MCN
MIGRANT CLINICIANS NETWORK

July 25, 1988

Donald Ian MacDonald, M.D.
Special Assistant To The President
Old Executive Office Building
17th and G Street
Room 460
Washington, D.C. 20050

Dear Dr. MacDonald:

Thank you for allowing the Migrant Clinicians Network the opportunity to comment on the "Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic." I presented our comments to your office by telephone on July 25, 1988, and hope that these written comments will be of benefit.

1. Incidence of HIV infection

We do not know the incidence of HIV infection among Migrant and Seasonal Farmworkers. The Migrant Health Program has an agreement with the Centers for Disease Control to conduct surveys with eight Migrant Health Centers to determine the prevalence of HIV infection. These centers are representative of the three migrant streams found in the United States and are as follows:

Eastern Stream

Delmarva Rural Ministries, Dover, Delaware
Migrant Family Health Services, Hendersonville, North Carolina
Southwest Florida Health Centers, Ft. Meyers, Florida

Central Stream

Migrant and Rural Community Health Association, Bangor, Michigan
Utah Rural Development Corporation, Midvale, Utah
Brownsville Community Health Center, Brownsville, Texas

Western Stream

Yakima Valley Farmworkers Clinic, Inc., Yakima, Washington
El Progreso Del Desierto, Inc., Coachella, California

It is a blind test with donors remaining anonymous. Five hundred samples will be drawn from each center for a total of 4000. We have absolutely no idea how many patients may test positive. The completed report will be presented in April, 1989. Preliminary

2512 SOUTH IH 35, SUITE 220 • AUSTIN, TEXAS 78704 • (512) 447-0770

findings will be submitted to the Office of Migrant Health in the fall of 1988. The study is an interagency agreement between the Office of Migrant Health and the Centers for Disease Control in response to the concerns of migrant clinicians who practice in migrant health centers. Some clinicians have raised the concern that the study may overstate the incidence of HIV infection among migrants since the study is using health center migrant patients rather than a random sampling of the migrant population. However, CDC states that fact will be taken into account in the report. Clinicians do not want to falsely stigmatize migrants as high risk for HIV infection.

2. Watkins Report and the Report from the Institute of Medicine, National Academy of Sciences

Regarding the Watkins Report:

1. The report does not include migrant health.
2. The report does not prioritize any plan of action.

Regarding the report from the Institute of Medicine:

1. The report is more specific.
2. The report prioritizes approaches in dealing with the HIV infection problem.

3. Migrant Clinician Network Position

We believe that Migrant and Community Health Centers are in a desirable position to provide health care services to HIV infected patients. Utilization and expansion of this system is more efficient and cost effective than creating another health care system to care for these patients. We believe HIV infected patients should be mainstreamed in their health care. Migrant and Community Health centers are well established in providing comprehensive primary medical and dental services to all patients. We do, however, emphasize care to indigent and near indigent patients as well as special populations such as:

1. Migrant and seasonal farmworkers
2. Homeless persons
3. Underserved minorities
4. The elderly
5. Patients served through our maternal and infant care programs

We are trusted by patients in terms of confidentiality, compassion, and comprehension of socioeconomic issues. We have good referral networks among our centers and we are in the mainstream of health care. We will require additional funding to provide diagnostic, counseling and treatment services to our HIV infected patients since these services require more time and expense and our patients are generally indigent or near indigent. Clinicians are expressing a need for immediate funding for testing. We anticipate care being provided both within the

centers and through home health care components.

4. Educational Issues

1. Education for health care providers is as yet unsatisfactory and will require better coordination and planning so that providers can receive the best training in how to most effectively care for HIV infected patients.

2. Migrant and Community Health Centers are in a good position to provide preventive education regarding HIV infection to the patients we serve.

3. There is confusion regarding the HIV infection information which is being presented to the public in general, and to migrant and seasonal farmworkers specifically. The results range from confusion and misinformation to panic. We need to better coordinate our efforts in the provision of HIV infection information and more effectively target the message (i.e. through Migrant Health Center educational activities, through radio stations reaching migrant and seasonal farmworkers, etc.)

5. Networking

Migrant and Community Health Centers must become more involved in the out-of-center referral networking of HIV infected patients. These are not inpatient centers. Migrant and Community Health Centers need closer involvement with inpatient referral centers. Referral centers need to be aware of and become involved with Migrant and Community Health Centers. This is necessary so we may effect continuum of care (i.e. testing, counseling, treatment and appropriate referral). This will require improved coordination and additional funding.

