

Testimony Concerning AIDS Legislation in Pennsylvania  
Provided by Dr. David Hawk, Director of the York City  
Bureau of Health

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and Welfare Committees, April 27, 1989, Harrisburg, PA

Mr. Chairman and Members of the Committees:

My name is David Hawk. I am a physician and the Director of the Bureau of Health of the City of York, Pennsylvania. Thank you for this opportunity to appear before you this afternoon and to discuss some important issues concerning the very serious problem of AIDS or Acquired Immune Deficiency Syndrome.

First, I would like to give you some information about myself and about our situation in York. I earned my M.D. degree from the University of Pennsylvania in 1971. I then did my residency training in Family Practice at York Hospital. In 1974 I obtained a Master's Degree in Public Health from Johns Hopkins University.

During the past 15 years I have served in the U.S. Navy, been in private practice and held academic and administrative positions. Since 1985 I have been the Director of the York City Bureau of Health, one of eight municipal/county health departments in Pennsylvania funded in part by monies from the State Legislature.

At the York City Bureau of Health I and my staff have been involved in the AIDS epidemic since 1985 when the HIV-antibody blood test became available. We provide HIV-antibody testing and counseling, partner notification, and AIDS education to anyone who will listen to us. We receive reports of AIDS cases who reside in the City, assign a Public Health Nurse to gather required information and then to provide supportive services as indicated.

In the City of York since the first AIDS cases were reported in 1987, we now have 21 confirmed AIDS cases. Recent trends in our AIDS cases and in those testing positive for HIV-antibody show

more IV drug users, more minorities, and more women becoming victims of this deadly disease. And with more women, almost all of whom are in the childbearing age range, it can be tragically predicted that infants born with HIV infection will also be on the increase. In many ways York is a microcosm of what is happening elsewhere in the State and Nation currently.

AIDS has changed the field of public health and medicine drastically during the past 9 years. Changes will continue and complex issues will continue to confront us in the foreseeable future. As legislation is considered here in Pennsylvania, there are several key points I would recommend to you to keep in mind.

1) HIV is spread from one person to another in very limited ways. Sexual intercourse and IV drug needle and syringe sharing with infected persons predominate. Blood transfusions, blood products and donated organs should disappear as sources since HIV-antibody testing has become widely adopted. Newborns can become infected in utero or at birth from their infected mothers. Casual contact is not a method of transmission. Saliva and spitting has not been shown to transmit this virus. Blood, semen, vaginal secretions, and possibly breast milk are the only body fluids that apparently transmit this infection.

2) For the vast majority of us a drug-free lifestyle and a monogamous relationship with an uninfected partner will provide sufficient protection. Safer sex practices and an ounce of common sense will provide added protection for those who are more adventuresome. In the words of Dr. C. Everett Koop, Surgeon

General of the United States, education is our best weapon. Drastic measures are unnecessary and probably unscientifically based or excessively costly.

3) Voluntary testing and education are preferable to mandatory measures. Mandatory testing is usually cost-ineffective. People with high risk behaviors will be even less likely to come forward for testing and education. After the test, then what? Testing won't change behavior, but education can. If we must mandate something, let's mandate education.

4) Testing for HIV-antibody should be accompanied by written informed consent. Without such it can be considered an invasion of privacy.

5) Testing and test results should be strictly confidential. Confidentiality, a cornerstone of medical ethics, must be safeguarded. The need to know generally is unnecessary unless one is about to participate in unsafe or high risk behaviors with another person.

6) Discrimination based on HIV infection, AIDS disease or the fear or suspicion of such should not be permitted. HIV-positive individuals have lost jobs, housing, life and health insurances. Anti-discrimination laws covering this situation, if not in place, should be put in place.

7) Avoid coercive or punitive measures and criminal penalties whenever and wherever possible.

8) Treat all people fairly and equally - Black or White, poor or rich, HIV positive or not. And just as importantly, treat all people with compassion and caring.

Again, I want to thank you for this opportunity to share some of my ideas about the AIDS problem with you. If I can be of any further assistance to the Committees, please do not hesitate to contact me. I will now be glad to attempt to answer any questions you may have.