

9-29-1986

Interim Hearing on Proposition 64 the AIDS Initiative on the November 4, 1986 Ballot

Senate Committee on Health and Human Services

Assembly Committee on Elections and Reapportionment

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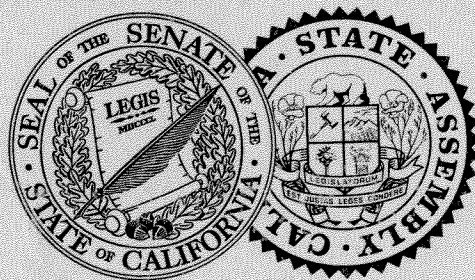
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CALIFORNIA LEGISLATURE
SENATE COMMITTEE ON
HEALTH AND HUMAN SERVICES
SENATOR DIANE E. WATSON, CHAIRMAN

ASSEMBLY COMMITTEE ON
ELECTIONS AND REAPPORTIONMENT
JOHAN KLEHS, CHAIRMAN

Interim Hearing on
**PROPOSTION 64 THE AIDS INITIATIVE
ON THE NOVEMBER 4, 1986 BALLOT**



Room 4203
State Capitol
Sacramento, California

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Monday, September 29, 1986
9:45 A.M.

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JOINT COMMITTEE HEARING
ASSEMBLY COMMITTEE ON ELECTIONS AND REAPPORTIONMENT
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

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INTERIM HEARING ON PROPOSITION 64
THE AIDS INITIATIVE ON THE NOVEMBER 4, 1986 BALLOT

ORIGINAL

ROOM 4203
STATE CAPITOL
SACRAMENTO, CALIFORNIA

MONDAY, SEPTEMBER 29, 1986
9:45 A.M.

Reported by:
Cathleen Slocum
CSR License No. 2822

86-12-278

ASSEMBLY MEMBERS PRESENT

- Johan Klehs, Chairman
- Stan Statham
- William Filante

ASSEMBLY MEMBERS ABSENT

- Richard Mountjoy
- Peter Chacon
- Jim Costa
- Gray Davis
- Dave Elder
- Marian W. LaFollette
- Steve Peace

SENATE MEMBERS PRESENT

- Diane Watson, Chairperson
- Herschel Rosenthal

SENATE MEMBERS ABSENT

- Ken Maddy
- William Campbell
- Paul Carpenter
- Dan McCorquodale
- Henry Mello
- Joseph Montoya
- Ed Royce

ALSO PRESENT

- Assemblyman Art Agnos
- Senator John Garamendi

STAFF PRESENT

Jane Uitti, Consultant, Senate Health and Human Services
Committee

Jim Tucker, Consultant, Assembly Elections and
Reapportionment Committee

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PROCEEDINGS

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ASSEMBLYMAN KLEHS: Good morning.

This morning we're going to have a joint hearing of the Assembly Elections and Reapportionment Committee and the Senate Health and Human Services Committee on Proposition 64.

This hearing is being held pursuant to the Elections Code which requires the Legislature to hold a public hearing on initiatives which are on the ballot. Proposition 64 is a particularly appropriate subject for such an informational hearing because of the obvious significance of AIDS and the high level of misinformation which has been disseminated about the subject matter thus far.

The voters in November will be clearly shaping California's health policy regarding AIDS. The question which we must all address is whether that policy should be determined by the state health officials in cooperation with private physicians, health researchers throughout the world or other individuals who know how to solve this health crisis or whether it should be solved by a single initiative on the ballot despite changes in technology or other changes which would dictate the need for alterations in that policy.

If Proposition 64 passes, it will be indelibly etched in our laws and therefore we need to know what it will do and what the impact will be. In addition, because of the number of complaints which have been received by our Committee in the manner in which the initiative was qualified for the ballot, we are interested in examining that process

1 to determine whether or not changes are needed in the
2 initiative qualification procedure.

3 Everyone who is listed on the agenda has received a
4 set of questions which we would appreciate your addressing.
5 Because of the number of persons who wish to testify, it will
6 be necessary to confine the witnesses' statements to the
7 subject matter at hand. Persons who are not on the agenda,
8 would you please see the sergeant-at-arms here and notify him
9 so that we can accommodate you in the time that's available.

10 These proceedings are being taken down by a
11 stenographer and the written transcript will be made
12 available to the public.

13 Senator Diane Watson who is Chair of the Senate
14 Health and Human Services Committee has been delayed and has
15 asked that the hearing begin without her.

16 I might add that when you testify, would you please
17 fill out one of these registration forms which are in front
18 of you here by the microphone. And I also wanted to add
19 another little caveat that what we'd like to do during these
20 hearings. No vote will be taken today on this proposition
21 because it is purely an informational hearing. Because of
22 the sensitive nature of the subject matter, we ask that there
23 be no clapping, no hissing, no booing, no cheering or other
24 public outbursts. Those people who participate in that will
25 be removed by the sergeants. Also we have had a number of
26 questions and inquiries about the proponent's and the
27 opponent's ability to campaign at this hearing. This is not
28 a campaign hearing. It is an informational hearing. The

1 only people we want to hear from are the witnesses who are
2 testifying either in favor or in opposition to the
3 initiative. So we will also be asking the sergeants to
4 remove people who are engaged in leafleting or campaigning of
5 any type during this hearing.

6 I would like to welcome Senator Rosenthal who is a
7 member of the Senate committee and he would like to read a
8 statement before we hear the first witness.

9 Senator Rosenthal.

10 SENATOR ROSENTHAL: Thank you, Assemblyman.

11 Good morning and welcome on behalf of the Senate
12 Health and Human Services Committee Chairperson, Diane
13 Watson, who it has already been indicated will be a little
14 bit later, had pressing business in the district office.

15 As you know, the Elections Code requires the
16 Legislature to hold joint public hearings on initiatives that
17 qualify for the ballot. The Legislature cannot alter the
18 measure or prevent it from appearing on the ballot, but we
19 can take public testimony on its anticipated impacts.

20 This initiative would declare AIDS as an infectious,
21 contagious and communicable disease. Sponsors of this
22 initiative claim that it will keep AIDS out of our schools
23 and out of commercial food establishments. It also claims
24 that the vast majority of AIDS cases worldwide lie outside of
25 the high risk groups, yet not one recognized health
26 organization supports these claims. On the contrary, we will
27 hear today from representatives of at least 11 major health
28 organizations that oppose Proposition 64. They will tell us

1 why they feel the passing of this initiative will actually
2 endanger the public with respect to the spread of AIDS.

3 Testifying in support of the initiative are three
4 persons who wrote ballot arguments in favor of the measure,
5 and I understand that Congressman Dannemeyer will not be here
6 but a staff person representing him, Duane Crumb will, and
7 Dr. John Grauerholz and Khushro Ghandi. Also testifying on
8 his behalf are Dr. John Seale from London and Lyndon
9 LaRouche's Public Health Advisor, Debra Freeman.

10 We've asked the proponents to document their
11 findings that would justify treating AIDS like those
12 communicable diseases that are spread through casual contact.
13 If this were a disease that were spread casually like
14 typhoid and tuberculosis, it might indeed justify the
15 banning of AIDS carriers from schools and food organizations.
16 Yet, every major respected health organization rejects the
17 claim that AIDS can be casually transmitted.

18 We've been told repeatedly by medical experts that
19 AIDS is not highly contagious as the proponents will argue it
20 is. It is spread by sexual contact with infected partners by
21 the infection of contaminated blood or contaminated needles
22 or by an infected pregnant mother to her unborn child.

23 In the light of these facts, it seems that the
24 fundamental basis for Proposition 64 is that the AIDS virus
25 is easily transmitted. This fundamental assumption will be
26 challenged today by representatives of the public health
27 community.

28 There are many serious health policy issues raised

1 by this initiative which we have asked both the proponents
2 and the opponents to address today. The purpose of this
3 hearing is to allow an explanation and response to these
4 issues through media coverage.

5 In order to help the public to decide how to vote on
6 November the 4th, the agenda will roughly alternate
7 proponents and opponents.

8 My understanding is the first to testify is Dr.
9 Gladden Elliott, President of the California Medical
10 Association.

11 ASSEMBLYMAN KLEHS: Mr. Agnos, do you wish to make a
12 statement?

13 We would like to welcome Assemblyman Art Agnos who
14 is not a member of either one of these committees but has
15 spent considerable time on the policy matter involved in many
16 of the bills dealing with AIDS research.

17 Mr. Agnos, do you have a statement?

18 ASSEMBLYMAN AGNOS: No, thank you.

19 ASSEMBLYMAN KLEHS: The first witness will be Dr.
20 Gladden Elliott of the California Medical Association.

21 Dr. Elliott.

22 You're welcome to sit down and testify if you want.

23 DR. ELLIOTT: Makes no difference to me.

24 ASSEMBLYMAN KLEHS: Whatever is comfortable for you.

25 DR. ELLIOTT: Good morning, my name is Gladden V.
26 Elliott. I am President of the California Medical
27 Association and I'm here to testify today on Acquired
28 Immunodeficiency Syndrome, AIDS, and Proposition 64 on the

1 November '86 ballot.

2 The California Medical Association has been studying
3 the AIDS problem for almost three years through a group of
4 experts who form our Task Force on AIDS and other Sexually
5 Transmissible Diseases.

6 AIDS is characterized by a breakdown in the body's
7 immune system which leaves a normally healthy person
8 susceptible to a variety of opportunistic infections and
9 illnesses.

10 Since its discovery in 1981, almost 25,000 cases
11 have been diagnosed, more than 4,000 of them, nearly 5,000 in
12 California alone. Nearly 13,000 deaths have been attributed
13 to the disease nationwide. There has been a great deal of
14 research done on AIDS and many facts about this deadly
15 disease have now been established.

16 The virus, now known as Human Immunodeficiency Virus
17 or HIV, is transmitted almost exclusively through the
18 exchange of body fluids as occurs in intimate sexual
19 relations or through the exchange of blood as by intravenous
20 drug abusers who share contaminated needles and syringes in
21 the process.

22 The virus may be found in small amounts in some body
23 fluids such as saliva, sweat or tears from infected persons,
24 but there is no evidence to date that these fluids contain
25 enough virus to transmit the disease in any fashion.

26 More important to our discussion here today, the
27 virus is not transmitted through food, water, air, or casual
28 human contact. No one has become infected through shaking

1 hands or using telephones, door knobs, toilet seats or water
2 fountains. There is no evidence that it has been acquired
3 through casual contact in the home, the workplace, in
4 restaurants or in schools.

5 Finally, it is not transmitted by mosquitoes or any
6 other insects. I want to elaborate a bit on that last
7 statement because the AIDS-mosquito issue has been the
8 subject of considerable misunderstanding and I would like to
9 set the record straight.

10 Dr. Jean-Claude Chermann of the Pasteur Institute
11 has recently reported research findings where pieces of DNA
12 material that only resemble the AIDS virus have been found in
13 blood that has been ingested by mosquitoes and several other
14 blood-sucking insects. The finding that Dr. Chermann has
15 stated is probably coincidental. It's important for all of
16 us to know that Dr. Chermann himself has said that his
17 findings do not constitute evidence that insects can transmit
18 AIDS. In fact, he has said quote, "All the epidemiology we
19 know argues against insect transmission of the virus."

20 I might parenthetically point out that parts of the
21 Hepatitis B virus have also been located in some insects, but
22 there is no evidence that the insects transmit Hepatitis B
23 and Hepatitis B is far more infectious for humans than is the
24 AIDS virus itself.

25 Research performed around the world suggests again
26 and again that AIDS is a disease transmitted sexually or
27 through the exchange of blood or blood products. The
28 evidence is clear, AIDS is not transmitted casually.

1 Proposition 64 and its proponents further confuse
2 the public by implying that the presence of the HIV antibody
3 in human blood is equivalent to the presence of active
4 disease. In fact, serum positivity for HIV antibody is not
5 equivalent to active infectious disease or even the presence
6 of the virus. The majority of those with positive tests
7 neither have nor subsequently develop the disease.

8 The initiative calls for removing persons who carry
9 the virus from jobs related to the food service industry and
10 schools. I would remind the committee this includes those
11 who pick the vegetables, those who put them on the shelf and
12 those who put them in the bag as well as those who prepare or
13 serve food in restaurants or other places.

14 It also, the initiative, prevents those who carry
15 the virus from attending or working in any school setting,
16 kindergarten through graduate school. This restriction on
17 employment is very specific in the initiative but it is based
18 upon the faulty assumptions that, one, AIDS is casually
19 transmitted and, two, that seropositivity is the same as the
20 carrier state. It is not.

21 Furthermore, if the proposed law is interpreted as
22 requiring identification of individuals with a positive
23 antibody reaction, it could mean testing frequently over a
24 period of five years or more for all 26-million people in
25 California. The cost of testing alone could be as much as
26 one billion dollars or more per year. The cost resulting
27 from displacement of people from their jobs could be even
28 greater.

1 Proponents of the initiative have sought to confound
2 the public's understanding of the AIDS epidemic by suggesting
3 that AIDS and the condition of HIV antibody serum positivity
4 are one and the same and that AIDS is quote, "easy to get"
5 through even casual contact. They have done this in the face
6 of overwhelming medical evidence that AIDS is only
7 transmitted sexually through blood exchange or blood products
8 or through birth from an infected mother.

9 To my association the medical evidence is clear.
10 Proposition 64 would be bad medicine for the people of
11 California and we oppose it.

12 Thank you.

13 ASSEMBLYMAN KLEHS: Thank you, Dr. Elliott.

14 Briefly I want to introduce two members. Senator
15 John Garamendi has entered the room who is on the Senate
16 Health Committee and Assemblyman Stan Statham who is now a
17 member of the Assembly Elections and Reapportionment
18 Committee would like to join the hearing.

19 To briefly summarize your statement, what you're
20 saying is there are basically two ways in which a person can
21 receive AIDS, through intimate sexual contact and through
22 intravenous drug use or perhaps being touched by a less than
23 sterile needle; is that correct?

24 DR. ELLIOTT: Well, I think with intravenous drug
25 use where there is frequently sharing of blood as well as
26 sharing of needle and syringe. Whether it can or will or has
27 been transmitted by simply being touched by an infected
28 needle is doubtful.

1 Among health workers, all of the accidental
2 stabbings have resulted in no active disease to my knowledge
3 and only one or two in which there has been serum positivity
4 of those so stabbed out of 800 some odd incidents. So that
5 kind of incidental touching may not be --

6 ASSEMBLYMAN KLEHS: There's a number of people that
7 have a fear that this disease is purely limited to members of
8 the homosexual community. Is it limited to other
9 individuals?

10 DR. ELLIOTT: It is not limited to members of the
11 homosexual community. In this country the earliest cases and
12 preponderance of cases have occurred amongst homosexual
13 individuals, but it is now known to be heterosexual and in
14 some countries, Africa for instance, it's 50-50. So that it
15 is not confined to either males or to homosexuals.

16 ASSEMBLYMAN KLEHS: My last question before I go to
17 other members of the committee, you probably heard the claim
18 made that doctors and other health professionals have hidden
19 the facts about the transmission mode of AIDS. I wanted to
20 ask you, does it make any sense at all for perhaps doctors,
21 nurses, social workers, or other researchers involved in
22 medicine who have direct contact with AIDS would allow the
23 suppression of information that would clearly impact their
24 own health?

25 DR. ELLIOTT: It does not make any sense. Someone
26 had repeated that rumor to me and I must confess I cannot see
27 any connection or any relation. There is no way that we
28 would wish to suppress such information.

1 ASSEMBLYMAN KLEHS: Thank you.

2 Other members of the committee.

3 ASSEMBLYMAN AGNOS: Okay. Mr. Chairman, I'm just
4 deferring to the Senate since we're sitting in a Senate
5 hearing room.

6 ASSEMBLYMAN KLEHS: Go ahead.

7 ASSEMBLYMAN AGNOS: Thank you.

8 Dr. Elliott, I welcome your statement today and I
9 appreciate the evidence that you present to the Committee.
10 Are you satisfied that there is enough medical and scientific
11 research that will backup your statements today about the
12 casual transmission of AIDS?

13 DR. ELLIOTT: Yes, sir, I am. I am very, very
14 satisfied. In science and in medicine one learns that 100
15 percent is never achievable.

16 ASSEMBLYMAN AGNOS: Right.

17 DR. ELLIOTT: Even Ivory soap is not 100 percent
18 clear.

19 (Laughter.)

20 ASSEMBLYMAN AGNOS: See the proponents of
21 Proposition 64 are picking on that one-tenth of
22 one-hundredths percent.

23 DR. ELLIOTT: I would say it's more than that.

24 ASSEMBLYMAN AGNOS: And expanding on that to play on
25 the fears that anyone has when there is a disease for which
26 there is no known cure and there is apparent increase in the
27 transmission in the public at large.

28 So it's important that we emphasize, if we feel

1 comfortable as you seem to be, that indeed the scientific and
2 medical research that has been done that leads to your
3 conclusions are not merely attempts to pacify the public, but
4 are truly medical opinions that is beyond any pacifier but is
5 much more than that.

6 DR. ELLIOTT: That's exactly correct. I did not
7 mean to be facetious. I really mean to indicate that we are
8 as sure as we can be scientifically about this,
9 scientifically and medically, that it is not transmitted
10 casually and I repeat that.

11 ASSEMBLYMAN AGNOS: So the studies have involved
12 then enough people as well as the number of studies, the
13 studies have involved enough people so that you are confident
14 about this?

15 DR. ELLIOTT: Yes, sir.

16 ASSEMBLYMAN AGNOS: Do you know, in your capacity as
17 President of the California Medical Association, do you know
18 of any medical authorities or experts who believe that we
19 need Proposition 64 in order to protect the public's health?

20 DR. ELLIOTT: I know of some who may be here today
21 to testify, but I do not know their credentials, sir. The
22 legitimate organizations of science in this country and
23 elsewhere are unanimous in their conclusions and that is
24 exactly on what my testimony is based.

25 ASSEMBLYMAN AGNOS: So while there may be medical
26 personnel whose credentials we'll examine I suppose if they
27 testify today, you do not or do you know of any recognized
28 health experts who have worked in this field who indicate

1 that a measure like Proposition 64 is in any way necessary to
2 protect the public health in California?

3 DR. ELLIOTT: I do not know any such.

4 ASSEMBLYMAN AGNOS: That's in California --

5 DR. ELLIOTT: In the world.

6 ASSEMBLYMAN AGNOS: -- and in the world?

7 If you felt that there were or there was a need for
8 more drastic measures to control any kind of contagion, do
9 you think we have the capacity to do that today in California
10 in the public health law?

11 DR. ELLIOTT: Yes, we do, if I may interpret the
12 meaning of what you're asking Mr. Agnos. Public health
13 officials, both local and state, have authority today to
14 handle AIDS in any fashion necessary to control that kind of
15 spread, including isolation and quarantine. It is a
16 contagious disease and it can be treated as is any other.

17 ASSEMBLYMAN AGNOS: So, in other words, if it became
18 apparent, we can do it without Proposition 64?

19 DR. ELLIOTT: Yes, sir.

20 ASSEMBLYMAN AGNOS: You have mentioned or the CMA at
21 least has mentioned in passing that this proposition if it
22 were to pass might drive people underground who are either at
23 risk with the HTLV-III antibodies or indeed might have AIDS
24 themselves, it might drive them underground because they
25 would be afraid of losing their jobs or losing their homes or
26 perhaps not being allowed into schools or somehow being
27 discriminated against in our society. Why do you think that
28 would occur?

1 DR. ELLIOTT: Well, that is one hypothesis. I don't
2 think we have factual information that I can cite, and that's
3 why I didn't include it in my testimony. But certainly if
4 we were to, if the state were to, as the initiative suggests,
5 to set out to identify all of those with positive serum, and
6 indicates they believe those people to be the same as active
7 carriers of the virus, there might be great reluctance to
8 expose oneself to loss of job and to all other kinds of
9 discrimination. So that it has been theorized that it could
10 cause a failure of some to come forward. It could cause a
11 loss of those who are willing to be part of research projects
12 and otherwise so that it could interfere both with the
13 discovery of patient's needing help and in the treatment and
14 furtherance of research then those who have already sought
15 help.

16 ASSEMBLYMAN AGNOS: I got that information from your
17 California Medical Association document that has questions
18 and answers about Proposition 64. And I say, I'm looking at
19 Page 2 where it said with these measures, Proposition 64, if
20 enacted, stop the spread of AIDS. And the answer that your
21 organization says is that, no, these type of repressive and
22 discriminatory action would not serve to limit the problem
23 and that the fear of quarantine or other discriminatory
24 measures including the loss of jobs would make people
25 reluctant to be tested. Fearing social isolation,
26 individuals at risk would avoid early medical intervention
27 and even infection testing driving them underground.

28 DR. ELLIOTT: I think that's a valid theory, but we

1 don't know until we see it. I would not want to try it, to
2 handle it that way.

3 ASSEMBLYMAN AGNOS: I'll yield to anyone else who
4 has a question at this point, but I'm not through yet.

5 ASSEMBLYMAN KLEHS: Committee welcomes also Dr.
6 Filante who is a member of the Assembly Elections and
7 Reapportionment Committee.

8 Other members who might have questions of the
9 witness?

10 Okay. Mr. Agnos, did you have any other questions?

11 ASSEMBLYMAN AGNOS: Let me ask you this, Dr.
12 Elliott. Do you believe that no one should be denied a job
13 just because they have AIDS unless there's a sound medical
14 reason?

15 DR. ELLIOTT: Unless there's a sound medical reason,
16 no one should be denied the job, yes, sir.

17 ASSEMBLYMAN AGNOS: In other words is it your
18 opinion that someone with AIDS can continue to work with
19 doctor's permission or without doctor's permission if they
20 are not contagious in any fashion?

21 DR. ELLIOTT: I think it comes down to lack of
22 contagion in the work place is already demonstrated unless
23 there is involvement with sexual activity or exchange of
24 blood product. And if the work did not involve either of
25 those, then I would see no reason.

26 ASSEMBLYMAN AGNOS: To use the commonly used
27 boggyman, if you will, if a salad maker in a restaurant
28 happens to be, in some form have AIDS or at least be infected

1 with the antibody, unless they're having sex with your
2 customers, they're not about to transmit AIDS to them?

3 DR. ELLIOTT: That's true.

4 ASSEMBLYMAN AGNOS: That's true.

5 DR. ELLIOTT: And if they're antibody positive only,
6 they don't necessarily have either AIDS or the virus.

7 ASSEMBLYMAN AGNOS: As one of the future witnesses
8 in this hearing will testify, if a nurse is infected with the
9 antibodies or has AIDS and she's taking care of a patient,
10 she's not about to infect that person unless she has sex with
11 them?

12 DR. ELLIOTT: That's correct.

13 ASSEMBLYMAN AGNOS: Or he has sex with them.

14 Are you satisfied with the state and public health
15 information being given to the public in California about
16 this very fact as well as other AIDS measures?

17 DR. ELLIOTT: The information given to the public is
18 correct, yes. I think it is difficult to be satisfied until
19 every member of the public understands the information that
20 is being disseminated. To that end, we have advocated and
21 continue to advocate increased educational efforts as well as
22 research.

23 ASSEMBLYMAN AGNOS: Do you think we're doing enough
24 to educate the public about the AIDS phenomenon in our state
25 right now?

26 DR. ELLIOTT: I think they're becoming better
27 educated as we speak against this initiative.

28 ASSEMBLYMAN AGNOS: I know. But that's because of

1 the politics that are involved in the campaign. I'm talking
2 about what the state is doing in our efforts through the
3 budget to educate the public. For example, we saw a picture
4 in the newspaper just, what, four days ago where state police
5 officers were removing protestors, some of whom may or may
6 not have been infected with the antibodies, one of whom may
7 or may not have had AIDS with rubber gloves.

8 DR. ELLIOTT: I saw that.

9 ASSEMBLYMAN AGNOS: Was that necessary?

10 DR. ELLIOTT: No, it was not.

11 ASSEMBLYMAN AGNOS: It was not necessary. Well,
12 does it trouble you that the state police of all people if
13 we're having a public education system in place in our state
14 don't know enough that they have to wear surgical gloves when
15 they remove people who may or may not be infected with
16 antibodies or the disease itself?

17 DR. ELLIOTT: I have responded, Mr. Agnos, that I
18 believe we need more education and whether it's from the
19 state or private sources or how, certainly we need to
20 increase and continue the educational effort.

21 ASSEMBLYMAN AGNOS: Thank you very much. You've
22 been very helpful, doctor.

23 DR. ELLIOTT: Thank you.

24 ASSEMBLYMAN KLEHS: Thank you, Dr. Elliott.

25 Dr. Filante, go ahead.

26 ASSEMBLYMAN FILANTE: On that last question, Dr.
27 Elliott, doesn't that seem to have fallen in line with what's
28 happened before where although we know as physicians that the

1 risk or others know the risk is not there, that we have
2 agreed in many cases until we have better education, not to
3 keep away from people some forms of, say, preventing bodily
4 contact, whether it be masks or -- as an ophthalmologist some
5 of my colleagues are wearing masks when they take care of
6 AIDS patients because the virus is in the tears, even though
7 I don't believe you're going to catch it that way. And
8 nurses on some of the wards have asked in their state of
9 knowledge or fear to use a mask or gloves. Isn't that more
10 like what it is rather than the state enforcing the use of
11 these things?

12 DR. ELLIOTT: I think the use of masks and gloves
13 has been voluntary on the part of some health workers. I do
14 not believe that it materially contributes to the spread or
15 the absence of spread of disease. What Mr. Agnos asked and I
16 firmly believe is does it, does it illustrate a lack of
17 understanding of the disease and yes it does. I don't think
18 there's any question about that. So that there needs to be
19 better or more intensive education of all members of the
20 public and certainly the high risk areas about how to prevent
21 and what protections to use in certain circumstances.

22 ASSEMBLYMAN FILANTE: And that could be done as it
23 is by medical groups, public groups, educational groups,
24 state agencies and the like.

25 DR. ELLIOTT: I think as you particularly know, Dr.
26 Filante, the California Medical Association has spent a lot
27 of time in trying to educate medical groups and high risk
28 groups.

1 ASSEMBLYMAN FILANTE: One last question. I
2 apologize for being late, but would you summarize your
3 problems in terms of your representing the medical community
4 with this initiative in terms of the fact that it would do so
5 much harm to our treatment as well as our epidemiological or
6 our research studies in terms of historian numbers. That is,
7 we can't find the people or it's impeding the actual research
8 or treatment because again the patient's contacts may not be
9 found.

10 DR. ELLIOTT: I responded to some questions in that
11 regard, that, yes it theoretically could deter case finding,
12 recognition of people. They might want to avoid recognition
13 if it meant loss of job and loss of sustenance. So that we
14 have that fear that it's one of the possible by-products of
15 the initiative.

16 ASSEMBLYMAN FILANTE: To me at least when I read it
17 it's worse than that. You can interpret it also. I would
18 ask it as a question. Isn't it true that with some of the
19 wording it's possible that you could have quarantine in
20 indeterminant periods, not just the patient, not just of
21 those who even test positive with the virus, but of anyone
22 who has contacted somebody with the virus or has been in a
23 room or house or building where a patient with the virus or a
24 positive test was and to me that is so broad that it would
25 mean --

26 DR. ELLIOTT: It does mean suspected of carrying the
27 virus and that could cover a lot of territories. I did
28 emphasize the fact that the post serum test for the AIDS

1 antibody is not equivalent to active disease and to go one
2 step beyond that and suspect someone who's lived in the home
3 and gone to school or whatever, with a known AIDS victim,
4 that would expand enormously.

5 ASSEMBLYMAN FILANTE: Thank you.

6 Thank you, Mr. Chairman.

7 ASSEMBLYMAN KLEHS: Any other questions? Okay.
8 Thank you very much doctor.

9 ASSEMBLYMAN KLEHS: The next individual who
10 requested to testify is Duane Crumb who is a member of
11 Congressman Dannemeyer's staff and the Congressman couldn't
12 make it today I understood because there were some important
13 votes he might be missing in Washington.

14 Mr. Crumb, go ahead.

15 Would you like to introduce yourself? What you do
16 on the Congressman's staff, any medical background you might
17 have to refresh my memory.

18 MR. CRUMB: I am Duane Crumb, special assistant to
19 Congressman William Dannemeyer and I don't have medical
20 background, but the Congressman has had me as one of my major
21 responsibilities ever since joining his staff researching the
22 issue AIDS. Not just Proposition 64, but AIDS. The
23 Congressman was very unhappy not to be able to attend this
24 morning. This was something that he really wanted to do and
25 felt was important. But with the Congress trying to close up
26 the end of this week, the major votes that they changed their
27 schedule and decided to vote on Monday, it become impossible
28 for him to come and so he asked me to come and to express his

1 regret at not being able to be here this morning, but to tell
2 you that this is an issue that's very important to him and he
3 has asked me to present to you a statement that he prepared.
4 These are his words. This is his statement, not mine.

5 As a way, by way of introduction though, I would say
6 that the comments of the Chairman and Mr. Rosenthal in
7 introducing this with regard to the position of those who are
8 endorsing this initiative which Congressman Dannemeyer does
9 are not reflective of the Congressman's position.

10 We interpret this initiative. We see it very, very
11 differently. And so also we do endorse it, we do believe
12 it's good public policy. Many of the things that have been
13 said previously relative to proponents of this initiative are
14 not accurate relative to Congressman Dannemeyer.

15 With that I'd like to present his statement to you.
16 Congressman says thank you for this opportunity to address
17 you on the subject of the impacts of Proposition 64 on the
18 efforts of California to control the spread of the AIDS
19 epidemic in our state.

20 As a senior member of the Health and Environment
21 Subcommittee in the United States House of Representatives,
22 the Congressman has taken a keen interest in the efforts
23 throughout the United States, especially here in his own home
24 state, to control the spread of AIDS. That's why he studied
25 with such interest the initiative for the November ballot
26 which is now known as Proposition 64. Setting aside for a
27 moment the political ramifications and the baggage which is
28 attached to it through identification with Lyndon LaRouche --

1 and by the way the Congressman in no way endorses LaRouche,
2 does not agree with other positions that he has taken. He
3 has frequently said when asked about his position relative to
4 LaRouche that even a stopped clock is right once or twice a
5 day and even if he never says anything else that makes any
6 sense, this particular initiative makes sense and is good
7 public policy.

8 His analysis of the initiative started with looking
9 at whether or not the measure was good public policy, what
10 benefits could be derived from its passage, and the potential
11 risks, if any, to the health and well-being of the public
12 which might result from its passage.

13 After extensive research into the initiative itself,
14 the laws which it would bring into play and, of course, the
15 medical evidence, we've concluded that Proposition 64 is a
16 modest but necessary step toward the control of the spread of
17 AIDS in California.

18 Although there has been much said, and I'm sure
19 you'll hear a great deal more today, arguing that this
20 measure would force the public health officials of this state
21 to take actions which they do not believe is necessary, such
22 as mass quarantines, job actions, mandatory testing, et
23 cetera, there is absolutely nothing in this initiative which
24 would require any such action.

25 All that Proposition 64 would do would be to require
26 cases of AIDS and those who are carriers of the virus to be
27 included on the list of reportable diseases and conditions.
28 That list now contains some 58 diseases, including six

1 sexually-transmitted diseases. In fact, since March of 1983,
2 AIDS has been a reportable disease in California. However,
3 the clinical definition of AIDS which must be met for a case
4 to be reportable is so restrictive that it excludes all but a
5 handful of the 330,000 Californians whom the Centers for
6 Disease Control estimate have the virus in their systems.
7 The result is that our public health authorities do not have
8 any way of contacting or working with 99 percent of those
9 people in our state, most of them without knowing it, who are
10 spreading this killer virus to their loved ones and others.
11 That is an intolerable state of affairs and Proposition 64
12 will help to correct it.

13 Passage of this measure will not, in any way,
14 require the Department of Health Services or any local health
15 officers to take any action which is discretionary under
16 public law. It would, however, provide them with information
17 and tools necessary to develop and implement plans to bring
18 this epidemic under control. These tools include the use,
19 where it is deemed medically appropriate, of limited
20 quarantine or isolation and exclusion of infectious
21 individuals from employment situations in which infectious
22 status would result in undue risk of infection to fellow
23 employees or others.

24 However, these actions are not, and I repeat, they
25 are not required by the language of the initiative, contrary
26 to what you heard earlier this morning.

27 As I said before, AIDS has been on the list of
28 reportable diseases in California for three and a half years.

1 During that time, our health officers have had the power to
2 exercise any of these steps, but have never found it
3 necessary to do so.

4 What makes the opponents of this measure think that
5 passage would somehow motivate our public health officers to
6 suddenly choose to take action which is not justifiable with
7 the information we now have about AIDS. I, for one, have a
8 higher opinion of our public health officers than that.

9 However, there is one tool which Prop 64 would place
10 at the discretionary disposal of health officers and which is
11 now being used in a limited way with AIDS patients that would
12 help, that I would hope they would use actively with carriers
13 of the AIDS virus. It's known as contact tracing. This
14 procedure has been used successfully with other
15 sexually-transmitted diseases for years. It involves
16 interviewing patients who are known to be infectious with a
17 sexually-transmitted disease to ascertain the names of those
18 with whom they have, whom they have exposed, especially
19 sexual partners. This allows them to talk with those who may
20 well be infected and infecting others. Where appropriate,
21 they can then test them and, if positive, counsel them about
22 ways to lessen --

23 ASSEMBLYMAN KLEHS: Excuse me.

24 Gentlemen, could you please remove yourself from the
25 seats that are reserved for Committee members. You're
26 allowed to take pictures, but please don't sit in seats for
27 Committee members. Thank you.

28 Go ahead.

1 MR. CRUMB: Contact tracing allows the public health
2 officials to talk to individuals who may have been infected
3 and may be infecting others themselves. Where appropriate
4 they can then test them and, if positive, counsel them about
5 ways to lessen the impact of the virus on their bodies and
6 ways to avoid spreading the virus to yet another generation
7 of patient. Without this tool, which is effectively
8 prohibited under California law, how can we ever expect to
9 substantially control the spread of this killer virus?

10 Some good has already come from having this measure
11 on the ballot. As Dr. Elliott mentioned, it has increased
12 the awareness of some in our state of the facts about AIDS
13 and we hope that in the end it will result in reduced fear
14 and increased understanding of effective ways to reduce risk
15 of becoming infected.

16 However, there have also been negative results.
17 Those who may have reason to believe that they may have been
18 exposed to AIDS have been told repeatedly in the statements
19 of those opposed that if they test positive, passage of the
20 initiative would require health authorities to exclude them
21 from some kinds of jobs and even place them in some form of
22 concentration camps for the remainder of their lives. That
23 is clearly untrue from the language of the initiative. And,
24 as all but the most radical opponents of this measure now
25 agree. But the fear is real and it can be expected to result
26 in people refusing to be tested. Thus we hear the opponents
27 saying that passage will result in those who have been
28 exposed "going underground" and thus hampering research and

1 resulting in greater spread, not less spread, of AIDS. It is
2 true that for a short time it will be difficult to get people
3 to come in and be tested. However, we're convinced that not
4 long after passage of the initiative, they will come to see
5 that no one is being quarantined, no one's being dismissed
6 from their jobs and that there's really no reason to expect
7 these actions to take place. When they realize this, we
8 believe concern for their health and that of their loved ones
9 will replace the fear and that they will again come in
10 voluntarily to be tested. In time we can expect to have a
11 similar experience to that of the State of Colorado which
12 began requiring the reporting of positive antibody tests in
13 the Fall of 1985 and has seen no decline in the numbers of
14 people being voluntarily tested which could be attributed to
15 their policy of confidentially reporting AIDS tests.

16 This brings me to the one somewhat ambiguous phrase
17 in Prop 64, the one that Dr. Elliott mentioned and talked
18 about. It refers to quotes, "the condition of being a
19 carrier of the HTLV-III virus," end quote. There is some
20 doubt about what is meant by that phrase since there is said
21 to be no test which can be practically administered to a
22 significant number of people which would establish
23 unquestionably that the individual is an AIDS virus carrier.
24 However, the testing procedure which looks for the antibody
25 to the virus is in general use and can reasonably be used to
26 determine the status. The accuracy of this test is amazing.
27 Doctors from the Centers for Disease Control tell us that
28 there are only two false positives in every one thousand

1 persons tested with ELISA test when it is repeated and then
2 confirmed with the Western Blot test. This means that the
3 testing now being used for antibodies to the AIDS virus can
4 be used to determine carrier status until a better test is
5 developed.

6 It will mean that a small number of people will go
7 through the mental distress of being told that they're AIDS
8 carriers when they're not. That's regrettable, it must be
9 kept to a minimum, however it's totally unacceptable to
10 ignore 99 percent of those who can transmit a deadly virus
11 merely because the tests available are slightly less than
12 perfect. As Dr. Elliott said, in the field of medicine
13 nothing is 100 percent. We're never going to have something
14 that's 100 percent perfect. We need to work with what we
15 have.

16 To be sure that the Congressman was understanding
17 these statistics correctly, he met two weeks ago with the
18 Surgeon General of the United States, Dr. C. Everet Koop and
19 asked him specifically whether the tests which are now being
20 used for antibodies can reliably be used to determine carrier
21 status. The Surgeon's unequivocal answer was that they can.
22 Antibody positive is parallel to carrier status.

23 Now, in conclusion, we must question the position of
24 those who oppose this initiative who seem to be saying that
25 they believe it is appropriate to establish public policy for
26 the control of a universally deadly disease which is less
27 intrusive into the sexual lives of those most impacted by the
28 epidemic than the procedures used to control the spread of

1 any other sexually-transmitted disease, like syphilis,
2 gonorrhea and others which are generally curable.

3 They will not express that directly, but that's
4 exactly what they are arguing for. The policies and
5 procedures now in use for controlling the spread of
6 sexually-transmitted diseases, though not perfect, have been
7 shown over the years to be quite effective. To argue against
8 this initiative is to argue against the continued use of such
9 policies and procedures.

10 We urge the people of California not to be fooled by
11 the scare tactics of those who are actively involved in
12 opposing Proposition 64. They would have you believe that
13 the proposition is nothing more than a hateful attempt to
14 spread a killer disease further and punish those who are
15 tragically dying. That is simply not true. We're calling on
16 people, on the people to vote in favor of Proposition 64
17 because it is a modest, but necessary step towards the
18 control of an epidemic which is expected to be killing almost
19 60,000 Californians in the next five years.

20 Thank you.

21 ASSEMBLYMAN KLEHS: Thank you.

22 I have a couple of questions. Congressman
23 Dannemeyer sits on the House Subcommittee on Health and the
24 Environment and that Committee passed by a 17 to one vote the
25 Public Health Emergency Act which provided for the funding
26 for AIDS research. The bill was signed into law by President
27 Reagan and the Congressman was the only no vote on the bill
28 in the Committee back on May 10th of 1983. He is the author

1 of five bills related to AIDS, but he's also missed all but
2 one of the Subcommittee's hearings on these. I was wondering
3 what medical experts the Congressman relies on to reach his
4 conclusions on public health issues involving AIDS?

5 MR. CRUMB: Well, in answer to your question, we're
6 relying on the same public health and medical experts as the
7 opposition is.

8 ASSEMBLYMAN KLEHS: As to what?

9 MR. CRUMB: As those who are in opposition to
10 Proposition 64. We're not arguing that AIDS is casually
11 transmitted. The disease does not have to be casually
12 transmitted in order for Proposition 64 to be an appropriate
13 health policy. The fact is that AIDS is a
14 sexually-transmitted disease. There's no argument about
15 that. And the idea is that what this proposition would do
16 would be to have AIDS treated in the same way as other
17 sexually-transmitted diseases in the state.

