

The Impact of Sexually Transmitted Diseases on Minority Populations

JOHN S. MORAN, MD
SEVGI O. ARAL, PhD
WILLIAM C. JENKINS, PhD
THOMAS A. PETERMAN, MD, MSc
E. RUSSELL ALEXANDER, MD

The authors are with the Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases. Dr. Moran is an Epidemic Intelligence Service Officer with the Clinical Research Branch. Dr. Aral is a Sociologist-Demographer in the Behavior and Prevention Research Branch. Dr. Jenkins is an Epidemiologist and Assistant to the Assistant Director for Program Services. Dr. Peterman is an Epidemiologist in the Clinical Research Branch. Dr. Alexander is an Epidemiologist and Assistant Director for Science.

Tearsheet requests to CDC, Center for Prevention Services, Technical Information Services, Mailstop E07, Atlanta, GA 30333.

Synopsis.....

Sexually transmitted diseases (STD) are more prevalent among some minority populations in the

United States than they are among the white majority. Primary and secondary syphilis occurs 45 times as often among non-Hispanic blacks as among non-Hispanic whites and 13 times as often among Hispanics as among non-Hispanic whites, according to morbidity reports received in 1988 by the Centers for Disease Control. Gonorrhea is reported more commonly among some minorities, with 1988 rates per 100,000 population being 54 for whites, 1,801 for blacks, and 201 for Hispanics.

The reasons for the higher incidence of STD among some minorities are unknown. Data on racial differences in behavior and disease susceptibility are meager and do not account for the observed differences. Poverty, which is more common among some minorities than among the white majority, is closely associated with the prevalence of STD and may be a link between membership in a minority population and an increased risk.

THE INCIDENCE of some sexually transmitted diseases (STD) is much higher in some minority groups in the United States than in the white population. For example, although non-Hispanic blacks made up 11.5 percent of the U.S. population in the 1980 census, in 1988 they accounted for 76 percent of the reported primary or secondary syphilis cases and 78 percent of the reported gonorrhea cases. Hispanics, while 6.4 percent of the population, accounted for 12 percent of the reported cases of syphilis, and 5 percent of the cases of gonorrhea (table 1). Non-Hispanic whites, 80 percent of the population, accounted for 12 percent of the reported cases of syphilis and 16 percent of the gonorrhea cases.

The high STD rates for some minorities in the 1980s were once experienced by whites. In 1947, the incidence of primary and secondary syphilis among civilians was 75.6 per 100,000, with rates of 36.9 for whites and 404.9 for blacks. In 1984, the incidence was much lower for both races, being 3.1 for whites and 41.7 for blacks. But the rate for

blacks never was as low as the rate for whites. The rate for blacks has recently increased, while the rate for whites has remained low. Thus, the higher rates of syphilis among minorities reflect a failure to attain the same level of control of STD among minorities that has been achieved among whites.

Minority status has traditionally been recognized as a risk factor for STD (1). Many of the traditional STD risk factors appear to be correlates of the probability of encountering an infected partner, while others are related to the probability of infection if exposed, or the probability of disease if infected. Demographic variables that are linked to STD in terms of coincidental association with sexual behavior, or disease prevalence, may be most accurately referred to as risk markers or risk indicators. Other variables, such as sexual behaviors, or health care behaviors, are directly related to the probability of exposure to STD, to infection following exposure, or to complications if infected, and can be referred to as true risk factors. Presently there is no evidence that minority status is a

true risk factor; however, it appears to be a risk marker.

Magnitude of the Problem

The disparities between the rates of STD among minorities and the white majority vary for different diseases. The most striking difference is between the rates of reported primary and secondary syphilis in whites and blacks (table 2). Some of the difference may be caused by reporting bias, because blacks are more likely to seek treatment in public clinics, where reporting is thought to be more complete than in private clinics. The differences in incidence rates for gonorrhea and acquired immunodeficiency syndrome (AIDS) among whites and blacks are striking, but the same caution regarding reporting bias applies.

Incidence by Race and Ethnicity

Estimating race-specific rates. In addition to the possibility of error from underreporting, calculating race-specific rates is complicated by the incompatibility between the race and ethnicity classifications used in STD morbidity reporting and those used in census reporting. In STD morbidity reports, Hispanics are not identified by race, such as black or white. In census figures, however, Hispanics are identified by race and included in totals for their race. The differing classification schemes may be associated with differing criteria for classifying persons as Hispanics.

We use 1980 census data on race and ethnicity, since no more recent counts of the non-Hispanic black and non-Hispanic white populations are available.

Syphilis. In 1988, the rate of reported primary and secondary syphilis for non-Hispanic blacks was 45 times the rate for non-Hispanic whites, while the rate for Hispanics was 13 times the rate for non-Hispanic whites (table 2). Although reporting is more complete for syphilis than for any other STD, there may be some underreporting of one or more racial or ethnic groups, which could lead to erroneous estimates of the ratios between rates for different groups.

The potential bias of surveillance systems is avoided by a stratified probability cluster survey, such as the Second National Health and Nutrition Examination Survey (NHANES II), conducted by the National Center for Health Statistics in the period 1976-80. The survey found a ratio of 5.7 to

Table 1. Percent distribution of the U.S. population in 1980 and reported cases of primary and secondary syphilis and gonorrhea in 1988, by race or ethnicity

Characteristic	White	Black	Hispanic	Other
U.S. population	79.7	11.5	6.4	2.3
Syphilis	11.6	75.8	12.1	0.5
Gonorrhea	16.1	78.2	4.9	0.8

SOURCE: 1980 census, and Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases

1 between the seropositivity rates of blacks and whites (2). However, the two ratios cannot be readily compared, since the NHANES II survey provides an indicator of the prevalence of untreated or recently treated syphilis, while the morbidity data provides an indicator of the annual incidence of diagnosed syphilis.

The incidence of syphilis is increasing overall, but when case numbers are examined by racial or ethnic group, the only persistent increase is among blacks (figure 1). Rates among Hispanics increased in the period 1985-87. For whites, the incidence of reported syphilis is decreasing, largely because of a declining rate in males (3).

Gonorrhea. Gonorrhea reporting is less complete than syphilis reporting. Reporting by public clinics, where most gonorrhea cases are treated, is nearly complete, but private practitioners may fail to report more than half the cases they treat (4). Race and ethnicity of the patient have not been reported for a substantial percentage of cases (17 percent in 1988). In 1988, the incidence rate (per 100,000 persons) of gonorrhea among non-Hispanic whites was 54, while the rate for non-Hispanic blacks was 1,801, 34 times higher. The rate for Hispanics was 201, 4 times higher than for non-Hispanic whites (table 2). Unlike syphilis, gonorrhea incidence is declining in this country. Most of the decrease is among whites; the incidence in blacks and Hispanics has not changed much recently (figure 2).

AIDS. The epidemiology of AIDS and of human immunodeficiency virus (HIV) infection is complicated by the fact that the virus is transmitted sexually as well as by transfusion of blood and blood products, and the sharing of needles and syringes by intravenous (IV) drug users. Despite variations in routes of infection, the disproportionately higher cumulative incidence of AIDS among blacks and Hispanics is seen in each

Table 2. Incidence¹ and ratios² for primary and secondary syphilis, gonorrhea, and AIDS, among whites, blacks, and Hispanics in the U.S. population

Disease	U.S. population		Whites, not Hispanic		Blacks, not Hispanic		Hispanic	
	Rate	Ratio	Rate	Ratio	Rate	Ratio	Rate	Ratio
Syphilis ³	17.9	1.0	2.5	0.1	113.7	6.4	32.3	1.8
Gonorrhea ³	321.4	1.0	53.7	0.2	1800.7	5.6	201.1	0.6
AIDS ⁴	43.0	1.0	31.5	0.7	103.2	2.4	86.7	2.0

¹ Cases per 100,000 population, using 1980 census data for the denominators.
² Ratio of the incidence rate of the racial or ethnic category to the incidence rate of the U.S. population.
³ Annual, 1988.

⁴ Cumulative, through June 1989.
 SOURCE: Syphilis and gonorrhea statistics, Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases. AIDS statistics, CDC (MMWR 38: 561-563, Aug. 18, 1989).

'Little is known about the sexual behavior of Americans in general, and less about sexual behavior differences among racial and ethnic groups. In particular, almost nothing is known about partner choice, an aspect of sexual behavior that is a most important determinant of STD risk.'

type of exposure category, except those associated with hemophilia (5).

An analysis of reported cases of AIDS among adults as of April 7, 1987, excluding cases associated with IV drug use, showed a cumulative incidence per million of 435 for non-Hispanic black men and 427 for Hispanic men; the rate for non-Hispanic white men was 255 (6). In women, cumulative incidence of non-IV-drug related AIDS was 8.1 times higher among blacks than whites and 6.5 times higher among Hispanics than whites.

Hepatitis B. Hepatitis B is parenterally transmitted among IV drug users (7). Not all hepatitis B infections are reported, in part because many infected persons are asymptomatic. The U.S. Navy maintains a passive surveillance system for hepatitis among active duty Navy and Marine Corps personnel. A review of 327 cases of hepatitis B reported during 1984 and 1985 revealed a significant difference in cumulative rates (per 100,000 persons) between whites, 34, and blacks, 63 (8). Since acute disease is often unreported (9), serosurveys are particularly revealing. Serological evidence of past or present hepatitis B infection was found more commonly among blacks (13.7 percent) than among whites (3.2 percent) in NHANES II (10). The relative proportion of sexual

to parenteral transmission in the two races is not known.

Herpes simplex virus type 2. Herpes simplex virus type 2 (HSV2), the agent that causes genital herpes, is transmitted mainly through sexual contact. A seroepidemiologic survey undertaken as part of NHANES II compared the prevalence of antibodies to HSV2 in blacks and whites. Antibodies were found in less than 1 percent of the children ages 1 through 14 years, but the prevalence of antibodies increased with age after 14 years for both races. The most rapid increase was for black women, reaching 80 percent by ages 60 through 74 years. The prevalence among black men reached 46 percent by the same age. In contrast, HSV2 antibody prevalence in whites of both sexes never exceeded 25 percent. Overall, the prevalence of HSV2 antibody in persons 15 through 74 years of age was 41 percent for blacks and 13 percent for whites (11).

Chlamydia trachomatis. Chlamydia is the most common STD, with an estimated annual incidence of 4 million cases (12). Infection can cause cervicitis, urethritis, and pelvic inflammatory disease (PID). No data exist on the relative frequency of genital *C. trachomatis* infections in different racial groups in the United States. However, in one study of 500 women visiting a university health service gynecologist, chlamydia was more commonly found among the black women screened (9 of 43, or 21 percent), than among the white women (12 of 388, or 3 percent). Most of the women studied had come for family planning services or routine examinations. Since no information was provided on the reasons for consulting the gynecologist, no conclusions can be drawn about the relative prevalence of chlamydia among blacks and whites in the whole population of female students (13).

PID. Pelvic inflammatory disease is a syndrome caused by sexually transmitted pathogens. PID is more common among nonwhite women than among white women in the United States. Rates of hospitalization of women ages 15 through 44 years for PID in the period 1975-81 were 4.3 per 1,000 for whites and 10.6 for non-whites (14). PID cases that are treated on an outpatient basis also are more common among blacks than whites. The National Survey of Family Growth, Cycle III, 1982, sponsored by the National Center for Health Statistics, showed that 16.7 percent of black women ages 15 through 44 years reported having received ambulatory treatment for PID, compared with 8.8 percent of white women (15).

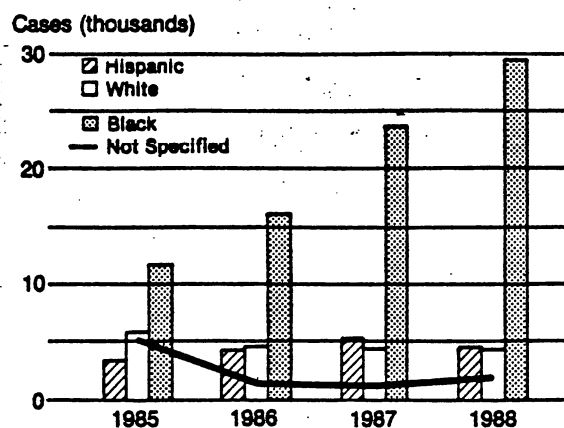
Ectopic pregnancy. Ectopic pregnancy occurs more commonly in women whose reproductive organs have been damaged by STD. The rate of ectopic pregnancy increased from 1970 to 1985. During that time, the rate among nonwhite women was consistently higher than the rate among white women; for the years 1982-85, the rate among non-whites (16.7 per 1,000 reported pregnancies) was 1.3 times the rate for whites (13.3) (16).

Rate Differences Among Groups

Biological differences. Few studies have explored the possibility of racial differences in susceptibility to STD. In one study of gonorrhea infection among U.S. naval personnel in Asia, the calculated risk of acquisition per exposure was 0.19 percent for whites and 0.53 for blacks, assuming that both were exposed to prostitutes with a 17 percent prevalence of infection, the rate found among the 511 prostitutes screened (17). However, the black and white personnel were not exposed to exactly the same population of prostitutes. Another study found an apparent association between blood type B and gonorrhea infection among black women (18). Type B blood is more common among Americans of African descent (17 percent) than among Americans of Western European descent (8 percent) (19). The finding has been neither confirmed nor contradicted in any subsequent published study.

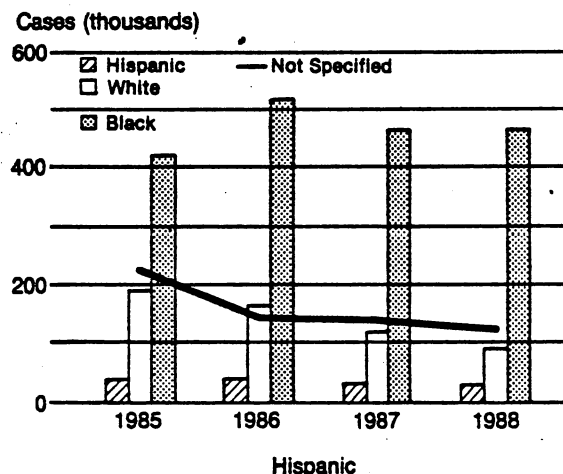
Behavioral differences. Two aspects of behavior could potentially contribute to the differences in STD rates among racial and ethnic groups. The first aspect is differences in sexual behavior, which could be differences in frequency of sexual contact, sexual practices, partner choice, or numbers of

Figure 1. Trends in syphilis incidence in the United States, by racial and ethnic group



SOURCE: Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases

Figure 2. Trends in gonorrhea incidence in the United States, by racial and ethnic group



SOURCE: Centers for Disease Control, Center for Prevention Services, Division of Sexually Transmitted Diseases

partners. The second is differences in medical care-seeking behavior, which could influence STD rates because those who are not treated promptly may be more likely to infect others. Information on either aspect is meager and contradictory.

Little is known about the sexual behavior of Americans in general, and less about sexual behavior differences among racial and ethnic groups. In particular, almost nothing is known about partner choice, an aspect of sexual behavior that is a most important determinant of STD risk. It is known from population surveys, that black women tend to

'Regardless of whether syphilis facilitates HIV acquisition, or is only a marker for high risk activities, the current rise in syphilis incidence is extremely worrisome in light of this association.'

become sexually active at a younger age than white women (20). But there is no evidence that black women have, on average, more partners than do white women. One study of STD clinic patients found no statistically significant difference between the numbers of recent partners reported by whites, blacks, or Hispanics (21). The average numbers of sexual partners may be a poorer correlate of the incidence of STD in a population than the percentage of the population with a very high number of sexual partners.

Two studies of medical care-seeking behavior among STD clinic patients have yielded contradictory results. In a 1971 study of STD clinic patients in Sacramento, CA, black men were found to delay significantly longer than nonblacks before seeking treatment (21). But in a 1977 study of STD clinic patients in Columbus, OH, black men and women with discharge or dysuria tended to go to the clinic sooner after onset of symptoms than whites (22). In the study, blacks were found to be more likely to curtail their sexual activity after onset of symptoms than were whites. In both the Sacramento and Columbus studies, the patients at least had access to public STD clinics. Of interest is the response to STD symptoms of poor persons living in areas where public clinics are unavailable.

Correlation of Incidence and Poverty

It has long been recognized that STD is more common among the poor than the wealthy (23), but the reason remains as unclear (24) as the reason for morbidity and mortality rates in general increasing with decreasing socioeconomic status (25). Poverty is more common among some minority populations, particularly those with high STD rates, than for the white majority. Some data suggest that economic differences account for at least part of the differences in STD rates. Being poor was a risk factor for hepatitis B seropositivity even after controlling for race in NHANES II (10). In the NHANES II syphilis seroprevalence study, the

relative prevalence of syphilis seroreactivity among blacks (including Hispanic blacks) as compared with whites (including Hispanic whites) was 4.1 for persons with incomes less than \$6,000, but 1.2 for those with incomes of more than \$15,000 (2).

Predictor of Heterosexual HIV Transmission

Part of the great concern about the increase in syphilis incidence stems from the association between syphilis and HIV infection. To date, five published studies have shown a high correlation between HIV and syphilis seropositivity in STD clinic patients (26-30). A total of 724 of 11,528 persons screened were seropositive for syphilis. Of these, 157, or 22 percent, were also seropositive for HIV. In these studies, the relative risk for HIV seropositivity was 6.8 (95 percent confidence interval is 5.7 to 8.1 percent) for persons seropositive for syphilis. Regardless of whether syphilis facilitates HIV acquisition, or is only a marker for high risk activities, the current rise in syphilis incidence is extremely worrisome in light of this association.

Conclusions

Clearly, STD occur more commonly among members of some minority groups than among whites in the United States. Serological evidence of past infection with herpes simplex virus type 2, hepatitis B, and syphilis is at least three times as common among blacks as whites, and new infections with gonorrhea and syphilis occur much more frequently among blacks than among non-Hispanic whites, possibly as much as 30 times more. The rate ratios can be compared with some other measures of black and white health differences. The rate ratio for homicide death is 5.2 (31), residential fire death is 3.2 (31) neonatal death is 2.0 (32), infant mortality is 2.0, (32) and maternal mortality is 3.9 (32).

Sexually transmitted diseases, drug addiction, violent crime, and neonatal mortality disproportionately affect some minority populations. The reasons are not obvious and the remedy is not clear cut, but with the threat of heterosexual spread of HIV in our inner cities, public health authorities in the 1990s need to place added emphasis on STD prevention, diagnosis, and treatment for disadvantaged minority populations. They need to duplicate for minorities the revolution in STD control that was achieved in the white population of the United States in the first half of this century.

