

**AIDS Information
Pamphlet**

**Columbia University
ad hoc Committee on AIDS**

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AIDS at Columbia

Columbia University encourages all who teach, study, and work here to understand AIDS and its consequences. In New York City, few lives will go untouched by AIDS, and Columbia is not exempt: the disease has already killed members of the University community and the threat of it is a major concern for many more.

In the following pages, AIDS, its risks, and how to avoid them will be explained using the best information available at the time of writing. Our knowledge of AIDS is changing constantly, so this pamphlet should not be considered the final word, but instead should be used to help interpret new developments as they happen.

Most people will find after reading this pamphlet that they are not at risk for AIDS. Gay and bisexual men, users of non-medical intravenous drugs, hemophiliacs and their sexual partners of all of these people account for 94% of AIDS cases, and that proportion has held steady for the five years that scientists have been following the illness. People who do not fall into these groups (see "Assessing Your Risk" below) probably do not have to include AIDS as a *personal* health concern but since the growing burden that AIDS places on our society makes it a major public health issue, the University encourages everyone to learn about the disease.

AIDS: Causes and Characteristics

AIDS is an illness that damages a person's ability to fight off infection, leaving the body open to attack from many organisms

which do not ordinarily cause serious disease. AIDS stands for Acquired ImmunoDeficiency Syndrome:

A - Acquired: not inherited and not caused by medication;
 I - Immuno: relating to the immune system, the body's defense against disease;
 D - Deficiency: a serious malfunction, in this case of the immune system;
 S - Syndrome: a complex of symptoms and conditions which appear together.

HTLV-III Infection

The infectious agent associated with AIDS is a virus that goes by several names:

- HTLV-III, for Human T[-cell] Lymphotropic Virus, type III
- LAV, for Lymphadenopathy Associated Virus
- ARV, for AIDS Related Virus.

We will refer to the virus as HTLV-III. This virus infects a specific class of white blood cells called "helper T-cells" that have an important regulatory function in the immune system. It is the disruption of the function of these cells that lies at the heart of the immunodeficiency that characterizes AIDS.

Other Factors May Contribute

The "AIDS virus" is a popular but incorrect term for HTLV-III, because this virus may not be the sole cause of AIDS. It is thought that other conditions, called "co-factors", may contribute to the development of disease. Two co-factors often mentioned are:

- Infections other than HTLV-III, such as cytomegalovirus or Hepatitis B.
- Use of "poppers", amyl- or butyl-nitrate inhalants.

But many things that are unhealthy, such as drug abuse,

alcohol abuse, poor nutrition or emotional stress have been suggested as possible co-factors for AIDS.

Many Infected, Few Ill

Health officials estimate that over one million Americans have been exposed to HTLV-III. Most of these people will remain *asymptomatic*, meaning that they will never develop symptoms or become ill from the virus. A small percentage will develop AIDS, while a larger percentage will develop the milder, not usually fatal illness called AIDS-Related Complex (abbreviated ARC). The Centers for Disease Control estimate that about 10% of those at one time infected with the virus will go on to develop AIDS. About 20% will develop ARC.

Please keep in mind that these estimates are tentative and remain the subject of much dispute and uncertainty.

Incubation Period Varies

The incubation period (the time between becoming infected and actually developing signs of a disease) for AIDS varies considerably, ranging from six months to seven years, with the average incubation period being about 38 months.

Opportunistic Infections

AIDS is the most severe form of HTLV-III infection. It suppresses the immune system so severely that the body becomes susceptible to certain malignancies and opportunistic infections. These are diseases that would not pose a threat to persons with normal immune function, but which seize the *opportunity* to threaten those with immune deficiency. Opportunistic infections and malignancies come in five categories: cancers, parasites, viruses, fungi and bacteria. These opportunistic infections and malignancies are the cause of death in AIDS.

Major Causes of Death

Kaposi's sarcoma (a cancer) and Pneumocystis carinii pneumonia (caused by a parasite) are the most common cause of death in AIDS patients. As of March 3rd, 1986, there had been 17,871 cases of AIDS reported to the Federal Centers for Disease Control. Of those, 9,394 (about 52%) are dead. About one hundred people currently die each week from AIDS in America. The average life expectancy from the time of a diagnosis of AIDS is 24 months, but some people are still alive as long as five years after diagnosis.