18 So we're not challenging the medical evidence.
19 We're not saying it's casually transmitted. What we're
20 saying is that based on the evidence that everybody will
21 accept as to transmission, this is a necessary step in public
22 health policy.

23 ASSEMBLYMAN KLEHS: Well, I think it's rather
24 interesting you say you're relying on the same medical
25 experts as the opponents are when the health organizations in
26 California are universally opposed to Proposition 64 and the
27 Congressman probably doesn't have a medical background. It's
28 my understanding that you have been consulting about this

1 issue with a person named Paul Cameron; is that true?

2 MR. CRUMB: Not about Proposition 64.

3 ASSEMBLYMAN KLEHS: The Congressman has never
4 utilized Mr. Cameron on the issue of AIDS or Proposition 64?

5 MR. CRUMB: He has talked with him about AIDS, yes,
6 but not about the proposition and our involvement in
7 Proposition 64 or support of it has nothing to do with any
8 information from Dr. Cameron, no.

9 ASSEMBLYMAN KLEHS: Do any other members of the
10 Committee have questions of Congressman Dannemeyer's staff?

11 Mr. Filante.

12 ASSEMBLYMAN FILANTE: Just a question and I'm a
13 little concerned and I'm wondering if you could answer it for
14 the Congressman.

15 You talked about the measure here and as relating
16 AIDS to other sexually-transmitted diseases and yet the way
17 it's written it relates AIDS to any contagious disease and
18 therefore, as I and others see this, and I as a physician for
19 a moment not as a legislator, am concerned because of the
20 fact that it would bring AIDS into this realm -- and it's
21 great that we focus on AIDS and as a member of the Statewide
22 Committee on AIDS, I'm obviously focused on it -- but it
23 would do so many things including, as I mentioned a moment
24 ago, the fact that anyone like with a disease of chicken pox
25 that is wildly transmissible -- I just have to come this
26 close to you and I can catch it -- if I'm even in a room
27 where you have been as a case, I am then a potential carrier
28 or contact and can by necessity under the laws as they are

1 today which this includes, be quarantined or tested, et
2 cetera, et cetera. That to me as a contact is far different
3 from what you were talking about as a carrier and yet that's
4 how this initiative is written. How would the Congressman
5 respond to that? It is not just written as a
6 sexually-transmitted disease.

7 MR. CRUMB: We would respond to that by saying that
8 our legal analysis of the initiative is that what you've just
9 stated is inaccurate. It does not, it puts it into the list
10 of reportable diseases which brings into play all of the
11 statutes relative to reportable diseases. The 58 that are on
12 the list now, AIDS, that's on a special category. AIDS
13 already has these things related to it, but these are
14 discretionary powers and they're at the discretion of public
15 health. The only time that they become exercised is when the
16 public health officer determines that it's necessary because
17 the evidence relative to a disease requires those kinds of
18 activities. There's nothing that would require the kind of
19 thing that you're talking about relative to AIDS even when
20 this proposition passes.

21 ASSEMBLYMAN FILANTE: That is a difference of
22 opinion then. No point arguing that.

23 MR. CRUMB: I'm sorry, Doctor. But my point is that
24 we're not arguing that AIDS should be treated like measles.
25 We're arguing that AIDS should be treated like syphilis or
26 gonorrhoea or other sexually-transmitted diseases.

27 ASSEMBLYMAN FILANTE: And my problem is that that's
28 not how the initiative is written. That's all. We would

1 agree on the severity of the disease. Let me ask one more
2 question because the time is short.

3 This is different from some of the curable diseases
4 and how you relate that in terms of not only carriers but
5 contact tracing and follow up, comparing AIDS which is a
6 fatal disease as the disease itself with other curable
7 diseases.

8 MR. CRUMB: I'm glad you ask the question. The
9 thing that we find totally incredible and unjustifiable is
10 that this fatal disease is treated more casually and is not
11 followed up on as closely as generally curable venereal
12 diseases. That's exactly the opposite of what would be
13 appropriate for --

14 ASSEMBLYMAN FILANTE: How would you seek to change
15 that with this initiative since one of the problems is that
16 the disease has primarily, although the ratio is changing,
17 has primarily attacked segments of the society that are not
18 looked upon kindly by a large segment of the society, namely,
19 the drug users and the homosexual community and that fact has
20 driven them underground or caused more hysteria and to me and
21 others for whatever medical good might come out of it by
22 worsening that situation through initiative it would make it
23 harder.

24 MR. CRUMB: Again, we have a difference of opinion
25 in that we do not believe that this would worsen the
26 situation. It might temporarily, but only very temporarily
27 and ultimately I'm sure that it will improve the situation in
28 terms of relations and developing information and following

1 through and controlling the epidemiology of this virus.

2 ASSEMBLYMAN FILANTE: The Congressman and I are both
3 here just temporarily, yes, we just differ with how long it
4 will be. I strongly disagree, having been involved in this
5 intimately in terms of my role here, that this will make the
6 current situation and the current, if you will, prejudices
7 and so forth so much worse and so much less than temporarily
8 that it could very severely change the curve and the curve
9 now shows in the heterosexual community the rate of increase
10 of AIDS cases are greater than any section of the community.
11 That's what I'm fearing. And I'm going to say that even as
12 you described it as temporarily, it will accelerate that
13 curve and I'm not interested in that. That's my problem.

14 MR. CRUMB: And if I believed you were right, I
15 would be opposing it myself.

16 ASSEMBLYMAN FILANTE: Then there's hope for you.

17 (Laughter.)

18 MR. CRUMB: But, on the contrary, if there is any
19 move towards making this worse, I frankly believe that will
20 come as a result of the efforts, the statements, the
21 inaccurate I believe statements that are being made by those
22 who are in opposition to this initiative, the fear that they
23 are generating by saying it will result in quarantine and the
24 hysteria that that's generating, not from Congressman
25 Dannemeyer who supports this initiative but from those who
26 are opposing it, they're the ones who are creating in our
27 view the negative feelings and the problems that are going to
28 result in the kinds of things you're talking about. That's

1 our fear.

2 ASSEMBLYMAN FILANTE: Thank you very much.

3 We, Mr. Chairman, in the medical community regard
4 and our statements are that we have an epidemic of fear
5 regarding AIDS right now.

6 MR. CRUMB: Yes.

7 ASSEMBLYMAN FILANTE: That's the fact. And my fear
8 is that this will make it worse.

9 Thank you very much.

10 ASSEMBLYMAN KLEHS: Mr. Rosenthal.

11 SENATOR ROSENTHAL: I'm reading from the initiative
12 itself, that AIDS is an infectious, contagious and
13 communicable disease and that the condition of being a
14 carrier of the HTLV-III virus is an infectious, contagious
15 and communicable condition. That almost is opposite what you
16 said. Almost.

17 You also have indicated in the statement this means,
18 and I'm quoting, that the testing now being used for
19 antibodies in the AIDS virus can be used to determine, quote,
20 "carrier status" until better tests are developed.

21 MR. CRUMB: That's correct.

22 SENATOR ROSENTHAL: Now, that flies in the face of
23 everything that you've said in terms of answers to the
24 doctors because, in fact, we are talking about the
25 possibilities according to this initiative of quarantining
26 persons who may have the virus on the basis that we have
27 determined that they are also carriers. Can you respond to
28 that?

1 MR. CRUMB: Be glad to. With regards to the
2 statements in the initiative that AIDS and carrier status is
3 a contagious, infectious, communicable condition, I don't
4 think that there's really much argument about that. That's
5 not saying that it's casually transmitted. That's saying
6 that it's not like cancer or other diseases which we get
7 hereditarily or through other means. But what that's saying
8 is that AIDS is a condition that is transmitted from one
9 individual to another. The way we acquire it is through
10 sexual or blood contact with another individual.

11 So there is absolutely no contradiction between
12 saying that it's a contagious, infectious condition and
13 saying that it is not sexually-transmitted. The other
14 viruses of the other diseases like syphilis and gonorrhea and
15 so on which are also considered that are not transmitted
16 through casual contact generally. They're transmitted
17 sexually. AIDS is in the same category.

18 With regards to your question about carrier status,
19 and again, our source for that is the Surgeon General of the
20 United States who is in process of preparing a major report
21 on AIDS for the President of the United States right now.
22 His position is that antibody positive is, can be considered
23 to be tantamount to being a carrier.

24 Understand that nobody develops the AIDS virus, I
25 mean the antibody in their blood until they've been exposed
26 to the virus. The prerequisite for antibody is having the
27 virus invade your system. So the virus is there. There is
28 no evidence that would indicate that the virus ever leaves a

1 human body which it has invaded. So we're talking about an
2 individual who is antibody positive is an individual who has
3 the AIDS virus in their system.

4 Now, at any given point in time there is the
5 possibility that that individual might not be infectious.
6 But we don't know when that is. We have no way of knowing.
7 And the fact is that 70, 80, 90 percent at least of those who
8 are antibody positive are at any given point in time
9 infectious. Is it not good public policy to assume that they
10 all are? Otherwise, we're going to be talking about
11 spreading a fatal disease by being too conservative, by
12 trying to avoid including people in a reportable status who
13 perhaps for a period of time should not be. We need to
14 protect people's lives. We're not talking about just health
15 here. We're talking about lives.

16 SENATOR ROSENTHAL: I understand that. But the
17 proponents of this measure indicate that you can get it by
18 being in the same room.

19 MR. CRUMB: Senator Rosenthal, respectfully, I must
20 say as I did at the opening, please don't lump Congressman
21 Dannemeyer and any other proponents. We did not take that
22 position. We recognize that it's an inaccurate position and
23 I -- please don't include us with the other group.

24 SENATOR ROSENTHAL: Has the Congressman made that
25 distinction publicly?

26 MR. CRUMB: Yes, sir.

27 SENATOR ROSENTHAL: In the press?

28 MR. CRUMB: Whether they carried it or not, I don't

1 know. But, yes, he has made the statement.

2 SENATOR ROSENTHAL: I've never heard it.

3 MR. CRUMB: We do not subscribe to the idea that
4 AIDS is sexually-transmitted. We're not arguing for the idea
5 of it being sexually-transmitted.

6 ASSEMBLYMAN KLEHS: You don't say that AIDS is
7 sexually-transmitted?

8 MR. CRUMB: I'm sorry. Casually transmitted.
9 Excuse me. Thank you for catching me on that.

10 ASSEMBLYMAN KLEHS: Assemblyman Agnos.

11 ASSEMBLYMAN AGNOS: Mr. Crumb, what you've just said
12 in response to Senator Rosenthal's question is really, is
13 really the crux of this hearing. We're hearing from you one
14 thing about this initiative as a supporter of it and we will
15 hear from the LaRouche people a totally different thing.
16 What the hell are we voting on?

17 You tell us that you don't have to be excluded from
18 the schools if you have AIDS or you don't have to be
19 necessarily excluded if you're a food handler. LaRouche says
20 you do looking at the same proposition. You tell us that
21 casual transmission is not a fear. LaRouche says it is. You
22 tell us that a positive test, this provision, the provisions
23 of Proposition 64 would apply. LaRouche says it doesn't.

24 Now, you talking to the same Proposition 64 and yet
25 you're both proponents of it and now you're telling us you
26 don't even agree with them on other things. And I think it
27 indicates how dangerous this proposition is and how
28 irresponsible the whole issue is to bring it up in a way that

1 I think exacerbates the fears of the public and makes them
2 react in ways that we don't want in this kind of emergency.
3 And I think that's really the reason that we ought to be
4 defeating it. When the proponents who come before a public
5 hearing and we'll hear from Mr. Gandhi's statement, the exact
6 opposite of what you're stating yet you're both talking about
7 the same proposition.

8 MR. CRUMB: I can't speak for Mr. Gandhi and I can't
9 speak for Mr. LaRouche and I've no desire to.

10 ASSEMBLYMAN AGNOS: Mr. Crumb, I'm not asking you to
11 speak for Mr. Gandhi. I'm asking you to tell me how come
12 there's such a diametrical opposition to what you're saying
13 with the other proponent of the same measure you both say you
14 support and that Mr. Dannemeyer writes in the LaRouche
15 publications is what he's for.

16 MR. CRUMB: I'm sorry.

17 ASSEMBLYMAN AGNOS: I said Dannemeyer wrote an
18 article in a LaRouche publication.

19 MR. CRUMB: He's never submitted an article to them.
20 If they've printed something, it's something they got from
21 other sources, but we've never submitted anything to them.

22 ASSEMBLYMAN AGNOS: Well, it's called Viewpoint,
23 Honorable William Dannemeyer. That's not an article?

24 MR. CRUMB: The Congressman has never had any
25 contact with LaRouche or any of his supporters and has had no
26 contact whatsoever with them and has never written anything
27 for any publications. That's a side issue, Assemblyman, and
28 I'd like to respond to what you said before to your other

1 question, if I may.

2 ASSEMBLYMAN AGNOS: How come you say that there is
3 no casual transmission, LaRouche says there is, and we need
4 Prop 64 to take care of it?

5 MR. CRUMB: What we're saying is that we need
6 Proposition 64 regardless of whether there is or is not
7 casual transmission. That you don't have to argue that
8 casual transmission is possible in order to argue for 64. We
9 are not saying that it's casually transmitted. We're saying
10 that it's sexually and blood and so on. So I don't know why
11 they say that it is. But the question is not how it's
12 transmitted really here. The question here is what does
13 Proposition 64 say. What's its language?

14 ASSEMBLYMAN AGNOS: And the proponents don't know
15 because they're obviously disagreeing on what ought to happen
16 with it.

17 MR. CRUMB: The opponents of it don't seem to know
18 either because there's a great deal of disagreement.

19 MR. CRUMB: It's your idea.

20 ASSEMBLYMAN AGNOS: No, it's not our idea.

21 MR. CRUMB: I'm sorry, sir. But we do not propose
22 this. What the Congressman did when this started being
23 circulated was to examine the initiative and its language to
24 find out what it said, find out what laws it would bring into
25 effect. Examine the impact of the initiative. Not the
26 arguments pro or con, but the initiative itself. Because
27 arguments pro and con are so often self-serving. And the
28 Congressman didn't look at that. What he looked at was the

1 initiative itself and our encouragement would be to the
2 people of California to read the initiative and find out what
3 it really says.

4 ASSEMBLYMAN AGNOS: It's hard to read it. It's hard
5 to understand because we're getting such varying
6 interpretations from the very people who brought it to us.
7 Let's put that one aside.

8 Tell me, you told us that you don't have any medical
9 background. Does anyone on the Congressman's staff have a
10 medical background?

11 MR. CRUMB: Nobody on his full time staff, no.

12 ASSEMBLYMAN AGNOS: Anyone on his part time staff?

13 MR. CRUMB: We have contact with a number of medical
14 doctors who provide us with counsel and information along the
15 way.

16 By the way, if I may at this point, one of the
17 comments in answer to your question from Dr. Elliott --

18 ASSEMBLYMAN AGNOS: I got the answers I need from
19 Dr. Elliott. I need answers from you and I'd like to ask you
20 the questions if I may.

21 Does the Congressman have any medical expertise?
22 Does he have a Masters in public health or has he ever spent
23 any time on the Health Committee or any of that kind of thing
24 to develop expertise.

25 MR. CRUMB: He's been on the Health Committee in the
26 House for years.

27 ASSEMBLYMAN AGNOS: But we know he doesn't go to a
28 meeting because, as the Chairman said, because for the two

1 years that he was on the Subcommittee on Health and
2 Environment prior to 1985, he didn't go to one single meeting
3 and was only after he became a candidate for the United
4 States Senate and decided that AIDS, something that he had
5 never talked about prior, was going to be a major issue in
6 his senatorial campaign, then he went to two meetings in the
7 last year.

8 MR. CRUMB: I think it's unfair to indicate --

9 ASSEMBLYMAN AGNOS: Excuse me. I don't know how
10 they do it in Congress, but here we get through with the
11 questions and then we wait for you to answer. It seems to me
12 that suddenly he discovered AIDS when he decided to become a
13 candidate and that many of us believe that that's really what
14 this issue is all about. It's a political tool playing on
15 the worst fears of people in a disease, whether it's you as a
16 Republican candidate for the United States Senate or whether
17 it's LaRouche as a candidate for the United States
18 presidency. Now, you may answer, Mr. Crumb.

19 MR. CRUMB: If you choose to politicize this issue,
20 that's your choice. We're trying to keep it in the public
21 health. We want this thing to remain as a public health
22 matter. We'd like to get the politics out of public health.
23 And the problem that we've had so far is that our public
24 health officials have been too heavily influenced by the
25 political pressure that's been placed on them by special
26 interest groups to avoid taking proper action with regard to
27 this AIDS crisis. And if that had not been true, this action
28 that Proposition 64 calls for would have been taken along

1 with the inclusion of AIDS patients on the list of reportable
2 diseases three and a half years ago.

3 ASSEMBLYMAN AGNOS: Mr. Crumb, how many bills has
4 Congressman Dannemeyer introduced on the subject of AIDS?

5 MR. CRUMB: Five.

6 ASSEMBLYMAN AGNOS: How many of them try to improve
7 AIDS research?

8 MR. CRUMB: They're not directed at AIDS research.
9 They're directed at other means of controlling because the
10 AIDS research requests are coming from national institutes of
11 health, the Public Health Service and others and so it has
12 not been necessary for him to introduce bills for research.

13 ASSEMBLYMAN AGNOS: How many of them speak to
14 improving public education since that's one of the only cures
15 we have is to avoid people getting the disease? How many of
16 the bills try to improve public education through media and
17 written documents?

18 MR. CRUMB: Again, sir, public education is a means
19 that is being pursued by others sufficiently so that it's not
20 necessary for the Congressman to do it and there are some
21 real flaws in the whole concept of educating people with
22 regards to AIDS. If I were to believe as many do that
23 education was going to solve the AIDS problem effectively,
24 then in order for me to believe that I'd have to see an awful
25 lot of tobacco companies closing down because there's never
26 been a more effective educational program than that to tell
27 us about the problems and the risks of tobacco and, yet,
28 people continue to smoke and sexuality is an even more

1 fundamental part of who and what we are than smoking.

2 ASSEMBLYMAN AGNOS: Mr. Crumb, if we had a better
3 cure for AIDS than informing the public, we would be using
4 it. But we don't at this day and this hour. That's the only
5 cure we have is telling people as best we can, don't do this,
6 don't do that, because you could get a disease that could
7 kill you. And, therefore, it seems to me we ought to be
8 spending as much as we can within the proportions that we
9 have before us in our budget to educate people.

10 Let me ask you something. In the bills that you
11 did, the five that you did introduce, isn't it true -- well,
12 let me ask you -- that sounds like a lawyer and I have
13 trouble with that. Who supports them?

14 MR. CRUMB: Who supports the legislation?

15 ASSEMBLYMAN AGNOS: The five bills that you've
16 introduced that I'll go through if you want.

17 MR. CRUMB: I don't have the list of the
18 co-sponsors, but there is a substantial list, bipartisan list
19 of co-sponsors.

20 ASSEMBLYMAN AGOS: Would you tell me what health
21 group supports them?

22 ASSEMBLYMAN KLEHS: Excuse me for a second. Why
23 don't you tell us in one or two sentences what each of the
24 five bills does because I don't know what they do and then
25 you can tell us who supports them.

26 MR. CRUMB: I'd be glad to. I don't know what this
27 has to do with Proposition 64, but if you want to pursue this
28 line, that's fine with me.

1 The Congressman introduced five bills. One of them
2 would require that local cities and counties close homosexual
3 bathhouses which are shown to be a health risk. One would --
4 boy, it's been a long time since I looked at these.

5 Assemblyman Agnos, do you have those in front of you?

6 ASSEMBLYMAN AGNOS: Yes. One would make it a felony
7 for an individual in a high risk group to donate blood.

8 Another would be a ban on people with AIDS serving in health
9 care professions, including dieticians. The other one would
10 be a federal revenue sharing cutoff to cities which allow the
11 bathhouses to remain open and the other would be sense of the
12 Congress resolution that school children with AIDS should not
13 be allowed to attend school, something you told us was really
14 not what you wanted to do earlier.

15 MR. CRUMB: I don't think I addressed the school
16 issue.

17 ASSEMBLYMAN AGNOS: So those are the five bills.
18 And really what I'm asking is what health group, Red Cross,
19 public health officers, medical associations, nurses groups,
20 who supports those or any of those bills?

21 MR. CRUMB: I don't know of any.

22 ASSEMBLYMAN AGNOS: None is the answer. Tell me,
23 does President Reagan support any of them?

24 MR. CRUMB: I don't know of any conversations with
25 the President.

26 ASSEMBLYMAN AGNOS: I don't know of any either. But
27 I do know that he formally opposes all five.

28 MR. CRUMB: When did he do that?

1 ASSEMBLYMAN AGNOS: I did my homework.

2 MR. CRUMB: When did the President oppose them?

3 ASSEMBLYMAN AGNOS: They're listed here with
4 opposition that's been approved by the White House Office of
5 Management and the Budget. When you go back to Washington
6 you can check with them.

7 MR. CRUMB: I shall.

8 ASSEMBLYMAN AGNOS: Let me ask you another question,
9 if I may. You tell us that California, you were talking
10 about male homosexual lobbyists who pass the California law.
11 Do you know who the author of that law was?

12 MR. CRUMB: Which law are you referring to?

13 ASSEMBLYMAN AGNOS: The one which you referred to in
14 your testimony that is in place here in California.

15 MR. CRUMB: You were.

16 ASSEMBLYMAN AGNOS: Now, you say that California law
17 makes it illegal for public health authorities to be informed
18 of a large number of those who can spread the deadly AIDS
19 virus and you said for those with the AIDS virus, that have
20 not yet developed into AIDS, a special state law passed at
21 the request of the male homosexual lobby prohibits the
22 contact tracing. Right?

23 MR. CRUMB: I don't think that language is in the
24 statement.

25 ASSEMBLYMAN AGNOS: It's in your ballot argument.

26 MR. CRUMB: I thought you were talking about the
27 statement that was made today.

28 ASSEMBLYMAN AGNOS: I'm sorry. It was in

1 Congressman Dannemeyer's. Do you stand by that statement?

2 MR. CRUMB: Yes, sir.

3 ASSEMBLYMAN AGNOS: What male homosexual lobby
4 pushed that bill?

5 MR. CRUMB: Are you asking for a name of an
6 organization?

7 ASSEMBLYMAN AGNOS: Yes.

8 MR. CRUMB: I don't know of a name of an
9 organization.

10 ASSEMBLYMAN AGNOS: Then why do you say something
11 like that in a public document?

12 MR. CRUMB: Because it's very clear from the
13 evidence that's available.

14 ASSEMBLYMAN AGNOS: What evidence?

15 MR. CRUMB: It's very clear from the evidence
16 available that those who have supported that kind of
17 legislation are supported by and/or led by the male
18 homosexual community. You think maybe "lobby" is an
19 inappropriate word if by that you mean an organized
20 organization, a specific organization, then, if so, I'll
21 withdraw that particular term.

22 ASSEMBLYMAN AGNOS: But it's on a Proposition 64
23 ballot argument. Do you think that the American Red Cross is
24 the male homosexual lobby?

25 MR. CRUMB: No, sir.

26 ASSEMBLYMAN AGNOS: Do you think the California Blood
27 Bank System is?

28 MR. CRUMB: No, sir.

1 ASSEMBLYMAN AGNOS: How about the U.S. Conference of
2 Public Health Officers?

3 MR. CRUMB: No, sir.

4 ASSEMBLYMAN AGNOS: How about the California
5 Conference of Local Health Officers?

6 MR. CRUMB: No.

7 ASSEMBLYMAN AGNOS: How about Ken Kizer?

8 MR. CRUMB: No.

9 ASSEMBLYMAN AGNOS: They all support that bill.

10 MR. CRUMB: I understand.

11 ASSEMBLYMAN AGNOS: How about Senator Orrin Hatch of
12 Utah?

13 MR. CRUMB: No.

14 ASSEMBLYMAN AGNOS: Can I read you a little letter
15 from him to me as the author of that bill?

16 "Dear Mr. Agnos:

17 "I applaud your efforts and am
18 impressed that you could shepard this
19 legislation" -- the bill you're talking
20 about -- "through the Legislature in just
21 eight weeks. Clearly the importance of
22 maintaining a safe blood supply" -- which
23 is all that bill was aimed at, Mr. Crumb"
24 -- and addressing concerns of confidentiality
25 among AIDS victims was considered a high
26 priority and enjoyed bipartison support in
27 your state."

28 "I appreciate the letter you sent

1 to Secretary Heckler and I understand
2 your interests in national legislation.

3 "Thank you for taking the time in
4 sharing their information."

5 Think he's the male homosexual lobby?

6 MR. CRUMB: No, I don't.

7 ASSEMBLYMAN AGNOS: Does that change your view of
8 what your Proposition 64 ballot argument is?

9 MR. CRUMB: No, sir.

10 ASSEMBLYMAN AGNOS: Sergeant, would you kindly give
11 him a copy of this?

12 MR. CRUMB: No, sir, it does not. If I may have a
13 moment to respond and explain why I'd be glad to.

14 It doesn't change our position on that at all. No.
15 What it does -- let me respond to it this way. There are a
16 number of public health officers, epidemiologists with whom
17 I've spoken and the Congressman has spoken who has
18 specifically spoken to that legislation as a roadblock to
19 their effectively controlling the spread of AIDS.

20 Now, none of them, to the credit of the lobbyists on
21 the other side, none of them is willing to come forward and
22 say so. They have been put into a position where they do not
23 feel that they have the opportunity or the freedom to express
24 their positions openly. But there are a number of doctors
25 throughout the state who have privately told us that they
26 support this initiative and that they hope that it passes and
27 will personally vote for it. But they're, for fear of losing
28 their jobs, for fear of losing cooperation from the

1 homosexual community, they have decided that they cannot
2 openly publicly support it.

3 ASSEMBLYMAN AGNOS: Mr. Crumb, last question. I'm
4 sorry to take so much of your time. I'm sorry to be pushing
5 you. I wish Senator Dannemeyer was here.

6 MR. CRUMB: Congressman.

7 ASSEMBLYMAN AGNOS: I'm sorry, Congressman
8 Dannemeyer.

9 Can you tell me what is the Federal Food and Drug
10 Administration's position on this same test you think the
11 male homosexual lobby created in California?

12 MR. CRUMB: I'm sorry, Assemblyman, I'm not sure I
13 understand the question.

14 ASSEMBLYMAN AGNOS: The law, the HTLV-III antibody
15 test, what is the federal government's view of that?

16 MR. CRUMB: You said that the test that the male
17 homosexual community --

18 ASSEMBLYMAN AGNOS: I'm sorry. The law.

19 MR. CRUMB: -- created and I don't understand that
20 connection.

21 ASSEMBLYMAN AGNOS: The male homosexual lobby that
22 you refer to in your ballot argument passed a law in
23 California that put in place the HTLV-III antibody test.

24 MR. CRUMB: I'm sorry. I'm afraid we've been
25 misunderstood here. The law that we're concerned about is
26 the law that prohibits the results of that test being
27 communicated to any third party.

28 ASSEMBLYMAN AGNOS: It's the same law.

1 MR. CRUMB: You're referring to a portion of it.
2 We're referring to another portion of it.

3 ASSEMBLYMAN AGNOS: I'm referring to the same
4 portion. What does the federal government say about that
5 portion that you're worried about?

6 MR. CRUMB: I don't know what their statements have
7 been on it.

8 ASSEMBLYMAN AGNOS: Why don't you? You work with
9 them. Don't you think you ought to know at least what the
10 federal law is, what the federal policy is?

11 MR. CRUMB: I don't have an answer to your question,
12 Assemblyman.

13 ASSEMBLYMAN AGNOS: I'll find out.

14 MR. CRUMB: I'm sure you will.

15 ASSEMBLYMAN AGNOS: Basically without reading the
16 whole thing to you Mr. Crumb, they're saying that they would
17 fine people up to \$500,000 for violating the confidentiality
18 involved in the use of that test.

19 MR. CRUMB: We're not talking, Assemblyman, about
20 violating --

21 ASSEMBLYMAN AGNOS: So the federal government policy
22 is consistent, if not identical, and far more punitive if
23 it's violated than California state law which you criticize
24 and yet I find it terribly ironic and uninformed that you
25 don't know what that is.

26 MR. CRUMB: The point that we're making with regard
27 to that, Mr. Agnos, is not that we believe that
28 confidentiality should be violated in any way.

1 Confidentiality is important and it needs to be important.
2 However, reporting to our public health authorities is not a
3 violation of confidentiality except under the bill that you
4 got through the state. We do not believe that that's
5 appropriate and neither do a number of public health officers
6 within this state with whom we talked.

7 ASSEMBLYMAN AGNOS: Do you know what that test, what
8 that law test that it refers to is?

9 MR. CRUMB: Again, you're phrasing your question in
10 a way that I'm going to have to say that I don't understand.

11 ASSEMBLYMAN AGNOS: What test does the state law
12 which you're critical of refer to, the ELISA test, the
13 Western Blot test or the HTLV-III antibody test?

14 MR. CRUMB: My memory of the bill when I read it was
15 that it didn't specifically refer to a test. It just
16 referred to a test for the antibody to the HTLV-III virus.
17 You've written it. You can answer the question better than I
18 can.

19 ASSEMBLYMAN AGNOS: That only refers to one test,
20 the antibody test. Doesn't deal with any other AIDS test
21 that may or may not be developed. It deals with one. What
22 is the antibody test used for?

23 MR. CRUMB: Excuse me.

24 ASSEMBLYMAN AGNOS: The HTLV-III antibody test.

25 MR. CRUMB: Does the bill refer to the ELISA test or
26 does it refer to it generically as the test for the antibody?

27 ASSEMBLYMAN AGNOS: No, the HTLV-III.

28 MR. CRUMB: Then you're talking about something

1 generic which could be any test for the HTLV-III antibody,
2 not a specific test. And as better tests are developed for
3 protecting the antibody, your bill would also --

4 ASSEMBLYMAN AGNOS: A new law would be necessary
5 because it only deals with the HTLV-III antibody.

6 MR. CRUMB: What I'm saying is there are more than
7 one test. There's more than one test for the HTLV antibody.
8 There's ELISA, there's Western Blot.

9 ASSEMBLYMAN AGNOS: Then this law will not apply to
10 those new tests that are developed. It only deals with the
11 HTLV-III antibody test which as you know is a blood screening
12 test and that's all it's ever used for.

13 MR. CRUMB: That's all it's been used for in the
14 past, but as it's been developed and confirmation tests like
15 Western Blot have been developed, the reliability of it has
16 been improved and it now can be used for other purposes.

17 ASSEMBLYMAN AGNOS: Once the ELISA test and the
18 Western Blot test are used independently of the HTLV-III
19 antibody test, there will be no law that applies to them.

20 MR. CRUMB: And the object of this initiative is to
21 take that step and to see to it that the positive results of
22 that test would be reportable.

23 ASSEMBLYMAN AGNOS: I guess it depends on which
24 proponent you hear what this initiative really does and I
25 think that's a disservice to the public of California which
26 will have to vote on it, and I hope they listen to the people
27 who are the public health experts rather than the politicians
28 who are seeking higher office.

1 MR. CRUMB: Congressman Dannemeyer is not seeking
2 higher office and I think it's rather unfair to say --

3 ASSEMBLYMAN AGNOS: I'm sorry. What did he run for
4 four months ago?

5 MR. CRUMB: He was running for the Senate. He is
6 not now and he did not get involved in this issue for the
7 purpose of his campaign and I think it's rather unfair to
8 suggest that he did.

9 ASSEMBLYMAN AGNOS: Well, the facts indicate that he
10 never went to a public health hearing of a committee that
11 he's been a member of for years until after he became a
12 candidate to the United States Senate.

13 Thank you, Mr. Chairman.

14 ASSEMBLYMAN KLEHS: Thank you very much, Mr. Agnos.

15 Mr. Crumb, I guess I'm a little confused after
16 you've testified before us here. Could you quickly outline
17 where Congressman Dannemeyer differs from the LaRouche
18 organization with respect to their arguments in favor of
19 Proposition 64? I have both arguments here in front of me.
20 I haven't seen any differences yet. Could you briefly tell
21 us where the Congressman differs from the LaRouche
22 organization with respect to the initiative. Very specifically.

23
24
25 MR. CRUMB: I have not studied the LaRouche
26 argument.

27 ASSEMBLYMAN KLEHS: I'll read it to you and ask you
28 questions.

1 MR. CRUMB: All right.

2 ASSEMBLYMAN KLEHS: AIDS is out of control. Are you
3 in agreement?

4 MR. CRUMB: Marginally, yes.

5 ASSEMBLYMAN KLEHS: Marginally, yes. There are
6 300,000 AIDS carriers in California and the number of highly
7 contagious disease carriers is doubling every six to twelve
8 months. Are you in agreement?

9 MR. CRUMB: No. I would agree with the number but
10 not the doubling rate.

11 ASSEMBLYMAN KLEHS: The number of unexplained AIDS
12 cases, cases not in high risk groups such as homosexuals and
13 intravenous drug users continues to grow at alarming rates.
14 In agreement?

15 MR. CRUMB: No.

16 ASSEMBLYMAN KLEHS: You're not alarmed about that?

17 MR. CRUMB: It's growing, but at a slower rate than
18 they would have us believe.

19 ASSEMBLYMAN KLEHS: Not an alarming rate?

20 MR. CRUMB: No, I would not consider it.

21 ASSEMBLYMAN KLEHS: The AIDS virus can be found
22 living in many bodily fluids including blood, saliva,
23 respiratory fluids, sweat and tears and can survive upwards
24 of seven days outside the body. In agreement?

25 MR. CRUMB: I know of no evidence that with regard
26 to respiratory fluids. Other than that, yes.

27 ASSEMBLYMAN KLEHS: And there is no cure for the
28 sick and no vaccination for the healthy.

1 MR. CRUMB: Yes.

2 ASSEMBLYMAN KLEHS: Hundred percent lethal.

3 MR. CRUMB: Yes, as far as we know at this point.

4 ASSEMBLYMAN KLEHS: Despite these facts politicians
5 and special interest groups have circumvented the public
6 health laws and for the first time in our history a deadly
7 disease is being treated as a civil rights issue rather than
8 a public health issue. Is that correct? Are you in
9 agreement?

10 MR. CRUMB: That seems to be the approach that's
11 being taken too much and not completely and that's an
12 overstatement of facts.

13 ASSEMBLYMAN KLEHS: Okay. The medical facts are
14 clear, the law is clear, common sense agrees you and your
15 family have the right to be protected from all contagious
16 diseases, including AIDS, the deadliest of them all. If you
17 agree, vote yes on Proposition 64. Are you in agreement with
18 that?

19 MR. CRUMB: Yes.

20 ASSEMBLYMAN KLEHS: How about some of these, oh,
21 rebuttal arguments here that are signed by the LaRouchees.
22 We've talked about health officials failure to implement the
23 existing public health laws has resulted in nearly 500
24 thousand people infected in California each capable of
25 infecting others.

26 MR. CRUMB: The number is too high, but I would
27 agree that those who are infected are capable of
28 transmitting, yes.

1 ASSEMBLYMAN KLEHS: AIDS is the most rapidly
2 spreading lethal disease. We talked about that. Of those
3 infected, we talked about the deaths. The vast majority of
4 AIDS cases worldwide by outside high risk groups, the victims
5 are not homosexuals, and are not intravenous drug users. Do
6 you agree with that?

7 MR. CRUMB: I think vast majority is an
8 overstatement, but there are substantial numbers outside of
9 the United States that are outside the high risk groups, yes.

10 ASSEMBLYMAN KLEHS: Now they're asking a question.
11 Do we know with certainty how AIDS spreads? We do not. Is
12 that true? Do you agree with that?

13 MR. CRUMB: Yes. We never know with certainty, as
14 Dr. Elliott said, we'll never know with 100 percent
15 certainty. So, yes, that's an accurate statement.

16 ASSEMBLYMAN KLEHS: The AIDS virus exists in many
17 bodily effluents and survives outside the body. You agree
18 with that.

19 Proposition 64 implements the existing health laws,
20 laws scientifically designed to protect your health, laws
21 which have been ruled constitutional by the courts for
22 decades.

23 MR. CRUMB: I'm sorry, I didn't follow that one.

24 ASSEMBLYMAN KLEHS: Proposition 64 implements the
25 existing health laws, laws scientifically designed to protect
26 your health, laws which have been ruled constitutional by the
27 courts for decades.

28 MR. CRUMB: Yes, sir.

1 ASSEMBLYMAN KLEHS: So basically the Congressman has
2 signed a ballot argument right next to the LaRouchees, many
3 of which their claims he disagrees with.

4 MR. CRUMB: Yes. You'll notice that the Congressman
5 prepared a separate argument. They requested that he sign
6 there's and he said, "No, I will not. But if you would like
7 me to prepare a separate argument, I'll be glad to do that."
8 That's part of his consistent policy of having nothing to do
9 with Lyndon LaRouche's followers.

10 ASSEMBLYMAN KLEHS: Then also there's some testimony
11 from some of the LaRouche organizations that any carrier of
12 the HTLV-III virus would be excluded from commercial food
13 handling and from schools. By the initiative a person
14 testing positive for HTLV-III antibodies is not necessarily a
15 carrier, but may reasonably be expected of being a carrier
16 until such time as further tests confirm or refute that
17 suspicion.

18 Does the Congressman agree with that statement?

19 MR. CRUMB: Well, you've made two statements there
20 and let me separate them if I may. The statement with regard
21 to food handlers and others, no. It does not mandate that.
22 It provides that power to public health officials, but does
23 not mandate it and our belief is that there is no reason to
24 expect that public health officials will take steps now that
25 they have refused to take and not found necessary to take for
26 the last three and a half years with regard to AIDS.

27 As far as the carrier status of those with the
28 HTLV-III antibodies, I think I've already responded to that.

1 If you'd like me to go further, I'd be happy to.

2 ASSEMBLYMAN KLEHS: Any other questions from members
3 of the Committee?

4 ASSEMBLYMAN AGNOS: I'll ask a question if I may.
5 Mr. Crumb, you said that there is no respiratory transmission
6 of the virus for AIDS?

7 MR. CRUMB: I see no evidence of it.

8 ASSEMBLYMAN AGNOS: Well, your boss has. In a
9 conversation that he had in the first hearing that he did
10 attend of his Subcommittee on Health and Welfare, he
11 discussed it with the head of the New York City Health and
12 Hospital Corporation and I'll ask you, maybe he's changed his
13 mind.

14 Dannemeyer: "Are you familiar with the provision
15 that I think exists today that nurses with AIDS are not
16 permitted to work in maternity wards because there is a
17 certain spore emitted from one with AIDS from breathing that
18 can cause brain defects in children?"

19 MR. CRUMB: Are you ready for me to respond? I'm
20 sorry. I'm trying to be careful not to jump in too early.

21 ASSEMBLYMAN AGNOS: Mr. Buford who is the head of
22 the New York City Health and Hospital Corporation said, "No,
23 I'm not aware of that." And so Mr. Dannemeyer, and I quote
24 from the record, "If you will check into it, you will find
25 that there is an existing practice today, nurses with AIDS
26 are not permitted to work in maternity wards because of these
27 spores that are emitted that cause brain defects."

28 Now, has he changed his view on that?

1 MR. CRUMB: Yes.

2 ASSEMBLYMAN AGNOS: When?

3 MR. CRUMB: You've got me afraid to respond to your
4 questions Assemblyman for fear that I'll be out of order in
5 the way I respond.