Sincerely,

John W. McFarland, D.D.S.
Chairman,
Migrant Clinicians Network

JWM/pf

PRESIDENTIAL COMMISSION ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

CHAIRMANS DRAFT RECOMMENDATIONS
JUNE 2, 1988

There are about 600 recommendations in the 269 page report. The report covers the following areas:

Incidence and prevalance
Patient Care and the Health Care Delivery System
Health Care providers
Research, Vaccine and Drug Development
The Public Health System
Prevention
Education
Social Issues
Legal and Ethical Issues
Overview of Financing Health Care
The International Response
Guidance for the Future

Incidence and Prevalence

As of May 16, 1988, 62,200 cases of AIDS have been reported to CDC.

1986 - estimated number of persons in U.S. infected with HIV is one - 1.5 million. although (March, 1988) precise estimates of the prevalence and rate of spread of HIV infection in the general population is not available.

Experts agree that the current sequence of tests used to detect antibody against HIV, when performed under optimal laboratory conditions, yield both a sensitivity and specificity of greater than 99.8 percent.

National data currently provided to community-based and ethnic or minority organizations, particularly hispanic organizations, have been aggregated in a manner that is not useful for planning or response purposes

Accuracy and reliability of data collection of data is crucial
Deligency in reporting each incidence of AIDS is needed.
A mechanism for HIV reporting is needed.

Patient Care and the Health Delivery System

Health care needs of persons infected with HIV vary.

Stages of Disease

CDC I: Often within three weeks of exposure to HIV, many people experience the symptoms of acute infection. Characterized by fever, lymphadenopathy, fatigue, other mononucleosis-like symptoms, and less commonly aseptic meningitis or rash, this syndrome is usually self-limiting and often association with seroconversion.

CDC II: After I, most HIV-infected persons remain asymptomatic for varying lengths of time. Current data shows that within five to six years approximately 35 percent will develop AIDS.

CDC III: A proportion of HIV-infected persons with no other symptoms do have a generalized lymphadenopathy with persists over time (often called PGL, persistent generalized lymphadenopathy).

CDC IV: Some infected persons suffer from constitutional symptoms, such as fever, weight loss, and diarrhea, which persist and are not associated with an identifiable cause other than HIV infection. This has been sometimes referred to as AIDS Related Complex (ARC) or (CDC IV-A).

(CDC IV-B) other patients suffer from neurologic manifestations which can include cognitive, affective, and sensory changes due to dementia, myelopathy, and peripheral neuropathies without any concurrent illness to explain these symptoms other than HIV infection.

(CDC IV-C,D,E) Suffer from one or more of the classic opportunistic infections or malignancies that are diagnostic of AIDS.

The PWAs require a wide variety of care during the course of their illness and their is a shortage of professionals to care for them

Currently there is one anti-viral drug, AZT approved for patients with AIDS after Pneumocyctis carinii pneumonia or HIV infected persons with less than 200 T4 cells.

Approximately one-third of AIDS patients die from cancer, most common are Kaposi's sarcoma and the lymphomas.

Chemotherapy and radiation (both effective cancer therapies) also attack the lymphocyte system by obliterating the immune system.

Changes in mental activity usually occur in later stages of disease.

It is common for the AIDS patient not to have insurance or the funds to pay several hundred dollars a day for these drugs. Financial considerations are serious and are particularly critical for our hospital system, both public and private. The hospitals are rarely adequately reimbursed for this level of care, especially in the indigent setting. Many voluntary hospitals attempt to divert these patients into the local municipal hospital system.

Persons with HIV infection and their loved ones, suffer high levels of distress, depression, and anxiety due to the great degree of uncertainty associated with the diagnosis.

All people with HIV infection have specific cultural and individual needs which must be respected and considered in the provision of health care. Health care providers should make every effort to elicit and respect patient preferences regarding care and treatment. Comprehensive health care services should be available and provided with compassion regardless of the patient's sex, age, ethnicity, financial status, or route of viral transmission. In addition, health care services, especially education, counseling and support, and respite care should be available to the families and significant others of HIV-infected persons.

BY 1991 there will be an estimated 10,000 to 20,000 cases of pediatric AIDS in the U.S..

Most of these children die of HIV related diseases before the age of three. A few children have lived as long as nine years.

Thirteen percent of the children with HIV infection in the U.S. acquired the virus by means of transfusion, and six percent are hemophiliacs.

Adolescents comprise approximately one percent of all reported AIDS cases.

The greatest number of AIDS cases among women occur in the black and Hispanic populations.

70-80 percent of individuals with hemophilia A are seropositve for HIV.

