

AIDS Committee Report  
Morningside Campus  
Columbia University

FINAL DRAFT — 7/8/86

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). This fragile virus is known to be transmitted to others via blood and semen. It has been isolated in other bodily fluids, such as saliva, tears, urine, and vaginal secretions, but current evidence does not indicate that it is transmitted in these fluids. Since 1981 almost 21,000 cases of AIDS have been reported in the United States; over half of these people have died. 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: 73% have been homosexual or bisexual men, some of whom have used intravenous drugs; 17% have been heterosexual intravenous drug users; 4% have received contaminated blood products in the course of medical therapy; and 6% have not been identified as falling into any of these risk categories. AIDS has been identified in heterosexual sexual partners of the above individuals and in children of mothers with the illness. While HTLV-III appears to be the primary infectious agent involved, other factors may also play a role in the expression of the disease. Individuals with an AIDS related complex (ARC) or those who carry the virus with no symptoms may transmit HTLV-III infection as well as someone with AIDS.

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 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 HTLV-III infection only through sexual intercourse, the sharing of intravenous drug paraphernalia contaminated with fresh

blood, the receipt of contaminated blood or blood products, or from infected mothers to their fetuses or newborn infants. Casual contact, such as living together in dormitories, attending class, sharing food and utensils, and normal sports activity, does not appear to spread the infection. For example, current studies of families in which AIDS is known to be present have not shown any spread of the 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 HTLV-III infection pose no threat to the health of their fellow students or colleagues in the usual course of events on campus. Moreover, the Committee concluded that currently available medical evidence does not require any form of mandatory screening of individuals for the infection or any general exclusion of students, faculty, or staff with the infection from University activities. At the same time, the Committee 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 HTLV-III infection, ARC, or AIDS to take appropriate precautions to avoid transmission of the infection.

Existing policies adequately protect both those in the Columbia community infected with HTLV-III and those not infected.

The interest of the uninfected is to avoid infection. Current medical evidence indicates that HTLV-III infection is spread only through unsafe 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 appropriate other than intensive educational programs.

The interest of the infected is to obtain proper care and counseling, and to maintain their civil rights intact in the University setting. The University Health Service is equipped to provide care and referrals as necessary. The University bars discrimination against individuals with an HTLV-III infection (including seropositivity, ARC, and AIDS) and those perceived as infected, just as it bars discrimination against those with other disabilities. Such discrimination is contrary to existing University policy as set forth in the University Statement of Nondiscriminatory Policies. Exceptions may be made where medically demonstrable danger to the infected individual or others exists and University intervention is appropriate. This danger, if any, will be determined by the University Health Officer in consultation with other medical experts when necessary or requested by the individual.

Policy against discrimination includes the areas of employment (hiring, promotion, transfer, demotion, termination), medical care, University real estate, and student life (admission, enrollment, attendance, readmission, use of facilities and accommodations such as dormitories, dining halls and public kitchens, athletic facilities, etc.).

People who believe that they have suffered discrimination have full rights within and access to the anti-discrimination processes of the University as listed below:

*[Pearl — we need addresses and phone numbers for these. Mr. Mullinix may want to identify specific people within these offices as contacts or change some items on the list. Thanks! Paul]*

Office of Employee Relations

Office of the Director of the University Health Service

Office of Equal Opportunity

Various Dean's Offices

Appropriate collective bargaining units

The Gay Health Advocacy Project may also be contacted at 280-2878 for advice and referrals on the topic of AIDS-related discrimination.

If a person believes existing procedures have been inadequate, he/she may appeal to the University Committee on AIDS. This committee will consist of representatives of the administration, faculty, Health Service, as well as members HTLV-III infection risk groups including members of University gay organizations. In addition, this committee will meet periodically to review the University's response to AIDS.

The University's role clearly must be to supply health education and information services specifically addressed at AIDS. The Committee recommends that Columbia undertake and sponsor a comprehensive program of health education which will make available to students and employees accurate, understandable, and current information concerning HTLV-III 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.