



THE WHITE HOUSE
WASHINGTON

August 5, 1994

Dear Friends:

Please join us in this seventh year of the observance of World AIDS Day. We stand with communities across our nation and around the world in honoring those who are valiantly living with HIV and AIDS, as well as in remembering our friends and loved ones who have died as the result of this terrible epidemic.

The theme of this World AIDS Day is "AIDS and Families." All of us are members of families—bound by ties of kinship and by ties of affection. The shapes and faces of our families differ, but the love that unites a family is the common tie that we can all recognize.

This year World AIDS Day honors family members living with HIV and AIDS and the family members who care for them. It honors those who have chosen to reach out to the broader human family to comfort those who are suffering the effects of this deadly plague. It also seeks to raise public awareness of HIV and to provide education to help protect our loved ones from contracting the virus.

We encourage all Americans to participate in this international observance and to use it as a day of inspiration in the fight against HIV and AIDS throughout the year. Together we will make a difference.

Sincerely,

TOP OBSERVANCE ACTIVITIES

DONATION DRIVE: A donation drive will be held to collect food and personal care items. Food items will be donated to a local food bank of an HIV/AIDS organization which serves nutritional needs of low income people with AIDS. Personal care items will be donated to a local health care facility which provides special nursing and rehabilitation therapies to patients with HIV/AIDS:

- Collection Bin Locations: By the NEOB and OEOB Cafeterias
- Collection Period: **November 28th - December 9th**
- Food Items Needed: Canned, boxed or bottled food items like: rice, noodles, jam, beans, vegetables, fruit, popcorn, peanut butter, ketchup, juice, tea, tuna fish, cereals, cookies, candy, crackers, pudding, gelatin, etc.
- Personal Care Items: Lotion, soap, facial tissue, socks, toothpaste, hair combs and brushes, etc.

INFORMATION TABLE: HIV/AIDS educational and resource brochures and pamphlets, observance stickers and other materials will be made available on an information table located near the NEOB and OEOB Cafeterias from **November 28th - December 9th**.

AIDS MEMORIAL QUILT DISPLAY: The Names Project will display panels of the AIDS Memorial Quilt, which commemorates people who died as a result of this disease, near the OEOB Cafeteria on **December 1st (all day)**.

SEMINAR:

Title: "HIV/AIDS: Prevention, Workplace and Family Issues"
Speakers: Representatives from the American Red Cross
and National Association of People Living With AIDS.

Date: **December 1st**

Times: 10:00 - 11:30 a.m.

Location: White House Conference Center,
Truman Room, 926 Jackson Place

EXECUTIVE OFFICE OF THE PRESIDENT

OBSERVANCE ACTIVITIES

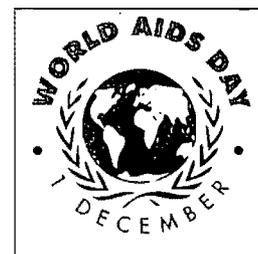


ABOUT WORLD AIDS DAY

World AIDS Day is the only designated international day of coordinated action against the spread of HIV/AIDS. Observed annually on December 1st, World AIDS Day serves to strengthen the global effort to face the challenges of the AIDS pandemic, which continues to spread in all regions of the world. December 1, 1994 marks the seventh year of observance of World AIDS Day. The theme for this year "Aids and Families," encourages the world to focus on families as primary contributors to HIV/AIDS prevention and care.

World AIDS Day is more than a one day event. Rather it provides an opportunity to promote HIV/AIDS awareness and prevention programs, enabling all of us to become involved in the issues surrounding HIV/AIDS. On December 1, the lights of the White House will be dimmed for fifteen minutes from 7:45 p.m. to 8:00 p.m. (eastern standard time) to commemorate World AIDS Day and to offer a tribute to those infected and affected by HIV/AIDS.

Each one of us can make a difference in the fight to end the HIV/AIDS pandemic. Change begins within each of us and when we make a commitment to contribute to change, no action we take is too small. You can contribute by supporting the EOP activities identified in this brochure.



MILLER, ROSALYN A
OFFICE OF POLICY DEVELOPMENT
DOMESTIC POLICY COUNCIL
WH 2FL/WW

Questions Contact:
Office of Administration
Personnel Management Division
395-1088 or 395-3996

HIV/AIDS**Ryan White Funding****QUESTION:**

How much have you requested for Ryan White in FY 1994?

ANSWER:

- ▶ We are seeking a total of \$658 million for Ryan White activities, an increase of \$110 million over the revised FY 1993 level. This increase provides an additional:
 - \$66.7 million for Emergency Relief for Cities with a high incidence of HIV infection (more than 2,000 cases). A total of 31 cities are expected to receive Title I funding, an increase of 9-10 cities (eligibility is based on data through March 31).
 - Caseloads of currently funded cities are increasing 30 percent annually.
 - \$33.7 million for States to assist in providing Comprehensive Care Delivery systems for home- and community-based services for HIV-infected patients (Title II).
 - Almost half of new reported cases are outside the Title I cities, increasing the need of additional resources to the States.
 - \$8.6 million for Early Intervention Services for primary care of populations at risk of HIV/AIDS, principally delivered through community and migrant health Centers (Title III, Part II).
 - \$1.0 million for Pediatric Research Clinical Trials (Title IV).

KEY INFORMATION:**Ryan White Budget Authority in millions**

	FY 1992	FY 1993		FY 1994	
	<u>Actual</u>	<u>Approp.</u>	<u>Revised</u>	<u>Request</u>	<u>+/-</u>
Title I	\$120.5	\$184.8	\$269.8	\$336.5	+\$66.7
Title II	106.6	115.3	200.3	234.0	+33.7
Title III (Pt II)	48.7	48.0	73.0	81.6	+8.6
Title IV	---	---	5.0	6.0	+1.0
Total	\$275.8	\$348.1	\$548.1	\$658.1	+\$110.0

ADDITIONAL BACKGROUND:

- ▶ **Title I: Formula Grants to Cities** - Supports "**emergency relief**" for cities with high HIV infection incidence (> 2,000 AIDS cases).
 - Funds can be used to pay for outpatient and ambulatory care and support services, and inpatient case management services designed to prevent unnecessary hospitalizations.
 - 25 cities qualified for funds in 1993:

-- Anaheim	-- Jersey City	-- Philadelphia
-- Atlanta	-- Los Angeles	-- Ponce, PR
-- Baltimore	-- Miami	-- San Diego
-- Boston	-- Nassau/Suffolk, NY	-- San Francisco
-- Chicago	-- New Orleans	-- San Juan
-- Dallas	-- Newark	-- Seattle
-- Detroit	-- New York	-- Tampa
-- Ft. Lauderdale	-- Oakland	-- Washington
-- Houston		
 - An additional 9-10 cities will qualify for funds in 1994. The 9 cities determined to date are:

-- West Palm Beach, FL	-- Kansas City, MO/KS
-- Denver	-- New Haven/Bridgeport, CT
-- Orlando	-- Phoenix, AZ
-- Riverside/San Bernadino, CA	-- St. Louis, MO/IL
-- Bergen/Passaic, NJ	
- ▶ **Title II: Formula Grants to All States** - Supports HIV "**comprehensive care**" to help operate HIV service delivery consortia; provide home- and community-based care; continue life-insurance coverage for infected persons; and provide for life-sustaining HIV/AIDS treatments.
 - Funds from this formula grant are distributed to all States, proportional to their number of AIDS cases, population, and per capita income.
- ▶ **Title III (Part II): Discretionary Grants** - Supports "**early intervention services**" to deliver primary care services to populations at risk of HIV/AIDS, principally through community and migrant health centers.
- ▶ **Title IV: Discretionary Grants**: Supports "**pediatric research trials**" to conduct clinical research on therapies for children and pregnant women with HIV/AIDS, and to provide outpatient health care to child research participants and their families. This Title also authorizes expenditure for certain activities related to blood banks and emergency response employees. The FY 1993 Stimulus package was the first time funding has ever been requested for this authority.

HIV/AIDS

New AIDS Definition

QUESTION:

Last December, CDC formally changed the way it defines "AIDS cases". What impact will this have on spending related to HIV/AIDS, does it affect recipients of Ryan White funds, and does your 1994 budget request reflect this?