The incidence of HIV positivity is projected to be low in the general heterosexual population.

A large number of Blacks and Hispanics are uninsured and often turn to public health care systems, creating high levels of demand for services from public clinics and hospitals, community health centers, and migrant health centers. The demand is also felt by the National Health Service Corps, which provides in part personnel for public facilities. Assigning to the public facilities the immense task of care and treatment of Black and Hispanic HIV-infected persons, while a logical extension of their mission, is difficult in the absence of significantly higher levels of funding. The goal of such funding is not only to provide the best possible AIDS services but also to continue the unfinished job of expanding minority access to health care. The other major public system, the Indian Health Service, must also be brought fully into the AIDS battle.

In the case of Blacks, Hispanics, and Native Americans, traditional problems of access to care must be considered and overcome.

Experts note the importance of establishing comprehensive and coordinated service delivery systems for people affected by the spectrum of HIV infection in order to reduce both service fragmentation and cost.

Currently there are 22 AIDS Service Delivery Demonstration projects being conducted in the U.S.

Our health care delivery system currently is structurally and financially unprepared to deal with the diverse needs of people with HIV infection

Much of HIV population is dependent on already overburdened municipal hospital systems.

Many areas, services and specialists no adequately available

Services uncoordinated.

Range of services inadequate.

Minority populations often have no access to health care and are often medically underserved.

Medical care complex, no follow-up.

Health Care Providers

There is clearly a need for more knowledge about HIV among many health care providers.

There is a shortage of nurses now and projected

As the National Health Service Corps personnel currently serving populations in underserved areas are withdrawn, a severe health care shortage will occur.

Health care workers believe infectious disease control effort have not been effected.

The nature of the health care providers work puts them at risk of exposure to a number of infectious diseases, therefore efforts to minimize that risk shoould be a high priority of the nation's health care agenda.

Primary risk of HIV transmission to health care workers is by blood and blood contaminated body fluids in the health care setting, mainly needlestick (1-200).

Workers should consider all patients as potentially infected with HIV.

The Special Initiative Funding of the Area Health Education Centers Program should be increased to include funds to establish communication channels and outreach programs to reach nurses and other health care providers in all settings within the region to disseminate updated information concerning the care of HIV-infected persons. The AHECS should establish appropriate training strategies for care providers within their region to learn about HIV and AIDS including "train the trainer," and clinical hands on experience strategies.

Early studies and reports have indicated that the risk for occupational transmission of HIV in the health care setting is less than 1 percent.

Basic Research, Drug and Vaccine Development

The greatest number of AIDS cases among women occur in the black and Hispanic population. Approximately 51 percent of all AIDS cases in women are among black women and 20 percent are among Hispanic women. There are ethnic and cultural issues that are important areas of research for women with HIV infection.

There should be more extensive behavioral research on adolescents.

NIH funding for AIDS research in 1982= 3.5 million
FY88= 468 million

Prevention remains the greatest single means by which to curtail extension of the epidemic.

Social and behavioral sciences must also be included in priority funding.

The Public Health System

The CDC is the lead agency in the area of prevention.

CDC began its AIDS efforts in the spring of 1981 by conducting epideminologic and laboratory investigations to determine the cause and document the epideminologic trends.

1983 AIDS became a reportable condition

1985 CDC began allocating funds to state and local public health departments for AIDS information and education initiatives.

1986 Counseling and testing programs became part of CDC's funding agenda.

1987, National Aids Information and Education Program Office established.

There are no entitlements for immunization for all children in the U.S. there are just year to year dollars eroded by inflation.

Lack of sufficient funds for many CDC programs.

The National AIDS Information and Education Office was established in April, 1987. Its purpose is to provide a focus for CDC's public information and education endeavors related to the HIV epidemic. NAIEP is intended to serve as a link to national and community-based organizations that are essential in providing comprehensive AIDS information and education.

Prevention

This includes the implementation of widespread testing and counseling services, partner notification, the pre-donating screening of potential blood donors, the testing of donated blood and organs, restrictive measures and the implementation of general and targeted education programs. Health care facilities that have not already done so should notify all recipients of blood or blood products since 1977 of their possible exposure to HIV.

Education

HIV-related education needs to take place in all locations.

Education about HIV needs to occur both inside and outside of our nation's school and workplaces.

The educational response to the epidemic needs to acknowledge the eclectic nature of our society and effectively match the proper educational approach with a receptive target population.

Assessment of the education needs of a community must occur at the local level.

The CDC with the Office of Minority Health should increase its information and education programs what are targeted toward minority communities.