References

1. Aral, S. O., Holmes, K. K.: Epidemiology of sexual behavior and sexually transmitted diseases. *In: Sexually transmitted diseases*, Ed 2, edited by K.K. Holmes, P.-A. Mardh, P. F. Sperling, and P. J. Weisner, McGraw-Hill Book Company, New York, NY, 1989. In press.
2. Hahn, R. A., et al.: Race and the prevalence of syphilis seroreactivity in the United States population: a national sero-epidemiologic study. *Am J Public Health* 79: 467-470, April 1989.
3. Centers for Disease Control: Syphilis and congenital syphilis—United States, 1985-1988. *MMWR* 37: 486-489, Aug. 19, 1988.
4. Rothenberg, R., Bross, D. C., and Vernon, T. W.: Reporting of gonorrhea by private physicians: a behavioral study. *Am J Public Health* 70: 983-986 (1980).
5. Centers for Disease Control: HIV/AIDS surveillance report. Atlanta, GA, July 1989, pp. 1-16.
6. Bakeman, R., et al.: The incidence of AIDS among blacks and Hispanics. *J Natl Med Assoc* 79: 921-928 (1987).
7. Alter, M. J., et al.: Hepatitis B virus transmission between heterosexuals. *JAMA* 256: 1307-1310, Sept. 12, 1986.
8. Dembert, M. L., et al.: Epidemiology of viral hepatitis among U.S. Navy and Marine Corps personnel 1984-85. *Am J Public Health* 77: 1446-1447, November 1, 1987.
9. Alter, M. J., Mares, A., Hadler, S. C., and Maynard, J. E.: The effect of under reporting on the apparent incidence and epidemiology of acute viral hepatitis. *Am J Epidemiol* 125: 133-139 (1987).
10. McQuillan, G. M., et al.: The seroepidemiology of hepatitis B virus infection in the United States, 1976-80. *Am J Med*. In press.
11. Johnson, R. E., et al.: A seroepidemiologic survey of the prevalence of herpes simplex virus type 2 infection in the United States. *N Engl J Med* 321: 7-12, July 6, 1989.
12. Centers for Disease Control: Division of Sexually Transmitted Diseases annual report. Atlanta, GA, 1988.
13. McCormack, W. M., et al.: Infection with *Chlamydia trachomatis* in female college students. *Am J Epidemiol* 121: 107-115 (1985).
14. Washington, A. E., Cates, W., and Zaidi, A. A.: Hospitalizations for pelvic inflammatory disease: epidemiology and trends in the United States. *JAMA* 251: 2529-2533, May 18, 1984.
15. Aral, S. O., Mosher, W. D., and Cates, W.: Self-reported pelvic inflammatory disease in the U.S.: a common occurrence. *Am J Public Health* 75: 1216-1218, October 1985.
16. Centers for Disease Control: Ectopic pregnancy surveillance, United States, 1970-1985. *CDC Surveillance Summaries*, December 1988. *MMWR* 37 [SS-5]: 9-18, December 1988.
17. Hooper, R. R., et al.: Cohort study of venereal disease. I: the risk of gonorrhea transmission from infected women to men. *Am J Epidemiol* 108: 136-144 (1978).
18. Foster, M. T., and Labrum, A. H.: Relation of infection with *Neisseria gonorrhoeae* to ABO blood groups. *J Infect Dis* 133: 329-330, March 1976.
19. Race, R. R., and Sanger, R.: *Blood groups in man*, Ed 6. Blackwell, Oxford, England, 1975.
20. Bachrach, C. A., and Horn, M. C.: Married and unmarried couples, United States, 1982. *Vital Health Stat* [23] 15: 8-10, July 1987.
21. Darrow, W. W.: Venereal infections in three ethnic groups in Sacramento. *Am J Public Health* 66: 446-450, May 1976.
22. Kramer, M. A., Aral, S. O., and Curran, J. W.: Self-reported behavior patterns of patients attending a sexually transmitted disease clinic. *Am J Public Health* 70: 997-1000 (1980).
23. Darrow, W. W.: Social stratification, sexual behavior, and the sexually transmitted diseases. *Sex Transm Dis* 6: 228-230 (1979).
24. Morton, W. E., Horton, H. B., and Baker, H. W.: Effects of socioeconomic status on incidences of three sexually transmitted diseases. *Sex Transm Dis* 6: 206-210 (1979).
25. Haan, M., Kaplan, G. A., and Camacho, T.: Poverty and health: prospective evidence from the Alameda County study. *Am J Epidemiol* 125: 989-998 (1987).
26. Rabkin, C. S., Thomas, P. A., Jaffe, H. W., and Schultz, S.: Prevalence of antibody to HTLV-III/LAV in a population attending a sexually transmitted diseases clinic. *Sex Transm Dis* 14: 48-51 (1987).
27. Quinn, T. C., et al.: Human immunodeficiency virus infection among patients attending clinics for sexually transmitted diseases. *N Engl J Med* 318: 197-203, Jan. 28, 1988.
28. Cannon, R., et al.: Syphilis is strongly associated with HIV infection in Baltimore STD clinic patients independent of risk group. Presented at 5th International Conference on AIDS, Montreal, Canada, June 4-9, 1989 (abstract Th.A.O.18).
29. Hull, H. F., et al.: Comparison of HIV-antibody prevalence in patients consenting to and declining HIV-antibody testing in an STD clinic. *JAMA* 260: 935-938 Aug. 19, 1988.
30. DeBuono, B. A., et al.: Counseling and antibody testing to prevent HIV infection. *JAMA* 261: 2502, May 5, 1989.
31. Centers for Disease Control: Differences in death rates due to injury among blacks and whites, 1984. *CDC Surveillance Summaries*, July 1988. *MMWR* 37 [SS-3]: 25-31, July 1988.
32. Bureau of the Census: Statistical abstract of the United States, 1988. Table 113, Infant, maternal, and neonatal mortality ratios, by race: 1960-1985. U.S. Government Printing Office, Washington, DC, 1989.

Increase in Condom Sales following AIDS Education and Publicity, United States

JOHN S. MORAN, MD, HARLAN R. JANES, THOMAS A. PETERMAN, MD, MSc, AND KATHERINE M. STONE, MD -

Abstract: Data from a national probability sample of drug stores show that condom sales rose from 240 million annually in 1986 to 299 million in 1988. The greatest increase occurred in 1987 after the Surgeon General's report on AIDS was released. Sales of latex condoms with spermicide rose 116 percent. Sales of other types of condoms increased less. These data suggest that Americans are using more condoms and probably more effective condoms in response to AIDS education. (*Am J Public Health* 1990; 80:607-608.)

Introduction

In his report on the acquired immunodeficiency syndrome (AIDS), the US Surgeon General advised persons whose sex partners may have been exposed to the AIDS virus to always use a condom during sexual intercourse.¹ An extensive public health campaign has since promoted condom use by persons who have sex outside of mutually monogamous relationships. Latex condoms, especially those containing spermicide, are believed to provide more protection than natural membrane condoms and have been the most highly recommended.²

Given the extensive public education effort and attendant publicity, we wondered if Americans were using more condoms. In a 1988 survey of urban teenage males, 58 percent reported using condoms during their last sexual encounter, compared to only 21 percent in 1979.³ We analyzed a more objective measure, condom sales trends, to see how they have changed during the HIV (human immunodeficiency virus) epidemic.

Methods

Drug stores condom sales were estimated from bi-monthly sales audits conducted by Nielson Marketing Research (Northbrook, IL). This national probability sample is stratified by size of store (four strata), geographic region (10 strata) and relative urbanization of the county where the store is located (four strata). Approximately 550 drug stores are audited, which compose 1 percent of drug stores and account for 2 percent of drug store sales. The same stores are audited every two months, making the system very sensitive to trends.

Condom sales in areas with a high incidence of AIDS were compared with sales in the remaining US. High incidence areas were defined as the television markets of the following metropolitan areas: Atlanta, Houston, Los Angeles, Miami-Fort Lauderdale, New York, San Francisco, and Washington, DC. These areas encompass one-fifth of the US

population, one-third of all condom sales, and two-thirds of all AIDS cases. To reduce the tendency of seasonal variations in sales to obscure short-term trends, we compared sales for each two-month period with sales in the same period a year earlier.

To gauge condom publicity over time, we counted monthly condom citations using three indices: Newspaper Abstracts (University Microfilms International, Inc., Ann Arbor, MI), National Newspaper Index and Magazine Index (both produced by Information Access Company, Foster City, CA). All three showed the same pattern; only Newspaper Abstracts data are shown.

Results

Drug store condom sales grew slowly from 1984 to 1988 except for a 20 percent increase between 1986 and 1987 (Table 1). Sales of some styles grew more rapidly than others. Between 1986 and 1988, sales of *all* latex condoms increased 25 percent (226.1 to 283.4 million). The biggest percentage growth was in latex condoms with spermicide which increased 116 percent (23.2 to 50.1 million). Latex condoms without spermicide increased 15 percent (202.9 to 233.3 million). Natural membrane condom sales increased 7.8 percent (14.4 to 15.6 million).

Sales increased both in areas with a high incidence of AIDS and in the remaining US between 1986 and 1988 (Figure 1). Sales in the high incidence areas were growing throughout 17 of the 18 two-month periods. In contrast, sales were not growing in the remaining US until the beginning of 1987, and sales stopped increasing in July-August 1988. In both areas, condom sales grew rapidly throughout 1987 and early 1988 following the release of the Surgeon General's report in November 1986. Media attention to condoms also increased. Condoms were rarely mentioned before the report, but were increasingly cited in articles, editorials, and cartoons thereafter, reaching a peak in February 1987, when 182 items appeared in the 19 newspapers indexed by Newspaper Abstracts. (Forty percent of the February items concerned the controversy over whether condom advertisements were appropriate for television.) Throughout the remainder of 1987

TABLE 1—Annual Condom Sales in US Drug Stores, 1985–88, and Percent Change from Previous Year

Year	Sales in Millions (% change)			
	Latex			Total
With Spermicide	Without Spermicide	Natural Membrane		
1985	22.4 (*)	201.4 (*)	13.9 (*)	273.7 (0.6)
1986	23.2 (3.2)	202.9 (0.7)	14.4 (3.9)	240.5 (1.2)
1987	35.0 (50.9)	237.1 (16.9)	17.3 (19.8)	289.4 (20.3)
1988	50.1 (43.2)	233.3 (-1.6)	15.6 (-10.0)	298.9 (3.3)

*data not available

Address reprint requests to Technical Information Services, Center for Prevention Services, Mailstop E-07, Centers for Disease Control, Atlanta, GA 30333. Dr. Moran is an Epidemic Intelligence Service Officer with the Clinical Research Branch, Division of STD/HIV Prevention, Center for Prevention Services, CDC. Dr. Peterman is Chief, Viral Studies Section, and Dr. Stone is Clinical Research Investigator, also at the Center for Prevention Services, CDC. Mr. Janes is Vice President, Product Management, Nielsen Marketing Research, Northbrook, IL. This paper, submitted to the Journal September 5, 1989, was revised and accepted for publication December 13, 1989.

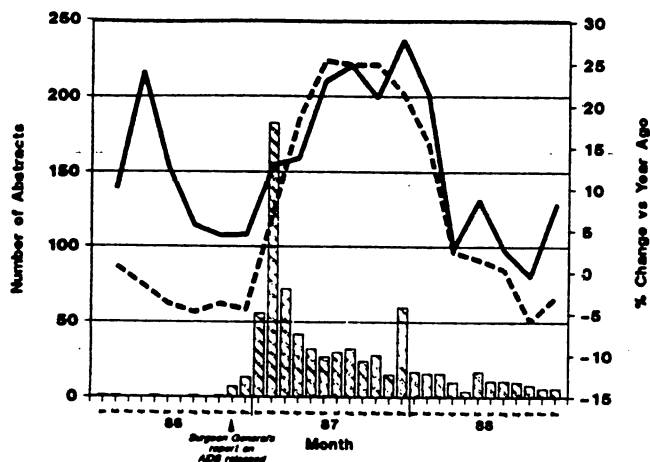


FIGURE 1—Annual Percentage Change in Condom Sales in Drug Stores in Seven Areas with High Incidence of AIDS (solid line) and remainder of United States (broken line) and Number of Newspaper Abstracts Mentioning Condoms (bars), 1986–88.

NOTE: Percent change in sales from the same period one year earlier are shown for two-month periods.

and 1988 media attention was greater than in 1986, but slowly diminished.

Discussion

The 20 percent increase in drug store condom sales in the year following the Surgeon General's report suggests that Americans responded to his message. In comparison, cigarette sales fell only 2.4 percent in the year following the Surgeon General's first report on smoking and health.⁴

The increase in sales was probably related to the recommendation that condoms be used to prevent HIV transmission. Sales of latex condoms, which were recommended for AIDS prevention, increased more than sales of natural membrane condoms. In addition, the greatest percent increase was in latex condoms with spermicide which cost more but may provide additional protection. The overall increase in drug store condom sales between 1984 and 1988 was 26 percent.

How much of the increase was for disease prevention? To answer this, we must estimate the proportion of condoms purchased primarily for contraception. According to studies of US women between 18 and 44 exposed to the risk of unintended pregnancy,⁶ 14 percent of married women relied on condoms in 1982, making up 73 percent of the condom users in this population; in 1987, the proportion of married women using condoms was almost unchanged at 15 percent, suggesting that married women choosing condoms are mainly concerned with contraception, not disease prevention. In contrast, the percentage of unmarried women choosing condoms increased from 9 percent in 1982 to 16 percent in

1987, probably reflecting concerns about disease.⁶ If all unmarried women choosing condoms do so for disease prevention, then there was a 78 percent increase in women using condoms for disease prevention.

How do sales compare with the number needed if all Americans who have intercourse outside of mutually monogamous relationships use condoms with every act of intercourse? Approximately 23 million Americans reported having more than one sex partner per year and 120 million reported a single sexual partner.⁵ However, we do not know how many relationships are mutually monogamous or how often any of these people have intercourse. This lack of knowledge of Americans' sexual activity make it impossible to estimate the number of condoms needed to protect Americans from AIDS.

Other studies have shown increases in self-reported condom use among particular groups. However, behavior self-reports may be more affected by educational messages than behavior itself. Although this study has the advantage of using an objective measure of behavior, we have no evidence that the condoms purchased are actually used. Furthermore, the sales data are from drug stores only; condoms sold elsewhere or distributed free-of-charge are not included. Also, sales data give no information on who buys condoms or why.

This nationwide study of condom purchasing and other repeated surveys of sexual behavior show encouraging trends. But some populations are not being reached adequately. Despite the increase in sales and reported use of condoms, syphilis rates increased 25 percent between 1986 and 1987, with urban areas having the highest rates.⁷ We need to learn how to increase the use of condoms among those who are at greatest risk of disease.

ACKNOWLEDGMENTS

This paper was presented at the Fifth International Conference on AIDS in Montreal, Canada on June 6, 1989 (Abstract #T.A.O.24)

REFERENCES

1. Koop CE: Surgeon General's report on acquired immune deficiency syndrome. Washington, DC: US Department of Health and Human Services, 1986.
2. Centers for Disease Control: Condoms for the prevention of sexually transmitted diseases. *MMWR* 1988; 37:133-137.
3. Sonenstein FL, Pleck JH, Ku LC: Sexual activity, condom use, and AIDS awareness among adolescent males. *Fam Plann Perspect* 1989; 21:152-158.
4. Surgeon General of the United States: Reducing the health consequences of smoking: 25 years of progress. Washington, DC: US Department of Health and Human Services, 1989.
5. Centers for Disease Control: Number of sexual partners and potential risk of sexual exposure to human immunodeficiency virus. *MMWR* 1988; 37:565-568.
6. Forrest JD, Fordyce RR: US women's contraceptive attitudes and practice: How have they changed in the 1980s? *Fam Plann Perspect* 1988; 20:112-118.
7. Centers for Disease Control: Syphilis and congenital syphilis—United States, 1985–1988. *MMWR* 1988; 37:486-489.

Condom Promotion: The Need for a Social Marketing Program in America's Inner Cities

William DeJong

Abstract

Current marketing efforts by commercial condom manufacturers are directed at White consumers and therefore neglect inner city Blacks and Latinos as potential users of condoms. This paper reviews "social marketing programs" developed in Third World countries to promote condoms as a contraceptive, often with the financial assistance of the United States or other governments. This technology — which includes product, pricing, distribution, and promotional considerations — should be applied in the United States, especially to reach poor minority populations that are currently at greater risk for teenage pregnancy, AIDS, and other sexually transmitted diseases.

Historically, United States condom marketers have struggled against the notoriety of their product and its association in the public mind with extramarital sex, promiscuity, and prostitution.^{1,2} As a result, current marketing efforts by commercial condom manufacturers are almost exclusively directed at middle-class, White consumers. Print advertisements, television commercials, and packaging seldom show Blacks or Latinos as users of condoms.^{3,4}

While motivated by perceived marketing concerns, this neglect of non-White market segments has important societal consequences. The fact is that rates of teen pregnancy and illegitimacy,⁵ various sexually transmitted diseases (STDs),⁶ and heterosexually transmitted AIDS⁷ are all higher in poor minority communities. In some, the scope of the problem is staggering. For example, epidemiological work by Rothenberg and his colleagues^{8,9,10,11} shows that, in some inner-city census tracts, the incidence of gonorrhea has approached 20 percent of the sexually active population.

Thus, condoms are not vigorously promoted among the very group that could most benefit from their use. Commercial manufacturers, driven primarily by a profit motive, cannot

William DeJong, Ph.D., is Director of Research at the Center for Health Communication, Harvard School of Public Health, Boston, Massachusetts.

be expected to undertake marketing efforts directed at the "underclass" of the inner cities, who may not purchase sufficient numbers of condoms to justify the marketing costs. A possible answer is a "social marketing program" to promote condoms, similar to successful programs that the United States government and others have helped create in Third World countries.^{12,13} This paper reviews these social marketing programs, as well as commercial efforts in the industrialized world, and argues for the application of this technology in the U.S. to reach poor minority populations that are currently at greater risk for teen pregnancy, AIDS, and other STDs.

SOCIAL MARKETING PROGRAMS

Social marketing is defined by Kotler as the application of marketing and distribution techniques to promote "social goals," such as contraception.¹⁴ As with any marketing effort, social marketing programs involve considerations of product planning, pricing, communications, distribution, and marketing research.¹⁵

A social marketing approach to family planning in developing countries took root in the late 1960s and early 1970s because of dissatisfactions with the "medical" focus of prior family planning programs. With such programs, the distribution of contraceptives was planned through health clinics, and promotion was limited to didactics, either in classrooms or face-to-face during clinic visits.¹⁶ In many of these countries, health care facilities are scarce, poorly equipped, and overcrowded, and modern contraceptive methods were introduced with only limited success.

A number of governments, working through private organizations, began to consider other large-scale strategies for distributing contraceptives. The emergent social marketing programs were designed to promote, distribute, and sell condoms and

other forms of contraception or prophylaxis through existing retail outlets at a relatively low, subsidized price,¹⁷ thereby reaching new markets not normally reached through profit-driven commercial efforts.¹⁸

In reviewing worldwide social marketing efforts, Sherris, Lewison, and Fox¹² conclude that "highly visible advertising and promotion campaigns nearly always increase condom sales." Condom sales in India, for example, increased from about 25 million in the late 1960s, prior to implementation of that country's pioneering social marketing program, to more than 160 million ten years later. Of those, 118 million were *Nirodh*, the socially marketed condom. In Sri Lanka, a similarly dramatic increase in sales was brought about: in 1972, condom sales totaled about 500,000; in 1978, sales reached nearly six million. Bangladesh, Colombia, Jamaica, and Thailand are other countries whose programs have posted large gains in condom sales.¹⁹

Equally noteworthy is the small capital expenditure required by these programs. By using existing distribution channels, only small donor subsidies have been required, especially after the first few years.¹⁹ In a review of six projects with three or more years duration, Altman and Piotrow¹⁷ determined the net cost of these programs to be about five U.S. dollars per couple-year's protection, a figure they deemed to be cost-effective.

Like any marketing program, a successful social marketing program requires an integration of marketing research, product conception, promotion, pricing, and physical distribution.²⁰ Quite simply, social marketing involves having the right product at the right price in the right place with the right promotion.¹⁴ For a program to succeed, every element must be in place; they cannot be applied piecemeal. Each of these elements is introduced below.

The Right Product

Social marketing programs do not promote just the idea of contraception or prophylaxis, but a specific product. As noted by Black and Harvey,¹⁸ social marketing is "more apt to work when a tangible product is used as an instrument toward implementing the [social] objective."

A key component of successful condom promotion programs in other countries appears to be the development and testing of a new product line and marketing strategies that establish a desirable product image to promote brand loyalty. In most countries, such promotion is normally aimed at men.¹⁸

One way of establishing product image is through a product brand name and slogan. In Jamaica, for example, condoms were introduced under the *Panther* brand name, a name chosen after thorough marketing research for its "macho" connotations. The product slogan, "If you care about life," introduced health themes in a subtle way without undermining the product's masculine image.