ANSWER:

- ▶ Ryan White AIDS Care: The only significant financial impact of the change in CDC's surveillance case definition of AIDS is that 9-10 more cities will be eligible in 1994 for Ryan White Title I AIDS Emergency Relief funds (i.e., more than 2,000 cumulative AIDS cases reported by March 31, 1993).
 - The 1994 budget requests a total increase of +\$310 million over the 1993 enacted level for all Ryan White programs in HRSA, including +\$152 million for Title I Emergency Relief programs. This should be sufficient to cover these newly eligible cities, and increase support for the 25 currently funded cities.
- ▶ Income Support/Disability: The new definition does not affect eligibility for disability (OASDI) or SSI payments for AIDS patients. Both before and after the definition change, AIDS patients must be able to show that their medical condition prevents them from working in order to qualify for these disability payments.
- ▶ Other Health Care: Except for some potential increase in earlier testing for AIDS/HIV, total health care expenditures should not change with the new AIDS definition, since these costs would be incurred anyway.
 - Regardless of CDC's revised epidemiological definition, medical decisions on treatments for HIV-infected persons will still be based on the severity of actual disease symptoms or status of immune system response.
 - What will increase is the proportion of total health care costs characterized as "AIDS-related."
- ▶ Research/Prevention: While the new definition should bring the number of AIDS cases in the U.S. closer to the 1 million estimated cases of HIV infection, the Department has, for many years, geared its HIV/AIDS research and prevention efforts with this size epidemic in mind.

ADDITIONAL INFORMATION:

- ▶ New AIDS Definition: CDC's new definition of an AIDS case includes all persons with evidence of severe immuno-suppression, i.e., those whose counts of CD4+ immune system cells are at or below 200 cells per cubic millimeter. The old definition, last revised in 1987, included only those with full-blown clinical symptoms of AIDS.
 - The new definition also added three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer.

- ▶ Ryan White Comprehensive AIDS Services Programs:
 - Cities with more than 2,000 AIDS cases, or a per capita incidence of 0.0025 AIDS cases reported to CDC by March 31, of the prior year are, by statute, automatically eligible for Title I Emergency Relief formula grant funds.
 - 25 cities qualified for Title I awards in 1993;
 - 9-10 new cities (34-35 total) are eligible for funding in 1994 and would be covered within the additional +\$67 million included for Title I in the 1994 HRSA budget request (\$336 million total). The 9 cities determined to date are:

-- West Palm Beach, FL	-- Kansas City, MO/KS
-- Denver	-- New Haven/Bridgeport, CT
-- Orlando	-- Phoenix, AZ
-- Riverside/San Bernadino, CA	-- St. Louis, MO/IL
-- Bergen/Passaic, NJ	

- ▶ SSA Regulations:
 - Because this new definition of an AIDS case is not necessarily a measure of the severity of the disease, the way the old definition was, SSA published a regulation in December 1991 to remove the perceived automatic link between CDC's AIDS case definition and presumptive disability determinations for SSI payments.
 - HIV-infected persons can still qualify for advance SSI cash payments based on presumptive disability, as long as a doctor certifies that they are unable to work.
 - SSA's regulations for evaluating disability were also revised in December 1991 to:
 - Recognize that HIV/AIDS can manifest itself differently in women and children than in men; and
 - Clarify that all of SSA's disability guidelines apply to HIV infection cases the same way as they do in other cases.

HIV/AIDS**FY 1994 Investment Summary****QUESTION:**

What is included in the 1994 budget request for AIDS activities?

ANSWER:

- ▶ Compared to the FY 1993 enacted level, the President's FY 1994 investment proposals include an increase of +\$585 MILLION for AIDS research, prevention, and health care services supported by PHS. This is a +28% increase over the 1993 appropriation action. Investment increases include:
 - RYAN WHITE - (+\$310 M over FY 1993 enacted) - Continues and expands on the 1993 Stimulus request to progressively respond to the President's pledge, and the National AIDS Commission's recommendations to fully-fund the Ryan White Comprehensive AIDS Resources Emergency Act. FY 1994 Request represents a +89% increase over FY 1993 Ryan White appropriations.
 - RESEARCH - (+\$226 M) - Expands NIH biomedical and behavioral research, including AIDS treatment and vaccine development. Represents a +18% increase over FY 1993.
 - PREVENTION - (+\$49 M) - Expands CDC, SAMHSA, and NIH support for AIDS prevention and education activities, such as counseling, testing, and partner notification services. Represents a +12% increase over FY 1993.
- By the end of last year, over 253,000 Americans had been diagnosed with AIDS since 1981, and of those, almost 172,000 (68%) had died. CDC estimates at least 1 million people in the U.S. are infected with the HIV virus.
- First 100,000 AIDS cases reported during an 8-year period; second 100,000 cases reported during a 2-year period. Now, nearly 100 people die in the U.S. every day of AIDS, one every 15 minutes.

HIV/AIDS

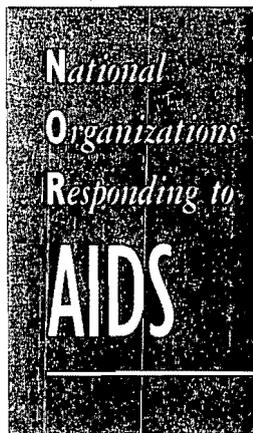
Budget Summary

- ▶ Total 1994 AIDS budget for HHS totals \$5.3 billion, an increase of \$1,005 million (+23%) over enacted 1993 level:
 - \$2.7 billion in PHS, an increase of \$585 million (+28%).
 - \$2.6 billion in Entitlement programs (Medicaid, Medicare, OASDI, SSI), an estimated increase of \$420 million (+19%).

- ▶ PHS: +\$585 million increase over enacted 1993 level includes:
 - +\$227 million (+21%) for NIH research on AIDS basic science, and vaccine and therapeutic development.
 - +\$310 million (+79%) for HRSA Ryan White AIDS services.
 - +\$45 million (+9%) for CDC prevention efforts.
 - +\$2 million (+22%) for AHCPR service delivery research.
 - +\$1 million (4%) for SAMHSA high risk youth education.

HHS HIV/AIDS Spending - By Agency (Dollars in millions)

	1992	1993		1994	
		Enact.	Revis	Pres. B	+/-93Enac
PHS:					
FDA.....	\$72	\$73	\$73	\$73	--
HRSA.....	317	390	590	700	+\$310
IHS.....	3	3	3	3	--
CDC.....	480	498	498	543	+45
NIH.....	1,047	1,073	\$1,073	\$1,300	+227
SAMHSA.....	26	26	26	27	+1
AHCPR.....	10	10	10	12	+2
OASH.....	5	5	5	5	--
Sub, PHS...	\$1,960	\$2,078	\$2,278	\$2,663	+\$585
Entitlements:					
Medicaid.....	\$1,080	\$1,290	\$1,290	\$1,490	+\$200
Medicare.....	280	385	385	500	+115
OASDI.....	325	420	420	500	+80
SSI.....	100	125	125	150	+25
Sub, Entitl	\$1,785	\$2,220	\$2,220	\$2,640	+\$420
Other.....	3	3	3	3	--
Total, HHS..	\$3,748	\$4,301	\$4,501	\$5,306	+\$1,005



files

AIDS FACTBOOK 1993

*A Coalition Convened by AIDS Action Council
1875 Connecticut Ave. NW, Suite 700, Washington, DC 20009
202 986 1300*

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Business Responds to AIDS

Business Responds to AIDS

BUSINESS
RESPONDS
TO AIDS



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

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DAKA

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NATIONAL AND LOCAL HIV/AIDS FACT SHEET

According to the World Health Organization, an estimated 2.5 million people worldwide have developed AIDS, and an estimated 14 million people have been infected with HIV, the virus that causes AIDS.

SCOPE OF THE EPIDEMIC

- At least every 16 minutes someone dies of AIDS.
- It is estimated that about one million Americans are currently infected with HIV. This translates into:
 - One in every 250 people,
 - One in 100 adult males,
 - One in 800 adult females.
- AIDS is now the third leading cause of death among all adults between the ages of 25 and 44. In this age group, it is the second leading cause of death in men and the sixth leading cause in women.
- In 1990 AIDS killed more men ages 25-44 than accidents, homicide, heart disease, or cancer in at least 64 cities and five states. For women ages 25-44, AIDS was the leading cause of death in 9 cities.
- As of September 30, 1993, the total number of reported AIDS cases was 339,250. Of those, 204,390 have died. By the end of 1994, the cumulative total of AIDS cases in the U.S. is projected to reach 415,000 to 535,000 and result in 330,000 to 385,000 deaths.
- AIDS has disproportionately affected African-Americans and Hispanics. Through June 1993, 48% of reported AIDS cases were among African-Americans and Hispanics, while these two population groups represent only 21% of the U.S. population.