The media, both electronic and print can support the education activities of a community by providing constant, accurate information about the epidemic.

The National AIDS Hotline provides the general public with a toll-free telephone number that can be called 24 hours a day.

The National AIDS Clearinghouse operated by CDC is intended to tell the public where pertinent information about the HIV epidemic can be obtained.

The Commission strongly believes that the introduction of a comprehensive health education curriculum that encompasses grades K through 12 is long overdue.

HIV education in our schools is of vital importance and must be introduced across the nation immediately.

Societal Issues

The presence of the HIV epidemic increases the urgent need to address the problems of poverty, unemployment, teenage pregnancy, drug abuse and homelessness.

Need long-term commitment.

Legal and Ethical Issues

Illegal to discriminate.

Supreme Court - Arlini - handicapped individual are not denied jobs or other benefits because of the prejudicial attitudes or the ignorance of others.

A person with a contagious disease is covered under this act as long as they do not pose a significant risk of infecting others in the work place.

October, 1987, - 1,964 confirmed AIDS cases in 70 federal state and local correctional system study respondents.

The primary obligation for informing a sexual partner who is at risk of contacting HIV through the patient's behavior lies with the infected person.

A physician or nurse may not ethically refuse to treat or care of a patient solely because the patient is infected with HIV.

Disturbing rise in pediatric AIDS cases

1988, 62,600 cases reported to CDC, 981 are under the age of 13, over 75% of babies born with AIDS are black or hispanic.

Overview of Financing Health Care

The costs of inpatient care for a person with AIDS are high, but are comparable to other high-cost medical conditions or illnesses.

Estimates of lifetime hospital costs for a person with AIDS are under $100,000 and annual treatment costs are approximately $40,000.

Nationwide, the costs for the provision of medical care to persons with AIDS are projected to increase from about $1.1 billion in 1985 up to $8.5 billion in 1991.

In providing health care for persons with AIDS have utilized additional options under their medical programs.

There has been a major increase in the number of community based organizations in the black and hispanic communities who have either expanded their services to include HIV, formed black or hispanic specifi AIDS organizations or who have formed coalitions with other institutions in their communities to address the epidemic.

Funding for community based organizations are usually private but need money.

In 1987 the National Leadership Coalition on AIDS formed to marshall public and private sector support for programs relating to the HIV epidemic, have over 100 members.

Other examples of outstanding leadership include All state Insurance Company's 1987 Conference on AIDS in the Workplace and Citizens Commissic on AIDS for the New York-New Jersey region.

The International Response

The HIV virus was isolated in 1982 in France and in the U.S..

137 nations have recorded cases of AIDS

5-10 million worldwide currently seropositive with 1 1/2 million of thes in the U.S.

Dr. Jonathan Mann, Director of the Global Programme on AIDS at WHO

One of the most serious deficiencies developing nations face in endeavoring to combat the epidemic is a lack of infrastructure in their health care delivery systems.

Guidance for the Future

The Federal government has not yet established a unified comprehensive discrete policy in response to the HIV epidemic. No comprehensive legislation addressing the HIV epidemic has been enacted by Congress.

Doc 2954c

Reagan Accepts AIDS Panel Report

President Withholds Comment on Key Antibias Recommendation

By Sandra G. Boodman
Washington Post Staff Writer

President Reagan lauded yesterday as an "impressive effort" the 201-page report by his 13-member advisory commission on AIDS, but he avoided comment on its key recommendation of a law barring discrimination against those infected with the virus.

Instead, Reagan ordered Dr. Donald Ian MacDonald, his special adviser on drug policy, to review its 600 recommendations and formulate within 30 days a "course of action that takes us forward."

Noting the relationship of acquired immune deficiency syndrome to intravenous drug abuse, Reagan said, "It is critical that particular attention be focused on this."

The president, who appointed the panel a year ago, accepted the report from its chairman, retired admiral James D. Watkins, during a 15-minute meeting. Reagan said he would probably respond in detail "when I've had time to go through it and consult with the people I need to consult with."

The antidiscrimination recommendation, which Watkins repeatedly has said is crucial to controlling the epidemic by encouraging people at risk to be tested and treated, was narrowly approved by the panel earlier this month.

Conservatives on the commission opposed the recommendation, as has the administration, which has said that dealing with discrimination is best left to the states.

But Reagan also said that, at Watkins' suggestion, MacDonald would consider specific measures to strengthen implementation of voluntary guidelines that were issued recently by the Office of Personnel Management and would bar AIDS discrimination in the workplace.