AIDS Related Complex

One result of infection with HTLV-III can be the condition known as AIDS Related Complex or ARC. ARC encompasses a spectrum of medical problems that range in severity from mild to debilitating. Those with ARC may have many of the symptoms of AIDS, but they do not have the opportunistic diseases that characterize AIDS. ARC itself is not usually considered life-threatening, but the Centers for Disease Control estimate that about 30% of those with ARC may go on to develop AIDS at some later time in their lives.

Treatment Far Off

As of this writing there is no cure or proven treatment for AIDS. Much current research is aimed at finding a drug that will kill HTLV-III without harming its human host. Experimental drugs to combat HTLV-III infection are now being tested on people with AIDS in the United States and Europe. To cure AIDS it is necessary not only to kill the virus, but also to rebuild the immune system, treat the various opportunistic infections and malignancies, and reverse the bodily wasting associated with AIDS. The varied goals of treatment may even conflict: for example, radiation therapy used to treat Kaposi's sarcoma may have the undesirable side effect of further damaging the immune system.

Any cure for AIDS will have to be a delicate combination of several different treatments.

Non-Medical Treatments Viewed with Caution

Impatient with the FDA and the medical research community, many people with AIDS are experimenting with macrobiotic diets, Vitamin C, megavitamin therapy and other informal treatments. The evidence supporting these treatments is generally anecdotal. Doctors are hesitant to acknowledge anything more than psychological benefit from such therapies. They also caution that a non-medical treatment may make a person with AIDS ineligible for future controlled drug experiments and at worse may make him or her more ill.

Cure or Vaccine Remote

Developing a cure for AIDS will take a long time. Announcements in the press of research progress may not translate quickly into effective, commercially-available treatments. Although development of a vaccine to protect those not yet infected has received much attention in the media, it is unlikely that one will be available for several years.

Emphasis Must Remain Prevention

Neither a vaccine to protect the uninfected nor a reliable treatment to cure the infected is likely to be available soon, the best way to fight AIDS is to understand clearly how it is transmitted and act to prevent this from happening.

Transmission

In 1981, when AIDS first appeared, little was known. Since then researchers have analyzed almost 18,000 cases, and certain aspects of AIDS are now fairly well understood. In particular, scientists know a great deal about how AIDS is transmitted.

HTLV-III is known to be transmitted **only** through: certain kinds of sexual contact with infected persons; injection of contaminated blood or blood products; and by perinatal transmission (mother to fetus or newborn infant). Strong evidence indicates that large quantities of infected blood or sexual discharges must enter the body to spread the disease. The virus cannot pass through skin, and apparently must enter through mucous membranes (such as the linings of the rectum, vagina, and mouth), open wounds, or other openings into the body.

Virus Found in Blood and Semen

HTLV-III has been isolated from blood, semen, and in very low levels from saliva, tears, breast milk, urine, and vaginal secretions. It is likely to be isolated from other body fluids, secretions, and excretions, but epidemiologic evidence has implicated **only** blood and semen as agents of transmission. Materials that could theoretically carry the virus in small amounts, such as saliva sprayed in a cough or a sneeze, or left on a drinking glass, have **not** been implicated as the cause of any case of AIDS.

Transmission Routes

AIDS is known to be transmitted in the following three ways:

Blood-to-Blood

1. By infected blood getting directly into the bloodstream. Blood-to-blood transmission occurs in the following ways:

- Sharing of hypodermic needles among IV drug users.
- Transfusing of contaminated blood and blood products to hemophiliacs and other blood recipients. This is no longer a significant danger since the blood supply is now screened.

People in the categories described above belong to "high risk groups" for AIDS. Members of high risk groups are more likely to develop AIDS or ARC than those who are not in any risk group. However, being a member of a population statistically at risk does not necessarily imply that an individual will develop AIDS or ARC.

Few With Unidentified Risk

The remaining 6% of cases fall into a category called "No Known Risk Factor". People in this category either denied any risk factor (but may not have given accurate information), died before being interviewed, refused to be interviewed, or could not be contacted. Thus the existence of this category should not be taken to mean that a significant new transmission route remains to be discovered.