6 ASSEMBLYMAN AGNOS: I'll give you that one so that
7 next time you come you know what he said.

8 MR. CRUMB: I'm familiar with that and let me
9 respond to it. That was also said here in the state. It's
10 been heavily reported, and as I said before in response to a
11 question, no, the Congressman has no medical background.
12 Spores was an unfortunate, inaccurate choice of terms which
13 he has since apologized for and rescinded.

14 ASSEMBLYMAN AGNOS: Now I ask you to apologize for
15 the rest of what he said about the proposition.

16 MR. CRUMB: May I finish with my response to your
17 question?

18 ASSEMBLYMAN AGNOS: I thought the hesitation meant
19 you had.

20 MR. CRUMB: It is a fact that policies in many
21 hospitals, including San Francisco General Hospital, excludes
22 nurses who are pregnant or trying to become pregnant from
23 treating AIDS patients. The reason that they do that is
24 because of concern about CMV, cytomegalovirus, which is
25 present in most AIDS victims and that is the policy to which
26 the Congressman was referring.

27 Now, the choice of the word "spores," the
28 implications that go along with that with regard to

1 respiratory are unfortunate and he has apologized for that
2 more times than I can count. But the fact is that he is not
3 saying and never has believed that it was a respiratory
4 emission and he's aware of the scientific facts with regard
5 to that.

6 ASSEMBLYMAN KLEHS: Thank you, Mr. Crumb.

7 Any other questions from members of the Committee?
8 All right.

9 We hope you've enjoyed it here. In case you feel
10 like perhaps you got some rough treatment, we invite you to
11 the Assembly Labor and Employment Committee.

12 Thank you.

13 MR. CRUMB: I've enjoyed the opportunity. Thank
14 you.

15 ASSEMBLYMAN KLEHS: Dr. Ken Kizer, Director of the
16 Department of Health Services will be the next witness.

17 Go ahead, Dr. Kizer.

18 DR. KIZER: Good morning Mr. Chairman and other
19 members. I'm Dr. Kenneth W. Kizer, Director of the California
20 Department of Health Services. Sitting with me today are
21 some other members of my staff. On my left is Dr. James
22 Chin, Chief of the Infectious Disease Branch. On my
23 immediate right is Dr. Donald Francis who is temporarily
24 assigned to the Department from the federal Centers for
25 Disease Control. And on my far right is Dr. Alexander
26 Kelter, who is the and Deputy Director for Public Health.

27 I would mention as an aside that both Dr. Chin and
28 Dr. Francis are internationally recognized authorities on

1 infectious disease as well as AIDS.

2 We thank you for the opportunity to comment on
3 Proposition 64. It's hearings such as this as well as other
4 forums that will be held before November 4th are important
5 ways to communicate to the public the facts about and
6 implications of the various ballot initiatives, especially on
7 matters that are as ill-conceived, misguided and dangerous as
8 Proposition 64.

9 Mr. Chairman, you've asked me to comment on
10 Proposition 64 from two perspectives. First, you've asked me
11 to comment on the validity of the underlying assumptions of
12 the initiative and, second, you've asked me what would be the
13 ramifications of the measure if passed, and especially with
14 regard to our ability to control AIDS.

15 Before specifically addressing these two points, let
16 me review some fundamental facts about AIDS, and I realize
17 that these facts may already be known to you and they may be
18 repetitious in some respects of what Dr. Elliott and other
19 persons have said this morning, however, I think it would be
20 helpful to reiterate these points and they will help in our
21 understanding of why Proposition 64 is so illogical. Perhaps
22 after the last witness it's important to say that these facts
23 perhaps cannot be reiterated enough.

24 First, let me just say a word about what is AIDS.
25 AIDS is characterized by a defect in natural immunity against
26 disease which makes people vulnerable to serious illnesses
27 which are not a threat to persons whose immune system is
28 functioning normally. These illnesses are referred to as

1 opportunistic infections or diseases. It's perhaps
2 worthwhile noting that diseases other than AIDS also cause
3 similar problems.

4 Well, what causes AIDS? AIDS is caused by a virus
5 as we know. Different investigators have given the virus
6 different names over the previous few years. Most recently
7 we refer to it as a Human Immunodeficiency virus or HIV.

8 Results of studies to date show that most infected
9 persons remain in good health. Others may develop illnesses
10 varying in severity from mild to extremely serious.

11 How is AIDS transmitted? Almost all cases of AIDS
12 have resulted from sexual contact or the exchange of blood by
13 a sharing of contaminated hypodermic needles. The risk of
14 infection with the virus is increased by having multiple
15 sexual partners, either homosexual or heterosexual, and by
16 sharing needles among persons using illicit drugs. In the
17 past some cases also occurred through blood transfusions and,
18 as has already been mentioned today, the AIDS virus may also
19 be transmitted from an infected mother to the infant either
20 before or during or shortly after birth.

21 Well, how contagious is AIDS? The AIDS virus is
22 difficult to transmit and AIDS is significantly less
23 contagious than other sexually-transmitted diseases. Casual
24 contact with AIDS patients or persons who might be at risk of
25 the illness does not place others at risk for developing the
26 illness. No cases have been found where the virus has been
27 transmitted by casual household contact with AIDS patients or
28 casual contact with persons at high risk for getting the

1 illness. Infants with AIDS or HIV infections have not
2 transmitted the infection to family members living in the
3 same household. And even though the AIDS virus has been
4 found in small quantities in saliva and tears, there have
5 been no cases in which exposure to either of these mediums
6 has been shown to result in transmission.

7 Ambulance drivers, police, firefighters who have
8 assisted AIDS patients have not become ill. Nurses, doctors,
9 and other health care workers have not developed AIDS from
10 caring for AIDS patients.

11 Well, who gets AIDS? This has already been
12 discussed this morning but perhaps worth mentioning again.
13 In California 98 percent of our AIDS patients have occurred
14 in the following groups of people: Sexually active
15 homosexual or bisexual men, present or past abusers of
16 intravenous drugs, persons with hemophilia or other blood
17 coagulation disorders, heterosexual contact with persons with
18 AIDS or those who are at risk of AIDS, and as I believe I
19 said already, persons who had received transfusions prior to
20 blood screening that was implemented a little over a year ago
21 as well as infants who are born to infected mothers. There
22 is a small number of cases, less than two percent, who don't
23 fall into these established groups, but that's probably
24 because the individuals died before information could be
25 obtained or there was otherwise incomplete history taking.
26 As you know, the national statistics do differ somewhat then
27 those in California with a greater proportion of cases being
28 related to intravenous drug abuse in the Eastern part of the

1 United States.

2 Well, what are the symptoms of AIDS? Most
3 individuals who have been infected with the AIDS virus have
4 no symptoms and feel entirely well. Some develop symptoms
5 such as tiredness, fever, decreased appetite, weight loss,
6 diarrhea, night sweats and swollen lymph glands and some may
7 go on to develop AIDS.

8 I think it's very important to point out here that
9 there are many other diseases besides AIDS can cause similar
10 manifestations, some of which could be life threatening if
11 they were not diagnosed and treated early. That has some
12 implications for what might be one of the ramifications of
13 Proposition 64.

14 Well, a last couple of points. What's the
15 likelihood of contracting AIDS in school or the workplace?
16 As I've said already, AIDS is difficult to contract, even
17 among people at the highest risk for the disease. The risk
18 of transmitting AIDS from daily contact at work or school or
19 at home is essentially nonexistent. As we've said already,
20 in virtually all cases direct sexual contact or the sharing
21 of needles when using intravenous drugs has led to the
22 illness.

23 Lastly, what about testing for AIDS? Again, as has
24 been mentioned already this morning, there is no single test
25 for diagnosing AIDS. There is a test to antibodies to the
26 virus that causes AIDS. However, the presence of HIV
27 antibodies means that the person has been infected with the
28 virus, it does not tell us whether the person is still

1 infected or necessarily infectious. The antibody test is
2 used to screen donated blood and plasma and assist in
3 preventing cases of AIDS resulting from blood transfusions or
4 other use of blood products when needed by patients with
5 hemophilia.

6 Now, let me turn to the first point you asked me to
7 comment and that's on the validity of the underlying
8 assumptions of Proposition 64. In brief, the assumptions
9 underlying Proposition 64 are seriously and fundamentally
10 flawed. The key underlying assumptions of the measure
11 appears to be as follows:

12 First, they assume that all communicable diseases
13 are transmitted in similar ways with transmission of these
14 diseases all being impeded by either isolation or quarantine.
15 As I've said already, and has been mentioned earlier this
16 morning, that after years of intensive epidemiologic study,
17 the results have shown that the HIV virus is spread primarily
18 by the way we talked about, sexual contact, the spread of or
19 the sharing of blood or blood products by contaminated
20 needles or congenital spread from mother to infant.

21 The measure also assumes that AIDS is spread by
22 casual contact. But, again, there's no accepted evidence
23 that the virus is spread casually or through airborne
24 transmission. Therefore, proposals which attempt to
25 generalize transmission by these means are invalid.

26 Similarly, the initiative assumes that contact with
27 food handlers, school teachers and students can transmit
28 AIDS. Again, the epidemiologic evidence does not support

1 this and these persons in these professions do not pose any
2 high risk of infectivity than other persons.

3 The initiative also assumes that widespread
4 reporting of HIV antibody status in the State of California
5 will result in the curtailment of the AIDS epidemic. Well,
6 as we've already heard this morning, AIDS is reportable to
7 the state already. Under current law the names of
8 individuals who donate blood which is subsequently determined
9 to be HIV antibody positive are placed on a deferred donor
10 registry maintained by my department. If the definition of
11 carrier in the initiative is interpreted to be all
12 individuals with HIV antibody positivity, then all these
13 individuals not only those donating blood would have to be
14 reported to the state and this is not warranted from any
15 public health perspective.

16 The initiative also appears to assume that the
17 adoption would not result in any sort of substantial net
18 change in state or local finances. Well, we don't agree with
19 that. There are estimated to be over 300,000 antibody
20 positive individuals at this time in the state. If the
21 initiative were interpreted to require local health officers
22 to treat HIV positivity as a contagious condition, the fiscal
23 impact could be quite substantial. Cost increases would
24 occur in testing services, reporting services, contact
25 investigation services, most notably in legal and other
26 judicial effort that would be required to try to work out
27 what the initiative would do, in custodial system capability
28 and the loss of revenue to the community as a result of a

1 decreased work force and probably also as an addition of need
2 for welfare for those who are restricted from the work
3 situations.

4 The initiative also assumes that public health
5 officials require the changes provided by the proposed
6 initiative in order to control this epidemic. Again, we
7 would not agree with that. The public health service has a
8 legal order system which may be used to isolate recalcitrants
9 if such is warranted on an individual basis and with some
10 minor revisions of existing laws relating to confidentiality
11 of antibody testing the necessary tools to fight this
12 epidemic already exist.

13 There are very few specific instances where such
14 isolation might be appropriate in any case and currently
15 those would need to be, well, they need to be addressed on a
16 case by case basis.

17 So what would be the ramifications of the
18 initiative? Well, I think it's important to stress again
19 that we, along with other legitimate and credible
20 health-related organizations in California do not see this
21 measure as having any value in stopping the AIDS epidemic.
22 We do not see where it would serve any useful purpose and it
23 is likely to cause some serious adverse effects.

24 Among the untoward consequences of Proposition 64
25 are the following: It would have a very substantial fiscal
26 impact, as I've already indicated briefly. I think it's hard
27 to be precise as to exactly what that cost would be, but
28 projections have ranged anywhere from many millions of

1 dollars to several billion dollars. We argue that these
2 funds could be used much more wisely on efforts which we know
3 are effective in combating the spread of this disease.

4 Another untoward effect would be some considerable
5 social upheaval and disruption of normal working
6 relationships in a variety of settings as well as potential
7 loss of jobs by many thousands of individuals.

8 We would see tremendous legal and judicial wrangling
9 that would result from this and I would imagine that it would
10 be several years, at least two to three years before this
11 could be sorted out in the courts as to exactly what it would
12 mean.

13 Of course, we feel that our efforts would be more or
14 would be better directed at dealing with the disease during
15 this time period than devoting those efforts to various legal
16 and administrative wrangling that would have to be worked on.

17 I think the initiative certainly fosters the
18 erroneous belief that AIDS is a highly contagious disease
19 and, as we have said already, that is just not the case.

20 We also believe that some people who think they
21 might have AIDS would not seek or would delay seeking medical
22 care for fear of being identified and possibly quarantined or
23 being subjected to some other unfortunate circumstances.

24 And, as I've said before, there are other diseases which may
25 present in a similar manner which may have similar clinical
26 manifestations but are due to other perhaps treatable causes.
27 Clearly we would not see this as being a good turn of events.

28 We also think that research would be hampered

1 because potential research subjects would be reluctant to
2 participate in studies out of concern about threats of their
3 medical confidentiality or their civil liberties and we
4 believe that research on an AIDS vaccine or antiviral AIDS
5 drugs or on other treatment procedures would be delayed if
6 this were to pass.

7 We think, as Dr. Elliott and other medical
8 authorities stated, that the threat of quarantine and
9 isolation would drive AIDS underground and would accelerate
10 the spread not slow it.

11 Lastly, we think it would divert and waste state
12 funds in ineffective and possibly coercive intervention
13 programs that are not well motivated from a public health
14 point of view.

15 In conclusion, I think what the voters of California
16 need to know is that Proposition 64 would not prevent a
17 single case of AIDS, nor would it serve any other useful
18 purpose. To the contrary, if passed, Proposition 64 will
19 increase the danger to all of us. The risk of contracting
20 AIDS will increase not decrease if Proposition 64 is passed.

21 Proposition 64 is bad for public health in
22 California and is bad public policy. It's for that reason
23 why Proposition 64 should be resoundingly defeated on
24 November 4th.

25 Thank you and we'll be happy to answer any questions
26 you might have.

27 ASSEMBLYMAN KLEHS: I have some questions and then
28 Senator Rosenthal can go ahead.

1 Mr. Kizer, would you again reiterate publicly what
2 are the three ways that are known for a person to catch AIDS?

3 DR. KIZER: The three ways that I would mention are,
4 one, by intimate sexual contact and the exchange of body
5 fluids related to such contact. Secondly by the exchange of
6 blood either through contaminated needles such as might be
7 used in illicit drug use in which contaminated needles may be
8 used or historically through transfusion of blood or blood
9 products although that has been I think quite effectively
10 dealt with through measures taken by California in the past
11 year. The third is by congenital spread or spread from the
12 mother to infant either prior to or as part of or even
13 subsequent to delivery.

14 Of course, the overwhelming bulk of cases occur in
15 the first two categories.

16 ASSEMBLYMAN KLEHS: I'm not a health professional.
17 So this is a question I'd like to really have answered. If
18 the person has the AIDS virus, is it possible to never get
19 the disease?

20 DR. KIZER: Our experience to date -- and I would
21 certainly encourage either Dr. Francis or Dr. Chin to add to
22 this -- our experience to date is certainly that a portion of
23 individuals, and the numbers may vary depending on the
24 population studied -- anywhere from ten to perhaps 30 percent
25 of individuals may contract the disease but many, if not the
26 majority of the individuals, have remained healthy and will
27 have no overt manifestations of disease.

28 DR. CHIN: I'm Dr. Chin, Chief of the Infectious

1 Disease Section.

2 A simple answer to your question is that we don't
3 know. That there's just not enough time to know whether or
4 not individuals infected might develop irreversible immune
5 deficiency 10, 15, 20 years later. We just have not had that
6 time.

7 ASSEMBLYMAN KLEHS: I would imagine that any person
8 that found out they have the virus, is very, very worried
9 that they might die because once you have the disease there's
10 almost a virtual hundred percent chance of death. A person
11 who has the virus, do they have to worry about that when they
12 have the virus?

13 DR. CHIN: The answer clearly would be yes because a
14 fairly large proportion have already been documented to
15 develop irreversible immune deficiencies. Projections from
16 the National Academy of Science is that anywhere from 25 to
17 50 percent of individuals infected with this virus will
18 develop AIDS within five or ten years.

19 ASSEMBLYMAN KLEHS: Is there any chance a person who
20 simply has the virus of going back in remission, let's say,
21 that somehow they can be cured of the virus without catching
22 the disease?

23 DR. CHIN: I think that's possible. As I indicated,
24 we don't have enough time of observation to prove this.

25 ASSEMBLYMAN KLEHS: Dr. Kizer, again, I'm not a
26 health professional and I've always heard the word
27 "quarantine" when people talk about this initiative. What is
28 the role of quarantine in treating infectious diseases today

1 and specifically with regards to AIDS what is the role of
2 quarantine? How does a quarantine work?

3 DR. KIZER: Let me answer that perhaps in reverse
4 order and ask -- I think, first, we don't see quarantine
5 really as having any role in dealing with AIDS from a public
6 health perspective. With regards to disease overall, it has
7 a very, very limited role in managing any infectious diseases
8 today with our current medical therapeutics that are
9 available to us. Dr. Francis does have considerable
10 experience in this area and I would ask him to comment on
11 that as well.

12 DR. FRANCIS: I'm Dr. Don Francis, AIDS advisor to
13 the State of California for the Centers for Disease Control.

14 ASSEMBLYMAN KLEHS: Excuse me, Dr. Francis. Could
15 you also give us your health background, please, as well as
16 the other individuals as you begin to testify here.

17 DR. FRANCIS: I'm both an M.D. trained in infectious
18 disease and also have a doctorate from Harvard in
19 retrovirology, the same field of biology that the AIDS virus
20 is and I've worked for the Centers for Disease Control around
21 the world for the last 16 years on various infectious
22 diseases, some quarantinable, some not.

23 The issue of quarantine which I specifically have
24 been involved in primarily outside of the country and indeed
25 have been put in quarantine myself twice investigating
26 outbreaks and such, is an effective tool for some diseases
27 that are transmitted in an involuntary, high risk aerosol
28 like situation if they are indeed dangerous enough to support

1 that kind of harsh treatment. This agent is clearly not
2 transmittable that way. It is not at risk to individuals who
3 do not choose to put themselves at risk essentially in the
4 adult population either through having sexual contact with an
5 infected individual or actually sharing a needle with an
6 infected individual. Very different situation than what we
7 use for quarantining diseases such as smallpox, et cetera,
8 that kind of infection.

9 ASSEMBLYMAN KLEHS: The next question I have, Dr.
10 Kizer, if you felt more drastic steps were necessary to
11 curtail AIDS, do you feel that you have the power and
12 authority to do so right now?

13 DR. KIZER: As you probably well know, public health
14 officials have very broad authority to impose all kinds of
15 constraints and restrictions on individual activities when
16 such is warranted due to the gravity of the situation.

17 Basically, I think the tools are there for us to
18 use. The question really is whether the tools that are
19 raised by this proposition, quarantine, things of that
20 nature, whether they are appropriate to this disease and the
21 answer is clearly no. If individual cases came up in which
22 for whatever reason it were necessary to impose restrictions
23 on the activities of a given individual in a given set of
24 circumstances, we believe that we have the power and the
25 capability to do that already.

26 ASSEMBLYMAN KLEHS: The proponents of the initiative
27 have stated that you have called for more reporting and
28 testing powers, I believe it's in their arguments in favor of

1 the initiative in the ballot. Would you please comment on
2 that?

3 DR. KIZER: Thank you. I appreciate that. Much to
4 my chagrin and my display that statement remains in the
5 ballot argument despite my attempts to have that deleted
6 because I clearly do not like having my name linked with this
7 proposal at all since we are so much against it.

8 The question specifically, what has been talked
9 about in the past and what is misused and being used in a
10 misleading way there is that we have talked or have addressed
11 the issue of doing more testing, unlinked testing,
12 confidential sorts of testing at places such as drug abuse
13 treatment centers, at the clinics for sexually-transmitted
14 diseases and in perhaps other settings when that would help
15 us identify changes that may be occurring in the epidemiology
16 of the disease. At no point and at no time have we ever
17 advocated any sort of widespread testing or mandatory testing
18 of individuals in any sort of occupation or in any other sort
19 of setting. That's just clearly not the case, although that
20 would appear that that is what the proponents of this measure
21 would like the voters to think.

22 ASSEMBLYMAN KLEHS: Thank you. You've mentioned
23 that the passage of the proposition might drive AIDS
24 underground. Is that because people might be afraid of
25 losing their jobs or their homes?

26 DR. KIZER: I think that is really it in a nutshell.
27 That the fear, and we certainly have enough fear already in
28 dealing with the AIDS problem, but clearly the fear of either

1 quarantine, of loss of job or loss of other civil liberties,
2 we clearly think would seriously compromise our ability in
3 our public health efforts as well as in research efforts and
4 we do feel as do many other credible health authorities in
5 this state feel that it would drive AIDS underground and
6 would perpetuate the spread of it, not decrease it.

7 ASSEMBLYMAN KLEHS: Do you believe that no one
8 should be denied a job because they have AIDS unless there's
9 a sound medical reason to do so?

10 DR. KIZER: I suppose that the issue of when and
11 where one should work when they have a medical condition is
12 one that should be decided between the individual and their
13 treating physician and in cases where it's necessary with the
14 employer, although that is often not necessary that the
15 employer be brought into it.

16 ASSEMBLYMAN KLEHS: Is such a standard important to
17 health policy in California?

18 DR. KIZER: I'm sorry.

19 ASSEMBLYMAN KLEHS: I said is such a standard that
20 you just talked about important to health policy in
21 California, leaving that basically between the individual and
22 the employer not having a broad-based initiative on it?

23 DR. KIZER: We would see no reason why that should
24 change.

25 ASSEMBLYMAN KLEHS: Does your Department now have a
26 policy with regard to your unemployment policies and
27 enforcement with regard to AIDS? Do you allow people to work
28 in your office with AIDS or would you?

1 DR. KIZER: Yes, we would. Frankly, there may well
2 be individuals among the 4,500 or so people who work for the
3 Department who have AIDS or AIDS related complex or maybe
4 seropositivity. Frankly, it's not really an issue that is
5 important for us to know about. As you may know, we did send
6 out a few months ago a letter to all state employees, over
7 180,000 letters to all state employees addressing this issue
8 and underscoring the fact that this is really not an issue
9 that's particularly important.

10 ASSEMBLYMAN KLEHS: Thank you.

11 Senator Rosenthal.

12 SENATOR ROSENTHAL: Dr. Kizer, will you comment
13 about recent press reports about studies showing AIDS-like
14 genetic material in insects?

15 DR. KIZER: Yes, sir. There has been a lot of
16 confusion, as Dr. Elliott pointed out this morning and some
17 misinformation conveyed with regard to the finding of some
18 DNA material that is similar to the AIDS virus in mosquitoes.
19 I think perhaps let me have Dr. Francis address this in
20 detail since he clearly is very much up to date on these
21 findings.

22 DR. FRANCIS: The issue of possible mosquito or
23 other blood-sucking insect transmission of this virus has
24 always been in our attention. We certainly have examined it
25 in considerable detail.

26 Let's first describe the possibility of the disease,
27 any disease that we would describe that would be mosquito
28 borne or other blood-sucking insect borne, what kind of

1 epidemiology one would see with that. Obviously, it would be
2 as soon as one is exposed to this insect, let's say, a
3 mosquito, one would then after an incubation period come down
4 and, therefore, like we see with malaria, it's very early in
5 life and then extends on through one's life.

6 In contrast to the disease that is perinatally
7 transmitted and blood transfusions, needle stick transmitted,
8 sexually-transmitted, one would see early cases in the
9 perinatal transmission and essentially the sexually, IV drug
10 using group in the older transmission with this big valley in
11 the middle where you wouldn't have any cases because there is
12 no transmission by just walking down the street which there
13 is transmission if you get exposed to a mosquito walking down
14 the street.

15 Indeed, around the world that's what we see in
16 different exposures, different insects, different
17 blood-sucking orthopods, in Africa or in the United States we
18 see the early perinatal cases and we see the sexually active
19 group of cases with a spattering of transfusion associated,
20 needle associated cases at various ages.

21 There's no epidemiologic evidence, therefore, that
22 there's any sort of blood-sucking insect transmission. The
23 data that has been controversial has been stated from
24 Jean-Claude Chermann and Francoise Barre from the Institute
25 Pasteur, the discoverers of this virus, and their
26 information -- Francoise Barre was in town just last week and
27 I discussed with her at length this whole issue -- and their
28 findings really are most interesting in the negative aspects.

1 In that when they do put this virus into insect cell cultures
2 they don't see any viral replications. There is no signs of
3 the virus, protein, the virus themselves or infected virions
4 coming out of their culture material.

5 What they did see when they exposed these insect
6 cell cultures to the virus, they see an adherence of nucleic
7 acid, detection of that which is an interesting laboratory
8 finding that needs to be worked out. But they clearly
9 stated, as Dr. Elliott says, that there is no epidemiologic
10 evidence or no laboratory evidence that blood-sucking
11 orthopods are important in the transmission of this virus
12 around the world. That includes the United States and Africa
13 or anywhere else.

14 SENATOR ROSENTHAL: Thank you.

15 Dr. Kizer, the proponents of Prop 64 have said that
16 the public health officials have failed to demonstrate
17 leadership and have not taken appropriate action under
18 established appropriate public policy regarding AIDS. And
19 therefore, those public health officials are opposed to 64
20 because they are offended by this initiative. Will you
21 comment on this?

22 DR. KIZER: I suppose I could comment on that in
23 several ways. First, perhaps as an editorial comment, I
24 suppose that the proponents of this measure in their rather
25 myopic view of the world perhaps would view this as a not
26 taking appropriate public policy or public health policy in
27 this regard. However, all the credible medical and health
28 related organizations disagree with that. Indeed, in

1 California we are widely viewed as having model programs for
2 dealing with AIDS. We have been in the forefront in many
3 areas in this regard and are widely viewed as having very
4 effective programs to deal with AIDS and I would certainly
5 hope that nothing will happen as a compromise to the success
6 of our programs to date.

7 I suppose on a, as Dr. Elliott said this morning, it
8 just, that doesn't make sense and I suppose if you have no
9 credible arguments and if you don't have any facts to support
10 your position, one argument you can use is the one that the
11 proponents of this measure have used. However, as Dr.
12 Elliott said this morning, it just doesn't make sense that
13 health professionals who are working daily with AIDS patients
14 would want to cover up the facts. And, indeed, I have worked
15 with AIDS patients and certainly view or have viewed the
16 public policy espoused as consistent with what I have
17 practiced previously in clinical life as well.

18 I suppose the last point I would make with regard to
19 that line of reasoning is that even though we may be health
20 professionals and public officials, we're also all family
21 people. Everyone who is sitting up here has a family. We
22 have children. We certainly would not want to see anything
23 that would increase the likelihood of our families or our
24 children, any public policies that would increase the
25 likelihood of their getting AIDS. So it's just that argument
26 which I have heard touted in many sectors is completely
27 nonsensical and just doesn't, isn't worth the paper that it's
28 written on.

1 SENATOR ROSENTHAL: Dr. Chin, if I may ask you a
2 question directly. A U.C. Cal study found that the single
3 most influential factor in people not seeking testing is
4 because they fear that the information will be used against
5 them. Do you have any feeling on that?

6 DR. CHIN: I think it's true because the test I
7 think is very accurate as everybody I think now agrees. It's
8 the misuse of the test. I think the test was designed to
9 screen blood and that's a very accurate test for that.
10 Misused, people would be afraid of losing their jobs, fear of
11 losing housing, et cetera. So that, yes, that is a major
12 concern that we have and all of our programs have tried to
13 elicit the cooperation of the individuals at risk.

14 SENATOR ROSENTHAL: One further question. Can you
15 explain to me what is the meaning of unlinked testing?

16 DR. KIZER: Unlinked testing is basically a testing
17 that occurs on blood samples that might be collected at a
18 methadone treatment center, for example, and the blood is
19 tested. But when it's tested, it's not connected with a
20 specific individual from which it came from so that the
21 results are not linked to the individual and it allows us to
22 assess what is going on in the community for epidemiologic
23 purposes, but does not raise the concerns of confidentiality
24 and those issues.

25 SENATOR ROSENTHAL: Thank you very much.

26 ASSEMBLYMAN KLEHS: Thank you, Senator Rosenthal.

27 One last question, Dr. Kizer. Do you feel that the
28 recent successful use of AZT in the successful experiment on

1 animals with possible vaccine indicate that we are currently
2 on the right course in fighting AIDS?

3 DR. KIZER: The answer to your specific preamble to
4 the question as well as other things make me believe we are
5 on the right course in dealing with AIDS through our
6 education, through our intensified research efforts towards
7 efforts in developing a vaccine. That's the right course.
8 The wrong course is what is being proposed by or what is
9 being proposed by the proponents of Proposition 64.

10 ASSEMBLYMAN KLEHS: I'd like to ask if you could
11 please have Dr. Francis and Dr. Chin remain with us during
12 the afternoon when we have technical witnesses. When other
13 individuals testify, just remain sitting up here. Thank you.

14 DR. KIZER: Certainly.

15 ASSEMBLYMAN KLEHS: We will have one more witness
16 before we adjourn for lunch, and that's going to be Mr. Steve
17 White, Chief Assistant Attorney General.

18 Mr. White, do you have a prepared statement?

19 MR. WHITE: I don't have a prepared statement.

20 ASSEMBLYMAN KLEHS: Okay. The reason we've asked
21 you to testify, Mr. White, is there have been a lot of
22 questions about manner in which the signatures for this
23 initiative were gathered. And people who have perhaps had
24 these issues misrepresented to them, not only in my district
25 but other parts of the state, I have a lot of questions about
26 that. I was wondering, have you heard any reports of that or
27 perhaps people when the initiative was being circulated that
28 people said you want to fight AIDS or something as simple as

1 that and have the petitions signed, later to find out this
2 was on something substantially different.

3 Could you tell us about that?

4 MR. WHITE: Yes, we have, Mr. Chairman, and if you'd
5 like, I'd be glad to talk to you a little bit about an
6 investigation we began on June 26th of this year.

7 ASSEMBLYMAN KLEHS: Go ahead.

8 MR. WHITE: I want to preface my comments with the
9 note that this investigation continues. There will be much
10 that I cannot say and some questions that I would not be able
11 to answer on this. But I think I can give you a pretty good
12 sense of where this investigation is.

13 First of all, in connection with -- I want to talk
14 just very briefly about the law that we're investigating
15 here, violations of that law. Present initiative
16 requirements in California among other things require that
17 proponents of the measure be identified. That the source of
18 money to qualify the measure for the ballot be identified.
19 That persons paid over \$100 to help qualify the measure be
20 identified.

21 One of the reasons for this obviously is so that
22 voters will know when, as your constituents have told you,
23 that they put their signature on an initiative petition and
24 ultimately vote on a ballot measure, who and what they are
25 supporting.

26 Another reason I put a fine point on this so that
27 the initiative process cannot be used as a cat's paw of
28 hidden extremists from other states.

1 Through criminal penalties we are interested in
2 several kinds of violations. One is those who forge
3 signatures to qualify initiative measures, secondly, persons
4 who falsely register to vote so that they can be prosecuted,
5 persons who come in from other states, collect signatures for
6 initiatives pretending to be California voters and then
7 leave, so that they can be prosecuted.

8 One reason for this last provision which I want to
9 emphasize a little bit in my discussion of our investigation
10 today is to assure that people are properly informed as they
11 sign those ballot initiatives, people who we think would
12 think twice about signing an initiative petition if the
13 circulator at the supermarket candidly announced that he or
14 she was a paid mercenary from the East Coast who would not be
15 governed by the initiative if, and when, it became law.

16 And I might say in previous California law, no
17 longer the case, but previously in California, there was a
18 requirement that circulators be residents of the city also in
19 which the petition was circulated, not just a state resident.

20 On June 26th of this year I received a phone call
21 from the District Attorney of Buchanan County in Missouri who
22 saw on television in that state the report that residents of
23 his county had not been paid for their collection of
24 signatures in California for this AIDS initiative. He called
25 me because they have in Missouri as we have in our state a
26 law that prohibits that and he was wondering if we would be
27 interested in that. We were.

28 The Attorney General directed an investigation of

1 this. We two days later sent to Missouri two special agents
2 for the purpose of getting statements from some of the people
3 involved in this there. They interviewed seven Missourians
4 who responded to the newspaper ad which had offered three
5 weeks employment in California at \$400 per week, all expenses
6 paid. Five of these people actually collected and submitted
7 signatures in Southern California, two others came to
8 California, but balked when asked to declare on petition
9 forms under the penalty of perjury -- this by the way is a
10 crime for which people can be prosecuted in this area -- that
11 they were bonified California voters and they returned to
12 Missouri. We also got names of persons seen forging voters'
13 signatures on this initiative.

14 Now, I want to mention at this point that even
15 though we found that there were forgeries and that there were
16 violations of law in the collection of the signatures, at
17 least at this point the invalid signature rate for the AIDS
18 initiative which involves some forgeries, and signatures by
19 people who mistakenly thought they were registered to vote,
20 is about average.

21 We discovered that a fellow named Stanley Dale had
22 placed these Missouri newspaper ads. That he was contracted
23 with, he entered into a contract with PANIC which, of course,
24 is the organization incorporated in California for putting
25 this initiative on the ballot. PANIC, of course, is very
26 closely related to, the subset of Caucus Distributors, Inc.
27 which is very, very closely related to and, indeed, a subset
28 of the LaRouche organization.

1 PANIC disclaimed all knowledge of any of Dale's
2 activities in the solicitation of people to come to
3 California in violation of California law to solicit
4 signatures. PANIC did list on its campaign disclosure
5 statement several Missouri residents all purporting to reside
6 at Dale's Los Angeles apartment address.

7 On the Ask American campaign disclosure -- that's
8 Stanley Dale's operation, Ask American -- payments to two
9 motels were listed. These were the same motels in which the
10 Missourian circulators stated that they had lived for several
11 weeks, ostensibly as now permanent residents of California.

12 We estimate that the Missouri people collected about
13 19,000 signatures in Los Angeles and San Diego Counties. One
14 question which immediately then is raised is whether this is
15 an isolated subcontractor running amuck or whether there is a
16 conspiracy to collect signatures in this fashion, whether
17 signatures were collected elsewhere then in Southern
18 California in this fashion by others then Stanley Dale's
19 employees.

20 In mid-July we obtained information indicating that
21 out-of-state residents also circulated petitions in Alameda
22 County as well as in some other counties and then returned
23 home.

24 On July 18 we applied in Alameda Superior Court for
25 an order releasing the petition filed in that county and
26 received copies of the voter registration records which, of
27 course, are public records. Several of Alameda County
28 petition circulators had only recently registered to vote in

1 California.

2 Additional information was then discovered
3 suggesting that other counties, particularly in Southern
4 California, were involved and on September 22nd we went to
5 the Los Angeles Superior Court and obtained an order for the
6 release of petition sections filed in that county. And we
7 will be filing in two other counties in the next few weeks
8 for exactly the same kind of orders.

9 It now appears to us that approximately 20 persons
10 from at least five states collected AIDS petition signatures
11 in California. These may account for some thousands of
12 signatures collected by out-of-state persons. I cannot give
13 you more specific numbers at this time.

14 We're presently trying to learn the extent of the
15 use of out-of-state circulators and whether, as I suggested
16 earlier, this is the evidence of a widespread practice or
17 simply a coincidence or is, indeed, the result of a
18 conspiracy.

19 Some of what we are doing and have done are
20 reviewing airline travel records which brings us additional
21 evidence in support of our concerns that there may be a
22 conspiracy. Travel agency records appear to show that
23 Campaigner Publications which is a New York corporation
24 publishing materials espousing the ideas of LaRouche,
25 purchased airline tickets for out-of-state circulators. And
26 we have supporting documentation from some airlines.

27 Review of residence addresses listed on voter
28 registration cards for circulators who first arrived in

1 California in April 1986 is being conducted to learn the
2 answers to these questions. Did they and do they really live
3 at those addresses? The answer to these questions as to some
4 are certainly no. Are these common addresses? The answer as
5 to some of them is clearly yes.

6 We're reviewing the previous out-of-state home
7 addresses and addresses of employers. We're learning whether
8 these people return to homes out of state and whether they
9 were paid to circulate petitions in yet other states besides
10 California.

11 That is as much as I can discuss with you today of
12 our investigation which as I said is not concluded. I would
13 expect that we have another six weeks to eight weeks before
14 we could bring this to a close and it might even take longer
15 than that, although we're moving with some dispatch.

16 I do want to suggest, and you may have some
17 questions Mr. Chairman, I do want to, if I could be
18 presumptuous enough to suggest a couple of three legislative
19 remedies since I'm before your committee.

20 First of all, there ought to be we think
21 verification of the qualifications of petition circulators.
22 Presently although every circulator must sign each petition
23 circulated and state the address at which the circulator
24 resides, these facts for all practical purposes are never
25 verified. County clerks could be required in conjunction
26 with the Secretary of State to establish a regular process to
27 verify that petition circulators are bonified California
28 voters.

1 Secondly, seems to us that there should be
2 disqualification of signatures collected by unqualified
3 petition circulators. This is a mercenary kind of business
4 as you can see in this and some other kinds of examples. And
5 if the risk is simply that you may be caught out, indeed, may
6 be prosecuted, but you still get the matter on the ballot and
7 it still gets passed into the law, then maybe that risk is
8 worth it to the proponents of whatever the measure might be.

9 If the sanction is immediate, and that is removal of
10 those signatures, and thereby jeopardizing its ballot
11 existence, then we think that would discourage these kinds of
12 violations.

13 Finally, we think that out-of-state circulators
14 ought to be specifically advised of the criminal penalties
15 attendant to their activities because presumably if they knew
16 that these were felony violations, they would not commit
17 these offenses.

18 The Legislature could require proponents who control
19 these circulators to specifically notify them of the
20 penalties for carpetbagging and fraud and to document the
21 notification of these circulators, in other words, signed
22 statements that they understand that this is a felony if
23 they're not really residents of California.

24 And finally, county clerks could be required to
25 identify and refer their suspicions of fraud to their
26 district attorneys. Although this referral is done in some
27 of the 58 counties, in the vast majority of counties this is
28 not done and it seems to us that particularly when the

1 signatures appear to be forged -- in this particular example
2 we discovered evidence that signatures were simply taken out
3 of a phone book in a Los Angeles hotel -- then they ought to
4 be immediately referred to prosecutors.

5 ASSEMBLYMAN KLEHS: Well, I didn't realize that your
6 investigation was going into such detail. Are you actually
7 telling us that there were people who were in effect jet set
8 petition circulators who were hired out of Missouri possibly,
9 come to California, and then begin circulating petitions for
10 initiatives?

11 MR. WHITE: Yes.

12 ASSEMBLYMAN KLEHS: And they actually had ads in
13 newspapers in the State of Missouri to circulate for
14 petitions for an initiative in this state?

15 MR. WHITE: Yes.

16 ASSEMBLYMAN KLEHS: And you've actually seen those
17 ads I assume?

18 MR. WHITE: Yes.

19 ASSEMBLYMAN KLEHS: Are there any other states where
20 these ads appeared to the best of your knowledge?

21 MR. WHITE: Let me answer you this way, Mr.
22 Chairman. We believe that, and have evidence to support that
23 belief, that there are other states similarly involved. I
24 don't want to tell you which states those are because we're
25 presently investigating in those states.

26 ASSEMBLYMAN KLEHS: It's my understanding to be a
27 circulator of a petition in California you have to be a
28 registered voter in this state.

1 MR. WHITE: That's correct.

2 ASSEMBLYMAN KLEHS: In other words, a legal resident
3 which means you have to have been here for 30 days or be here
4 for 30 days at the time of the next election. Are any of
5 these violations felony violations?

6 MR. WHITE: Yes. The statements made by people
7 assuring that they are registered voters and the attestations
8 under penalty of perjury are therefore, if they're lies,
9 prosecutable as a felony, perjury.

