Approved Feb 25, 87
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Vice-Chairman, Frank Buehler at
Chairperson

1:30 ~~a.m./p.m.~~ on February 17, 1987 in room 423-S of the Capitol.

All members were present except:

Chairman Littlejohn, Representative O'Neal, both excused.

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Representative Marvin Barkis
Speaker of House James Braden
Lt. Governor, Jack Walker
John Koepke, Kansas Association of School Boards
Carolyn Schmitt, Ks. National Education Association
Belva Ott, Planned Parenthood of Kansas, Inc.
Elizabeth Taylor, Kansas Association of Local Health Departments
Mack Smith, Executive Secretary of State Board of Mortuary Arts
Larry McElwain, President of Kansas Funeral Directors of Kansas
L. Stephen Garlow, Office of State Attorney General

Vice-Chairman, Frank Buehler called meeting to order and welcomed Close Up Students from Great Bend, Kansas along with leader, Mr. Charles Gowdy.

Hearings began on HCR 5013:-

Representative Barkis handed out prepared statement, (see Attachment No. 1), for details, along with other printed information, i.e., articles on AIDS, (see Attachments No.1-A. 1-B,1-C,1-D,1-E), for details. He stressed a Task Force should be appointed to study this crisis. As a father of 3 children, he is deeply concerned and feels information that can be gleaned from a broad task force of people will greatly help deal with the problems of dread diseases that are transmitted sexually. He asked the task force include a bipartisan leadership of the public health committees in both the House and Senate, or their designees; emphasizing a strong commitment to public education for the sake of the safety of our young people. The best preventative strategies in this fight would be to help our children make safe, responsible and informed choices in their personal lives; to request the Secy. of Health and Environment the task force be appointed immediately and preliminary reports on state action could be made to the Legislature in the remaining weeks of this legislative session. Proper education is essential. He called attention to the risks that are run today by the medical, dental, funeral professions where the contact with human blood is made. There are so many critical concerns with these diseases and we must speak to these concerns immediately.

Speaker James Braden spoke in support of HCR 5013 voicing his concern and support in regard to the Task Force. Since Dr. Walker has now appointed a Task Force it indicates the need for education towards solving the problems discussed. He commented on how the Insurance community is deeply concerned with these problems.

Lt. Governor, Jack Walker spoke to HCR 5013, saying it is not important who or what Department appoint the Task Force, the important thing is it begin to function as soon as possible and get on with the job. The bottom line is to have this Task Force develop a plan toward coordinating the State's proper role in responding to the health, social and various educational and economical problems posed by this serious disease Aids. They support this HCR 5013 as a back up to the Task Force already appointed. If it would be helpful, we can join together with wahtever action you take on this Resolution. He answered questions, yes, the main thrust of the Task Force will be education and those who are involved in education will certainly be on this Task Force. We will appoint a group of highly visible, blue ribbon people. People from varied backgrounds. We all realize this will be a very controversial subject. He was asked to appoint an minority.

No, we will not be spending dollars on research since there is a wealth of research already being done, and this will not be our role. We just want to get on with a very difficult job.

Dr. Walker noted he had given the presentation for the Department of Health and Environment rather than Mr. Steve Paige.

Mr. John Koepke, Ks. Assn. of School Boards spoke to HCR 5013, saying he is very pleased to hear that educators will be a big component on this Task Force. This is a problem local School Boards are already wrestling with. It is a very politically sensitive problem, and he would recommend that members on this Task Force be appointed from the State Board of education, a local school board member, a school administrator, and a classroom teacher. Persons from various segments of education community should be on the Task Force since these persons will be asked to implement many of the recommendations coming from said Task Force.

Carolyn Schmitt, Ks. National Education Association gave hand-out, (see Attachment No.2) for details. Kansas-NEA became active regarding this issue over a year ago, discussing resources available for an education effort, dissemination of such information, and policy positions that might be implemented. We would be pleased to offer any of the information gleaned from their studies and are willing to help in any way possible.

Belva Ott, Public Affairs Director, Planned Parenthood of Kansas gave hand-out, (see Attachment No.3), for details. Sexually Transmitted Diseases, (STD's) have reached epidemic proportions, and passage of HCR 5013 will allow a Task Force to get needed data and take necessary action to help Kansans meet the current and future needs of our citizens. Every available opportunity must be taken to assure no one will lack necessary knowledge to protect themselves from STD's by giving them the information from both the private sector and the educational sector. (Her testimony cites statistics in regard to chlamydia, an infection organism prevalent in STD's. Also, Herpes Complex I and Herpes Complex II, Aids, Gonorrhea, Syphilis indicate in her testimony the complications in infertility, childbirth. She urged for favorable passage of HCR 5013 as soon as possible.

Vice-Chair called attention to yellow booklet that had been distributed to office of each committee member. This packet was compiled by the Barton County Health Department, and given in the absence of Lilly Aikengs who elected to not appear this date.

Elizabeth Taylor, Executive Director of Health Departments spoke in support of HCR 5013. We strongly support the Task Force that has been appointed by the Secretary of Health and Environment. STD's are a tremendous problem not only to adults, but to teenagers as well. Aids deaths have doubled in Kansas this past year. They encourage favorable and prompt passage of HCR 5013. She answered questions, she was unsure of the rules about distributing contraceptives to minors. She said there are many teenagers that utilize their local Health Departments for education in regard to birth control.

Hearings closed on HCR 5013.

Hearings began on HB 2135:

Mack Smith, Executive Secretary State Board of Mortuary Arts, gave hand-out (see Attachments No.4), for details. This bill is a combination of two current statutes he said, KSA 65-1711a and 65-17aa. These are being combined into one for simplicity's sake. The Attachment details all technical aspects of proposed changes. He requested three technical amendments; subsection 4 needs a comma after the word custody; subsections 13 and 14 could be combined as subsection 13 needs to include wording contained in subsection 14 about ".. a certified copy of the record of the action of the other jurisdiction being conclusive evidence theeof." ; line 0092 on page 3, should be changed to read; "has violated any state or federal law, rule, statute or regulation.." He asked for favorable consideration of HB 2135. He answered questions, i.e., with this stronger language the Board of Mortuary Arts would be able better handle the complaints of solicitation. It continues to be a problem with the changes that continue to take place in this industry. Language in this bill is a start to working on this concern; Merchandise is separately defined in statutes for cemetary and funeral businesses.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /// a.m./p.m. on February 17, 19 87.

Hearings continue on HB 2135.

Larry McElwain, President of Kansas Funeral Directors of Kansas gave hand-out, (see Attachment No.5), for details. He stated their Association feels HB 2135 serves a good purpose in addressing some of the outdated language or unclear wording in the law that deals with licensing and revoking of licenses. However, we do have concerns he said in subsections 8,9,10, lines 0048 to 0057. The AG's office when drafting this bill indicated the intent was to clarify language and eliminate vagueness of the present law, but our concern is, he said, that HB 2135 does not go far enough to spell out what is permissible and not permissible in regards to the in-person solicitation of funeral services and merchandise. He referred to Ohralik vs. Ohio State Bar Association decision of May, 1978 shown in detail in his attachment. Mr. Steve Garlow from the Attorney General's office has indicated to their Association that this case has not been overturned, and Mr. McElwain indicated they then feel that it can still be used as a guide since it did not come from the highest court in the land. They believe when a law is written is the time to clarify what a licensee can do, and it is not a good idea to leave the law open-ended. He concluded with stating they wish to allow additional solicitation (telemarketing) which they see as important. At the same time, he said, we want to be careful not to permit those other forms that may be harmful to the vulnerability of their society, they want to maintain the good reputation they have strived to attain over the years. He answered questions, yes, there is a wide variety of advertising done, some by mail, some by phone; some participate in telemarketing, some do not; price advertising can be done and some use this tool, some do not; he added they are not trying to overstep regulations, and it is the job of the legislature to make sure this does not occur.

Mr. Steve Garlow, Attorney General's office spoke to special interest in this bill since he drafted th language. He is the general council for the Board of Mortuary Arts and they have worked together in this bill to try and clarify interepretations of the law. In dealing with complaints of those who have engaged in deceptive acts, or gone beyond legal solicitation we have been stopped. There are fine lines that determine the limits of solicitation. He spoke to sub paragraph 3, where Mr. McElwain has said that language is in Illinois law, but Mr. Garlow says it is not. Door to door sales in this business are common, but the way it is done often creates problems. He stressed that if a sale is done after a door to door call, that contract can be cancelled anytime in a 3 day period, so there is protection for the consumer. We do not have problems with the amendments that Mr. McElwain proposes in his testimony. He answered questions, i.e., yes, there are some hospitals that deal with certain specific funeral directors, and yes, to prove this is very difficult.

Vice-Chair announced that meeting tomorrow there would be discussion and action taken on several bills previously heard.

Meeting adjourned at 2:55 p.m.

Note: Booklet from Barton County Health Department is shown as (Attachment No.6).

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date 2-17-87

NAME	ORGANIZATION	ADDRESS
Mack Smith	Mortuary Arts Bd	Topeka, KS
John Myers	Ks. Cemetery Assoc	Topeka, Ks
Carolyn Schmidt	Kansas - NEA	Topeka, KS
Nellie Rusmisel	Close Up	Olathe, KS
Missy R Malone	Close Up Kansas	Olathe, KS.
Amy Marguat	Close-Up Kansas	Olathe, KS
Malisia D. Malone	Close Up Kansas	Great Bend, KS
Kelli McMillen	Close-Up Kansas	Great Bend, KS.
Charley Gowdy	Close Up Kansas	2508 Paseo - Great Bend, Ks.
Cori Snider	Close Up Kansas	Olathe KS.
Velma P. Crider	SHL	Topeka, Ks.
Alberta E. McCleney	Retired Hair Legislature	Topeka, Ks
L. Stephan Garlow	Asst Atty Gen'l	Topeka
Elizabeth E. Taylor	KS Assn Local Health Depts	Topeka
Theresa Shultz	KANSAS NARAL	Topeka
Belva Ott	Planned Parenthood of KS	Wichita
JASON E. Schemmel	KS Secretary of State	
Gretchen Storey	Div of Budget	Topeka
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Nancy Bronaugh	Ks Medical Society	"
Bob Keppler	Close Up Kansas	
Gill Boyer	" " "	Haven, Ks.
Patty Wyer	" " "	Haven, Kansas
JERRY COLE	" " "	LAKIN, KS

ON BACK ALSO →

NAME	ADDRESS	ORGANIZATION
C Anderson	Lakin, KS	Clos-Up KS
Jodi Rutherford	"	"
Chris Watney	Lawrence, KS	Close-Up
Karla Clinton	Lawrence, Ks	Close-up
Jenny Midyett	Lawrence, Ks	Close-Up
Traci Mahoney	Lawrence, KS	Close-Up
Ryan Amdal	Topeka, KS	Shawnee Heights
Eve Horzbach	Topeka KS	Shawnee Heights
Gary Johnson	Topeka, KS	Shawnee Heights
Paul Stueve	Lawrence, KS	LHS

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to be here today to comment on HCR 5013, a proposal by Speaker Braden and myself encouraging the administration to review and revise state policies and plans for the prevention of the spread of sexually transmitted diseases.

Our concern in this Legislature regarding the outbreak of AIDS is necessary, and comes none too soon in view of the dramatic percentage increases in AIDS as reported by public health officials. Kansas is not immune from this trend.

I have recently read in a number of news publications about the growing response to the AIDS outbreak in various states and cities. I was encouraged to learn that the professionals in Kansas had not been idle. Much work has already taken place in KDHE, the Division of Personnel and in other areas. But for us, as policy makers, I feel that it is important to be fully informed of these actions and to commit our support to this effort.

I appreciate Secretary Walker's efforts toward setting up a state task force. His actions may make this resolution unneccesary, but for the record, I want to make some comments and recommendations.

First, I want to reiterate my appreciation for the professionals in the public health arena who serve as our front line defense against any threat to the public's health. They are showing great leadership in this effort.

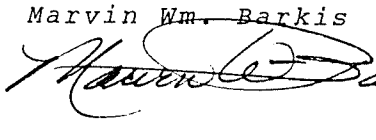
Secondly, I would request that this committee make certain recommendatons to the Secretary, either by resolution or by a letter signed by the committee's leadership. I would ask that your recommendations include the following:

1. Broadening the composition of the task force to include bipartisan leadership of the public health committees in the House and Senate, or their designees.

2. Emphasizing a strong commitment to public education for the sake of the safety of our young people. The best preventative strategies in the fight against sexually transmitted diseases relate to helping our children make safe, responsible and informed choices in their personal lives.

3. Requesting from the Secretary that the task force be appointed immediately. In this way, a preliminary report on state action can be made to the Legislature in the remaining weeks of this session, or soon after to the members of the Legislative Coordinating Council and the leadership of the public health committees.

Representative Marvin Wm. Barkis



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Session of 1987

House Concurrent Resolution No. 5013

By Representatives Braden and Barkis

2-6

A CONCURRENT RESOLUTION directing the secretary of health and environment to establish a task force concerning sexually transmitted diseases.