Women and AIDS

As of February 10th 1986, there had been 1127 cases of women with AIDS reported. Of these, over half (599) were IV drug users, 171 women had contracted AIDS through sexual contact with HTLV-III-infected men. Contaminated blood and blood products are implicated in 115 cases. The remaining 242 fall into the "No Known Risk Factor" category explained above.

Children and AIDS

As of February 10, 1986, there were 246 cases of AIDS in children under 13 years of age. About 75% of these children were infected by their mother during pregnancy or birth, and another 18% were infected through transfusions. There has never been a case of a child contracting AIDS through contact with another child.

Heterosexual Transmission Established

Heterosexual transmission of AIDS has definitely been shown to occur. In this country, the route has primarily been from male IV

drug users and male blood product recipients to their female sexual partners. As the overall number of AIDS cases increase, the proportion due to heterosexual transmission has remained constant.

Female-to-male Transmission Evidence Conflicting

In the United States, female-to-male transmission through sexual contact is rare (28 cases out of almost 18,000). Females seem to make up about half the cases of AIDS in Africa, but the many differences between central Africa and North America make the relevance of these data to the question of heterosexual transmission here unclear. Some studies done by the United States Armed Forces of military personnel with AIDS support higher incidence of female-to-male transmission, but these studies may be biased, since a soldier's admission of either IV drug use or homosexual activity is grounds for court martial and/or dishonorable discharge.

Evidence of Infection Among Prostitutes

Some studies have indicated that female prostitutes are more likely to be HTLV-III antibody-positive than the general population. This is probably because prostitutes are more often IV drug users than the general population. Clients of prostitutes may therefore be at risk. Prostitutes and their clients should use condoms to reduce the risk of viral transmission.

Assessing Your Risk

With the facts about how AIDS is transmitted now clear, it is appropriate to discuss what actions may help you to avoid exposure or further exposure to HTLV-III. The steps necessary to prevent transmission are referred to as "risk reduction guidelines". Following these guidelines may require a substantial change in personal habits.

Risk reduction is appropriate primarily for those who are at high risk for exposure to HTLV-III, but everyone should develop sophistication in assessing their level of risk for exposure.

To know if you should follow risk reduction guidelines, you must decide whether you or your sexual partner(s) might possibly carry the virus. Male or female, gay or straight, drug user or not, you need to ask yourself the following questions:

ARE you a man who currently has sex with other men that involves the exchange of semen, saliva, or other body fluids, or have you had such sex at any time since 1977?

HAVE you shared needles for recreational IV drug use (shooting heroin, cocaine, or any other non-medical drug) at any time since 1977?

ARE you a man or woman any of whose sexual partner(s) since 1977 belonged to one of the above groups?

HAVE you tested positive on the HTLV-III antibody test?

If you answered yes to any of these questions then you ought to follow the risk reduction guidelines described below, both to avoid exposing yourself, and to protect your partner(s). It is never too late to begin protecting yourself against HTLV-III exposure. Even if you have reason to believe you have already been exposed, you may not have a currently active HTLV-III infection. It is always to your benefit to avoid further exposure, since multiple exposures may help to trigger the illness. If you are not sure whether your sexual partner(s) belong to one of the above groups and you feel you can't talk about sexual and drug histories with your partner(s), then you ought to follow the guidelines.

Semen-to-Blood

2. By infected semen getting directly into the bloodstream. Semen can enter the bloodstream:

- During anal intercourse, through abrasions in the rectum.
- During vaginal intercourse, through abrasions in the vagina. Semen is less likely to enter the blood through the vagina than through the rectum, since the lining of the vagina is sturdier.
- Possibly during oral sex, through abrasions in the lips, gums, mouth, or throat.

Mother-to-Fetus

3. HTLV-III is apparently transmitted from infected women to their fetuses or offspring during pregnancy, labor, or delivery. This is known as *perinatal transmission*. Breast feeding is also a possible mode of transmission.

Transmission by Casual Contact Unlikely

Every major scientific study strongly suggests that AIDS cannot be transmitted by casual contact:

HTLV-III is Fragile

The virus is extremely fragile, much more so than the viruses that cause colds or flus. It cannot live on inanimate objects and is killed by ordinary soap-and-water or the chlorine used in swimming pools.