10 ASSEMBLYMAN KLEHS: How much time would a person
11 spend in jail for some of these violations?

12 MR. WHITE: Maximum penalty for perjury is three
13 years in prison.

14 ASSEMBLYMAN KLEHS: These jet setters who may have
15 come in from out of state, whatever airline they came in
16 on -- what I'm trying to figure out here is basically it
17 sounds like there must be a lot of money behind an initiative
18 to be able to afford this type of operation. Hiram Johnson,
19 if I remember, when he first started the initiative process,
20 used it as a device for the average rank and file person who
21 was perhaps frustrated with the Legislature to be able to
22 start their own local neighborhood drive and put something on
23 the ballot. Jets weren't around in those days and I doubt
24 that he ever imagined that newspaper ads would be circulated
25 in out of state newspapers.

26 Do you find that fairly unusual, the circulation of
27 initiative -- have you ever investigated any initiative
28 drives in the past where you found perhaps such an abuse?

1 MR. WHITE: No. However, I can't tell you that this
2 is unusual simply because of that. We haven't investigated
3 others. We haven't had allegations of abuse like this one.
4 It's unusual to get a phone call from a District Attorney in
5 another state telling us of a violation of our own state's
6 laws. We heard it and we accordingly investigated it.

7 The money that we have identified as supporting this
8 amounts to I believe about \$216,000 which is a reported
9 amount of money, 201,000 of which shows directly as coming
10 from Caucus Distributors.

11 ASSEMBLYMAN KLEHS: Who's Caucus Distributors?

12 MR. WHITE: Caucus Distributors is, as I understand
13 it, one of four corporations closely connected with and
14 arguably a subset of the LaRouche organization. It is an
15 organization which espouses LaRouche philosophy and
16 objectives.

17 ASSEMBLYMAN KLEHS: Well, you said you don't know if
18 it's unusual for someone to hire people from out of state,
19 fly them in --

20 MR. WHITE: I think it's very unusual for them to be
21 coming out of state. I don't know if it's unusual, I don't
22 know if the amount of money is unusual. We have never heard
23 of any other allegation concerning people coming in from out
24 of state at this or any previous time in connection with an
25 initiative.

26 ASSEMBLYMAN KLEHS: Is it common for people to come
27 in from out of state and be hired to circulate initiative
28 signatures?

1 MR. WHITE: I very much doubt it.

2 ASSEMBLYMAN KLEHS: Is Caucus Distributors being
3 investigated as part of your investigation for violations of
4 the law with respect to this drive?

5 MR. WHITE: Yes.

6 ASSEMBLYMAN KLEHS: Are they being investigated by
7 other states, do you know that? I don't know if it's
8 relevant, but I'm just curious.

9 MR. WHITE: I would rather not say what other
10 investigations are going on simply because I don't want to
11 compromise theirs. Our investigation I feel comfortable in
12 telling you what I'm telling you, but as to other
13 investigations from other jurisdictions, I think it would be
14 unfair for me to comment.

15 ASSEMBLYMAN KLEHS: Would it be a violation of
16 federal law, and again I'm not sure if you're the right
17 person to ask, would it be a violation of federal law for
18 someone to come into California to circulate petitions
19 illegally, to perhaps even forge signatures, commit fraud in
20 certain felony provisions and then leave the state to avoid
21 prosecution?

22 MR. WHITE: Ellen Peter, a Deputy Attorney General
23 at my left advises me that she doesn't believe so as it is a
24 California initiative and is subject to our own regulations,
25 but I can't tell you definitively.

26 ASSEMBLYMAN KLEHS: Thank you.

27 I might just add for the public that the former
28 chief law enforcement officer of the state, George

1 Deukmejian, vetoed two measures which I authored which had to
2 do with alleviating a lot of the problems that we're now
3 hearing are being uncovered in this initiative drive. So
4 there were two measures on his desk that would have taken
5 care of some of these problems and he sought to veto them
6 because he simply thought the problems didn't exist or was
7 unaware of them.

8 Senator Rosenthal, do you have any questions?

9 SENATOR ROSENTHAL: Well, you may have answered the
10 question. If, in fact, as a result of your investigation a
11 significant number, perhaps large enough to have made a
12 difference, were discovered, could the initiative be
13 invalidated?

14 MR. WHITE: That's a difficult question to answer.
15 The answer is probably no to the extent that the
16 challengeable signatures are challengeable because they were
17 obtained by people who violated the law in getting them.
18 Those that were forgeries clearly would be subtracted from
19 the surplus.

20 I'm told, if I remember correctly, by the Secretary
21 of State that there was an excess number of 40,000. If there
22 were more than 40,000 forgeries, there is no question but
23 that it would be taken from the ballot. If, however, there
24 were more than 40,000 that were obtained in violation of the
25 law as I was discussing in my testimony this morning, it is
26 at least the position of the Secretary of State's office that
27 that does not invalidate the signatures as the signers didn't
28 violate the law and, indeed, this was their accurate

1 signatures and so forth. Well, that's the case to be made.

2 It seems to us and, indeed, we recommend it to the
3 Legislature, that that law be changed and made, and it be
4 made very clear that signatures obtained in violation of
5 these laws, simply should not be counted towards putting an
6 initiative on the ballot. The whole notion that people can
7 come in from out of state and in 30-second strong-arm
8 signature-gathering tactics at a supermarket, get people to
9 put on the ballot and subsequently vote for measures that
10 those who collect the signatures are not going to live under,
11 not going to abide by, could come in and change our
12 Constitution and our statutes in California and then return
13 to their state having collected a bounty in the process is
14 most offensive.

15 SENATOR ROSENTHAL: Thank you.

16 ASSEMBLYMAN KLEHS: Correct me if I'm wrong, but
17 it's also my impression that what could happen, as you just
18 described, someone coming in from out of state, flying in on
19 a first class jet, having a couple of cocktails and getting
20 off at the airport, checking into a fancy hotel room,
21 committing a lot of voter fraud in the collection of these
22 signatures, then perhaps being prosecuted as this measure is
23 on the ballot, playing on the worst fears of people, the
24 measure passes, the people who collected the signatures are
25 prosecuted for violating the law. In other words, they
26 didn't play by the rules of the game. That we could have a
27 measure in the Constitution and in our code books that was
28 collected under the worst, the worst election abuses perhaps

1 in the history of the state. Is that true?

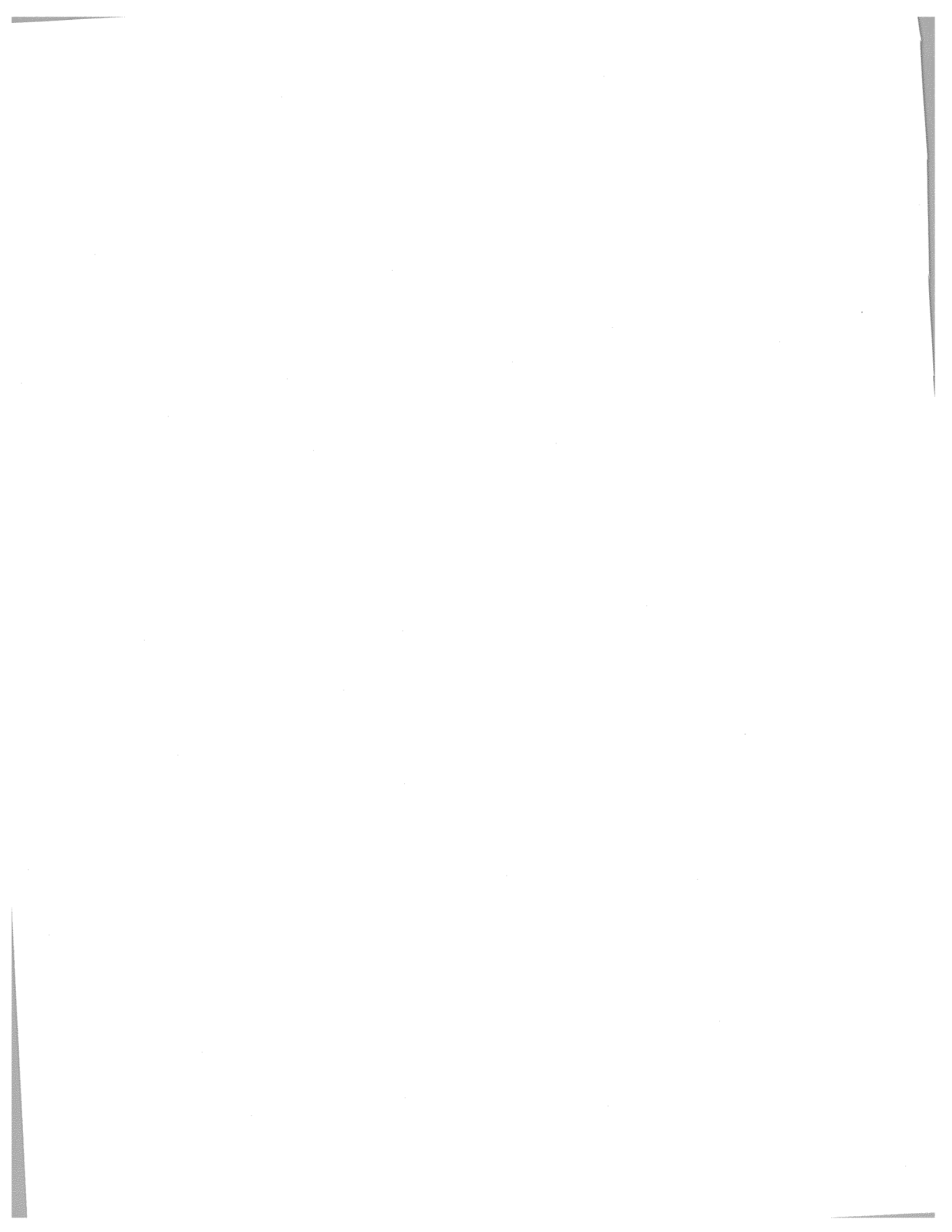
2 MR. WHITE: That's exactly true. Under existing
3 law, Mr. Chairman, you could have an initiative -- I'm not
4 talking about this one, I'm talking about a hypothetical
5 initiative -- where every single signature was collected by
6 an out-of-state person in violation of California's law and
7 it could become the law or it could even become part of the
8 Constitution of our state.

9 ASSEMBLYMAN KLEHS: Thank you very much, Mr. White.

10 We're going to adjourn for lunch. We'll be back at
11 1:30 on the nose. Thank you.

12 I also want to note for the witnesses, the next
13 witness will be Khushro Ghandi, one of the authors in favor
14 of Proposition 64 will be the lead-off witness.

15 (Thereupon the lunch recess was taken.)
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AFTERNOON SESSION

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3 ASSEMBLYMAN KLEHS: It's my understanding that Mr.
4 Ghandi who is the author of the ballot statement in favor of
5 Proposition 64 has the flu, no doubt through casual contact.
6 It's also my understanding that Mr. John Horrell from
7 American Red Cross and California Blood Banks also cannot
8 make it.

9 Is there any person who's going to testify in the
10 place of Mr. Ghandi? I don't want to cut people out of place
11 in the order of testimony.

12 FROM THE AUDIENCE: I don't believe so. They would
13 like for someone from the Committee I think to just read the
14 statement.

15 ASSEMBLYMAN KLEHS: Okay. If Mr. Ghandi's statement
16 is here, what we will do is simply place it in the record for
17 him and note his absence.

18 The next person then who is going to testify in the
19 place of Mr. Horrell is Mr. Charles Abildgaard from the
20 Hemophilia Council.

21 Mr. Abildgaard, please come forward. And could you
22 fill out again one of these registration forms here so that
23 we can get your named spelled correctly and could you also
24 pronounce your name because I'm not sure that I'm pronouncing
25 it correctly.

26 Please sit down and use the microphone.

27 DR. ABILDGAARD: Yes. My name is Dr. Charles
28 Abildgaard.

1 ASSEMBLYMAN KLEHS: Go ahead.

2 DR. ABILDGAARD: I'm a professor of pediatrics at
3 the University of California Davis Medical Center and I'm the
4 director of a regional hemophilia program at the Medical
5 Center that serves patients in this part of the state.

6 I'm also a member of the Medical and Scientific
7 Advisory Council of the National Hemophilia Foundation.

8 At the most recent meeting of that group in
9 Washington, D.C. last month, Proposition 64 was discussed and
10 the following resolution was passed unanimously.

11 "Casual contact with AIDS, HIV infection
12 or seropositivity does not pose a risk to
13 the population at large; and, therefore, we,
14 the Medical and Scientific Advisory Council,
15 oppose such legislation as Proposition 64 in
16 the State of California."

17 That's the end of their resolution. This position,
18 taken by the Medical and Scientific Advisory Council, is
19 based on up-to-date findings and experience with AIDS and
20 human immunodeficiency infection including several studies of
21 known AIDS or HIV infected individuals and their families in
22 which day-to-day family contacts over the past few years have
23 not resulted in spread of HIV infection as measured by
24 antibodies to the virus.

25 And I think what that points out, and we have
26 participated in such studies locally with our own hemophilia
27 individuals and their families, is that the day-to-day
28 activities even in the intimacy of the home with siblings,

1 parents and their children, does not transmit this viral
2 infection.

3 Although I have come to speak in regard to my
4 concerns about the untoward effects of Proposition 64 on
5 individuals with hemophilia, I would like to point out that
6 this proposition could effect hundreds of individuals not in
7 presently recognized risk groups. As individuals who were
8 exposed to HIV infections through blood transfusions,
9 unknowingly spread the virus by sexual activity with their
10 spouses or sexual partners, the incidence of AIDS in the
11 general population will increase significantly. Quarantine
12 and isolation of victims of AIDS and HIV infection is not a
13 solution to this problem and would pose I believe an
14 excessive burden on many very productive members of society.

15 Thank you.

16 ASSEMBLYMAN KLEHS: Thank you. I have no questions
17 of you. I guess I just wanted to ask an off-handed question.
18 Our last witness was Mr. Steve White from the Attorney
19 General's office who talked about some of the abuses that
20 they were uncovering in an investigation of this initiative.
21 Do you ever remember yourself being approached by anybody to
22 sign a petition for this initiative?

23 DR. ABILDGAARD: I have not been approached.

24 ASSEMBLYMAN KLEHS: Not last year in your daily
25 shopping rounds or whatever?

26 DR. ABILDGAARD: No.

27 MS. MCGINNIS: My name is Judy McGinnis and my
28 husband was born with hemophilia and was exposed to AIDS

1 through the blood product that he has to take. He was
2 diagnosed with AIDS in January of 1986.

3 I would like to share with you my experiences as the
4 wife of a person with AIDS and to tell you of the effects
5 AIDS has had on me. I also want to tell you what would be
6 the effect of Proposition 64 on my life if it should pass.

7 This is not an easy thing for me to do to come up
8 here and speak to this esteemed body, but I fear the effects
9 of this proposition to really be so diabolically damaging to
10 all Californians that I welcome this opportunity to come
11 before you.

12 There are three points I want to make about
13 Proposition 64. The personal and social costs, the myth of
14 transmissibility and the emotional costs of mandatory
15 testing. First the personal and social costs.

16 The proposed quarantine restrictions would put an
17 end to the contribution my husband and I both make as
18 employed Californians. As productive members of our
19 community, we are too vital for our society to lose.
20 Although I'm a health care professional, Proposition 64 would
21 consider me a food handler because my work involves feeder
22 retraining of neurologically impaired adults. Who would
23 replace me in performing this critical patient treatment?

24 My husband was diagnosed with AIDS nine months ago
25 and he's been hospitalized twice. He's still gainfully and
26 productively employed, however, in his profession. He
27 contributes to society by continuing to work and he
28 contributes to his own health and self-esteem by refusing to

1 become a ward of the state.

2 I ask you, can the State of California afford to
3 support us and others like us if we are quarantined or
4 restricted from working in our profession?

5 My second point is that I know AIDS is not easy to
6 get. I stand before you a living testimony that AIDS cannot
7 be transmitted casually and that safe sexual practices can
8 prevent the spread of the AIDS virus. Four years ago, my
9 husband and I learned that as a hemophiliac he was in a high
10 risk category for AIDS. We learned that the blood product
11 that he must take for hemophilia might have been contaminated
12 with the AIDS virus. Four years ago other heterosexuals were
13 not concerned about contracting AIDS. Because of my
14 husband's hemophilia we went to talk to the AIDS experts in
15 San Francisco. Based on what those experts told us, we
16 decided to follow safe sexual practices so as not to risk my
17 exposure to the virus.

18 My husband and I live a normal married life. We
19 share the same foods, use the same bathroom and shower, we
20 sleep in the same bed. When we go camping together we even
21 share the same mosquitoes, in short, I live with and I love
22 with a man who has AIDS. But because we have followed
23 medical advice, I have consistently tested negative on the
24 AIDS antibody test. We owe my good health to the accurate
25 information that was given to us by the medical experts.

26 Casual transmissibility of AIDS is a myth and I know
27 this from my own personal experience. I don't wear rubber
28 gloves in my house.

1 The third point I want to make is about the AIDS
2 antibody test itself. All people tested must pay a heavy
3 emotional price. Proposition 64 talks about carriers of
4 AIDS. But I find that term very confusing and misleading. I
5 personally decided not to be tested until my husband was
6 diagnosed with AIDS. I worried because the test produces a
7 high percentage of false positive results, not false
8 negatives, false positive results. Even if I had tested
9 positive, what does testing antibody positive really mean? I
10 have watched the anguish which hemophiliacs and their
11 families go through waiting for these test results.

12 Is the antibody test accurate? Does it mean if you
13 test positive that you will eventually come down with AIDS?
14 If everyone has to be tested as proposed by Proposition 64,
15 how would the community deal with these questions? How would
16 you deal with it if you had a false positive test or anyone
17 in your family?

18 I have experienced the anguish of being tested
19 myself and I don't think it's necessary, nor do I want to see
20 thousands or hundreds of thousands of Californians to have to
21 go through this.

22 I've tried to express in brief my major concerns
23 about Proposition 64. Proposition 64 would lead to an
24 enormous loss of productivity and great public expense. It's
25 based on false ideas of transmissibility. Proposition 64
26 could lead to thousands of Californians bearing the
27 psychological burden of being labeled or mislabeled antibody
28 positive.

1 In closing, I understand the reasons why the
2 responsible medical authorities oppose Proposition 64. I
3 have witnessed these medical authorities save my husband's
4 life twice. I know the motives of the medical community are
5 not only to treat those afflicted, but to prevent the spread
6 of and eradicate AIDS through the most responsible, effective
7 and humane means possible.

8 I don't understand the motives behind Proposition
9 64. Is Mr. LaRouche sincerely afraid of contracting the
10 disease or is he using this issue to exploit the fears of
11 good people to gain political power? I've been, my husband
12 and I have been on top of all the issues and facts about AIDS
13 for the past four years and I just don't see how Proposition
14 64 would prevent a single case of AIDS.

15 Thank you for listening.

16 ASSEMBLYMAN KLEHS: Thank you, Mrs. McGinnis. Your
17 testimony was very touching.

18 I was wondering if you could tell us what your
19 profession is and what the profession of your husband is?

20 MS. MCGINNIS: I will tell you my profession. I am
21 an occupational therapist. I would prefer to protect my
22 husband because he is working from being discriminated
23 against in his job and believe me it is an issue
24 discrimination against people with AIDS or those being tested
25 positive. Do I have to tell you? Will you count it against
26 me?

27 ASSEMBLYMAN KLEHS: No.

28 MS. MCGINNIS: Because I prefer not to.

1 ASSEMBLYMAN KLEHS: I'm sure you know why I'm
2 asking. The reason is, my next question is does your husband
3 go to work every day?

4 MS. MCGINNIS: Yeah.

5 ASSEMBLYMAN KLEHS: Does he continue in his
6 profession in the same normal manner basically that he did
7 before he found out he had AIDS?

8 MS. MCGINNIS: My husband has to take a day off now
9 and then to rest. Mostly he has in other areas of his life
10 had to relax and not do as much so he can continue to work
11 and not wear himself out. It's a very physical job he does.

12 ASSEMBLYMAN KLEHS: Basically what you're saying is
13 he is conducting a fairly normal lifestyle even with AIDS and
14 there is no risk of someone receiving this at the workplace
15 from your husband?

16 MS. MCGINNIS: A fairly normal lifestyle against a
17 lot of things that keep coming up. It takes a great effort
18 to conduct a fairly normal lifestyle with AIDS, let me tell
19 you. If it's not one health problem, I mean not necessarily
20 anything that puts you flat on your back, it's something
21 small. You never know where a health problem will be.

22 ASSEMBLYMAN KLEHS: Do you have children?

23 MS. MCGINNIS: No, we do not have any children.

24 ASSEMBLYMAN KLEHS: Well, I want to compliment you
25 for your courage in coming here to testify. I think it's
26 very, very important and if you have nothing else to say,
27 perhaps after Mr. Rosenthal is finished, I want to just hope
28 that you continue to fight for your family. It's very

1 important.

2 Senator Rosenthal, any questions?

3 Thank you very much.

4 MS. MCGINNIS: Thank you.

5 ASSEMBLYMAN KLEHS: The next individual we're going
6 to hear from is -- I'm looking around the room to see if this
7 person is here -- is Debra Freeman who is a public health
8 officer, Doctor of Public Health I believe, and she is the
9 public health advisor to Mr. Lyndon LaRouche.

10 I had asked earlier if Dr. Chin and Dr. Francis
11 could remain up here as kind of expert witnesses from our
12 Department of Health Services and I would appreciate it if
13 they would come up here and perhaps sit somewhere on the side
14 of the table please.

15 MS. FREEMAN: Do you need copies of my testimony or
16 do you have them?

17 ASSEMBLYMAN KLEHS: Do we have copies of her
18 testimony?

19 MS. FREEMAN: I'll bring some up.

20 ASSEMBLYMAN KLEHS: Great. That would be fine.

21 Dr. Freeman, if you could just leave whatever copy
22 with us after you finished testifying, we can incorporate it
23 into the record. Please go ahead.

24 DR. FREEMAN: Well, first, let me introduce myself.
25 My name is Debra Freeman. I do serve as a public health
26 advisor to Mr. Lyndon LaRouche. I also was the chairman of
27 Mr. LaRouche's presidential campaign in 1984 and I think
28 that, in fact, I am qualified to speak in terms of his

1 position on this matter.

2 ASSEMBLYMAN KLEHS: Dr. Freeman, where are you from?

3 DR. FREEMAN: I'm from Baltimore, Maryland which is
4 where I live and work.

5 ASSEMBLYMAN KLEHS: Have you ever been a registered
6 voter here in California?

7 DR. FREEMAN: No, I have not.

8 ASSEMBLYMAN KLEHS: And you're not at this time?

9 DR. FREEMAN: No.

10 ASSEMBLYMAN KLEHS: Okay.

11 DR. FREEMAN: Since approximately 1981 when the
12 first cases of unusual cancers and infections among
13 previously healthy homosexual men in New York presented
14 themselves, we have learned that in fact we are facing --

15 ASSEMBLYMAN KLEHS: Excuse me, Dr. Freeman. Move
16 the mike a little bit farther back.

17 DR. FREEMAN: -- we have learned that in fact we are
18 facing a worldwide pandemic with the potential to kill the
19 majority of the world's population over the next 20 to 30
20 years.

21 Since 1981 over 24,000 cases of AIDS in the United
22 States have been confirmed by the Centers for Disease
23 Control, well over 13,000 of these are already dead.

24 In January of 1986, at a conference in Martinique,
25 senior health officials from CDC estimated that, based on
26 seroepidemiologic studies, at least 1.75 million Americans
27 were infected carriers of the AIDS virus. Based on the
28 accepted doubling time of eight months for the number of

1 infected individuals, we can safely estimate that no less
2 than four million individuals in the U.S. are infected virus
3 carriers at this time.

4 The vast majority of those individuals will die of
5 AIDS or AIDS related causes by 1990, with a million such
6 deaths occurring during the next 12 to 18 months.

7 In the State of California over 5,000 cases of AIDS
8 have been confirmed and according to statements by Dr.
9 Kenneth Kizer approximately 500,000 Californians may be
10 carriers of the virus.

11 In Africa the situation is much worse. Based on
12 serological studies, even the most conservative estimates put
13 the percentage of the general population of Central Africa,
14 the region that we refer as the AIDS belt, infected with the
15 virus at ten percent.

16 Given the growing body of evidence that 25 to 30
17 percent of infected individuals may carry the virus without
18 developing antibodies, and are capable of transmitting the
19 virus and infecting other people, and given the pitiful state
20 of screening in the United States and elsewhere, these
21 studies grossly underestimate the extent of the problem.

22 But, even with the flawed statistical data that we
23 have at hand, it is clear that unless public health measures
24 are imposed immediately to stop the spread of this deadly
25 disease, AIDS will soon be the leading cause of death in the
26 United States. The failure to impose those measures up to
27 now have resulted in what is undoubtedly the worst public
28 health emergency in this nation's history.

1 Much of the failure to impose the standard measures
2 that we impose for other communicable diseases has been
3 attributed to the insistence that AIDS is a disease that is
4 hard to get, spread only by intimate sexual contact or the
5 introduction of infected blood into the body. Those who say
6 that there is very little danger from casual contact, if
7 casual contact is to be defined as transmission by means
8 other than introduction of infected blood, blood product or
9 semen into the body of another, they're liars.

10 The evidence of this is known to every responsible
11 medical official and public health agency. The fact that
12 this evidence is being either ignored or suppressed
13 constitutes one of the most evil coverups in medical history
14 as well as the criminal disregard to the general welfare of
15 our people and our national security.

16 Attached to my testimony you will find a concise but
17 thorough summary of some of that evidence, including specific
18 citations from the medical literature. I believe that other
19 speakers will go into even further detail on the medical
20 evidence on the potential transmissibility of this disease
21 and several of them are in fact more qualified to speak on
22 this issue than I.

23 I'd also like to share with you some of the results
24 of a new study on AIDS that was commissioned by Mr. LaRouche
25 and prepared by the Executive Intelligence Review Biological
26 Holocaust Task Force. That study shows that AIDS is, in
27 fact, among the most highly infectious epidemics known and is
28 the most deadly by well over an order of magnitude.

1 In the United States and Western Europe it might
2 appear to be the case, that very high rates of transmission
3 occur only in some fast track transmission modes, such as
4 homosexual acts, hypodermic needle use and direct blood
5 transfusions. Otherwise, again, according to the statistical
6 evidence, AIDS might appear to be a slow track transmission
7 disease approximately one percent as communicable per day as
8 highly infectious viruses. However, the AIDS virus is a
9 slow-acting biological time bomb.

10 To the best of our knowledge, AIDS is approximately
11 100 percent fatal to those who contract the infection, and
12 every person infected is an active carrier of the disease to
13 unsuspecting victims long before the carrier presents any
14 symptoms.

15 AIDS is a slow incubation infection. An infected
16 person will carry the disease for four years on the average
17 before becoming sick. This means that millions of infected
18 persons walk around, however innocent, infecting others for
19 up to four years before showing any symptoms. So, it is true
20 that homosexuals and drug users may represent fast track
21 transmission routes through bodily contact and direct serum
22 transfer. They affect the potential for transmission to
23 non-homosexual, non-drug user populations, by means of
24 increasing the number and concentration of AIDS carriers in a
25 locality. Transmission from existing concentrations of AIDS
26 carriers to non-infected persons is relatively speaking slow
27 track transmission.

28 The question then becomes what is the rate of

1 transmission through each of the possible types of vectors
2 corresponding to the slow track? The rate of slow track
3 transmission will tend to vary most significantly according
4 to environmental factors in the locality. Areas of
5 concentration of insect bites and poor sanitation generally
6 must be suspected to have relatively the highest rates of
7 transmission, as in the case of Central Africa and Belle
8 Glade, Florida so well exhibit.

9 To the degree the conditions and the locality
10 converge upon tropical disease conditions, environmental
11 factors must be relatively greater. And, while it is
12 undoubtedly the poor who suffer the greatest risk, it is also
13 clear that once a disease like AIDS gains a large foothold
14 among the urban poor, it will spread rapidly to the
15 population in general.

16 The detailed EIR study compares AIDS to various
17 other diseases, malaria, typhoid, bubonic plague, lassa
18 fever, Hepatitis B, yellow fever, the common cold, influenza,
19 measles and cholera and dengue hemorrhagic fever, and proves
20 the following. That since AIDS is a slow acting lentivirus,
21 the contagious window of an AIDS carrier has a value of 96 on
22 the Communicable Index as compared with the communicable
23 index of one for the common cold and influenza. The
24 disease-specific Mortality Index of AIDS is 100 percent as
25 compared with the mortality rate of 50 percent, for example,
26 of plague, yellow fever epidemics, untreated cholera and
27 untreated dengue hemorrhagic fever.

28 In other words, a European in 1348 had a 50 percent

1 chance of surviving if he or she contracted the bubonic
2 plague, but a person who gets AIDS today currently has no
3 chance of surviving.

4 The Mortality-Communicability Index for AIDS is
5 9,600, making it the deadliest disease in human history by 40
6 times the next closest disease. Other diseases have an MCI
7 value of, in the case of malaria, 240, yellow fever, 150,
8 typhoid, 60, plague, 50, dengue hemorrhagic fever, 50, and
9 untreated cholera 50.

10 The only rational response to the current situation
11 is the equivalent of an Apollo Project mission orientation,
12 an organized crash research effort to create a breakthrough
13 in this area.

14 There is research going on. Some of it is
15 excellent. But it's not enough. The amount being spent is
16 so small that our government's present AIDS program is a grim
17 joke. We need regional treatment centers with national and
18 international research protocols and we must make
19 breakthroughs on every possible flank to defeat this disease.

20 First, we must aim to suppress the infection. This
21 means attempting to prevent a person already infected from
22 continuing to be a carrier of the infection. It also means
23 attempting to suppress the growth of the disease in a person
24 already infected. Second, we must aim to develop both cure
25 and inoculation for the infection.

26 However, today we have no cure for AIDS nor do we
27 have an assured method of treatment to suppress the
28 infection. At present, detection and isolation of persons

1 infected with AIDS is our first line of defense. Every
2 person infected with AIDS is, however innocently, a menace to
3 hundreds or thousands of others.

4 The opening words of our Constitution identify the
5 purpose of the union as to promote the general welfare. This
6 nation has a long and proud tradition of instituting whatever
7 public health measures we deem necessary to promote that
8 general welfare. In almost all cases, excellent public
9 health statutes are on the books. Actually, where public
10 health is concerned, the United States wrote the book. We
11 were the first nation in the world to require that baby's
12 milk be pasteurized to guard infants against milk-borne
13 infections. This occurred in Chicago in 1908.

14 At the turn of the century, after the
15 Spanish-American war, the ambitions and strategic
16 considerations of the United States turned decisively toward
17 the Caribbean, as plans for building a canal across the
18 Isthmus of Panama were revived. Past attempts at this,
19 particularly by the French, had been abandoned because costs
20 escalated and they escalated unbearably as a result of the
21 heavy dying off of the work force from malaria and yellow
22 fever. Control of these mosquito-borne diseases at the
23 disposal of the medical officers entrusted with this task
24 took place. The result was spectacular. A rigorous and
25 energetic sanitary police, supported and sustained by
26 meticulous observation of mosquito numbers and patterns of
27 behavior, succeeded in reducing these previously formidable
28 killers to trifling proportions.

1 Long before 1921, when a partially effective vaccine
2 against tuberculosis was finally produced, systematic efforts
3 to isolate sufferers from TB in sanatoria, together with such
4 simple methods of prophylaxis as slaughtering milk cattle
5 found to harbor TB bacilli and prohibiting spitting in public
6 places, acted to hasten the retreat of the pulmonary forms of
7 infection. Protein-rich dietary habits were spread as part
8 of a re-education movement.

9 During the 1918 influenza pandemic, measures were
10 taken that might seem absolutely extraordinary to today's
11 advocates of civil rights for AIDS. In Philadelphia,
12 schools, theaters, churches and other public meeting places
13 were closed to avoid spread of the contagion. Here in
14 California the entire population was required to wear face
15 masks.

16 Faced with the current situation, one would assume
17 that any nation with such a public health tradition would, at
18 the first sign of AIDS cases, have moved to enforce stringent
19 and traditional public health measures to contain the deadly
20 pandemic from spreading. But what have the measures been?
21 In Baltimore where I come from we have a Captain Condom
22 campaign. Insistence that AIDS is a venereal disease is
23 common. This is a radical departure from accepted norms of
24 public health in which the United States pioneered.

25 To eradicate AIDS we must be prepared to bear the
26 following costs: The cost of full-scale screening to
27 identify active AIDS carriers; the cost of isolating these
28 individuals in modern medical facilities with

1 state-of-the-art medical treatment, until such time as they
2 are deemed to be no longer infectious; the cost of an Apollo
3 Project style crash biomedical research effort; and the cost
4 of preventive economic measures. For example, increasing
5 nutrition, upgrading sanitation and alleviating crowded,
6 unsanitary housing to eliminate disease-spawning tropical and
7 urban hellholes.

8 In order to ensure that the rapid spread of AIDS is
9 halted, nothing less than universal screening and then under
10 full medical care, isolating or quarantining all individuals
11 who are in an active carrier state must be conducted. This
12 is nothing radical. It is one of the classic ABCs of public
13 health.

14 Since AIDS is a lentivirus or slow virus, these
15 measures must be maintained until such time as the basis for
16 either curing the disease or inhibiting its spread is
17 developed. The implications of this policy are huge when
18 compared to the numbers of people who, for instance, were
19 isolated in the TB sanatoria. At their height those
20 sanatoria never housed more than 150,000 on any given day.
21 The average time of stay in a sanitorium was only 30 to 90
22 days.

23 In addition to those 150,000 quarantined in
24 sanatoria, probably an equal number were confined to their
25 homes under auxiliary quarantine procedures. When people
26 were released from sanatoria, they had been through a
27 re-education program and were given assistance in alleviating
28 overcrowded housing. In many cases, the TB patient was given

1 his own bedroom, which under the housing conditions of that
2 period was an absolutely extraordinary measure.

3 Compared to the total, approximately 300,000 people
4 who had been guarantined for TB, the carrier population of
5 AIDS in the United States alone is well over an entire order
6 of magnitude higher.

7 Humane isolation and treatment of persons infected
8 with AIDS means the kind of cost per person that we associate
9 with tuberculosis sanitoria. With not less than 4 million
10 Americans already infected, this does mean many billions of
11 dollars, but it means much less than the hundreds of billions
12 that Americans are spending annually on their recreational
13 drug habits. Had we imposed traditional public health
14 measures upon first detection of this epidemic, the cost both
15 in dollars and in human life would have been lower, but we
16 failed to do so. And we are still failing to do so and
17 people are dying as a result.

18 All that Proposition 64 does is to require the
19 government and public health agencies of the State of
20 California to take those normal measures already prescribed
21 by law for diseases ranging from measles, to tuberculosis,
22 diphtheria and bubonic plague.

23 Proposition 64, as I understand it, will place AIDS,
24 and the condition of carrying the AIDS virus, on the
25 Department of Health Services list of communicable diseases
26 and conditions, a list which is already mandated by the law
27 of this state. This is the same list which includes every
28 other serious communicable disease.

1 Once AIDS is placed on this list, the Department of
2 Health Services is required to treat AIDS the same way that
3 it treats other deadly communicable diseases. Under
4 Proposition 64, all cases of AIDS would have to be reported.
5 No carrier of the virus could be a teacher, employee or
6 student in a public or private school. No carrier could be
7 employed as a commercial food handler. It would be a crime
8 to knowingly spread the disease and the state would be
9 obliged to test and quarantine as much as required to stop
10 the spread of the disease.

11 These are all standard, proven public health
12 measures which have existed as state law for years. Their
13 constitutionality has been tested and upheld in state and
14 federal courts again and again.

15 Why would any rational, normal person oppose
16 Proposition 64? Their motive can be explained in one word.
17 And that word is "money." In the present budget balancing
18 hysteria, our government does not wish to hear about spending
19 such sums, no matter how many millions of Americans may die
20 because of such stubborn, callous neglect.

21 How much will it cost if we do not fund measures to
22 stop AIDS? Right now we say there are between 3 and
23 5 million Americans already infected with AIDS. By about
24 1992 most of those people will be dead. Unless public health
25 action is taken, an additional 10 million or more Americans
26 will be infected with AIDS by that time.

27 We are moving toward the point that hundreds of
28 thousands of Americans die of AIDS infection each year. If

1 it costs an estimated \$100,000 or more to treat an AIDS
2 patient, what will be the cost of not fighting AIDS? The
3 cost to the State of California, if Proposition 64 were voted
4 down, would be far greater than if it is voted on. Where
5 will that money come from?

6 Mr. LaRouche has pointed out that Americans are now
7 spending several hundreds of billions of dollars a year on
8 drugs, mostly imported drugs. This is a major contributing
9 cause to the growth of our national debt and the growth of
10 our foreign trade deficit. If this same amount of money were
11 spent on goods and services instead of drugs, that would
12 cause a significant amount of growth in our economy. The
13 amount wasted on cocaine and other drugs at Hollywood parties
14 could be a significant contribution to the income of the
15 State of California. Do we need a quick source of added
16 taxable income from economic growth? Well, then go ahead and
17 clean up the drug epidemic, and the money needed to fight the
18 AIDS epidemic will be found.

19 Thank you.

20 ASSEMBLYMAN KLEHS: I want to welcome Senator Watson
21 who is the Chair of the Senate Committee. Why don't you go
22 ahead.

23 SENATOR WATSON: First I'd like to apologize for
24 missing the first part of the hearing. I was called to two
25 very important things in Los Angeles earlier today.

26 Dr. Freeman, I'd like to compliment you on a very
27 articulate point of view. Being somewhat of a student of
28 research and development myself, I am, I focused in on

1 something you were saying in the first part of your speech
2 that there had been a research project commissioned for this
3 particular proposition. I see nothing here and I've been
4 looking through our papers to see what kind of research
5 project this was, who did the research, how valid the
6 mechanism is and why do you feel that your research is more
7 believable or substantial than that done by government
8 research projects thus far?

9 DR. FREEMAN: Actually, if you look in -- and I'm
10 afraid that you probably have not been furnished with this --
11 if you look in this little blue booklet, a summary of the
12 research appears beginning on Page 4.

13 ASSEMBLYMAN KLEHS: Could you tell us what that
14 booklet is?

15 DR. FREEMAN: This is a booklet that actually was
16 put out I believe by the National Democratic Policy Committee
17 which is a political action committee affiliated with Lyndon
18 LaRouche. It's a booklet in support of Proposition 64.

19 The report that was prepared by the EIR Task Force
20 which is primarily a statistical study, as I said, appears
21 beginning on Page 4 of that report. The names of the various
22 individuals is listed early on. There are a number of graphs
23 and other things that are associated with it.

24 The primary point that we were trying to make in
25 this particular study and we have, in fact, on other studies,
26 and I'd be happy to furnish the Committee with certainly a
27 more detailed copy of this study which I think you are
28 entitled to.

1 Our primary interest here was first in dividing what
2 we believe are two different kinds of transmission of the
3 AIDS virus. One being fast track transmission. It is in
4 fact the case in the United States that what we today
5 identify as high risk, high risk sectors of the population,
6 were hit by this disease first, they were hit hardest.
7 However, because we are dealing with a lentivirus here, a
8 slow incubation virus, we believe that that makes AIDS a very
9 special kind of disease, one which has an extraordinarily
10 long incubation period.

11 One of the difficulties that we have actually in
12 evaluating the full effect of AIDS is precisely this, we have
13 not even seen, since we've been tracking this disease in '81
14 here in the United States, we have not even seen a full cycle
15 of the recognized period of incubation of this virus, and for
16 that reason many of the studies that have been done -- and,
17 unfortunately, very few studies have been done in this area,
18 but most of the studies that have been done are flawed as a
19 result of this.