Watkins has said that he hopes Reagan will sign an executive order making the guidelines mandatory but added that the White House has not made such a commitment. "I wouldn't rule anything out," Watkins said.

Watkins said he was "extremely pleased" by Reagan's response and by the choice of MacDonald, whom he called "a centrist without preconceived notions . . . who thinks the report is superb."

Watkins said that Reagan was "obviously sensitized" about AIDS and that the president talked about a letter from a woman infected by a blood transfusion who passed the disease to her newborn child who was later barred from school. "The president felt moved by the story," Watkins said, "and I told the president this was not atypical."

White House domestic policy adviser Gary L. Bauer said his office will review the report, which is to be forwarded to the Domestic Policy Council for consideration.

Bauer, who has backed expanded testing, said he was pleased by the report, which he said contains "a lot of things we have advocated and taken a lot of guff for." He cited mandatory reporting of the names of infected persons and notification of their sexual partners.

Although Bauer said the administration would keep an "open mind" on the report, he said he does not favor new antidiscrimination laws.

BY JAMES A. PARCELL—THE WASHINGTON POST

James D. Watkins, chairman of President Reagan's AIDS advisory commission, hands his final report to the president.

"I also notice there is no consensus in the Democratic-controlled Congress for that," he said.

Last month, Rep. Henry A. Waxman (D-Calif.) deleted such a provision from his AIDS bill after colleagues told him that they would not support it because it could be interpreted as a gay-rights measure.

Civil liberties advocates expressed less enthusiasm about the future of the report than Watkins.

"I don't expect this administration in its dying days to respond to the major points of this report," said Jeffrey Levi, executive director of the National Gay and Lesbian Task Force. "This report is a challenge to the presidential candidates and Congress to keep AIDS policy moving in the right direction."

Key Points in AIDS Reports From the Watkins Panel and the Institute of Medicine

The two reports on AIDS issued by last week by the Presidential Commission and by the Institute of Medicine (part of the National Academy of Sciences) set a new agenda for the HIV epidemic. Each of the reports is critical of the efforts to date used to fight AIDS, and each offers specific proposals to curb the epidemic. Among the nearly 600 recommendations in the president's AIDS commission report are:

■ **Discrimination.** The report calls for the expansion of existing federal handicapped anti-discrimination laws to include the private sector as well as those institutions receiving federal funds. The expansion would protect HIV-infected people from "losing their jobs, educational opportunities and homes." HIV-related discrimination "is impairing this nation's ability to limit the spread of the epidemic."

■ **Confidentiality.** Without assured confidentiality, people are unlikely to come forward for voluntary testing, counselling and treatment. "... Our health care system must be viewed with confidence and trust by those in need of its services," the report says. New federal laws are needed not just to assure confidentiality of those infected with HIV but also to protect the public health by releasing physicians from doctor-patient confidentiality constraints in special circumstances, such as when an HIV-infected person refuses to notify his or her spouse or other sexual partners.

The report also recommends that in some cases health care workers and emergency workers who have been exposed to patient's bodily fluids may be entitled to find out if that person is infected with HIV.

■ **Cost.** The price for the entire proposal (including $1.5 billion requested in the March interim report for drug abuse treatment) is $3 billion. These funds are on top of $1 billion currently in the fiscal year '88 appropriation bill. The costs would be shared under the plan by both the state and federal governments. The split would be 60-40 with the federal government picking up the larger share. But this would only begin the war—Watkins notes that the $1.5 billion for drug abuse treatment "has to be there for a long time," perhaps 10 to 15 years to work.

■ **Intravenous drug use.** "To control the course of the HIV epidemic depends greatly on our ability to control the problem of intravenous drug abuse," the report says, noting that one of the most tragic consequences is transmission of the infection to newborns of i.v. drug abusers. The commission proposes a 10-year strategy to deal with i.v. and other drug abuse problems in the U.S., including expanding the already burdened drug treatment programs, training more drug abuse counselors and sponsoring more drug abuse research.

■ **Education.** The report calls for the "implementation of a comprehensive health education curriculum in American schools, covering grades K through 12, to be in place by the year 2000.

■ **Public health emergency response.** In Chapter 12 of the report, Watkins lays out his own, long-term plan for coping with the HIV epidemic—or any other similar epidemic. "This is my personal chapter," Watkins told a Health Communicators breakfast last week. "It is obviously potentially contentious." The seven-page chapter, a suprise to the other commissioners, proposes that Congress enact legislation to expand the current authority of surgeon general during this and other similar national public emergencies.