NATIONAL HIV/AIDS FACT SHEET continued

TRENDS

The rate of AIDS cases is growing fastest among heterosexual men and women, adolescents, and young adults and in small metropolitan, suburban, and non-metropolitan areas.

- AIDS continues to be a serious public health problem among teenagers and young adults. As of September 30, 1993, 1,415 cases of AIDS for ages 13 to 19, 12,712 cases for ages 20 to 24, and 51,006 cases for ages 25 to 29 had been reported to the Centers for Disease Control and Prevention. Since the average length of time between HIV infection and the development of AIDS is about ten years, many of these individuals were probably infected during adolescence.
- Most U.S. teenagers are practicing behaviors that increase their risk for HIV. Seventy-two percent of high school seniors have had sexual intercourse, and 19% of all high school students have had four or more sex partners. Among high school students who are currently sexually active, only 45% reported that they or their partner had used a condom during last intercourse.
- From 1991 through 1992, larger proportionate increases in AIDS cases occurred among women (9.8%) than among men (2.5%). In 1992, the number of AIDS cases among women infected through heterosexual contact exceeded those infected through injecting drug use for the first time.
- Between 1991 and 1992, the percent of increase in AIDS cases for cities with over 500,000 population was 3%; for cities with 50,000 to 500,000 population it was also 3%; and for non-metropolitan areas it was 9%.

Attachment to FPM Letter 792-21

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HUMAN
IMMUNODEFICIENCY VIRUS (HIV) IN THE WORKPLACE

**GUIDELINES FOR AIDS/HIV INFORMATION AND EDUCATION
AND FOR PERSONNEL MANAGEMENT ISSUES**

Office of Personnel Management
Office of Employee and Labor Relations

April 1991

Note: These guidelines were first published in March 1988 and distributed by FPM Bulletin 792-42, March 24, 1988. The republished guidelines contain no policy changes; some editorial changes have been made and Section III, AIDS INFORMATION SOURCES, has been updated.

AIDS IN THE WORKPLACE

Introduction

This information and guidance is designed to assist Federal agencies in establishing effective AIDS education programs and in fairly and effectively handling AIDS-related personnel situations in the workplace. In this guidance, the term AIDS is used to refer either to the general AIDS phenomenon or to clinically diagnosed AIDS as a medical condition. HIV (human immunodeficiency virus) is used when the discussion is referring to the range of medical conditions which HIV-infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).

General Policy

Guidelines issued by the Public Health Service's Centers for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of [AIDS]." Therefore, HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace. If performance or safety problems arise, agencies are encouraged to address them by applying existing Federal and agency personnel policies and practices. (See also paragraph I on page 6 which discusses the Public Health Service's guidelines for health-care workers.)

HIV infection can result in medical conditions which impair the employee's health and ability to perform safely and effectively. In these cases, agencies should treat HIV-infected employees in the same manner as employees who suffer from other serious illnesses. This means, for example, that employees may be granted sick leave or leave without pay when they are incapable of performing their duties or when they have medical appointments. In this regard, agencies are encouraged to consider accommodation of employees' AIDS-related conditions in the same manner as they would other medical conditions which warrant such consideration.

Also, there is no medical basis for employees refusing to work with such fellow employees or agency clients who are HIV-infected. Nevertheless, the concerns of these employees should be taken seriously and should be addressed with appropriate information and counseling. In addition, employees, such as health-care personnel, who may come into direct contact with the body fluids of persons having the AIDS virus, should be provided appropriate information and equipment to minimize the risks of such contact. (See also paragraph I on page 6.)

OPM encourages agencies to consider the following guidelines when establishing AIDS education programs and in carrying out their personnel management responsibilities.

I. AIDS INFORMATION AND EDUCATION PROGRAMS

There are several important considerations in establishing effective AIDS information and education programs. The following guidance is intended to help agencies develop methods for establishing successful programs.

A. Timing and Scope of AIDS Information and Education Efforts

AIDS information and education programs are most effective if they begin before a problem situation arises relative to AIDS and employee concerns. Experience in the private sector has demonstrated that employees' level of receptivity to accurate information will be higher when management has a policy of open communications and when educational efforts are initiated before a problem situation occurs. Education and information should be of an ongoing nature. This approach will reassure employees of management's commitment to open communications and employees will receive updated information about AIDS. By providing AIDS information to all employees, agencies will enhance employees' understanding about the nature and transmission of the disease.

B. Educational Vehicles

Education and information efforts may be carried out in a variety of ways. Agency news bulletins, personnel management directives, meetings with employees, expert speakers and counselors, question and answer sessions, films and video-tapes, employee newsletters, union publications, fact sheets, pamphlets, and brochures are likely to be effective means of providing information to employees about AIDS. In addition, employees should be made aware of the National AIDS Hotline (1-800-342-AIDS or 1-800-344-SIDA in Spanish) as a source of confidential information.

C. Employee Assistance Programs

For employees who have personal concerns about AIDS, agency employee assistance programs (EAPs) can be an excellent source of information and counseling, and can provide referrals, as requested, to community testing and counseling services, treatment, and other resources. EAPs can also provide counseling to employees who have apprehensions regarding the communicability of the disease or other related concerns. Because EAPs are in a unique position to offer information and assistance, agencies are encouraged to establish AIDS information, counseling, and referral capabilities in their EAPs and to make employees and supervisors aware of available services. In addition, EAPs can be a good source of managerial/supervisory training on AIDS in the workplace. As with other services provided by the EAP, strict adherence to applicable privacy and confidentiality requirements must be observed when advising employees with AIDS-related concerns. In addition to services provided by the EAP, the agency's occupational health program, health unit, or medical staff should be prepared to assist employees seeking information and counseling on AIDS.

D. Training and Guidance for Managers and Supervisors

Supervisors and managers should be prepared to deal with employee concerns and other issues related to AIDS in the workplace. Agencies should consider, therefore, conducting ongoing training and education programs for their managers and supervisors on the medical and personnel management dimensions of AIDS. These programs can be used to educate managers and supervisors on the latest research on AIDS in the workplace, to provide advice on how to recognize and handle situations which arise in their organizations, and to convey the importance of maintaining the confidentiality of any medical and other information about employees' health status. In addition, managers and supervisors should be given a point of contact within the agency where they can call to obtain further information or to discuss situations which arise in their work units. Agencies should attempt to initiate training and guidance activities before problems occur.

E. Sources of Information and Educational Materials

Considerable information about AIDS is available to Federal agencies. OPM encourages agencies to explore various sources of information and to keep abreast of the latest research on AIDS in the workplace. The U.S. Public Health Service (PHS) has developed much material on the medical and other aspects of AIDS. Information about AIDS can be obtained by requesting it from PHS offices or from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, Maryland 20850; telephone (800) 458-5231. PHS offices are located throughout the country and can be contacted for information relating to AIDS. (See section III for a listing of PHS regional office locations.) In addition to the PHS, many communities have AIDS educational, advocacy, and treatment resources where agencies can get information.

II. PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS

When AIDS becomes a matter of concern in the workplace, a variety of personnel issues may arise. Basically, these issues should be addressed within the framework of existing procedures, guidance, statutes, case law, and regulations. Following is a brief discussion of AIDS-related issues which could arise in various personnel management areas, along with some basic guidance on how to approach and resolve such issues. Agencies are cautioned that, as with any complex personnel management matter, the resolution of a specific problem must be based on a thorough assessment of that problem and how it is affected by contemporary information and guidance about AIDS, current law and regulation bearing on the involved issue, and the agency's own policies and needs.

A. Employees' Ability to Work

An HIV-infected employee may develop a variety of medical conditions. These conditions can range all the way from immunological and/or neurological impairment in early stages of HIV infection to clinically diagnosed AIDS. At some point, a concern may arise as to whether such an employee, given his or her medical condition, can perform the duties of the position in a safe and reliable manner. This concern will typically arise at a point when the HIV-infected employee suffers health problems which affect his or her ability to report for duty or perform. Also, in some situations the concern may stem from the results of a medical examination required by the employee's position. Under OPM's regulations in 5 C.F.R., Part 339, Medical Qualification Determinations, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the employee does not produce sufficient documentation to allow agency management to make an informed decision about the extent of the employee's capabilities, the agency may offer, and in some cases order, the employee to undergo a medical examination. Accurate and timely medical information will allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794).

B. Privacy and Confidentiality

Because of the nature of the disease, HIV-infected employees will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. Agencies should be aware that any medical documentation submitted to an agency for

the purposes of an employment decision and made part of the file pertaining to that decision becomes a "record" covered by the Privacy Act. The Privacy Act generally forbids agencies to disclose a record which the Act covers without the consent of the subject of the record. However, these records are available to agency officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. In addition, supervisors, managers, and others included in making and implementing personnel management decisions involving employees with AIDS should strictly observe applicable privacy and confidentiality requirements.