20 One thing that I would really want to stress for
21 this Committee is that our primary -- and I've been here all
22 day. I've listened to testimony from various other health
23 professionals and officials of the State of California. Our
24 primary interest in advocating Proposition 64 was, in fact,
25 the interest of saving lives. I would be the last person to
26 get up here and to say to you that we know beyond any shadow
27 of a doubt every possible way that this disease can be
28 transmitted. There's a growing body of scientific evidence

1 that indicates various modes of transmission as being
2 potential and in some cases as being probable. Because we're
3 dealing with a disease about which we know so little and
4 because we're dealing particularly with a retrovirus which is
5 a very difficult type of virus to track and to predict, our
6 attitude has been to proceed with extreme caution. If five
7 years down the road it's discovered that we were over
8 cautious, then all that we will have been guilty of is having
9 been over cautious. However, five years down the road it is
10 determined that we could have taken certain measures and we
11 didn't take them, then what we will be guilty of will, in
12 fact, be measured in the cost of human lives and our concern
13 here really is that of saving lives and nothing else.

14 SENATOR WATSON: I could not agree with you more
15 that a concern on saving human lives is first and foremost.
16 However, my question was about how the research was conducted
17 and you referred to Page 4 of this publication. I see
18 nothing of how the research was conducted, but I do see
19 statistical data that probably is available from newspapers
20 and libraries on the incidence of communicable diseases and
21 the duration of incubation period and so on.

22 My concern is because we know so little about the
23 disease and as Chair of the Health and Human Services
24 Committee, we have processed many pieces of legislation that,
25 number one, would fund research projects and would organize
26 them and help the Department give a direction as to how it
27 regulates research, and we're doing all that we can here at
28 the state level.

1 The thrust that I see in the proposition has some
2 good points and some bad. I think the aspects of the
3 proposition as written tend to feed into the public hysteria
4 about this disease, rather than educate the public and bring
5 to it the statistical and data basis that are reliable. And
6 I think that's the thing that I'm looking for is the
7 reliability of the research so that we put out something for
8 public consumption, it is the best of our scientific thinking
9 and follows scientific procedure. That's the reason why I
10 raised my question.

11 All of us can put forth the results of our own polls
12 and research and we do that all the time as politicians and
13 the results tend to favor what we want the outcome to be.
14 I think that we shortchange the public when we do that. So I
15 raise my question to you not to be answered now, but if you
16 can get me the information on how your research proceeded and
17 how it was done, and the statistical data, the outcomes and
18 so on, other than what we have here, I would appreciate it.

19 DR. FREEMAN: I certainly will make sure you have
20 it.

21 SENATOR WATSON: Let me say, too, usually when
22 scientific data has been embraced by the scientific
23 community, it comes out in the journals. The well-known
24 journal of American Medical Association and those kinds,
25 usually publish this research if it's credible. So that's
26 the kind of thing I'm looking for because we have a public
27 trust here and when we put something out, we have to be sure
28 that it's reliable and that even comes more to mind when I

1 look at the list of the opponents and wonder why they would
2 be opposing.

3 Now, you mentioned because of some kind of financial
4 advantage, but I think this is a scientific community list
5 that I see that starts with the California Medical
6 Association, Nurses Association, hospital and dental and on
7 down the list and all are in opposition. So I need to know
8 more that supports your position and how you came about the
9 results.

10 DR. FREEMAN: One thing that I will also say,
11 certainly I can't explain to you why they oppose the measure.
12 I'm sure that they'll do that in a great deal of detail as
13 they already have.

14 One thing that I will say is that when, in fact, we
15 cite the medical literature, one thing that I found very
16 disturbing in some of the testimony that came before the
17 Committee is I heard statements by people indicating that in
18 fact it has been proven that there is absolutely no way that
19 casual transmission of this virus can occur, that it has been
20 proven that AIDS cannot be transmitted by insect, that it has
21 been proven that AIDS is not an airborne disease. I would
22 challenge those individuals to present me, in fact, with a
23 single study that has been printed anywhere in the medical
24 literature.

25 SENATOR WATSON: I guess that's what I'm doing to
26 you. I'm challenging you to prove your position as you have
27 the right to challenge them. I think we all could be talking
28 from the framework of scientific data and we have to have

1 that data presented in the fashion that is most believable.

2 DR. FREEMAN: Again, what I have done for the
3 Committee in attaching this booklet, if you actually read
4 through the booklet, what you will see in there in testimony
5 that has been provided by myself and by others, you will, in
6 fact, see that under various headings, in addition to the
7 study that we did ourselves, in fact, we said we did
8 ourselves, on questions like casual transmission, primary
9 brain disease, primary lung disease, et cetera, as you just
10 leaf through the booklet, you will, in fact, see citations
11 from the medical literature. There are citations in here
12 from the Journal of the American Medical Association, from
13 Science magazine, from the Morbidity and Mortality Weekly
14 Report of the Centers for Disease Control.

15 Attached to the affidavit on the Potential of Insect
16 Transmission by Mark Whiteside, you will see as well a long
17 list of citations.

18 I could not possibly go through all of those for
19 this Committee. I will, in fact, furnish you with anything
20 that you cannot essentially get yourselves. I would be happy
21 to furnish you with that. I, by the way, did not include
22 that in the body of my testimony also because --

23 SENATOR WATSON: These citations are someone else's
24 work?

25 DR. FREEMAN: Yes, they are.

26 SENATOR WATSON: That's what I want to caution you.
27 What I'm asking for is to know the nature of your work.

28 DR. FREEMAN: Are you referring specifically to the

1 EIR study that I referenced?

2 SENATOR WATSON: Yes.

3 DR. FREEMAN: All that we did in the EIR study is we
4 took the standard figures for various diseases that are put
5 out in the Morbidity and Mortality Weekly Report which is
6 published by the Centers for Disease Control in the United
7 States and we took also in figures for various diseases,
8 incubation rates, numbers infected, morbidity and mortality
9 statistics, et cetera from the CDC and also from the World
10 Health Organization.

11 We then plug those statistics into what is
12 standardly acceptable via statistical models. What we then
13 did was we took the hypothetical case of AIDS, plugged into
14 it the statistics that we have available on AIDS which, as I
15 said, I believe are somewhat understated, and we simply ran
16 AIDS through this same kind of model. The primary reason why
17 we came out with the results that we did is that because
18 obviously on any given day, and I stated this in the body of
19 my testimony, on any given day it might seem that AIDS is, in
20 fact, one percent as contagious as something as say the
21 common cold or influenza, things that we normally identify as
22 highly contagious diseases. However, the unmeasured factor
23 in AIDS is the fact that it is such a slow incubation virus
24 and that a carrier does, in fact, have a period of
25 infectivity that lasts for such a long time.

26 SENATOR WATSON: I don't think anyone disputes that.
27 I think what I would challenge is the fact of how it is
28 transmitted.

1 Let me, if it's all right with the Chair, ask for
2 Dr. Don Francis with CDC to respond. I am concerned about
3 the way information is getting out on the AIDS epidemic and
4 all of us here in the Legislature as well as the general
5 public does not take this particular condition lightly. I am
6 looking for statistical data that has gone through the
7 regular scientific process to tell me how AIDS is
8 transmitted. Can you briefly describe without a long
9 dissertation for me what CDC has come up with?

10 DR. FRANCIS: There's really two approaches to
11 determining how an individual gets infected with the AIDS
12 virus or HIV. One is to look at AIDS cases and investigate
13 them and ask them of the possible risk factors that they
14 have, that is, actual case investigation. The second one is
15 serologic surveys using the very accurate serologic tests we
16 have now of taking individuals who you expect to be at high
17 risk, that is, family members, sexual contacts, et cetera, of
18 individuals who are known to be infected with the virus and
19 testing them for antibodies as Mrs. McGinnis mentioned that
20 she was in sexual contact with an infected individual. And
21 from that get an idea of, one, in an epidemiologic sense
22 regarding case investigation where are the best chances of an
23 individual having picked up the infection compared to the
24 normal population or the whole population, the whole that
25 were sampled.

26 In contrast, the serologic test, taking a high risk
27 group like family members, babies in households, children in
28 households, people who share razors, towels, food, toilets,

1 et cetera and taking blood from them. Or another close area
2 that we look at in terms of communicability, the hospital
3 situation. Nursing is traditionally known as a risk for
4 communicable diseases even for relatively poorly transmitted
5 virus. And so the hospital environment is another one where
6 we serologically survey.

7 And I'm sure Dr. Freeman is aware that the evidence
8 in these investigations are, by and large the cases of AIDS,
9 90 plus percent of them fit into one of these risk groups as
10 well described. But more importantly I think is the
11 serologic testing of individuals has shown in literally
12 thousands of nurses including nurses who have actually stuck
13 themselves with needles from infected individuals for whom we
14 know the virus is circulating, and yet have shown that the
15 risk even of actually getting injected with a needle from an
16 infected individual that's pierced their skin, accidentally
17 pierces the nurse's skin during management of patients, is an
18 extremely low risk of even transmitting that way and it would
19 be in the household setting except for the sexual context.
20 The sole individuals that, no, actually the sole people
21 infected in households containing an infected individual, be
22 it antibody positive or actually has manifested AIDS, have
23 been in sexual contacts with individuals.

24 I think in summary there have really been very
25 little surprises of this virus except that, I think as Dr.
26 Freeman said, we have a great deal of respect for it in that
27 it is a dangerous virus for which someone should not get
28 infected and should do all that the individual can to prevent

1 it.

2 But all of this hysteria that I see in this article
3 is all summarized under Figure 1 down at the bottom of all
4 these indexes of what a dangerous virus which I agree and the
5 long communicable period of the virus which I agree. The
6 essence is this last line. "So the index does not measure
7 the way or relative ease with which the disease is
8 communicable from individual to individual," and that's where
9 the logic falls apart.

10 In communicable diseases what we deal with is how
11 communicable it is, so that you can make the maximumly
12 effective program with the minimal disruption to society and
13 you take that index which you have ignored here and make your
14 prescription of what society should do to stop the
15 transmission.

16 There's not a person in this room that does not want
17 to stop the transmission of this virus. But the question is
18 what extent do you want to make to do that?

19 Now, I have dealt, Dr. Freeman, with quarantine and
20 have used quarantine effectively internationally to stop very
21 dangerous, more dangerous viruses than this one and I know
22 what it does. But you have to realize that if we have your
23 law as you state it now, not as written in the initiative,
24 but as you want it to be, that you would have to make plans
25 for this trip approximately six weeks ago, to go through
26 quarantine, to be tested, to be serologically negative before
27 we would allow you in the state to come and testify here.
28 That is quite disruptive for you as an individual to come

1 into this state to testify in a hearing.

2 DR. FREEMAN: I understand.

3 DR. FRANCIS: That is maximum disruption to me, not
4 even knowing your background, for probably minimally
5 effective result.

6 ASSEMBLYMAN KLEHS: Senator Rosenthal.

7 SENATOR ROSENTHAL: In your studies did you take
8 into consideration what was just said?

9 DR. FREEMAN: Yes, I did.

10 SENATOR ROSENTHAL: And you found that people bitten
11 by mosquitoes got AIDS?

12 DR. FREEMAN: No, that's not what we found.

13 SENATOR ROSENTHAL: You found that people breathing
14 on one another got AIDS?

15 DR. FREEMAN: Why don't you get it through and then
16 I'll answer when you're done.

17 SENATOR ROSENTHAL: You said you took into
18 consideration the group of people who had it and you
19 determined what caused it and you came up with something
20 other than what he had come up with?

21 DR. FREEMAN: Yes, we certainly did come up with
22 something different.

23 SENATOR ROSENTHAL: Tell we what you did.

24 DR. FREEMAN: Our contention in this study and in
25 general is that the notion of casual transmission has not
26 been disproved and there are a couple of different things I'd
27 like to cite here.

28 First of all, studies that purport to show a lack of

1 casual transmission on the basis of the absence of serum
2 conversion in the household contacts is flawed and it's
3 flawed in two respects. First of all, the number of
4 individuals that we're looking at is very small, the amount
5 of time in which we have monitored them is brief, and also
6 the absence of antibodies in individuals carrying the virus
7 is characteristic of household contacts in many cases.

8 There are a number of studies outside of our own
9 that have been done in this area. There's a recent report in
10 the Journal of the American Medical Association that I would,
11 in fact, furnish you with. There also has been documentation
12 in CDC's own Morbidity and Mortality Weekly Report of the
13 infection of transfusion recipients by antibody negative
14 blood as I'm sure Dr. Francis is aware.

15 Furthermore, on questions, for instance, you raised
16 the question if someone sneezes on you will you get AIDS?
17 Well, I think not. However, what I would have to say is that
18 there have been, in fact, studies that have been done in the
19 continent of Africa that were reported in both the Lancet
20 and in the Journal of the American Medical Association where
21 the HIV virus was, in fact, isolated as a primary infection
22 in the pulmonary tract of a woman who is suffering from it
23 and, in fact, the virus was isolated in her pulmonary
24 secretions.

25 Does that mean that if that woman were to sneeze on
26 you, you would get AIDS? Probably not. However, what it
27 does give us as an avenue of investigation, it gives us the
28 potential that AIDS, in fact, can be spread in a manner

1 analogous to tuberculosis not that if you are sneezed upon
2 once or coughed upon once that you will get AIDS, but that,
3 in fact, if you are repeatedly exposed in a confined setting
4 to the pulmonary secretions of someone who is suffering from
5 the disease, particularly if you are already suffering from a
6 certain degree of immunosuppression because of bad nutrition
7 and other environmental factors. I think that there is a
8 significant potential there to claim that, in fact, you would
9 be at risk. And, again, until we are prepared to fund the
10 studies that would document for us in detail every possible
11 mode of transmission, I think we have to take the cautious
12 approach.

13 I think that one thing that Dr. Francis leaves out
14 of the comments that he made, and this is something which is
15 disturbingly absent from all of the statements that come out
16 of CDC, are explanations for certain case studies that, in
17 fact, have been done. Most notably the case of Belle Glade,
18 Florida which is the city that has the highest incidence of
19 AIDS in the United States where the vast majority of people
20 in that locale who are suffering from that disease are no
21 identifiable risk cases.

22 We also have the situation on the continent of
23 Africa where this disease is completely out of control.
24 Where very high percentages of the population of Central
25 Africa are seropositive, where the disease is split evenly
26 among men and woman, where there is a very high percentage of
27 children who are suffering from this disease, where again,
28 there is absolutely no evidence that these people fit into

1 any of the recognized identifiable risk categories. They are
2 not homosexuals. They are not intravenous drug abusers.
3 They have not received blood transfusions. Yet, they are, in
4 fact, suffering from AIDS. We believe that it is largely
5 because of the incredible economic breakdown on that
6 continent, conditions that really are too numerous for me to
7 go into here and now.

8 I also would have to cite, and again, there are
9 other people who are more qualified to testify on this than I
10 am. But we also have to look at the way in which most animal
11 retroviruses are transmitted and use that as a model as at
12 least a starting point for how we look at the AIDS virus, and
13 the bottom line is that casual transmission by blood-sucking
14 insects, by infected saliva and by respiratory aerosols is
15 the normal way by which most animal retroviruses are
16 transmitted. And again, that's really all that I'm prepared
17 to say on that at this point now. I hope that that helps you
18 to understand what direction I'm coming from.

19 SENATOR ROSENTHAL: Doctor, can you respond and try
20 to deal with the specifics that she mentioned in terms of
21 that city in Florida?

22 DR. CHIN: I'm Dr. Chin. Let me respond in general
23 first because as one of the official California Department of
24 Health liars, I think I need to at least address some of the
25 issues that she raised. I think in talking about scientific
26 review of the question, the National Academy of Science, the
27 Institute of Medicine, was a body designed by Congress to
28 review national problems, to give an independent assessment

1 with the best scientific minds on issues such as AIDS.

2 The National Academy of Science, Institute of
3 Medicine Committee to look into the national situation with
4 regards to AIDS has completed their report. I was on that
5 Committee as the only public health representative on that
6 Committee. All of the other members were academic personnel
7 and scientists, headed up by two Nobel Prize winners who got
8 their Nobel Prize working on retroviruses. They got their
9 Nobel Prize in 1975.

10 I can tell you that every conclusion that was drawn
11 in that report, that will be published sometime in October,
12 late October unfortunately, will refute every single argument
13 that has been made by Dr. Freeman in terms of the casual
14 contact hypothesis. It's very difficult, if not impossible,
15 to rule out a negative. All of the laboratory data, all of
16 the epidemiologic data as Dr. Francis has pointed out, point
17 to sexual transmission or blood transmission and that
18 accounts for practically all of the cases. There will always
19 be a case that you can't account for. In any public health
20 investigation into a food-borne outbreak, if you've got 100
21 percent concordant answers, that's a poor study. Somebody's
22 lying.

23 If you get 95 percent, 99 percent evidence of
24 incrimination of a food item, we go with that. So that
25 conventional wisdom which they are questioning, the National
26 Academy of Science, the Institute of Medicine I would say in
27 no way agrees with any of the comments made by Dr. Freeman in
28 terms of the casual spread.

1 DR. FRANCIS: You wanted some comparisons to other
2 animal retroviruses. I spent three years of my life studying
3 feline leukemia virus and I am the first one in the discovery
4 of the transmission of that virus. I have no problem in
5 saying that it is a salivary transmitted virus. I spent
6 another three years of my life in laboratories working on
7 AIDS and I have total objection to that because I don't see
8 the scientific evidence. The difference is we gathered, I
9 gathered the scientific evidence on feline leukemia virus.
10 We cultured it out of saliva. You don't culture the AIDS
11 virus out of saliva. It's extremely difficult.

12 Epidemiologic data for the cat showed that saliva
13 was probably at risk of infection but you could put a cat
14 into a cage with another cat. You could put a chimpanzee in
15 a cage of an AIDS-infected chimpanzee, you can put a human in
16 a household with an infected AIDS virus individual and they
17 don't transmit, but you look at the laboratory evidence and
18 we make the decision. Very different. I would be the first
19 one to raise the dire emergency flag if I thought there were
20 people aerosolizing as you point out like tuberculosis. It's
21 very different. Tuberculosis patients put six micron
22 particles out with mycobacteria and tuberculosis floating
23 around the room and it will stay there for 35 minutes. I'm
24 concerned about that. I would be very concerned if the same
25 situation was happening with HIV.

26 It doesn't happen. It doesn't happen
27 epidemiologically which I think is the ultimate measure to
28 see if people get infected by and it doesn't happen in the

1 laboratory.

2 DR. FREEMAN: You and I could argue all day as to
3 whether or not the amount of study is sufficient and, as I
4 said, I insist the studies that purport to show lack of
5 transmission in household contacts are flawed, but you have
6 yet to explain to me, and I would be very happy if you could,
7 how then do you account for the incredible rate of this
8 disease in Central Africa and how do you account for it in
9 Belle Glade, Florida?

10 DR. FRANCIS: As I said, I don't think there's any
11 surprise in Belle Glade, Florida or Central Africa. What you
12 said is they're not homosexual, they're not IV drug users and
13 they weren't born to mothers who are infected, all of which
14 we all agree are means of transmission. What you did omit is
15 that they have sex. These are not Camp Fire Girls out there
16 getting mosquito bites.

17 DR. FREEMAN: Are you telling me that children in
18 Africa who have contracted the disease after birth have had
19 sex?

20 ASSEMBLYMAN KLEHS: Excuse me. We don't want to get
21 into a debate. The Committee will ask the questions, the
22 witness will be providing answers.

23 I have a question of, I guess it's of Dr. Francis.
24 If you could tell us -- two questions on this. First of all,
25 what are the disease, what in California causes more death,
26 except traffic accidents, what health problems cause more
27 deaths than, say, other types of health problems in
28 California? Is it cancer? Is it alcoholism? Could you

1 please go through that list very quickly and tell us what
2 those are?

3 DR. FRANCIS: I think I will defer to the
4 Californian on the table.

5 DR. CHIN: I think the diseases, it's basically the
6 chronic diseases, cancer, heart disease, traffic accidents.

7 ASSEMBLYMAN KLEHS: Cancer, heart disease. Where
8 does alcoholism fit in?

9 DR. CHIN: It's contributive toward heart disease
10 and other things, but my area is infectious disease and when
11 you get into discussions of other diseases I'm not the
12 expert.

13 ASSEMBLYMAN KLEHS: Can you tell me what are the
14 most commonly communicated diseases that could cause death in
15 California.

16 DR. CHIN: Well, influenza definitely is one. It
17 comes in terms of epidemic proportions just about every
18 single year and literally hundreds of thousands of people
19 would be infected with influenza each year and we may have
20 thousands of deaths from influenza. I would probably rank
21 that number one.

22 ASSEMBLYMAN KLEHS: Are there more cases of
23 influenza in California than there are of AIDS?

24 DR. CHIN: You're comparing apples and oranges.
25 When you're talking about influenza you're talking about sort
26 of a different virus just about every year so that in the
27 sense the total population could be susceptible and it is
28 spread by airborne routes so it is in that sense a casually

1 transmitted disease. So we're talking there of each year
2 hundreds of thousands of cases. In some years we may be
3 talking about millions of cases of influenza.

4 ASSEMBLYMAN KLEHS: But in the general sense of
5 influenza, are there more deaths of influenza each year than
6 there are of people with AIDS?

7 DR. CHIN: Right now, yes, but not in the future. I
8 think in the future AIDS will catch up.

9 ASSEMBLYMAN KLEHS: What other disease is like that
10 in California?

11 DR. CHIN: In terms of infectious diseases, we don't
12 really have that many severe infectious diseases that we deal
13 with that have, say, a significant mortality rate.

14 ASSEMBLYMAN KLEHS: Dr. Freeman, I have some other
15 questions to ask you. No doubt you probably heard Mr. Steve
16 White from the Attorney General's office this morning talk
17 about some investigations that his office is conducting with
18 respect to the manner in which signatures were collected for
19 this initiative in California.

20 It's my own understanding that you are being
21 investigated by the federal Elections Commission with regards
22 to contributions you received from the Fusion Energy
23 Foundation which is connected to Caucus Distributors when you
24 were a candidate for Senate in the State of Maryland.

25 Were you involved in any way in the collection of
26 signatures in California for this initiative?

27 DR. FREEMAN: First of all let me just say that your
28 allegations with regards to the federal Election Commission's

1 investigation of me are false.

2 ASSEMBLYMAN KLEHS: You're not under investigation
3 by the federal Election Commission?

4 DR. FREEMAN: I will tell you what I am under
5 investigation for. The federal Elections Commission
6 responded in 1982 to a complaint filed by Barbara Mikulski
7 who is the woman who I ran against for U.S. Congress. She
8 alleged that, in fact, I used manpower not money from the
9 Fugon Energy Foundation and certain other organizations.

10 That investigation has been going on for over four
11 years in a case that did not involve federal matching funds.
12 And up to this time the FEC has found not a single instance
13 of misconduct on my part. And I just wanted to clarify that
14 point.

15 I would also point out, if you've ever run for
16 federal office, the FEC is an admirably aggressive
17 organization which investigates and fines almost everyone who
18 runs for federal office. It is unfortunate. We try our best
19 to comply with FEC regulations, but we have difficulty doing
20 that.

21 In answer to the second part of your question, I was
22 not involved and am not now involved with the efforts of the
23 PANIC Committee in any way. I serve as an advisor to Mr.
24 LaRouche and that's the capacity I'm here today.

25 ASSEMBLYMAN KLEHS: So you were in no way involved
26 in the collection of signatures for this initiative in
27 California?

28 DR. FREEMAN: No, I didn't.

1 ASSEMBLYMAN KLEHS: You didn't fly out in a jet from
2 Maryland, stand in front of a supermarket and collect
3 signatures?

4 DR. FREEMAN: No, I didn't. I also had lunch
5 upstairs in the cafeteria, not in a fancy restaurant as you
6 implied earlier.

7 ASSEMBLYMAN KLEHS: I saw you up there. Because one
8 of the problems in the collection of signatures as you may
9 have heard and I have heard from people in my own district
10 and other people, that there is a lot of untruths that were
11 told to people when they were collecting the signatures. In
12 fact, on the cover of your statement here, your little
13 pamphlet it says, "Sign the petition to make AIDS
14 reportable." I think while the signatures are being
15 collected AIDS was a reportable disease. So in a way this
16 isn't entirely true. It was on the cover of your own little
17 newsletter with respect to the disease.

18 DR. FREEMAN: I'm really not in a position to
19 comment.

20 ASSEMBLYMAN KLEHS: Well, you're here as an expert
21 witness as the medical advisor to Mr. LaRouche.

22 DR. FREEMAN: I am an expert --

23 ASSEMBLYMAN KLEHS: This picture is part of a
24 magazine that you're using to testify.

25 DR. FREEMAN: I certainly am not here as an expert
26 witness as to how, in fact, petitions were or were not
27 collected. I don't even know if that picture comes from
28 California frankly. I just don't know and I'm not going to

1 comment on things I don't know about.

2 ASSEMBLYMAN KLEHS: I hope it came from California
3 if you're devoting it to an issue on Proposition 64 --

4 DR. FREEMAN: I hope so, too. I'm just saying I
5 don't know.

6 ASSEMBLYMAN KLEHS: I have a lot of problems with --
7 you know, in California we really welcome a lot of people in
8 this state and you're welcome to come here, too, but we get a
9 little tricky about who puts what on our ballot when it's
10 people from outside of our country, or from outside of our
11 state who fly people in and perhaps solicit those collectors
12 of signatures in other states.

13 DR. FREEMAN: Mr. Klehs, I was not here during the
14 petition campaign. I'm here now at your invitation.

15 ASSEMBLYMAN KLEHS: Do you have one of your people
16 here who could tell us about that petition drive?

17 DR. FREEMAN: Do you mean is there a representative
18 from PANIC here?

19 ASSEMBLYMAN KLEHS: Yes.

20 DR. FREEMAN: I don't believe there is. But I'm
21 sure that if you got in touch with Mr. Ghandi or one of the
22 other people who are the more prominent spokesman for the
23 Committee.

24 ASSEMBLYMAN KLEHS: Do you have anything else to
25 say?

26 DR. FREEMAN: No, I don't.

27 ASSEMBLYMAN KLEHS: Thank you.

28 Next witness will be, we're going to move up Mr.

1 Duane Dauner from the California Hospital Association. He
2 has to go back to work and we will have him before we have
3 Mr. Carl Smith.

4 Go ahead, Mr. Dauner.

5 MR. DAUNER: Thank you, Senator Klehs, Senator
6 Watson, members of the Committee. I'm Duane C. Dauner,
7 President of the California Hospital Association and with me
8 today is Sally Linn from our office.

9 I do have another commitment and I appreciate your
10 taking me in this order.

11 California Hospital Association appears today in
12 opposition to Proposition 64. We did serve as a co-signator
13 on the rebuttal to the the proposition with the California
14 Medical Association and the California Nurses Association. I
15 will briefly review the points made in the testimony --

16 ASSEMBLYMAN KLEHS: Excuse me for a second. Will
17 the members of the press who are speaking to the doctor,
18 could you please take your questions outside so we could
19 continue conducting the hearing? Thank you. Sergeant, make
20 sure they clear the aisles there so we can hear our witness.

21 Go ahead.

22 MR. DAUNER: Thank you.

23 I will briefly review the points made in our
24 testimony in support of the presentations made by the
25 gentleman on my right, we know of no documentation that
26 indicates that the virus is transmitted by other than through
27 body fluids. And in contrast to the previous testifiers who
28 stated that casual transmission has not been disproved,

1 neither has it been proved and, therefore, we tend to support
2 the scientific research in this area and obviously much more
3 needs to be done.

4 It is clear that AIDS is not a contagious,
5 infectious disease, communicable disease in the ordinary
6 sense that we think of food-borne or airborne transmissions
7 as was discussed earlier.

8 As you just pointed out, Mr. Chairman, AIDS is
9 reportable in the state today. Proposition 64 goes one step
10 further and requires that AIDS carriers be reported. Since
11 we don't have a way of distinguishing between carriers and
12 those that test positive on the antibody, in essence we're
13 making the antibody a surrogate for carrier status and we
14 believe that that is detrimental in a number of ways. We
15 believe that voluntary testing would cease, that people would
16 not permit themselves to be tested unless they had to for
17 other specific reasons and it would probably hurt the
18 research in attempting to find a cure.

19 Proposition 64 in our judgment will restrict the
20 discretion of county health officers and officials of the
21 state in controlling the disease and I believe that there
22 will be people in the state to speak on that issue.

23 It will have financial impacts on the state,
24 particularly with respect to education and food handling
25 workers. If they are tested positive and they are required
26 to be dismissed, then there will be a number of costs to the
27 state, many of which may not be justified ultimately.

28 Proposition 64 will have a detrimental impact on the

1 voluntary blood supply. If every positive test is to be
2 reported, then we believe that the number of people who
3 volunteer for giving blood will drop and, therefore, we'll
4 have a threat to the supply. Interestingly, this would
5 affect California to the disadvantage of other states. Since
6 this is a national problem and there have been positive AIDS
7 victims identified in every state, it is a national issue.
8 And it is interesting to me that we have an initiative on the
9 ballot in California which was admittedly by the proponents
10 prompted by interests outside of the state, that we should be
11 dealing with this on a national level. Because if we end up
12 with these problems and, let's say, we have a depleted blood
13 supply in California because of a national problem that
14 should have received national attention, California will have
15 been singled out in a regressive way.

16 Hospital workers are around and treating AIDS
17 patients continuously. And it is a concern to the employees
18 in our institutions throughout the entire state. We are
19 doing our best to educate hospital employees on how to deal
20 with AIDS patients, but even with ordinary precautions as we
21 treat other patients, we have not had any incidents of AIDS
22 to our hospital workers. So we believe in support of the
23 more precise research that it is not transmittable by casual
24 contact.

25 In summary, we oppose Proposition 64 because we
26 believe it constitutes poor public health policy. It
27 attempts to apply state law for control of contagious
28 diseases which has not been proven to be transmittable by

1 casual contact. It would not slow the spread of AIDS, but it
2 will cause hardship, it will cause an attack to some degree
3 on people's civil rights, it will impede medical progress, it
4 will deplete the blood supply and force people to go
5 underground and clearly there will be a good amount of state
6 resources diverted to the implementation of Proposition 64
7 which we believe can more effectively be used for the
8 education and treatment of disease as well as the research to
9 find a cure.

10 We are supportive of open, enlightened attention to
11 this great challenge and we as a participant with physicians
12 and other people in the scientific community are doing our
13 best in an attempt to try to isolate the disease and find a
14 cure and we are confident that the current laws on the books
15 allow us that flexibility to treat people and conduct the
16 research and we believe that Proposition 64 is detrimental to
17 that objective.

18 ASSEMBLYMAN KLEHS: Thank you. The question I have is
19 what would the impact be on information and education
20 programs directed towards infected individuals as to how they
21 prevent transmission if this measure passed in your opinion?

22 MR. DAUNER: I'm not sure I understood exactly what
23 you were asking.

24 ASSEMBLYMAN KLEHS: Right now the California
25 Hospital Association as well as all the other major medical
26 associations are involved in some very beneficial educational
27 programs with respect to the general population in California
28 and people who have contracted the virus specifically. What

1 would the impact of this initiative be on those individuals
2 in your opinion if the measure passed?

3 MR. DAUNER: I believe that we would continue our
4 educational programs, but I am confident that the impact
5 would be of less value because they will become fearful of
6 participating, reporting or even providing information if
7 they turned out to be a, have a positive HTLV-III virus and,
8 therefore, I think it will impede our research activities as
9 well as the ability to help control those that are in a high
10 risk category to change their lifestyle or practices so we
11 could minimize the exposure to other people.

12 ASSEMBLYMAN KLEHS: What would the impact of the
13 initiative be perhaps on people who work in your hospitals
14 who work with AIDS patients on a daily basis:
15 Maybe some of them have the virus but don't have the worry of
16 getting AIDS. What's the potential of those people? Would
17 they want to come back to work or would they be able to come
18 back to work?

19 MR. DAUNER: In the short run I'm not sure it would
20 have any impact on the hospital workers. Obviously there's
21 some concern if they would lose their job because they might
22 end up testing positive and, therefore, they would be
23 reluctant. So there could be a negative impact. I would
24 hope that we can continue to support the hospital employees
25 so that they would participate in the treatment as well as in
26 the follow-up work on both sides of the equation.

27 Obviously, there would be a dampening or a chilling
28 effect because of the extreme to which Proposition 64 takes

1 us on the reporting.

2 ASSEMBLYMAN KLEHS: I guess my last question is how
3 would the eventual development of a vaccine be affected by
4 Proposition 64 and would a vaccine produce antibodies that
5 would subject the vaccinated person to the provisions of
6 Proposition 64?

7 MR. DAUNER: There are probably people in the
8 audience better qualified to answer that question than
9 myself. I believe that Proposition 64 is going to have a
10 negative impact on finding a solution because it tends to
11 place a damper on the whole amount of individuals who are
12 willing to participate in the research and those that would
13 subject themselves to procedures or reporting which
14 Proposition 64 tends to make them at risk as individuals in
15 their employment.

16 ASSEMBLYMAN KLEHS: Thank you.

17 Senator Rosenthal?

18 Okay, thank you very much.

19 MR. DAUNER: Thank you.

20 ASSEMBLYMAN KLEHS: We have about two hours left and
21 nine more witnesses. So we will hurry along if you'll hurry
22 along.

23 The next one I guess is Dr. Carl Smith of the Health
24 Officers Association of California.

25 Dr. Smith, could you please tell us what your
26 medical background is and some of your experiences perhaps
27 with the AIDS virus?

28 DR. SMITH: Yes. I'm a graduate of Stanford

1 University. I got my medical degree there. I had my
2 masters in public health from the University of California at
3 Berkeley.

4 I am a local health officer in Alameda County and
5 have been so for ten years. I, among other things, I Chair
6 the California Conference of Local Health Officers Disease
7 Control Committee and I'm really in contact with most of the
8 health officers in most of the disease control staff in the
9 state pretty regularly.

10 ASSEMBLYMAN KLEHS: Thank you. Go ahead.

11 DR. SMITH: Today I wanted to talk about four points
12 and I hope that these will be fairly brief.

13 The first is that local health officers are already
14 engaged in control of AIDS-related conditions in California.
15 The second point is that Proposition 64 will destroy most of
16 our current efforts which are necessary to prevent infection
17 with the virus that causes AIDS. The third is that existing
18 law provides the health officers necessary power to examine
19 and isolate individuals with a communicable disease. And the
20 fourth point I want to talk about is that local governments
21 will not be able to bear the cost of implementing the
22 requirements of this proposition.

23 In terms of the fourth, I was just looking at my
24 notes sitting here and I think I missed the point on that a
25 little bit because the major thing is going to be that if we
26 have to spend the kinds of money that would be required to
27 enforce Prop 64, we will be diverting those monies from other
28 activities that are really going to be incredibly important

1 in the real control of the disease and I'll dwell a little
2 bit on that later.

3 Local health officers now carry out a number of
4 activities which will prevent the transmission of Human
5 Immunodeficiency Virus. These include active case
6 serveillance, serologic studies, contact investigation and
7 disease investigation. These special studies and
8 investigations have as their purpose the identification of
9 individuals and groups who are most in need of education and
10 information about the prevention of HIV infection.

11 The local health officer also carries out research
12 studies which have as their purpose the estimation of the
13 future course of the epidemic in the community and the
14 estimation of future service needs of the community.

15 All of these disease control activities require the
16 cooperation in the community. Those efforts, these efforts
17 are based on voluntary participation of individuals who may
18 be at risk for infection. Without this voluntary
19 participation it would be impossible to reach those
20 individuals who need to be educated about the transmission of
21 the virus.

22 Proposition 64 will preclude all voluntary
23 participation in disease studies and investigations and
24 undercut the significant efforts that are now being made to
25 control the spread of the disease.

26 Local health officers have the necessary powers to
27 examine, isolate and quarantine individuals who are infected
28 with a communicable disease. This power is assigned to the

1 health officer by our society with the expectation that it
2 will be exercised after the health officer has carefully
3 evaluated the status of the individual involved and has
4 exercised sound medical and epidemiologic judgment.

5 Proposition 64 removes this judgmental factor and
6 bases a decision to isolate or quarantine on political
7 misconception rather than medical and epidemiologic
8 information.

9 Now, when I talk here about the costs, again, I want
10 to emphasize that what will happen is that if we spend the
11 kind of dollars that we talk about in terms of implementing
12 the conditions of Proposition 64, this money will be diverted
13 from other necessary dollars in order to control and prevent
14 AIDS and also will be diverted from other public health
15 programs.

16 Local governments will not be able to support the
17 cost of the proposed statute. Setting aside ethical and
18 professional questions that the local health officer will
19 have to address before the county begins to implement any of
20 the provisions of Proposition 64, local government will have
21 to bear the cost of, one, enhancing current register
22 activities to include individuals with serological evidence
23 of HIV infection; two, case investigation and follow up on
24 individuals reported to the health department; three, follow
25 up of contacts identified in the reported cases;
26 identification of individuals who show serologic evidence of
27 HIV infection; an assessment of the risk of transmission for
28 each of these identified individuals; establishing

1 quarantine, isolation, and travel restrictions of these
2 individuals who were returned determined to be at risk for
3 the transmission of the virus; and, lastly, legal and court
4 costs associated with litigations that will ensue from any of
5 these actions. In Alameda County alone I estimate this will
6 be at least \$14 million a year.

7 In closing, I again stress that local health
8 officers now have the necessary authority and legal mandate
9 to take all actions required for this or any epidemic. The
10 passage of Proposition 64 will badly damage current
11 activities which are necessary to control HIV infection and
12 AIDS in California.

13 Thank you.

14 ASSEMBLYMAN KLEHS: Thank you. Okay. No questions.
15 Thank you very much.

16 The next individual is Dr. John Grauerholz, one of
17 the authors of the ballot statement in favor of Proposition
18 64.

19 DR. GRAUERHOLZ: Members of the Committee, my name
20 is Dr. John Grauerholz. I'm a pathologist or certified as
21 such by the the American Board of Pathology and I'm a
22 signator on the ballot argument for Proposition 64.

23 ASSEMBLYMAN KLEHS: Dr. Grauerholz, are you
24 currently a registered voter in California?

25 DR. GRAUERHOLZ: No, I am not.

26 ASSEMBLYMAN KLEHS: Have you ever been a registered
27 voter in California?

28 DR. GRAUERHOLZ: No, I have not.

1 ASSEMBLYMAN KLEHS: Thank you. Go ahead.

2 DR. GRAUERHOLZ: I was asked to answer a series of
3 questions, the major one of which dealt with the question of
4 risk group so I'll go from there.

5 On the question of risk groups, a problem is simply
6 that the very concept of risk groups is incompetent and the
7 so-called risk groups have repeatedly changed over time. The
8 basis of this incompetent approach is the failure from the
9 beginning to come to grips with this thing from a public
10 health standpoint. Many of the same medical experts who now
11 espouse the current risk groups, whatever they happen to be
12 today, once condemned the idea that the disease could be
13 communicated through blood transfusions.

14 AIDS or Acquired Immunodeficiency Syndrome was first
15 described in the early 1980s as a group of unusual infections
16 and tumors affecting previously healthy homosexual men. The
17 term "AIDS" actually supplanted an earlier term which was
18 GRIDS or Gay Related Immune Deficiency Syndrome. When it
19 became evident that the disease also infected intravenous
20 drug users, hemophiliacs and a number of Haitian immigrants
21 and these constituted the original risk groups, the so-called
22 four H's, homosexuals, heroin addicts, hemophiliacs and
23 Haitians.