The Institute of Medicine is in concert with many of the recommendations proposed by the AIDS commission and also calls for budget increases. Among highlights of the IOM report:

■ **Permanent National Commission.** To oversee the nation's response to AIDS over the next decade, the panel recommends the establishment of a permanent national commission on AIDS.

■ **HIV infection.** Although a few isolated scientists have recently questioned whether HIV is the virus that causes AIDS, the report clearly supports HIV as the cause of AIDS. "HIV and AIDS have been so thoroughly linked in time, place and population as to eliminate doubt that the virus produces the disease," the report says. "The committee believes that the evidence that HIV causes AIDS is scientifically conclusive.

■ **Discrimination.** Growing scientific evidence continues to show that casual contact with AIDS patients—or with those infected with the virus—poses no danger to others. Yet, the report says, the fear of discrimination remains a major stumbling block to effective public health measures that could help stop the spread of AIDS. Like the Presidential Commission, the IOM committee supports the enactment of a federal law "specifically designed to prevent discrimination on the basis of HIV infection or AIDS."

■ **Education.** Teaching people about AIDS is currently the "only means available to stem the spread of HIV infection," the committee found. The urgency of the HIV epidemic warrants a variety of different educational efforts that can reach the greatest number of people.

School-based programs are important tool for combating the epidemic, the committee found. And in a recommendation sure to rankle conservatives, the committee proposed that education about HIV infection "should begin at a young age and have a level of detail and explicitness appropriate for the age group."

■ **Screening, testing and privacy.** On the often controversial question of testing people for HIV infection, the committee recommends that strict laws are needed to prohibit unauthorized disclosure of HIV test results. Hospitals and other medical care institutions need to doublecheck their record keeping and inform personnel the need to protect patient privacy. But the committee found no reason to require mandatory screening of hospital patients, although it advises "more widespread" voluntary testing of hospital patients.

Requiring HIV testing for marriage license applicants is also inappropriate, the IOM report says. Mandatory testing of prostitutes is also "not warranted at this time." But the committee supports further studies to assess the risk in this group. One area the committee sidestepped is the mandatory testing of prisoners.

— Sally Squires

WASHINGTON POST HEALTH/JUNE 7, 1988

Rowland Evans and Robert Novak

4/15/85
Washington Post

Gag Order on the AIDS Report

Yearlong White House disengagement from the socially explosive questions raised by the AIDS epidemic climaxed last week with a secret gag order. It barred administration officials from the debate on the Watkins commission report.

White House and Cabinet conservatives were poised to question the proposal of the presidential commission, headed by retired admiral James D. Watkins, for legislation barring discrimination against AIDS victims. They were told: Shut up and keep off television talk shows.

That edict was rationalized on grounds the report would not be final until the commission met this week. In fact, the gag fits the recent pattern of the president's men standing by while the commission tacitly joins the gay lobby's campaign to give homosexuals the same federal protection of their rights afforded to women and racial minorities.

Also distressing to conservatives is the report's moral relativism in suggesting that the government is more to blame for the epidemic than the gays and the intravenous drug users who constitute more than 90 percent of AIDS victims. If this panel was a runaway commission, the White House under Chief of Staff Howard Baker made no effort to catch it.

This typifies the Reagan administration's caution in its lame-duck phase. The White House channeled no guidance to the commission—even when its first chairman quit last October amid internal chaos. Instead of pointing the commission in the direction it wanted, Baker established order by promoting Watkins to chairman. The former chief of naval operations, a nuclear engineer trained by the late Hyman Rickover, is a superb military bureaucrat.

Admittedly nonconversant with AIDS, Watkins did what any senior military officer would do: appoint competent staff. To head it, he named one of the best from the liberal bipartisan mainstream of professionals who really run Congress—Polly Gault, former staff director of the Senate Education Committee under liberal Republican Sen. Robert Stafford.

Conservatives on the commission grumbled that members of Gault's staff were too solicitous of the homosexual community. While gay spokesmen had quick access to testify before the commission, witnesses for other points of view had trouble being heard.

Watkins became convinced of two points. First, voluntary testing was impossible unless fear of reprisals against AIDS victims was eliminated (though the Supreme Court ruling against discrimination has not increased volunteers for tests). Second, innocent children infected by the disease—a very small percentage—must be protected from hysterical reprisals.

The draft report offers prudent recommendations in such areas as wider testing and criminal penalties against willful infection of others. But conservatives, including a few commission members, were appalled by the overriding implication that the government is at fault—echoing the theme of the gay lobby. Unless amended this week, the report takes a long step backward from assessing individual responsibility.