Patient's Families Remain Healthy Despite Contact

Careful studies have been done on transmission patterns within the families of those with AIDS. Except for sexual partners and children born to infected mothers, no family member of a patient has been known to have contracted AIDS. The families lived together without special precautions, sharing beds, dishes, clothing, toilets, food, toothbrushes, toys, and baby bottles. A large and authoritative study was recently done by researchers at Montefiore Medical

Center in New York City which again confirms these facts. See Gerald Friedland, M.D. et al., "Lack of HTLV-III/LAV Infection to Household Contacts of Patients with AIDS", *New England Journal of Medicine*, 314: 344-349 (February 6), 1986.

Medical Personnel Remain Healthy Despite Contact

Tens of thousands of health workers have treated AIDS patients over the past five years. Many health workers have either accidentally pricked themselves with needles used by AIDS patients or been splashed with blood or other body fluids of patients. Not one has ever gotten AIDS from a patient. Only two have ever shown signs of infection with HTLV-III, and neither one has become ill. See *Morbidity and Mortality Weekly Report*, 34:45 (November 15), 1985.

Federal Guidelines

These facts are reflected in official United States Public Health Service guidelines suggested for health care workers, personal-service workers, and food service workers. The Public Health Service states "AIDS is a blood-borne, sexually-transmitted disease that is not spread by casual contact... No known risk of transmission to co-workers, clients, or consumers exists from HTLV-III infected workers... in offices, schools, factories, or construction sites... Workers known to be infected with HTLV-III should not be restricted from work solely based on this finding. Moreover they should not be restricted from using telephones, office equipment, toilets, showers, eating facilities, or water fountains." See *Morbidity and Mortality Weekly Report*, 34:45 (November 15), 1985.

Blood Supply

Discounted as a Danger

The nation's blood supply is essentially no longer a possible source

of HTLV-III infection. Infection through transfusion has been unusual to begin with: only 417 out of the almost 18,000 cases of AIDS are due to receipt of contaminated blood or blood products. The original risk of getting AIDS through this route was one chance in a million. The HTLV-III antibody test has since been developed to protect the blood supply. All donated blood is now screened for antibodies before being released for use. Due to this screening, the blood supply has been rendered very safe: the Centers for Disease Control state that the current risk of getting AIDS through a blood transfusion is less than the risk of being hit by lightning on a sunny day.

It should be emphasized that there is no risk at all in donating blood, and there never has been, since the needles used to draw blood for donation are sterile-packaged and are never re-used.

Profile of People at Risk

In 1979, the CDC diagnosed 11 cases of AIDS. Six years later, a total of almost 18,000 cases have been diagnosed. The number of cases has been doubling yearly, but this rate may be slowing somewhat: see *Morbidity and Mortality Weekly Report*, Jan. 17, 1986.

High Risk Groups

The vast majority of people with AIDS fall into one of three categories. Gays or bisexuals who do not use IV drugs make up 62% of the total. Heterosexual intravenous drug users account for 17% of cases recorded to date. Gay or bisexual IV drug users account for another 11%.

Hemophiliacs, blood transfusion recipients, and the sexual partners of all the above categories account for another 4%.

Risk Reduction Guidelines

Activity Risk Category

Explanation

High-risk Activities

Sharing needles for recreational IV drug use.

Shared needles are contaminated with fresh blood.

Anal intercourse without a condom.

The lining of the rectum is relatively fragile and easily abraded (scraped or cut) during intercourse. This allows semen containing the virus to enter the blood. Being the receptive partner during anal intercourse is the single sexual activity most highly associated with contracting AIDS.

Vaginal intercourse without a condom.

Intercourse, especially without adequate lubrication may cause abrasion to the lining of the vagina.

Fellatio (oral sex, sucking) with ejaculation into partner's mouth.

It is common to have small cuts and sores in the mouth -- even brushing your teeth can cause abrasions. This allows a route of entry for the virus in semen.

Lower-risk Activities

Deep kissing (French kissing).

This is controversial. Some studies have indicated that the virus is present in saliva at low levels. Other studies have indicated that this may not generally be the case. Exchange of saliva in prolonged deep kissing might transmit the virus. However, no cases of AIDS transmitted by kissing alone have been reported.

Fellatio without ejaculation into partner's mouth.

