

A ■ A ■ C ■ O

AIDS ACTIVITIES COORDINATING OFFICE

MAURICE C. CLIFFORD, M.D.
Health Commissioner

DAVID R. FAIR, *Executive Assistant
to the Commissioner for AIDS Programs*

Testimony delivered by David R. Fair

Joint hearing of State House Judiciary & Health and Welfare Committees

April 27, 1989

Good morning. My name is David Fair and I am Executive Assistant to the Philadelphia Health Commissioner for AIDS programs. The AIDS Activities Coordinating Office is an arm of the Philadelphia Department of Public Health charged with stopping the spread of AIDS in Philadelphia and insuring that services are available and accessible to people with AIDS. I thank you for allowing me to appear before you. I join you today as you consider policy decisions concerning the most serious health crisis facing our nation today: Acquired Immune Deficiency Syndrome - AIDS.

You have all heard many statistics. We live in a society that values statistical definitions of its social problems, and the impact of the AIDS epidemic is one problem that has been subjected to exhaustive statistical analysis. You have heard statistics citing percentages of homosexual and bisexual men, heterosexual males and females, percentages of intravenous drug users, percentages of whites, and non-whites who are thus neatly categorized as the "populations" that are afflicted with this deadly disease. Today most people who are getting and spreading AIDS are not gay. Most of them do not shoot drugs. The sad fact is that the people who are most likely to contract AIDS this very minute are our young people who continue to engage in unprotected sex in an environment where

thousands of their friends and peers are already infected. Unprotected sexual activity among Philadelphia's teenagers and young adults is rampant, and in the age of AIDS, a deadly health risk to us all.

Philadelphia's rates of teenage pregnancy, infant mortality and sexually transmitted diseases are among the highest in the industrialized world. These numbers are even more alarming when one considers a recent survey conducted by the U.S. Public Health Service in the Philadelphia School District which found that two thirds of Philadelphia's tenth graders reported having sexual intercourse by the age of 15. The majority of these teens said they don't use condoms.

Unfortunately, it is easy for many to discount such facts when they are presented concerning an urban area such as Philadelphia. Let me remind you that only a few years ago, AIDS was a mysterious disease affecting only gay males and Haitians; it was something limited for the most part to only big cities such as New York, Miami, Los Angeles and San Fransisco, something to be concerned about only if you lived in or near one of those places, and then only if you were a gay man, a Haitian, or someone who had sex with gay men or Haitians. I remind you, that was only a few years ago. Today AIDS affects every country in the world, every state in the country and every county, school district and neighborhood in Pennsylvania with over 2500 diagnosed cases throughout our Commonwealth.

Estimates are that as many as 45,000 persons are infected with the AIDS virus in Philadelphia, and as many as 100,000 in Pennsylvania. Most of these individuals still have shown no symptoms of the disease, and most probably don't even know they are carrying this deadly virus. Most of them, if other indicators of sexual and drug activity are accurate, are probably still engaging in the behavior that got them infected in the

first place - and they are spreading the infection, unknowingly, to others. Based on the best data available, it is estimated that at least half of these individuals will develop full-blown AIDS within the next nine years: by the year 2000 Philadelphia alone will see an additional 20,000 cases of AIDS. By comparison, a total of 622 Philadelphians died in all the years of the war in Vietnam.

The subject of today's hearing is specifically, House Bill 624, and tangentially a host of other, similar measures, most of which seek to establish punitive criminal sanctions against persons who are infected with HIV, the virus which causes AIDS. H.B. 624 seeks to mandate the testing of all convicted prostitutes for HIV antibodies. It would enact unusually severe penalties for subsequent prostitution convictions of those testing positive. The assumption behind this legislation is that AIDS is spread by prostitutes, who serve as vectors to carry this disease from the "underworld" of prostitution and drug abuse into the law-abiding heterosexual community at large.

Such attitudes are popularly held. It is understandable, perhaps, that we should try to cast the blame for this deadly disease onto a population that is readily identifiable and already outside the pale in our society. Historically, prostitutes have often been blamed for spreading syphilis and gonorrhea to innocent American families, and the last hundred years have seen numerous unsuccessful attempts by lawmakers to control the spread of venereal disease by testing and incarceration of prostitutes. But public health studies have shown that in fact, in the case of AIDS, prostitutes actually play no significant role in the spread of infection in the United States.

It is true that many prostitutes are infected with HIV. They are

infected because many are also intravenous drug users, and have been infected by sharing needles; others have husbands or boyfriends who share needles and have passed the disease on to them through unprotected sexual intercourse. Aiming legislation at prostitutes as a way to control the spread of AIDS is misdirected at best. Heterosexual males are becoming infected by sharing needles for intravenous drug use, and by repeated sexual intercourse with women who use IV drugs. Studies show however, that few men are actually being infected by having sexual contact with prostitutes.

In effect, H.B. 624 would attempt to control the spread of disease by punishing women and men who receive money in exchange for their sexual favors; yet it would not apply comparable sanctions for the individuals who pay them for engaging in these sexual acts. The justice of such a measure is questionable.

