

COLUMBIA SPECTATOR ARCHIVE

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AIDS committee keeps housing policy

By AMY BAYER

The AIDS Committee will not change the present Residence Hall and Housing Policy for AIDS-related problems at Columbia, according to committee member Richard Carlson, a director of the University Health Service.

“The committee decided that an AIDS-related problem does not constitute a valid urgent transfer into another dorm room. From what we know, AIDS is not communicable by casual or roommate-type contact and does not pose a threat in these circumstances,” Carlson said.

The current University residence policy allows students to apply for an immediate room transfer if they explain their reasons to the assistant dean of residence. If, after conferring with the student’s head residence counselor and floor counselor, the dean decides the transfer request is reasonable, then the student is allowed to skip the normal waitlist procedure, according to committee member Les Hollo, head resident of John Jay Hall.

Few students have approached the deans with concerns about contrac-

ting AIDS in their residence halls, Carlson said.

“We have isolated cases of fear of AIDS-related problems, none of which have actually been connected with AIDS,” said Carlson.

The residence hall policy is the first area of the University the committee has examined regarding AIDS. In the next few months, they will decide whether the existing infectious disease policies for employment insurance benefits, dining services, security, and admissions are adequate to handle AIDS cases.

Although the committee will not create a new policy for AIDS-related problems in the residence halls, the committee ruled it is mandatory to inform roommates and suitemates if

they are living with an AIDS patient.

“People on the committee certainly felt that the best situation would be when everyone knows what’s going on and is helping everyone else. Committee members felt uncomfortable with the notion of only one person knowing about an AIDS patient in their room and yet the committee still feels respect for the patient’s privacy is important,” Carlson said.

In addition to deciding to retain the current residence hall policy, last week, the committee discussed whether AIDS patients should be required to inform the University of their illness and be responsible to take safety measures in their everyday interaction within the University.

“It is very possible that there are AIDS patients at Columbia whom the Health Service does not know about. It is hard to know what an AIDS policy should say. I don’t think the committee knows whether to monitor AIDS patients or not,” Carlson said.

The committee’s vague policy on the responsibilities of an AIDS patient might cause some problems in the future, though, according to committee member Michael Dowling, also co-coordinator of the Gay Health Advocates.

“People would like clarity. We want to set a policy that is humane, clear and flexible,” Dowling said.