WHEREAS, Sexually transmitted diseases constitute a serious and sometimes fatal threat to citizens of this state; and

WHEREAS, The incidence of sexually transmitted diseases is rising at an alarming rate; and

WHEREAS, These diseases result in significant social, health and economic costs, including infant and maternal mortality, temporary and lifelong disability and premature death; and

WHEREAS, Sexually transmitted diseases by their nature involve sensitive issues of privacy, confidentiality and individual dignity; and

WHEREAS, State policy in regard to such diseases needs to be carefully developed to provide flexibility to meet current and future needs and to deal effectively with reducing the incidence of sexually transmitted diseases: Now, therefore,

Be it resolved by the House of Representatives of the State of Kansas, the Senate concurring therein: That the secretary of health and environment shall appoint a task force on sexually transmitted diseases of not more than 19 members composed of public health professionals, educators, labor and management representatives, health care providers, state and local government officials and one individual designated by the president of the senate, one individual designated by the minority leader of the senate, one individual designated by the speaker of the house of representatives and one individual designated by the minority leader of the house of representatives; and

Be it further resolved: That the task force shall be requested to:

(1) Review scientific knowledge relating to the incidence,

the chairman and ranking minority member of the senate committee on public health and welfare, and the chairman and ranking minority member of the house committee on public health and welfare, or their designees

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prevalence, mortality and costs associated with sexually transmitted diseases;

(2) review current public policy with regard to sexually transmitted diseases;

(3) identify health and social resources available to victims of sexually transmitted diseases and barriers to effective treatment; and

(4) recommend appropriate private sector and governmental responses for the reduction, treatment and elimination of sexually transmitted diseases; and

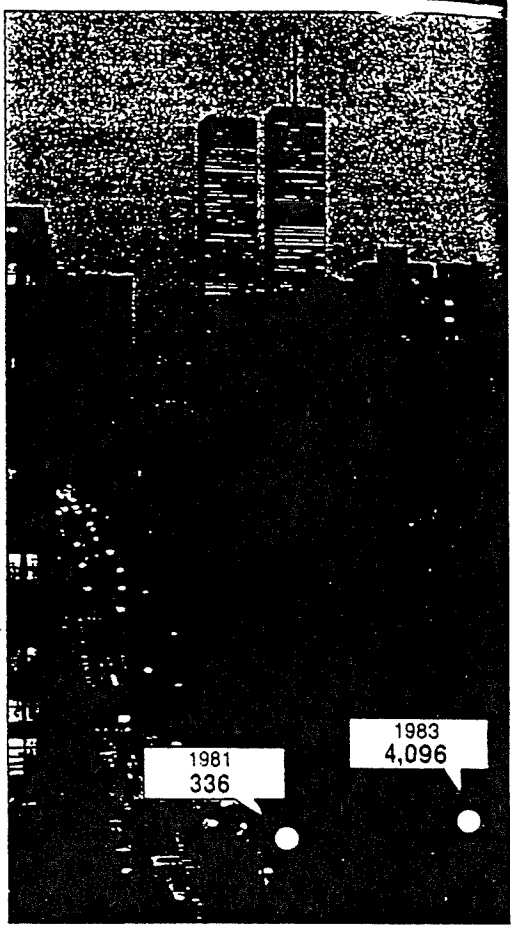
One important component of the governmental response should be in the education sector. Our educational leaders are well-equipped to deal with these issues.

Be it further resolved: That the task force shall submit a report of its findings and recommendations to the governor and the legislature on or before January 11, 1988; and

A preliminary report should be made available during the 1987 session of the legislature. The report should contain preliminary findings of the task force along with tentative recommendations.

Be it further resolved: That the secretary of state be directed to transmit a copy of this resolution to the secretary of health and environment.

AIDS: AT THE DAWN OF FEAR



Two of every 3 new AIDS cases still involve gays, but the killer is rapidly closing in on drug users—and on heterosexuals, who by 1991 will account for 1 in 11 new cases. Official projections may be much too low. The U.S. has moved uncertainly toward recognizing the threat and dealing with it. And since AIDS is usually spread by people free of symptoms, you can't tell who's safe and who's not

In the next week, 220 people will die of AIDS, and 374 more—

■ The deteriorating condition of a 34-year-old divorced mother of two children baffled her physician until an AIDS-antibody test revealed that she had been exposed to the virus. She was convinced that it was the result of a two-week affair with a "dashing" man she had met at a New York dance club in 1984 and who could not be found. Friends remembered him as a womanizer, neither bisexual nor a drug abuser.

■ An American soldier stationed in Africa in the late 1970s had sex with prostitutes there. On returning to the U.S., he married and fathered three children. At age 37, almost a decade after his African tour of duty, he developed AIDS and died. His widow and their youngest child—a 15-month-old toddler—are severely sick with AIDS. The older two children—8 and 10—show no infection.

■ A female lawyer in her late 20s suffered from unusual complications at the end of her first pregnancy. Her doctors didn't suspect AIDS because she had been married for several years, and neither she nor her husband had been unfaithful nor had they injected drugs. But when she developed *Pneumocystis carinii,* a rare pneumonia associated with AIDS, a blood test for the disease came up positive. She has since learned that a man with whom she had a relationship in 1981 and 1982 was bisexual.

The disease of *them* suddenly is the disease of *us.* The slow death presumed just a few years ago to be confined to homosexuals, Haitians and hemophiliacs is now a plague of the mainstream, finding fertile growth among heterosexuals. It is today a crisis for the U.S. more deadly than many wars of modern times. In just four more years, the disease will have killed more Americans than the Vietnam and Korean wars combined. "It will probably be the most important public-health problem of the next decade and going into the next century," warns microbiologist and Nobel laureate David Baltimore. "It threatens to undermine countries."

More frightening; many experts believe that the projections of the AIDS toll are conservative. As of the end of 1986, more than 29,000 Americans had contracted AIDS. By 1991, according to the most conservative estimates, 270,000 people will have been stricken. 179,000 will have died—and new cases involving heterosexuals will have multiplied 10-fold to 23,000. Almost 4,000 babies will have contracted the disease by being exposed to the virus while in their mothers' wombs. The Centers for Disease Control estimates that 1.5 million Americans now carry the virus but display no symptoms. Others think that number may be as high as 4 million. Conceivably, all of these people could progress to the incurable disease; certainly a fourth to a half will. With no effective cure in sight, all those who fall sick are doomed.

Alarmingly, the government, public-health authorities and others have not taken many of the actions that might significantly arrest the spread of the killer disease. Data that are routinely collected about other sexually transmitted diseases and could help track the path of AIDS have not been kept. While health officials inside government and out describe the situation as "catastrophic," the federal government still hasn't mapped out an assault. It was last October, five years after the disease was detected in the U.S., that Surgeon General C. Everett Koop issued his first public report on AIDS. Funding for AIDS research and education has, by all

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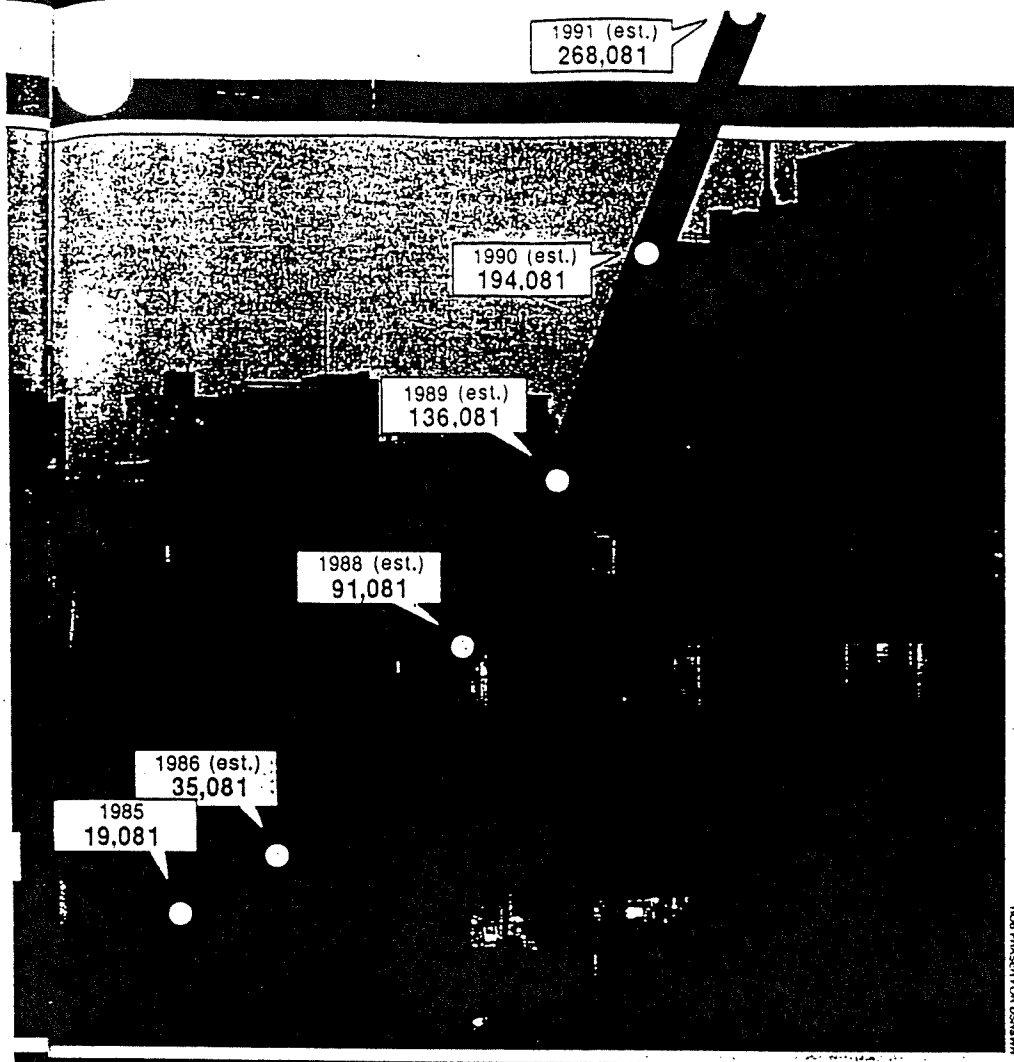
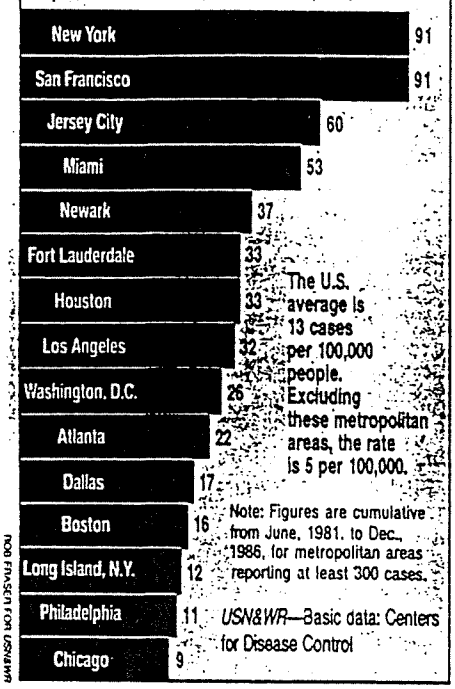


◀ The running total of U.S. AIDS cases, plotted by the Centers for Disease Control, points to tragedy ahead

AIDS HOT SPOTS

AIDS cases per 100,000 people

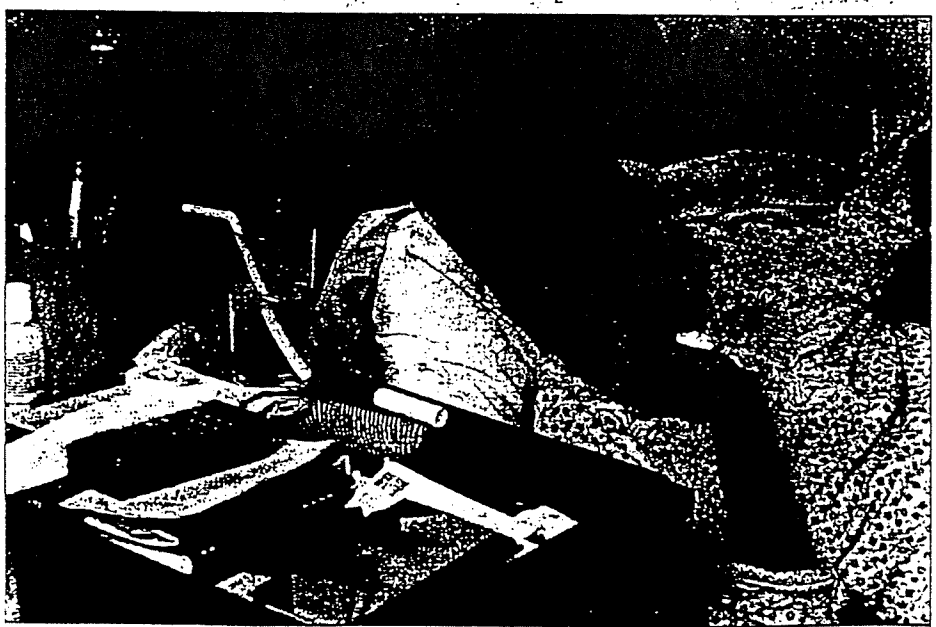


Note: Figures are cumulative from June, 1981, to Dec., 1986, for metropolitan areas reporting at least 300 cases.

USN&WR—Basic data: Centers for Disease Control

ROB FRANSEEN FOR USN&WR

28 of them heterosexuals—will be infected with the killer virus



ALON REININGER—CONTACT

YOUNG, HETEROSEXUAL—AND DEAD OF AIDS

Sonya Sherman was 29 in 1980 when she broke her engagement and began her struggle with AIDS. Her bisexual fiancé carried the virus and had transmitted it to her. In 1983 the legal secretary was diagnosed as having AIDS. She died last August, deaf, diabetic and weak from repeated bouts of pneumonia. So far, AIDS has killed an estimated total of 1,370 heterosexuals. The toll will pass 15,000 by 1991

accounts, been skimpy. Poll after poll shows that the public still holds numerous misconceptions about AIDS. "We are quite honestly frightened," admits Baltimore, who cochaired the prestigious National Academy of Sciences and Institute of Medicine committee that recently issued a report on the situation in the U.S.

Much about AIDS remains a mystery. How and where the first human contracted the sickness is unknown. A few years ago, experts said that only 10 percent to 30 percent of those exposed would likely develop the disease; now the estimate is 25 percent to 50 percent—and climbing. And while frequent contact with an infected person is obviously more dangerous than a single encounter, many long-term sex partners of AIDS victims still show no sign of infection.