Especially bothersome to conservatives about the Watkins report is what one gagged administration official privately refers to as "a backdoor effort to grant the gays civil rights status." Besides barring discrimination, the commission would subject anybody who reveals someone else has AIDS to one year in federal prison. That follows the homosexual lobby's agenda, conservatives mourn. It also flies in the face of testimony given to the commission by California law enforcement officials against that state's strict confidentiality because they consider it inimical to curbing the epidemic.

The gag rule from the White House meant that, except for cautiously critical comments by presidential policy aide Gary Bauer, there has been no rebuttal by Reaganites still in office. Acceptance of the gay agenda and disregard for public opinion rank among the more bizarre developments as the lame-duck administration winds down.

CONFRONTING AIDS

UPDATE 1988

Institute of Medicine
National Academy of Sciences

In March 1987, the AIDS Activities Oversight Committee was created to monitor and assess the nation's response to the problems raised by AIDS and coordinate and oversee studies and activities concerning AIDS throughout the National Academy of Science complex.

The report assess progress made since its Report "Confronting AIDS: Directions for Public Health Care and Research", October, 1986

The report includes the following areas:

HIV Infection and Its Epidemiology
Understanding the Course of the Epidemic
Altering the Course of the Epidemic
Care of Persons Infected with HIV
The Biology of HIV and Biomedical Needs
International Aspects of AIDS and HIV Infection

Introduction

AIDS is a fatal infectious disease for which there is now no cure and its sufferers appear to remain infectious for life. HIV infection and AIDS strike primarily the most productive group of society - young adults.

Some believe that all HIV infected persons will eventually develop AIDS.

HIV Infection and Its Epidemiology

HIV virus causes AIDS.

HIV infection is a continue of conditions associated with immune dysfunction.

HIV transmission is through sexual contact, use of contaminated needles or syringes, exposure to infected blood or blood products, transplanted tissue or organs from an infected donor, from mother to child across the placenta or during delivery.

Evidence that HIV infection pose no danger to other persons through casual contact in the workplace, in housing, or in customary social interchange.

CDC and other government entities should be allowed to purchase advertising time and space.

Government as well as private sources should continue to fund effective factual educational programs designed to foster behavioral change.

CDC is prohibited to use funds for educational programs whose frank approach could be regarded as promoting homosexual activities.

A second human retrovirus, HIV-2 has been identified, clinically indistinguisable from HIV-1, most prevalent in West Africa.

Institute of Medicine has established a Roundtable on the Development of Drugs and Vaccines Against AIDS.

WHO estimates there are at least 150,000 AIDS cases worldwide and between 5 and 10 million HIV-infected persons.

Patterns - North America, South America, West Europe, Australia and New Zealand, most AIDS occur among homosexual or bisexual men and urban IV drug abusers.

Africa, parts of the Caribbean, cases occur among heterosexuals.

Eastern Europe, Mediterranean, Asia and most Pacific, only small number of cases reported.

We suffer from lack of strong national leadership

Recommend a National Commission on AIDS and HIV be established.

HIV Infection and its Epidemiology

AIDS may serve to illuminate new directions in the management of other illnesses.

A retrovirus called human immunodificiency virus (HIV) causes AIDS

The great majority of HIV-infected persons will eventually progress to AIDS in the absence of effective therapy.

The term ARC is no longer useful and that HIV infection itself should be considered a disease.

HIV infection is discribed as a continue of conditions, ranging from the acute, transient, mononucleosis-like syndrome associated with seroconversion, to asymptomatic HIV infection, to symptomatic HIV infection and finally to AIDS.

HIV has an asymptomatic period that varies in length, the end stages of HIV infection is AIDS.

HIV is not transmitted by casual contact or insect bites.

Hetersexual transmission of the virus is an established fact.

Hetersexual transmission constitute the fastest growing group of AIDS cases in the U.S. and in parts of Africa it is great enough to sustain AIDS in an epidemic status.

Homosxuality and IV drug abuse do not play a major role in HIV transmission in Africa.

HIV infection in the heterosexual population in the U.S. has been somewhat contained.

Most cases of AIDS among heterosexuals have resulted from IV drug abuse.

Understanding the Course of the Epidemic

By the end of 1991 there would be 270,000 AIDS cases in the U.S. and 179,000 deaths.

More research is needed to refine predictions about the future course of the AIDS epidemic and evaluate potential interventions strategies.

Altering the Course of the Epidemic

The fear of discrimination is a major constraint to the wide acceptance of many potentially effective public health measures.

Eductional efforts to foster and sustain behavioral change remain the only presently available means to stem the spread of HIV infection.