C. Leave Administration

HIV-infected employees may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the ill effects of their medical condition. In these situations, the agency should make its determination on whether to grant leave in the same manner as it would for other employees with medical conditions. In addition, HIV-infected employees should be advised that they may be eligible to participate in the agency's leave transfer or leave bank programs.

D. Changes in Work Assignment

Agencies considering changes such as job restructuring, detail, reassignment, or flexible scheduling for HIV-infected employees should do so in the same manner as they would for other employees whose medical conditions may affect the employee's ability to perform in a safe and reliable manner. In considering changes in work assignments, agencies should observe established policies governing qualification requirements, internal placement, and other staffing requirements.

E. Employee Conduct

There may be situations where fellow employees express reluctance or threaten refusal to work with HIV-infected employees. Such reluctance is often based on misinformation or lack of information about the transmission of HIV. There is, however, no known risk of transmission of HIV through normal workplace contacts, according to leading medical research. Nevertheless, OPM recognizes that the presence of such fears, if unaddressed in an appropriate and timely manner, can be disruptive to an organization. Usually an agency will be able to deal effectively with such situations through information, counseling, and other means. However, in situations where such measures do not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV-infected employee is impeding or disrupting the organization's work, it should consider appropriate corrective or disciplinary action against the threatening or disruptive employee(s). In other situations, management may be faced with an HIV-infected employee who is having performance or conduct problems. Management should deal with these problems through appropriate counseling, remedial, and, if necessary, disciplinary measures. In pursuing appropriate action in these situations, management should be sensitive to the possible contribution of anxiety over the illness to work behavior and to the requirements of existing Federal and agency personnel policies, including any obligations the agency may have to consider reasonable accommodation of the HIV-infected employee.

F. Insurance

HIV-infected employees can continue their coverage under the Federal Employees Health Benefits (FEHB) Program and/or the Federal Employees' Group Life Insurance (FEGLI) Program in the same manner as other employees. Their continued participation in either or both of these programs would not be jeopardized solely because of their medical condition. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or a pre-existing condition. Similarly, the death benefits payable under the FEGLI Program are not cancellable solely because of the individual's current health status. However, any employee who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverage but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who lose FEHB coverage upon separation from Federal service may generally continue their FEHB coverage for up to 18 months by paying 102 percent of the full premium. They can then convert to a private policy without undergoing a physical. Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life-threatening illness may be denied the request for additional coverage.

G. Disability Retirement

HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. OPM considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any applications where the employee's illness is in an advanced stage and is life threatening.

H. Labor-Management Relations

AIDS in the workplace may be an appropriate area for cooperative labor-management activities, particularly with respect to providing employees education and information and alleviating AIDS-related problems that may emerge in the workplace. In addition, to the extent that an agency proposes AIDS-related policies or programs which would affect the working conditions of bargaining unit employees, unions must be accorded any rights they may have to bargain or be consulted as provided for under 5 U.S.C. Chapter 71.

I. Health and Safety Standards

In 1985, the CDC published guidelines relating to the prevention of HIV transmission in most workplace settings, CDC Recommendations for Preventing Transmission of Infection with [HIV] in the Workplace, 34 MMWR 681 (November 15, 1985). The CDC published specialized guidelines in 1987 relating to health-care workers (which in part updated the health-care worker provisions contained in the workplace guidelines), CDC Recommendations for Prevention of HIV Transmission in Health-Care Settings, 36 MMWR Supp. no. 2s (August 21, 1987). A supplement to this publication was released in 1988 as Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and other Bloodborne Pathogens in Health Care Settings, 37 MMWR 24. As this update was released to clarify some specific issues, the 1987 publication should continue to be consulted for

general information and specific recommendations not addressed in the 1988 update. The Department of Health and Human Services (HHS) and the Occupational Safety and Health Administration (OSHA) of the Department of Labor have initiated a program to ensure compliance with safety and health guidelines and standards designed to protect health-care workers from bloodborne diseases, including AIDS. See Department of Labor/Department of Health and Human Services -- Joint Advisory Notice: Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), 52 Fed. Reg. 41818 (October 30, 1987). The CDC and OSHA/HHS guidance is intended to increase the availability and use of educational information and personal protective equipment and to improve workplace practices bearing on the transmission of AIDS and other bloodborne diseases. OPM strongly encourages agencies, especially those with employees occupying health-care and related positions, to establish health and safety practices consistent with this guidance. Sources are available in OSHA to discuss the published guidelines. In addition to these guidelines, the Department of Labor has published proposed regulations on Occupational Exposure to Bloodborne Pathogens: Proposed Rule and Notice of Hearing, Federal Register 23042, dated May 30, 1989 which contain useful information on occupational exposure to HIV.

J. Blood Donations

One area of personnel management which agencies may overlook when considering AIDS policies and practices is employee blood donations. OPM joins the American Red Cross in urging agencies to encourage employees to consider donating blood. Under guidelines established by the American Red Cross, there is no risk of contracting AIDS from giving blood. However, fears associated with AIDS have contributed to a situation where many of the nation's blood banks are in short supply. This situation threatens the health status of the American public.

As part of its effort to educate the public so as to overcome these fears, the American Red Cross has produced a number of publications which address blood donations where AIDS is an issue. These publications are available through your local Red Cross chapter or by contacting the Red Cross National Headquarters AIDS Public Education Program (by writing to 1709 New York Ave., N.W., Suite 208 Washington, DC 20006 or by calling (202) 639-3223).

Federal Personnel Manual System

FPM Letter 792-21

Published in advance
of incorporation in FPM

Chapter 792

RETAIN UNTIL SUPERSEDED

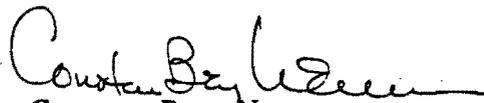
SUBJECT: Acquired Immune Deficiency Syndrome (AIDS)
in the Workplace

Washington, D. C. 20415
April 24, 1991

Heads of Departments and Independent Establishments:

1. The Office of Personnel Management (OPM) issued guidance in March 1988 on Acquired Immune Deficiency Syndrome (AIDS) in the workplace. Since then, more sophisticated medical approaches to the treatment of AIDS and human immunodeficiency virus (HIV) infection prolong the lives of persons with AIDS or delay the onset of some infections for HIV-infected individuals. There is still no cure for AIDS but, due to advances in treatment, individuals with the infection are often able to remain in the workforce for longer periods of time. This development makes it even more imperative that there be informed, fair and compassionate personnel policies and practices in the workplace, especially among managers and supervisors who have responsibilities for day-to-day human resource management.
2. Attached is an update of FPM Bulletin 792-42, March 24, 1988. Our guidance remains the same with a continued emphasis on training for all employees, especially for supervisors, regarding the medical and personnel management aspects of AIDS/HIV infection. Due to the extensive availability and changing nature of information on AIDS, we have deleted the listing of pamphlets, posters, and audio-visual information which appeared in the 1988 guidance. However, current information may be requested from the agencies listed under section III.
3. OPM will continue to maintain a clearinghouse for agency AIDS policy statements and associated guidance. We ask that agencies send copies of any new or revised policies to:

Chief, Employee Health Services Branch
U.S. Office of Personnel Management
Room 7412
1900 E Street, NW.
Washington, DC 20415


Constance Berry Newman
Director

Attachment

Inquiries: Office of Employee and Labor Relations, Personnel Systems and
Oversight Group, (202) 606-1269/ (FTS) 266-1269

Code: 792, Federal Employees Health and Counseling Programs

Publication: Basic FPM

11-792-21 5/87

EMPLOYEE ATTITUDES ABOUT AIDS

A National Survey

WHAT
WORKING
AMERICANS
THINK

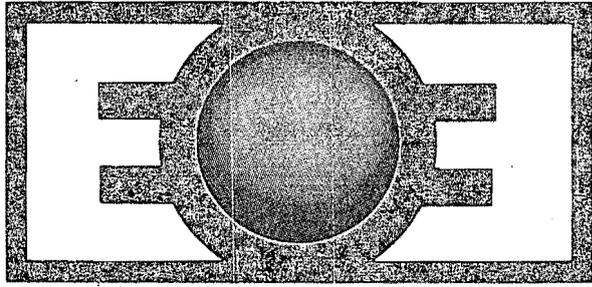
The National Leadership Coalition on AIDS

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

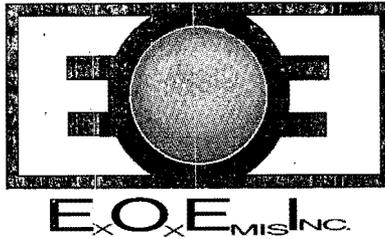
Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



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1) Regret to 10th

2) rec'd task force for
in mtop all day
w/pt in her hands



Hold for scheduling
NOV 23 REC'D
meeting which you
need to remind me
to do early next
week.