The known truths are awful enough. If you get it, you die—though not right away. Even if you are "straight" and monogamous now, you are not necessarily safe. Because AIDS has a long and indeterminate incubation period, you and your partner can carry it and spread it around with perfect innocence, perhaps for more than 10 years. Thus,

you are not having sex only with your partner. You are having sex with everybody your partner has had sex with for the past decade or more.

The impact on society is far different from other killers such as cancer and heart disease, not only because it is always lethal but also because it can be transmitted in life's most basic human actions—sex, procreation, love. For that reason alone, there is more emotionalism attached to it than any disease since the Dark Ages. As in those times, now there are calls for quarantines—social exile—especially from the religious right, whose members see AIDS as God's rough justice for the sin of homosexuality.

The disease has already wrought a legal tangle of near-unprecedented proportions for Americans. Thousands of AIDS victims have been denied housing, schooling, dental treatment, insurance and jobs. Few lawsuits awarding damages have made it through the courts, and appeals are pending. What rights to employment and privacy and medical treatment do these people have? Is the public obligated to pay for their care? Do AIDS victims qualify for protection under federal laws that prohibit bias against handicapped persons? What obligations do government and industry have for protecting the healthy from AIDS carriers? As yet, there are no clear answers—and for many of those afflicted with AIDS, the American legal system will move too slowly to help. Before their cases are resolved, they will be dead.

Every year since 1984, the White House has proposed spending less on AIDS programs than the Public Health Service wanted to, and much less than Congress eventually appropriated. The $411 million AIDS budget for 1987 was almost double the administration's proposal. For fiscal 1988, the administration proposes to hike AIDS spending to $534 million, a nod to increasing public concern but still far less than many experts recommend. President Reagan has been as frugal in his public references to AIDS as with his budget, commenting only briefly and only in response to reporters' questions about what his own top health officials call "the nation's No. 1 health priority." It will take an intensive national program of education and research to stem the disaster in the U.S., warns the report by the National Academy.

The fear of sex

"AIDS will cause a sexual revolution of the same magnitude that the birth-control pill caused in the '60s," predicts Peter Drotman, medical epidemiologist at the CDC, but the changes are just beginning. After falling by half in the past 10 years, condom sales increased by 10 percent in 1986 and are expected to jump sharply this year as more heterosexuals join homosexuals in taking precautions against AIDS. Other sexual practices could also change. "Unless there is a medical breakthrough," says Edgar Gregersen, a sexologist and professor of anthropology at City University of New York, "serious people will probably require a blood test before embarking on a sexual relationship."

who is and isn't at risk, maintains Dr. June Osborn, dean of the School of Public Health at the University of Michigan and a member of the National Academy panel. "People have to understand that getting AIDS has nothing to do with whether you're black, homosexual or Haitian," says Osborn. "It's not who you are but what you do."

Marriage is no guarantor of heterosexuality—or of fidelity—and hence no perfect shield against AIDS. A totally monogamous relationship over the past decade is thought to be wholly safe. But

GERALD DAVIS—CONTACT

Tommy Anson, on his mother Leah's lap, contracted AIDS 3½ years ago from a blood transfusion after he was born prematurely. His parents and his twin, Timmy, are healthy

AIDS may change society's perception of itself. Once the disease has gotten its grip, its symptoms—which include spots, lesions and wasting—cannot be easily disguised. For that reason, it's known as "the slims" in parts of sub-Saharan Africa, where it infects up to 30 percent of the sexually active population. Worries James Miller, director of the Office of Management and Budget: "In 20 years, a significant portion of our society could be incapacitated. We could end up with two societies—those that have it and those that don't."

Two thirds of those who now have it are homosexuals, and experts generally agree that the risk of a heterosexual's being infected today is greatest for the urban poor because of their high exposure to drug users. This will not be the case much longer. Indeed, "the single most harmful fallacy about AIDS" is according to the landmark Kinsey report compiled almost 40 years ago, up to 50 percent of married men and 26 percent of married women have affairs by age 40. Sociologists generally believe the figures today would be much higher.

The crunch of numbers

AIDS has now been reported in all 50 states, but epidemiologists agree that congested urban areas remain the greatest threat. In New York City, it is estimated that 60 percent of intravenous drug users and 70 percent of homosexuals and bisexuals carry the virus. One in 50 military enlistees from Manhattan is infected, compared with 1 in 650 nationally. To date, almost half of AIDS victims have come from New York City, San Francisco and Los Angeles. But what has been largely a tale of three cities will not remain so for long. By 1991, 80 percent of the

total number of AIDS cases are expected to come from elsewhere.

The government's official projections assume that the disease will spread more slowly among heterosexuals than it has among the mostly male homosexual population. That's open to question. "Health officials keep overlooking the fact that in New York City, where the disease has progressed the furthest, an almost equal ratio of male and female military applicants are showing signs of the infection," says Mathilde Krim, associate research scientist at St. Luke's–Roosevelt Hospital Center and cochairperson of the American Foundation for AIDS Research.

Why, then, have public-health officials soft-pedaled their estimates? The CDC says that military applicants are not a cross section of the general public. Krim says the reason is to avoid alarming the public, but she doubts the wisdom of that approach. "As well-intentioned as health officials may be," she adds, "they are lulling people into complacency. Conservative projections will cost the lives of thousands of people."

No kiss and tell

Facts that could clearly establish the scope of AIDS in the United States are being lost. Consider, for example, what happens when a military enlistee tests positively for AIDS. The military rejects the candidate, but since the enlistee is still a civilian, it provides no treatment and little counseling. Nor does it try to find out how he or she got the disease. State health departments don't want the responsibility of checking these individuals, claiming that to do so would infringe on their right to privacy, says Dr. Robert Redfield, a specialist in infectious diseases with the Army's Walter Reed Institute of Research in Washington, D.C. "The whole thing is ludicrous. Any individual has the right to decline participating in an epidemiological study. The point is we're not even asking them to."

Many experts believe that official statistics may also be clouded by physicians who don't report all AIDS-related deaths. Roy Widdus, director of the division of international health at the Institute of Medicine and staff director for the National Academy report, explains: "Death certificates are public documents by law, so doctors may wish to spare families embarrassment by disguising the true cause of death." When fashion designer Perry Ellis died last May, the cause of death was widely thought to be AIDS, but it was officially listed as viral encephalitis. The CDC believes that the underreporting for hospitalized AIDS patients may come to 10 percent, and that for unhospitalized patients it is even higher.

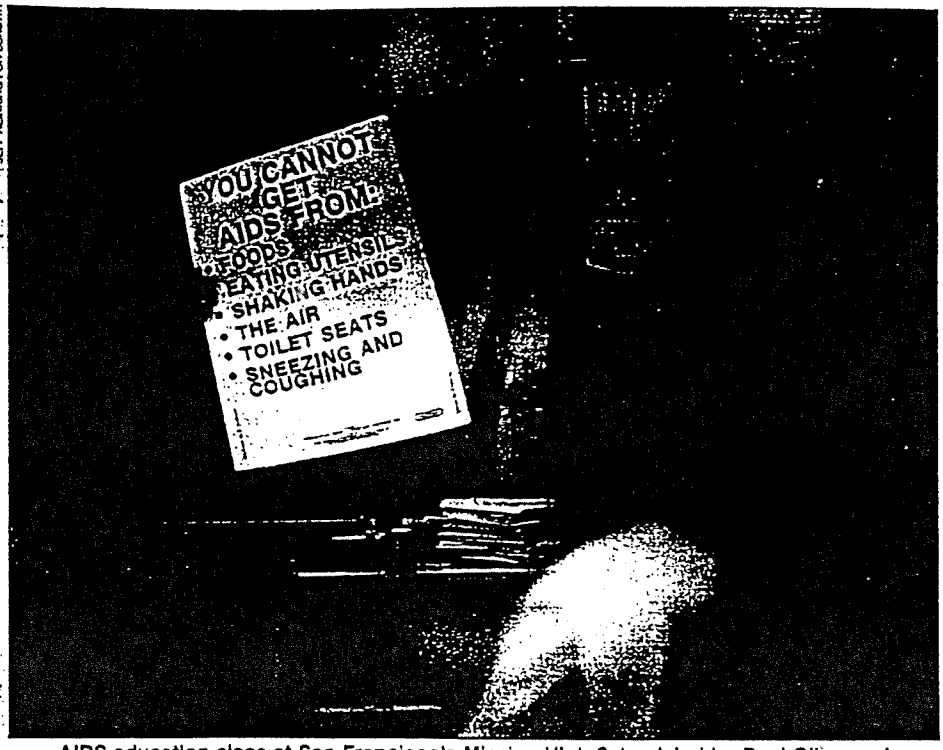
The government's sluggishness in recognizing and dealing with AIDS has one major exception: Medical investigators at federal research centers have chased any scrap of information that might help them describe AIDS, ease its symptoms with drugs, cure it and develop a vaccine to prevent it. Outside the laboratory, though, it's a different story. "Federal prevention programs have been in almost total disarray the last few years," says Gary MacDonald, executive director of AIDS Action Council, a nonprofit advocacy group that represents over 250 AIDS social-service groups around the country.

The National Academy report reaches a similar conclusion, and blames it on lack of presidential leadership. "We need Reagan to focus public attention on the problem and to give the campaign much-needed direction and coordination," says June Osborn of the University of Michigan.

The National Academy report also scolded the government for spending too little on AIDS education and research. The panel recommended that total funding be hiked to $2 billion in fiscal-year 1990—five times the current level—with the money divided equally between education and basic medical research. Less than one quarter of government funds currently goes for education, and while the administration's new budget proposal raises the funding for AIDS, it doesn't increase the percentage allotted to educational efforts.

A modest project in Atlanta illustrates this shoestring funding. Last year, the Centers for Disease Control gave the Rev. Kenneth South, executive director of a social-service agency called AID Atlanta, $12,500 with a mandate "to change the most intimate behavior of 100,000 people at risk." Funding this year rose to $92,000—92 cents per head and half the amount requested by the agency. "We're trying to put out a forest fire with a water pistol," South complains.

Part of the reason for federal foot dragging, critics charge, is that AIDS still strikes largely at groups outside society's mainstream. Representative Henry A. Waxman (D-Calif.), who has held several hearings on AIDS, believes matters would not be so desperate if the first people hit had been chamber-of-commerce members rather than homosexuals. "The Reagan administration," he says, "has continually tried to short-change efforts to combat AIDS because of budget problems and wishful thinking that the disease would just go away." The administration maintains it has done its part. "There's a lot that the government is doing [to prevent AIDS] that isn't being recognized," counters Dr. Gary Noble, AIDS coordinator for the Public Health Service. One example: A national AIDS hot



JEFF REINKING FOR USN&WR

AIDS education class at San Francisco's Mission High School, led by Paul Gibson of the Department of Health. Few of the city's parents object to such classes

Suspiciously few cases here, hundreds there—but no escape from a pandemic

The bind that ties all nations

Up to 10 million people worldwide now carry the AIDS virus and are potential victims. AIDS is clearly a pandemic—a disease that by its sweep and scope has transcended epidemic standards. About 80 nations have reported cases, but the data are sketchy and dubious, except in the U.S. and a handful of other Western countries. A sampling of nations and how each views the crisis:

• **Britain:** 548 cases so far, with incidence doubling every year. "Don't die of ignorance" is the slogan of the government's new educational campaign. It follows a poll of people age 16 to 29, which showed that only 1 in 7 is alarmed enough to alter his or her sexual habits. Unusually explicit newspaper ads began running last month. A leaflet will be mailed to every home in the U.K. this month, and posters and TV spots are coming.

• **France:** There have been 806 AIDS cases reported, more than in any other European country—West Germany is next, with 675—and second per capita only to Switzerland. The government's only action to date has been to give about $30,000 in 1985 and about $40,000 in 1986 to AIDES, a tiny group of volunteers who pass out brochures to health-care professionals.

• **Switzerland:** With 170 cases reported, the rate of 2.1 per 100,000 is the highest in Europe. A major factor is that the Swiss like to travel to Africa and other areas that offer what they call "sex tourism." Last spring, the government distributed brochures to every household explaining AIDS and how to avoid it.

• **The Soviet Union:** While only 12 cases of *spid*, as AIDS is called there, have been publicly reported, a search for a vaccine has begun. Dr. Viktor Zhdanov, the Soviets' top virologist, said last month that "a large flow of tourists and close contacts with foreign countries" could spread AIDS. The Soviet press has portrayed the disease as a runaway biological-warfare weapon created by the Pentagon.

• **Zambia:** An estimated 15 percent of Zambia's 6 million people carry the virus. Yet until 1986, AIDS officially did not exist there. Last July, a health minister stated that "a large part of the community will be wiped out" if quick action isn't taken.

• **Brazil:** A population both exceptionally young and sexually tolerant may spread AIDS faster than anywhere outside Africa. About 1,110 confirmed or suspected cases have been reported; the Brazilian Red Cross thinks the number may be twice as high.

• **Japan:** Only 21 cases have been reported, and AIDS is still considered a "foreign" disease. But screening of blood donors is about to begin, and the Health Ministry has handed out leaflets.

• **The Philippines:** One AIDS victim has died. Fewer than 10 out of 4,172 "hospitality girls" at the U.S. naval base carried the virus when tested in 1986.

Ugandan mother and child, both victims of AIDS

by Avery Comarow with Robin Knight in London, Jeff Trimble in Moscow, Alfred Zanker in Geneva and Richard Z. Chesnoff in Paris

Protecting Westerners in Africa

For fear of blood

AIDS has become so widespread in Central Africa that Western embassies and international aid agencies in the area have adopted precautions—unusual, controversial and costly—for their citizens and employes. At least two major agencies, whose officials would talk only if the agencies were not identified, issue sterile needles, to be used for transfusions, to employes traveling in areas where AIDS is rampant. Some diplomatic missions maintain small labs for storing and transfusing blood. Personnel records are pooled to identify safe blood donors. "We call it walking blood banks," says one official. "If there is an emergency, we call upon another Westerner."