The product design can also support a certain product image. In Japan, for example, condoms are available in a variety of shapes, colors, textures, and scents. While condoms themselves do not intensify sexual stimulation, the use of color and rough surfaces can enhance the belief that they do.²¹

The Right Price

International social marketing programs, supported by government subsidies or donor contributions of condoms, have offered condoms at low, affordable prices. Establishing the sale price requires market testing; if the price is too high, it will be beyond the grasp of the needy, but if the product is priced too low, potential buyers may distrust its quality.^{12,18} Some studies have shown that, within lower price ranges, the exact price may not be critical. For

example, a commercial market test of condoms in the Philippines²¹ showed no significant differences in use and acceptance of the product due to differences in retail price (25 vs. 10 centavos).

One caution concerning the use of donated condoms must be raised: depending on donor supplies means that product choice will be limited.¹⁷

The Right Place

Effective distribution is also of critical importance to successful social marketing programs. Indeed, promotional advertising and distribution must work hand in hand.²⁴ Across several different social marketing programs, use of existing commercial channels has been more effective than use of government distributors.¹⁷ The key to using an existing distribution chain is to provide monetary incentives to businesses to handle the product.^{19,21,24} While isolated projects have found that shopkeepers can be persuaded to distribute free condoms to young male customers,^{24,26} it is more often the case that distributors and retailers are asked to sell subsidized condoms, with price mark-ups designed to build in an adequate profit margin.

Social marketers try to expand the number and type of retail outlets that distribute condoms. Not just pharmacies, but barbershops, beauticians, grocery stores, department stores, pool halls, and specialty shops can all be approached. In Japan, for example, condoms are available in a wide variety of outlets, including drug stores, supermarkets, mail-order houses, and vending machines.^{25,27} After market research showed that half of the condoms sold in pharmacies were purchased by women, Japanese stores began to stock condoms next to feminine hygiene products. Condoms are also sold door-to-door by so-called "condom ladies," primarily to housewives.²⁷

In some locales, recruiting retailers to carry condoms may demand a concerted effort. If so, a program may have to hire its own sales force to persuade retailers to handle the product, offer introductory prices, or employ other special promotions. Special efforts can also be made to identify opinion leaders among retailers, store owners, or managers who are active in local business organizations; enlisting their support, and then encouraging them to communicate with other storekeepers, can be a promising strategy.⁴⁴

The Right Promotion

Social marketing campaigns succeed by building their message on a foundation of consumers' existing values, attitudes, and motivations, rather than by trying to change them.^{14,20} Stated another way, social marketers try to match their social goals with the goals of the consumers themselves,²⁹ especially universal human desires for beauty, status, wealth, security, acceptance, and love. As described by Roberto,²⁹ these campaigns strive to place the target behavior in a class of behavior that has strong social endorsement.

As in the commercial sector, social marketers assume a priori that potential consumers can be divided into types or "market segments." These segments are defined by certain demographic variables such as gender, age, income, racial/ethnic background, parity, and residence, and by the benefits of condom use that each segment perceives and values. With this research-derived information in hand, marketing strategies can be developed that are appropriate for each segment.³⁰ Successful campaigns emphasize *incentives* that encourage product adoption and, indirectly, the adoption of targeted behaviors.²⁹

In the U.S., even prior to widespread public concern about AIDS, such marketing strategies contributed to a resurgence in condom sales; in 1984, for example, sales reached approximately 500 million, a 15

percent increase over the previous year's figures.³¹ Baker³² notes that his company "wanted to correct the feeling of many people that the condom would decrease their enjoyment of sex because it would decrease their sensitivity to the act itself." Accordingly, they selected brand names that evoke images of sexual pleasure: 1) "Sensitol: The male contraceptive that lets you forget you're being careful"; 2) "Fiesta: A little color can add a lot more fun to your sex life." Brenner³³ reports that his company's advertising also emphasizes pleasure and romantic themes as well: 1) "Trojans: As sensitive as a whisper"; 2) "Trojans: For that certain feeling." Both packaging and advertisements show men and women in soft, romantic settings.

The success of social marketing promotion is also directly tied to the number of pathways used to communicate its message. A variety of communication channels should be used, which provide a clear message and a consistent product image, and thereby mutually reinforce one another.

In some programs, the promotional campaign will operate on two separate tracks. One track promotes a particular condom brand, using marketing activities that create the right image for that product but do not relate it to a specific problem such as STDs or unplanned pregnancies. Simultaneously, the second track heightens consumers' awareness of condom use as a means of addressing those specific problems. With this second track, the connection between condoms and prophylaxis is made, but there is *not* a direct link established between prophylaxis and the specific product being marketed. That connection is left for consumers to make.

A two-track marketing campaign in Sweden is an instructive example. Faced with the rising incidence of gonorrhea, especially among the young, the Swedish Association for Sex Education undertook a large-scale campaign aimed at increasing

the use of condoms.¹⁴ Brand promotion emphasized a positive product image, while a separate campaign talked about the condom as one method of avoiding sexually transmitted disease.

First, the Association placed low-key advertisements in the country's largest newspapers to improve the condom's image as an acceptable, even respectable contraceptive. A sample message: "Tonight 150 young Swedes will make their sexual debut."

Next, a more active advertising campaign against gonorrhea was initiated, using newspaper advertisements and billboards, plus information booklets distributed to both the broadcast media and other organizations. For the first time, the Association introduced the word "condom" into the advertising headlines: "Make June condom month — and maybe we shall get rid of gonorrhea."

On a separate track, a marketing/promotion effort was made to make the purchase of condoms less embarrassing, perhaps even "trendy." For example, the Association's own boutiques introduced a "Birds 'n' Bees" concept, complete with logo, special products, and promotions. In other retail outlets, colorful display racks that permitted self-service purchases were introduced. A black condom ("Black Jack") was developed and introduced with the sexually suggestive theme, "Black Jack just grows and grows."

According to Hinman,¹⁵ this campaign resulted in a 50 percent increase in condom sales after two years, plus approximately a 20 percent decrease in gonorrhea incidence among the young. Describing the Swedish campaign, Ajax¹⁶ wrote, "It should be fun to use the condom if the product is made attractive to the consumer. This is the only way to reach those who are not highly motivated to use contraceptives."

In some localities, because of the controversy that promotion of condoms can engender, or because of legal restrictions, it may be necessary initially to avoid direct advertising in the mass media.^{20,28} Such restrictions have been present in most countries where social marketing programs have been introduced, but this has not prevented their eventual success.^{15,17} In such cases, social marketers can concentrate on advertising that promotes family planning and venereal disease prevention, while relying on personal selling approaches to individual consumers to promote the specific condom brand.

A good case in point is Thailand. Perhaps the most well-known practitioner of social marketing techniques is Mechai Viravaidya, Thailand's Director of Community-Based Family Planning Services, whose flamboyant style and unabashed enthusiasm for promoting family planning has resulted in the condom being called the "Mechai" in that country. Using catchy slogans, posters, t-shirts, songs, and imaginative person-to-person promotional gimmicks, he has helped break down traditional Thai inhibitions about contraception and drawn attention to his family planning efforts. Although the program has been unable to use mass media advertising, press coverage of Viravaidya's promotional efforts has been extensive.

A SOCIAL MARKETING PROGRAM IN AMERICA

The time is right to apply the technology of social marketing to the promotion of condoms in the United States, especially among poor minority populations that are at greater risk for teen pregnancy, AIDS, and other sexually transmitted diseases.

In 1987, at the Surgeon General's Workshop on Children with HIV Infection and Their Families, a panel focused on educational issues proposed as its first recommendation that a nationwide, multi-dimensional, and Federally sup-

ported AIDS prevention campaign be developed and implemented.¹⁶ A key feature of this effort would be:

... a social marketing campaign to promote the acceptance and use of condoms as a method of disease prevention. This campaign shall include promotional advertising aimed at all socioeconomic and ethnic groups, as well as steps to increase the availability of condoms to all economic sectors, including free distribution and/or price subsidies.

Developing a workable plan for this type of program, as is the case with any marketing effort, requires considerable investment of time and money. The experience of international programs indicates that the following elements should be reviewed by program planners.

Independent Program Management

A social marketing program requires the application of modern business methods. A program can be managed by a corporation set up for this purpose or by a family planning association, contractor, or other independent agency that involves local leadership. While government assistance and support is essential, the program should operate independently.¹³

A Market-Tested Product

Consideration should be given to development of a market-tested condom brand and promotion of an image specific to that brand that would appeal to key market segments among the inner city poor.

Affordably Priced Condoms

Government subsidies or donor contributions of condoms are an essential element, especially in a social marketing program's first few years. Such subsidies also received strong endorsement from participants at a conference on condom promotion in the U.S. held in the early 1970s, long before the advent of

AIDS.¹⁰ As noted, international programs have demonstrated that a full couple-year's protection can be provided at extremely low cost.¹⁷

Long-Range Financial Planning

Social marketing programs often fail to develop long-range strategic plans for ensuring program survival in the absence of external funding support. While arguments could be made that, for the sake of maximizing product accessibility, social marketing programs should not be required to be self-sufficient, a national program might be made self-sustaining through commercial sale of other products using the product logo, such as posters, t-shirts, and buttons. Determining whether this could be achieved would require extensive research.

Use of Existing Commercial Channels

Existing commercial channels should be utilized, including condom wholesalers, distributors, and retailers. At the same time, a wider range of retail outlets should be explored.

An important consideration is whether U.S. condom manufacturers might object to the installation of a domestic social marketing program that uses existing commercial channels. Programs in other countries are an imperfect guide, but based on their experiences, such objection appears unlikely. Typically, commercial marketers try to 1) reach a large middle segment of the population that normally has access to the product but whose product choices can be altered, or 2) "position" their product to appeal to a small market segment that nevertheless offers the potential for large profits.¹⁸ In contrast, social marketing efforts are more often directed at reaching a segment of the population that normally does not have access to the product because of either price or unavailability, does not have information about it due to the absence of directed promotion, or does not understand the benefits the product

can offer them. Thus, social marketers do not try to grab a market share from competitors, but to tap new market segments not currently reached through existing commercial channels.¹⁹

A Targeted Promotional Strategy

As noted, work by Rothenberg and his colleagues^{10,11} has demonstrated that there are established geographical pockets where STD incidence is exceptionally high. Condom promotion efforts might therefore benefit from targeting well-defined neighborhoods, defined by race and ethnicity, socioeconomic status, and presence of military personnel. Special efforts should be made to gain entree into those social groups for whom the messages are most important.

Use of Multiple Communication Channels

With well-researched campaign themes, slogans, and messages, a social marketing campaign should utilize a variety of communication channels, including radio and television spots, advertising in newspapers, billboards, bus posters, flyers, brochures, and point-of-purchase displays and signs. As already noted, a variety of promotional materials such as posters, t-shirts, and buttons can also be developed for sale. Person-to-person selling approaches might also prove to be cost-effective.

A Market-Tested Promotional Campaign

Promotional efforts need to address any specific beliefs or misconceptions that impede condom use. For example, a recent survey of adolescents in San Francisco showed that 71.7 percent of Whites, but only 59.9 percent of Blacks and 58.3 percent of Latinos knew that using condoms during sexual intercourse can lower the risk of AIDS transmission.²⁰ This and similar findings led the authors to conclude that Black and Latino

adolescents may be at greater risk of infection because of insufficient information.

Factual knowledge alone is not enough, however. A study of middle-class patients from adolescent health clinics in San Francisco, all of whom were sexually active, revealed that both males and females knew that condoms protect against STDs in general, but that only 2.1 percent of females and 8.2 percent of males reported using condoms every time they had intercourse during the previous year.²¹

Formidable roadblocks to condom use are its association with "illicit" sex and the common belief that it interferes with sexual pleasure.²² The challenge for marketers is to show how the product can be used in a personally satisfying way that overcomes these obstacles.²³

Therefore, social marketers working in poor minority communities should research and pilot test these possible strategies:

- 1) Focus on the heightened sexual pleasure that is possible through condom use,^{24,25} including freedom from worries, prolongation of intercourse, and reinforcement of a powerful masculine image.
- 2) Promote condoms as a product that couples use and model ways to persuade partners about the need for condom use.²⁶
- 3) Redefine the apparent normative consensus about condom use by using appropriate role models and by associating condom use with other behaviors or qualities that are considered desirable.²⁷

A campaign to promote condoms should not try to motivate through fear. While realistic fears may temporarily inspire condom use, such fears can dissipate or can be rationalized away in a moment of passion,

when the risks of pregnancy or disease are reassessed against the possibility of a sexual partner's strong negative reaction to the suggestion that a condom be used.^{44,45} Noting recently that condom sales had fallen far short of expectations, U.S. condom manufacturers are now largely abandoning AIDS-inspired scare tactics and using more traditional appeals employed in packaged goods promotions.⁴⁴

A Commitment to Ongoing Evaluation

Formal evaluation studies can help social marketers refine strategies and allocate resources.⁴⁷ Evaluation strategies include: random population surveys to measure consumer awareness of the product, attitudes, and practices; recording of monthly product sales, measured in both treatment and control areas; and random surveys of condom purchasers, focusing on shopping preferences, awareness of promotional activities, and practices.²⁴ A key concern of any formal evaluation should be how many sales of the subsidized condoms are to new users, and how many are to continuing users who switch from products already available commercially.

A FINAL NOTE

The most serious objection that can be raised against a social marketing program to promote condoms is the political controversy such a program might precipitate. Indeed, negative reactions from segments of the local community should be expected, because of religious objections, interracial distrust, or even resentment over the community being "singled out" for a special program.

With skill and sensitivity, program administrators must strive to build a base of support in the community by gaining the endorsement of neighborhood opinion leaders; giving presentations at community organizations; and making videotapes or print literature available at family planning clinics, health centers, and

other locations. The reality, however, is that a condom promotion campaign is controversial, and program administrators must accept the fact that public criticism will never be stilled completely.

It should be emphasized again that, even in countries where all direct advertising of condoms was expressly forbidden, and where initial public acceptance was limited due to religious or political dictates, U.S.-supported social marketing programs adapted and eventually succeeded in generating sales.^{12,17} Whatever obstacles might exist in the U.S. itself can similarly be overcome, if only there is the will to do so.

Acknowledgements

I wish to thank Robert Kalmescher of the Centers for Disease Control and Mildred Z. Solomon for their comments on an earlier version of this paper. I am also grateful to the Public Health Services, U.S. Department of Health and Human Services, for inviting me to participate in the 1987 Surgeon General's Workshop on Children with HIV Infection and Their Families, and to fellow members of the workshop on Education and Behavior Modification to Prevent HIV Infection for adopting my proposed recommendation that the Federal government support a social marketing program to promote condoms, especially among poor minority populations at high risk for AIDS and other sexually transmitted diseases.

References

1. Leinater, C. The rubber barons. *Fortune*, November 24, 1986; 105-118.
2. Van Benthuyssen, P. Condoms, contraceptives, and credibility. *Madison Avenue*, February, 1986; 76-78.
3. Carp, S., Harris, L., Lardner, A. 1988 Trojan Brand Marketing Plan Fact Book: Carter-Wallace, Inc. (Available from Gianfranco Chicco, Ruder Finn & Rotman, Inc., 110 E. 59th Street, New York, New York 10022.
4. Balto, P., Director, Public Service Marketing, Ansell, Inc. Personal communication, April 13, 1988.
5. Karambasis, M., Assistant Media Planner, Euramerica/Schmid Laboratories, Inc. Personal communication, April 8, 1988.
6. Mappino, A., Vice President for Sales and Marketing, Mentor Corporation, Inc. Personal communication, April 6, 1988.
7. Hughes, D., Johnson, K., Simens, J., Rosenbaum, S. *Maternal and Child Health Data Book. Children's Defense Fund*, Washington, D.C., 1986.
8. Aral, S., Holmes, K. *Epidemiology of sexually transmitted diseases. Sexually Transmitted Diseases*. K. Holmes, P.A. Mardh, P. Sparling, P. Wisner (Eds.), McGraw-Hill, New York, 1984.
9. *Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics — United States*. MMWR, 1986, 35:635-666.
10. Pouterat, J., Rothenberg, R., Woodhouse, D., Muth, J., Pratta, C., Fogie, J. *Gonorrhea as a social disease. Sexually Transmitted Diseases*, 1985; 12:23-52.

11. Rothenberg, R. The geography of gonorrhea: Empirical demonstration of core group transmission. *American Journal of Epidemiology*, 1983; 117:688-694.
12. Sherris, J., Lawison, D., Fox, G. Update on Condoms: Products, Protection, Promotion. *Population Reports H6. Population Information Program*, Johns Hopkins University, Baltimore, 1982.
13. Sherris, J., Ravenhbit, B., Blackburn, R. *Contraceptive Social Marketing: Lessons from Experience*. Population Reports J30. Population Information Program, Johns Hopkins University, Baltimore, 1985.
14. Koder, P. *Marketing for Nonprofit Organizations* (2nd. ed.). Prentice-Hall, Englewood Cliffs, New Jersey, 1982.
15. Koder, P., Zaltman, G. Social marketing: An approach to planned social change. *Journal of Marketing*, 1971; 35:9-12.
16. Farley, J., Leavitt, H. Marketing and population problems. *Journal of Marketing*, 1971; 35:28-33.
17. Altman, D., Piotrow, P. *Social Marketing: Does It Work?* Population Reports J21. Population Information Program, Johns Hopkins University, Baltimore, 1984.
18. Discussion: Condom marketing. The Condom: Increasing Utilization in the United States. M. Redford, G. Duncan, D. Prager (Eds.). San Francisco Press, San Francisco, 1974.
19. Davies, J., Louis, T. Measuring the effectiveness of contraceptive marketing programs: Preetihi in Sri Lanka. *Studies in Family Planning*, 1977; 8:82-90.
20. El-Aniary, A., Kramer, Jr., O. Social marketing: The family planning experience. *Journal of Marketing*, 1973; 37:1-7.
21. Black, T., Harvey, P. A report on a contraceptive social marketing experiment in rural Kenya. *Studies in Family Planning*, 1976; 7:101-108.
22. Matsumoto, Y., Kotsumi, A., Nohara, T. Condom use in Japan. *Studies in Family Planning*, 1972; 3:231-235.
23. Vianan, M. Commercial techniques to promote condom use. *Vaginal Contraception: New Developments*. G. Zatulnicki, A. Sobrero, J. Speidel, J. Sciarra (Eds.). Harper and Row, New York, 1979.
24. Black, T., Farley, J. Retailers in social program strategy: The case of family planning. *Columbia Journal of World Business*, Winter, 1977; 33-41.
25. Arnold, C., Cogswell, B. A condom distribution program for adolescents: The findings of a feasibility study. *American Journal of Public Health*, 1971; 61:739-750.
26. Arnold, C., Lubie-Finkel, M. Free condom distribution projects for adolescent males. The Condom: Increasing Utilization in the United States. M. Redford, G. Duncan, D. Prager (Eds.). San Francisco Press, San Francisco, 1974.
27. Coleman, S. The cultural context of condom use in Japan. *Studies in Family Planning*, 1981; 12:28-39.
28. Bonaguro, J., Misaoula, G. Marketing: A tool for health education planning. *Health Education*, January/February, 1983; 6-11.
29. Roberto, E. Social marketing strategies for diffusing the adoption of family planning. *Social Science Quarterly*, 1972; 53:33-51.
30. Simon, J. Market segmentation in promoting contraception. *Studies in Family Planning*, 1974; 5:90-97.
31. Birth control: Back to basics. *Time*, December 10, 1984; 66.
32. Baker, S. Advertising male contraceptives. The Condom: Increasing Utilization in the United States. M. Redford, G. Duncan, D. Prager (Eds.). San Francisco Press, San Francisco, 1974.

Continued on Page 16

higher rates than they normally would. Increases in reported levels of physical activity in the population as a whole may also reflect a spinoff from the formal programs to other health behaviors.

Program cost included \$3000 for materials and health educator time and \$4000 for bonuses and matching funds provided by the company for a total cost of \$7000. Additional staff time was required to coordinate class sessions, promotion, and payroll deductions. The \$6000 in deposits that were forfeited by employees who did not meet their goals could have been used to offset these costs but was donated to charity.