24 Later, as the Haitians were moved out of the
25 concentration camps in southern Florida where they had been
26 crowded under unsanitary conditions, the incidence of the
27 disease in the Haitian immigrant population declined and they
28 were dropped from the risk groups, although there was an

1 attempt recently to put them back to get around the Belle
2 Glade data. But this left us with homosexuals, heroin
3 addicts and hemophiliacs to whom were shortly added a number
4 of transfusion cases and then pediatric cases originally
5 reported in New Jersey.

6 Among the first 10,000 cases reported to the Centers
7 for Disease Control were a number of prostitutes, only one of
8 whom was not an IV drug user.

9 In 1984, actually in late '83, it was discovered
10 that a cytotoxic retrovirus was associated with the
11 development of the Acquired Immune Deficiency Syndrome.
12 Retroviruses have been well-known to cause disease in a
13 number of animal species ranging from the common house cat to
14 sheep, goats, cattle, horses and monkeys among others. In
15 all these animals, transmission from infected animals to
16 uninfected animals is by three primary means. Number one,
17 vertical transmission from an infected mother to her
18 offspring during pregnancy or horizontal transmission to the
19 offspring through infected milk during breast feeding.

20 Number two, horizontal transmission from one animal
21 to another by salivary contact, licking or the equivalent of
22 kissing or aerosol transmission of infected respiratory
23 secretions.

24 Number three, mechanical transmission of infected
25 blood or serum from one animal to another by blood-sucking
26 insects. The bottom line is that casual transmission by
27 blood-sucking insects, infected saliva and respiratory
28 aerosols is the normal way by which most animal retroviruses

1 are transmitted.

2 In addition, these viruses are well documented to
3 undergo a high rate of mutation and are capable of acquiring
4 the ability to infect new cells within a species and of
5 acquiring the ability to infect new species of animals. For
6 instance, there is evidence now that HTLV-III, pardon me,
7 HTLV-I, the first "human" retrovirus, in fact, represents
8 human infection by Bovine Leukemia Virus, an insect and milk
9 transmitted virus of domestic cattle.

10 Another problem in estimating transmission by using
11 serologic studies is the problem of antibody negative virus
12 carriers, especially among household contacts and this data
13 was reported and brought to us in November of '85 where 27
14 percent of the spouses of AIDS victims were antibody negative
15 carriers.

16 Numerous studies document the ability to repeatedly
17 culture HIV over time in persons with no antibodies to the
18 virus. Infection of a transfusion recipient by antibody
19 negative blood has recently been reported to the CDC's own
20 Morbidity and Mortality Weekly Report.

21 The real issue involved in the initial appearance of
22 AIDS among homosexuals and IV drug users is that these are
23 atypical, but highly efficient means of transmitting a
24 blood-borne virus such as HIV and the associated lifestyle
25 supply a number of cofactors such as nitrite abuse, which
26 conduce to the development of immune suppression.

27 This has resulted in the creation of a large pool of
28 lifetime carriers of this virus which now functions as a

1 reservoir of transmission to the general population under
2 appropriate conditions.

3 Evidence from Africa indicates that there are
4 between ten million and 30 million infected individuals in
5 Central Africa alone. Very few of these are homosexuals, IV
6 drug users or hemophiliacs as has already been conceded.

7 The problem with postulating widespread,
8 bidirectional heterosexual spread is this heterosexual spread
9 only seems to occur under conditions of environmental
10 collapse as in Central Africa where unlike the United States
11 15 to 22 percent of the cases occur among children, according
12 to Dr. Nathan Clumeck of the Tropical Disease Institute in
13 Brussels.

14 Speaking at the International Symposium on African
15 AIDS which I attended, Dr. Clumeck cited a study that over
16 the past five years 21 percent of homosexuals in San
17 Francisco had intercourse with one or more females. In spite
18 of that, as of that time, November 1985, not a single
19 heterosexual transmission case of AIDS had been reported from
20 San Francisco. This is hardly the behavior of a
21 heterosexually transmissible venereal disease, especially one
22 which has infected millions of people.

23 On the other hand the conditions of crowding, poor
24 sanitation and insect infestation which characterize places
25 such as Central Africa and Belle Glade, Florida are precisely
26 the conditions under which other animal retroviruses such as
27 equine infectious anemia, bovine leukemia, and Visna virus,
28 all of which are closely related to the Human

1 Immunodeficiency Virus are spread from infected animals to
2 uninfected animals. The large number of AIDS cases and
3 seropositive individuals in Belle Glade, Florida are confined
4 to a ten square block area within that community. To quote
5 Dr. Mark Whiteside, quotes:

6 "As of July 26, 1985, 87 percent of
7 the female and pediatric AIDS cases in
8 the sexual contact risk group occurred
9 in New York City, New Jersey, Florida,
10 Puerto Rico, Los Angeles and Texas.
11 All but five of the other cases occurred in
12 states along the eastern seaboard or
13 southern United States.

14 "It is almost statistically impossible
15 for a sexually-transmitted disease which is
16 untreatable to be confined geographically.
17 I have interviewed the physicians working
18 with the vast majority of pediatric and
19 female cases and they have stated that over 90
20 percent of their cases come from families
21 living in poor environmental conditions.

22 "Again, an untreatable sexually-
23 transmitted disease does not confine
24 itself to poor neighborhoods. Thus, finding
25 sexual contact in some cases of AIDS proves
26 nothing other than the fact that these
27 individuals share the same environment," closed
28 quotes.

1 Studies from Central Africa do, in fact, show
2 clustering of cases within families and a high seroprevalence
3 of antibodies to HIV among children in remote areas of Zaire.
4 Even the recent study from Kinshasa by Drs. Mann and Quinn
5 which reports to rule out household transmission, showed
6 clustering of cases and infection of preadolescent children.

7 In addition, not all household members were studied
8 which lends a certain suspicion that data which fail to
9 support the preconceived conclusion may experience a certain
10 difficulty in being included in such studies.

11 In addition, none of these studies, in fact,
12 actually quantifies the environmental variables, such as
13 insect exposure.

14 In the Belle Glade, Florida studies environmental
15 factors were quantified. To quote Whiteside again, quote:

16 "There is public health emergency in
17 Belle Glade. Over 100 cases of AIDS and
18 over 60 cases of tuberculosis clustered
19 in two central depressed sections of town.
20 There is currently an explosion of
21 noncharacteristic or no identifiable risk
22 AIDS from the same area. Independent surveys
23 document a 10 percent seroprevalence of
24 antibodies to HTLV-III/LAV in this largely
25 heterosexual population. A sexually-transmitted
26 disease does not confine itself to a single
27 poor neighborhood. Neutralization data
28 reveal a remarkably high prevalence of antibodies

1 to several different potentially pathogenic
2 arboviruses (mosquito-transmitted viruses).

3 "Seventeen percent of the target
4 population have serum antibodies to Maguari,
5 a Bunymwera serogroup arbovirus endemic to
6 the Caribbean and South America and previously
7 never reported in the United States. This data
8 should be a irrefutable proof of environmental
9 exposure in this economically disadvantaged
10 group of people."

11 A case of salivary transmission from husband to wife
12 was reported in the December 29th, 1984 issue of the British
13 medical journal, The Lancet. The husband acquired the
14 infection during the surgery which rendered him impotent.
15 His only sexual contact with his wife who subsequently became
16 infected was kissing. In the most recent issue of The
17 Lancet, September 20th, a case was reported from Dusseldorf,
18 Germany of a six-year old child who acquired the infection
19 from his three-year old transfusion-infected brother as a
20 consequence of a surface bite by the younger child. There
21 was no bleeding or bruising associated with this bite.

22 In addition, there was, of course, the case of the
23 mother who caught the virus while caring for her two-year old
24 child who had been infected by a transfusion.

25 The upshot of the foregoing and the bedbug study
26 which I shall reference below is that most of the so-called
27 heterosexual cases in Africa and the Caribbean which
28 constitute the majority of the cases in the world, are not

1 transmitted by sexual contact per se, but represent the fact
2 that the individuals involved share the same environment and
3 that these environments are characterized by the same
4 conditions and the same vectors which result in transmission
5 of other animal retroviruses.

6 Now, casual communication by an unsuspecting carrier
7 to an unsuspecting victim is highly likely because in the
8 case of the husband who kissed his wife, it's already
9 occurred. And since the virus produces a prolonged
10 asymptomatic carrier state, there is no reason why a great
11 many infected, and infectious, individuals would be aware of
12 that state if they felt they had no reason to consider
13 themselves at risk.

14 On the statement that under certain conditions the
15 infection can be communicated as an airborne disease, the
16 simple facts are that the Human Immunodeficiency Virus causes
17 a primary respiratory infection known as chronic lymphoid
18 interstitial pneumonitis or CLIP. Research at the Pasteur
19 Institute demonstrated over a year ago that the virus was
20 present in the respiratory secretions of a patient with this
21 infection, a lady by the way who was not a prostitute, not a
22 homosexual, not an IV drug user.

23 The lethality of this particular process by itself
24 has yet to be established, but it is of significance the
25 question of transmissibility on two counts. First, the fact
26 that the primary lung infection exists indicates the lung is
27 capable of being infected by the virus, that is, it is
28 capable of receiving infection.

1 Second, the virus has been demonstrated in
2 respiratory secretions of this patient and hence the
3 capability to transmit infection exists as noted above.

4 For obvious reasons, in this form, AIDS has a
5 potential aerosol transmission in approximately the order of
6 active tuberculosis infection. Activation of tuberculosis by
7 the way is one of the best markers for AIDS-related
8 immunosuppression, especially in areas where environmental
9 factors are strongly implicated in AIDS transmission. So the
10 coincidence of these two conditions is more than an academic
11 possibility.

12 Evidence for AIDS virus in insects. As noted above,
13 mechanical transmission by blood-sucking insects is one of
14 the ways animal retrovirus is closely related to the Human
15 Immunodeficiency Virus, are transmitted from infected to
16 uninfected animals. The findings by Dr. Jean-Claude Chermann
17 of the Pasteur Institute, that evidence for the presence of
18 the virus had been found in tse-tse flies, lion ants,
19 cockroaches and mosquitoes in Zaire and the Central African
20 Republic is consistent with this.

21 These findings, and the earlier findings by
22 researchers in South Africa that Human Immunodeficiency Virus
23 could be recovered from common bedbugs one hour after feeding
24 on infected blood, are what anyone familiar with animal
25 retroviruses would expect.

26 As Dr. Chermann observed in the English abstract of
27 his paper on the insect study, quotes:

28 "HIV proviral DNA has also been found in

1 various insects from Central Africa but not
2 similar insects in the Paris area. These data
3 suggest that insects could be a reservoir or
4 vector for the AIDS virus," closed quotes.

5 Many scientists have commented on the parallels
6 between the epidemiology of Hepatitis B virus infection and
7 the epidemiology of AIDS virus infection. Numerous studies
8 have documented that biting insects such as bedbugs are
9 capable of carrying Hepatitis B virus from and transmitting
10 it to persons they bite.

11 The South African scientists on the basis of a large
12 number of infected children in Africa, where Hepatitis B
13 infection is also common, hypothesized that the common bedbug
14 which has been documented to transmit Hepatitis B virus,
15 might also transmit the Human Immunodeficiency Virus. They
16 fed bedbugs on infected blood and then recovered the virus
17 from the bugs one hour after the bugs had finished feeding.

18 Since bedbugs are intermittent feeders, that is,
19 they do not fill up on one bite, they would tend to bite
20 people sharing the same bed within a short enough time
21 interval to mechanically transmit virus from one person to
22 another. Since most so-called heterosexual transmission
23 cases occur among economically disadvantaged persons, it is
24 germane to point out that people who share the same bed share
25 the same bedbugs.

26 As to the questions of isolation and treatment of
27 carriers, the initiative provides those provisions that exist
28 in the California health codes. I am not aware that these

1 codes mandate forcible confinement of all infected
2 individuals, but simply confer on the health authorities the
3 ability to restrict the activity of persons who do not
4 voluntarily comply with measures deemed necessary to prevent
5 the spread of infectious diseases.

6 What the initiative does basically is simply call
7 for the virus to be put, as a condition of being a virus
8 carrier, to be put under the California health codes as they
9 exist. It proposes no amendment of those codes that I am
10 aware.

11 And the only thing I can say is with an estimated
12 500,000 infected people in this state, that you have 5,000
13 people who are potential transmitters of this disease, you
14 have a density of carriers of infection such that the, shall
15 we say, slower means of transmission are going to become
16 effective.

17 Thank you.

18 ASSEMBLYMAN KLEHS: Dr. Francis or Dr. Chin, just as
19 some expert witnesses here, could you perhaps elaborate on
20 this bedbug theory and tell us a little bit about that.

21 DR. FRANCIS: I think everyone is concerned no
22 doubt, and we have been from the beginning, of any, with a
23 blood-borne virus, any insect that pulls up blood and
24 potentially bites another person could be, quote, a passive,
25 not replicating in the bug itself but actually passive
26 transmitter of the virus. Indeed, the studies from South
27 Africa are published and at least to the limit they are the
28 virus is there. Whether it has any epidemiologic import is

1 still questionable. The data from John Mann's studies in
2 Zaire that the families tend to, the virus tends to be
3 clustered in the families, but usually where the mother is
4 infected. So presumably the children who are infected have
5 got the infection from their mother or their sexual partners
6 in older individuals and not, again, there's a big dip
7 overall in the population where there is really very little
8 infection of children outside of the perinatal or blood
9 during needle transmission. So I think the mosquito issue in
10 Africa is a very unlikely issue and certainly in the United
11 States with our existing, not to mention California, with our
12 existing orthopods that we have here. If there really are
13 four million carriers in the United States, I wonder why we
14 don't have any cases in people exposed to bedbugs or the
15 mosquito.

16 DR. GRAUERHOLZ: We do in Belle Glade.

17 DR. FRANCIS: In non-sexually active individuals?

18 DR. GRAUERHOLZ: A sixty-five year old lady. Of
19 course, she might be a hot ticket, I don't know, but the
20 point is that there is no increased frequency of partners or
21 anything else between those people who supposedly have
22 acquired this sexually and those who haven't. The
23 interesting thing is that the ones who have the disease, all
24 show evidence of exposure to one or more other insect
25 transmitted viruses, i.e., they definitely have evidence of
26 insect exposure and the arbo-viruses are well known to
27 activate retroviruses. So you have two factors here. You
28 have them either as a transmission factor in terms of the

1 primary agent or you certainly have them as a potential
2 cofactor. That is where we find encephalitis on somebody
3 who's already a little compromised and he's going to have a
4 problem.

5 SENATOR WATSON: Dr. Francis, is it true, and I did
6 hear somewhere that AIDS or the accumulation of viruses that
7 make up AIDS, had been known to exist in Central Africa for
8 decades? This is nothing new. The spread of the disease in
9 this country seems to be fairly new in terms of the
10 recognition of it by the medical community, as opposed to the
11 area in Africa where they used to refer to it as the wasting
12 disease, so everyone who went there in that area knew that it
13 was endemic to that area. I understand it's been there. Do
14 you have any background on that? That's the first question.

15 DR. FRANCIS: There's little doubt that there were
16 infected individuals back in late fifties in Africa, but a
17 very rare infection at that time and probably the social
18 changes in Africa with the movement of population to large
19 urban areas with leaving families behind and seeking out
20 sexual gratification through alternate means is probably very
21 important in Africa as it was in the major social change in
22 the United States, the change in sexual behavior. The virus
23 entered into the United States seemingly in the mid-seventies
24 or so. There's no evidence before that in the United States.
25 It goes back to the late fifties that I'm aware of in Africa
26 in cases in the mid-seventies having originated in Africa.

27 SENATOR WATSON: Also could you clarify for us the
28 transmission in Belle Glade? There was some touching on it,

1 but it wasn't clarified.

2 DR. FRANCIS: My understanding in talking to the
3 investigators at Belle Glade is that, again, there are few
4 surprises with this virus. It is a sexually-transmitted
5 virus that individuals in Belle Glade, a localized area --
6 it's not surprising it's localized. You have to have the
7 infection first. And it's clustered around sexual contacts
8 in those areas. I have not investigated Belle Glade myself,
9 but I have spoken personally several times and continually
10 get updated on Belle Glade or any surprises in terms of
11 outside of sexual transmission. A concensus from those
12 investigators who spent a lot of time on AIDS looking at it
13 at least at CDC is there are no surprises.

14 SENATOR WATSON: Let me ask Dr. Grauerholz --

15 DR. GRAUERHOLZ: Grauerholz.

16 SENATOR WATSON: -- Grauerholz, are you absolutely
17 sure, and as I understand there was a statement made and
18 probably was part of the ballot argument, that AIDS could be
19 transmitted by casual contact. Is that sure, is it your
20 absolute belief?

21 DR. GRAUERHOLZ: If we mean by casual contact
22 outside of the question of sex and blood transfusion,
23 absolutely. There's at least two salivary cases in the
24 literature documented, the 1984 transfusion case where the
25 husband gives it to his wife and this most recent case where
26 a three-year old child bites a six-year old child very
27 superficially. The three-year old child has died from the
28 disease and the six-year old child is significantly ill at

1 this point.

2 SENATOR WATSON: These two cases give you the
3 scientific basis for recommending this disease to be placed
4 on the communicable disease list and requiring isolation?

5 DR. GRAUERHOLZ: Yes, these and the fact that if we
6 go to the whole question of the presence of the virus in
7 seminal fluids, there are a number of references to the fact
8 that free virus was demonstrated in seminal fluid. It really
9 wasn't. If you go back to the issue of Science which my
10 colleague, Dr. Seale will, in fact, produce from you, you
11 will find that the cell which was budding the free infectious
12 virus was a cell from saliva and not from semen.

13 SENATOR WATSON: Dr. Francis, could you respond?

14 DR. FRANCIS: I'm not sure I can respond. I don't
15 see the logic.

16 DR. GRAUERHOLZ: Well, very simply, it is a
17 sexually-transmitted disease because supposedly the virus has
18 been isolated from semen, free infectious virions but, in
19 fact, there were three articles in the issue of Science and
20 the article with the picture showing free infectious virus
21 budding from the cell, that cell was from saliva, it was the
22 salivary article and not the semen article.

23 DR. FRANCIS: Are you disputing that the virus is
24 transmitted sexually?

25 DR. GRAUERHOLZ: I am disputing that it is
26 transmitted with high efficiency by heterosexual intercourse
27 absolutely because, as I said, if you have salivary
28 transmission and if you have bedbugs, I think you really have

1 to control for those factors when you look at the
2 epidemiology of this as a heterosexually-transmitted disease
3 which seems to restrict itself socioeconomically and
4 geographically. If it is that readily transmitted
5 heterosexually, why haven't the upper scale women who have
6 slept with some bisexual men come down with this disease?
7 I don't see those cases.

8 DR. FRANCIS: The same logic was given to me of why
9 it was not a communicable disease in 1981 because it was
10 concentrated in New York and San Francisco. You have to have
11 the virus before you have infection.

12 DR. GRAUERHOLZ: Yes, I understand that. But, as I
13 said, what do you do with Clumeck's study where 21 percent of
14 the homosexuals in San Francisco over the past five years
15 have had intercourse with one or more woman and you don't
16 have many, if any, truly documented heterosexual transmission
17 cases in San Francisco.

18 DR. FRANCIS: I think we can ask Dr. Winkelstein.
19 There is obviously people infected in those individuals --

20 DR. GRAUERHOLZ: Well, they were not reported to the
21 CDC as of November 1985 in spite of the fact that there were
22 thousands of cases from San Francisco by that point.

23 ASSEMBLYMAN KLEHS: That's because they may have
24 also driven across the Bay and they may have been reported
25 from Alameda County.

26 DR. GRAUERHOLZ: They may have been, but what I'm
27 saying to you is it's interesting that they all drove across
28 the Bay to Alameda County if this is so readily transmissible

1 as a heterosexual disease.

2 ASSEMBLYMAN KLEHS: Dr. Grauerholz, as an author or
3 as a proponent of the ballot measure whose name is in the
4 voter handbook, I assume you're familiar with some of the
5 methods and tactics that were employed in gathering the
6 signatures?

7 DR. GRAUERHOLZ: No, I wasn't. I was a medical
8 consultant on this thing. I was asked about the
9 appropriateness of using public health measures and I said,
10 yes, I think they're appropriate.

11 ASSEMBLYMAN KLEHS: Are you a member of the National
12 Democratic Policy Committee?

13 DR. GRAUERHOLZ: Not formally. I'm an advisor to
14 them.

15 ASSEMBLYMAN KLEHS: But you're not like a dues
16 paying member or anything like that?

17 DR. GRAUERHOLZ: Not at the present time.

18 ASSEMBLYMAN KLEHS: So you basically put your name
19 on a ballot measure that you were completely unfamiliar with
20 as far as the method in which the signatures were being
21 gathered even though they're currently being investigated by
22 our Attorney General?

23 DR. GRAUERHOLZ: Well, it's really a matter of
24 indifference in a way. I thought that this was a legitimate
25 position on that argument and I signed my name to it as a
26 physician.

27 ASSEMBLYMAN KLEHS: On the cover of the Proposition
28 64 handbook here the article, well, the article in here has

1 your name on it.

2 DR. GRAUERHOLZ: That's right.

3 ASSEMBLYMAN KLEHS: As the medical coordinator.

4 DR. GRAUERHOLZ: Of the executive intelligence
5 review.

6 ASSEMBLYMAN KLEHS: And the picture here says, "Sign
7 the petition to make AIDS reportable," and you, yourself,
8 have already stated that AIDS is currently a reportable
9 disease.

10 DR. GRAUERHOLZ: No, I really haven't stated that.

11 ASSEMBLYMAN KLEHS: Excuse me. The person from the
12 Health Officers Association did. It's currently a reportable
13 disease in California.

14 Do you think it's ethical as a physician for someone
15 to represent to the public when they're gathering signatures
16 that perhaps it is not currently a reportable disease
17 when --

18 DR. GRAUERHOLZ: I think if you have a disease which
19 is potentially 100 percent lethal and has already infected
20 500,000 --

21 ASSEMBLYMAN KLEHS: Excuse me. There's no argument
22 about that. What I'm asking about is when people are going
23 around collecting signatures for a ballot measure which you
24 have attached your name to and on the cover of a magazine you
25 have a picture of the time that those signatures were
26 collected, at least I'm assuming that is what the case is,
27 and you're implying here by the sign on this little card
28 table here that the disease at this time is not reportable as

1 it is in California, do you think that's an ethical campaign
2 tactic? You're part of the campaign basically.

3 DR. GRAUERHOLZ: I think it's a trivial issue. I
4 think the important issue is all that this does is put the
5 disease and the condition of being a carrier of the virus
6 which as a number of people may or may not have stated, is
7 probably a more communicable condition than being a patient
8 on the public health list and I hardly find that
9 inappropriate.

10 What I find inappropriate is the systematic
11 avoidance of confronting this issue.

12 ASSEMBLYMAN KLEHS: Well, doctor, if I can say so,
13 if you had lived in California, been a registered voter here
14 and been up on the issues in California, perhaps come here
15 now and then, you would be aware of the fact that we've been
16 spending a considerable amount of time and dollars on this
17 disease.

18 DR. GRAUERHOLZ: Right. And you're assuming --

19 ASSEMBLYMAN KLEHS: Excuse me. From Virginia, where
20 you probably just see some of the local and national news,
21 you don't always have the benefit of seeing some of the
22 regional and statewide news we have in California here.

23 Moving along for a minute to the campaign
24 statements, as a person who's part of this campaign, are you
25 aware that the money for this measure is almost 100 percent
26 financed entirely by Lyndon LaRouche's organization?

27 DR. GRAUERHOLZ: It wouldn't surprise me.

28 ASSEMBLYMAN KLEHS: Could you perhaps as a part of

1 that campaign share with us what some of his political agenda
2 is of Mr. LaRouche since you are part of the campaign?

3 DR. GRAUERHOLZ: Well, the only agenda we have in
4 this thing basically is to get this thing treated as a major
5 public health problem. Beyond that -- if we do not treat
6 this thing as a public health problem it is and if it
7 continues to be sold primarily as a disease which affects
8 homosexuals and drug users, then we are not going to get the
9 kind of money out of this administration federally that we
10 need to deal with this thing.

11 I mean, I think that unless we at least say that
12 this thing is a general public health menace which it is of
13 substantial proportions, we are not going to get an
14 administration which is cutting the budget left and right and
15 I'm sure that the State of California, whether I've been here
16 or not, is feeling the impact of Gramm-Rudman as is every
17 other state in the union.

18 ASSEMBLYMAN KLEHS: But Gramm-Rudman has nothing to
19 do with this initiative. What I want to ask you is why --

20 DR. GRAUERHOLZ: Federal --

21 ASSEMBLYMAN KLEHS: Excuse me. Why do you come all
22 the way out here from Virginia, why does an organization that
23 you have your name attached to right now solicit newspaper
24 ads in Missouri to jet people out here to collect signatures
25 when you could perhaps be doing it in your own backyard in
26 your own home state? Why California? Why not Ohio? Why not
27 New York? Why not Florida? Why not Tennessee or Arkansas or
28 any other state? That's what I'd like to know is why you

1 come from outside the state, use some questionable campaign
2 tactics, attach your name to an initiative and then fly back
3 home after it's all over and you don't have to bear any of
4 the responsibility of what could be some of the ill effects
5 with regards to public policy in California?

6 DR. GRAUERHOLZ: Well, first of all, because I
7 happen to believe in the policy embodied in the initiative
8 and, number two, because you asked me to come out here on
9 this one.

10 ASSEMBLYMAN KLEHS: I asked you to come out and
11 testify because I was interested why someone 3,000 miles away
12 would be working to put an initiative on our ballot and
13 because your name is on the ballot argument.

14 DR. GRAUERHOLZ: And I told you why. Because I
15 think it's a serious public health problem and I think the
16 initiative process in California is a legitimate way of
17 bringing that problem to the fore for a decision.

18 ASSEMBLYMAN KLEHS: Do you have an initiative
19 process in Virginia?

20 DR. GRAUERHOLZ: We may.

21 ASSEMBLYMAN KLEHS: You may. You don't know? Are
22 you registered to vote in Virginia?

23 DR. GRAUERHOLZ: Yes, I am.

24 ASSEMBLYMAN KLEHS: And you don't know if you have
25 an initiative process, yet you put your name on our
26 initiative out here?

27 DR. GRAUERHOLZ: We don't have one underway at the
28 current time.

1 ASSEMBLYMAN KLEHS: Are you working to get one
2 going?

3 DR. GRAUERHOLZ: We probably will as we have the
4 resources. However, I was asked by people who live in this
5 state to render my opinion on this thing and I have done so.

6 ASSEMBLYMAN KLEHS: Any other questions? Okay.
7 Thank you very much.

8 The next person will be Helen Miramontes from the
9 California Nurses Association.

10 Miss Miramontes, as you know we've had some
11 startling revelations from the Attorney General's office, and
12 I'm going to ask you as I asked everybody else, are you
13 currently a registered voter in California?

14 MS. MIRAMONTES: I am.

15 ASSEMBLYMAN KLEHS: Okay. Thank you. Go ahead.

16 MS. MIRAMONTES: Good afternoon. My name is Helen
17 Miramontes. I am a registered nurse and the President of
18 California Nurses Association. I am also a member of the
19 Santa Clara County AIDS Task Force and a volunteer and Board
20 member of the Aris Project which is an organization in Santa
21 Clara County providing emotional support to persons with AIDS
22 and their loved ones.

23 During the last year and a half I have lectured
24 extensively on AIDS to both health professionals and the
25 community at large.

26 In developing my responses to your questions, I
27 utilized the supporters of Proposition 64, the Prevent AIDS
28 Now Initiative Committee's own written interpretive material,

1 in addition to the wording of the initiative itself.

2 In response to the first question posed by this
3 Committee, yes, CNA does interpret Proposition 64 to require
4 contact tracing of persons with AIDS or persons who are AIDS
5 antibody positive. The supporters of the initiative state
6 that, "The initiative defines AIDS, and the condition of
7 being a carrier of the HTLV-III virus legally as infectious
8 and communicable and places this disease and this condition
9 on the reportable diseases and conditions list."

10 To carry out this directive would require contact
11 tracing of all persons who have AIDS or who are seropositive
12 for antibodies to the virus. Voluntary testing would be
13 significantly reduced and current programs would be useless
14 due to the fears of the potential discriminatory consequences
15 of positive test results.

16 Educational programs directed towards infected
17 individuals as to how to prevent transmission of the disease
18 would also be affected. Again, because of the fear of the
19 probable consequences of having this disease. I have seen
20 the affects of this kind of fear. Individuals have refused
21 medical treatment and emotional support due to the fears
22 about this condition becoming known.

23 In response to the second question, yes, we believe
24 that the proposition would require health officials to take
25 action that is currently discretionary.

26 The literature of the initiative supporters state
27 that the Department of Health Services has the power and the
28 obligation to test as much as may be necessary to halt the

1 spread and the power and obligation to apply measures of
2 quarantine. Local health officers would be forced by this
3 initiative to utilize extreme measures that would not prevent
4 the transmission of the disease.

5 In response to the third question, as to the meaning
6 of the phrase "conditions of being a carrier of the HTLV-III
7 virus," refers to anyone that is seropositive, that is,
8 positive antibodies to the virus.

9 The presence of antibodies indicates exposure to the
10 virus and we assume that anyone who is seropositive
11 continues to harbor the virus within specific cells, the T4
12 lymphocyte and possibly nerve tissue, due to the nature of
13 the virus itself.

14 In response to the fourth question as to the
15 potential legal impacts of the initiative, I believe that
16 mandatory testing for anyone suspected of having the disease
17 is a real possibility and a major thrust of this initiative.
18 Loss of employment, loss of health insurance, loss of housing
19 and income and potential quarantine are also very real
20 possibilities for persons with AIDS and or individuals with
21 seropositive antibody test results.

22 I have seen several situations in which persons with
23 AIDS or ARC, and also loved ones, without the disease or
24 seropositive antibody test results, have experienced
25 discrimination and the consequences of job loses and housing
26 loses.

27 Finally, in response to the sixth question, how
28 would the potential development of a vaccine be affected by

1 Proposition 64, and would a vaccine produce antibodies that
2 would subject that vaccinated person to the provisions of
3 Proposition 64?

4 I believe that the passage of this proposition would
5 also seriously hamper research and treatment. Further,
6 probably billions of dollars would have to be spent on
7 surveillance and monitoring rather than the provision of care
8 and the development of vaccine and finding a cure.

9 Yes, a vaccine would produce antibodies to the
10 disease. That is the goal of the vaccine. I don't know
11 whether or not the vaccinated person would be subject to
12 provisions of this proposition. That may be a potential
13 possibility.

14 In summary, I would like to add that the California
15 Nurses Association is in strong opposition to Proposition 64.
16 We believe the passage of this ill-conceived and dangerous
17 concept would be a major setback to treating our patients
18 with AIDS. Also, the fear and discrimination will cause
19 patients to delay diagnosis and treatment for fear of
20 possible discrimination and quarantine.

21 Education of the public about AIDS and how it is
22 transmitted must be a major priority for all of us. We in
23 CNA have made education of nurses a major focus of our
24 activities. Recently we were the recipients of a \$250,000
25 grant from the state Department of Health to educate
26 approximately 800 professionals who in turn will educate a
27 second target group of about 18,000 individuals providing
28 care for persons with AIDS.

1 Thank you for the opportunity to testify. I am
2 available to answer any questions you may have.

3 One thing I'd like to add Mr. Klehs is I've heard a
4 lot of talk this afternoon about high risk groups and I think
5 what we really need to focus on is high risk behaviors. It's
6 not who you are, it's what you do that puts you at risk. And
7 the other thing is that a previous speaker spoke about
8 getting funds from the federal government. I think all of us
9 involved in health care know that this is a very significant
10 and serious health problem. I believe that we are getting
11 adequate, that we're not getting adequate funding but
12 certainly there's been a lot of effort made both financially
13 and providing funds for research and care. So it seems to me
14 that if this proposition, as I said, were passed, that the
15 funds would not go into carrying on research, it would go
16 into surveillance which I don't think is an effective way of
17 fighting the disease.

18 ASSEMBLYMAN KLEHS: Thank you.

19 SENATOR WATSON: Thank you for your remarks. You
20 mentioned education and that struck a chord with me. Was
21 there anything that you've heard since you've been here
22 listening to the testimony from the proponents of Proposition
23 64 that's compelling to you in terms of relating more
24 information about this disease? Was there anything that you
25 heard here in being a nurse and dealing with the disease and
26 picking up new information every day, is there anything that
27 you heard from the proponents that is compelling to you?

28 MS. MIRAMONTES: My concern was, and I have read

1 their material, my concern was that they focused on one or
2 two cases of where they are saying that the disease was not
3 transmitted by the methods like sexual transmission or
4 through blood transfusion where we have case after case of
5 where we can trace of how the AIDS virus was transmitted.

6 My concern is that they advocate talking about these
7 cases as proof that they're transmitted another way and as
8 again was said earlier by some of the others is that if AIDS
9 was transmitted significantly in other methods, then we would
10 have numerous, numerous cases of them.

11 SENATOR WATSON: Since the proposition goes in the
12 direction of quarantine of those who carry the virus and
13 those who actively have the disease, from your vantage point,
14 how would this be enacted?

15 MS. MIRAMONTES: I would see it as mandatory
16 testing. They would have to determine who was positive and
17 who was negative.

18 SENATOR WATSON: Then you read the initiative to say
19 they would have to be quarantined?

20 MS. MIRAMONTES: Yes, because of the supporting
21 material from the PANIC group say that health officers have
22 the obligation to both mandatory test and also the potential
23 of using quarantine and I would see that then as bringing
24 pressure to bear, if this proposition passed, as bringing
25 pressure to bear upon those public health officers to use
26 those methods whether they agree with them or not.

27 SENATOR WATSON: How do we go about quarantining
28 people? I remember years back when you had the tuberculosis

1 virus that you were put off in some hospital run by the
2 state.

3 MS. MIRAMONTES: We don't do that today.

4 SENATOR WATSON: How will we go about quantining
5 the scores, the tens maybe thousands of people who would
6 carry the virus? How would we do that?

7 MS. MIRAMONTES: You would have to isolate them from
8 the general population and control their movements and it
9 could be possibly in their homes or it could be into, as we
10 did with TB patients a long time ago, putting them in
11 facilities isolated from the community at large.

12 SENATOR WATSON: So you're saying we probably would
13 have to find facilities --

14 MS. MIRAMONTES: I would think so.

15 SENATOR WATSON: -- that would be available to house
16 the number of people that I'm sure carry the viruses or we
17 would have to build new facilities?

18 MS. MIRAMONTES: Possibly.

19 SENATOR WATSON: Are we talking about isolating them
20 in their homes? If so, would that be controlled and
21 monitored?

22 MS. MIRAMONTES: That's it, how would you monitor
23 and survey that kind of thing? There was a time I can
24 remember as a child when I had scarlot fever that a
25 quarantine sign was put on the front door and I'm talking
26 about over 40 years ago, and movement was restricted. But,
27 again, it depends upon the individual being quarantined and
28 it depends upon him being responsible about obeying that kind

1 of quarantine. So it seems to me that to really make this
2 effective, that other methods would have to be used to
3 enforce quarantine.

4 SENATOR WATSON: I would not be an obstacle if we
5 find out that we need to do that, but I am highly concerned
6 about the misrepresentation in this booklet and under some of
7 the materials that have been put out by the sponsors of this
8 bill, and this is a general statement and you don't have to
9 even respond. But, number one, on the cover of this booklet,
10 they're asking people to sign the petition to make AIDS
11 reportable and that is required already by law. And also one
12 of the signees of the ballot proposition, a Mr. Gandhi, has
13 his designation down as California Director of National
14 Democratic Policy Committee and, and here's the catch,
15 member-elect Los Angeles County Democratic Party Central
16 Committee. Anyone reading this would think that he's a part
17 of the Democratic Party Central Committee which he is not.
18 I'm on the Executive Board of the California State Central
19 Committee and he is not. He is a member-elect. Anybody
20 could be a possible member-elect.

21 So I'm seeing a pattern of distortion and misleading
22 information. I go back to my original question. As you were
23 listening to the other presenters, do you have any suspicions
24 that they are passing out misleading and distorted
25 information to the public?

26 MS. MIRAMONTES: Yes, I do. In fact, I have been
27 told by several health care workers who have stopped to
28 discuss the issue with them in front of Gemco, the post

1 office and so forth, including my own daughter who is a
2 nurse, and trying to discuss the issue in a rational manner
3 and this was not allowed to happen. One of the nurses that I
4 talked to just this week who said that in the process of just
5 the other day she again stopped to talk to them in front of
6 Gemco and that fortunately as people came up they were
7 listening to her and listening to what she had to say, but it
8 was not something that was accepted by those proponents of
9 the proposition.

10 SENATOR WATSON: Maybe we better curtail the spread
11 of incorrect information and isolate and quarantine it.

12 MS. MIRAMONTES: That's what I agree with. Thank
13 you very much.

14 ASSEMBLYMAN KLEHS: Thank you. The next witness is
15 Dr. John Seale, a private practitioner from London.

16 Is Dr. Seale here from London?

17 Dr. Seale, as you're sitting down would you also
18 tell us if you're a registered voter in California?

19 DR. SEALE: No, I'm a British citizen.

20 ASSEMBLYMAN KLEHS: You're a British citizen. Could
21 you please tell us your interest living so far away in an
22 initiative in California?

23 DR. SEALE: Yes. Because I think what happens in
24 California is relevant to what happens in the rest of the
25 world.

26 ASSEMBLYMAN KLEHS: What's that? Go ahead and tell
27 us.

28 DR. SEALE: I'm sorry I didn't quite catch that.

1 SENATOR WATSON: Please proceed.

2 ASSEMBLYMAN KLEHS: Please proceed. I know my
3 English accent isn't very good.

4 DR. SEALE: I'm Dr. John Seale, a private physician
5 from London who's specialized in sexually-transmitted
6 diseases for 25 years. I've come from London to testify here
7 at the invitation of your Committee and I've come here at my
8 own expense.

9 This is the second time in four months I've been
10 invited to the United States to speak about AIDS. In May,
11 Mario Cuomo, Governor of New York, asked me to speak on the
12 impact of AIDS on public policy and today I have 15 minutes
13 to explain my endorsement of Proposition 64.

14 Some of you are old enough to have heard my eminent
15 fellow Englishman, Winston Churchill, speak for 50 minutes at
16 Fulton, Missouri in 1946. At that time he was not Prime
17 Minister but spoke as a private citizen just as I speak to
18 you today. In those few minutes his description of the Iron
19 Curtain which had descended upon Europe, struck the
20 imagination of Americans like a thunderbolt. He opened their
21 eyes to the reality that the Soviet Union was not merely a
22 friendly ally, under the leadership of Uncle Joe, which had
23 helped win a terrible war against Hitler and his Nazis.
24 Russia was, at that time, in the grip of a merciless
25 meglomaniac, Stalin, who was preparing to extend his empire
26 across Western Europe.

27 Hopefully, in the next few minutes I shall open your
28 eyes to the reality of a new, and far more deadly peril which

1 you face today. This peril is not in some distant foreign
2 land across the Atlantic or across the Pacific, it is right
3 here now in the heart of lovely California.

4 The AIDS virus is the molecular biological
5 equivalent of the nuclear bomb. The genetic information
6 contained in its tiny strip of RNA has all that is needed to
7 render the human race extinct within 50 years, along with the
8 dodo, the dinosaurs and the saber-tooth tiger. The
9 distinguished immunologist, Peter Medawar, once defined a
10 virus as "bad news wrapped up in a protein coat." The AIDS
11 virus is the ultimate piece of bad news, because it has the
12 capacity to create an infinite variety of coats.