Employes can now refuse postings, allegedly without damaging their careers, to high-risk countries. Says the top physician at one agency: "We increasingly find it difficult to get staff members with families to take up positions in countries such as Zaire. If somebody pleads fear of AIDS, we don't make them go." In a belt extending from Nigeria to Somalia, employes hurt in accidents are flown out to Geneva, Paris or London. The operation, which the U.S. calls Emergency Evacuation Under Any Circumstance, can cost $30,000 if a private jet is chartered and $10,000 on a commercial airline. "About half of our 600 medical evacuations in 1985 were from Africa," says Richard Riley of International SOS Assistance, a Philadelphia company.

The quiet measures win the West no friends in Africa, where until a few months ago politicians refused even to talk about AIDS. "Western blood banks are a politically delicate matter locally," says a Western official. "We must have them, but we can't talk about them."

by Charles Fenyvesi

line that has taken more than a million phone calls since it was set up in April, 1985.

Others—including the media—have shied away from confronting the AIDS problem. The Health Education Resource Organization, a Maryland-based clearinghouse for AIDS information, reports that the media have been very reluctant to permit "safe sex" advertisements on billboards and in newspapers for fear of offending public sensibility. HERO's promotional materials prominently show condoms with such flashy headlines as "Smart sportswear for the active male." Neither *U.S. News* nor the other newsweeklies have yet published any condom ads.

Touchy social issues have hampered progress in other quarters as well. Fearing that AIDS carriers will be deprived of jobs, health insurance and other basic rights, gay activists have fought mandatory screening. As a result, very few states offer even optional AIDS screening at venereal-disease clinics. Anyone who comes to a clinic with a suspected venereal disease will be tested for a wide range of sexually transmitted ailments—but rarely for AIDS. Many states require a blood test for syphilis to obtain a marriage license—but no test for AIDS is required. And only a handful of states—notably Minnesota, Idaho and Colorado—offer to contact previous sexual partners of people known to be infected with the virus. "Most AIDS carriers won't contact their sexual partners if it's left to them," says John Potterat, director of sexually transmitted disease control in Colorado Springs. "Many prefer to have the state do it so that their own identity is protected."

Most states, however, don't offer the service for fear that the names could get into the wrong hands and make these individuals targets of discrimination, says Walter Reed's Robert Redfield. But states have long notified the sexual contacts of people exposed to syphilis and gonorrhea and have managed to maintain privacy, he observes, and "there's every reason to believe that AIDS control can be handled with the same sensitivity and discretion."

To overcome these fears, Ronald Bayer, a specialist in AIDS and an associate for policy studies at the Hastings Center in Hastings-on-Hudson, N.Y., where ethical issues of public policy are debated, believes programs to control AIDS must be backed up by antidiscrimination laws, with tough penalties for those who betray medical confidences. He and other AIDS experts also would like to see greater numbers of regional centers where people can be tested for AIDS anonymously, identified by code number rather than name. It's an idea with appeal. The first anonymous testing site in Manhattan opened in November—and already has a waiting list two months long.

Outside the law, beyond morality

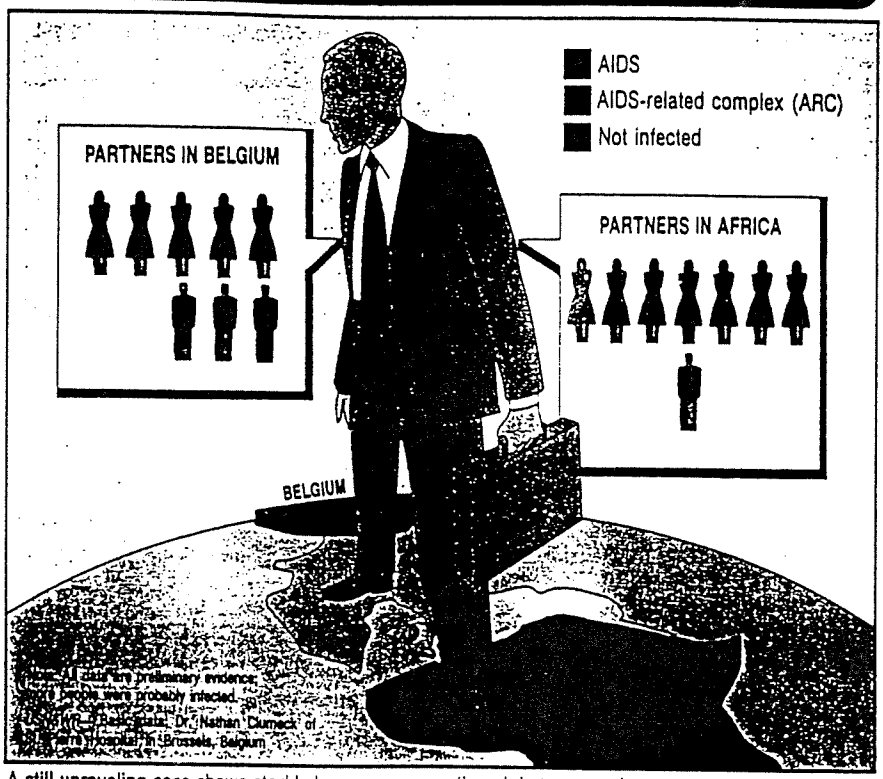
Critics of government policy argue for going after AIDS in drug addicts more aggressively, since the main avenue AIDS travels into the heterosexual community is through infected addicts. By federal estimates, about 1.5 million Americans inject illicit drugs, and about 1 of every 4 new AIDS cases is traceable to an addict. The ideal way to stop AIDS from spreading through shared needles is to unhook such people, but fewer than 2 percent of drug addicts kick the habit on the first try. More detoxification programs might help. As many as 15,000 addicts are on waiting lists for treatment in New York City alone, prompting New York Mayor Edward Koch last November to approve an experiment to give sterile needles to addicts. A similar program in Amsterdam has kept the rate of AIDS infection extremely low.

Lacking medical breakthroughs anytime soon, education will be the most powerful defense against AIDS for at least several years. After a slow federal start, Surgeon General Koop is pleading for programs that will get out the strongest possible message. In homes and classrooms, Koop advises, children as young as 8 should be taught about the threat of AIDS in "frank, open" terms, to sensitize them before they become sexually active.

Koop's outspokenness is being applauded. "Until now," says the University of Michigan's Osborn, "most of the government's educational programs were useless because pamphlets spoke in meaningless euphemisms—'avoiding the exchange of body fluids,' " for example. Koop's report, which went straight to the point in explicit language, was a breakthrough for a federal document.

Education has been a dazzling success with homosexuals. After an all-out educational campaign in San Francisco

A ONE-MAN AIDS EPIDEMIC



A still unraveling case shows starkly how one person, though heterosexual, can scatter the AIDS virus. A black Belgian businessman is being investigated by Dr. Nathan Clumeck, a specialist in infectious diseases. The man, by all accounts exclusively heterosexual, made regular business trips to Africa. He had at least 12 sexual partners there and in Belgium, all but one of them white, middle-class women who had met him at parties. None was promiscuous, none used drugs, and all had only vaginal intercourse with the man. The source of his AIDS is unknown. Nine of the 12 women have developed AIDS or AIDS-related complex (ARC), a precursor to the disease. One of the known sex partners of these women has ARC, and three more of their partners have tested negative. Three of the 12 women have tested negative. The man, diagnosed as having AIDS in November of 1985, died at 40 last February.

FACTS FILE

SORTING OUT TRUTHS FROM MYTHS

Q What is AIDS?	**A** A fatal disease that cripples the immune system, leaving the victim susceptible to illnesses the body can usually fight off, such as pneumonia, meningitis and a cancer called Kaposi's sarcoma.
Q What causes AIDS? What are the symptoms?	**A** AIDS is caused by a virus usually known as human immunodeficiency virus, or HIV. Symptoms of full-blown AIDS include a persistent cough, fever and difficulty in breathing. Multiple purplish blotches and bumps on the skin may indicate Kaposi's sarcoma, a cancer associated with AIDS. The virus can also cause brain damage.
Q How is AIDS diagnosed?	**A** By the appearance of pneumonia and other persistent infections, by tests that show damage to the immune system and by a positive test for antibodies to the AIDS virus.
Q How can you get AIDS?	**A** Mostly by having sex with an infected person or by sharing needles and syringes used to inject drugs. The virus, present in blood, semen and vaginal secretions, can be transmitted from one homosexual partner to another and during sexual intercourse both from a man to a woman and from a woman to a man.
Q Who runs the greatest risk?	**A** Of the more than 29,000 U.S. cases, 65 percent have been homosexual or bisexual men, 25 percent intravenous drug users, 4 percent heterosexuals and 3 percent persons who received blood or blood products, a third of whom have been people with hemophilia or other blood disorders. How 3 percent more caught the disease hasn't been determined. There have been about 400 cases in children.
Q What is the risk for heterosexuals?	**A** The greater the number of sexual partners, the greater the risk. The chances of infection from one encounter are between 1 in 1,000 and 1 in 10.
Q Can AIDS be transmitted from an infected woman to her unborn child?	**A** Yes—about a third of the babies born to mothers with AIDS are infected. Most will develop the disease and die.
Q Can you get AIDS by shaking hands, hugging, social kissing, crying, coughing or sneezing? By French kissing? By eating food prepared by someone with AIDS? By an insect bite?	**A** No known cases have been transmitted in any of these ways.
Q Can you get AIDS by piercing your ears?	**A** Possibly, though as yet no one has. If you plan to get your ears pierced, to have acupuncture treatments or to be tattooed, insist on a sterile needle.
Q Is it dangerous to sit next to someone who has AIDS or who is infected with the virus?	**A** No.
Q Can AIDS be transmitted by someone who is infected but doesn't show symptoms?	**A** Yes. This is mainly how the AIDS virus is transmitted.
Q What's the difference between being infected with the AIDS virus and having AIDS?	**A** People infected with the virus can have a wide range of symptoms—from none to mild to severe. At least a fourth to a half of those infected will develop AIDS within four to 10 years. Many experts think the percentage will be much higher.

Q How can anyone be absolutely certain his or her sex partner is safe?

A You can't. But experts believe that couples who have had a totally monogamous relationship for the past decade are safe. A negative blood test, of course, would be near-certain evidence of safety.

Q How can I avoid catching AIDS?

A If you test positive for the AIDS antibody, shoot drugs or engage in other activities that increase the chances of catching AIDS, inform your sex partner, and use a condom if you have sex. If your partner tests positive, or if you think he or she has been exposed to AIDS because of past sexual practices or through the use of intravenous drugs, a condom should be used. If you or your partner is in a high-risk group, avoid oral contact with the genitals or rectum, as well as sexual activities that might cut or tear the skin or the tissues of the penis, vagina or rectum. Avoid sex with prostitutes. Many are addicted to drugs and often get AIDS by sharing contaminated needles with other addicts.

Q What are some of the diseases that affect AIDS victims?

A Almost all AIDS victims get a parasitic infection of the lungs called *Pneumocystis carinii* pneumonia, a cancer called Kaposi's sarcoma or both. Other ailments include unusually severe yeast infections, herpes and parasites.

Q Who should be tested for AIDS?

A Gay men and intravenous drug users. Their sex partners. Anyone who has had several sex partners, if their sexual history is unknown, during any one of the last five years.

Q How accurate is the blood test?

A It is very accurate, but not infallible. A more sophisticated and expensive test called the Western Blot is used to confirm borderline cases.

Q What should I do if I test positive?

A See a physician immediately for a medical evaluation. Use a condom during sex. Do not donate blood, body organs, other tissue or sperm. Do not share toothbrushes, razors or other implements that could become contaminated with blood.

Q Is banked blood safe?

A Yes. It is tested and discarded if contaminated. In addition, people in high-risk groups have been asked not to donate blood.

WHERE TO GET MORE HELP

For anyone:

- National AIDS Hot Line: (800) 342-2437 for recorded information about AIDS, or call (800) 243-0366 if you have specific questions.
- *Surgeon General's Report on AIDS:* Free from InterAmerica Research, 1200E North Henry Street, Alexandria, Va. 22314, attention Clint Jones. (InterAmerica Research is a private firm that distributes AIDS-related literature for the Red Cross and the U.S. Public Health Service.)
- *Answers About AIDS:* Free: Send a self-addressed business-size envelope with 66 cents postage attached. Mail to AIDS Report, American Council on Science and Health, 47 Maple Street, Summit, N.J. 7901.
- Local or state health department: Information provided about where to go for confidential testing for the presence of the AIDS virus.

For gays and bisexuals:

- National Gay and Bisexual Line—AIDS 800-(800)
- *Gay and Bisexual Men and AIDS:* Free pamphlet from InterAmerica Research.
- *What Gay and Bisexual Men Should Know About AIDS:* Free booklet from the Office of Public Inquiries, Centers for Disease Control, Building 1, Room B-63, 1600 Clifton Road, Atlanta, Ga. 30333.

For AIDS victims, carriers and their families:

- *Caring for the AIDS Patient at Home* and *If Your Test for Antibody to the AIDS Virus Is Positive . . .*: Free pamphlets from InterAmerica Research.

For drug users:

- *Facts About AIDS and Drug Use:* Free pamphlet from InterAmerica Research.
- *AIDS and Shooting Drugs:* Free booklet from Office of Public Inquiries, CDC.

For parents:

- *AIDS and Children: Information for Parents of School-Age Children:* Free pamphlet from InterAmerica Research.

For teachers:

- *AIDS and Children: Information for Teachers and School Officials:* Free pamphlet from InterAmerica Research.

For workers:

- *AIDS and Your Job—Are There Risks?* Free pamphlet from InterAmerica Research.
- *AIDS and Your Job*, videotape geared toward police officers, other emergency personnel: Free loan from Modern Talking Picture Service, 5000 Park Street North, St. Petersburg, Fla. 33709, attention Film Scheduling, or call (813) 541-5763.