School-based educational programs are an essential part of efforts to increase awareness of the risk of HIV and combat the spread of infection.

There are serious misunderstanding about AIDS, like HIV can be acquired by donating blood, mosquitoes are a likely mode of transmission, and there is a risk of infection from merely working near someone with AIDS.

Condoms are generally effective against spreading the HIV infection, latex with creams and jellies best.

The occasional failure of condoms is more likely to be attributable to "user failure" than to "product failure."

The proper role of tests for HIV infection has continued to be one of the most controversial AIDS-related public policy issues. In no case should a test be made without the subjects' prior knowledge.

At this time the only mandatory screening appropriate for public health purposes involves blood, tissue and organ donation.

Testing marriage license applicants for HIV is inadvisable however applicants should be informed of the risks of HIV infection

The prevalence of HIV infection in prostitutes is highest in northern New Jersey and Miami areas and lowest Nevada because they have to be tested as a condition of employment in the county-licensed brotherals.

20-25% of I.V. drug abusers attend treatment programs in a given year.

At least four countries, the Netherlands, United Kingdom, Australia and Switzerland have begun to experiment with free government- supported needle exchange programs. The Netherlands reported that needle sharing declined from 75 to 25 percent from 10985-1987.

In the U.S., twelve states have statutes banning the sale of sterile needles with out perscription.

New York agreed to an experimental programatic issue sterile needles and equipment to addicts on methadone maintenance programs in targeted neighborhoods in which drug abuse was rampant.

Administration requesting 1.3 billion for AIDS in FY89 mainly for preventive efforts.

A study is being conducted to assess the adequacy of third-party coverage for substance abuse treatment.

Care of Persons Infected with HIV

Long-term residential facilities or group homes are needed for AIDS patients who are IV drug abusers.

Most pediatric AIDS occur among black and Hispanic and a growing problem especially in NYC, northern N.J. and southern Florida.

By 1991, there will be approximately 3,000 cases of AIDS in children.

The break-even costs for long-term care of patients with HIV-related disorders are estimated to be close to $200-$300 per day yet most reimbursements for nursing home or skilled nursing facility care are only about $50/day.

Although the probability that a health care provider will acquire HIV infection on the job is low, it is not zero. There have been 15 cases of seroconversion following a health care workers exposure to the blood or body fluid of an infected patient

25% of 258 New York doctors believed it would be ethical to refuse treatment to an AIDS patient.

AMA and ANA have policies professionals should treat all types of patients including those HIV infected with AID.

The lifetime medical costs per AIDS cases in 1987 dollars are estimated to be between %65,000 and %80,000.

40% of all patients with AIDS are served under Medicaid and bears nearly 25% of the total medical care costs of AIDS.

Federal and State medicaid expenditures for patients with AIDS are expected to reach $600 million in 1988, and $1.8 billion by 1991.

Because AIDS has a rapidly fatal course, it is unlikely that many AIDS patients will survive the 24 months waiting period to qualify for medicare benefits. Pending legislation would eliminate this 24 month waiting period.

Almost all insurance companies now refuse to insure individual health insurance applicants with AIDS and 91% refuse to insures those with antibodies to HIV.

Currently 44 states cover AZT through medicaid.

There is considerable variation across states to medicaid eligibility criteria and scope of services offered to medicaid recipients.

Risk pools have been offered in 15 states and proposed in 12 others as a way to provide health insurance for AIDS and seropositive patients and for low-income insured.

The current crisis may serve as the crucible in which we can search for a test means of extending health coverage to all our citizens.

The Biology of HIV and Biomedical Research Needs

HIV-1, responsible for vast majority of AIDS.

HIV-2, prevelent in West Africa - not as effectively identified as HIV-1

International Aspects of AIDS and HIV Infection

81,000 cases of AIDS reported worldwide.

WHO estimates number of persons infected worldwide at the lower range of 5-10 million.

Many deaths among young, highly educated urban dwellers who are normally very productive members of society will excerabate the economic impact of the disease and will adversly affect development in some countries.

Perinatal transmission of HIV has the potential to raise infant and child mortality to such a level that recent advances in child survival may well be reversed in some countries.

It may be at least several decades before the full effects of AIDS and HIV infection are seen.

A data base for international AIDS research activities needs to be established and maintained.

A National Commission on HIV Infection and AIDS

The Commission submitted its report to The President, June 27, 1988.

The Commission proposed over 600 recommendations which covers every facet.

Major controversey of the report centers on confidentiality and discrimination in the workplace.

Doc 2987c