November 22, 1993

Ms. Carol Rasco
Assistant to the President
Domestic Policy
The White House
Washington, D.C. 20500

Dear Carol:

I am sending you an advance copy of our presentation to Dr. Faucci's NIH AIDS Clinical Drug Development Committee (ACDDC) to be made by us on December 9th in Rockville. You may recall that when we met last March 17th, Dr. Fauci promised that we would be in a position to start Phase I clinical studies once we had completed a series of animal irritation studies. Those tests have been successfully completed, and I am looking to the ACDDC to move quickly to conduct Phase I studies (we need the ACDDC's approval, and timetable for the tests).

Also, for your information, I was pleased to be invited to the recent WHO conference on vaginal microbicides (see articles from the NY Times and Arkansas Gazette). It appears that the world community is at last focusing their attention on the need for prevention on HIV transmission, and not just a cure or vaccine.

After attending the WHO conference with 70 other scientists from around the world, I am gratified that Exact® meets all the qualifications of the vaginal gel which is outlined in their meeting summary (copy enclosed). We now have a contract manufacturer and we can produce commercial quantities of Exact® Personal Lubricant, now (I've enclosed two tubes of Exact®, plus product packaging mock-ups).

While I have never been more confident of the safety and efficacy of Exact® and its ability to help stem the tide of HIV transmission around the world, I am truly at a crossroads from a business perspective.

Perhaps I could visit with you after the ACDDC meeting: ~~after 3:00 p.m. on December 9th~~ or after 11:00 a.m. on the 10th. Incidentally, I am meeting with Jane Silver's group (AMFAR) at Bob Hattoy's recommendation the morning of the 10th. Thanks Carol, for your continued support and interest.

called to say
no longer
an option

Sincerely,

Jackson T. "Steve" Stephens, Jr.
Chairman & CEO

W.H.O. Starting to Search For a Barrier Against H.I.V.

GENEVA, Nov. 16 (AP) — Switching tactics against AIDS, the World Health Organization announced today that it was searching for a safe foam or gel that could kill H.I.V., human immunodeficiency virus, inside a woman's vagina.

The organization decided on the strategy at a weekend meeting with 70 representatives of pharmaceutical companies and research organizations, the first attempt to coordinate research efforts.

W.H.O., the United Nations health agency, said the new research strategy could revolutionize AIDS prevention efforts and held out the hope that such a substance could be ready within two to three years.

The foam or gel would be an alternative to condoms, the only current method of birth control that offers some protection from human immunodeficiency virus, which causes AIDS.

"Faced with the prospect of at least an additional 1 million women infected worldwide with H.I.V. every

year — two every minute — it is clear that we need a new method to enable women to protect themselves from H.I.V. infection," said Dr. Michael Merson, head of W.H.O.'s Global Program on AIDS.

The agency estimates 75 percent of all H.I.V. infections are spread through heterosexual intercourse. It says about 13 million adults have been infected with H.I.V. since the early 1980's. More than 2.5 million are thought to have developed acquired immune deficiency syndrome.

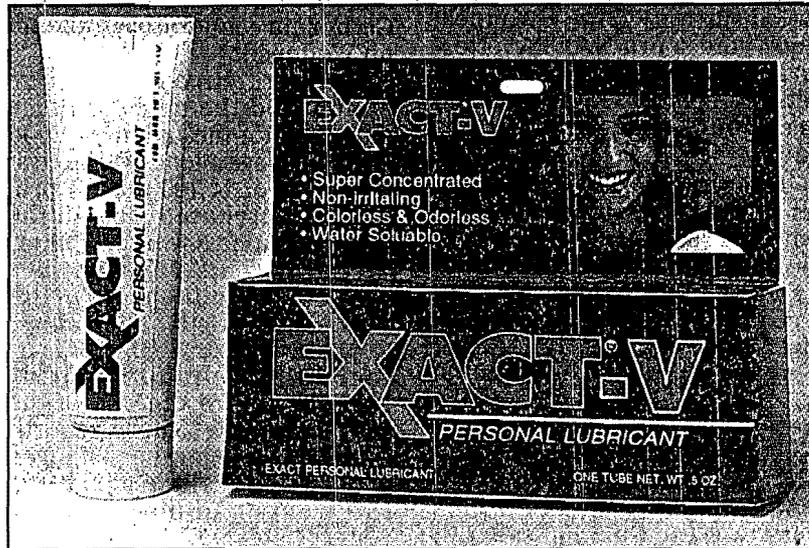
Until now research has focused on developing a vaccine to stop people from contracting H.I.V. But W.H.O. officials say there is little chance of an effective vaccine before the end of the decade.

The agency hopes that some substances in spermicides, which prevent pregnancy by killing sperm in the vagina, might also be effective against H.I.V. It would like to find a substance that would kill H.I.V. without destroying useful microbes in the vagina or impairing fertility.

Business & Farm

Arkansas Democrat & Gazette

•• FRIDAY, NOVEMBER 19, 1993
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NEW APPROACH — ExOxEmis Inc., a company owned by Little Rock's Jackson T. Stephens Jr., is developing a prophylactic for women that would prevent transmission of the AIDS virus.

LR firm's AIDS blocker piques medical interest

BY ANDREW MOREAU
Democrat-Gazette Business Writer

A Little Rock medical research firm could play a major role in working with the World Health Organization in its fight to prevent the spread of AIDS.

After a weekend meeting, the organization has indicated it will pursue research that would help women protect themselves against the deadly virus. Instead of emphasizing condoms, the organization wants to develop an inexpensive and efficient vaginal jelly or spray that can be applied by a woman before intercourse. The product would prevent transmission of the virus.

Little Rock investor Jackson T. Stephens Jr. attended the conference, which included 70 representatives of pharmaceutical companies and research organizations. ExOxEmis Inc., a company set up by Stephens, has been developing a product

that could be used to combat the spread of AIDS by killing the virus before it invades the body.

Researchers with the National Institutes of Health, which is considering tests of the ExOxEmis product, attended the conference with Stephens. "The purpose of the conference was to set up the guidelines for clinical testing," said Steve Weintz, vice president of ExOxEmis.

"This is significant in that up to now everyone has been looking for a vaccine, a miracle cure, instead of prevention," Weintz said of the new approach authorized by the World Health Organization. "In the interim, they're recognizing that prevention is important."

ExOxEmis will go before a NIH review board Dec. 9 to ask the organization to approve clinical testing of the product, called Exact, that the Little

See FOAM, Page 2D

Foam

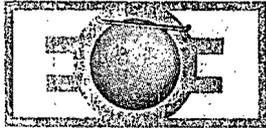
• Continued from Page 1D

Rock company has developed.

At the conference in Geneva, Switzerland, WHO researchers indicated a concentrated research effort could bring such a product to the world market within two years. Other firms besides ExOxEmis are working on

preventive medications.

"This will make a real difference in the world epidemic," said Dr. Michael Merson, head of WHO's Global AIDS Program. "For the first time, women will be able to protect themselves — and their future babies — effectively, and the decisions will be up to them. Women will at last have a real choice, real power over their destiny."



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J. T. Stephens, Jr.
Chairman

ExxonMobil, Inc.
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Little Rock, Arkansas 72201 U.S.A.