For health-care professionals:

- *Coping With AIDS:* Free pamphlet from InterAmerica Research.
- *Why You Should Be Informed About AIDS:* Free booklet from the Office of Public Inquiries, CDC.

For lawyers:

- *AIDS: Legal and Regulatory Policy*, by William Curran, Larry Gostin and Mary Clark, Department of Health Policy Management, Harvard School of Public Health: Report $30.95 (paper) or $6.50 (microfiche), plus $3 for shipping and handling, from National Technical Information Service, 5285 Port Royal Road, Springfield, Va. 22161.

orchestrated by gay activist groups, gays increased their use of condoms, cut down on casual pickups and practiced less physically damaging sex. The much publicized death of actor Rock Hudson from AIDS in 1985 contributed to the air of urgency. The AIDS infection rate for gay and bisexual men in San Francisco dropped from 18 percent in 1984 to 3 percent in 1985.

Whether the heterosexual population can respond as readily is something else. A recent study by the San Francisco AIDS Foundation showed that the city's heterosexuals are well educated about AIDS. Yet 50 percent of men and women defined as at the highest level of risk, with an average of four to five sex partners a year, reported that the facts haven't convinced them to use condoms or otherwise alter their sexual habits. And 66 percent of the same group "do not feel personally threatened by AIDS." This, says Patricia Christen, a spokesperson for the foundation, illustrates exactly the kind of denial among heterosexuals today as among gay men three years ago. "The homosexual community was well informed," she says, "but what really drove the message home was massive deaths of young men in San Francisco in 1984. I hope heterosexuals don't have to learn the message the same way."

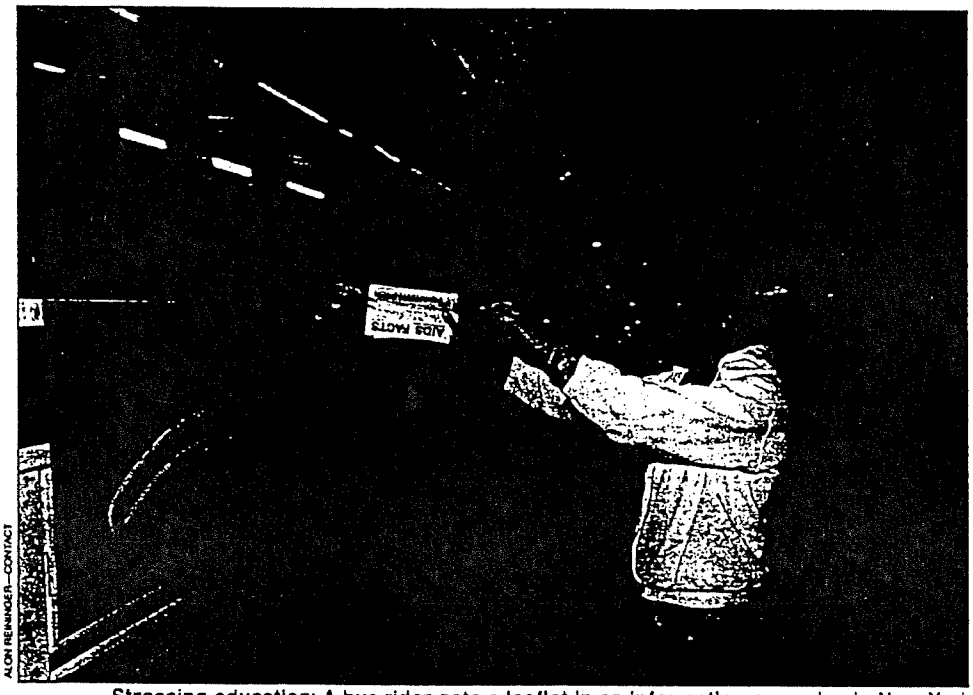
Free-wheeling sex habits on many college campuses have parents and administrators particularly worried. Fewer than 700 cases of AIDS have been reported among U.S. youngsters of college age so far. But the average age at which people first are exposed is expected to shift down from 30 to the more libidinous mid-20s and even late teens. Like most Americans, few college students see AIDS as a health risk. "I think of AIDS as a news event. If I needed a blood transfusion, then maybe I'd worry," says a 23-year-old man studying law at Emory University in Atlanta. "I'm more concerned about herpes," says a 22-year-old female senior at Georgetown University in Washington, D.C.

High-school students seem to be only dimly aware of the reality of AIDS, even in hard-hit regions of the country—perhaps partly because only about 125 13-to-19-year-olds have gotten the disease so far. The December issue of the *American Journal of Public Health* cites a recent survey of 1,332 pupils at 10 San Francisco high schools that exposed major confusion and ignorance. Forty percent of the students did not know that AIDS is incurable or that using condoms is excellent protection against it. "This suggests that many adolescents will be engaged in unprotected sexual activity," observes Dr. Ralph J. DiClemente, a consultant and a behavioral epidemiologist in the San Francisco area.

Not everyone necessarily appreciates the new educational efforts, but most parents seem relieved when local schools address the sensitive subject of AIDS with educational classes. Only 20 San Francisco parents out of 22,000 pulled their children out of AIDS-information classes. Denver school officials say less than 1 percent of parents wanted their children excluded. The National PTA takes the position that the matter of how explicit AIDS information should be and at what age it should be introduced is for the community to decide.

No cure in sight

The desperate need for education reflects the medical consensus that a means of arresting AIDS will come no sooner than five or 10 years. Just in the past year, scientists have discovered how AIDS infects brain cells and have identified genes that affect the AIDS virus. But efforts to devise a treatment or vaccine are complicated by the fact that AIDS is caused by two, perhaps three, similar viruses, and that the virus mutates frequently.



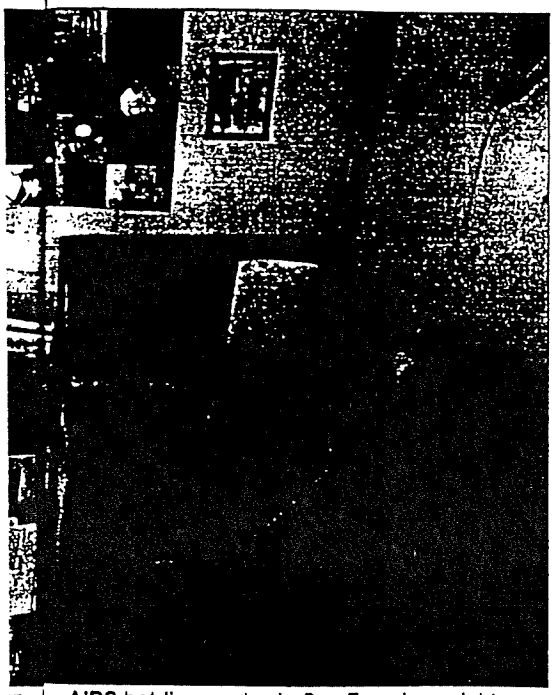
ALON REININGER—CONTACT

Stressing education: A bus rider gets a leaflet in an information campaign in New York City, left, and volunteers handle calls to an

Even symptomatic relief has come from just one drug, azidothymidine or AZT. While not a cure, AZT stops the virus from reproducing. About 3,000 patients have received it since it was released for general use last September. Other drugs are being tried out. Human tests began last October on dideoxycytidine, a drug which may be more potent and less toxic, and a trial recently ended with ribavirin, an antiviral drug already used to treat respiratory syncytial virus, a childhood disease. Most researchers believe that more than one drug will be necessary—one to suppress the AIDS virus, another to reconstitute the victim's damaged immune system. And the cost of treatment can be dreadfully expensive.

Medical costs for a typical AIDS patient range from $50,000 to $150,000.

It will probably take years longer to work out a vaccine than a drug to treat AIDS. That disease is transmitted by a retrovirus, a kind of virus that has proved extremely resistant to vaccines because it mutates so often. The only existing retrovirus vaccine prevents leukemia in cats. Several research teams are testing prototype AIDS vaccines on animals, and human trials might begin sometime in 1987. Last month, incomplete but tantalizing reports suggested that researchers from Zaire and France began the first human tests of a form of immunization designed to forestall the active form of AIDS. "There's no major breakthrough that would increase our potential for having a vaccine soon. It's something for the next decade,"



ALON REININGER—CONTACT

AIDS hot-line center in San Francisco, right

says John Nutter, a microbiologist at the National Institutes of Health who oversees grants for research on AIDS vaccines.

For the millions of Americans currently infected or dying from AIDS, both breakthroughs and warnings to change their behavior will come tragically late. But prudence could save thousands of people in the U.S. who have yet to be exposed to the virus. Their fate will depend less on science than on the ability of large numbers of human beings to change their behavior in the face of growing danger. ■

by Kathleen McAuliffe with Joseph Carey, Stacy Wells, Barbara E. Quick, Muriel Dobbin in San Francisco and the magazine's domestic bureaus

AIDS will be added to the dishonor roll

Killer illnesses of history

With cases doubling every 13 months, AIDS will soon take its place in the rogues' gallery of the world's major scourges. The Black Death killed a quarter to a half of Europe's population—25 million to 50 million people—in one three-year spasm from 1347 to 1350. At its height in the 18th century, smallpox killed about 400,000 Europeans a year, including such heads of state as Queen Ulrika Eleonora of Sweden in 1741. Some 22 million people died in the influenza outbreak of 1917-18. Even as many people fought off the flu, a louse-borne typhus devastated Russia and eastern Poland.

The germ that caused the Black Death, or bubonic plague, was spread through the air and through flea bites. The fleas picked up the germs from the hordes of black rats that made their homes in the filth-ridden city streets. The Black Death killed more people in less time than any other disease, until some of those who became sick developed immunity and recovered. As the immune population grew, fewer people became infected, and the plague eventually ran out of steam.

Smallpox, on the other hand, racked Europe for centuries, a major killer until Edward Jenner found a vaccine in 1796. After a successful inoculation campaign in Asia during the 1970s, the World Health Organization announced in 1979 that smallpox had been wiped out.

A Massachusetts killer

Deaths from the flu epidemic of 1917-18 included half a million Americans. In Massachusetts alone, it killed 15,000 people in four months. At the pace it was spreading, the virus would have wiped out civilization in weeks, but, like the Black Death, people recovered from it and became immune.

Typhus spread quickly from 1918 to 1922 because of overcrowding and unsanitary conditions in prison camps and refugee homes. Some 3 million people died before the disease ran its course.

The polio epidemic infected some 400,000 Americans during its peak from 1943 to 1956 and killed about 22,000 of them by paralysis and respiratory failure. Panicky parents wouldn't let their children swim in public pools, and ineffectual quarantines were imposed on entire towns. After the Salk and Sabin vaccines were introduced in 1955 and 1961, polio all but vanished in the United States. Brazil has wiped it out over the past five years by immunizing 20 million children across the country. It remains a problem in less developed nations.

Compared with plagues of the past, AIDS is relatively difficult to contract. Unlike the Black Death, it is not spread by insect bites. Unlike smallpox, it is not spread by casual skin contact. Unlike influenza, it is not spread through coughs and sneezes. And unlike typhus, it is not spread through contaminated water.

THE GRANGER COLLECTION

Fear of plague: 14th-century window in Canterbury Cathedral

But that's about the only positive thing about AIDS. It is the first sexually transmitted disease of pandemic proportions—an epidemic that ranges beyond one or two countries. While syphilis and its ilk ravaged humankind for many centuries until the advent and wide use of penicillin in the 1940s—and still bedevil Third World countries—they never decimated entire populations. If a vaccine does not appear until the turn of the century, the death toll could be in the tens of millions. And so far there's no evidence that AIDS will die out on its own.

by Stacy Wells

Interview with AIDS expert and Nobel laureate David Baltimore

'Quarantining will help no one'

Q Mr. Baltimore, how serious is the AIDS epidemic?

In terms of impact on our society, this disease will certainly be the most important public-health problem of the next decade and going into the next century.

On an international scale, it threatens to undermine countries, particularly in Africa.

Q What do you mean by "undermine countries"?

It will cause such a significant amount of disease in the middle ages of the population that it will largely reduce the number of people available to carry out the functions of the society. In parts of Africa it's happening already.

Q Do you think people's basic behavior can be altered in time to stem the AIDS epidemic?

In time to have a significant impact, yes. I don't think we'll be perfect. People will respond differently. But for the homosexual population in San Francisco, the rate of rectal gonorrhea fell 83 percent when a serious educational program was put in place. People were obviously willing to change their behavior when they were made to realize how severe a risk they were taking.

Q What about groups not yet hard hit? Can the message get to them before massive deaths occur?

It is certainly harder to reach people when they don't see the consequences of what they're doing right around them or when the consequences are extremely delayed. I'd guess that's been one of the problems with smokers.

Q How do you reach people?

The advertising industry knows how to do that. They can get people to switch detergents. They are able to get people to buy things they may not particularly need. They ought to be able to get people to look a little more carefully at the consequences of some very basic biological activities. I know that unless we make every effort to reach every type of population on its own terms, we're not going to have any effect. A massive educational campaign is the only thing conceivable at the moment that can help. To not do it would be criminal. To argue that it's difficult and expensive and, therefore, we shouldn't do it would be self-defeating.

Q What will happen if we don't mount a major campaign?

The consequences will be a spread of the virus that could have been controlled and won't be.

Q With catastrophic results?

The consequences already look catastrophic. A quarter of a million people with a lethal disease is catastrophic—and that's the United States only. And that's the rock-bottom projection for 1991.

Q Who will be the hardest to reach?

Intravenous-drug users, who often exist at the fringe of society. And I'm afraid that the adolescent population just moving into sexual activity may also be difficult. They don't read newspapers or magazines a whole lot, and they have a sense of immortality. It's very hard to take seriously the risk of disease when you're just beginning to feel yourself as an adult human being, and we have to reach these people. I think they're at serious risk.