This is also controversial. Pre-ejaculatory fluid ("pre-cum") may contain the virus. (Pre-ejaculatory fluid is a viscous, clear fluid that is secreted from the penis prior to the ejaculation of semen itself.) If you must have oral sex without using a condom, do so without putting the head of the penis in the mouth.

Vaginal and anal intercourse with condoms.

Condoms are probably an effective barrier to virus transmission. However, remember that condoms may break (see below on condoms).

No Risk Activities

Safer-sex guidelines can help you and your partner make love with less worry. Completely safe sex includes any erotic activity that does not allow the exchange of any body fluids. Examples of safe sex are:

- Mutual masturbation
- Rubbing bodies
- Licking and kissing skin
- Hugging

If there is no exchange of body fluids, there can be no transmission of the virus.

Condoms

Condoms are useful for preventing the transmission of HTLV-III. They also provide protection against diseases such as gonorrhea, chlamydia, syphilis, and herpes. If you are unsure of your partner's sexual history you should always use a condom.

Use Condoms Correctly

- When putting on a condom, leave about one-half inch of room at the tip for the semen to avoid it bursting the condom upon ejaculation. If the penis is uncircumcised, retract the foreskin before putting on the condom.
- Withdraw promptly after ejaculation.
- During withdrawal, hold the rim of the condom firmly against the penis to avoid the condom slipping off or the escape of semen.
- Lubrication is important to avoid tearing of condoms and abrasion of body tissue. Always use a water-soluble lubricant such as K-Y Jelly. Never use oil-based lubricants such as Vaseline, since these may damage the latex of the condom.

Additional Guidelines for Avoiding Disease

Remember that the lining of the rectum is fragile. Do not engage in activities that might damage the rectum (for example, fisting). Oral-anal contact (rimming) is risky; it might spread the virus and certainly can transmit other diseases (such as amebiasis).

Alcohol and recreational drugs impair judgment and lower the efficiency of the immune system. Poppers (amyl or butyl nitrate inhalants) are immunosuppressant, and have been associated with increased chances of contracting AIDS.

Be aware that urine may contain the virus and present a danger if it enters the mouth or open cuts on the body.

A spermicide called Nonoxynol-9 is found in some diaphragm jellies and cream as well as on some lubricated condoms. It has been shown to kill the virus and so may help avoid transmission.

It is always a good practice to know how to contact your past sexual partner(s). You may need to exchange health information.

Additional Guidelines for Maintaining Health

Eating well, getting exercise, managing stress, and getting proper rest are all necessary to maintaining the body's immune strength. Monitor your health by seeing your medical provider on a regular basis.

Hepatitis B Vaccine Beneficial, Inexpensive

Hepatitis B is under suspicion as a possible co-factor for AIDS, and is a dangerous disease in its own right: you can become a chronic carrier, and risk developing serious liver disease. Luckily, a vaccine for Hepatitis B is available now. The vaccine can be obtained through the Columbia University Health Services for a subsidized cost of thirty dollars. Members of the Columbia community at risk for AIDS should take advantage of this opportunity to get vaccinated against Hepatitis B, since the same vaccine costs hundreds of dollars outside the University. The vaccine has no serious side effects, and, contrary to rumor, there is no danger of contracting AIDS through vaccination.

Some vaccines contain active, though weakened, forms of the virus against which you are being inoculated. People who are antibody-positive or of unknown antibody status should avoid any activation of their immune system. Avoid "live virus" vaccinations. Be sure to ask your doctor about the nature of your vaccine before you get it. The Hepatitis B vaccine is not dangerous in this regard.

If you are unhappy or confused about having to follow the guidelines, advice, counseling and support is available at Columbia through the Health Service and the Gay Health Advocacy Project.

Pros and Cons of the HTLV-III Antibody Test

There is widespread misunderstanding of the role of the HTLV-III antibody test in preventing the spread of AIDS.

The test, sometimes wrongly referred to as the "AIDS test", indicates if a person's blood contains antibodies to HTLV-III. If your blood is antibody-positive, it means that at some time in your life you have been infected with the virus and your body has reacted by producing antibodies.

The test was developed to screen the nation's blood supply so that infected blood is not transfused into patients. The test has been very effective for this purpose.