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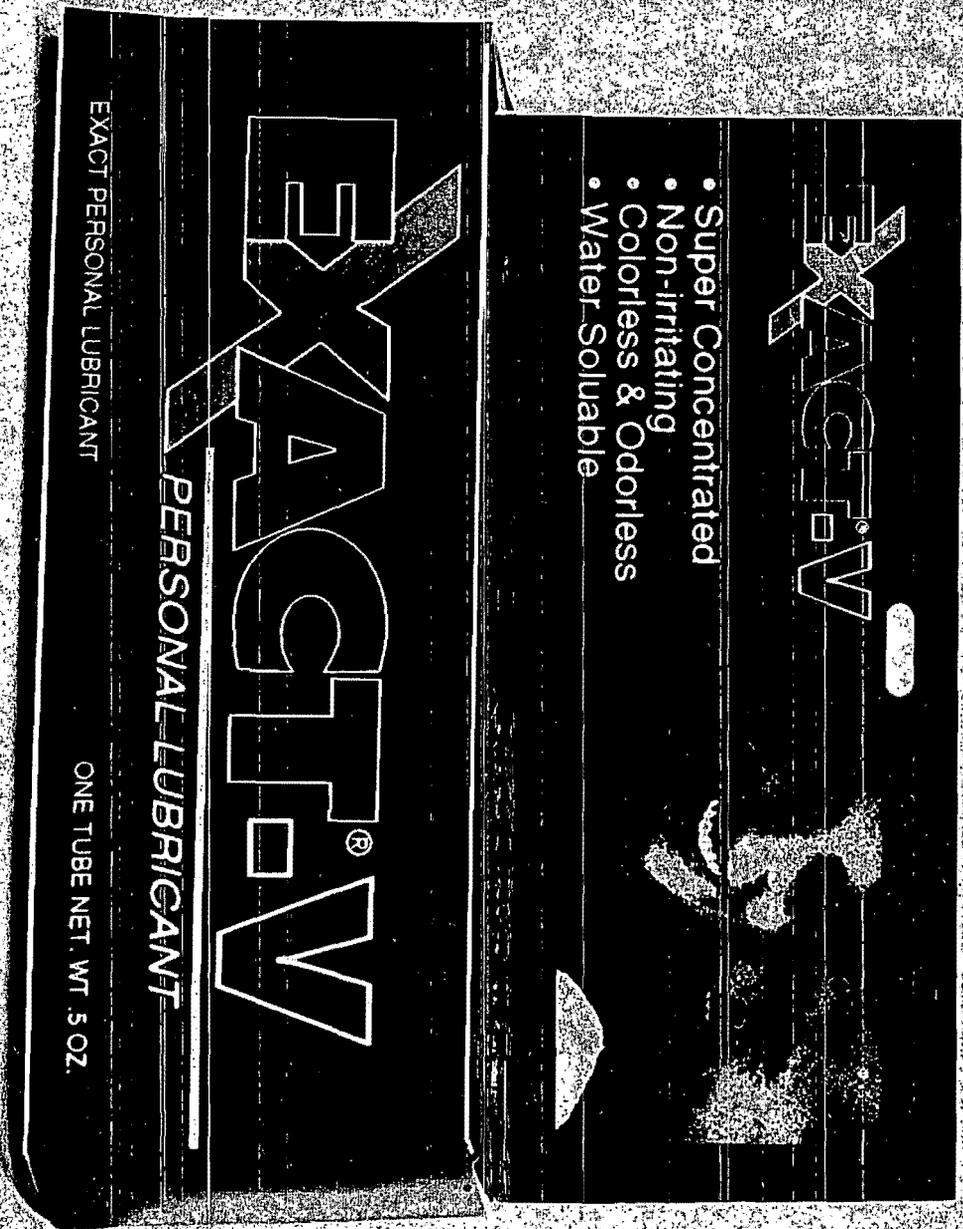
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CONTACT SOLUTION

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- Non-Irritating
- Colorless & Odorless
- Water-Soluble

PERSONAL LUBRICANT

EXACT-A

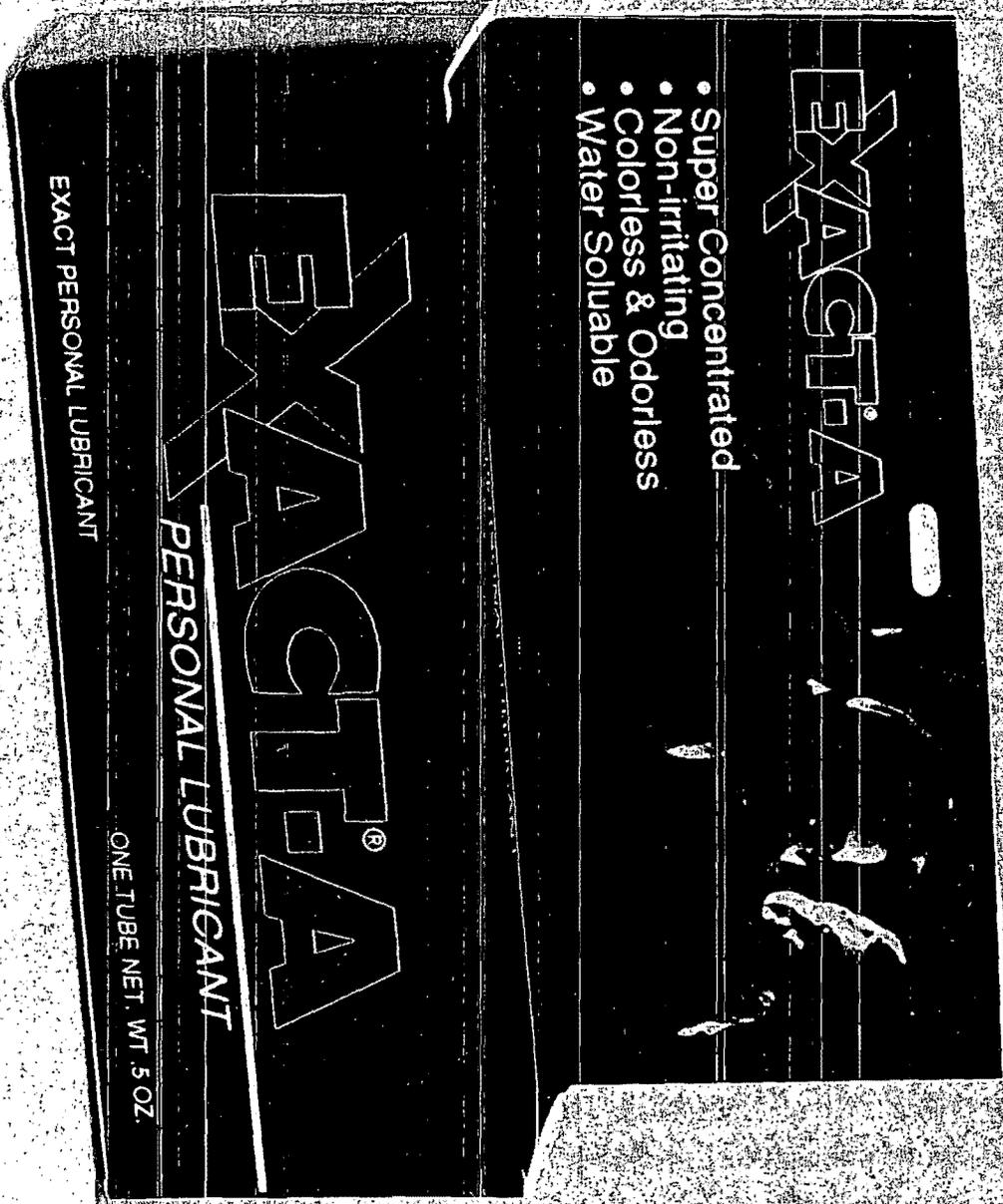
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- Non-Irritating
- Colorless & Odorless
- Water Soluable

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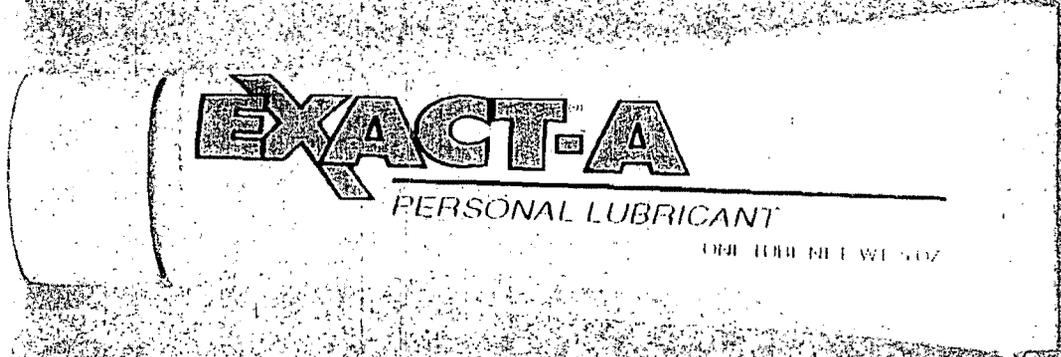


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Bill Seeks to Coordinate NIH Research on AIDS

The Washington Post

Skeptics Fear Proposal Could Slow Progress

By David Brown
Washington Post Staff Writer

Can better strategic planning, coordination and prioritizing bring the AIDS virus to its knees?

It is an appealing notion, and one the National Institutes of Health appears ready to try as the AIDS epidemic enters its second decade.