Q President Reagan has remained virtually silent on the subject of AIDS. What is your feeling about that?

That this is a matter of the greatest urgency and requires presidential leadership.

Q Why do you think he hasn't been more outspoken?

You can imagine lots of reasons. Clearly, the communities that were first hit by this disease are not communities that the President feels terribly close to. He may well have made a political calculation that he was better off to be quiet. I think that the political setting is changing as the number of cases increases, and I would hope that he sees now that his greatest gain will come from speaking out on the issue.

Q Surveys show that a majority of the public believes AIDS victims should be quarantined. What do you think?

Quarantining will help no one. Most AIDS patients are too sick to be transmitting the virus. The virus is being spread largely by people who do not have AIDS but are infected with the virus, and they may or may not even know it. Quarantining would be totally futile.

Q Would mandatory testing help?

I believe it would drive the very people you want to test underground. Voluntary, confidential testing is much more appropriate.

Q How can you encourage people to go in for such a traumatic test?

The only thing you can do is convince people that they're better off knowing than not knowing. First, because then they can take action to protect their friends and loved ones and, second, because they can begin to interpret their own symptoms and take whatever action is available.

AIDS is a very serious disease, but it usually reveals its presence through a variety of infections, and many of those infections can be controlled with appropriate drugs.

■ Microbiologist David Baltimore received a Nobel Prize in 1975 for his work on viruses. He cochaired a blue-ribbon scientific panel that last October issued *Confronting AIDS*, an influential status report.

Surgeon General's Report on

ACQUIRED IMMUNE DEFICIENCY SYNDROME

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#1-C

Confidentiality

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

State and Local AIDS Task Forces

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

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

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

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

School

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

Sex Education

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

Handicapped and Special Education

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

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

Labor and Management

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

AIDS Education at the Work Site

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

Strain on the Health Care Delivery System

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

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

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

Mental Health

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

Controversial Issues

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

Compulsory Blood Testing

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

Quarantine

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

Identification of AIDS Carriers by Some Visible Sign

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

Updating Information

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

Additional Information

Telephone Hotlines (Toll Free)

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

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

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

Information Sources

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

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

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

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

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

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

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

HHS chief fears AIDS death toll in tens of millions

WASHINGTON (AP) — A worldwide AIDS epidemic will become so serious it will dwarf such earlier medical disasters as the Black Plague, smallpox and typhoid, the nation's health chief said Thursday.

"You haven't heard or read anything yet," Health and Human Services Secretary Otis R. Bowen told a National Press Club audience.

"If we can't make progress, we face the dreadful prospect of a worldwide death toll in the tens of millions a decade from now."

Listing other diseases that have killed millions of people over the years, Bowen said AIDS "will make these other ones pale by comparison."

He said he is confident a vaccine will be found, but is equally sure it will not be in time to head off an epidemic of a scope that most people have not yet grasped.

Noting that there is no known cure, Bowen said 50 million to 100 million people worldwide could have the AIDS virus in the next two decades, and that at least 270,000 actual cases are expected in the United States alone in five years.

Between 1 million and 1.5 million Americans are now believed to be carrying the virus that makes them susceptible to developing the disease.

He observed that researchers do not know the incubation period but have established that "a carrier can spread it to others and not know it for 10 years or so."

"So remember when a person has sex, they're not just having it with that partner, they're having it with everybody that partner had it with for the past 10 years," said Bowen.

AIDS, or acquired immune deficiency syndrome, is an affliction in which the body's immune system becomes unable to resist disease. Its chief victims have been homosexual men and intravenous drug users, but the virus is also spreading among heterosexuals.

s invited

enior Day

-Fort Hays basketball

Green Jr., president of the ; Jeff Myers, president of nt association; and Greg irector of admissions, will

re information or to make ons, high school seniors act their school counselors e Office of Student Affairs urn at 295-6625. The tollber in Kansas for that of- 800-332-0291.

Feb. 7

at Ramada Inn Downtown, 6th. Dancers may come in , but costumes will not be ry for those who attend, ac- to club officials.

ce tickets and additional de- y be obtained by mail by a stamped, self-addressed e with a check or money or- $6 per ticket to Germann Club, P.O. Box 67022, To- 6667. Tickets also may be ed at the bank.

co er calendar

rd.

board will hear reports on rvice and school counseling

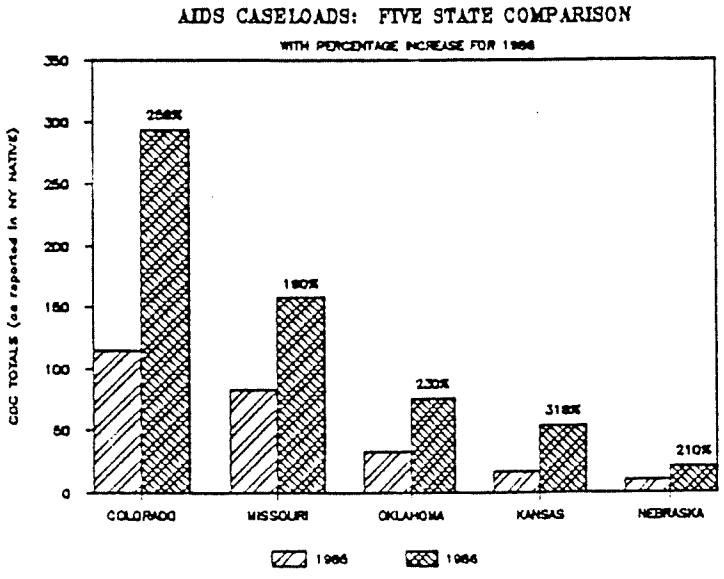
Midwest AIDS Cases Rise Sharply in 1986

Kansas Has Greatest Percentage Increase

Kansas and the four surrounding states have shown a dramatic increase in the cumulative number of AIDS cases that meet the criteria of the Center for Disease Control (CDC) in Atlanta. The number of cases reported through 1986 was over 233% higher than those reported through 1985 for the five-state area.

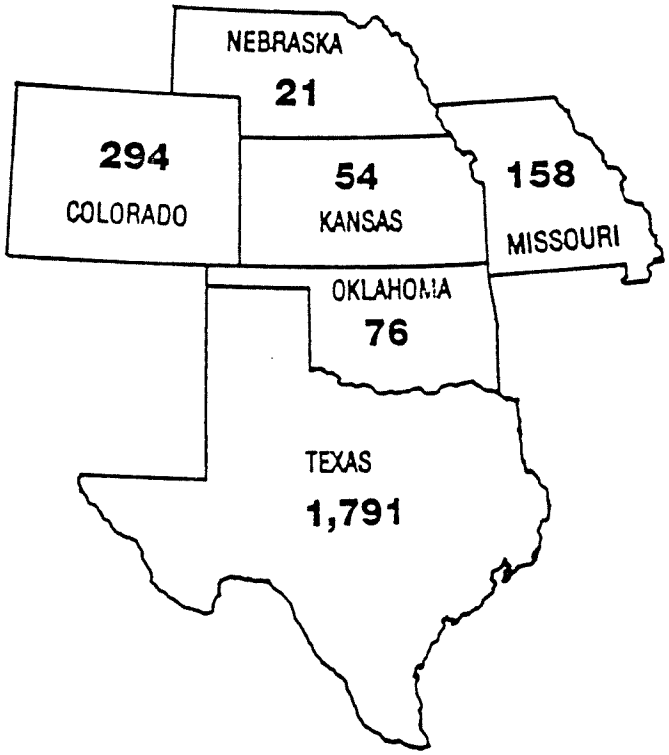
As shown in the accompanying graph, Kansas had the greatest increase at 318%. Colorado, which also has the most cases, had the second largest increase at 256%.

The five-state map shows the number of cases for the five states, plus Texas, through December 22, 1986. Although not within the five-state region, Texas is included because of its location and rank - having the fourth largest total of cases reported. (In December 1986, Texas replaced New Jersey in the #4 slot.) Only New York, California, and Florida have more cases.



These are the total cases through 1985, 1986, and the percentage increase for the nation and top four states:

U.S.	15,775 -	28,905 -	183%
New York	5,422 -	9,177 -	169%
California	3,615 -	6,390 -	177%
Florida	1,078 -	1,911 -	177%
Texas	801 -	1,791 -	224%



FIVE-STATE AIDS CASES

Colorado	115 -	294 -	256%
Missouri	83 -	158 -	190%
Oklahoma	33 -	76 -	230%
Kansas	17 -	54 -	318%
Nebraska	<10 -	21 -	210%

(Data obtained from the weekly CDC report published in the New York Native. 1985 CDC data from report dated 12-23-85. 1986 CDC data from report dated 12-22-86.)

P N&W
attn. # 1-E
2-17-87

K AS-NATIONAL EDUCATION ASSOCIATION / 715 W. 10TH STREET / TOPEKA, KANSAS 6 2

Carolyn Schmitt Testimony Before The
House Public Health & Welfare Committee
February 17, 1987

Mr. Chairman and Members of the Committee:

I am Carolyn Schmitt and I am president of the Kansas-National Education Association, representing some 22,000 educational employees across the state. The Kansas-NEA supports House Concurrent Resolution 5013.

We believe that it is crucial that a task force be established to work toward the prevention of sexually transmitted diseases. To fail to do so places the citizens of this state and especially the young people of this state at tremendous risk.

Kansas-NEA became active regarding this issue over a year ago when I invited representatives of United School Administrators, the Kansas Association of School Boards, the State Department of Education, and the Department of Health & Environment to meet. We discussed at that time the resources available for an education effort, the dissemination of such information, and policy positions taken by each group. As a result of the two meetings of this group, K-NEA sent to each of our local affiliates information and support materials regarding AIDS education and prevention.

The resolution designates educators as one of the groups to be represented on the task force. Members of Kansas-NEA who serve as task force members would bring to the group not only our initial work on this issue, but also the tremendous resources of our organization and our contacts with almost every school district in the state. We also maintain direct contact monthly during the school year with each of our 22,000 members.

Kansas-NEA salutes the concerns of Representative Braden and Barkis and the members of this committee, and we stand ready to provide assistance and support.

PHW
2-17-87
attm #2

Telephone: (913) 232-8271

REPRODUCTIVE HEALTH CARE

Planned Parenthood of Kansas, Inc.

2226 East Central • Wichita, Kansas 67214 • (316) 263-7575
122 East Twelfth • Hays, Kansas 67601 • (913) 628-2434
810 Loomis • Winfield, Kansas 67156 • (316) 221-1326

TO: HOUSE PUBLIC HEALTH & WELFARE COMMITTEE

FROM: BELVA OTT, PUBLIC AFFAIRS DIRECTOR, PLANNED PARENTHOOD OF KANSAS

RE: HCR5013

STD's have reached epidemic proportions. HCR 5013's passage will allow a task force to get the data needed and take the necessary action to enable Kansas to meet the current and future needs of our citizens.

Every available opportunity must be taken to assure no one will lack the necessary knowledge to protect themselves from STD's, by giving them the information from both the private sector and the educational sector.

The scope of diseases of STD's is worse among those 16 to 24 years of age.

As health care providers, we find many individuals are totally asymptomatic of any disease, but, in fact are infectious carriers of disease. Elizabeth B. Connell, M.D., and Howard J. Tatum, M.D., PH.D., write in "STD's: Disease and Treatment", 1985, that Chlamydia, an infection organism, has become the most prevalent STD. (An estimated 3 million Americans get chlamydial infections yearly, making it three times more common than Gonorrhea, and thirty times more common than Syphillis.) Chlamydia is a major cause of serious complications and infections. One in 5 couples will experience problems with infertility due to Chlamydia.

PID (Pelvic Inflammatory Disease) in women is caused mainly by Chlamydia. Babies can get Chlamydia during childbirth if the mother has this infection. It can result in the death of the unborn baby, and occasionally, the mother. Connell and Tatum say if you combine Chlamydia

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2-17-87
attm. #3

and Gonorrhea, (one of the most common STD's), you account for the majority of the reasons for infertility. Both of these STD's can be cured but the damage usually occurs before it is detected.

There are approximately 20 diseases recognized as STD's. One of those most people recognize is Herpes. We have Herpes Complex I and Herpes Complex II. Once you have Herpes you have it for the rest of your life. There is no cure! If a woman has active symptoms of Herpes, she can transfer the disease to her baby during childbirth, in the birth canal. Some babies develop serious, life-threatening illnesses as newborns have no immunity against Herpes. More newborns die than survive this type of attack.

AIDS is another STD, which results in death. AIDS is the #1 priority of the Public Health Service. U.S. Surgeon General Koop has called for the education of our students in schools in order to prevent a larger epidemic of AIDS. He has made this call on numerous occasions.

The task force called for in HCR5013 can develop the comprehensive health education necessary to assure Kansas residents they will have the knowledge necessary to protect themselves from AIDS and the other very severe STD's.

I support the passage of HCR5013 at the earliest time possible. Every day is important in the fight against STD's.

I thank you for the opportunity to share my thoughts with you and will be glad to stand for questions.

The Kansas State Board of Mortuary Arts

CREATED AUG. 1, 1907

900 JACKSON, SUITE 856
TOPEKA, KANSAS 66612-1214
(913) 296-3980

February 16, 1987

House Public Health and
Welfare Committee
Room 423-S
State Capitol
Topeka, Kansas 666212

Dear Members of the Committee:

H.B. 2135 is a combination of two current Board statutes: K.S.A. 65-1711a and 65-1722. The two separate revocation statutes for embalmers and funeral directors are being combined into one for simplicity's sake.

Sub-sections 1-7 and 12-21(1) are a combination of the two statutes using updated language to cover all current phases of the funeral industry.