13 The key scientific facts underlying the AIDS
14 epidemic are extraordinary and painfully simple. The entire
15 genetic code of the AIDS virus is contained in a tiny strip
16 of RNA. A central step in its replication in human cells is
17 conversion of the RNA code of the virus into a strip of DNA,
18 the so-called pro-viral DNA. This is then spliced into the
19 DNA of the genetic code of one of our cells. There it stays
20 for the life of that cell and if the cell divides, both
21 daughter cells still have the viral genetic code within them.
22 When activated, the pro-viral DNA, which is now a part of our
23 own genetic code, produces numerous virus particles which
24 infect new cells within us.

25 Over a period of years, ranging from one to more
26 than 20, our cells are slowly, genetically transformed. It
27 is not only the T-lymphocytes which are genetically tainted,
28 the cells in our brain, heart, lungs, liver, skin are all

1 affected.

2 In a profound biological sense once we have been
3 infected with the AIDS virus we have a new set of infectious
4 genes. These are capable of producing virus particles which
5 will eventually, slowly kill us. This is the hallmark of a
6 slow virus disease caused by a lentivirus, a type of disease
7 and virus of which there has never been an epidemic in
8 mankind before. When the virus is transferred to another
9 person, he or she also acquires a new set of lethal
10 infectious genes and so on ad infinitum.

11 The essence of the conceptual problem facing mankind
12 and I think also this Committee, is that the prolonged
13 incubation period is seven to ten years before infected
14 people become seriously ill. This means that huge numbers
15 are infected and become infectious before any epidemic
16 becomes visible. The deadly virus arrives, leaving no
17 visiting card to announce its arrival.

18 Twenty-five thousand Americans have already
19 developed full-blown CDC-defined AIDS, but perhaps 100 times
20 as many, two and a half million or so additional Americans
21 are already infected. The number infected and the number
22 dying is doubling remorselessly every ten months in your
23 country, in my country, in Europe, in Africa, and in South
24 America.

25 How many of those infected with the virus will die
26 within 20 years? Thirty percent develop full-blown AIDS
27 within six years of infection. Don Francis made this point
28 in Brussels last year. And all of these die within the

1 following three years. That is the official estimate of the
2 U.S. Public Health Service. As each year passes, the
3 percentage rises. A point again made by James Chmiel in the
4 meeting in Paris in June.

5 The optimists like professor Jay Levy of San
6 Francisco believe that a mere 50 percent will die following
7 infection with the virus, the other 50 percent will come to
8 little or no harm. This optimistic vision makes AIDS twice
9 as deadly as smallpox, and as deadly as bubonic plague, the
10 cause of the Black Death in 14th Century Europe which killed
11 one-third of the entire population.

12 The pessimists, like Professor William Haseltine of
13 Harvard believe that 100 percent of people will die within 20
14 years or so of the infection as is the case with rabies virus
15 infection. This is why he testified before a Senate
16 committee in Washington last year that AIDS was species
17 threatening. In simple English, Professor Haseltine believes
18 that the AIDS virus has the capacity to spread and to kill
19 every man, woman and child on earth. That's not me, that's
20 Professor Haseltine.

21 Within two weeks of infection with the AIDS virus,
22 every person remains potentially infectious to others for as
23 long as they live. Every scientist knows this. The virus
24 persists as cell-free infectious virions in blood at titres
25 ranging from only about ten infectious particles per
26 milliliter up to 50 to 100,000 per milliliter. That's Jay
27 Levy's work. In saliva, respiratory secretions, semen,
28 vaginal secretions, tears and mother's milk, the virus is

1 largely cell-associated and very few cells are infected.
2 This makes these secretions vastly less infectious than
3 blood.

4 The AIDS virus is usually stable outside the human
5 body. It loses little of its infectivity if kept in water
6 for seven days and retains some if kept dry for a week.

7 With these properties it is hardly surprising that
8 the virus is transmitted with devastating efficiency by
9 reused, inadequately sterilized hypodermics, contaminated
10 with invisible quantities of blood. It doesn't make a damn
11 bit of difference to the virus whether the hypodermic is
12 delivering heroin to some hooker in Harlem or giving
13 penicillin to save the life of a tiny child in Haiti, Mexico
14 City or China. Both the hooker and the child will become
15 infected and potentially infections to others and will
16 eventually die after a protracted and humiliating illness.

17 The virus is also transmitted with extraordinary
18 ease by people who traumatize the lining of the rectum of
19 numerous other people while indulging in what is quaintly
20 called sex. The people who favor this lifestyle claim that
21 they're expressing their love and affection for their fellow
22 man by putting their fingers and their fists and their
23 tongues and an odd beer bottle and so on up the maximum
24 number of backsides in the minimum of time.

25 Once the critical mass of the population has been
26 infected with the virus by highly efficient means of
27 transmission, then the less efficient means inevitably become
28 more common. These include: Blood transfusions,

1 transmission from mothers to newborn babe, biologically
2 normal sexual intercourse, needle stick injury to nursing
3 staff, chance contact of blood, saliva or sputum with the
4 sores or abrasions in the home, at work or at play,
5 particularly in conditions of poverty and almost certainly
6 biting insects, acupuncture, tattooing, ear piercing, blood
7 brother rituals and the routine dental procedures. It is
8 easy to see how the entire population of a poor tropical
9 country can become infected with the virus within a few years
10 of its first arrival. The same is true in California, in
11 Britain or in New Zealand. It takes just a few more years
12 longer to reach the 100 percent saturation.

13 What are the prospects of a cure? Once the
14 pro-viral DNA is spliced into your own genes, no product of
15 the pharmaceutical industry will ever get it out. Any drug
16 which blocks the replication of the virus which is the most
17 that can be expected, will have to be continued for life. To
18 believe that any treatment of individual patients will have
19 some impact on the epidemic is like believing that a man
20 piddling into the sea off the coast of California will cause
21 a tidal wave to hit the shores of Japan.

22 What are the prospects for a vaccine? Few of the
23 antibodies that are naturally produced are neutralizing; some
24 of those that aren't get knocked out by antigenic shedding;
25 most of the in vivo cytopathology is immunologically
26 mediated; inter-cellular spread of the virus during membrane
27 contact evades antibodies; antigenic drift is continuous in
28 every infected host. All these factors combined make an

1 effective vaccine theoretically impossible.

2 It will be more difficult to produce a useful
3 vaccine for AIDS than to blow down the Empire State Building
4 with a single fart from 5th Avenue.

5 What are the origins of the virus and the epidemic?
6 It is an entirely new, epidemic, viral disease of man which
7 arose in the 1970s, and I agree with you that it is a new
8 epidemic. The obvious ultimate source is from some other
9 animal species. It is quite likely that the virus infects
10 harmlessly some other animal, possibly a monkey, which in the
11 past occasionally infected an individual human. But with
12 poor transmissibility an infected person usually died before
13 infecting anyone else. This produces no epidemic. This is
14 the case with the rabies virus which harmlessly infects bats
15 but is lethal to dogs, cats, and people. It is so deadly to
16 these species that without the reservoir in the bats, rabies
17 would probably die out spontaneously if it was confined to
18 dogs and men.

19 For an epidemic of AIDS to have taken off, an
20 additional vector would have been required to transmit the
21 virus from person to person which had not been present in
22 the 1970s. The obvious culprit is the repeatedly reused,
23 inadequately sterilized hypodermics which arrived in Central
24 Africa on a huge scale after the advent of cheap penicillin
25 in the fifties and sixties. These hypodermics could rapidly
26 pass the virus from the blood of one person to another and by
27 a process of serial passage the virus would become human
28 adapted.

1 The AIDS virus is now well and truly a human virus
2 and reinfection from the original animal source is no longer
3 required. Indeed, genetic changes will have taken place in
4 the virus and as the epidemic progresses, infectivity and
5 transmissibility will be expected to increase.

6 The classic examples of catastrophic epidemics of a
7 previously unknown animal virus triggered by medical
8 hypodermics in a poor country and transmitted in blood were
9 those in Yambuku, Zaire and in Maridi in the Sudan in 1976
10 where Dr. Donald Francis just went.

11 Classic examples of similar epidemics started by
12 accident in modern virology laboratories were the outbreaks
13 of Marburg disease in Germany and Yugoslavia in 1969 while
14 growing polio viruses to make vaccine on monkey cell tissue
15 cultures.

16 The government of the Soviet Union has claimed
17 repeatedly since October 1985, both in foreign language
18 broadcasts on Moscow Radio and in mass circulation papers for
19 internal consumption, that the AIDS epidemic originated by
20 the escape of a virus made in an American laboratory working
21 on biological weapons.

22 You Americans are being repeatedly accused by the
23 Soviet authorities of having created the AIDS virus by
24 injecting lethal animal lentiviruses into living humans. The
25 Soviet theory is that the Pentagon or CIA shot itself in the
26 foot by infecting American human guinea pigs and then
27 infecting by mistake the general population and your NATO
28 allies.

1 Equally plausible or implausible is the theory that
2 the Soviets themselves developed the AIDS virus from their
3 animal viruses in their biowar laboratories in Novosibirsk,
4 in the Ivanovsky in Moscow, and so on. They might then
5 possibly have deliberately infected a few junkies in New York
6 in 1975 and waited patiently for the long awaited big bang.

7 This would have been an undeclared act of war, a
8 subtle, updated biowar version of Pearl Harbor, without the
9 dramatic action shots of battleships exploding, cruisers
10 sinking, and planes burning on the tarmack, half an hour
11 before the Japanese ambassador in Washington decided to
12 declare war.

13 So what would I like to see done about all this in
14 the immediate future? In my view all those who are already
15 infected must be identified as soon as possible. Whatever
16 steps are required by society must be taken to ensure that
17 those infected do not transmit the virus to others. Any
18 nation which cannot or will not take such action with
19 alacrity will perish within a few years. There is only one
20 person in the world who has the power to take the necessary
21 actions to begin to stop the spread of the virus, that is
22 your President, Ronald Reagan.

23 I would like the President and Mrs. Reagan to meet
24 soon with some of the few biological scientists who have
25 studied the subject deeply, and have a clear vision of the
26 scale of the AIDS catastrophe, and the actions that must be
27 taken to counter it. They are Professor William Haseltine
28 from Harvard, Professor Luc Montagnier from Paris, Professor

1 Jay Levy from San Francisco, Dr. Anthony Robertson from
2 Georgia, Dr. Michael Koch from Sweden, and Dr. Zhores
3 Medvedev, the exiled Russian geneticist from London. In
4 addition, Prime Minister Margaret Thatcher should be present
5 because, as a scientist by training, she has the ability to
6 grasp the realities of scientific problems which is most
7 unusual in a politician.

8 And what will President Reagan and Prime Minister
9 Thatcher be able to offer their people as a solution to the
10 AIDS epidemic? Nothing that will not entail blood and tears.
11 And it will not be a short war against the virus, not an
12 Israeli six-day wonder or a four or five year world war. It
13 will be 100 year war. The alternative is the extinction of
14 mankind.

15 It may be that it is already too late. The virus
16 may be unstoppable everywhere. I do not know. But if it is
17 stopped, the counterattack possibly may have started when
18 ordinary California citizens, whether honestly or
19 dishonestly, I don't know, put Proposition 64 on the ballot
20 paper. This will not mark the beginning of the end of the
21 rampage of the savage virus throughout mankind, but it may
22 mark the end of the beginning.

23 Thank you very much.

24 SENATOR WATSON: Mr. Chairman.

25 ASSEMBLYMAN KLEHS: Go ahead.

26 SENATOR WATSON: I find this presentation very
27 snobbish in its tone, gross and vulgar. I could have taken
28 some aspect seriously, but as I read ahead of the speaker I

1 found it to be beneath me to really hear this presentation.

2 I'm just amazed that you would come across the
3 waters to make this kind of presentation to this Joint
4 Committee of our California Legislature. As a person of
5 scientific background, I would hope to have seen from a
6 person that traveled thousands of miles and many hours at his
7 own expense a more scholarly presentation.

8 We are very serious about this hearing here Dr.
9 Seale. We're not playing games. And I might even have been
10 able to get past some of the vulgarity used in your
11 presentation if it had not been words like "a clear vision"
12 as if we don't have a clear vision of what we're about and
13 let's have, oh, Maggie Thatcher here because she has a
14 scientific background, she understands these things and we
15 politicians that are spending this day in this hearing do
16 not. That's similar to a comment made by one of our people
17 in the Washington, D.C. administration about what women
18 understand.

19 But, whereas you spend the time to come here to
20 convince us that we ought to support 64, just by the tone of
21 your presentation, I could not.

22 So, let me just give you my own advice. You can
23 hear it or not hear it. That if you are going to travel to
24 various states within our country, to try to be compelling I
25 would think you would take great time and pain to couch your
26 presentation in a tone that is not so insulting, where you're
27 not talking down and snobbery doesn't come forth. I just
28 kind of turned off to what you were saying because of the way

1 it's written and the expressions you use.

2 So, I'm terribly turned off to whatever cogent facts
3 you may want to make because of the way this presentation is
4 written. I would suggest you collect all the copies and take
5 them with you because I would not want anyone to pick up this
6 statement coming from an M.D., Royal Society of Medicine, as
7 being your actual word on how you feel about the issue.

8 DR. SEALE: Would you like to keep the copies from
9 Nature and the Journal of Royal Society of Medicine which are
10 included with the addition? And by the way, if I made a
11 scholarly presentation to a group of politicians, it would be
12 reasonably more than 15 minutes. Nobody said you wanted a
13 scholarly presentation. You just said you wanted 15 minutes.

14 SENATOR WATSON: I don't think time is the indicator
15 of quality.

16 DR. SEALE: Sorry.

17 SENATOR WATSON: If you even had brought to us a
18 quality presentation, it would have been better accepted.
19 This is in my -- I've been in the Legislature eight years.
20 I'm not a senior member here, but I've been here long enough
21 to see hundreds of presentations made by people with
22 extremist views, but I've never seen one written like this
23 and I would not want the press to get ahold of this as my
24 finest hour in front of the California Legislature.

25 This is your first time here? Is this your first
26 time here?

27 DR. SEALE: No. Twenty-four years ago I came to
28 California on invitation of the American Medical Association.

1 SENATOR WATSON: Is this the first time in the
2 Legislature in a Joint Committee making a presentation?

3 DR. SEALE: Of course it is. What do you think I'm
4 doing all the time, coming to America?

5 SENATOR WATSON: I don't know. That's why I'm
6 asking. Certainly if I were you coming for the first time as
7 an M.D. would not want this to be a representation of my
8 first time in front of the Legislature.

9 DR. SEALE: I take your point. You are a very
10 sarcastic lady.

11 SENATOR WATSON: Well, you can insult if you like,
12 but --

13 DR. SEALE: What do you think you're doing?

14 SENATOR WATSON: I'm just giving you a reaction to
15 what you placed in front and I still find this presentation
16 to be gross and vulgar, this presentation. I didn't say you.
17 I said this presentation. You called me sarcastic.

18 DR. SEALE: I did.

19 ASSEMBLYMAN KLEHS: Question, Dr. Seale. Have you
20 read the initiative?

21 DR. SEALE: I have read the initiative, yes.

22 ASSEMBLYMAN KLEHS: And you are supporting this?

23 DR. SEALE: I'm supporting the principle of the need
24 for --

25 ASSEMBLYMAN KLEHS: You're either for the
26 initiative, having traveled all this way or you're against
27 the initiative. I'm talking about the initiative, Prop 64,
28 the measure on the ballot and I can hand you the ballot

1 argument. You're either for it or against it.

2 DR. SEALE: I'm for the initiative. It could be a
3 better initiative, but I'm for it.

4 ASSEMBLYMAN KLEHS: Thank you. Are you familiar
5 with the current law in California with respect to people
6 having to notify local health authorities after they have a
7 test positive for AIDS?

8 DR. SEALE: Sorry.

9 ASSEMBLYMAN KLEHS: Are you familiar with, let's
10 say, any current California law with respect to the disease
11 of AIDS?

12 DR. SEALE: Yes. I know that the present situation
13 is a person with AIDS or Acquired Immune Deficiency Syndrome
14 as defined by the Centers for Disease Control, that is
15 notifiable. But people who are infected with HIV, Human
16 Immunodeficiency Virus, no identification whatsoever.

17 ASSEMBLYMAN KLEHS: And what do people in England do
18 with people who have caught the virus? What happens to the
19 English subjects who have caught the virus?

20 DR. SEALE: What is happening at the moment is that
21 those who are -- it is being dealt with in the way we've been
22 dealing with venereal diseases for the last 50 years which
23 interestingly enough in England is not notifiable although
24 syphilis is notifiable in your state. Syphilis and
25 Hepatitis B are both notifiable diseases in California. In
26 the United Kingdom Hepatitis B is a notifiable disease but
27 syphilis is not. It's the way it's dealt with is on
28 different legislation.

1 ASSEMBLYMAN KLEHS: So I would presume then in your
2 country you don't even have as strong of a law as we
3 currently have in California minus the initiative?

4 DR. SEALE: Yeah. We've got 300, 400 cases of AIDS
5 so far in England. It's arrived much more recently. But I
6 think that in terms of the way that the government is moving
7 about it, it's because of the experience in America is that
8 we're actually moving faster than when you had 400 cases in
9 the United States.

10 ASSEMBLYMAN KLEHS: Are you a member of any of the
11 Lyndon LaRouche groups?

12 DR. SEALE: No.

13 ASSEMBLYMAN KLEHS: Mr. LaRouche who sponsored the
14 initiative has written that casual communication of the
15 infection by unsuspecting carriers to an unsuspecting victim
16 is highly likely. Would you please comment on this?

17 DR. SEALE: Yes.

18 ASSEMBLYMAN KLEHS: Do you believe that?

19 DR. SEALE: It begs the question of what you mean by
20 casual contact.

21 ASSEMBLYMAN KLEHS: Excuse me. Intimate sexual
22 relations is not casual contact.

23 DR. SEALE: If you mean any contact other than
24 intimate sexual relations, of course it can be transmitted in
25 other ways other than intimate sexual relationships.

26 ASSEMBLYMAN KLEHS: And other than intravenous drug
27 use?

28 DR. SEALE: It's very interesting.

1 ASSEMBLYMAN KLEHS: Share with us. You're part of
2 the Royal Society of Medicine.

3 DR. SEALE: When the first two or three blood
4 transfusion cases were reported in the United States,
5 everybody said this can't be, including the American Red
6 Cross, blood transfusions. So they, until the 1st of January
7 1984 they repeatedly went on record that it was impossible to
8 be transmitted from blood transfusion. Then later that month
9 in January 1984 the first paper of the first 19 cases was
10 reported by Centers for Disease Control.

11 ASSEMBLYMAN KLEHS: Excuse me. Could you please
12 tell us what other methods of casual contact you --

13 DR. SEALE: When a mother looks after her baby. I
14 mean, it's been already given to you. A mother looks after
15 her baby and she gets infected.

16 ASSEMBLYMAN KLEHS: It's called the vertical method?
17 I've forgotten.

18 DR. SEALE: Not the mother giving to the baby. The
19 mother got the infection from her baby. The baby had been
20 infected by blood transfusion. The mother was nursing the
21 baby. The mother gets infected. This was brought up already
22 this afternoon. You knew about it perfectly well.

23 ASSEMBLYMAN KLEHS: What other methods?

24 DR. SEALE: Another method was in that same report,
25 and you know it very well, in the case in England a lady in
26 her middle forties who looked after a man who was ill in a
27 home nearby on a Good Samaritan basis she had some exzema on
28 her hands. Now, what happened is she turned up in the

1 hospital. She's got AIDS, full-blown disease of AIDS and she
2 looked after the neighbor on a Good Samaritan basis. It was
3 a man from West Africa. When she turned up with AIDS at St.
4 Bartholomew's, they then investigated what was going on. It
5 was found that the man himself had died three years before in
6 St. Bartholomew's Hospital from an unknown brain disease.
7 They then checked back on the blood in store and they found
8 that he indeed was infected.

9 So I agree there were not a lot, but there weren't a
10 lot of blood transfusion cases until recently. They start
11 off very small and then they get more and more and more.
12 That is the nature of an anti-virus infection.

13 ASSEMBLYMAN KLEHS: Dr. Francis, would you care to
14 comment?

15 DR. FRANCIS: We've discussed this for years. You
16 and I believe that it is a sexually-transmitted disease with
17 some transmission at the next fringe which would be to health
18 care workers. Both of these situations are essentially
19 nursing situations even though they weren't nursing sisters,
20 they indeed were performing that and a few needle sticks.

21 But this initiative in this country essentially is
22 saying, as you heard, was sneeze transmission, aerosol, given
23 the equivalent of tuberculosis. I just don't believe you
24 believe that. But the different situation in terms of what
25 we in California have to do regarding stopping the
26 transmission, and you and I both agree that you should do a
27 lot to stop transmission of this dangerous virus.

28 The question is scientifically do you think everyone

1 who is positive should be quarantined because they're
2 aerosolizing to the rest of the population?

3 DR. SEALE: I'm looking after patients myself with
4 AIDS. I probably see a damn sight more than you do, people
5 are carrying the virus. I've got two people that died of
6 AIDS and have two or three more who got AIDS, plus about ten
7 or 15 patients who are carrying the virus. I don't go around
8 wearing masks.

9 I know that it is not easy to transmit on that
10 basis. But when you've got millions of people infected with
11 the virus in the population, the sort of care that I take,
12 indeed, when I'm taking blood from a patient I don't even
13 bother to put gloves on myself. But I know if I prick my
14 finger, there's a very good chance that I'll get the AIDS
15 virus.

16 See the critical thing is if there's just one or two
17 people with AIDS virus, this is not a big problem in terms of
18 these relatively unusual methods. But once there are
19 hundreds of thousands or millions of people, then these much
20 rarer methods will become increasingly common.

21 And going back to essentially a sexually-transmitted
22 disease, my fundamental distinction between your view, your
23 view and I think to accept this is that AIDS is essentially a
24 sexually-transmitted disease which unfortunately sometimes is
25 transmitted in blood. I think it should be the other way
26 around. AIDS is essentially a blood transmission infection
27 which is transmitted very easily with certain types of sexual
28 activity. And that may sound pedantic and I could expand on

1 that in great length for the lady here who doesn't like my
2 style.

3 It may sound pedantic, but in my view it is as
4 fundamental in understanding the nature of the AIDS epidemic
5 as for astronomers as to whether the world is round or flat.
6 As far as just walking, the world seemed to be flat just
7 fine. But with satellites and so on, it's round.

8 ASSEMBLYMAN KLEHS: Any more questions?

9 Thank you.

10 SENATOR WATSON: I just wanted to ask the good
11 doctor if he were aware of the number of bills that have been
12 introduced and passed and signed into law by the Legislature
13 in this two-year session?

14 DR. SEALE: I'm sorry.

15 SENATOR WATSON: The number of bills relating to
16 AIDS that have been introduced, passed and signed into law by
17 this two-year session of the Legislature?

18 DR. SEALE: I'm terribly sorry. I have a hearing --

19 ASSEMBLYMAN KLEHS: Senator Watson asked are you
20 aware of the number of bills that have been signed into law
21 or passed by our houses with respect to the issue of AIDS?

22 DR. SEALE: I'm not aware of the precise number, no.

23 SENATOR WATSON: And if you're not aware of the
24 precise number or even the number, do you have any awareness
25 of the contents of the laws already on the books?

26 DR. SEALE: On the book in California?

27 SENATOR WATSON: Yes.

28 DR. SEALE: I'm not a lawyer. I don't know. I know

1 what I've been told about some of them, but I don't check.
2 I don't know quite why you ask me the question. I'm not a
3 lawyer.

4 SENATOR WATSON: I get the impression that there's
5 very little knowledge about what we're doing here in the
6 State of California on your part.

7 DR. SEALE: If that's what you feel.

8 SENATOR WATSON: And I am curious as to some of the
9 people who have come and they are within kind of an
10 accusatory way of saying you know you ought to do all these
11 things. We're working very diligently and that's why we're
12 spending our time today in an open public forum with people
13 making presentations because we are concerned about AIDS.

14 We are trying to gather the best thinking, data,
15 statistics from knowledgeable people, from scientific minded
16 people, not from emotional zealots but people who really have
17 interests and have knowledge in this area. So that we in
18 turn can be sure that the legislation that is passed out of
19 this Legislature -- and you say what we do here in California
20 is responded to around the world and possibly so. So we try
21 to do things in a systematic way based on actual empirical
22 knowledge if we can and that's the reason why I raised the
23 question with you were you aware --

24 DR. SEALE: There's one particular one I know. I
25 don't know what it's name is, but it's related to if blood is
26 taken from a patient as to whether or not it can be tested
27 for the AIDS virus without permission from the patient. I'm
28 aware of this. I know this is profoundly influencing the

1 decision that's happening in the U.K. and I know that your
2 Legislature or whatever you call it has passed some act or
3 some -- we use different terms in England -- and this is, in
4 my view, is a horrendous impairment in doctors being able to
5 find out what is going on because of that very law that you
6 passed which has its drawback, as I say, all over the world
7 because we do take a lot of notice in what you do in this
8 country.

9 SENATOR WATSON: Dr. Chin, have you been handicapped
10 in your work, your research by any laws that we have passed
11 here in the Legislature?

12 DR. CHIN: Not to the point that I would say the
13 public health is imperiled. I think that clearly the
14 prohibition on reporting of HIV-infected individuals to say
15 public health authorities, but in regards to blood banks, as
16 Dr. Kizer said this morning, those names are put on the donor
17 deferral list and I think that's the critical area.

18 DR. SEALE: Good.

19 SENATOR WATSON: Are there areas of the law that you
20 think need to be beefed up? Are there vagaries or areas that
21 are not addressed that we might want to take a look at?

22 DR. CHIN: Again, what Dr. Kizer said this morning
23 is that we would like the authority to do unlinked testing
24 which right now according to legislation we do not have that
25 authority. We think we can monitor the trends of infection
26 in California by doing that type of unlinked testing which
27 would preserve confidentiality but provide public health with
28 the necessary information.

1 SENATOR WATSON: Dr. Seale, in this country we pay
2 special attention to constitutional rights and so we have the
3 right to privacy out in front and so when we start to tamper
4 in those areas we take special caution to see that we do not
5 invade those rights and that's the reason why some of our
6 legislation addresses particular provisions the way it does.
7 But we have passed a considerable number of bills, maybe 30
8 or more, in the two-year session and they deal with blood
9 testing confidentiality which was what you're speaking of,
10 they allocated dollars for research, they have dealt with
11 education to workers in health professions, they dealt with
12 labeling of certain drugs and they deal with some of the
13 cases where ARC was identified.

14 They have dealt with the donation of blood,
15 especially blood to children. They have dealt with how to
16 deal with health professionals and their handling of AIDS
17 patients and we can go on and anti-discrimination goes on and
18 on and on. So we've done a lot of work in the Legislature in
19 this area and I think work that has enhanced the research and
20 study of the disease in the country.

21 DR. SEALE: Keep it up.

22 ASSEMBLYMAN KLEHS: Great. Thank you very much.

23 The next witness is Dr. Warren Winkelstein from the
24 School of Public Health from the University of California.

25 DR. WINKELSTEIN: Members of the Legislature, my
26 name is Warren Winkelstein. If I may I'll give you a little
27 of my background.

28 I'm a medical doctor with a Master of Public Health

1 degree. I've spent my entire career after internship in
2 public health serving as the Director of Communicable
3 Diseases of the local health department, after that as deputy
4 health officer and then joining the faculty of the University
5 of Buffalo where I did epidemiological research for eight
6 years before coming to California in 1968.

7 I've devoted myself to a variety of issues, but some
8 of them are particularly relevant to the discussion today. I
9 was involved in polio vaccine field trials in the 1950s and
10 also the development of both the inactivated and attenuated
11 live virus vaccine for measles. And since 1963 I've devoted
12 myself exclusively to research, epidemiological research on
13 AIDS.

14 ASSEMBLYMAN KLEHS: Dr. Winkelstein, I've noticed
15 your testimony is about 17 pages long.

16 DR. WINKELSTEIN: I'm not going to read it. I'm
17 just going to guide you through the table of contents if I
18 may.

19 ASSEMBLYMAN KLEHS: We only have about 45 minutes
20 left.

21 DR. WINKELSTEIN: I understand. I'm going to speak
22 very briefly and let you ask me some questions. But I do
23 want to point out that this document was prepared because of
24 concerns on the part of the faculty on U.C. Berkeley School
25 of Public Health that Proposition 64 was based on inaccurate
26 premises and the consequences of passing it would be
27 seriously detrimental to the control of the AIDS epidemic.

28 And so we prepared this document to be a source of

1 information for the public and for other concerned people.
2 Having prepared it, it was circulated to the faculty of the
3 other four, other three schools of public health in
4 California. They all endorsed it and as you see on the title
5 page it was released simultaneously by the four schools of
6 public health in California under the signatures of the deans
7 on the 24th of September.

8 The document is organized as you can see on the
9 table of contents into a series of five public health
10 liabilities. Proposition 64 would foster the inaccurate
11 belief that AIDS is a highly contagious disease, and there's
12 been a lot of testimony to the fact that it's not casually
13 spread.

14 Proposition 64 would deny jobs and contingent health
15 insurance, as well as classroom-based education to people who
16 pose no threat to the general public health.

17 Proposition 64 would force those who suspect they
18 are infected to avoid utilizing health care services for fear
19 of being identified and possibly quarantined.

20 And fourth, Proposition 64 would seriously hamper
21 our research, and I'd like to say a few just very few words
22 about that in a moment.

23 And, finally, Proposition 64 would waste state funds
24 on ineffective, coercive intervention programs and thereby
25 divert resources from the only known effective measure to
26 reduce AIDS transmission, massive public health education.

27 I'd like to just briefly address two points before
28 opening myself to questioning. First, let me say that there

1 is I think wide recognition among epidemiologists that this
2 is certainly the most serious epidemic that has visited us in
3 the 20th Century. It's rivaled by two others, the influenza
4 epidemic of 1918-1919 and the polio epidemic of 1960, but it
5 is a terrible epidemic and those of us who are involved in it
6 are committed and devoted to trying to control it.

7 One aspect of Proposition 64 which is particularly
8 troubling is that I think that it would deter people from
9 entering necessary research projects which are designed to
10 evaluate drugs which would delay the progression of infection
11 to disease and vaccines which would prevent disease. The
12 reason for that is that both these kinds of research efforts
13 require that people submit themselves to prior serological
14 testing.

15 If testing is to result in the possibility of long
16 term quarantine, and nobody has used the term, but those new
17 institutions, Senator Watson, I think are sometimes called
18 concentration camps because that's essentially what they
19 would be. We'd have to have large areas for literally
20 thousands of people to be concentrated in.

21 So people will not put themselves forward to risk
22 HIV serological testing in order to enter studies of the
23 efficacy of either vaccines or drugs. Now to test a drug for
24 the prevention of progression of infection to disease
25 requires that people already be infected. So they have to be
26 seropositive. To test for a vaccine, you must have people
27 who are seronegative and you must have many of them. In the
28 polio vaccine field trial we had to have 400,000 people to

1 test the efficacy of polio vaccine in one year.

2 Now, the problems involved in that are immense. So
3 I think that would be a very disasterous effect of
4 Proposition 64.

5 I hadn't intended to say anything about the research
6 on transmission, but our research in San Francisco which was
7 reported at the Paris conference and is now being prepared
8 for a manuscript for publication indicates that transmission
9 of infection in San Francisco has declined from an annual
10 average of about 20 percent among homosexual, bisexual men,
11 to between three and five percent. That's a very substantial
12 reduction.

13 We've examined the reasons for that reduction and I
14 think that we have demonstrated that the reasons are profound
15 change in the sexual behavior patterns of the population, and
16 that I think is the result of very extensive public health
17 education and public health organizational efforts which have
18 taken place in San Francisco.

19 So while the control in San Francisco doesn't mean
20 that we aren't going to have a large number of cases because
21 as has already been indicated the incubation period is long.
22 The people who have already been infected, many of them will
23 develop the disease. But the transmission rate which is what
24 we're really concerned with in the long run has been reduced
25 and I think it can be reduced more and I think that passage
26 of Proposition 64 would dangerously impact the progress we've
27 made.

28 Thank you.

1 ASSEMBLYMAN KLEHS: Thank you very much.

2 Senator Watson, any questions?

3 SENATOR WATSON: Dr. Winkelstein, I appreciate the
4 report that you're presenting from four prestigious
5 universities, but I was flipping through it with the remarks
6 that I made to the last speaker in mind, and I see you have
7 reference data in there. So if we needed to follow that
8 through to see what your source was, we would be able to, we
9 could contact these schools and various departments to find
10 out the data that we would need?

11 DR. WINKELSTEIN: The paper was prepared at
12 Berkeley. So we'll be glad to provide any information you
13 want.

14 SENATOR WATSON: I appreciate that. Thank you.

15 ASSEMBLYMAN KLEHS: Thank you, Dr. Winkelstein. I
16 was going to add, you must be in a tough position with
17 Proposition 61 and 64 to worry about this election.

18 DR. WINKELSTEIN: You want me to talk about 61?

19 (Laughter.)

20 ASSEMBLYMAN KLEHS: Some other time. The next
21 person is Pat Hamm from the Association of Practitioners in
22 Infection Control.

23 MS. HAMM: Good afternoon.

24 ASSEMBLYMAN KLEHS: Good afternoon. Do you have
25 copies of your testimony?

26 MS. HAMM: Yes, I do.

27 ASSEMBLYMAN KLEHS: I also, you know, we're kind of
28 trying to rush to get done at five o'clock. So can you

1 briefly summarize? That would be even nicer than running
2 through the whole thing.

3 MS. HAMM: Basically my testimony involves two
4 references that are in the back and answers to specific
5 questions that Senator Watson's aides requested that I
6 respond to. If I may go over those, would that be all right?

7 ASSEMBLYMAN KLEHS: Great.

8 MS. HAMM: As President of the California
9 Association for Practitioners in Infection Control --

10 ASSEMBLYMAN KLEHS: Could you also say what the
11 organization does and tell us a little bit about your own
12 personal medical background?

13 MS. HAMM: I'm a registered voter in Orange County,
14 California.

15 ASSEMBLYMAN KLEHS: Don't like the Orange County
16 part.

17 MS. HAMM: There's some of us good guys down there,
18 too. And just as a quick illusion to the previous statement,
19 I'm 41 and I sure hope I'm a hot item by the time I'm 65.

20 (Laughter.)

21 SENATOR WATSON: Right on.

22 MS. HAMM: The Association for Practitioners in
23 Infection Control, the acronym APIC, has been in existence
24 since 1972 and is a national organization throughout the
25 United States. It is comprised of infection control
26 practitioners -- we refer to them as ICPs -- most of whom are
27 registered nurses. I'm one of the few exceptions. I'm a
28 microbiologist. I'm a California-licensed medical

1 technologist with special training in microbiology. Before I
2 got into medicine I was a high school teacher and I've also
3 worked my way through college at other professions as well at
4 waitressing and so forth.

5 Infection Control Practitioners are required as part
6 of the State of California, Joint Commission of the State of
7 California Title 22, every acute, general care hospital must
8 have at least one Infection Control Practitioner in their
9 employ. Hospitals with more than 250 beds should have at
10 least two.

11 The position came about as a result of coming to the
12 realization that a hospital is a dangerous place to be and
13 you're more likely to acquire infection in the hospital than
14 outside the hospital because we do terrible things to you.
15 We put tubes in you, we put you on respirators, we cut your
16 skin open and perform surgery and we make you a very
17 susceptible host as a result of our increased technology and
18 manipulation.

19 The government found that as a result of being
20 admitted to a hospital, quite a large percentage of hospital
21 patients acquired infections as a result of what we did to
22 them in the hospital and rather than bringing it in on their
23 own from the community. And in an attempt to reduce this
24 morbidity, the profession of infection control was mandated
25 for each hospital to attempt to bring the total rate of
26 hospital-acquired infection in each hospital below five
27 percent of all admitted patients.

28 So our profession is one that has been trained in

1 infectious diseases, in the epidemiology of infections,
2 diseases and agents, how to prevent the transmission from a
3 communicable patient to the hospital staff, to the other
4 patients, and to be aware of highly communicable diseases
5 that must be reported to the state, to the county health
6 officers, et cetera, outbreak investigation, epidemiology.
7 And to accomplish all this we have to be very good educators
8 and as a result of that we have to be very knowledgeable.

9 So that's what APIC is all about. I hope that helps
10 a little bit to understand what we're all about.

11 If I could just go quickly into my statement. As
12 President of the California Association for Practitioners in
13 Infection Control, CAL-APIC -- California is one of the few
14 states that actually has a state organization, and we are
15 comprised of members from each chapter within the state. It
16 is an elected position and the membership is a rotating
17 two-year position. The office of president is a one-year
18 position, but I have been asked to stay over a second year.

19 I want to thank you for the opportunity to answer
20 any questions you may have about Proposition 64 and
21 especially to share with you my profession's concerns
22 regarding the initiative. Several questions have been
23 presented to me for consideration and I would like to address
24 these as well as any other issues which may be of concern to
25 you.

26 The first question presented to me: As experts in
27 infection control, what does your organization think are the
28 best ways to control the spread of the AIDS virus?

1 Infection Control Practitioners are trained in many
2 roles, among which those of teacher, investigator,
3 researcher, agent of change, consultant, role model, and
4 politician within the hospital also extend and apply to the
5 community. ICPs are committed to protecting patient,
6 hospital staff and the public from risk of contracting
7 disease, while doing all that we can to ensure that patients
8 receive appropriate, caring treatment.

9 ICPs are well educated and aware of current
10 information and documentation of the epidemiology of
11 infectious diseases. This knowledge is necessary to fulfill
12 one of our most important roles, that of educator.

13 As experts in infection control and as teachers,
14 CAL-APIC knows that the best way to control the spread of
15 AIDS is by aggressive education of both public and health
16 professional communities. The epidemiology of AIDS clearly
17 demonstrates the lack of casual transmission. And I enclosed
18 in my handout a copy of the California Morbidity and
19 Mortality Report reflecting the CDC study on the lack of
20 transmission within families containing a member with AIDS.
21 Also the bottom paragraph of that document is a short summary
22 of Dr. Luc Montagnier's study of a boarding school for
23 special students including hemophiliacs who transmitted
24 actively the Hepatitis B virus. They were HTLV-III antibody
25 positive and yet did not transmit the HTLV-III.

26 The epidemiology of AIDS demonstrates, as Dr.
27 Winkelstein -- I believe that was his name -- just commented
28 on the epidemiology of San Francisco, is behavior

1 modification resulting from education rather than fear is a
2 significant factor in reducing exposure to the AIDS virus.

3 CAL-APIC and the entire infection control profession
4 have been and will continue to be involved actively in
5 education. We advocate that the community and especially the
6 early school years, seek accurate information during the ages
7 when sexual and drug experimentation are occurring. Behavior
8 will change once we get beyond fear and understand the truth
9 about how AIDS is transmitted.

10 The second question is: Do you interpret
11 Proposition 64 to require contact tracing of persons with
12 AIDS or who are AIDS antibody reactive? If so, what would be
13 the results of the passage of Proposition 64 on California's
14 program of voluntary testing for the AIDS antibody? What
15 would be the impact on information and education programs
16 directed toward infected individuals as to how they can
17 prevent transmission?

18 One of the key concerns that my profession has is
19 the non-specificity of the wording of Proposition 64,
20 resulting in the necessity to, quote, "interpret," unquote,
21 what it proposes. It is precisely this need to interpret
22 that makes this initiative so insidious.