The Senate last week passed a bill that would strengthen NIH's Office of AIDS Research and make its director, if not a "czar," then at least a person with unprecedented influence over how the government spends money studying the disease and searching for a cure.

Under the bill, the office would prepare an overall budget for AIDS research and eventually acquire major influence in the decisions of what scientific questions will be most studied—and funded.

The office would have no AIDS researchers of its own. Laboratory experiments, epidemiological surveys and clinical trials would still be done by NIH's 21 institutes or by NIH-funded academic researchers.

NIH's AIDS research budget for this year is about \$1.1 billion. The largest amount—about \$458 million—goes to the National Institute of Allergy and Infectious Diseases, whose director, Anthony S. Fauci, now heads the Office of AIDS Research.

The proposed change, which is supported by the Clinton administration, represents a victory by several AIDS activist groups that believe current research efforts are hampered by duplication, disorganization and a problem in recognizing quickly what new scientific questions are the most important.

"AIDS is very complicated, and someone needs to see that there is an appropriate balance between the various fields, such as basic science, clinical research, drug discovery, behavioral issues," said Mark Harrington, a member of the New York-based Treatment Action Group, which spearheaded the proposal to give the AIDS research office more power.

Many researchers, however, are skeptical that central planning will produce better science and are fearful that a revamped AIDS coordinating office will add a thicker layer to the NIH bureaucracy and possibly slow the pace of research. Furthermore, they argue, the current system has produced an enormous amount of knowledge since the AIDS epidemic was first detected in 1981, and does not warrant tampering with.

The idea that AIDS research could benefit from a strategic plan was first mentioned several years ago in a report by the Institute of Medicine, an organization similar to the National Academy of Sciences, which studies medicine and health policy.

The idea got a further boost last summer when the Treatment Action Group presented an analysis of NIH's 1991 research program at the international AIDS conference in Amsterdam. The study outlined deficiencies that its authors believed could have been prevented by better planning.

The proposal to route all of NIH's AIDS research through a single office came to the attention to Sen. Edward M. Kennedy (D-Mass.), who wrote it into the Senate version of the NIH Revitalization Bill. A House subcommittee will consider a similar bill on Tuesday; an amendment enlarging the authority of the Office of AIDS Research is expected to be added as an amendment.

Under the Senate bill:
■ The Office of Aids Research would have a full-time director with no other responsibilities at NIH and an advisory council of scientists and lay people.

■ The director of the office, with help from the council and the heads of NIH institutes, would formulate a long-range plan addressing, among other things, what is the best balance of basic and applied research and how much should be done inside and outside NIH. The plan also would set research objectives and an estimate of how much time and money would be needed to meet them.

■ Neither the head of NIH nor the secretary of Health and Human Services could alter the AIDS budget request, which would go directly from the AIDS research office to the president. The final appropriation would be disbursed to NIH institutes by the director of the AIDS research office, according to the strategic plan.

In its first year, the office would control only about 20 percent of the AIDS budget. This is because the director could not take money away from multi-year projects funded by NIH but being done by outside researchers, or from ongoing experiments by the institutes' own scientists. But as those projects ended, more of NIH's AIDS budget would come under the aegis of the director of the Office of AIDS Research, although probably never all of it.

■ If NIH's total AIDS budget rises, the director of the AIDS research could use 25 percent of the increase to pay for emergency research or help fill gaps in existing programs.

No one can say for certain that scientists would know more about AIDS and its treatment today if there had been more central planning from early in the epidemic.

But Harrington, a coauthor of the Treatment Action Group's critique of NIH, cited three examples of areas he thinks have been overlooked in recent years: HIV-related cancers (for human immunodeficiency virus, which causes AIDS), the syndrome of extreme weight loss experienced by many AIDS patients and certain questions about the immunology of the virus.

Some activists say an empowered Office of AIDS Research could streamline research.

Derek Hodel, of the AIDS Action Council, last week questioned whether NIH needs nearly a dozen "clinical networks," which are groups of HIV-infected persons in treatment trials. He suggested the groups could be merged for patient studies, saving administrative costs.

Proponents of the bill have sent some members of Congress a list of 78 researchers who favor the proposed changes. Among the scientists skeptical about the reforms, however, are the heads of 22 institutes and centers at NIH, who sent a letter to NIH Director Bernadine P. Healy last month saying, in part, that the "additional bureaucratic layer ... will have the effect of impeding the progress of AIDS research and, at the same time, having negative effects on non-AIDS research." Several institute directors would not discuss the Senate bill, and Healy was unavailable for comment.

Other groups critical of the Office of AIDS Research's proposed power to allocate research funds include the independent advisory council of the National Institute of Allergy and Infectious Diseases and the Infectious Diseases Society of America.

Some of the changes envisioned in the Senate bill are not without precedent at NIH. Since the Nixon administration declared a "war on cancer" in the 1970s, the National Cancer Institute has had a budget that is submitted directly to the president, bypassing the NIH hierarchy.

AIDS research, however, cuts across more fields than cancer research, which would make the director of the AIDS research office uniquely influential over a highly visible field of scientific inquiry.

John Bartlett, an AIDS researcher and the head of infectious diseases at Johns Hopkins Hospital, said last week that although he does not have strong feelings about the bill, he doubts that changes in the research bureaucracy are a key to progress in AIDS.

"On the surface, this kind of organizational control has an intuitive attractiveness that can be overly simplistic and actually turn out to be destructive rather than constructive," he said. "Life is a lot more complicated, and I don't think this should necessarily be viewed as a step forward."

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Seattle Post-Intelligencer, Thursday, May 20, 1993

Sunshine Act a splendid idea, Perot says

Dunn measure would open congressional committee meetings

By Christopher Hanson
P-I Washington Correspondent

WASHINGTON — Former presidential candidate Ross Perot yesterday endorsed a Seattle-area congresswoman's "sunshine" proposal to open the doors of more congressional committee sessions to the public and news media.

Rep. Jennifer Dunn was among seven House Republican freshmen who breakfasted with the Texas billionaire.

Her proposal would limit closed sessions to a few special cases, including hearings in which classified information is to be discussed. Now, a majority vote of a committee is all that is needed to order a session closed.

After the breakfast, Perot met

with a larger group of freshmen Republicans. Both sessions were closed to reporters.

Afterward Perot met with reporters and renewed his attacks on President Clinton's "tax and spend" policies. He also endorsed the open-meeting idea.

"Secret meetings?" queried Perot, who suggested he had just learned of closed-door procedures in Congress. "If I had come to this group before the election and said the Democratic Party, the party of the people, will be holding secret meetings, you'd laugh me out of the room."

"I'm coming to you to say the Republican Party, at least the

freshmen, are dead-set to re-establish a policy of open meetings in our government. This is like the world turned upside down," he said.

Perot described the GOP freshmen as dedicated public servants who put their country above their political careers. "I think the framers of the Constitution looking down from heaven would

be smiling if they could attend this meeting. They are dead-interested in having real reform."

Perot laid into Clinton for too many tax proposals and not enough stress on budget cuts, and urged him to "get organized" and fill key sub-Cabinet positions. He

also said Clinton must focus his energies and "not fall into the Washington political trap of watering everything down."

As Perot spoke, Clinton was meeting elsewhere in the Capitol Building with Democratic members, seeking support for his economic plan. That meeting, too, was held behind closed doors.

After the Perot meeting, Dunn expressed satisfaction. "He endorsed the Sunshine Act. That was probably the most important thing to me. ... He just was delighted to hear about it, didn't know that it hadn't existed before and said that he was 100 percent behind that and that he wanted to

make sure it had teeth in it."

She said Perot had broached the idea of her and other freshmen appearing on one of his half-hour TV shows to describe the frustrations of trying to get measures through Congress and "find out what really is going on here."

"I find him a very charismatic leader. ... He describes himself as a ... white giraffe at the zoo. People come to see what he looks like," she said.

Dunn noted there were areas of disagreement between many GOP freshmen and Perot but also common ground. "Where we can work together on getting some things done, really substantive things that pertain to the deliberative part of the process, then we'll work very well together."

END

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Seattle Post-Intelligencer, Thursday, May 20, 1993

2 of 2

From Page 1

the Seattle political grapevine buzzing. At least a half-dozen Democrats are considered likely contenders, including Constance Rice, vice chancellor of the Seattle Community College District and wife of Seattle Mayor Norm Rice.

McDermott was invited to the White House last week to discuss the job, but he said it was not formally offered to him.

He said he had not asked for the job, was not lobbying for the job, and was very happy remaining in Congress, where he has become a leading voice on health care reform.