Sub-sections 8-11 and 21(2) deal with solicitation. The Board sees a need to amend existing laws which permit solicitation in some instances but prohibit it in most. The new solicitation language would allow the Board to confirm to current U. S. Supreme Court Decisions which have recognized that the constitutional right of a state licensed professional to engage in commercial free speech has been unlawfully restricted in the past by many states. There is even a Kansas Federal Court decision which ordered the Kansas Healing Arts Board to remove unconstitutional solicitation restrictions on chiropractors. The Board seeks the amendment of solicitation restrictions with the advice of the Federal Trade Commission and the National Conference of Funeral Service Examining Boards. If current statutes are not amended, then the Board's ability to police improper solicitations will be substantially impaired.

Sub-section 8 deals with situations such as advertising misrepresentations, bait and switch tricks.....

Sub-section 9 deals with playing on the emotions of consumers. Perhaps an elderly person easily confused.....

Sub-section 10, at-need solicitation, is defined in the second to last paragraph of the bill.

Sub-section 11 deals with licensees contacting places such as hospitals, nursing homes.... in hopes of acquiring business. (steering)

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Attm. #4

I would like to request three technical amendments:

1) subsection 4 needs a comma after custody;

2) subsection 13 and 14 could be combined as subsection 13 needs to include the wording contained in subsection 14 about "...a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.", and

3) line 0092 could be changed to read: "has violated any state or federal law, rule, statute or regulation..."

I hope the committee will pass HB 2135 out favorably as amended, and I thank you in advance for your assistance.

Sincerely,

Mack Smith

Douglas "Mack" Smith
Executive Secretary

DMS:tab

THE KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

EXECUTIVE OFFICE — 1200 KANSAS AVENUE, P.O. BOX 1904
TOPEKA, KANSAS 66601
PHONE 913-232-7789

AFFILIATED WITH N. F. D. A.

TESTIMONY-HOUSE PUBLIC AND WELFARE COMMITTEE H.B.2135

Mr. Chairman and Members of this committee,

I am Larry McElwain, a funeral director from Lawrence, Kansas and current President of the Kansas Funeral Director's Association. We represent about 95% of all mortuaries and funeral homes in the State of Kansas. The State Board of Mortuary Arts is our licensing board.

We feel that H.B. 2135 serves a good purpose in addressing some of the outdated language or unclear wording in the law that deals with licensing and revoking of licenses.

We do have one concern with this bill. Our concern is found in subparagraphs 8,9, & 10 (lines 0048 to 0057). These deal with the in-person solicitation of funeral services and merchandise. Although there doesn't seem to be any apparent deficiency, we feel that one exists. Mr. Steve Garlow of the Kansas Attorney General's office, who apparently drafted this bill, stated at the January 30th public meeting that the intent of this bill is to clarify some language and eliminate the vagueness of the present law. We feel that H.B. 2135 does not go far enough to spell out what is permissible and not permissible in regards to the in-person solicitation of funeral services and merchandise. It

P HHW #5 2-17-87

is still too vague in what it allows a licensee to do or not to do.

As a preface to my proposed amendment, I want to say that Ohralik vs. Ohio State Bar Association decided in May 1978, (please refer to Exhibit A) does say that states have a right to regulate in-person solicitation. I have asked Steve Garlow about this case. He says that although this case has not been officially overturned, other courts have used other cases to determine outcomes. I assume that since it has not been overturned that it still can be used as a guide since it did come from the highest court in the land.

We believe that the time to clarify what a licensee can and cannot do is when the law is being written. We do not like the idea of leaving it open-ended and to the whims of the courts. Why put consumers to the time and expense of filing a lawsuit to determine if they were solicited for funeral merchandise and services improperly? S.B. 11 which will come to the House floor for a vote very soon is a classic case of a law that was written with general or vague terminology that has subsequently caused a great deal of your time and our enery and expense to "clarify" the original intent of the law.

We ask that the following language be inserted between paragraphs (9) and (10). This language is very similar to a proposal that is currently pending in the Illinois legislature.

(a) A licensee or his representative may initiate contact with a

client or prospective client in the following manner:

1. Through general advertising

2. by direct mail

3. by telephone; or

4. as an invited guest of a charitable, social, civic, religious, fraternal or employee or trade association.

(b) A licensee or his representative shall not initiate contact with a client or prospective client if:

1. The licensee or his representative reasonably should know that the physical, emotional or mental state of the person solicited is such that the person could not exercise reasonable judgment.

2. The person solicited has made known a desire not to receive the communication;

3. The soliciter uses the "cold knock " approach which is without prior invitation from the person being solicited; or

4. The solicitation involves coercion, duress or harrassment.

I hope that it is apparent from this amendment that we wish to allow additional solicitation (telemarketing) which we see as important to increasing competition. At the same time though we want to be careful not to permit those other forms that may be harmful to the vulnerable in our society. The Kansas Funeral Directors have been fortunate to have a good reputation and have worked hard over the years to maintain this reputation. Additional solicitation can be harmful if it is not legislated properly. I will be happy to answer any questions that you may have concerning our proposal.

Respectfully submitted,

Larry K. McElwain

Larry K. McElwain, President

P.S. When asked at the January 30th meeting if they would accept this proposed amendment, the three members of the Board of Mortuary Arts that were present said that they had no problem with this amendment.

EXHIBIT A

Ohralik vs. Ohio State Bar Association May 1978

This case dealt with an attorney who made in-person solicitation of business. The Supreme Court made it quite clear that there was no entitlement to in-person solicitation of clients protected by the first amendment and distinguished it from a long line of cases permitting advertising in general. The Supreme Court of the United States indicated that it was appropriate for the various states to regulate in-person solicitation. Some points of the case were:

1. In -person solicitation may exert pressure and often demands immediate response without providing an opportunity for comparison or reflection.
2. The aim and effect of in-person solicitation may be to provide a one-sided presentation and to encourage speedy and perhaps uninformed decision making.
3. In-person solicitation is as likely as not to discourage persons needing a service from engaging in a critical comparison of the availability, nature and prices of services.
4. Potential harm to the solicited client in the form of over-reaching, over-charging and under-representation and mis-representation.

From the Surgeon General, US Public Health Service

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

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

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

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

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

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

The Surgeon General encourages physicians to give this information the widest possible reproduction and distribution. Up to 50 copies per request of the report on AIDS are available free from the United States Public Health Service by writing to AIDS, Box 14252, Washington, DC 20044; telephone (202) 245-6867.

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

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

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

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

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

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

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

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

The spread of AIDS can and must be stopped.

C. Everett Koop, MD, ScD
Surgeon General

Surgeon General's Report on Acquired Immune Deficiency Syndrome

AIDS

AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV."[1] These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

No Known Cure

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

Virus Invades Blood Stream

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

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

SIGNS AND SYMPTOMS

No Signs

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

ARC

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

AIDS

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

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and maybe the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

Long Term

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

AIDS: THE PRESENT SITUATION

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

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms

[1] These are different names given to AIDS virus by the scientific community:
HIV — Human Immunodeficiency Virus
HTLV-III — Human T-Lymphotropic Virus Type III
LAV — Lymphadenopathy Associated Virus

and may not come down with the disease for many years, if ever.

No Risk from Casual Contact

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

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

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

Risks

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

Sex Between Men

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

Multiple Partners

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

How Exposed

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

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

Prevention of Sexual Transmission— Know Your Partner

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

AIDS: YOU CAN PROTECT YOURSELF FROM INFECTION

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

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).
- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted dis-

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eases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO* to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.

- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

Intravenous Drug Users

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

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

Hemophilia

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

Blood Transfusion

Currently all blood donors are initially screened and blood is *not* accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

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

Mother Can Infect Newborn

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

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

Summary

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

AIDS: WHAT IS SAFE

Most Behavior Is Safe

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

Donating Blood

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

Receiving Blood

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

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and

himself from hepatitis, common colds or flu.

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

Children In School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

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

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

Insects

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

Pets

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

Tears and Saliva

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

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

Testing of Military Personnel

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

AIDS: WHAT IS CURRENTLY UNDERSTOOD

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

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

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

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

SUMMARY

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

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

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

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

LOOK TO THE FUTURE

The Challenge of the Future

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

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

Information and Education Only Weapons Against AIDS

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

AIDS will Impact All

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

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Be Educated—Be Prepared

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

Concern About Spread of AIDS

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

Special Educational Concerns

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

High Risk Get Blood Test

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

Anger and Guilt

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

Confidentiality

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

State and Local AIDS Task Forces

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

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

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

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

School

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

Sex Education

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

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, schoolboards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

Labor and Management

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

AIDS Education at the Work Site

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

Strain on the Health Care Delivery System

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

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

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

Mental Health

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

Controversial Issues

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

Compulsory Blood Testing

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

Quarantine

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

Identification of AIDS Carriers by Some Visible Sign

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

Updating Information

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

ADDITIONAL INFORMATION
Telephone Hotlines
(Toll Free)

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

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

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

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 721-H
200 Independence Avenue, SW
Washington, DC 20201
Phone: (202) 245-6867

Local Red Cross or American Red Cross AIDS Education Office
1730 D Street, NW
Washington, DC 20006
Phone: (202) 737-8300

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

AIDS Action Council
729 Eighth Street, SE
Suite 200
Washington, DC 20003
Phone: (202) 547-3101

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

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

Los Angeles AIDS Project
1362 Santa Monica Boulevard
Los Angeles, CA 90046
Phone: (213) 871-AIDS

Minority Task Force on AIDS
c/o New York City Council of Churches
475 Riverside Drive, Room 456
New York, NY 10115
Phone: (212) 749-1214

Mothers of AIDS Patients (MAP)
c/o Barbara Peabody
3403 E Street
San Diego, CA 92102
Phone: (619) 234-3432

National AIDS Network
729 Eighth Street, SE, Suite 300
Washington, DC 20003
Phone: (202) 546-2424

National Association of People with AIDS
PO Box 65472
Washington, DC 20035
Phone: (202) 483-7979

National Coalition of Gay Sexually Transmitted Disease Services
c/o Mark Behar
PO Box 239
Milwaukee, WI 53201
Phone: (414) 277-7671

National Council of Churches/AIDS Task Force
475 Riverside Drive, Room 572
New York, NY 10115
Phone: (212) 870-2421

San Francisco AIDS Foundation
833 Valencia Street, 4th Floor
San Francisco, CA 94103
Phone: (415) 863-2437

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A Non-Profit Corporation

MEMORANDUM

TO: PERSONS INTERESTED IN AIDS
FROM: WILLIAM E. WADE, D.O.
DATE: OCTOBER 8, 1986
SUBJECT: AZT (3'azido 3' deoxythymidine, aka:azidothymidine)

AZT has been shown to be a potent inhibitor of Human Immunodeficiency Virus (HIV),(aka:HTLV-III/LAV) replication in vitro. Data collected in the early Phase I trial and in the placebo-controlled trials indicate AZT can be administered to patients in controlled trials.

In the Phase 2 study, two hundred eighty two (282) patients (AIDS recovered from pneumocystis carinii pneumonia (PCP) and late AIDS Related Complex (ARC)) were entered over a four month period into a placebo controlled study which was scheduled to last six months. Half of the patients were assigned to receive AZT at a dose of 250mg every 4 hrs.(1.5gm/d) and half to receive placebo. Many patients on AZT required a reduction in dosage or interruption of treatment, primarily because of anemia. The groups were comparable at entry for a variety of variables including age, sex, race, weight, mean Karnofsky score*, and severity of illness.

As of September 18, 1986, seventeen deaths had occurred: 16 in patients receiving placebo and one in a patient receiving the full dosage of AZT. In general, the deaths were attributed to opportunistic infections, e.g.,toxoplasmosis, PCP, CMV, cryptococcosis and mycobacteriosis. Because of the marked imbalance in mortality, primarily in AIDS patients, an independent Safety and Data Monitoring Board (DSMB) reviewed the data and recommended the study be terminated. Patients had received between 3.5 to 7 months of therapy (median of 4.5 months) at the time the placebo group was discontinued.

Although the preliminary data from this study have not been completely analyzed, mortality figures warrant expanding the availability of AZT to other patients with similar disease at this time. AZT is being released as an Investigational New Drug (IND) to eligible patients who are expected to benefit based on data derived from the recently terminated placebo controlled trial. The objective of the study is to provide for the administration of AZT to eligible patients with careful supervision, and to monitor survival, disease progression and toxicity. **The study will be an open-labeled uncontrolled clinical trial of AZT in patients with AIDS who have recovered from PCP.**

Inclusion Criteria

AIDS patients who have recovered from one or more episodes of histologically confirmed Pneumocystis carinii pneumonia, without AIDS-defining conditions (see MMWR May 23, 1986) presently requiring systemic chemotherapy.

Kansas Aids Network, Inc.

Directors
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Information Line
(913) 357-7499

All patients must have a Karnofsky performance status greater than, or equal to 60 at entry.*

* Karnofsky Scale Performance Status is a scale from 0 to 100 which assesses a patient's ability to carry on various levels of activity and levels of personal care required.

Laboratory parameters - All patients will be evaluated prior to the initiation of the protocol for specific lab criteria.

The patients will be followed weekly by the registered physician, blood samples will be obtained weekly, and monthly investigator-generated reports will be completed. After 8 weeks, the frequency of physician visits and blood samples will be decreased to every two weeks indefinitely.

Current approved dosage schedule is two 100mg capsules 6 times daily (every 4 hrs). My recommendation is for the patient to acquire 3 alarm clocks, each set at different times, so the patient does not have to wake completely up at night and reset his/her alarm clock.

Therapy may be continued indefinitely as long as the Treatment IND remains in effect and the patient meets the specifications of the protocol. Burroughs Wellcome Co. is currently providing the medication through an approved, designated hospital pharmacy free of charge to the patient.

Currently, several individuals are eligible for entry into this protocol. Please feel free to contact my office (913) 233-8268, or the Burroughs Wellcome AZT Information Line (800) 843-9388, for additional information or enrollment procedures.

Sincerely,

William E. Wade, D.O.

William E. Wade, D.O.
Family Medicine, Sexually Transmitted Diseases
President, Kansas AIDS Network, Inc.