A positive antibody test result is often misperceived as a diagnosis of AIDS, but this is false. Only a fraction of those testing positive will get AIDS. AIDS cannot be diagnosed by any single test, but only by a physician after careful evaluation of many factors. A positive test result does not tell you:

- If you have AIDS
- If you have ARC
- Whether you will develop either condition in the future.

While it is true that a positive test result indicates that you ought to follow the risk reduction guidelines, your risk status for the purposes of following or not following the guidelines can almost always be ascertained without taking the test.

There are some benefits to taking the antibody test. If your result is negative, it will no doubt be a great relief. If you are part of an absolutely monogamous, sexually exclusive couple who are following the guidelines, you may want

to take the test to see if you can safely relax your adherence to the guidelines. If you are a woman contemplating pregnancy and you believe you may be at risk, you should definitely take the test before conceiving a child. If you are sick from an unknown cause, your physician may want you to take the test as one of many possible diagnostic tests.

However, you should be aware that the antibody test also poses certain grave problems. A healthy person has no medical reason for taking the test, since there is currently no way to reverse or treat the HTLV-III infection, should the test provide evidence of one. While learning that you are antibody-negative may be a relief, it does not provide those at risk with licence to neglect the risk reduction guidelines. Learning that you are antibody-positive may lead to unhappiness or depression.

The worst problem, however, is that the mere fact that you have been tested may make you the subject of various forms of injurious discrimination. It has been advocated that HTLV-III antibody testing be a prerequisite for granting health insurance, performing military service, gaining employment, and immigrating.

If an insurer learns that you have taken the test, they may take this as evidence that you are in a high risk group for AIDS and deny you health insurance on that basis.

As of this writing, all new recruits for all branches of the armed services are tested for antibodies to the virus. If you have access to a testing program that is more confidential than the military's (most private doctors' would be) consider taking the test before entering. Once under military jurisdiction you will not be able to keep test results confidential.

If you take the antibody test, you ought to insure that your test is

taken under the most confidential circumstances possible. Be particularly careful that your medical records contain no compromising information that insurers, who often request xeroxes of such records, will use to deny you health coverage.

Because the issues surrounding the test are so complicated, the University urges that no one take the HTLV-III antibody test without arranging for prior and post-result counseling. On campus, The Gay Health Advocacy Project is open to all members of the University who need such counseling, gay or straight. While the Project does not formally provide antibody testing, the advocates are trained to help all clients to clarify their own reasons for taking the test and can help you find confidential ways to be tested if you ultimately decide it is necessary and desirable.

Warning Signs of AIDS

This section describes the symptoms of AIDS, and is provided for completeness, not as a substitute for medical advice. If you think you may be ill, do not try to diagnose your case yourself. Consult the Health Service or any competent physician if you are worried.

The first noticeable symptoms of AIDS are the same as the symptoms of many common infections such as colds and flu. Some of these symptoms can also be caused by anxiety or depression.

The most common symptoms of AIDS are:

- Unexplained swollen glands (lymph nodes) other than in the groin that have lasted longer than three months.

- Unexplained fever that persists more than ten days.
- Drenching night sweats: waking up so sweaty you have to change the bedsheets.
- Prolonged fatigue that is not explained by physical activity, emotional depression, or other illness.
- Persistent severe diarrhea.
- Significant weight loss (more than 10% of ideal body weight) not due to dieting or exercise.
- Oral thrush, a thick, whitish coating of the mouth or tongue.
- Dry coughs, colds, or sore throats (in non-smokers) lasting several weeks.
- Recent appearances of purplish or discolored lesions of the skin or mucous membranes that do not go away and gradually increase in size.
- Easy bruising or unexplained bleeding.

See a Doctor

Any persistent combination of these symptoms is a good reason to see a doctor, but rarely signifies that a person has AIDS. Again, most of these symptoms are also characteristic of many common minor ailments.

Recognizing and Reducing AIDS Anxiety

Most people will not get AIDS, but many people worry about it. Depending on your situation, worry is to be expected. Learn to assess your risk realistically. If

you are in a risk group and you aren't following the risk reduction guidelines, or if extreme anxiety is interfering with normal living, you ought to seek counseling. Characteristic patterns are: periods of celibacy punctuated by episodes of unsafe sex; and obsessive preoccupation with illness or symptoms. Help is available with these problems. The Columbia University Gay Health Advocacy Project offers information and peer and professional counseling, in an entirely confidential setting.