Based on the encouraging results reported here and in previous studies, the present investigators are now in the process of extending evaluation of this model of health programs. Under a grant funded by the National Heart, Lung, and Blood Institute a controlled study is underway in which 30 worksites will be randomized to receive either no programs or four consecutive weight and smoking cessation programs over two years. This project will provide a basis for determining the extent to which the results shown here are replicable in diverse work settings, whether reliable net changes in smoking and obesity prevalence can be achieved, and characteristics of work environments that may enhance or retard the effects.

References

1. Fielding, J. Health promotion and disease prevention at the worksite. *Annual Review of Public Health*, 1984; (5):237-263.
2. Glasgow, R., Tayberg, J. Occupational health promotion programs to reduce cardiovascular risk. *Journal of Consulting and Clinical Psychology*, 1988; 56:363-373.
3. Blair, S., Pischke, P., Wilbur, C., Crowder, J. A public health intervention model for work-site health promotion. *Journal of the American Medical Association*, 1986; (255):921-926.
4. Brownell, K., Cohen, R., Stunkard, A., Falin, M., Cooley, N. Weight loss competitions at the work site: Impact on weight, morale, and cost-effectiveness. *American Journal of Public Health*, 1984; (74):1283-1285.
5. Scribner, C. Mandatory weight control program for 350 police officers choosing either behavior modification or "willpower." *Obesity/Bariatric Medicine*, 1980; (9):88-92.

6. Surgeon General. Smoking intervention programs in the workplace. The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace (a report of the Surgeon General, 1985). U.S. Government Printing Office, Washington, D.C., 1985.
7. Klages, R., Glasgow, R., Klages, L., Morray, K., Quale, R. Competition and relapse prevention training in worksite smoking modification. *Health Education Research*, 1987; (2):5-14.
8. Alderman, M., Madhavan, S., Davis, T. Reduction of cardiovascular disease events by worksite hypertension treatment. *Hypertension*, 1983; (5)(Supp V):V138-V143.
9. Sallis, J., Trevanow, T., Johnson, C., Hovell, M., Kaplan, R. Worksite stress management: A comparison of programs. *Psychology and Health*, 1987; (1):237-255.
10. Chriesworth, E., Williams, B., Baer, P. Stress management at the worksite for hypertension: Compliance, cost-benefit, health care and hypertension related variables. *Psychosomatic Medicine*, 1984; (46):387-397.
11. Kronenfeld, J., Kackson, K., Blair, S., Davis, K., Girard, J., Sallsbury, Z., Maysey, D., McGee, J. Evaluating health promotion: A longitudinal quasi-experimental design. *Health Education Quarterly*, 1987; 14(23):123-139.
12. Wilbur, C. The Johnson & Johnson Program. *Preventive Medicine*, 1983; (12):672-681.
13. Jeffery, R., Forster, J., Snell, M. Promoting weight control at the worksite: A pilot program of self-motivation using payroll-based incentives. *Preventive Medicine*, 1984; (14):187-194.
14. Forster, J., Jeffery, R., Sullivan, S., Snell, M. A work-site weight control program using financial incentives collected through payroll deduction. *Journal of Occupational Medicine*, 1985; (27):804-808.
15. Jeffery, R., Phaley, A., Forster, J., Kramer, F., Snell, M. Payroll contracting for smoking cessation: A worksite pilot study. *American Journal of Preventive Medicine*, 1989; 4(2):83-86.
16. Jeffery, R. Behavioral treatment of obesity. *Annals of Behavioral Medicine*, 1987; 9(1):20-24.
17. *Annals of Behavioral Medicine*. Area review: Current trends in smoking control. *Annals of Behavioral Medicine*, 1985; 7(2):28 pages.
18. U.S. Department of Health and Human Services. National Center for Health Statistics: Health, United States, 1986. U.S. Department of Health and Human Services, Public Health Service. DPHS Publication No. (PHS) 87-1232, December, 1986.
19. Blair, S. How to assess exercise habits and physical fitness. *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*. J. Matarasso, S. Weiss, J. Hard, N. Miller, S. Weiss (Eds.) Wiley & Sons, New York, New York, 1984. Pp. 44-47.

Condom Promotion Social Marketing

Continued from Page 10

33. Brenner, L. Condommunications. The Condom: Increasing Utilization in the United States. M. Redford, G. Duncan, D. Prager (Eds.). San Francisco Press, San Francisco, 1974.
34. Ajax, L. How to market a nonmedical contraceptive: A case study from Sweden. The Condom: Increasing Utilization in the United States. M. Redford, G. Duncan, D. Prager (Eds.). San Francisco Press, San Francisco, 1974.
35. Hinman, A. The condom as prophylactic. *Bulletin of the New York Academy of Medicine*, 1976; 52:1004-1011.
36. Silverman, B., Waddell, A. (Eds.). Report of the Surgeon General's Workshop on Children with HIV Infection and Their Families. Public Health Service, U.S. Department of Health and Human Services, Rockville, Maryland, 1987.
37. Boves, C., Arens, W. *Contemporary Advertising*. Irwin, Homewood, Illinois, 1986.
38. DiClemente, R., Boyer, C., Morales, E. Minorities and AIDS: Knowledge, attitudes, and misconceptions among Black and Latino adolescents. *American Journal of Public Health*, 1988; 78:55-57.
39. Kegela, S., Adler, N., Irwin, C. Sexually active adolescents and condoms: Changes over one year in knowledge, attitudes, and use. *American Journal of Public Health*, 1988; 78:460-461.
40. Condoms. *Consumer Reports*, October, 1979; 583-389.
41. Darrow, W. Attitudes toward condom use and the acceptance of venereal disease prophylactics. *Sexually Transmitted Diseases*. K. Holmes, P.A. Marsh, P. Sparling, P. Wiesner (Eds.). McGraw-Hill, New York, 1984.
42. Hatcher, R. Reasons to recommend the condom. *Medical Aspects of Human Sexuality*, 1978; 12:91.
43. Felman, Y. A plea for the condom, especially for teenagers. *Journal of the American Medical Association*, 1979; 241:2517-2518.
44. Solomon, M., DeJong, W. Recent sexually transmitted disease prevention efforts and their implications for AIDS health education. *Health Education Quarterly*, 1986; 13:301-316.
45. Job, R. Effective and ineffective use of fear in health promotion campaigns. *American Journal of Public Health*, 1989; 78:163-167.
46. Rothenberg, R. Condom makers change approach. *The New York Times*, August 8, 1988; D1, D6.
47. Bloom, P. Evaluating social marketing programs: Problems and prospects. *Marketing in the 80's: Changes and Challenges*. R. Bagazzi, K. Bernhardt, P. Busch, D. Cravens, J. Hair, Jr., C. Scott (Eds.). American Marketing Association, Chicago, 1980.

Teens at Risk: Sexually Transmitted Diseases

Jack Moye, Jr., MD
Division of STD Control
Bureau of Communicable Disease Control
Massachusetts Department of Public Health

Massachusetts Association of Health Boards
9th Annual Meeting
October 6, 1990

Teens at Risk: STD and AIDS

“Human history becomes more and more a race between education and catastrophe.”

- H.G. Wells, 1951
The Outline of History

Teens at Risk: STD and AIDS

Consequences of Unprotected Sexual Activity

- 800,000 estimated unintended teen pregnancies in U.S. in 1987
- 2.5 million teens infected with an STD in U.S. each year
- 1 in 5 U.S. AIDS cases in persons aged 20-29; presume many infected as teens

Teens at Risk: STD and AIDS

Demographics of Mass. Teens

- 1980 U.S. Census: 1,009,571 persons aged 10-19 in Mass. (17.6% of 5,737,037 total)
- Gender: 510,528 males 10-19
499,043 females 10-19
- Race/ethnicity: 914,996 (90.6%) white
47,404 (4.7%) black
31,810 (3.2%) latino
15,461 (1.5%) other

Teens at Risk: STD and AIDS

Health Consequences of STD

- STD pose serious health risks, including:
- chronic infections and pain (PID)
- sterility/infertility
- problems in pregnancy
- cancer risk (genital warts)
- damage to multiple organs (syphilis)
- increased risk for HIV (genital ulcer diseases - syphilis, chancroid, herpes)
- irreversible terminal illness (AIDS)

Teens at Risk: STD and AIDS

Mass. Teen Births, 1988

- 7,260 births to Mass. females age 13-19 during 1988
- Births to teens accounted for 8.2% (7,260/88,047) of Mass. 1988 births
- Births to minor teens (<18 yr) accounted for 3.0% (2,641/88,047) of Mass. 1988 births

Teens at Risk: STD and AIDS Mass. Teen Births, 1987-1988

<u>Births/Population (Rate/1000)</u>			
Age (yr)	1987	1988	Change
13-14	<u>94</u> 73,216 (1.3/1000)	<u>147</u> 70,787 (2.1/1000)	+61.5%
15-19	<u>6,923</u> 216,225 (32.0/1000)	<u>7,113</u> 208,068 (34.2/1000)	+6.9%
15-44	<u>84,146</u> 1,412,045 (59.6/1000)	<u>87,805</u> 1,419,875 (61.8/1000)	+3.7%
crude birth rate	<u>84,343</u> 5,845,118 (14.4/1000)	<u>88,047</u> 5,860,283 (15.0/1000)	+4.2%

Teens at Risk: STD and AIDS Mass. DOE 1989 School Survey

- 2,043 students Grades 9-12 (14-18 yr) in 41 Mass. schools surveyed in 1989
- Mass. teens are sexually active:
52% reported sexual activity
- Early sexual activity: 42% of sexually active teens reported first coitus *before age 15*
- Multiple partners: 45% of sexually active teens reported *>1 partner* in past 12 months; 63% reported *>1 partner* ever; 31% reported *4 or more* partners ever

Teens at Risk: STD and AIDS Mass. DOE 1989 School Survey (cont'd.)

- Unprotected sex: 61% of sexually active teens reported they did not consistently use condoms
- Needle drug use: 1.6% of students reported use of injectable illegal drugs
- Need for education: 94% of students felt AIDS education should be taught in school; 60% felt they *needed more*

Teens at Risk: STD and AIDS

Cumulative AIDS Case Reports, 9/1/90

<u>Age at Dx</u>	<u>Mass. (N=3,375)</u>	<u>U.S. (N=140,822)</u>
<13 yr:	75 (2%)	2,464 (2%)
13-19 yr:	16 (<1%)	558 (<1%)
20-29 yr:	706 (21%)	28,945 (20%)

Note: Est. 8-10 years between infection and AIDS Dx

Teens at Risk: STD and AIDS

HIV Seroprevalence - ATS and STD

- MA STD Clinics, unlinked testing, 9/88-3/90:
 - 15-19 yr: 2/670 (0.3% or 1 in 335)
 - 20-24 yr: 34/1740 (2.0% or 1 in 50)
- MA STD Clinics, voluntary testing, 6/87-6/90:
 - 13-19 yr: 9/545 (1.7% or 1 in 61)
 - 20-21 yr: 16/620 (2.6% or 1 in 39)
- MA ATS voluntary anon. testing, 4/85-6/90:
 - 13-19 yr: 9/494 (1.8% or 1 in 55)
 - 20-21 yr: 22/1002 (2.2% or 1 in 46)

Teens at Risk: STD and AIDS

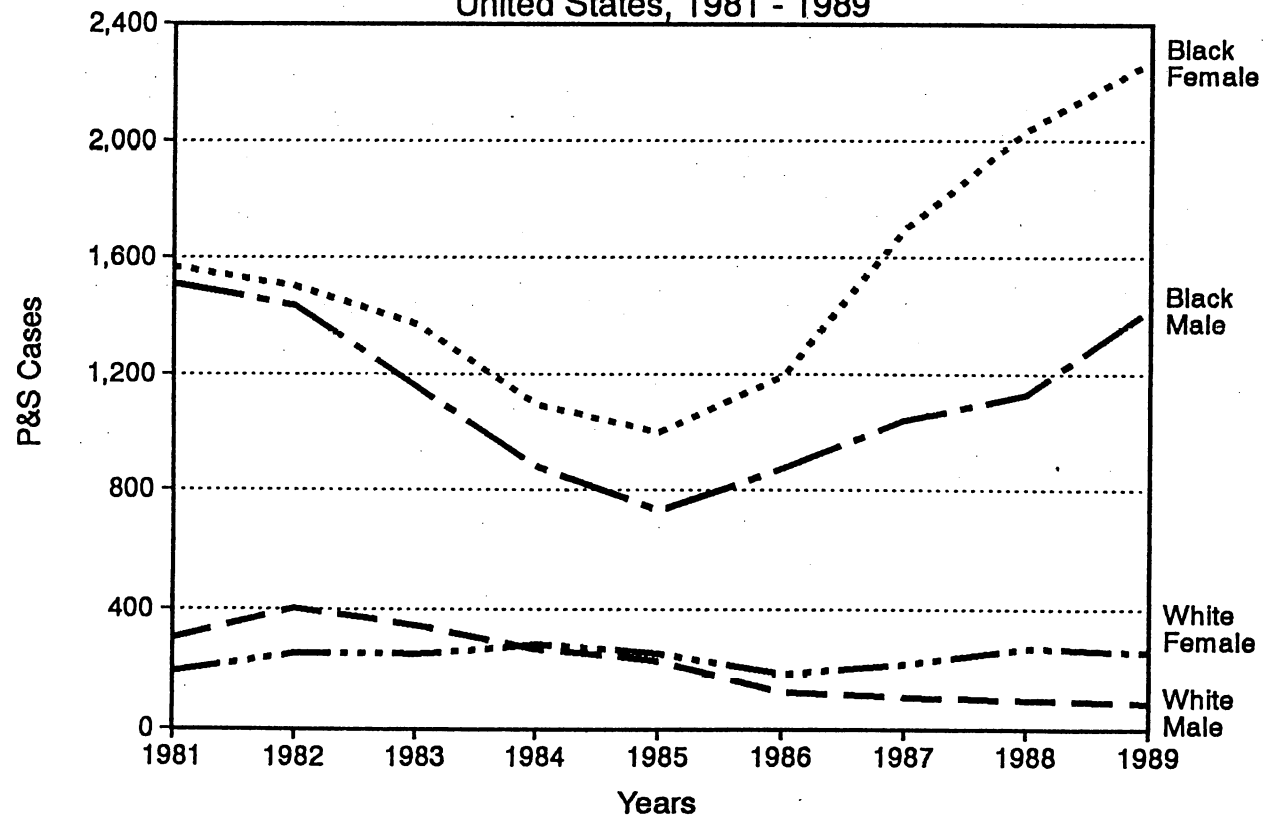
HIV Seroprevalence - Job Corps & Military

- MA Job Corps entrants 16-22 yr, required testing, 10/87-2/90:
 - 8/1206 males (0.66% or 1 in 151)
 - 3/564 females (0.53% or 1 in 188)
- MA military applicants, required testing, 10/85-9/89:
 - 17-19 yr: 4/19,742 (0.02% or 1 in 4936)
 - all ages: 38/33,496 (0.11% or 1 in 881)

Provisional data

Primary and Secondary Syphilis by Gender and Race

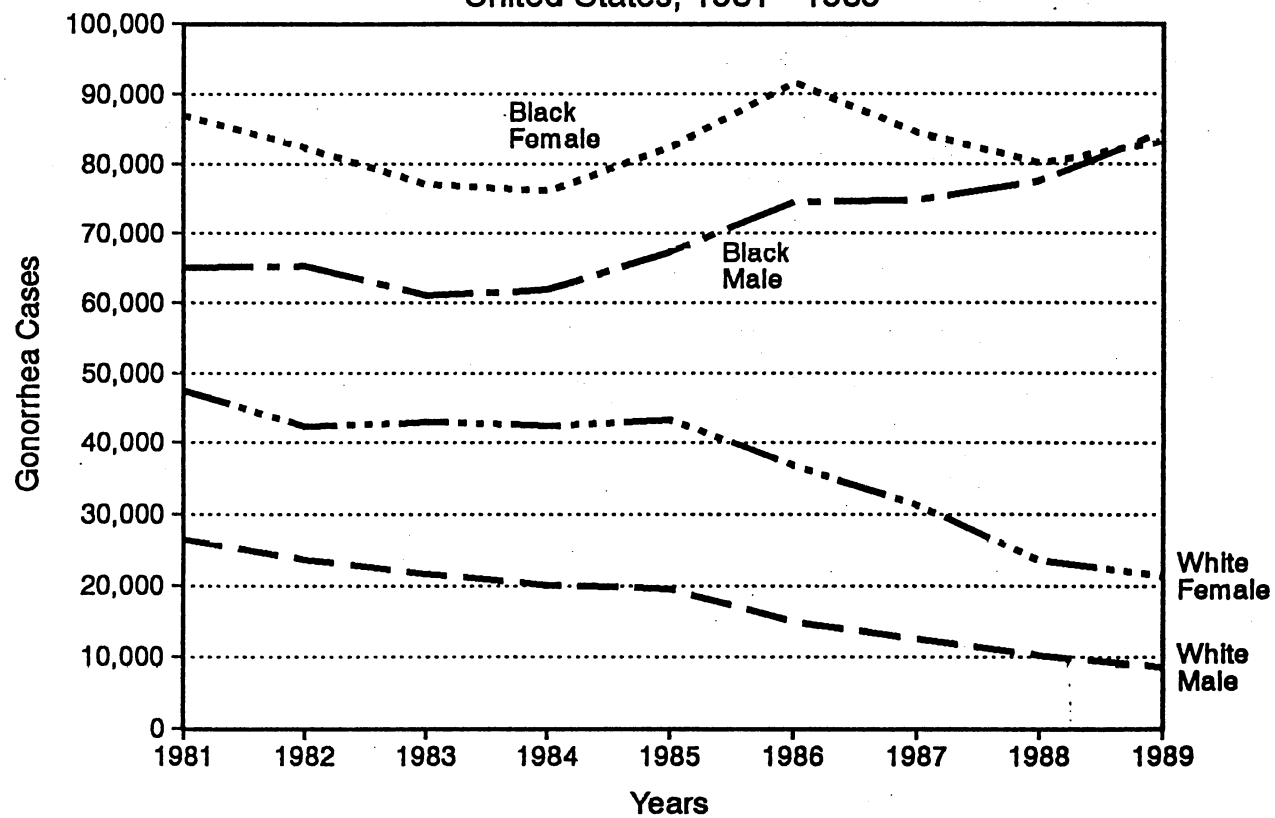
Reported Cases Among Teenagers (15-19 Years)
United States, 1981 - 1989



Source: DSTD/HIV P: CDC73.2638

Gonorrhea by Gender and Race

Reported Cases Among Teenagers (15-19 Years)
United States, 1981 - 1989



Source: DSTD/HIV P: CDC73.2638

Teens at Risk: STD and AIDS

Promoting Education and Prevention

- Sex is an important issue to teens - physical maturation, sexually oriented advertising and entertainment, peer pressure
- Teens learn from adults - teens need accurate sources of information and guidance
- Talking with teens makes sense - for parents, teachers, health professionals; community, social, religious organizations
- Get the facts about sex and sexuality - from health departments, family planning, doctors, clinics, school health professionals

Teens at Risk: STD and AIDS

Promoting Education and Prevention (cont.d)

- Stress healthy values - respect, well-being, consent, commitment
- Encourage mature decision-making - responsibility, effects of alcohol and drugs
- Discuss emotional concerns - emotional maturity is necessary to avoid guilt, depression, or negative self-image associated with sex
- Consider physical concerns - pregnancy, STD, need for regular health checkups
- Provide information about protection - abstinence, barrier prophylaxis (condoms), contraception

Teens at Risk: STD and AIDS

“The Youth of a Nation are the trustees
of Posterity.”

-Benjamin Disraeli, 1804-1881: Sybil

“Youth, what man’s age is like to be doth show;
We may our ends by our beginnings know.”

