

needs revising?

Final Report of the Columbia University ad hoc Committee on AIDS

March 1988

The Committee was chaired by Joseph P. Mullinix, Senior Vice President of Columbia University, and included representatives of the following: the faculty, graduate and undergraduate students, the University Health Service, the Columbia Gay Health Advocacy Project, the Columbia Gay and Lesbian Alliance, Columbia College, the School of Engineering and Applied Science, the General Counsel's Office, the Office of

Equal Opportunity and Affirmative Action, and the Office of the Vice President of Personnel Management and Human Resources. The Committee met for nearly two years, and produced the following report. Many of the figures in this document are now out of date—for more information, contact the Gay Health Advocacy Project at (212) 854-2878.

The Acquired Immunodeficiency Syndrome (AIDS) is a weakening of a part of the body's defenses by a retrovirus called Human T-cell Lymphotropic Virus, type III (HTLV-III) or Human Immunodeficiency Virus (HIV). This fragile virus is known to be transmitted to others via blood, semen, and vaginal and cervical secretions. It has been isolated in other bodily fluids, such as saliva, tears, and urine, but current evidence does not indicate that it is transmitted in these fluids when blood-free. HIV infection has resulted in a variety of outcomes: most of those infected have not gotten ill; others developed the milder, not usually life-threatening illness called AIDS-Related Complex (ARC); while others have gone on to develop the advanced form of HIV infection called AIDS. Since 1981 almost 43,000 cases of AIDS have been reported in the United States; over half of these people have died (AIDS Weekly Surveillance Report, 12-12-87). While the illness has now been reported in all fifty states, certain urban areas continue to show a concentration of cases. Of the reported cases: 65% involved transmission by sexual activity between men; 16% involved transmis-

sion by needle sharing by IV drug users; 7% are men who reported both sexual activity with other men and needle sharing; 2% contracted the illness through heterosexual sexual activity where one partner had AIDS or was at risk for AIDS; 2% involved transmission presumed to be by heterosexual activity where one or both partners was born in a country where heterosexual transmission is believed to play a major role; 3% have received contaminated blood products in the course of medical therapy; 1% of cases were children who were infected perinatally from mothers infected with the virus; and 3% are classified as "undetermined." While HIV appears to be the primary infectious agent involved, other factors may also play a role in the expression of the disease. Individuals with AIDS, ARC, or those who carry the virus with no symptoms may transmit HIV infection.

This Committee has sought to gain an understanding of AIDS through selected readings, extensive discussions, and two invited experts: Dr. Harold Neu, Professor of Medicine at the College of Physicians and Surgeons; and Dr. Daniel William, the director of the

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Roosevelt Hospital AIDS Clinic. The discussions which took place at the Committee's meetings focused on AIDS and its implications for the Columbia community: Does the University have in place policies and procedures which are adequate to deal with this new and frightening illness? What is the University's role and responsibility towards its employees and students who work and live in a city where AIDS has become a leading cause of death in young men and women? What is the University's position regarding the social and legal aspects of the illness and related conditions and the fear that they often inspire? The Committee restricted its review and recommendations to the Morningside campus; it did not consider the special circumstances at the Health Science campus facilities.

Present evidence has documented HIV infection only through sexual intercourse, the sharing of intravenous drug paraphernalia contaminated with fresh blood, the receipt of contaminated blood or blood products, or perinatally from infected mothers to their fetuses. All current medical evidence indicates that casual contact, such as working together, living together in dormitories, attending class, sharing food and utensils, and ordinary sports activity, does not spread the infection. For example, current studies of families in which AIDS is known to be present have not shown any spread of HIV infection to family members regardless of the closeness of non-sexual contact.

Based on this evidence the Committee concluded that students or employees who have an HIV infection do not pose a threat to the health of their fellow students or colleagues in the usual course of University activities. Moreover, the Committee concluded that medical evidence does not support any form of mandatory screening of individuals for the infection or any exclusion of students, faculty, or staff with the infection from University activities. At the same time, the Commit-

tee believes that individuals at Columbia who have AIDS, ARC, or who know that they have been infected by the virus may derive considerable benefit from the counseling and medical help available at the Health Service, where all encounters are confidential, and urges such individuals to seek that help. In addition, the Committee feels it is imperative for members of the Columbia community who have an HIV infection, ARC, or AIDS to take appropriate precautions to avoid transmission of the infection.

The interest of the uninfected is to avoid infection. Current medical evidence indicates that HIV infection is spread only through sexual contact with infected individuals, injection or receipt of infected blood or blood products (now primarily occurring in the course of intravenous drug use), or childbearing by infected mothers. Therefore in general no special University precautions to protect the uninfected are necessary other than intensive educational programs. The pamphlet recently issued by the University Health Service, *Information About AIDS for the Columbia Community*, is a step in this direction.

