# AIDS Q&A:

## Some basic facts on how virus is transmitted

**Q:** Are some types of sexual intercourse more dangerous than others?

**A:** Many experts believe that the AIDS virus spreads more readily in anal intercourse than in vaginal intercourse because anal sex often involves breaks in rectal tissues, thus allowing easier entry of the virus into the bloodstream. Studies suggest that the receptive partner in anal sex is at greater risk. One study has suggested that the virus may be able to directly infect cells in the colon.

**Q:** Can the virus spread from an infected person in ordinary vaginal intercourse?

**A:** Several studies have clearly shown that it can, and that it can spread both from a man to a woman and from a woman to a man in intercourse. Some experts believe transmission occurs far less often from a woman to a man than from a man to a woman, but this point is debated. The virus has been found both in semen and in vaginal secretions of infected people.

**Q:** How is the virus transmitted in vaginal intercourse?

**A:** Scientists are not certain. One theory is that the virus passes through invisible breaks in the surface inside the vagina or on the penis. Some experts believe the virus may also enter through mucous membranes or other soft tissues in the genital areas. No one knows if the virus can penetrate the lining of the male urethra, the tubelike passage through which urine flows.

**Q:** What is the risk of spreading the virus from a single act of vaginal intercourse with an infected person?

**A:** Precise data are lacking. From indirect evidence, federal scientists judge the risk of transmission in a single encounter to be low. Quantification is complex: Some infected people have said that they had only a single exposure, while other people who have had hundreds of exposures have escaped infection. Still, several studies have shown that with repeated intercourse over time, as many as half the sexual partners of infected men or women become infected.

In Africa, where vaginal intercourse is believed to be the major means of spreading AIDS, studies suggest that the virus may pass more easily among people who have had gonorrhea, genital herpes or other sexually transmitted diseases, perhaps as a result of open sores in the skin of the genital area and the presence there of larger than usual numbers of the types of white blood cells that the virus invades.

**Q:** Can the virus spread through oral sex?

**A:** Federal epidemiologists suspect that it can because the virus is present in semen and vaginal secretions and thus might enter the cells of the body through cuts or mucous membranes in the mouth or throat. However, they have not documented any such cases.

**Q:** Is it dangerous to kiss an infected person?

**A:** Minute amounts of the AIDS virus have been found in the saliva of some virus carriers, but no cases of transmission by kissing have been documented. Experts say there is no danger in a peck on the cheek of an infected person but they recommend against any exchange of saliva and deep kissing with an infected person.

**Q:** Do condoms protect against the spread of the virus?

**A:** Laboratory studies show that the virus cannot pass through condoms, and they are believed to offer a high degree of protection. However, condoms are not foolproof. They may tear, slip or be misused and in one study two cases were documented in which the virus passed between partners who used condoms in intercourse over an extended period. Because the virus may be present in men's pre-ejaculation emissions and in vaginal secretions, experts recommend that condoms be used throughout the sex act.

**Q:** Is there greater likelihood of viral spread when a woman is menstruating?

**A:** No data exist on this point, but some experts suspect that it is so.

**Q:** Are blood transfusions and blood products safe?

**A:** Before the availability of the test for AIDS infection in early 1985, thousands of Americans became infected with the AIDS virus from transfusions of contaminated blood from infected donors. Many hemophiliacs were infected by contaminated blood products.

But now, because of rigorous testing of donated blood, the risk of AIDS infection from a transfusion is extremely low. Blood products for hemophiliacs also receive treatment to kill the AIDS virus and are now considered free of it. There is no risk of a blood donor acquiring AIDS because a clean new needle is used for each individual.

**Q:** Can the virus spread from a bleeding sore or cut, or from vomit, urine or feces of an infected person?

**A:** The danger to people exposed to such substances is considered slight because the contaminated substance must find an entry point into the body, such as through an open wound. However, experts advise standard hygienic precautions and greater care if someone is handling a nosebleed or other excretions from an infected person.

**Q:** Can the AIDS virus be spread in swimming pools, hot tubs or saunas?

**A:** Standard chlorination and heat are sufficient to kill the virus, so chlorinated pools and hot tubs are safe. Experts consider it extremely unlikely that the virus could spread in a sauna; no such cases have been detected.

**Q:** Why has AIDS spread among drug addicts?

**A:** When intravenous drug users share unsterile needles and equipment, traces of blood contaminated with the AIDS virus may be injected into the bloodstream of subsequent users of the same needle. Experts consider repeated exposure to the virus through shared needles particularly dangerous. Studies have shown that doctors and nurses who accidentally stuck themselves once or twice with a needle that had been used on an infected person did not become infected.