-Sir John Denham, 1615-1669: Of Prudence



CITY OF CAMBRIDGE

Office of the City Solicitor
City Hall

795 Massachusetts Avenue
Cambridge, Massachusetts 02139

(617) 498-9020

Russell B. Higley
City Solicitor

Donald A. Drisdell
Deputy City Solicitor

Michael C. Costello
Assistant City Solicitor

Birge Albright
Legal Counsel

Gail S. Gabriel
Legal Counsel

Joseph M. Kaigler
Legal Counsel

Diane Wynshaw-Boris
Legal Counsel

Edward J. O'Connell
Legal Counsel

October 9, 1990

Councillor Francis H. Duehay
Cambridge City Council
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

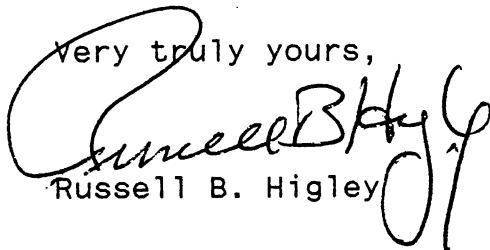
Re: Ordinance regarding condom vending machines

Dear Councillor Duehay:

I enclose an amended version of the above ordinance, which Birge Albright prepared after conversations with Nancy Ryan and Jim McDavitt.

I understand that the Ordinance Committee will hold a hearing on this ordinance on Wednesday, October 10 at 6:30 P.M.

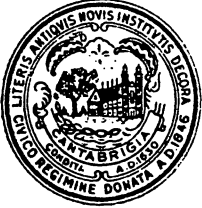
Very truly yours,


Russell B. Higley

RBH/jab
Enclosure

cc: Robert W. Healy
Donald A. Drisdell
Nancy Ryan
James McDavitt
Melvin Chalfen, M.D.

ORD#3\CONDOMS.BA



City of Cambridge

In the Year One Thousand, Nine Hundred

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

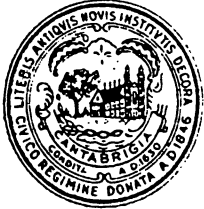
8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on passing to be ordained

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on passing to be ordained

**ATTEST:- Joseph E. Connarton
City Clerk**



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9017

JOSEPH E. CONNARTON
CITY CLERK

JOHN E. FLYNN
DEPUTY CITY CLERK

November 5, 1990

Mr. Russell B. Higley
City Solicitor
City Hall
Cambridge, MA

Dear Sir:

Enclosed you will find three proposed amendments to the Municipal Code of the City of Cambridge which were passed to be ordained at the City Council meeting held on November 5, 1990 as follows:

1. Proposed amendment relative to condom vending machines.
2. Proposed amendment relative to automatic fire alarm systems.
3. Proposed amendment relative to procurement of supplies and services.

Enclosed you will find a copy of a loan order in the amount of \$9,000,000.00 for the Phase VI sewer reconstruction.

Enclosed also you will find a copy of a proposed amendment to the Municipal Code of the City of Cambridge which was passed to a second reading at the City Council meeting held on November 5, 1990 regarding the Parking Freeze.

Would you kindly review these amendments and indicate your approval or disapproval on the bottom and return to this office.

Your kind attention in this matter will be greatly appreciated.

Sincerely yours,

Joseph E. Connarton
Joseph E. Connarton
City Clerk

JEC/dl

Encs. Ordinance Numbers 1109, 1110, 1111, Final Publication Number 2511 and First Publication Number 2512.

c.c. Councillor Duehay, Chairman, Committee on Ordinances
Joseph Cellucci, Inspectional Services Commissioner
Birge Albright, Law Dept.



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance designated as the "Cambridge Municipal Code."

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 2.48 (Fire Department) is hereby amended by adding the following four sections:

2.48.170 Regulations for Automatic Fire Alarm Systems

This section and the following three sections are intended to regulate the activities and responsibilities of the owners and tenants of buildings which have an automatic fire alarm system (AFAS), as defined in s. 201.0 of the Massachusetts State Building Code (780 OMR), which is connected directly to the Cambridge Fire Department or is connected to said Department indirectly through a private alarm company.

2.48.180 Fee for False Alarms

Regarding buildings which have an AFAS connected directly to the Fire Department or connected indirectly to said Department through a private alarm company, a fee will be charged by the Fire Department for all responses by the Department to such buildings, where the response is caused by the activation of the AFAS, and the fee may be assessed against the owner or tenant of the building. No fee will be charged in the following circumstances:

1. Where the AFAS was activated by an actual fire.

2. Where the AFAS was activated by smoke from a source such as burning food or an overheated motor or overheated electrical appliance or other equipment.

3. Where someone, with reasonable cause, activates a manual pull station.

No fee will be charged for the first three responses in any 6-month period, i.e., any period between January 1 and June 30 or between July 1 and December 31. After the third response in any 6-month period, the following fees will be assessed for subsequent responses within that period:

fourth response	\$ 50.00
fifth response	75.00
sixth response	100.00
seventh response	150.00
eighth and subsequent responses	200.00

2.48.180 Appeal

Any person who is aggrieved by the assessment of a fee pursuant to s. 2.48.180, may, within seven days of notice of said assessment, appeal in writing to the Chief of the Fire Department. The appeal will be heard by the Fire Chief or his designee.

2.48.200 Rules and Regulations

The Chief of the Fire Department may promulgate rules and regulations to implement sections 2.48.170, 2.48.180 and 2.48.190.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 9; Nays 0; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred ninety

AN ORDINANCE

Be it ordained by the City Council of the City of Cambridge as follows:

Chapters 2.34 and 2.112 of Title 2 of the Cambridge Municipal Code are hereby amended as follows:

2.34.090 Purchasing agent for city-Exceptions.

The Purchasing Agent shall procure all supplies or services for the City or any department thereof and may delegate such power and duty pursuant to G.L. c. 30B.

2.34.100 Requisition procedures.

Any department head or official of the City in need of supplies or services shall make requisition for the same of the Purchasing Agent upon requisition blanks devised and supplied by the Purchasing Agent.

2.34.110 Delivery or receipt of supplies-Billing. [Repeal]

2.34.120 Purchases in advance of requisitions.

The Purchasing Agent shall have authority to procure in advance of requisition such supplies or services as may be needed by the City and its departments, and which requisition shall be furnished to the Purchasing Agent by the various departments.

2.34.130 Storage lease agreements.

The Purchasing Agent, with the approval of the City Manager, shall have authority to lease premises necessary for storing such supplies as he may procure.

2.34.140 City Auditor approval required.

No liability shall be incurred upon procurements of supplies or services made by the Purchasing Agent until they shall have been approved by the City Auditor.

2.34.150 Competitive contracts.

All procurements for supplies or services exceeding one thousand dollars shall be based upon competition, and all procurements for supplies or services of ten thousand dollars or over shall be made in the manner provided by Chapter 2.112 of this title.

2.34.160 Purchases made for City only.

The Purchasing Agent shall procure only such supplies and services as are to be used in the business of the City.

2.34.170 Purchase Department Reserve Fund

An appropriation shall be made to the Purchasing Department to be known as the Purchasing Department Reserve Funds, to which all purchases of supplies, not made upon specific requisitions, shall be charged and to which all payments by departments and officials for such supplies shall be credited.

2.34.180 Report of purchases made to Director of Finance. [Repeal]

2.34.190 Recordkeeping of charges.

The Purchasing Agent shall keep a record of the cost of supplies and services which shall be open at all reasonable times for public inspection.

2.34.210 Sale of surplus property.

All sales of surplus personal property made by the Purchasing Agent, where the value is less than five hundred dollars, shall be made pursuant to sound business practice.

2.34.230 Sale of surplus property--Expenses.

All expenses incurred by the Purchasing Agent in conducting any sale of the personal property of the City shall be approved by the City Auditor before payment.

2.34.240 Right of inspection of City property.

The Purchasing Agent shall at such times as he may deem

reasonable inspect the supplies of the City.

2.34.250 [Repeal]

2.34.260 Inspection of materials purchased.

All supplies and services procured, except emergency procurements, shall be inspected by or under the supervision of the Purchasing Agent.

2.34.270 Estimate of future needs.

As and when the Purchasing Agent may direct, every department, commission or board shall make an annual inventory of the personal property under its charge, and shall forward to the Purchasing Agent an estimate of the supplies it will need during the ensuing year.

2.34.280 Emergency purchases.

In case of emergency, a department head or official may directly purchase such supplies and services as may be needed, but before any liability shall accrue to the City, approval of the purchase shall be given by the City Manager.

2.112.010 Bonds required when.

Any contract exceeding ten thousand dollars for any work to be done for the City may be required to be accompanied by a bond with sureties satisfactory to the Purchasing Agent, by a deposit of certified check or other security for the faithful performance thereof approved by the Purchasing Agent. No proposal shall be accepted from or offered to any person who has breached a contract with the City during the three years preceding. All written contracts shall be executed in quadruplicate, and one of the copies shall be deposited with the Auditor.

2.112.020 Proposals and bids--Acceptance and award procedure.

No proposal or bid shall be received from any person offering to contract for supplies or services unless it is enclosed in a sealed envelope or wrapper. Such proposal or bid shall be at once placed in a sealed box in the Purchasing Department. All proposals and bids shall be publicly opened and read at the hour and place designated in the advertisement in the presence of the Purchasing Agent or such person as he may designate, and thereafter recorded.

The contract shall be awarded to the lowest bidder complying with the terms, subject to the other provisions of this chapter; provided, however, that if any such proposals or bids shall be

offered by persons who in the judgment of the board or officer issuing the advertisement shall be incompetent in respect to their means of faithfully executing the same, such proposals or bids may be rejected, notwithstanding the same to be at a lower rate than other proposals or bids offered for the same work, and the next lowest bidder shall be substituted. All proposals and bids shall be preserved by the Purchasing Department and shall be open to public inspection after the contract has been awarded and accepted by the bidder.

2.112.030 Contracts--Form.

In all cases where the amount of any contract shall exceed the sum of five thousand dollars, the contract shall be in writing and, after being signed by the parties, shall not be altered, in any particular way, without the consent of the contractor and of the board or officer making the contract, endorsed thereon. All payments for extra services or supplies, which extra services or supplies shall be approved in advance by the department head, the Purchasing Agent and the City Auditor, shall be made at the time of the final payment on such contract.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 9; Nays 0;
Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk

First publication in the Chronicle on October 25, 1990.



City of Cambridge

IN CITY COUNCIL

October 22, 1990

ORDERED:

That \$9,000,000.00 is appropriated in addition to the funds previously appropriated, for the purpose of financing the construction and reconstruction of sewers and sewerage systems and surface drains (Phase VI) including without limitation all costs thereof as defined in Section 1 of Chapter 29C of the General Laws; that to meet this appropriation the Treasurer with the approval of the City Manager is authorized to borrow \$9,000,000.00 and issue bonds or notes therefor under Chapter 44 of the General Laws and/or Chapter 29C of the General Laws; that such bonds or notes shall be general obligations of the City unless the Treasurer with the approval of the City Manager determines that they should be issued as limited obligations, and may be secured by local system revenues as defined in Section 1 of Chapter 29C; that the Treasurer with the approval of the City Manager is authorized to borrow all or a portion of such amount from the Massachusetts Water Pollution Abatement Trust established pursuant to Chapter 29C and in connection therewith to enter into a loan agreement and/or a security agreement with the Trust and otherwise to contract with the Trust and the Department of Environmental Protection with respect to such loan and for any federal or state aid available for the project or for the financing thereof; and that the City Manager is authorized to enter into a project regulatory agreement with the Department of Environmental Protection, to expend all funds available for the project and to take any other action necessary to carry out the project.

In City Council November 5, 1990.

Adopted by a yeas and nays vote:- Yeas 9; Nays 0; Absent 0.

ATTEST:-

Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance designated as the "Cambridge Municipal Code."

Be it ordained by the City Council of the City of Cambridge as follows:

That Title 10 entitled "Vehicles and Traffic" of the Cambridge Municipal Code is hereby amended by adding a new Chapter 10.16 entitled "Parking Freeze."

Passed to a second reading at the City Council meeting held on November 5, 1990 and on or after November 19, 1990 the question comes on passing to be ordained.

ATTEST:- Joseph E. Connarton
City Clerk

NOTE: Pursuant to the provisions of General Laws, Chapter 40, Section 32A, Tercentenary Edition, the ordinance as aforesaid which exceeds in length eight octavo pages of ordinary book print may be summarized for publication in a newspaper of general circulation in the city with the further provision that said Ordinance may be examined and obtained at the City Clerk's Office during office hours and that any objection to its invalidity by reason of any defect in the procedure of adoption may only be made within ninety days after the posting or the second publication.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis :

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

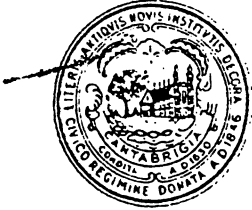
B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30.(Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis :

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.

Robert W. Healy, City Manager.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred **Ninety**

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis :

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

In City Council November 5, 1990.

**Passed to be ordained by a yea and nay vote:- Yeas 5;
Nays 4; Absent 0.**

Robert W. Healy, City Manager.

**ATTEST:- Joseph E. Connarton
City Clerk**



CITY OF CAMBRIDGE
DEPARTMENT OF HEALTH AND HOSPITALS

1493 CAMBRIDGE STREET CAMBRIDGE, MASSACHUSETTS 02139

Melvin H. Chalfen, M.D.
Commissioner

June 8, 1990

The Honorable Members of the Cambridge City Council
Cambridge City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

Dear Members of the Cambridge City Council:

On behalf of the AIDS Task Force established by the City Manager, I offer for your consideration an Ordinance requiring the installation of condom vending machines in places of public accommodation. This Ordinance was developed by the Public Policy Committee and recommended by the full Cambridge AIDS Task Force.

AIDS and the HIV virus continue to spread among our population at an alarming rate, with no medical cure in sight. High quality latex condoms have proven to be the only protection for persons at risk through sexual contact. As a matter of public health concern, we hope to provide citizens of and visitors to Cambridge with access to both the condoms and information about AIDS/HIV by encouraging the installation of vending machines. Please note that any proprietor may request and receive a waiver of the requirement through my office.

I support this proposed Ordinance as a continuation of our city's attempt to limit the spread of AIDS/HIV infection and to inform the public of risk and prevention through the efforts of the Cambridge AIDS Task Force.

Sincerely,

Melvin H. Chalfen, M.D.
Commissioner

CR
C. Walsh

COMMUNICATIONS & REPORTS FROM
CITY OFFICERS

Comm. from Melvin H. Chalfen, M. D.,
Health Commissioner, together with a
proposed amendment to the Municipal
Code of the City of Cambridge relative
to the installation of condom vending
machines in public places.

In City Council,

June 11, 1990

*Charter Right exercised
by Councillor Walsh
6/25/90
C. Walsh motion to
refer to Ordinance
Committee carried 5-4-0
Copy sent to Ordinance
Committee 6/28/90' @*

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.



CITY OF CAMBRIDGE
DEPARTMENT OF HEALTH AND HOSPITALS
1493 CAMBRIDGE STREET CAMBRIDGE, MASSACHUSETTS 02139

Melvin H. Chalfen, M.D.
Commissioner

June 8, 1990

The Honorable Members of the Cambridge City Council
Cambridge City Hall
795 Massachusetts Avenue
Cambridge, MA 02139


Dear Members of the Cambridge City Council:

On behalf of the AIDS Task Force established by the City Manager, I offer for your consideration an Ordinance requiring the installation of condom vending machines in places of public accommodation. This Ordinance was developed by the Public Policy Committee and recommended by the full Cambridge AIDS Task Force.

AIDS and the HIV virus continue to spread among our population at an alarming rate, with no medical cure in sight. High quality latex condoms have proven to be the only protection for persons at risk through sexual contact. As a matter of public health concern, we hope to provide citizens of and visitors to Cambridge with access to both the condoms and information about AIDS/HIV by encouraging the installation of vending machines. Please note that any proprietor may request and receive a waiver of the requirement through my office.

I support this proposed Ordinance as a continuation of our city's attempt to limit the spread of AIDS/HIV infection and to inform the public of risk and prevention through the efforts of the Cambridge AIDS Task Force.

Sincerely,


Melvin H. Chalfen, M.D.
Commissioner

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 Premises on which vending machines must be located
- 8.30.040 Maintenance of vending machines
- 8.30.050 Exemptions
- 8.30.060 Violation -- suspension of license
- 8.30.070 Regulation of health facilities and municipal buildings

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

RECEIVED BY
OFFICE OF CITY CLERK

1990 OCT 22 PM 5:21

October 22, 1990

St. Peter's Church
CAMBRIDGE MA 31 Buckingham Street
Cambridge, MA. 02138

Councillor Sheila Russell
City Hall
Cambridge, MA.

Dear Councillor Russell,

I write in regard to the pending Ordinance making condoms available in public places.


My first reaction is one of sympathy to the situation you and your colleagues are endeavoring to meet. The AIDS crisis affects us all, and we join with you in your good efforts to be of assistance. This disease is no respecter of persons, and the hurt and pain here has community as well as personal ramifications. We share that pain and anxiety with you.

There is an aspect of your duties, I suggest, that savors what the ancient Romans called, "custos morum" ... the guardian of morals. Not some denomination's morals, but the honorable guardian of the well-being of all the people. In this regard you must not only think of the safety gained by the increasing the accessibility of condoms, but you also must think to the the teaching message you convey to the citizenry ... especially the young. In fact, by passing such legislation, you are saying the moral (in the sense of mores) question in the public domain does not pertain, and safety is our only concern in regard to human sexuality.

We would be better off as a community if we found ways to assist people in a generous and caring way who need it, and use our collective ingenuity in this regard. To allow condoms in all public areas is to become pro-active in pursuit of a moral position which claims safety is the only issue at stake here. This is a partisan moral position, and such bias is not worthy of your high office and responsibilities.

I urge you to reject the proposed ordinance to permit condoms in public places.

Yours sincerely,


Rev. William D. Walsh,
Pastor

0-48

90

City of Cambridge

MASSACHUSETTS

In City Council Nov. 5 1990

C. Cyr - Unfinished Bus #1 - Condom Vending Machines

	YEA	NAY	ABSENT	PRESENT
Mr. Ed Cyr	✓			
Mr. Francis H. Duehay	✓			
Mr. Jonathan S. Myers	✓			
Mr. Kenneth E. Reeves	✓			
Mrs. Sheila T. Russell		✓		
Mr. Walter J. Sullivan		✓		
Mr. Timothy J. Toomey, Jr.		✓		
Mr. William H. Walsh	✓	✓		
Mayor Alice K. Wolf	✓			

~~5~~
~~4~~

City of Cambridge

MASSACHUSETTS

In City Council Nov. 5 199^d

C. Walsh - Amend to Condon Ordinance Re:

	YEA	NAY	ABSENT	PRESENT
Mr. Ed Cyr		✓		
Mr. Francis H. Duehay		✓		
Mr. Jonathan S. Myers		✓		
Mr. Kenneth E. Reeves		✓		
Mrs. Sheila T. Russell	✓			
Mr. Walter J. Sullivan	✓			
Mr. Timothy J. Toomey, Jr.	✓			
Mr. William H. Walsh	✓			
Mayor Alice K. Wolf		✓		

4 *5*



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9017

JOSEPH E. CONNARTON
CITY CLERK

JOHN E. FLYNN
DEPUTY CITY CLERK

October 24, 1990

Mr. Russell B. Higley
City Solicitor
City Hall
Cambridge, MA

Dear Sir:

Enclosed you will find three proposed amendments to the Municipal Code of the City of Cambridge which were passed to a second reading at the City Council meeting of October 22, 1990 as follows:

1. Proposed amendment relative to condom vending machines.
2. Proposed amendment relative to automatic fire alarm systems.
3. Proposed amendment relative to the procurement of supplies and services.

Enclosed also you will find a proposed loan order in the sum of \$9,000,000 for the Phase VI for the Sewer Separation Project which was passed to a second reading at the City Council meeting of October 22, 1990.

Would you kindly review these amendments and indicate your approval or disapproval on the bottom and return to this office.

Your kind attention in this matter will be greatly appreciated.

Sincerely yours,

Joseph E. Connarton
Joseph E. Connarton
City Clerk

JEC/dl

Encs. First publication numbers 2504, 2505, 2506 & 2507

c.c. Councillor Duehay, Chairman, Committee on Ordinances
Joseph Cellucci, Inspectional Services Commissioner
Birge Albright, Law Dept.