Columbia University Policy On AIDS

The following section quotes from the report of the Columbia University ad hoc Committee on AIDS.

Present evidence is that HTLV-III is not spread by contact other than sexual intercourse (usually anal receptive), ingestion of semen, and the receipt of contaminated blood or blood products. Casual contact of any kind does not appear to spread the infection. Included in such casual contact are living together in dormitories, attending class, sharing food and utensils, and normal sports activity. Indeed, studies of families in which AIDS is known to be present have so far not shown any spread of the infection to family members regardless of the closeness of non-sexual contact.

Based on this evidence the Committee was able to agree that students or employees who have an HTLV-III infection pose no risk to their fellow students or colleagues in the usual course of events on campus. Moreover, the Committee concluded that to require any form of screening of individuals with the infection in any stage, or

any notification of fellow students or co-workers was unwarranted. At the same time, the Committee felt 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 such encounters are confidential, and urges such individuals to seek that help.

General Conclusions

The Committee concluded that the University has in place policies and procedures which adequately address problems or concerns which may arise on campus regarding HTLV-III infection and residence halls, dining services, medical care employment, admission and readmission, sports, University real estate and possible discrimination. No new policies or procedures are needed.

The University's role is clearly that of supporting health education and information services. The Committee feels that Columbia should undertake and sponsor a broad program of health education which will make available to students and employees accurate, understandable and current information concerning HTLV-III infection and their medical-social implications. This program should be available to all students and employees, the entire Columbia community, and 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.

The Committee felt that any attempt to discriminate against an individual affiliated with the University in areas such as housing, employment and insurance coverage because of an HTLV-III infection should be viewed as unacceptable.

Specific Areas

Residence Halls

The Committee feels that a student with an HTLV-III infection poses no threat to fellow students in a dormitory. The infected student has no obligation to inform roommates of his condition, although such disclosures may be of personal benefit among some students in engendering a feeling of mutual support and understanding. The Health Service and the counselors available there are prepared to participate in any discussions between students regarding the implications of HTLV-III infection.

Individuals who are infected and who are living with other students are expected to act responsibly. Such behavior includes not having "unsafe" sex or sharing needles or other blood contaminated items with roommates. The spilling of bodily fluids should be followed by a reasonable cleanup, and routine hygiene should be observed.

The Committee did not feel that the presence of a student with an HTLV-III infection in a room constituted a reason for other than a routine transfer, if such should be requested.

Dining Services

Since there is no evidence that AIDS can be contracted through the sharing of food or utensils, the Committee does not feel that evidence of an HTLV-III infection should have any impact on where a student or employee eats, or whether or how that person prepares his or her food. The Committee felt that there was no evidence to support the segregation of infected individuals or their utensils or tableware. No one should feel afraid to socialize, sit with, eat with, or prepare a meal with a student believed to have an HTLV-III infection.

Medical Care

Students and employees with HTLV-III infection are not a threat to other Columbians. Nor do the "opportunistic" infections which afflict those with AIDS threaten individuals with intact immune systems. Conversely, the common infections on campus are not a threat to those who are immune-compromised. It is true, however, that such individuals should not receive "live" vaccines at the Health Service, and that they should be protected from exposure to epidemic illnesses such as measles and chickenpox. There may be times when an immune-compromised person will need to be removed from a situation for his/her own health, but these instances are rare.

The Health Service is equipped to follow and counsel individuals with AIDS, ARC, asymptomatic HTLV-III infection, and also is eager to see individuals experiencing anxiety about any aspect of the AIDS epidemic. All visits are strictly confidential.

Employment

Just as simply living with an individual who has been infected with HTLV-III does not pose a threat, so working with such a person should not be a frightening situation. There is no evidence that AIDS has ever been contracted in the workplace, including medical facilities where numerous AIDS patients who are very sick have been cared for.

The Committee absolutely rejects any attempt to screen individuals for HTLV-III before employment or for assignment. Employees who are infected are urged to use the Health Service for support and counseling. If an individual wishes his/her supervisor told about the presence of the infection, the Health Service will willingly take part in the discussion of what the infection does and does not mean, how the supervisor can help the employee to work effectively

and safely, and at what point, if ever, the supervisor should recommend further care to the employee.