Organizations pressing for a greater federal role in the fight against AIDS/HIV say McDermott is on a short list of candidates. One key AIDS activist, noting the job has been turned down by at least two other candidates, said McDermott is at the top of the White House list.

"From what I hear both formally and informally, McDermott is the leading candidate," said Dan Bross, executive director of AIDS Action, which represents more than 1,000 community AIDS organizations nationwide.

"He has worked diligently since he has been there to increase AIDS awareness in Congress. He is someone who the AIDS community has real confidence in," Bross said.

"He brings not only a real understanding of the issues but he has compassion and concern," he said. "He is a fighter and has proven himself a leader."

McDermott has investigated the spread of AIDS in the developing world and is one of Congress' leading experts on the disease.

McDermott said he had no idea about others under consideration for the post, which would have responsibility for developing and coordinating the federal government's actions to combat the AIDS epidemic.

An aide to McDermott said others also were being considered and, addressing McDermott's chances of becoming AIDS czar, declared: "I'll bet it isn't going to happen . . . They did not offer it, he did not ask for it, he is not pursuing it."

Some congressional Democrats suspect McDermott's name has been floated by the White House as part of a ploy to neutralize him. He is the leading Democratic opponent of the free-market approach to health care reform that the Clinton team has been advocating.

McDermott's alternative — a single payer health system in which the federal government pays health bills — has collected 72 co-sponsors, far more than any other health bill.

McDermott rejected this Machiavellian theory: "What I feel is that they had several good candidates who for personal reasons turned them down. They began looking at a wider circle."

The congressman, a former Washington state senator who stepped down in 1987 for a State Department medical post in Africa, has moved rapidly up the seniority ladder on the U.S. House Ways and Means Committee.

He says the AIDS job must come with authority to coordinate the federal government's approach to the crisis, that the czar must have the president's ear and that the scope of responsibility

must be international.

"It's one world," he said. "How do you decide the issue of Haitian refugees? That's sort of a domestic issue, but it's also an international issue. The world is too small (for) just a domestic

AIDS czar."

Clinton proposes to boost AIDS spending by about \$600 million next year. AIDS groups are pushing for another \$1 billion to fight the virus, which infects an estimated 1 million Americans.

Heading the AIDS programs "will be more than a full-time job," Bross said. "It will be all-consuming."

McDermott said it would be a tough decision to leave Congress because he campaigned on health care reform.

"It's very hard to walk away," McDermott said. "I would like to be there not only at the birth but at the raising of this health care baby."

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Seattle Post-Intelligencer, Thursday, May 20, 1993

Post-It™ brand fax transmittal memo 7671	# of pages ▶ 3
From: The White House	To: Seattle P-I
Dept.	Phone #
Fax: 202-456-6485	Fax #

AIDS post intrigues McDermott

No offer but he could have inside track

By Christopher Hanson and Mike Merritt
P-I Reporters

WASHINGTON — U.S. Rep. Jim McDermott, a leading candidate for White House AIDS czar, said yesterday he would have a hard time declining the job if it were offered by President Clinton.

"It would be tough. If he said it to you, it would be awfully hard to look you in the eye and say 'no,'" the 7th District Democrat said in an interview on Capitol Hill.

McDermott, a Seattle psychiatrist, said the very difficulty of the job made it appealing to him psychologically.

"He's got one tough issue after another. We're talking condoms. We're talking needle exchange . . . Haitian refugees. We're talking sex education in schools," McDermott said.

"They're all tough issues. But somebody has to confront them if we're going to save our children," the three-term lawmaker said.

The possibility McDermott might give up the seat in the heavily Democratic district has

See McDERMOTT, Page A10

■ **The hot seat:** It didn't take long for others to start eyeing Jim McDermott's job. Page A10

AIDS czar?

■ **Background:** Chicago native, 66, received medical degree from University of Illinois, 1963. Practiced psychiatry in Navy



McDermott

before moving to Seattle, where his specialty was child psychiatry.

■ **Political records:** Ran for state House in 1971, where he served until winning state Senate seat in 1975. Mounted three campaigns for governor — in 1972, 1980 and 1984.

■ **Involvement in medical issues:** As chairman of the budget-writing Ways and Means Committee, he is credited with establishing in 1987 the state's Basic Health Plan expanding medical care to low-income residents. Resigned from Legislature in 1987 to become roving psychiatrist for U.S. Foreign Service in central Africa.

■ **Involvement in AIDS fight:** Campaigned for reform of the nation's health-care system with a special emphasis on increasing the federal government's AIDS efforts.

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Today's debate is on 'OFFICIAL ENGLISH' laws
and whether they have a place in the USA.

Good riddance to 'official language'

OUR VIEW Depriving citizens of government services because of the language they speak is wrong.

How useful is it to distribute AIDS-prevention advice if half the people getting it can't read it?

What good are bus schedules that most bus riders don't understand?

Those and similar wastes of public money occurred in Dade County, Fla., until its English-only law — the nation's toughest — was repealed this week.

Good riddance.

Depriving citizens of government services because of the language they speak is misguided public policy and probably, as a federal court in Arizona has ruled, unconstitutional. It limits free speech to speakers of English.

The demise of Dade's law is an overdue epitaph to the English-as-official-language movement that struggled to become a trend but never made it.

Various groups have tried to ban foreign tongues since at least World War I when, in some Midwestern towns, speaking German was a crime.

In the 1980s, as nearly 9 million immigrants entered the USA, 11 states pro-

claimed English their official language. But the laws that remain today are only symbolic. Arkansas, for instance, made English its official language in the same bill that designated the state's official fish, official rock and official vegetable.

Dade's law was an exception.

Passed in 1980 as a tidal wave of Cuban refugees washed into Miami, it required all county business (except voting and safety materials) to be conducted only in English. Interpreters were banned at public meetings.

Although more than half of Dade's citizens speak Spanish, government communication in Spanish was illegal.

That's not only inefficient, it's un-American. Folks who try to wrap themselves in red, white and blue by insisting English is our "patriotic" language fail to remember that most U.S. citizens have roots in non-English-speaking lands.

Those immigrants eventually mastered English for an obvious reason: They must if they hope to move into the commercial mainstream.

As the next wave of immigrants arrives, the nation would be wise not to write any more official-language laws. The paper would be better used to wrap the official state fish.

Make English official

OPPOSING VIEW To have no common official language of government will lead to disunity and chaos.

What if each of our major cities had its own phone system, but they had no compatible link between them? Residents of a city would be able to talk to one another within that city. But if they wanted to talk to someone in another city, they would be out of luck. No communication whatsoever!

That's the essence of the common-language issue — in Dade County, Fla., in New York, in the United States.

If we insist on maintaining linguistic diversity to the point where a common language is not utilized, as a people we will be like my telephone example. How can we literally worship the technology

of communication and ignore the most important tool of communication, a common language?

To insist on multilingual government places an undue burden on taxpayers. To lead immigrant workers to believe they do not need to learn English to succeed in America does them a gross disservice. To have no common official language of government will lead to disunity and eventual chaos.

The recent developments in Dade County have rekindled the national interest in having a common official language of government, and rightfully so. Two bills in Congress — H.R. 123 by Rep. Bill Emerson, R-Mo., and more than 60 of his colleagues and S. 426 by Sen. Richard Shelby, D-Ala., and six others — will accomplish that goal.

Multilingual people may be an asset to our country, but unless we adopt a common official language, we are headed for disaster. We need only to look at the role language diversity plays in the problems of the former states of Yugoslavia to know that we do not want to continue down that road.



By Mauro E. Mujica, chairman of U.S. English, Washington.

ish and this type of coordination is going to be more and more necessary for Republicans in Congress to get our message out.

Government Must Be Neutral On Gay Lifestyles, Aide Says

Boston Globe

CAMBRIDGE, Mass., April 17 — Gay activists should recognize that the Clinton administration's effort to end the ban on homosexuals in the military is based on the principle of non-discrimination and that pushing the president for a broader endorsement of gay lifestyles could be politically counterproductive, White House spokesman George Stephanopoulos said today.

Stephanopoulos, who spoke at Harvard University's Kennedy School of Government, made his remark in response to an activist who asked what homosexuals could do to help bring about a reversal of the military ban.

Noting that Clinton has said people should not be discriminated against "simply because of who they are," Stephanopoulos replied: "The more that people try and expand that principle and instead turn it into something of affirming or putting the government behind a lifestyle that the government should be neutral on, the less successful we'll be. You have to establish the principle of non-discrimination and stand by it as firmly as you can, but try and respect the views of the rest of society as well."