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on passing to be ordained

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance designated as the "Cambridge Municipal Code."

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 2.48 (Fire Department) is hereby amended by adding the following four sections:

2.48.170 Regulations for Automatic Fire Alarm Systems

This section and the following three sections are intended to regulate the activities and responsibilities of the owners and tenants of buildings which have an automatic fire alarm system (AFAS), as defined in s. 201.0 of the Massachusetts State Building Code (780 CMR), which is connected directly to the Cambridge Fire Department or is connected to said Department indirectly through a private alarm company.

2.48.180 Fee for False Alarms

Regarding buildings which have an AFAS connected directly to the Fire Department or connected indirectly to said Department through a private alarm company, a fee will be charged by the Fire Department for all responses by the Department to such buildings, where the response is caused by the activation of the AFAS, and the fee may be assessed against the owner or tenant of the building. No fee will be charged in the following circumstances:

1. Where the AFAS was activated by an actual fire.
2. Where the AFAS was activated by smoke from a source such as burning food or an overheated motor or overheated electrical appliance or other equipment.
3. Where someone, with reasonable cause, activates a manual pull station.

No fee will be charged for the first three responses in any 6-month period, i.e., any period between January 1 and June 30 or between July 1 and December 31. After the third response in any 6-month period, the following fees will be assessed for subsequent responses within that period:

fourth response	\$ 50.00
fifth response	75.00
sixth response	100.00
seventh response	150.00
eighth and subsequent responses	200.00

2.48.190 Appeal

Any person who is aggrieved by the assessment of a fee pursuant to s. 2.48.180, may, within seven days of notice of said assessment, appeal in writing to the Chief of the Fire Department. The appeal will be heard by the Fire Chief or his designee.

2.48.200 Rules and Regulations

The Chief of the Fire Department may promulgate rules and regulations to implement sections 2.48.170, 2.48.180 and 2.48.190.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on passing to be ordained.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

In the Year One Thousand, Nine Hundred ninety

AN ORDINANCE

Be it ordained by the City Council of the City of Cambridge as follows:

Chapters 2.34 and 2.112 of Title 2 of the Cambridge Municipal Code are hereby amended as follows:

2.34.090 Purchasing agent for city-Exceptions.

The Purchasing Agent shall procure all supplies or services for the City or any department thereof and may delegate such power and duty pursuant to G.L. c. 30B.

2.34.100 Requisition procedures.

Any department head or official of the City in need of supplies or services shall make requisition for the same of the Purchasing Agent upon requisition blanks devised and supplied by the Purchasing Agent.

2.34.110 Delivery or receipt of supplies-Billing. [Repeal]

2.34.120 Purchases in advance of requisitions.

The Purchasing Agent shall have authority to procure in advance of requisition such supplies or services as may be needed by the City and its departments, and which requisition shall be furnished to the Purchasing Agent by the various departments.

2.34.130 Storage lease agreements.

The Purchasing Agent, with the approval of the City Manager, shall have authority to lease premises necessary for storing such supplies as he may procure.

2.34.140 City Auditor approval required.

No liability shall be incurred upon procurements of supplies or services made by the Purchasing Agent until they shall have been approved by the City Auditor.

2.34.150 Competitive contracts.

All procurements for supplies or services exceeding one thousand dollars shall be based upon competition, and all procurements for supplies or services of ten thousand dollars or over shall be made in the manner provided by Chapter 2.112 of this title.

2.34.160 Purchases made for City only.

The Purchasing Agent shall procure only such supplies and services as are to be used in the business of the City.

2.34.170 Purchase Department Reserve Fund

An appropriation shall be made to the Purchasing Department to be known as the Purchasing Department Reserve Funds, to which all purchases of supplies, not made upon specific requisitions, shall be charged and to which all payments by departments and officials for such supplies shall be credited.

2.34.180 Report of purchases made to Director of Finance. [Repeal]

2.34.190 Recordkeeping of charges.

The Purchasing Agent shall keep a record of the cost of supplies and services which shall be open at all reasonable times for public inspection.

2.34.210 Sale of surplus property.

All sales of surplus personal property made by the Purchasing Agent, where the value is less than five hundred dollars, shall be made pursuant to sound business practice.

2.34.230 Sale of surplus property--Expenses.

All expenses incurred by the Purchasing Agent in conducting any sale of the personal property of the City shall be approved by the City Auditor before payment.

2.34.240 Right of inspection of City property.

The Purchasing Agent shall at such times as he may deem

reasonable inspect the supplies of the City.

2.34.250 [Repeal]

2.34.260 Inspection of materials purchased.

All supplies and services procured, except emergency procurements, shall be inspected by or under the supervision of the Purchasing Agent.

2.34.270 Estimate of future needs.

As and when the Purchasing Agent may direct, every department, commission or board shall make an annual inventory of the personal property under its charge, and shall forward to the Purchasing Agent an estimate of the supplies it will need during the ensuing year.

2.34.280 Emergency purchases.

In case of emergency, a department head or official may directly purchase such supplies and services as may be needed, but before any liability shall accrue to the City, approval of the purchase shall be given by the City Manager.

2.112.010 Bonds required when.

Any contract exceeding ten thousand dollars for any work to be done for the City may be required to be accompanied by a bond with sureties satisfactory to the Purchasing Agent, by a deposit of certified check or other security for the faithful performance thereof approved by the Purchasing Agent. No proposal shall be accepted from or offered to any person who has breached a contract with the City during the three years preceding. All written contracts shall be executed in quadruplicate, and one of the copies shall be deposited with the Auditor.

2.112.020 Proposals and bids--Acceptance and award procedure.

No proposal or bid shall be received from any person offering to contract for supplies or services unless it is enclosed in a sealed envelope or wrapper. Such proposal or bid shall be at once placed in a sealed box in the Purchasing Department. All proposals and bids shall be publicly opened and read at the hour and place designated in the advertisement in the presence of the Purchasing Agent or such person as he may designate, and thereafter recorded.

The contract shall be awarded to the lowest bidder complying with the terms, subject to the other provisions of this chapter; provided, however, that if any such proposals or bids shall be

offered by persons who in the judgment of the board or officer issuing the advertisement shall be incompetent in respect to their means of faithfully executing the same, such proposals or bids may be rejected, notwithstanding the same to be at a lower rate than other proposals or bids offered for the same work, and the next lowest bidder shall be substituted. All proposals and bids shall be preserved by the Purchasing Department and shall be open to public inspection after the contract has been awarded and accepted by the bidder.

2.112.030 Contracts--Form.

In all cases where the amount of any contract shall exceed the sum of five thousand dollars, the contract shall be in writing and, after being signed by the parties, shall not be altered, in any particular way, without the consent of the contractor and of the board or officer making the contract, endorsed thereon. All payments for extra services or supplies, which extra services or supplies shall be approved in advance by the department head, the Purchasing Agent and the City Auditor, shall be made at the time of the final payment on such contract.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on passing to be ordained.

ATTEST:- Joseph E. Connarton
City Clerk



City of Cambridge

IN CITY COUNCIL

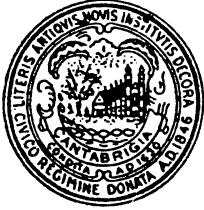
October 22, 1990

ORDERED:

That \$9,000,000.00 is appropriated in addition to the funds previously appropriated, for the purpose of financing the construction and reconstruction of sewers and sewerage systems and surface drains (Phase VI) including without limitation all costs thereof as defined in Section 1 of Chapter 29C of the General Laws; that to meet this appropriation the Treasurer with the approval of the City Manager is authorized to borrow \$9,000,000.00 and issue bonds or notes therefor under Chapter 44 of the General Laws and/or Chapter 29C of the General Laws; that such bonds or notes shall be general obligations of the City unless the Treasurer with the approval of the City Manager determines that they should be issued as limited obligations, and may be secured by local system revenues as defined in Section 1 of Chapter 29C; that the Treasurer with the approval of the City Manager is authorized to borrow all or a portion of such amount from the Massachusetts Water Pollution Abatement Trust established pursuant to Chapter 29C and in connection therewith to enter into a loan agreement and/or a security agreement with the Trust and otherwise to contract with the Trust and the Department of Environmental Protection with respect to such loan and for any federal or state aid available for the project or for the financing thereof; and that the City Manager is authorized to enter into a project regulatory agreement with the Department of Environmental Protection, to expend all funds available for the project and to take any other action necessary to carry out the project.

Passed to a second reading at the City Council meeting held on October 22, 1990 and on or after November 5, 1990 the question comes on adoption.

ATTEST:- Joseph E. Connarton
City Clerk.



CITY OF CAMBRIDGE
DEPARTMENT OF HEALTH AND HOSPITALS

1493 CAMBRIDGE STREET CAMBRIDGE, MASSACHUSETTS 02139

Melvin H. Chalfen, M.D.
Commissioner

June 8, 1990

The Honorable Members of the Cambridge City Council
Cambridge City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

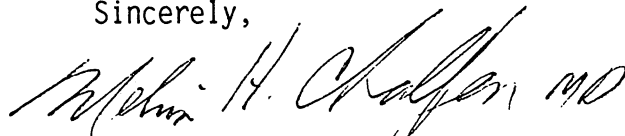
Dear Members of the Cambridge City Council:

On behalf of the AIDS Task Force established by the City Manager, I offer for your consideration an Ordinance requiring the installation of condom vending machines in places of public accommodation. This Ordinance was developed by the Public Policy Committee and recommended by the full Cambridge AIDS Task Force.

AIDS and the HIV virus continue to spread among our population at an alarming rate, with no medical cure in sight. High quality latex condoms have proven to be the only protection for persons at risk through sexual contact. As a matter of public health concern, we hope to provide citizens of and visitors to Cambridge with access to both the condoms and information about AIDS/HIV by encouraging the installation of vending machines. Please note that any proprietor may request and receive a waiver of the requirement through my office.

I support this proposed Ordinance as a continuation of our city's attempt to limit the spread of AIDS/HIV infection and to inform the public of risk and prevention through the efforts of the Cambridge AIDS Task Force.

Sincerely,


Melvin H. Chalfen, M.D.
Commissioner

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and
- WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and
- WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore
- BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 Premises on which vending machines must be located
- 8.30.040 Maintenance of vending machines
- 8.30.050 Exemptions
- 8.30.060 Violation -- suspension of license
- 8.30.070 Regulation of health facilities and municipal buildings

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

City of Cambridge

MASSACHUSETTS

In City Council Dec. 22, 1990

C. Duehay - Queer Comes on Passage to a 2nd Reading

Committee Report #1

	YEA	NAY	ABSENT	PRESENT
Mr. Ed Cyr	✓			
Mr. Francis H. Duehay	✓			
Mr. Jonathan S. Myers	✓			
Mr. Kenneth E. Reeves	✓			
Mrs. Sheila T. Russell		✓		
Mr. Walter J. Sullivan		✓		
Mr. Timothy J. Toomey, Jr.			✓	
Mr. William H. Walsh		✓		
Mayor Alice K. Wolf	✓			

5 3 1

City of Cambridge

MASSACHUSETTS

In City Council _____ 199

	YEA	NAY	ABSENT	PRESENT	
Mr. Ed Cyr			✓		
Mr. Francis H. Duehay	✓				
Mr. Jonathan S. Myers	✓				
Mr. Kenneth E. Reeves	✓				
Mrs. Sheila T. Russell	✓				
Mr. Walter J. Sullivan			✓		
Mr. Timothy J. Toomey, Jr.	✓				
Mr. William H. Walsh		✓			
Mayor Alice K. Wolf	✓				

6

1

2

Committee on Ordinance

Present - Councillor Francis H. Duchay

10/10/90

6:40 P.M.

- ① C. Myers
- ② C. Reeves
- ③ C. Duchay
- ④ C. Russell
- ⑤ C. Walsh 6:45 P.M.
- ⑥ Mayor 6:46 P.M.
- ⑦ C. Tomeny 6:57 P.M.

C. Duchay

defined procedure of
committee

Prop / Cons

Committee opinions

Comm. Challen

Supports recommendation of
Counc. AIDS Task Force.
The organization has been most
successful in educating the
public and obtaining grant
#

Dr. Chaffin

This ~~is~~ ~~document~~ is an educational tool about AIDS prevention.

C. Russell

Que. page 2 TPB

C. Walsh

Que. Cause and effect of having condoms available being constructive

Dr. Chaffin

Generally speaking studies show condoms helpful in prevention

C. Walsh

Que. why the need for an ordinance if no existing laws preventing hotels / bars, etc from installing same

C. Dwyer

Recd § 8:30.020 of the ordinance

C. Walsh

Que. enforcement provisions, law seems voluntary

B. Albright

I don't think anything will happen to someone who doesn't follow ordinance

C. Wabbs

The word "shall" is imperative, shall is a command

"

Ques. "affordable, high-quality latex condoms" were plainest cost on the newer designs. also designs with "high quality"

*

"

will move to strike "shall" and "affordable high-quality latex condoms"

C. Reeves

Aware of full scale pandemic AIDS / HIV ~~infection~~ ^{injection}

"

Ques. shall and its "command" language requiring mechanism be installed. Ques. lack of enforcement

B. Alwright

Yes, that's the spirit of ordinance. My understanding is the Congress did not seek enforcement, because it's an educational goal.

May 01

3rd highest
community

A resource book on 10/7/90
to help city officials become
more aware of AIDS.

C. Walsh

Qu. age restrictions for people
under 16

B. Allright

women contained w/in ordinance

Fernando Burgos Wolfgram
AIDS Task Force Coordinator
(Read prepared text)

dr. intent in education.
This has been discussed
for over 15 yrs.

102 in Cambridge 10/1/90
w/ ~~58~~⁶² in 1988 (40)

1-3,000 already infected
in Camb. according to state
data.

We're not trying to punish
anyone.

This is only your 8c

Comprehensive plan on education and prevention

Phone #'s were for referral for information

T. Walsh

Ques. of 8.30.50, do not understand what action C.M.P. will take.

"

Ques. " high quality

J. B. Wolfgram

approved by G.O.A.

C. Russell

Ques. why counseling @ high school prior to condom dispensing but machines will be in all public places.

J. B. Wolfgram

We want to educate and make condoms more available

C. Myrtle

Commended AIDS Test Force etc.

C. Meyer

It's ludicrous ^{is} that c/c's are laughing @ what we're saying to do.

C. Reeves

Que. stats on HIV positive

J. B. Walburn

No, testing is anonymous

"

35% being seen @ hospitals are women, higher than state.

C. Reeves

Supports welcome, but has prior commitment

"

"Shipping you for cost, quality labels etc. (W.H.W. - K.K.)

C. Walsh

I don't think this is a laughing matter either, but I brought out issues which I believe to be important

"

Realities are \$ shld be spent for education, not playing random in markets, bars etc.

C. Toomey

I support AIDS Task Force
and their educational program
does not support the ordinance

..

what about needle distribution

J. D. Wolfson

We have discussed this
w/ medical personnel. We are
~~not~~ doing outreach. Also cleaning
needles w/ bleach is legal
and we encourage this.
Recommendations will follow.

C. Toomey

Newsletter, distribution, should
go city wide.

Manuel Mazon

AIDS Educator

217 Cedar St.

Somerville

Representing Latino workers
but don't see many Latinos
here.

Latino, don't explain self to
their kids. Condom machines
will cause kids to ask questions.

Barbara Oger M.D.
196 Lexington Ave.
New York Health Center, Div.

Supports ordinance.
100 patients @ hosp. HIV
infected. Although we have
hope to control virus, we
not w/o pain and suffering.

this an "inequality"

A message is delivered to
our children by having these
machines. We are saying
we encourage protection for
some lives

May 01

Great opportunity to pass
disease on is very great
for people who may not
be aware of this carrying
the disease.

Gregory E. Goswami
Mans. Committee for
children and youth

Works toward helping kids
understand the problem
Women and Teenagers, ^{parent} ~~parent~~ group.

85% of students surveyed know how to prevent infection.

Bryson

We need to allow kids to practice what they know.

Just having condoms available is not doing it enough.

Street kids and runaway's flock to Howard St.

Larry Weinstein
School Committee

1349 ~~am~~ play re: Florence Italy supports ordinance. It's makes us aware of each other. It affects entire city.

Thomas Michaelson
La Francis Ave
S. W. 111 St
156 ^{parish} Unitarian Church

Support ordinance
Reach beyond just
we reach out you to deal w/ choices. Complex world no fear that they will go too far. Making will provide availability.

Responded W Wald, what are we achieving.

- good public policy
- " sense
- will provide a higher consciousness of responsibility

C. Cooney

Gen. med machines be placed in church

Re. Mitchellson

Standing committee of 17 make decision

Alfred D. Masie m.d.
Mem. Dep. Public Health

Support ordinance.
Epidemic exists on many fronts.
HIV infection is very serious.

Oct. 1, 1990 102 - 58% Homosexual
25% Heterosexual

Amn estimates of HIV infected

Dr. DeMuniz

Approx 1, - 3000 people, but do not know locality

C. Toomey

Prev. position on needle distribution

Dr.

Should be explored and studied

Dr. Jack Mays

DC STO's

Mass Pub. Health

Supports ordinance

much info on prevention methods.

Machin will help. Support

info on use of alcohol vs sex

Dr. Paul Epidemi

Chair, AIDS Task Force

Supports ordinance

Studies show behavioral

change w/ education and

use of condoms.

Michael Roseano

93 Antism SG

Disappointed w/ lack of CC attendance.

Resol program left

AIDS patient.

why do we need such an ordinance
when cigarettes and alcohol are
freely sold.

~~Robert~~ Ashambeau
95 Mission St
Howell
(Christ Church)

Latex is most interesting
quality, condoms are better

Education on-going, but some
people don't listen

Rev Ernest Cummings
Old Camb. Baptist Church

The congregation support
this ordinance

Dorothy Martin
167 Auburn St.
Uniting Nurses

AIDS is ripping out whole
families.

Early prevention very important
in saving lives. Condoms don't
make sex more appealing.

Mayor

Our great debt of gratitude
to all who work w/ AIDS
patients.

Fran Holly Korda M.O.

84 Prescott St.

U.S. Public Health

AIDS Policy Consultant

(Read program 8/8)

Supports ordinance

Early years people knew
nothing.

Cases are spreading
throughout country ^{15,000}
90,000 died

- Prevention / multi-faceted process
 - Increase awareness
 - Condoms must be used
routinely
- "For Prevention - Against AIDS"

Wynne Ann Golson

Health Educator

28 Langdon St.

Denial is very prevalent
shall is a good word

Cathy Hoffman

57 Pleasant St.

Supports ordinance
no one is comfortable,
talking about condoms.
Think, why don't people
use condoms?

Moral teaching, in part.

We have been taught to
be uncomfortable.

Benjamin
85 Prescott St.
ACT UP

Supports ordinance, it's
not enough, but a
concrete start.

Herald
45 Dana St.

Supports ordinance
Sound and effective
public health measures

Nancy Ryan
Women's Comm.

Supports ordinance, has
significant responsibility for
writing ordinance
If people think it should
be strengthened fine.

C. Toomey

Pres. exemption requirements

Just a letter seeking exemption

We might want to consider
some changes to § 8-30.50
re: "for any necessary action"

431 Broadway

Support, ordain'

Mary Nes?
55 Magazine St.

" "
Friends are infected and
probably will die.
Assume your responsibility

* C. Meyer

Money to substitute ordain

v//

Ref to full C/C w/
favorable recommendation

Ady 10:06 P.M.