Admission-Readmission

The Committee feels that there is no compelling reason to ask students about HTLV-III infections on admission questionnaires, and that the existence of such a declaration may not be in the best interest of the student. There is absolutely no reason to institute any type of screening for evidence of HTLV-III infection in those who are seeking admission to any of the University's schools.

Students who seek as medical leave because of AIDS or ARC should be readmitted on the advice of the University Medical Officer as would be the case in any other illness. All considerations of general health, and the ability to function adequately in a student's particular setting will be assessed as in any other illness.

Sports

The American College Health Service Association's position paper on contact sports and HTLV-III infection has not yet been issued. The Committee feels that in the normal course of an athletic contest those with the virus do not pose a risk to their fellow competitors.

There is certainly no risk, the Committee feels, in persons who have been exposed to the virus using all athletic facilities, locker rooms, showers and any and all equipment.

University Real Estate

The Committee views the rights of individuals in University housing as akin to the rights of students in dormitories. No individual should be denied University housing because of the presence of AIDS, ARC, asymptomatic HTLV-III infection, or membership in a high risk group for the above.

Persons who are eligible for University housing should have

access to that housing regardless of their HTLV-III status or the presence of AIDS or ARC. Once granted such housing, HTLV-III status may not be used as justification for a change in housing.

Discrimination

The risk of escalating discrimination towards individuals who have HTLV-III infection is very real. This is in part because of the fear of AIDS as an inexorable, untreatable illness, and in part because of the populations still largely represented in AIDS patients -- homosexual men and intravenous drug users. The cost of AIDS care is very high, and a number of patients have had to bear not only the burden of the illness itself but also the prospect no insurance coverage with which to seek treatment. Individuals have been denied jobs or have found themselves suddenly unemployed; whole neighborhoods have protested the presence of AIDS patients; and individuals in a high risk group with no evidence of illness or infection have been denied housing.

The Committee finds unacceptable any attempt by any agency, concern or entity to discriminate against any individual affiliated with Columbia because that individual has AIDS, ARC, evidence of HTLV-III infection, or belongs to a high risk group. The Committee deplors this illegal activity and urges the University Community to stand with it against all such discrimination.

AIDS Resources

On Campus

Columbia Gay Health Advocacy Project (CGHAP)
4th Floor, John Jay Hall
Morningside Campus
(212) 280-2878

CGHAP provides counseling, education, medical and psychological referrals concerning all aspects of the AIDS epidemic and gay health issues in general. Services are appropriate for all members of the university community, male or female, gay or straight.

Columbia University Health Services (CUHS)
3rd Floor, John Jay Hall
Morningside Campus
(212) 280-2286

Student Health Service
Health Science Campus
60 Haven Avenue
(212) 305-3400

Columbia Gay and Lesbian Alliance (CGLA)
303 Earl Hall
Morningside Campus
(212) 280-5113

CGLA offers referrals and political and legal information.

Columbia University Office of Equal Opportunity
(212) 280-5511

OEO handles complaints of discrimination on campus.

Off Campus

Gay Men's Health Crisis (GMHC)
Box 274
132 W. 24th St.
NYC, NY 10011
Hotline: (212) 807-6655
M-F, 10:30 am - 9:00 pm
24 hr. answering service

GMHC provides direct services for people with AIDS as well as counseling, education, and referrals.

New York City Dept. of Health AIDS Hotline
M-F, 9 am - 9 pm
(718) 485-8111

Questions regarding AIDS, HTLV-III, etc.

Gay Switchboard
(212) 777-1800

Gay related questions, information, and referral.

Community Health Project
208 W. 13th St.
(212) 675-3559, 691-8282

Medical services and walk-in clinic.

Lambda Legal Defense and Education Fund
132 W. 43rd St.
(212) 944-9488

IV Substance Abuse AIDS Information
Beth Israel Medical Center
M-F, 9-5
(212) 420-4141

Centers for Disease Control AIDS Hotline
(404) 329-1295

Accurate technical information about AIDS.

National Gay Task Force Crisis Line
(800) 221-7044

A national hotline for AIDS resources outside New York City and reporting AIDS related discrimination.

Pediatric AIDS Hotline
Albert Einstein College of Medicine / Montefiore Medical Center
(212) 430-3333