23 My colleagues and I believe that this proposal can
24 be interpreted to require contact tracings of persons with
25 AIDS or who are AIDS antibody positive if the local health
26 officer deems it necessary. If considered on a pragmatic
27 level, with an estimated 1,000,000 or more residents of the
28 United States having HTLV-III antibody, contact tracing would

1 be physically and financially impossible to do. Because of
2 the prolonged incubation period of AIDS, at least up to 5
3 years, perhaps more, attempts to trace contacts and test
4 their antibody status would be extremely expensive, extremely
5 time consuming and extremely inefficient in preventing the
6 spread of the disease.

7 Because the names of those testing antibody positive
8 would become public, voluntary testing would probably stop.
9 After all, if I was not concerned if I might be antibody
10 positive, why do I want to present myself to be tested
11 regardless of the test results. Therefore, under Proposition
12 64, simply subjecting to antibody testing puts me in a,
13 quote, "suspect," category. I can conceive of no one
14 voluntarily being tested if Proposition 64 passes.

15 This initiative would effectively eliminate the
16 effectiveness of information and education programs. People
17 who might have AIDS or who might be afraid that they might
18 have been exposed to AIDS will not attend any educational
19 program for fear of their being labeled.

20 Question number three is: As used in the
21 initiative, it is unclear what is meant by the wording
22 "condition of being a carrier of the HTLV-III virus." Would
23 the wording describe the condition of harboring the HTLV-III
24 virus? Would this be interpreted as including individuals
25 who are seropositive or reactive to the AIDS antibody test?

26 We interpret the phrase "condition of being a
27 carrier of the HTLV-III virus" to be the same as "harboring
28 the HTLV-III virus." Because there's no unequivocal way

1 widely available to demonstrate virus presence, the
2 seropositivity or reactivity to the AIDS antibody test, in
3 fact, says nothing about virus presence, much as the
4 seropositivity or reactivity to a Rubella test says nothing
5 about the presence of Rubella virus. Antibody tests only
6 measure an immune response to contact with a virus at some
7 time, not the presence of the virus. Proposition 64's
8 passage would include individuals who have a positive
9 reaction to the HTLV-III antibody test.

10 A cautionary note is necessary here. I also
11 enclosed in my statement a copy of the CDC studies
12 demonstrating that persons given gamma globulin injections,
13 particularly HBIG, can test positive for HTLV-III antibody
14 for as long as six months after injection. Now, if you had
15 to get a gamma globulin shot and were required by your
16 employer to be tested for HTLV-III antibody, you might test
17 positive without ever coming into contact with the AIDS
18 virus. Try to explain that when you're fired from your job
19 as a teacher and your insurance company drops your coverage.

20 Number four: What legal impacts would the
21 initiative have on persons with AIDS, persons reactive to the
22 AIDS antibody test and persons suspected of having AIDS or
23 suspected of being AIDS antibody reactive?

24 The legal impact of this initiative would be to
25 infringe on each person's civil rights. This proposal would
26 make it a crime for any medical as well as non-medical person
27 not to report a person with AIDS who might have AIDS or be
28 suspected of having AIDS. And I reference the California

1 Administrative Code, Title 17, Chapter 4, Subchapter 1,
2 Article 1, Section 2500 and 2508.

3 Number five: Will the initiative have the legal
4 impacts of excluding persons with AIDS or suspected of having
5 AIDS or those who are AIDS antibody reactive from food
6 handling positions or from school? Is this good public
7 policy from the perspective of infection control?

8 We feel that the initiative can be interpreted to
9 require the unnecessary exclusion of persons with AIDS,
10 persons reactive to the AIDS antibody test and persons
11 suspected of having AIDS from food handling positions from
12 schools as students or school employees.

13 As experts in infection control, we know that this
14 is not good policy. The routes of transmission and risk
15 groups for AIDS are the same as for hepatitis B, yet it is
16 not policy to require the exclusion of persons with
17 Hepatitis B, suspected of having Hepatitis B, or antibody
18 reactive to Hepatitis B from food handling positions or from
19 schools.

20 If a person is sick for any reason, they should stay
21 home regardless of their profession, until they are no longer
22 sick. This is good public policy and common sense.

23 Then and the last question is: How would the
24 eventual development of a vaccine be affected by Proposition
25 64? Would a vaccine produce antibodies that would subject
26 the vaccinated person to the provisions of Proposition 64?

27 Vaccines are effective because they trick the immune
28 system into thinking it has been invaded and therefore

1 responds by making protective antibodies. Hepatitis B
2 vaccine protects by stimulating the recipient to make
3 hepatitis B antibody. An AIDS vaccine would work only if it
4 did evoke an immune response, that is, antibody to the AIDS
5 virus.

6 If Proposition 64 passes, vaccine recipients would
7 test reactive to the AIDS antibody test and, therefore,
8 required to be reported. Therefore, this proposal would
9 effectively scare people away from submitting to vaccination
10 and subsequent testing if required to be sure that the
11 vaccine took.

12 In conclusion the Infection Control Practitioners of
13 California along with numerous other medical experts, urge
14 the opposition and defeat of Proposition 64. This initiative
15 is unsound medically, financially devastating and, most
16 importantly, detrimental to the effort to control AIDS.

17 AIDS is a public health problem, not a political
18 problem. The medical community is best equipped to direct
19 the fight against AIDS and the medical community, as well as
20 Governor Deukmejian, Mayor Bradley, the American Red Cross
21 among many strongly opposes Proposition 64.

22 SENATOR WATSON: I appreciate that last statement
23 referencing that it's a medical problem, not a political
24 problem because when I raised the question with the first
25 speaker that I heard, the answer supposedly was to be found
26 in this publication which is highly political and you've been
27 hearing me grind away for the last few hours on the
28 scientific basis of these statements. So I appreciate a

1 person who comes with that kind of background.

2 I did want to explore just for a second because our
3 time is running short, how a person could be antibody
4 positive and virus negative. I think that has implications
5 that are going to create a big problem if this proposition
6 passes. Can you elaborate on that just a minute?

7 MS. HAMM: Of course, using the antibody positive
8 without acquiring the virus, that is how a vaccine works.
9 You'll get the reactive part of the shell of the virus that
10 triggers the immune system to think that the whole virus is
11 there. It's just the portion that elicits the antibody
12 response that would be enough to make you immune. So you
13 could have antibody as a result of being vaccinated without
14 ever having disease. I never had Rubella. I had Rubella
15 vaccine. I'm antibody positive. I never acquired the Rubella
16 virus.

17 SENATOR WATSON: So you're saying that if this
18 proposition passes, we could be fooled, our public health
19 people could be fooled in thinking this is an active carrier
20 of the virus and this person then would be required --

21 MS. HAMM: Yes.

22 SENATOR WATSON: -- to be isolated.

23 MS. HAMM: Another example is the study on the
24 immune globulins as presented by the CDC. Immune globulin is
25 simply a conglomeration of antibodies from the public as a
26 whole to help protect for an interval. Among those
27 antibodies from the public as a whole is antibody to
28 HTLV-III, particularly in the hepatitis B immune globulin

1 which is the same risk group for AIDS. You're not acquiring
2 AIDS virus when you get immune globulin, you're acquiring
3 antibodies to it. You've never come into contact with the
4 virus, and yet --

5 SENATOR WATSON: Do you think the general public is
6 that knowledgeable about --

7 MS. HAMM: No. I don't think the general public is
8 knowledgeable about that at all and that's one of my
9 commitments is to continue in the mode of education and I do
10 educate the public. I belong to the AIDS Coalition of Orange
11 County Speaker Bureau and I have been active, very active in
12 the public community. I just spoke to the Head Start Program
13 for Southern California on pediatric AIDS.

14 SENATOR WATSON: The thing that just really kind of
15 frightens me at this point, the Legislature is not
16 knowledgeable either, but if this proposition passes so much
17 is left up to our interpretation. Plus, I can see the mass
18 hysteria as is current at the time spreading throughout our
19 population here and where we have people, as somebody
20 mentioned a few minutes ago, in concentration camps. We'll
21 concentrate those people in locations away from population
22 centers I would gather. And it would not only be costly, but
23 it would display into that level of ignorance that all of us
24 have about this disease.

25 We don't know enough about it. We're learning every
26 day. And I'd like to hear your suggestions on how fast we
27 move. Now, I suspect we can defeat Proposition 64, but how
28 fast do you think we ought to move in terms of this whole

1 business about quarantine, isolating and so on? Are the
2 current laws sufficient?

3 MS. HAMM: I think the current laws are very
4 adequate. I think it should be left up to the discretion of
5 the health officer as it is. We've had a few cases in Orange
6 County where the health officer is seriously considering
7 quarantining one or two known AIDS carriers. I would hate to
8 see it mandated and in particular certain areas of the
9 California legislative code already refer to the fact for a
10 contagious disease anyone suspected of living in the same
11 residence of someone who is a carrier of an infectious or
12 contagious disease can, in fact, should be notified to the
13 authorities. And my concern is as an example if you have a
14 son who's a hemophiliac and you have two other children and
15 it's known that your son is HTLV-III antibody positive, not
16 only can he not go to school but your other two children
17 cannot go to school because they live in the same household.
18 You may not, in fact, be able to work. If you wanted to pick
19 up a part time job at night as a waitress, you certainly
20 couldn't do that without being screened. It's a very
21 insidious proposition because so much is left to
22 interpretation.

23 SENATOR WATSON: If it's, if the AIDS antibodies or
24 virus is transmitted by saliva, tear drops, whatever, and I
25 got an impression and, of course this might be my sarcasm, I
26 got an impression that some people thought it was airborne.
27 That would mean whole families having to be quarantined and
28 put away isolated from society. I don't know how we handle

1 that.

2 MS. HAMM: Under the California Administrative Code
3 Hepatitis B is considered a contagious disease and is
4 reportable and the health officer is given the opportunity to
5 hand down modified isolation restrictions within the
6 California code as determined by the health officer. I can
7 tell you quite frankly that it's a policy in the infection
8 control manuals of hospitals that an employee who has
9 Hepatitis B is not restricted from work because the disease
10 is not communicated in a casual manner. So there would be no
11 need to segregate someone who has Hepatitis B except when
12 they're ill in acute stage of the disease because they cannot
13 perform.

14 SENATOR WATSON: You know, California is a workfare
15 state and there's a belief among some that every able bodied
16 individual ought to be working. Now we're going to make able
17 bodied people disabled people. Therefore, they become
18 another member of the welfare rolls where they're receiving
19 monies from the county, state and so on because they cannot
20 work and I'm just super concerned about that aspect of this
21 proposition. I can think of the worst horror tales ever and
22 I guess that's what I'm doing at the current time.

23 MS. HAMM: Can I take it one step further?

24 SENATOR WATSON: Sure.

25 MS. HAMM: Very simply, if we do, in fact, decide to
26 quarantine or concentrate individuals who are suspected of
27 being carriers or antibody test positive, who's going to take
28 care of these people, who's going to feed these people, who's

1 going to guard these people, who's going to surveil these
2 people? And if it is considered a highly contagious disease
3 requiring quarantine, then these people who care for the
4 people in concentration camps, in fact, cannot leave the camp
5 area either because they've quote "been exposed."

6 SENATOR WATSON: Maybe they can be shot with
7 something.

8 MS. HAMM: Exactly. And so on and so on and so on.
9 I think the ramifications are like ripples in a pond.

10 SENATOR WATSON: Thank you.

11 ASSEMBLYMAN KLEHS: Thank you very much.

12 The next witness is Richard Hirschhaut from the
13 Anti-Defamation League of B'nai B'rith.

14 Go ahead, Mr. Hirschhaut.

15 MR. HIRSCHHAUT: Thank you. The Anti-Defamation
16 League of B'nai B'rith welcomes the opportunity to address
17 this Committee on the subject of Lyndon LaRouche and
18 Proposition 64.

19 The ADL was organized in 1913 to advance goodwill
20 and mutual understanding among Americans of all races and
21 creeds and to combat racial, religious and all other forms of
22 prejudice in the United States.

23 ADL is vitally interested in protecting the civil
24 rights of all persons and in assuring that every individual
25 receives fair treatment under the law.

26 Consistent with these long-standing objectives, we
27 believe that Proposition 64, if passed, would pose a very
28 serious danger to the civil rights of literally hundreds of

1 thousands of Californians.

2 Playing upon the public fear of the dreaded Acquired
3 Immune Deficiency Syndrome is in our view the latest attempt
4 by political extremist and anti-semite LaRouche to exploit a
5 sensitive community issue in his pursuit of political power.

6 The report which you have before you exposes the
7 LaRouche apparatus as a political cult which employs a secret
8 strategy of deception coaching its extremism under legitimate
9 causes and employing deceptively named front groups which
10 garner public appeal.

11 In the the context of the AIDS epidemic, the
12 LaRouche-sponsored Proposition 64 and its official advocacy
13 organ, PANIC, in our judgment exploit a serious public health
14 concern through the incitement of fear and the encouragement
15 of paranoia.

16 The ADL's opposition to this measure stems both from
17 our dedication to protecting civil rights and our commitment
18 to countering extremism in this country. The League is also
19 concerned that the potential implementation of the
20 initiative's provisions would lead to inhumane treatment of
21 AIDS sufferers and an outright denial of their civil
22 liberties.

23 The ADL's role throughout this process, throughout
24 this campaign to defeat has been to provide perspective on
25 someone who we have documented as a long time bigot. Going
26 back to the late 1960s when he was all the way on the left of
27 the political spectrum involved in Students for a Democratic
28 Society until a shift to the right and today to a brand of

1 extremism which in our view defies categorization.

2 The LaRouche group has been around and has attempted
3 to inject its bazaar, extreme philosophy into the American
4 political mainstream on a number of fronts. Perhaps you are
5 aware, perhaps you are not, in the last primary election we
6 saw more than surprise primary victories in Illinois, we saw
7 as well more than 700 LaRouche candidates fielded coast to
8 coast who ran under the deceptive cover of the National
9 Democratic Policy Committee. Notice the rather innocuous
10 sounding label, National Democratic Policy Committee. You
11 might think they're somehow connected to the National
12 Democratic Committee or the National Democratic Party.
13 That's just simply not the case.

14 In recent years LaRouche and his operatives have
15 begun to make their presence felt, sharpening their attack on
16 America's mainstream political life, expanding their
17 sophisticated propaganda network and, as I mentioned,
18 fielding candidates around the country.

19 Part of the LaRouche operation has involved dirty
20 trick campaigns against public officials, loans garnered
21 through deception. Close to home in Modesto, California, a
22 75-year old widow who in 1984 was approached at the San
23 Francisco airport and asked to make a donation of \$20 to the
24 LaRouche organization, later found that she was being
25 harrassed three, four or five times a day by callers from the
26 LaRouche organization who wanted more money. Ultimately she
27 was bilked out of more than \$10,000 of her personal savings
28 and really all of the money that she had left to live on.

1 She subsequently filed a complaint with the federal
2 Elections Commission and investigation was then launched.

3 We've heard today from many individuals, some
4 supporting Proposition 64 claiming to be legitimate health
5 authorities. I don't question their credentials. I do
6 question the lies to repeat the canard that have been thrust
7 forward that these individuals in no way are connected with
8 the LaRouche organization, that they're simply acting as
9 hired guns, as hired counsel on public health issues, bunco.
10 These are individuals who are part of a sophisticated cult
11 organization. This is a cult which has all the classic
12 trappings that we know of other cults, of the Moonies, of
13 cults around the country, and they demand and extract a very
14 high price from their adherence and, believe me, LaRouche is
15 right at the center of control and organization of these
16 operations.

17 The LaRouchees engage in a conspiracy haunted in
18 paranoid theory of history that the world is run by evil
19 forces and that Jews, Blacks, other minorities and I would
20 venture to say homosexuals at this point, are at the center
21 of that evil oligarchy.

22 The anti-Semitism of the LaRouche organization has
23 been documented with operatives echoing the age-old genocide
24 charge against Jews, echoing the machinations of the
25 Institute for Historical Review which purport that the
26 Holocaust and slaughter of six million Jews and six million
27 others during World War II was simply a hoax and that somehow
28 Jewish Americans are demonstrating a dual loyalty because of

1 their support for the democratic state of Israel.

2 And, clearly, throughout the Proposition 64 campaign
3 we have witnessed deception in the garnering of signatures.
4 We've witnessed throughout the state several letters to the
5 editor in major newspapers in this state in which individuals
6 who lent their signatures to these petitions found out only
7 after a period of time what it was exactly that they were
8 signing. They were simply flat out and unabashedly lied to.

9 We also saw individuals shipped in -- we've heard
10 this already today -- from out of state to help in the
11 sequestering of these signatures and in bringing this
12 ultimately to March Fong Eu.

13 Ultimately, Proposition 64 poses very serious
14 intergroup relations fallout and consequences. It is
15 ultimately an effort to thwart any positive approaches to
16 finding solutions to a very real health concern.

17 Like the past, LaRouche officials have put forward a
18 measure that fits to a T the classic portrait of LaRouche
19 bigotry. Lyndon LaRouche and his followers, their long
20 history of paranoid and bigotry laden machinations, a matter
21 of public record, are surely not qualified to determine
22 Californias public health policy.

23 Thank you.

24 ASSEMBLYMAN KLEHS: Thank you very much. Senator
25 Watson has to go. We will continue the hearing until we're
26 finished with the last witness.

27 I have no questions. I appreciate you sitting
28 through today and providing us with the testimony. Do you

1 have a written copy that you could leave?

2 MR. HIRSCHHAUT: Testimony, no, but we do have a
3 press release to distribute as well as the report itself
4 which contains all of the elements of what I've just spoken
5 about.

6 ASSEMBLYMAN KLEHS: Great. Thank you very much.

7 MR. HIRSHHAUT: Thank you very much for the
8 opportunity.

9 ASSEMBLYMAN KLEHS: You're welcome.

10 The next person is Miss Peggy Dudder I believe she is
11 with the California Association of Health Facilities.

12 MS. DUDDER: Thank you. I'll try to make this very
13 brief.

14 ASSEMBLYMAN KLEHS: Thanks for waiting all day.

15 MS. DUDDER: It's been a very interesting hearing.

16 My name is Peggy Dudder and I'm with the California
17 Association of Health Facilities and we represent
18 approximately 950 skilled nursing and intermediate care
19 facilities in the state.

20 I have with me Lori Costa who is our Director of
21 Government Relations and is by profession a nurse and who
22 could answer any technical questions that you might have
23 concerning our testimony.

24 I'm also a registered voter in California.

25 Very, very briefly, the California Association of
26 Health Facilities has taken an official position in
27 opposition to Proposition 64. At this particular time, in
28 our industry not many skilled nursing facilities are

1 providing care to AIDS patients but they are looking to the
2 future. We are aware that there is going to be a need. At
3 this time we're waiting for some, and working actually with
4 the Department on some guidelines to give to facilities on
5 how to handle, how to treat and how to provide care to
6 persons with AIDS in skilled nursing facilities.

7 Those guidelines are based upon guidelines developed
8 by the Centers for Disease Control and in those guidelines
9 they basically state that isolation precautions should be
10 used when caring for AIDS patients. This we believe
11 certainly supports a lot of the testimony that we've heard
12 today. I'm not a scientist or a nurse, but we certainly
13 agree that the CDC's guidelines on handling AIDS patients
14 calling for precautions are appropriate and we're looking
15 forward to those guidelines coming out so that we can
16 disseminate that information to our members.

17 We certainly agree with the medical experts that
18 have testified prior to this that there is no clear medical
19 evidence that transmission of the virus is accomplished
20 through casual contact.

21 Our major concern frankly with the proposition is
22 whether or not it is appropriate public health policy to
23 place this kind of a question on the ballot, to ask the
24 public to make a decision about what is contagious, what is
25 not contagious and how it should be treated. I've heard
26 proponents of the measure and people who are opposed to the
27 measure who are emotional, who have a lot of interest in the
28 issue and what we've basically done is taken a medical

1 question and brought it into the area of politics and that's
2 extremely inappropriate. It's a terrible precedent to set in
3 California, for the rest of the nation and for the world and
4 that is really the basis for our opposition to the
5 proposition.

6 With regard to --

7 ASSEMBLYMAN KLEHS: Excuse me. With that in mind, I
8 guess I'm reminded constantly that the members of the
9 California Association of Health Facilities on a daily basis
10 are exposed to the most ill people in California, perhaps
11 terminally ill, the infirm. Can you imagine any type of
12 medical question regarding the diseases that perhaps your
13 workers or your patients are exposed on a daily basis, any
14 type of medical question that should be put to the voters?

15 MS. DUDDER: It doesn't make a lot of sense at all.

16 ASSEMBLYMAN KLEHS: So you would suggest that these
17 type of questions should always be solved through the normal
18 health channels in California?

19 MS. DUDDER: I think that's very true and then with
20 the help of the Legislature when you have the evidence, the
21 kind of scientific information, the kind of information that
22 you need to pass the appropriate laws to assist them in
23 taking care of these kinds of problems. That's the way it
24 needs to be done.

25 ASSEMBLYMAN KLEHS: Have you had any problems with
26 the current laws on the books in dealing with AIDS in your
27 facilities?

28 MS. DUDDER: Not at this point. As I said, we're

1 working with the Department to develop the guidelines for
2 handling patients at our facilities and that is working,
3 that's working well. We don't have it yet, but we should
4 very soon.

5 ASSEMBLYMAN KLEHS: Do you have a fear that if this
6 measure passes that perhaps people will be afraid to come
7 forward and report they have the disease or try to discover
8 it or perhaps even some of your workers in your facilities
9 may want to resign? It is a high turnover industry that
10 you're in and I know it's difficult to keep qualified workers
11 often because of the nature of the business, it kind of goes
12 hand and hand with it. Do you find that you have a problem
13 in keeping workers?

14 MS. DUDDER: I would say that the proposition would
15 have an extremely chilling effect on any facility being
16 willing to accept any patient who has AIDS or is even
17 suspected of having AIDS. It would create a tremendous
18 problem for our employees as well.

19 One of our big jobs when we do begin taking a number
20 of AIDS patients into skilled nursing facilities which I
21 think will have to happen in the future is to educate
22 properly our employees to actually take care of their fear
23 which is kind of out there in the general public an
24 uncertainty about what they're supposed to do. If they, if a
25 nurse has to wear a mask and gloves and do all of those kinds
26 of isolation things in order to care for an AIDS patient,
27 they are going to be reluctant, they're going to be somewhat
28 afraid of doing that. And we don't really want to provide a

1 situation where you discourage medical treatment of a
2 patient. We want to encourage it, not discourage it and I
3 think that's what this proposition would do.

4 ASSEMBLYMAN KLEHS: Thank you very much. Appreciate
5 your testifying.

6 The next witness is is Dr. John Greenspan with the
7 California Dental Association.

8 DR. GREENSPAN: Thank you, Mr. Chairman.

9 ASSEMBLYMAN KLEHS: We appreciate your sitting
10 through the entire hearing.

11 DR. GREENSPAN: I'm impressed at the patience and
12 courtesy which you've shown everybody today.

13 My name is John Greenspan. I'm not a registered
14 voter. I hope I will have that privilege as soon as my
15 naturalization papers go through. It's with some trepidation
16 that I speak to you with an English accent because I
17 recognize that the old adage about an expert is shortly going
18 to change here and they're soon going to be saying that a
19 bigot, an ignoramus is somebody who comes from more than 100
20 miles away.

21 ASSEMBLYMAN KLEHS: How are you on the English
22 language initiative?

23 DR. GREENSPAN: I'm beginning to have my doubts
24 about that. I think we should all speak Chinese. That may be
25 a more courteous way of going about things.

26 I'm going to comment today in my representation of
27 the views of the California Dental Association by Dr. Del
28 Redig who is the Executive Director of the Association.

1 I will be brief and to the point and my testimony is
2 just a few words and it's summarized in the piece of paper
3 which I've handed into you.

4 The dental profession is obviously very concerned
5 about AIDS. Dental practitioners are primary care providers.
6 Many patients go to their dentists at least as often as they
7 go to their physicians and it's been shown in a number of
8 studies, including some from my own group, that the first
9 clinical signs of HIV infection can manifest in the mouth.
10 The relationship between patients and their dentist is a very
11 close one of trust and we are deeply interested in and
12 concerned about any process which comes between the
13 traditional mechanism of dealing with health care problems,
14 that is to say, the relationship between the patient, their
15 professional and the political process of which we regard
16 Proposition 64 as an inappropriate distortion.

17 By the way, in terms of my own qualifications, I'm a
18 dentist trained in London. I have a Ph.D. in pathology and I
19 have for a number of years been concerned about viral
20 diseases of the mouth, and as Dr. Francis can attest, my
21 current activities mostly involve almost at the full time
22 level involvement in the oral manifestations of the AIDS
23 epidemic and the research, teaching at an administrative
24 level.

25 The view of the California Dental Association is
26 that this proposition is based, as you've heard, on
27 misunderstanding or wilful misinterpretation of current
28 knowledge concerning the Human Immunodeficiency Virus and the

1 Acquired Immunodeficiency Syndrome. The nub of that wilful
2 misinterpretation concerns the word "contagious." I won't go
3 into the scholastic rehash of that whole issue, but it's
4 quite obvious to all concerned that using the universally
5 understood meaning of the word "contagious," AIDS is not a
6 casually-transmitted disease and in that context it is not
7 contagious and the natural fear and gullibility of the public
8 should not be allowed to force us into inappropriate actions.

9 The ultimate effects of the proposition are likely I
10 suggest to be the opposite of those publicly claimed by its
11 proponents. For the proposition if passed would most
12 probably result in inappropriate, cruel and ineffective
13 discrimination and untold expense. It would set a
14 disastrous precedent concerning health care legislation and
15 on these and many other grounds we oppose the proposition and
16 urge that it be defeated.

17 Concerning the specific questions which you posed to
18 us, I won't repeat those, I'll just give you our answer.

19 Firstly, we interpret Proposition 64 to require
20 contact tracing of persons with AIDS or who are known to be
21 HIV antibody positive. We feel this would probably destroy
22 the current voluntary testing program, drive AIDS victims,
23 HIV infected people and others who might be considered as
24 being appropriate for testing for various reasons, including
25 but not limited to, the members of currently recognized risk
26 groups away from the voluntary program and indeed away from
27 the health care community.

28 We believe that the effect would be to increase,

1 prolong and worsen the epidemic. We believe that this
2 proposition, if passed, would be specifically and positively
3 counterproductive.

4 We suspect that the proposition would require local
5 health officers to take action which is currently left to
6 their discretion. We take the view as does every other
7 recognized health care organization that the current law is
8 adequate to deal with the situation to the best of our
9 ability in the current state of knowledge.

10 We believe that to break that precedent and no
11 longer leave to the discretion of local health officers
12 decisions concerning these matters and instead to substitute
13 across the board rigid direction of health care professionals
14 is against precedent, is based on ignorance or even wilful
15 misinterpretation of which you have heard interminable
16 examples this afternoon and it's totally without merit on the
17 basis of current knowledge.

18 As far as your third question is concerned
19 concerning the definition of being a carrier of the AIDS
20 virus, we can't readily answer that. Carrier status for HIV
21 is difficult to define. You've heard some of the concerns
22 about what would be the consequences if it were interpreted
23 as meaning all seropositives and you've also heard that
24 seropositivity cannot in our present state of knowledge be
25 equated with carrier status, although it is widely held to be
26 so. That is not, in fact, the case and if that were the way
27 the law were interpreted it would be immediately challenged
28 by numbers of people.

1 On the other hand, blood culture which is a very
2 complex business -- It's not like culturing many viruses.
3 It is extremely difficult to do. I'm involved in a lot of
4 this work with Jay Levy in San Francisco and on a no profit
5 basis -- the blood cultures for the AIDS virus cost \$500 to
6 \$1,000 per specimen, not per person, per specimen. You may
7 have to do several specimens from different body fluids from
8 each individual who is a fugitive carrier in order to
9 determine whether they are or not. And the numbers are so
10 great that they defy consideration and would totally
11 distract, detract from attention for what is the real problem
12 and distract the sources, probably irreversibly, from where
13 they should be placed.

14 We take the view, as has been so nicely expressed by
15 several of the other witnesses, that if the initiative were
16 passed it would set aside from society at least as badly as
17 the lepers of old, large numbers of people inappropriately at
18 enormous cost in human and material resources and would be
19 totally without benefits to them or the other residents of
20 California.

21 We take the view that the notion of identifying and
22 setting aside carriers of HIV and indeed people with AIDS in
23 special facilities would be a complete and absolute waste of
24 time and should be recognized as such.

25 We take the view that if the initiative were passed,
26 research in AIDS would be substantially hampered. I know
27 that my own research would come to an end almost immediately.
28 I would not be able to get volunteers, confidentiality would

1 be eliminated, there would be virtually nothing we could do
2 in the future to try and stop the epidemic or stop other
3 similar epidemics.

4 And finally, of course, as it's been said by others,
5 should a vaccine be developed based on the production of
6 antibodies against the Human Immunodeficiency Virus, if such
7 a thing could be done, then those fortunate enough to develop
8 neutralizing antibodies to the virus would, of course, be
9 subject to the proposition's consequences.

10 So from these brief comments, and I am grateful to
11 you for continuing the hearing so that I can make them, from
12 these brief comments and from the public statements of the
13 officers of the California Dental Association, it should be
14 apparent to you and the public that we vehemently oppose this
15 ill-conceived, poorly informed and vindictive proposal which
16 is utterly without merit.

17 Thank you.

18 ASSEMBLYMAN KLEHS: Thank you. Doctor, the only
19 question I have is would it be accurate to say that perhaps a
20 dentist in a normal, casual examination of a patient in an
21 office has probably more to worry about from x-rays than they
22 do from receiving AIDS?

23 DR. GREENSPAN: That's an analogy that hasn't been
24 drawn to my attention before. I think you could be right. I
25 don't know. Certainly there is a great deal to be concerned
26 about in terms of inappropriate use of radiologic imaging
27 techniques, but I like to think that California dentists
28 don't have that problem because they handle the situation

1 properly. And certainly in terms of AIDS, well, not AIDS
2 really, but infection control, I think it's fair to say that
3 in the last year we believe that the behavior of California
4 dentists has been modified significantly. We're beginning to
5 get data on that in terms of the wearing of gloves and masks,
6 adherence to sterilization protocols, adherence to
7 appropriate history taking protocols.

8 So I'd like to think that in terms of exposure of
9 the dentist to the hazards of dentistry or more importantly,
10 much more importantly to us I think, the question of the
11 exposure of patients to hazards of dentistry, that we're in
12 the forefront in this state in regard to those problems.

13 ASSEMBLYMAN KLEHS: I think you're right. I go to
14 the dentist regularly, went to my orthodontist this last
15 week. And I notice that there's a real change in the
16 precautions that they take in their office compared to, let's
17 say, a year or two ago. So I want to commend the association
18 for that.

19 DR. GREENSPAN: Thank you.

20 ASSEMBLYMAN KLEHS: Does the association feel that
21 current law is adequate to deal with the problems of AIDS?

22 DR. GREENSPAN: Yes.

23 ASSEMBLYMAN KLEHS: Thank you very much. Thank you
24 for waiting for so long.

25 We have one last witness which is Randy Martin from
26 the Lobby for Individual Freedom and Equality. He wasn't on
27 the agenda, but he got on early when the hearing started.

28 MR. MARTIN: Thank you. I'm Rand Martin, not

1 Randy.

2 ASSEMBLYMAN KLEHS: I'm sorry.

3 MR. MARTIN: It's a common mistake. No problem.
4 Representing the Lobby for Individual Freedom and Equality.
5 I am a registered voter in the State of California, County of
6 Sacramento.

7 LIFE is a statewide lobby. It is a nonpartison
8 association of gay and lesbian organizations which has as
9 it's predominant focus the promotion of effective and
10 responsible AIDS policies and practices in the State of
11 California.

12 I want to stress the political side of Proposition
13 64 because it is LIFE's contention that when all is said and
14 done Prop 64 is platently political. I am not concerned
15 about Lyndon LaRouche. At this point we are far more
16 concerned about what the impact of Prop 64 might be on the
17 California Legislature in 1987 if it passes.

18 The Legislature, without going into detail, has
19 certainly been a leader in the State of California in
20 establishing good public health policy in dealing with the
21 AIDS crisis. However, in 1986 we started to see some chinks
22 in the legislative armor. Responding to public concern and
23 in many cases capitalizing on public hysteria, the number of
24 AIDS bills increased by 800 percent between 1985 and 1986.
25 Over half of these were diametrically opposed to the trends
26 established by the Legislature beginning in the early 1980s.

27 While all of them eventually died, not all of them
28 died quietly. In fact, one of the reasons my organization

1 was formed this spring with such urgency and swiftness is
2 because of fear that AIDS hysteria was coloring the tone of
3 the Legislature.

4 When the Senate passes a bill by 27 to 3 that would
5 require an AIDS antibody test for anybody convicted of
6 misdemeanor sex crime, to our organization that is great
7 cause for concern.

8 Despite the Legislature's admirable accomplishments
9 in its AIDS program, these chinks begin to appear all by
10 themselves and they do so at a time when Proposition 64 was a
11 largely unknown proposed initiative that no one took
12 seriously.

13 We now must take it seriously. If Prop 64 passes,
14 we may find that in and of itself the measure has few teeth
15 or we may find that it has many teeth but only after years in
16 the courts. But the greatest fear of my organization and
17 others battling AIDS in California is that if Prop 64 passes
18 or even if it's narrowly defeated, the Legislature will view
19 that as a public indictment of its AIDS program and suddenly
20 those chinks become chasms.

21 I submit that in a climate created by a successful
22 Proposition 64, the Legislature against its better judgment
23 will breathe new life into bills that were summarily defeated
24 during the last session. The insurance industry will find
25 the mood in the Legislature ripe for amending state
26 confidentiality laws in order to use the AIDS antibody test
27 for determining eligibility. Appropriation for AIDS programs
28 which are already sorely inadequate will shift focus from

1 effective and humanitarian programs to ineffective and
2 restrictive programs.

3 While we believe that the Legislature would not
4 approve of such extreme measures as internment, we would not
5 be surprised to see the post-64 Legislature give
6 consideration to mandatory reporting of test results, contact
7 tracing and employment restrictions.

8 The California Legislature must be allowed to
9 continue its leadership role in fighting AIDS and the rest of
10 state government must be allowed to take its rightful place
11 with the Legislature in leading California out of its worst
12 public health crisis.

13 If Prop 64 passes, that leadership will fall into
14 the hands of people who have demonstrated that they are only
15 adept at fueling public hysteria and hysteria makes lousy
16 public policy.

17 Thank you for your time.

18 ASSEMBLYMAN KLEHS: Thank you very much.

19 I have no questions. I'm glad you stayed through
20 the entire hearing. I also want to publicly thank you for
21 your work on AB 3900. The Governor signed the bill last
22 Thursday.

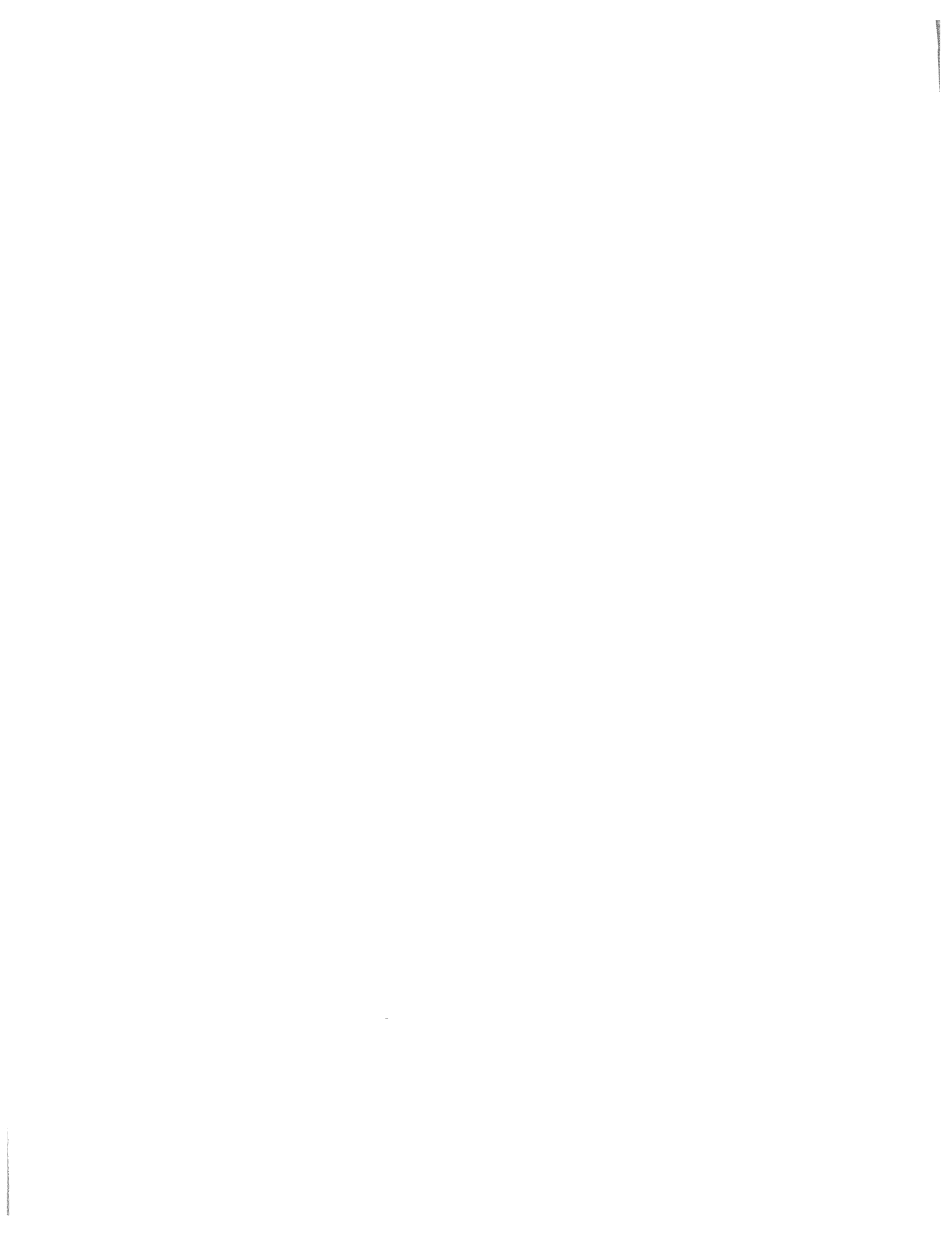
23 MR. MARTIN: I understand. I thank you.

24 ASSEMBLYMAN KLEHS: Thank you.

25 That's it for the hearing. We're going to adjourn.
26 I want to also thank Dr. Francis and Dr. Chin for remaining
27 with us this afternoon and our stenographer.

28 Thank you very much. The hearing is adjourned.

1 (Thereupon the Joint Hearing of the Assembly
2 Committee on Elections and Reapportionment and the
3 Senate Committee on Health and Human Services was
4 adjourned at 5:15 p.m.)
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CERTIFICATE OF SHORTHAND REPORTER

I, Cathleen Slocum, a certified shorthand reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing Joint Hearing of the Senate Health and Human Services Committee and the Assembly Elections and Reapportionment Committee was reported by me, Cathleen Slocum, and hereinafter transcribed into typewriting.

I further certify that I am not of counsel or attorney for any of the parties to said hearing nor in any way interested in the outcome of said hearing.

IN WITNESS WHEREOF, I have herein set my hand this

28th day of October, 1986.



Cathleen Slocum
Certified Shorthand Reporter
License No. 2822

Handwritten text, possibly a signature or name, located in the upper left quadrant of the page.