LARRY WEINSTEIN

CONDOM VENDING MACHINES

SPEAKER LIST

PROBONENTS

NAME

ADDRESS

1. Dr. Melvin Chalfen 1493 Cambridge St
2. ~~Robert [unclear]~~ Jennifer Wolfrum 1493 Cambridge St.
3. Manuel Mosquera
4. Barbara Ogur 196 Lexington
5. GREGORY GAZAWAY MASS. Comm. for Child & Youth
6. THOMAS MIKELSON SENIOR MINISTER FIRST PARISH IN CAMBRIDGE
7. Alfred DeMaria, M.D. Mass. Dept. of Public Health
8. JACK MOYER MD MASS. DPH
9. Dr. Paul Epstein The Cambridge Hospital
10. Michael A. Razzino 73 Antrim St Camb. Ma. 02129
11. ROBERT ARCHAMBAULT CHRIST CHURCH CAMB.
12. REV. IRV Cummings OLD CAMBRIDGE BAPTIST CHURCH
13. DOROTHY MARTIN CAMB VISITING NURSE
14. J. HOLLY KORDA 84 PRESCOTT ST CAMB.
15. Irviene Goldson 28 Langdon
16. Bill Lee 2 Worcester St
17. Cathy Hoffman 67 Pleasant St

CONDOM VENDING MACHINES

SPEAKER LIST

OPONENTS

	<u>NAME</u>	<u>ADDRESS</u>
1.	Peggy Ryan	48 James St -
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

SPEAKER LIST

PROPONENTS

- 18 BENJAMIN INCERTI
- 19 DIANNE PERMUTTER
- 20 HAROLD DUFORT-ANDERSON



CITY OF CAMBRIDGE

Office of the City Solicitor
City Hall

795 Massachusetts Avenue
Cambridge, Massachusetts 02139

(617) 498-9020

Russell B. Higley
City Solicitor

Donald A. Drisdell
Deputy City Solicitor

Michael C. Costello
Assistant City Solicitor

Birge Albright
Legal Counsel

Gail S. Gabriel
Legal Counsel

Joseph M. Kaigler
Legal Counsel

Diane Wynshaw-Boris
Legal Counsel

Edward J. O'Connell
Legal Counsel

October 9, 1990

Councillor Francis H. Duehay
Cambridge City Council
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

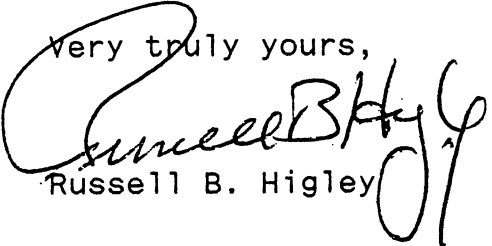
Re: Ordinance regarding condom vending machines

Dear Councillor Duehay:

I enclose an amended version of the above ordinance, which Birge Albright prepared after conversations with Nancy Ryan and Jim McDavitt.

I understand that the Ordinance Committee will hold a hearing on this ordinance on Wednesday, October 10 at 6:30 P.M.

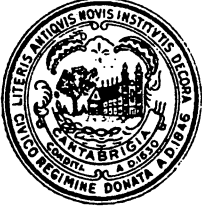
Very truly yours,


Russell B. Higley

RBH/jab
Enclosure

cc: Robert W. Healy
Donald A. Drisdell
Nancy Ryan
James McDavitt
Melvin Chalfen, M.D.

ORD#3\CONDOMS.BA



City of Cambridge

In the Year One Thousand, Nine Hundred

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.



CITY OF CAMBRIDGE

Office of the City Solicitor
City Hall

795 Massachusetts Avenue
Cambridge, Massachusetts 02139

(617) 498-9020

Russell B. Higley
City Solicitor

Donald A. Drisdell
Deputy City Solicitor

Michael C. Costello
Assistant City Solicitor

Birge Albright
Legal Counsel

Gail S. Gabriel
Legal Counsel

Joseph M. Kaigler
Legal Counsel

Diane Wynshaw-Boris
Legal Counsel

Edward J. O'Connell
Legal Counsel

October 9, 1990

Councillor Francis H. Duehay
Cambridge City Council
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

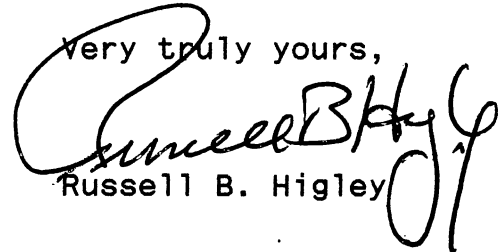
Re: Ordinance regarding condom vending machines

Dear Councillor Duehay:

I enclose an amended version of the above ordinance, which Birge Albright prepared after conversations with Nancy Ryan and Jim McDavitt.

I understand that the Ordinance Committee will hold a hearing on this ordinance on Wednesday, October 10 at 6:30 P.M.

Very truly yours,



Russell B. Higley

RBH/jab
Enclosure

cc: Robert W. Healy
Donald A. Drisdell
Nancy Ryan
James McDavitt
Melvin Chalfen, M.D.

ORD#3\CONDOMS.BA



City of Cambridge

In the Year One Thousand, Nine Hundred

AN ORDINANCE

In amendment to an ordinance entitled the "Cambridge Municipal Code"

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in Massachusetts as of May 1, 1990; and
- WHEREAS the number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained by the City Council of the City of Cambridge as follows:

Chapter 8 of the Code (Health and Safety) is hereby amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 List of vending machine operators
- 8.30.040 Exemptions
- 8.30.050 Annual Report to City Manager

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodation.

8.30.020 Requirement of vending machines which dispense condoms

A. The following premises, which are licensed by the Cambridge License Commission, shall contain coin-operated vending machines which dispense affordable, high-quality latex condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and health facilities and all municipal buildings, not including schools, shall maintain such vending machines.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Health and Hospitals which will provide important referral and information telephone numbers.

8.30.030 List of vending machine operators

The License Commission and the Commissioner of Health and Hospitals shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessees of the premises.

8.30.040 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The License Commission shall exempt from the provisions of this Chapter any hotel, motel, bar, restaurant or movie theater which files a written request for exemption.

C. The Commissioner of Health and Hospitals shall exempt from the provisions of this Chapter any hospital, health clinic or other health facility which files a written request for exemption.

8.30.050 Annual Report to City Manager

A. The License Commission shall determine whether hotels, motels, bars, restaurants and movie theaters comply with this Chapter, and report its findings annually to the City Manager for any necessary action.

B. The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics, other health facilities and required municipal buildings comply with this Chapter, and report his or her findings annually to the City Manager for any necessary action.

PUBLIC HEALTH FACT SHEET

NONGONOCOCCAL URETHRITIS (NSU, NGU)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is nongonococcal urethritis (NGU)?

NGU refers to an infection of the urethra (the tube running from the bladder through which urine passes) caused by germs other than those that cause gonorrhea. Infection can be caused by several different organisms, although the most frequent cause of NGU is a germ called Chlamydia, and is a sexually transmitted disease (STD).

Who gets NGU?

NGU is most often found in men. Men between the ages of 15 and 30, with multiple sex partners, are most at risk.

How is NGU spread?

NGU is spread almost exclusively through sexual contact involving penis to vagina or penis to rectum contact.

What are the symptoms of NGU?

The symptoms of NGU involve a slight burning or tingling during urination that is sometimes accompanied by a slight (usually clear) discharge (drip) from the urethra.

How soon do symptoms appear?

The symptoms associated with NGU usually appear from one to five weeks after infection. Some people never develop obvious symptoms throughout their infection.

When and for how long is a person able to spread NGU?

A person can spread NGU from the time they are infected until they are cured.

Does past infection with NGU make a person immune?

No. Past infection with NGU does not protect a person from contracting the disease again.

What is the treatment for NGU?

NGU is treated with antibiotics.

What can be the effect of not being treated for NGU?

If not treated for NGU, a person may experience painful swelling of the testicles (epididymitis) and infection of the prostate gland. More importantly, they may infect sexual partners.

What can be done to prevent the spread of NGU?

There are a number of ways to prevent the spread of NGU:

- . Limit your number of sex partners.

- . Use a condom.

- . If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital or your doctor.
- . Notify all sexual contacts immediately so they can obtain examination and treatment.

PUBLIC HEALTH FACT SHEET

SYPHILIS

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is syphilis?

Syphilis is a bacterial infection, primarily spread by sexual contact with an infected person.

Who gets syphilis?

Any sexually active person can be infected with syphilis, although there is a greater incidence among young people between the ages of 15 and 30 years.

How is syphilis spread?

Syphilis is spread by sexual contact with an infected individual. Congenital syphilis occurring in babies is spread from mother to fetus before birth. Transmission by sexual contact requires exposure to moist lesions of skin or mucous membranes.

What are the symptoms of syphilis?

The first sign of syphilis is usually a painless sore or ulcer which appears at the site of initial contact. It may be accompanied by swollen glands, which develop within a week after the appearance of the initial sore. The sore will last from one to five weeks, and will disappear by itself even if no treatment is received.

Approximately six weeks after the sore first appears, a person will enter the second stage of the disease. The most common symptom during this stage is a rash which may appear on any part of the body. Other symptoms also may occur. These include tiredness, fever, sore throat, headache, hoarseness, loss of appetite and swollen glands. These signs and symptoms will last two to six weeks, and also will disappear in the absence of adequate treatment.

A blood test may be the only sign of late syphilis. Secondary symptoms may recur. Late syphilis (syphilis of over four years' duration) may involve illness in the skin, bones, central nervous system and heart, and may shorten life, impair health and limit occupational efficiency.

How soon do symptoms appear?

Symptoms can appear from 10 to 90 days after a person becomes infected, but usually within three to four weeks.

When and for how long is a person able to spread syphilis?

Syphilis is considered to be communicable for a period of up to two years, possibly longer.

Does past infection with syphilis make a person immune?

There is no natural immunity to syphilis and past infection offers no protection to the patient.

What is the treatment for syphilis?

Syphilis is easily treated with penicillin or tetracycline. The amount and type of treatment depends on the stage of syphilis.

What are the complications associated with syphilis?

Untreated syphilis can lead to heart failure, insanity, blindness, destruction of bone and a variety of other conditions which may be mild to incapacitating.

What can be done to prevent the spread of syphilis?

There are a number of ways to prevent the spread of syphilis:

- . Limit your number of sex partners.
- . Use a condom.

- . If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital or your doctor.
- . Notify all sexual contacts immediately so they can obtain examination and treatment.
- . All women should receive a blood test for syphilis during pregnancy.

PUBLIC HEALTH FACT SHEET

PEDICULOSIS (Head Lice, Body Lice Pubic Lice, Cooties and Crabs)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is pediculosis?

Pediculosis is an infestation of the hairy parts of the body or clothing with lice. The crawling stages of this insect feed on human blood and bites result in severe itching. Head lice are usually located on the scalp, crab lice in the pubic area and body lice along seams of clothing. Crab lice also can infest other hairy parts of the body outside of the pubic area.

Who gets pediculosis?

Anyone may become louse infected under suitable conditions of exposure. Pediculosis is easily transmitted from person to person during direct contact. Head lice infestations are frequently found in school settings or institutions. Crab lice infestations can be found among sexually active individuals. Body lice infestation can be found in people living in crowded, unsanitary conditions where clothing is infrequently changed or laundered.

How is pediculosis spread?

Transmission can occur during direct contact with an infested individual. Sharing of clothing and combs or brushes may result in transmission. While other means are possible, crab lice are most often transmitted through sexual contact.

What are the symptoms of pediculosis?

Usually, the first indication of an infestation is itching. Scratching at the back of the head or around the ears should lead to an examination for head louse eggs (nits) on the hair, itching around the genital area should lead to an examination for crab lice or their eggs. Scratching can be sufficiently intense to result in secondary bacterial infection in these areas.

How soon do symptoms appear?

It may take as long as two to three weeks or longer for a person to notice the intense itching associated with this infestation.

For how long is a person able to spread pediculosis?

Pediculosis can be spread as long as lice or eggs remain alive on the infested person or clothing.

What is the treatment for pediculosis?

Medicated shampoos or cream rinses containing chemicals are used to kill lice. Products containing pyrethrins are available over-the counter, but those containing lindane are available through a physician's prescription. Lindane is not recommended for infants, young children and pregnant or nursing women. Retreatment after seven to ten days is recommended to assure that no eggs have survived. Nit combs are available to help remove nits from hair. Dose and duration of shampoo treatment should be according to label instructions.

What can be done to prevent the spread of pediculosis?

Physical contact with infested individuals and their belongings, especially clothing, headgear and bedding should be avoided. Proper treatment and laundering of clothing and bedding in hot water (130°F for 20 minutes) or dry cleaning is important. Regular direct inspection of children for head lice.

PUBLIC HEALTH FACT SHEET

CHLAMYDIA

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is Chlamydia infection?

Chlamydia infection is caused by a bacterium that enters the body usually during sexual intercourse. Chlamydia infection is the most common sexually transmitted disease in the U.S. Chlamydia may infect men and women.

Who gets Chlamydia infection?

Any sexually active person can be infected with Chlamydia. Babies can get Chlamydia during birth if the mother has this infection.

What are the symptoms of Chlamydia?

Symptoms of chlamydia infections may appear within two weeks to a month after exposure to someone with the infection. Symptoms are often similar to those of gonorrhea and may include:

For men:

- .discharge from the penis and/or burning when urinating.
- burning and itching around the opening of the penis.
- .symptoms may be present early in the day and go away, only to return.
- .many men will have no noticeable symptoms or symptoms so mild that they go unnoticed.

For women:

- .vaginal itching or discharge may be a sign of Chlamydia.
- .abdominal pain, bleeding between menstrual periods, and low grade fever may be later symptoms of infection.
- .because the infection is internal 80% of women will have no noticeable symptoms until complications set in.

The only way many people learn that they may have a chlamydial infection is if a responsible partner has told them they have been exposed. The only sure way to know is to get a diagnosis from a doctor.

When and for how long is a person able to spread Chlamydia?

From the time a person is infected, he or she can spread the disease. A person can continue to spread the infection until properly treated.

Does past infection with Chlamydia make a person immune?

Past infection does not make a person immune to Chlamydia.

What is the treatment for Chlamydia?

Chlamydial infections can be treated with several different drugs. Because it is often present with other sexually transmitted diseases such as gonorrhea, your doctor may prescribe a drug that can cure more than one infection at the same time.

What happens if Chlamydia goes untreated?

If left untreated Chlamydia can cause:

In men and women: .a painful infection that can require hospitalization, and may result in damage to the reproductive organs.

In women: .complications in pregnancy and damage to the reproductive organs (pelvic inflammatory disease (PID)).

In babies: .eye and lung infections.

What can be done to prevent the spread of Chlamydia?

Sexual relations should be approached responsibly.

Use a condom.

If you think you are infected, avoid any sexual contact and visit a local sexually transmitted disease (STD) clinic, hospital or your doctor.

- . Bring your sex partners with you so that they can be treated.
- . Limit the number of partners. Your risk of getting a disease increases as your number of sexual partners increase.

PUBLIC HEALTH FACT SHEET

GONORRHEA

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is gonorrhea?

Gonorrhea is an infection that is spread through sexual contact with another person. The gonorrhea germs are found in moist areas of the body (the vagina, penis, throat and rectum).

Who gets gonorrhea?

Any sexually active person can be infected with gonorrhea. Most often, gonorrhea is found in younger people (ages 15-30) who have multiple sex partners. Gonorrhea is reported more frequently from urban areas than from rural areas.

How is gonorrhea spread?

Gonorrhea is spread through sexual contact. This includes penis to vagina, penis to mouth, penis to rectum and mouth to vagina contact. Gonorrhea can also be spread from mother to child during birth.

What are the symptoms of gonorrhea?

Men infected with gonorrhea will have burning while urinating and a thick yellowish-white discharge from the penis. Some men who are infected have no symptoms. Women may have a discharge from the vagina and possibly some burning while urinating, but most infected women will have no symptoms. Infections in the throat and rectum cause few symptoms.

How soon do symptoms appear?

In males, symptoms usually appear two to seven days after infection but it can take as long as 30 days. Often, there are no symptoms in people with gonorrhea; 10 to 15 percent of men and about 80 percent of women may have no symptoms. People with no symptoms are at risk for developing complications of gonorrhea. These people may spread infection unknowingly.

When and for how long is a person able to spread gonorrhea?

From the time a person is infected with gonorrhea, he or she can spread the disease. A person can continue to spread the infection until properly treated.

Does past infection with gonorrhea make a person immune?

Past infection does not make a person immune to gonorrhea.

What is the treatment for gonorrhea?

Gonorrhea is treated with antibiotics by injection into the buttocks. Some infections may be treated with antibiotics in pill form. Gonorrhea is curable but this disease is becoming more and more resistant to many standard medications.

What happens if gonorrhea goes untreated?

If a person is not treated for gonorrhea, there is a good chance complications will occur. Women frequently suffer from pelvic inflammatory disease (PID), a painful condition that occurs when the infection spreads throughout the reproductive organs. PID can lead to sterility. Men may suffer from painful swelling of the testicles. Both sexes may suffer from arthritis, skin problems and other organ infections caused by the spread of gonorrhea within the body.

What can be done to prevent the spread of gonorrhea?

Sexual relations should be approached responsibly.

.Use a condom.

.If you think you are infected, avoid any sexual contact and visit a local sexually transmitted disease (STD) clinic, hospital or your doctor.

.Bring your sex partners with you so that they can be treated.

PUBLIC HEALTH FACT SHEET

VENEREAL WARTS (Genital Warts)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What are venereal warts?

Venereal warts are a fairly common sexually transmitted disease (STD) caused by a specific virus that affects the skin or mucous membranes. The virus causes cauliflower-like fleshy growths in moist areas in and around the sex organs.

Who gets venereal warts?

Any sexually active person can be infected with venereal warts. Most often, venereal warts are found in young people (age 15 to 30 years who have multiple sex partners. Those whose immunity is compromised are more likely to become infected and to have a more serious infection.

How are venereal warts spread?

Venereal warts are generally spread through sexual contact, but can also be spread from mother to child (usually found in the child's throat or mouth) during birth.

What are the symptoms of venereal warts?

Venereal warts appear as soft fleshy growths that vary in size, and are usually painless. They can be raised, pointed or flat. The warts may appear alone or in clusters.

How soon do symptoms appear?

Symptoms usually appear about two to four months after exposure.

When and for how long is a person able to spread venereal warts?

The infected person is contagious for as long as warts are evident. When warts are treated or removed, the patient is no longer infectious.

Does past infection make a person immune?

No. Previous infection with warts does not make a person immune to repeat infection.

What is the treatment for venereal warts?

Warts can be treated by a chemical application, freezing or surgical removal.

What can be the effect of not being treated for venereal warts?

If a person is not treated, the warts will very likely continue to grow and spread. There is an association between some wart viruses and some cancers.

What can be done to prevent the spread of venereal warts?

There are a number of ways to prevent the spread of venereal warts:

- . Limit your number of sex partners.
- . Use a condom.

- . If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital or your doctor.
- . Notify all sexual contacts immediately so they can obtain examination and treatment.

PUBLIC HEALTH FACT SHEET

CHANCROID (soft chancre)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is chancroid?

Chancroid is a sexually transmitted disease (STD) caused by a bacterium. It is most common in tropical countries but occurs in all parts of the world.

Who gets chancroid?

Any sexually active person can be infected with chancroid. It is more commonly seen in men than in women, particularly uncircumcised males.

How is chancroid spread?

Chancroid is spread by sexual contact with an infected individual. The bacteria are more likely to invade the sexual organs at a point of a pre-existing injury, such as a small cut or scratch. The likelihood of transmission is greater if a person is very active sexually and does not practice good personal hygiene.

What are the symptoms of chancroid?

The first sign of infection is one or more sores or raised bumps on the genital organs. They are surrounded by a narrow red border which becomes filled with pus and eventually ruptures, leaving a painful open sore. In 50 percent of untreated cases, the chancroid bacteria infect the lymph glands in the groin. Within five to 10 days of the appearance of sores, the glands on one side (sometimes both sides) of the groin become enlarged, hard and painful.

How soon do symptoms appear?

Symptoms usually appear four to seven days after exposure.

When and for how long is a person able to spread chancroid?

Chancroid is contagious as long as the infected person has open sores. The open sores contain bacteria and any contact with these sores can result in infection.

What complications can result from chancroid?

Untreated chancroid can result in progressive ulcers occurring on the genitals. Sometimes the ulcers persist for weeks or months.