From a purely pragmatic, public health perspective, this legislation invites disaster. H.B. 624 sends a clear and dangerous message to the citizens of Pennsylvania. For by promising the public, in effect, that HIV infected prostitutes will be locked up, the law would suggest that prostitutes remaining on the streets are therefore "safe". Yet, of course no one is safe from AIDS, unless they avoid all unprotected sexual intercourse and never share needles. Is it the intention of this General Assembly to so tacitly condone prostitution and thus encourage its citizenry not to change patterns of behavior that put them at risk of infection with the AIDS virus? Is it your intention to mislead your constituents into believing that they don't need to think about AIDS; that they don't need to examine and possibly change their own behavior because this legislature can pass laws to protect them from a deadly virus?

Our efforts would be better directed, we believe, at educating the public - including those who hire the services of prostitutes - about how to protect themselves from HIV infection. Meanwhile prostitutes and other IV drug users must be educated not to share needles, and to use condoms, for their own protection. Especially we must expand our efforts at treatment for substance abuse, for then in many if not most cases, we could eliminate the very reason that these young women and men engage in prostitution in the first place.

Public health experts have found that in controlling any infectious disease, cooperation is the key. At present, prostitutes in Philadelphia are frequently treated, voluntarily, at our clinic for sexually transmitted diseases. In this context we are able to offer face to face counseling, testing and education which encourages risk reduction. However, were contact with health care to become associated with criminal sanctions such as those proposed in H.B. 624, it is unlikely that prostitutes would voluntarily approach the Health Department for HIV antibody testing, or for that matter any other health care. Thus, their own health, as well as that of their sexual and drug contacts, would be endangered.

The principal of cooperation is an essential element of the progress we have been able to make in reaching those who are most at risk of contracting and spreading the AIDS virus. The overwhelming majority of legislative initiatives being proposed in this legislature are aimed at seeking out and identifying those individuals currently infected with the AIDS virus. Several proposals would criminalize various behaviors which may transmit the virus. These initiatives have been drafted in the misguided hope that the public at large can then be protected. All of

these initiatives are counter to current public health efforts. Measures of this sort would only serve to drive underground the persons most at risk, the persons most likely to be currently infected and spreading the AIDS virus unknowingly to their sex and drug partners, the persons we are most aggressively attempting to reach. Such laws would discourage people from seeking voluntary testing and education. Criminalizing transmission of this virus would provide an actual disincentive to knowing one's HIV status. Because actual knowledge of infection would be a predicate for a criminal offense, only those persons who had been tested for HIV infection, could be charged with a crime. It is crucial that the delicate balance of trust and cooperation which has been established between health care providers and those at risk be maintained.

One of the primary and most basic tenets of the AIDS Activities Coordinating Office's response to the epidemic and our leading role in formulating Philadelphia's public health policy on AIDS has been, and continues to be, that people with AIDS and HIV illness are not outcasts, are not criminals, are not people being justly punished for their sins. People with AIDS are, simply, just like everyone else - except they are people who are ill. People with AIDS are as entitled to respectful and compassionate treatment as any person with any other illness. AACO will continue to advocate for humane, compassionate and culturally sensitive care for those affected by the epidemic. Our care for individuals and our response as a society must be based on a basic knowledge of the facts and absolutely cannot be formulated out of hysteria, fear, ignorance or other irrational emotional bases. Every citizen affected by this illness has an inherent right to quality, dignified, compassionate care. One of the primary missions of AACO is to see that Philadelphia meets this

challenge.

The Commonwealth of Pennsylvania has yet to take an active role in combatting the AIDS epidemic in our state. Since the epidemic began, the State health Department has provided only \$420,000 in financial support to Philadelphia AIDS activities - in F.Y. 1989, less than 4% of AACO's total funding.

In spite of the lack of State response, AACO continues to meet the demands that this epidemic is placing on Philadelphia. Among these operations are education and prevention services; including minority outreach programs and innovative programs specifically targeting high risk populations, education of city workers and city employees, public information campaigns, peer counseling programs and a clergy AIDS project.

Direct services to persons with AIDS and HIV related disease include case management, housing, transportation, legal services, homemaker, personal care, skilled nursing and other specialized home care services, as well as mental health and substance abuse treatment services. AACO's division of Medical Affairs Policy and Planning is responsible for tracking the AIDS epidemic through ongoing surveillance and selected seroprevalence studies as well as policy development. As the primary source of medical information on AIDS within the Department, this division ensures that all educational materials, infection control protocols, HIV testing practices and AIDS prevention and treatment activities are consistent with current knowledge of the disease and accepted standards of care.

Philadelphia is responding to this epidemic. However the spread of the AIDS virus is not confined to Philadelphia alone. The citizens of

this Commonwealth have the right to expect the same range of services which has been developed in Philadelphia to be developed by the State and made available to residents throughout Pennsylvania.

The AIDS epidemic requires leadership. As elected officials, you have the opportunity as well as the responsibility to provide such leadership. The time is overdue for the Commonwealth to acknowledge this growing health crisis which is killing our citizens. The answers are not in criminalizing this disease. We urge you to look thoughtfully at the needs brought about by this epidemic: funding needs, the need for protecting the confidentiality of HIV test information, the need for education of Pennsylvania's citizens and children, and the many many others. The AIDS Activities Coordinating Office remains ready to assist you in any way we can as you continue to consider these most serious issues.