It is the responsibility of the University Health Service to deal with the problem of contagious illnesses within the Columbia community. In fulfilling this responsibility in regard to individuals with asymptomatic HIV infections, ARC, and AIDS, the Service and its medical officers stress the importance of counseling and the need to prevent further spread of the infection. They are guided by the awareness of the possibility of unwarranted discrimination in their dealings with these individuals, the fear in the minds of the public concerning HIV infections, and the current medical evidence that such infections are not casually transmitted.

The University Statement of Non-Discriminatory Policies prohibits discrimination against otherwise qualified students, employees, or applicants on the basis of handicap or disability.

[The Uninfected
AIDS Fact Book]

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Otherwise qualified individuals are those who with reasonable accommodation can perform the essential functions of their jobs or fulfill the program requirements of their schools consistent with the health and safety of others. The Statement of Non-Discriminatory Policies prohibits discrimination in areas including employment (hiring, promotion, transfer, demotion, and termination), medical care, housing (graduate and undergraduate), and student life (admission, enrollment, attendance, readmission, use of dining halls, athletic and other facilities). Individuals who have been diagnosed as having AIDS, ARC, or asymptomatic HIV infection are entitled to protection under the University's Statement of Nondiscriminatory Policies. In general, as with individuals with other known or suspected diseases or life-threatening illnesses, on evidence of impairment or danger to the health and safety of the individual or others, review on a confidential, case-by-case basis is and should continue to be made by the University Health Officer in consultation where appropriate with other medical experts and the individual's personal physician. Any decision in an individual case is made on a confidential, case-by-case basis and takes into account that individual's condition (including his or her ability to attend classes or perform the duties of his or her job), the fact that present medical evidence has not shown HIV infections to be casually transmitted, and the health and safety of other students and employees. Considered also is whether reasonable accommodation to any impairment by the school or office involved is needed and whether the individual is likely to return to work after a period of treatment and recovery. can be made

Columbia's Statement of Nondiscriminatory Policies should not be construed to bar the University from special action at the request of or with the explicit and specific informed consent of

an individual with HIV infection, ARC, or AIDS.

The University Health Service is equipped to provide care and referrals as necessary and it respects the confidentiality of all individuals who come to it. Because the diagnosis of HIV infection may evoke unwarranted fear and suspicion, the Committee cautions all members of the University community that an individual's medical records at the University Health Service and elsewhere are privileged under New York law and may not be released to third parties without the specific informed consent of the individual, except in very narrow circumstances, consistent with the law.

The Committee reminds people who believe that they have suffered discrimination on the basis of actual or perceived asymptomatic HIV infection, ARC, or AIDS, or who otherwise question the basis for a decision involving them that they may consult with the Director of the University Health Service, representatives of the Columbia Gay Health Advocacy Project or other gay organizations on campus, a faculty advisor, a union representative, the appropriate dean, department chairperson or administrator, or other officers in charge. In addition such people are protected under the University's Statement of Nondiscriminatory Policies and can file a formal grievance through the applicable University grievance procedure:

Officers of instruction: University Statutes, Section 73. Grievance filed with the Senate Committee on Faculty Affairs, Academic Freedom and Tenure.

Officers of research: 1987 Faculty Handbook. Grievance filed with the Provost.

Officers of administration and the libraries and non-union support staff: Personnel Policy 602. Grievance filed with Employee Relations.

Unionized support staff: Provisions of applicable collective bargaining agreements. Grievances filed through union representative.

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Students and others not covered by above procedures: Discrimination Grievances Procedure. Grievance filed through Office of Equal Opportunity and Affirmative Action.

In addition, the Committee recommends that the University take action to prevent individual harassment against those who have or are perceived to have AIDS, ARC, or HIV infection.

The Committee recommends that it meet in light of changing medical knowledge or to review the adequacy of University practices relating to AIDS. The Committee should consist of representatives of the administration, faculty, students and University Health Service, as well as representatives of those groups most affected by AIDS (specifically in-

cluding members of University gay organizations).

The University's role clearly must be to supply health education and information services specifically addressed at AIDS, ARC, and HIV infection. The Committee recommends that Columbia continue to make available to students and employees accurate, understandable, and current information concerning HIV infection and its medical and social implications. This program should be available to the entire Columbia community, both students and employees. It is only through such a broad sharing of information and views that the University as a group of individuals can respond to the AIDS epidemic in a knowledgeable, fair, and healthy way.