Dr. Wade has asked that the following be added to his letter--

Flu and Pneumococcal Pneumonia can be prevented by vaccines. These vaccines are recommended for AIDS and ARC patients. They may be offered to HTLV-III/LAV antibody positive patients.

These are CDC recommendations.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF DISEASE PREVENTION AND CONTROL
EPIDEMIOLOGY SECTION
AIDS PROGRAM

MONTHLY SURVEILLANCE REPORT
CUMULATIVE KANSAS CASES REPORTED TO KDHE
DECEMBER 11, 1986

I. TRANSMISSION CATEGORIES

	ADULTS				
	MALE	FEMALE	CHILDREN	TOTAL	%
Homosexual/Bisexual Male	41	–	–	41	84%
Intravenous Drug Abuser	0	0	–	0	0%
Hemophilia/Coag. Disorder	1	0	0	1	2%
Heterosexual Contact	0	1	–	1	2%
Transfusion Associated	3	0	0	3	6%
Parent with/at Risk of AIDS	–	–	0	0	0%
None of the Above	3	0	0	3	6%
TOTAL	48	1	0	49	100%

II. AGE AT DIAGNOSIS

GROUP	NUMBER	%
Under 13	0	0%
13-19	0	0%
20-29	13	27%
30-39	22	45%
40-49	10	20%
Over 49	4	8%
TOTAL	49	100%
Mean Age:	36.3	

III. RACIAL/ETHNIC GROUP

	ADULTS	CHILDREN
White, not Hispanic	44	0
Black, not Hispanic	3	0
Hispanic	2	0
Other	0	0
TOTAL	49	0

IV. REPORTED CASES AND DEATHS BY OPPORTUNISTIC DISEASE GROUP

	REPORTED CASES		KNOWN DEATHS	
PRIMARY DISEASE REPORTED	Number	%	Number	%
Pneumocystis carinii Pneumonia	29	59%	10	34%
Other Opportunistic Diseases	18	37%	16	89%
Kaposi's Sarcoma	2	4%	2	100%
TOTAL	49	100%	28	57%

V. CASES OF AIDS AND CASE FATALITY RATES BY YEAR OF REPORT

	NUMBER OF CASES	NUMBER OF KNOWN DEATHS	CASE-FATALITY RATE
1982	1	1	100%
1983	1	1	100%
1984	2	2	100%
1985	14	12	86%
1986	31	12	39%
1987	0	0	0%
TOTAL	49	28	57%

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF DISEASE PREVENTION AND CONTROL
EPIDEMIOLOGY SECTION
AIDS PROGRAM

CLASSIFICATION OF AIDS CASES REPORTS
THROUGH DECEMBER 11, 1986

I.	Residents of Kansas with Onset of Symptoms in Kansas			
	A. Total	49		
	B. Known Deaths		28	
	C. Probably Alive			21
II.	Residents of Kansas Whose Case Reports Did Not Meet CDC's Surveillance Definition			
	A. Total	10		
	B. Known Deaths		3	
	C. Probably Alive			7
III.	Residents of Kansas with Onset of Symptoms in Other States			
	A. Total	26		
	B. Known Deaths		16	
	C. Probably Alive			10
IV.	Non-Residents with Onset of Symptoms in Other States			
	A. Total	30		
	B. Known Deaths		14	
	C. Probably Alive			16
V.	Kansas Case Reports Pending at CDC			
	A. Total	5		
	B. Known Deaths		1	
	C. Probably Alive			4
VI.	Total Case Reports Received	120		
VII.	Total Known Deaths		62	
VIII.	Total Persons Probably Living			58
IX.	Total Persons Probably Living in Kansas			42

AIDS PROGRAM, CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
DECEMBER 1, 1986

UNITED STATES CASES REPORTED TO CDC

A. TRANSMISSION CATEGORIES[2]

	MALES				FEMALES				TOTAL			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative		Since Jan 1		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	7918	(70)	18229	(70)					7918	(65)	18229	(65)
Intravenous (IV) Drug Abuser	1630	(14)	3791	(15)	412	(48)	969	(51)	2042	(17)	4760	(17)
Homosexual Male and IV Drug Abuser	897	(8)	2188	(8)					897	(7)	2188	(8)
Hemophilia/Coagulation Disorder	114	(1)	235	(1)	3	(0)	7	(0)	117	(1)	242	(1)
Heterosexual Cases[3]	184	(2)	542	(2)	268	(31)	518	(28)	452	(4)	1060	(4)
Transfusion, Blood/Components	175	(2)	324	(1)	91	(11)	184	(10)	266	(2)	508	(2)
Undetermined[4]	332	(3)	652	(3)	87	(10)	204	(11)	419	(3)	856	(3)
SUBTOTAL [% of all cases]	11250	[93]	25961	[93]	861	[7]	1882	[7]	12111	[100]	27843	[100]
CHILDREN[5]												
Hemophilia/Coagulation Disorder	10	(10)	21	(9)	1	(1)	1	(1)	11	(6)	22	(5)
Parent with/at risk of AIDS[6]	72	(75)	162	(73)	70	(85)	157	(87)	142	(80)	319	(79)
Transfusion, Blood/Components	12	(13)	33	(15)	9	(11)	19	(10)	21	(12)	52	(13)
Undetermined[4]	2	(2)	6	(3)	2	(2)	4	(2)	4	(2)	10	(2)
SUBTOTAL [% of all cases]	96	[54]	222	[55]	82	[46]	181	[45]	178	[100]	403	[100]
TOTAL [% of all cases]	11346	[92]	26183	[93]	943	[8]	2063	[7]	12289	[100]	28246	[100]

B. TRANSMISSION CATEGORIES BY RACIAL/ETHNIC GROUP

	WHITE, NOT HISPANIC		BLACK, NOT HISPANIC		HISPANIC		OTHER/ UNKNOWN		TOTAL	
	Cumulative		Cumulative		Cumulative		Cumulative		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	13487	(80)	2635	(39)	1905	(47)	202	(70)	18229	(65)
Intravenous (IV) Drug Abuser	860	(5)	2402	(36)	1463	(36)	35	(12)	4760	(17)
Homosexual Male and IV Drug Abuser	1403	(8)	480	(7)	290	(7)	15	(5)	2188	(8)
Hemophilia/Coagulation Disorder	205	(1)	13	(0)	18	(0)	6	(2)	242	(1)
Heterosexual Cases[3]	124	(1)	798	(12)	135	(3)	3	(1)	1060	(4)
Transfusion, Blood/Components	392	(2)	76	(1)	29	(1)	11	(4)	508	(2)
Undetermined[4]	302	(2)	361	(5)	175	(4)	18	(6)	856	(3)
SUBTOTAL [% of all cases]	16773	[60]	6765	[24]	4015	[14]	290	[1]	27843	[100]
CHILDREN[5]										
Hemophilia/Coagulation Disorder	14	(18)	5	(2)	3	(3)			22	(5)
Parent with/at risk of AIDS[6]	34	(44)	202	(89)	80	(85)	3	(100)	319	(79)
Transfusion, Blood/Components	27	(35)	15	(7)	10	(11)			52	(13)
Undetermined[4]	3	(4)	6	(3)	1	(1)			10	(2)
SUBTOTAL [% of all cases]	78	[19]	228	[57]	94	[23]	3	[1]	403	[100]
TOTAL [% of all cases]	16851	[60]	6993	[25]	4109	[15]	293	[1]	28246	[100]

[1] These data are provisional.

[2] Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.

[3] Includes 488 persons (80 men, 408 women) who have had heterosexual contact with a person with AIDS or at risk for AIDS and 572 persons (462 men, 110 women) without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

[4] Includes patients on whom risk information is incomplete (due to death, refusal to be interviewed or loss to follow-up), patients still under investigation, men reported only to have had heterosexual contact with a prostitute, and interviewed patients for whom no specific risk was identified.

[5] Includes all patients under 13 years of age at time of diagnosis.

[6] Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

C. AIDS CASES BY STATE OF RESIDENCE AND DATE OF REPORT TO CDC

STATE OF RESIDENCE	Year Ending DEC 1, 1985		Year Ending DEC 1, 1986		CUMULATIVE TOTAL SINCE JUNE 1981					
					Adult/Adolescent		Children		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New York	2463	(30.6)	3787	(28.8)	8843	(31.8)	141	(35.0)	8984	(31.8)
California	1918	(23.8)	2793	(21.2)	6256	(22.5)	22	(5.5)	6278	(22.2)
Florida	543	(6.7)	823	(6.3)	1811	(6.5)	54	(13.4)	1865	(6.6)
Texas	435	(5.4)	933	(7.1)	1693	(6.1)	11	(2.7)	1704	(6.0)
New Jersey	464	(5.8)	740	(5.6)	1583	(5.7)	60	(14.9)	1643	(5.8)
Illinois	186	(2.3)	363	(2.8)	696	(2.5)	4	(1.0)	700	(2.5)
Pennsylvania	166	(2.1)	306	(2.3)	606	(2.2)	8	(2.0)	614	(2.2)
Massachusetts	167	(2.1)	273	(2.1)	549	(2.0)	10	(2.5)	559	(2.0)
Georgia	168	(2.1)	301	(2.3)	550	(2.0)	7	(1.7)	557	(2.0)
District of Columbia	177	(2.2)	235	(1.8)	503	(1.8)	8	(2.0)	511	(1.8)
Maryland	143	(1.8)	200	(1.5)	414	(1.5)	6	(1.5)	420	(1.5)
Puerto Rico	108	(1.3)	166	(1.3)	326	(1.2)	24	(6.0)	350	(1.2)
Connecticut	80	(1.0)	178	(1.4)	329	(1.2)	14	(3.5)	343	(1.2)
Washington	117	(1.5)	163	(1.2)	341	(1.2)			341	(1.2)
Louisiana	105	(1.3)	158	(1.2)	316	(1.1)	4	(1.0)	320	(1.1)
Virginia	103	(1.3)	151	(1.1)	308	(1.1)	6	(1.5)	314	(1.1)
Colorado	46	(0.6)	173	(1.3)	282	(1.0)	1	(0.2)	283	(1.0)
Ohio	58	(0.7)	154	(1.2)	246	(0.9)	1	(0.2)	247	(0.9)
Michigan	62	(0.8)	133	(1.0)	231	(0.8)	3	(0.7)	234	(0.8)
North Carolina	62	(0.8)	80	(0.6)	163	(0.6)	1	(0.2)	164	(0.6)
Arizona	53	(0.7)	81	(0.6)	160	(0.6)			160	(0.6)
Missouri	47	(0.6)	79	(0.6)	156	(0.6)	1	(0.2)	157	(0.6)
Minnesota	39	(0.5)	93	(0.7)	147	(0.5)			147	(0.5)
Indiana	27	(0.3)	60	(0.5)	113	(0.4)	1	(0.2)	114	(0.4)
Oregon	31	(0.4)	61	(0.5)	110	(0.4)			110	(0.4)
South Carolina	30	(0.4)	55	(0.4)	98	(0.4)	4	(1.0)	102	(0.4)
Hawaii	17	(0.2)	61	(0.5)	97	(0.3)	1	(0.2)	98	(0.3)
Tennessee	16	(0.2)	74	(0.6)	97	(0.3)	1	(0.2)	98	(0.3)
Oklahoma	17	(0.2)	46	(0.3)	75	(0.3)	1	(0.2)	76	(0.3)
Wisconsin	24	(0.3)	38	(0.3)	74	(0.3)			74	(0.3)
Alabama	27	(0.3)	29	(0.2)	65	(0.2)	2	(0.5)	67	(0.2)
Nevada	15	(0.2)	37	(0.3)	62	(0.2)			62	(0.2)
Kentucky	18	(0.2)	28	(0.2)	59	(0.2)			59	(0.2)
Kansas	11	(0.1)	34	(0.3)	50	(0.2)			50	(0.2)
Rhode Island	10	(0.1)	31	(0.2)	48	(0.2)			48	(0.2)
Utah	14	(0.2)	23	(0.2)	45	(0.2)	2	(0.5)	47	(0.2)
New Mexico	15	(0.2)	24	(0.2)	41	(0.1)			41	(0.1)
Arkansas	9	(0.1)	30	(0.2)	40	(0.1)			40	(0.1)
Delaware	10	(0.1)	23	(0.2)	39	(0.1)			39	(0.1)
Mississippi	8	(0.1)	25	(0.2)	36	(0.1)			36	(0.1)
Iowa	11	(0.1)	19	(0.1)	33	(0.1)	1	(0.2)	34	(0.1)
Maine	11	(0.1)	21	(0.2)	31	(0.1)	1	(0.2)	32	(0.1)
New Hampshire	5	(0.1)	14	(0.1)	21	(0.1)	2	(0.5)	23	(0.1)
Alaska	3	(0.0)	14	(0.1)	20	(0.1)			20	(0.1)
Nebraska	4	(0.0)	13	(0.1)	20	(0.1)			20	(0.1)
West Virginia	6	(0.1)	7	(0.1)	18	(0.1)	1	(0.2)	19	(0.1)
Virgin Islands	3	(0.0)	5	(0.0)	9	(0.0)			9	(0.0)
Vermont	2	(0.0)	5	(0.0)	9	(0.0)			9	(0.0)
Idaho	1	(0.0)	5	(0.0)	6	(0.0)			6	(0.0)
Montana	1	(0.0)	4	(0.0)	5	(0.0)			5	(0.0)
Wyoming			4	(0.0)	5	(0.0)			5	(0.0)
North Dakota	1	(0.0)	2	(0.0)	3	(0.0)			3	(0.0)
South Dakota	1	(0.0)	2	(0.0)	3	(0.0)			3	(0.0)
Guam	1	(0.0)			1	(0.0)			1	(0.0)
Trust Territory					1	(0.0)			1	(0.0)
TOTAL	8059	(100.0)	13157	(100.0)	27843	(100.0)	403	(100.0)	28246	(100.0)