Does past infection with chancroid make a person immune?

No. Reinfection can readily occur immediately after cure. There is no evidence of natural resistance.

What is the treatment for chancroid?

Chancroid may be successfully treated with certain antibiotics. Lesions and ulcers can be expected to heal within two weeks.

How can the spread of chancroid be prevented?

- . Limit the number of your sex partners.
- . Use a condom.

- . If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital or your doctor. Notify all sexual contacts immediately so they can obtain examination and treatment.

PUBLIC HEALTH FACT SHEET

SCABIES

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is scabies?

Scabies is a fairly common infectious disease of the skin caused by a mite. Scabies mites burrow into the skin producing pimple-like irritations or burrows.

Who gets scabies?

Scabies infestations can affect people without regard to age, sex, race or standards of personal hygiene. Clusters of cases, or outbreaks, are occasionally seen in nursing homes, institutions and child care centers.

How is scabies spread?

Scabies mites are transferred by direct skin-to-skin contact. Indirect transfer from undergarments or bedclothes can occur only if these have been contaminated by infected people immediately beforehand. Scabies also can be transmitted during sexual contact.

What are the symptoms of scabies?

The most prominent symptom of scabies is intense itching, particularly at night. The areas of the skin most affected by scabies include the webs and sides of the fingers, around the wrists, elbows and armpits, waist, thighs, genitalia, nipples, breasts and lower buttocks.

How soon do symptoms appear?

Symptoms will appear two to six weeks after contact in people who have not previously been exposed to scabies. People who have had a previous bout with scabies mites may show symptoms within one to four days after subsequent re-exposure.

When and or how long is a person able to spread scabies?

A person is able to spread scabies until mites and eggs are destroyed by treatment.

What is the treatment for scabies?

Skin lotions containing lindane or crotamiton are available through a physician's prescription. The lotions are applied to the whole body except the head and neck followed by a cleansing bath eight hours after application and a change to fresh clothing. Sometimes, itching may persist for several days but should not be regarded as treatment failure or reinfestation. Individuals with symptoms that persist should be treated a second time at one week.

What can be done to prevent the spread of scabies?

Avoid physical contact with infested individuals and their belongings, especially clothing and bedding. Health education on the life history of scabies, proper treatment and the need for early diagnosis and treatment of infested individuals and contacts is extremely important. Scabies mites cannot survive off the body for more than two days.

PUBLIC HEALTH FACT SHEET

LYMPHOGRANULOMA VENEREUM (LGV)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is lymphogranuloma venereum (LGV)?

LGV is a sexually transmitted disease (STD) or infection involving the lymph glands in the genital area. It is caused by a type of chlamydia.

Who gets LGV?

The incidence is highest among sexually active people living in tropical or subtropical climates. It also occurs in other areas of the United States.

How is LGV spread?

The infection is spread by sexual contact.

What are the symptoms of LGV?

The first symptom may be a small, painless pimple or sore occurring on the penis or vagina. It is often unnoticed. The infection then spreads to the lymph nodes in the groin area and from there to the surrounding tissue. Complications may include inflamed and swollen lymph glands which may drain pus and bleed.

How soon do symptoms appear?

The onset of symptoms varies widely. The initial lesion may appear from three to 30 days after exposure.

When and for how long is a person able to spread LGV?

An individual remains infectious as long as there are active lesions.

What is the treatment for LGV?

Treatment involves the use of antibiotics.

What can be done to prevent the spread of LGV?

There are a number of ways to prevent the spread of LGV:

- . Limit your number of sex partners.
- . Use a condom.

- . If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital or your doctor.
- . Notify all sexual contacts immediately so they can obtain examination and treatment.

PUBLIC HEALTH FACT SHEET

GRANULOMA INGUINALE (donovanosis)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is granuloma inguinale?

Granuloma inguinale is a chronic bacterial infection of the genital region, generally regarded to be sexually transmitted.

Who gets granuloma inguinale?

Granuloma inguinale is a relatively rare disease usually occurring in people living in tropical and subtropical areas. It occurs more frequently in males.

How is granuloma inguinale spread?

Granuloma inguinale is thought to be spread by sexual contact with an infected individual.

What are the symptoms of granuloma inguinale?

The disease begins with the appearance of lumps or blisters in the genital area. The blisters become enlarging open sores.

How soon do symptoms appear?

The incubation period appears to be between eight and 80 days after exposure.

When and for how long is a person able to spread granuloma inguinale?

Granuloma inguinale is communicable as long as the infected person remains untreated and lesions are present.

Does past infection with granuloma inguinale make a person immune?

Past infection does not make a person immune. There is no evidence of natural resistance.

What is the treatment for granuloma inguinale?

There are several antibiotics that will effectively cure granuloma inguinale. Response to the antibiotic should be evident within seven days and total healing usually occurs within three to five weeks.

What complications can result from granuloma inguinale?

If left untreated, granuloma inguinale can result in extensive destruction of genital organs and may spread to other parts of the body.

How can the spread of granuloma inguinale be prevented?

- . Limit the number of your sex partners.
- . Use a condom
- . If you think you are infected, avoid any sexual contact and visit your local sexually transmitted disease (STD) clinic, a hospital or your doctor.
- . Notify all sexual contacts immediately so they can obtain medical care.

PUBLIC HEALTH FACT SHEET

HERPES II (Genital Herpes)

Massachusetts Department of Public Health, Sexually Transmitted Disease Division, 305 South Street,
Jamaica Plain 02130. Tel. (617) 522-3700 Ext. 408 David H. Mulligan, Commissioner

What is herpes II?

Herpes II is a sexually transmitted viral infection, which produces painful sores, usually in the genital area. Once infected, an individual may carry the virus and be subject to recurrent infection. As many as 20 percent of the adult population in the United States has been exposed to the virus and are infected.

Who gets herpes II?

Any person who has intimate sexual contact with an infected person can contract the infection. In addition, herpes II can be spread from an infected mother to her child during birth.

How is herpes II spread?

The herpes II virus is spread during sexual contact with an infected person.

What are the symptoms of herpes II?

The first signs of herpes II is a cluster of blisters in the genital area (head of penis, labia, anus, cervix). These spread and merge, break and crust over four to 15 days. The fluid from these itching, painful sores is highly infectious. Other symptoms are painful urination, urethral or vaginal discharge and swollen lymph nodes. The first episode is associated with headache, fever, chills and muscular weakness. Recurrent episodes are less severe and are limited to the affected area.

How soon do symptoms appear?

One half to two-thirds of people infected with the virus will have no symptoms. If they appear, local symptoms may be seen from two to 12 days after exposure.

When and for how long is a person able to spread herpes II?

People are most likely to transmit the virus when the lesions are evident. There is evidence, however, that the virus may be shed even when no symptoms are present.

Does past infection with herpes II make a person immune?

No. After the initial infection, the herpes II virus becomes dormant within the body. Symptoms may recur with varying frequency.

What is the treatment for herpes II?

Acyclovir, used orally, intravenously or topically, has been shown to reduce the shedding of herpes II virus, diminish pain and speed the healing of primary herpes lesions. In the oral form, this treatment may shorten the duration of both primary and recurrent episodes.

What can a person or community do to prevent the spread of herpes II?

Avoidance of sexual contact with symptomatic individuals is an immediate, but only partial answer because herpes virus may be shed when the infected individual is asymptomatic. Cesarean section is often recommended when primary or recurrent herpes II lesions occur in late pregnancy.

Sexual relations should be approached responsibly.

- . Limit the number of your sex partners.
- . Use a condom.
- . If you think you are infected, avoid any sexual contact and visit the local STD clinic, a hospital or your doctor.

Morbidity and Mortality Weekly Report is prepared by the Centers for Disease Control, Atlanta, Georgia. This edition is printed and distributed by the Massachusetts Medical Society, publishers of *The New England Journal of Medicine*. The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to the attention of the Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

U.S. Department of Health and Human Services / Public Health Service
Acting Director, Centers for Disease Control: Walter Dowdle, Ph.D.
Director, Epidemiology Program Office: Stephen B. Thacker, M.D., M.Sc.
Editor, *MMWR Series*: Richard A. Goodman, M.D., M.P.H.
Managing Editor: Karen L. Foster, M.A.

HHS Publication No. (CDC) 85-8017

Subscriptions to this edition of *Morbidity and Mortality Weekly Report* are available through the Massachusetts Medical Society, C.S.P.O. Box 9120, Waltham, MA 02254-9120, U.S.A.

SUBSCRIPTION RATES

Third Class Mail: 52 issues, \$38.00
First Class Mail: 52 issues, \$52.00

Please inquire about our foreign and Canadian rates.

MMWR also expects to publish four Quarterly Surveillance Reports and 5 to 8 Recommendations and Reports which will be printed and distributed during the course of a yearly subscription.

Reprints of articles in *MMWR* may be ordered in minimum quantities of 100. Also available are single copies and back issues of *MMWR*, the Quarterly Surveillance Reports, the Supplements, and the Annual Reports at the following domestic rates:

Weekly issue	\$ 2.00
Quarterly Surveillance Reports	3.00
Recommendations and Reports	3.00
Annual Report	4.00

Please inquire for more information and for foreign rates.

Massachusetts Medical Society

C.S.P.O. Box 9120
Waltham, MA 02254-9120
Address correction requested

Non-Profit Org.
U.S. POSTAGE
PAID
Boston, MA
Permit #59673

MORBIDITY AND MORTALITY WEEKLY REPORT

Printed and distributed by the Massachusetts Medical Society,
publishers of *The New England Journal of Medicine*

October 5, 1990 / Vol. 39 / No. 39

- 685 Heterosexual Behaviors and Factors that Influence Condom Use among Patients Attending an STD Clinic — San Francisco
- 689 *Healthy People 2000*: National Health Promotion and Disease Prevention Objectives for the Year 2000
- 697 National AIDS Information Clearinghouse
- 698 Symposium on Statistical Methods for Evaluation of Intervention and Prevention Strategies
- 698 FDA Approval of Use of Haemophilus b Conjugate Vaccine for Infants

Current Trends

Heterosexual Behaviors and Factors that Influence Condom Use among Patients Attending a Sexually Transmitted Disease Clinic — San Francisco

Because the incidence of human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs) is lower among persons who use condoms regularly, the Public Health Service has promoted the consistent and proper use of condoms by sexually active persons (1). In San Francisco, rates of HIV infection and other STDs among white homosexual men have decreased dramatically since 1982 (2,3); this decrease has been attributed to the use of condoms and the adoption of other sex practices that reduce the risk for transmitting and acquiring these infections. At the same time, however, the incidence of syphilis and other STDs has increased among heterosexuals, especially among minorities (2). This report summarizes findings from a study of heterosexual behaviors and factors that influence condom use among men and women attending an STD clinic in San Francisco.

From October 1 through December 31, 1989, every 10th man and every second woman entering the clinic for care was asked to participate in the study. After obtaining informed consent, an interviewer administered a standardized questionnaire. Patients asked to enroll in the study were 18–65 years of age and reported having had sexual intercourse with a member of the opposite sex within the previous 12 months; 341 were enrolled, including eight men and 11 women who reported having had sexual intercourse with members of both sexes. Persons who reported exchanging sex for money or drugs were also included in the survey. To minimize recall bias, data from those who had not had sexual intercourse with a member of the opposite sex within the previous 2 months were excluded from the final analysis (n = 41).

The 341 patients (162 men and 179 women) enrolled in the study ranged in age from 18 to 64 years (mean: 28 years); 88 (54%) of the men and 90 (50%) of the women were either black or Hispanic (Table 1). One hundred fifty-six (46%) reported annual incomes <\$5000. Overall, 149 (46%) of 325 patients were newly diagnosed with an STD on the day of the interview (61 [39%] of 155 men and 88 [52%] of 170 women); diagnoses for the remaining 16 were unknown.

Of the 341 patients, 133 (82%) men and 142 (79%) women knew that HIV could be transmitted through vaginal and anal intercourse and by sharing needles during

Condom Use — Continued

intravenous (IV)-drug administration; 157 (97%) men and 171 (96%) women knew that regular condom use could reduce the likelihood of acquiring HIV infection.

In the final analysis, nearly all (292 [97%] of 300) patients reported they had used a condom sometime in the past (Figure 1): 245 (82%) at least once in the previous 12 months and 180 (60%) at least once during the 2 months before the interview. Seventy-six (25%) reported they had used a condom when they last had intercourse; these patients were less likely to be diagnosed with an STD on the day of the interview (relative risk [RR]=0.6; 95% confidence interval [CI]=0.4–0.9, Mantel-Haenszel chi-square test). This association did not vary by their reasons for the clinic visit. Condom use at last intercourse was reported by five (14%) of 36 Hispanics, 20 (16%) of 126 blacks, and 41 (37%) of 112 whites ($p<0.001$, chi-square test).

Among men, the likelihood of using a condom at last intercourse was lower for those who reported 1) they had used alcohol or other drugs at last intercourse (RR=1.3; 95% CI=1.1–1.5); 2) they would not use a condom if they were "in love" with their partners (RR=1.2; 95% CI=1.1–1.5); 3) they experienced difficulty in communicating with their partners about condoms (RR=1.3; 95% CI=1.1–1.5); and 4) their partners did not want to use condoms (RR=1.4; 95% CI=1.1–1.8).

TABLE 1. Characteristics of 341 patients interviewed in a sexually transmitted disease (STD) clinic — San Francisco, October–December, 1989

Characteristic	Men		Women	
	No.	(%)	No.	(%)
Mean age \pm SD* (yrs)	29 \pm 7.8		27 \pm 7.6	
Race/Ethnicity				
Black	61	(38)	75	(42)
Hispanic	27	(17)	15	(8)
White	57	(35)	73	(41)
Other	17	(10)	16	(9)
Annual income†				
<\$5000	73	(45)	83	(46)
\$5000–\$9999	29	(18)	43	(24)
\geq \$10,000	58	(36)	45	(25)
Reason for visit				
STD symptoms	108	(67)	114	(64)
Reported exposure to sex partner with STD or request for an examination	24	(15)	36	(20)
Follow-up appointment	24	(15)	18	(10)
Other	6	(4)	11	(6)
No. sex partners in past yr‡				
1	32	(20)	45	(25)
2 or 3	55	(34)	75	(42)
4 or 5	28	(17)	21	(12)
\geq 6	44	(27)	37	(21)
Total	162	(100)	179	(100)

*Standard deviation.

†Income unknown for some patients.

‡Number of sex partners unknown for some patients.

Condom Use — Continued

Among women, condom use at last intercourse was lower for those who 1) were black (RR=1.3; 95% CI=1.1–1.6); 2) reported that condoms decrease sexual pleasure (RR=1.5; 95% CI=1.2–1.8); 3) reported that they would not use a condom if they were "in love" with their partner (RR=1.3; 95% CI=1.1–1.5); and 4) reported that their partners were unwilling to use condoms (RR=1.5; 95% CI=1.1–2.0).

Several variables were not statistically associated with condom use, including patients' prior STD history, age, income, education, total number of sex partners, perceived risk for HIV infection, knowledge about HIV transmission and condom effectiveness, peer endorsement of condoms, and acquaintance with someone with acquired immunodeficiency syndrome (AIDS); whether patients engaged in vaginal or anal intercourse; and whether patients exchanged sex for money or drugs.

Based on multivariate analysis controlled for age, race, income, number of sex partners, and other variables (Table 2), condom use was lowest among men who had used alcohol or other drugs at their most recent sexual intercourse and men who

FIGURE 1. Sexually transmitted disease-clinic patients who reported using condoms at least once, by sex and period within which condom use occurred — San Francisco, October–December 1989



Source: San Francisco Department of Public Health.

TABLE 2. Logistic regression analysis of characteristics associated with failure of patients at a sexually transmitted disease clinic to use condoms — San Francisco, October–December 1989

Characteristic	Men		Women	
	Odds ratio	(95% CI)*	Odds ratio	(95% CI)
Drug/alcohol use at last sexual encounter	3.6	(1.2–11.1)	1.5	(0.6–3.3)
Lack of partner endorsement	2.9	(1.1–7.7)	2.4	(1.0–5.6)
Belief that condom use decreases sexual pleasure	1.4	(0.5–4.3)	3.0	(1.3–7.1)
Black race	1.6	(0.6–4.8)	3.7	(1.5–9.1)
Steady sex partner	1.1	(0.3–3.5)	2.6	(1.0–6.9)

*Confidence interval.

Condom Use — Continued

stated that their partners did not want to use condoms. Condom use was lowest among women who reported that their partners did not want to use condoms, believed condoms reduce sexual pleasure, reported having had sex with a steady partner, or were black.

Overall, 30 (27%) of 113 men and 41 (31%) of 132 women who had used condoms during the previous 12 months reported at least one episode of condom breakage. Rates of condom breakage in the previous 2 months were calculated as the proportion of times condoms broke while being used during vaginal or anal intercourse. The breakage rates for condoms during vaginal and anal intercourse were 4.3% and 4.2%, respectively. However, condom use was reported for only 24 episodes of anal intercourse.

Reported by: C Lindan, MD, S Kegeles, PhD, N Hearst, MD, P Grant, D Johnson, Center for AIDS Prevention Studies, Univ of California, San Francisco; G Bolan, MD, San Francisco Dept of Public Health; GW Rutherford, III, MD, State Epidemiologist, California Dept of Health Svcs. Div of Sexually Transmitted Diseases and HIV Prevention, Center for Prevention Svcs, CDC.

Editorial Note: Because the San Francisco STD clinic emphasizes health education and distributes condoms free of charge, the participants in this study may have overstated their use of condoms despite being assured of confidentiality. This study focused on patients' last episode of sexual intercourse because less recall was required and because patients who used condoms at that time were less likely to be diagnosed with an STD on the day of the interview. Nonetheless, the interpretation of these findings may be limited by recall and reporting bias.

In this study population, overall reported condom use was low. Although infrequent use of condoms can be expected in an STD-patient population, substantial differences were reported in condom use between whites and minorities. These data also indicate lower condom use among women who had sex with "steady" partners than among those with casual partners—a finding consistent with studies among homosexual male partners (4), female prostitutes (5), and women attending reproductive health clinics (6).

Patient reports of condom use decreasing sexual pleasure are consistent with other reports among homosexual men and IV-drug users (7,8), although in this study the association of this variable with not using a condom was statistically significant only among women. Other factors associated with lower condom use reported in this study included lack of partner endorsement of condoms and use of alcohol or other drugs at the time of sexual intercourse, which are consistent with findings in other population groups (7-9).

Condom breakage generally has been reported in association with anal intercourse among homosexual men. In the STD-patient population in this report, a large proportion of heterosexual men and women reported condom breakage during vaginal intercourse; this finding is consistent with a previous study of heterosexual men and women attending a genitourinary medicine clinic in London (10). In San Francisco, however, the breakage rates were higher than those reported by prostitutes in a prospective study in Australia (0.5% breakage during anal intercourse; 0.8%, vaginal intercourse) (11). Factors related to condom breakage may include improper use, improper storage, or poor manufacture.

Data from this study and another ongoing study of patients' sex partners will be used by the San Francisco Department of Public Health and collaborating organizations to develop and evaluate interventions to increase condom use.

*Condom Use — Continued**References*

1. CDC. Condoms for prevention of sexually transmitted diseases. *MMWR* 1988;37:133-7.
2. San Francisco Department of Public Health. Syphilis and congenital syphilis in San Francisco. *San Francisco Epidemiol Bull* 1990;6:1-6.
3. Winkelstein WW, Wiley JA, Padian NS, et al. The San Francisco men's health study: continued decline in HIV seroconversion rates among homosexual/bisexual men. *Am J Public Health* 1988;78:1472-4.
4. van Griensven GJ, de Vroome EM, Tielman RA, et al. Effect of human immunodeficiency virus (HIV) antibody knowledge on high-risk sexual behavior with steady and nonsteady sexual partners among homosexual men. *Am J Epidemiol* 1989;129:596-603.
5. Hooykaas C, van der Pligt J, van Doornum GJ, van der Linden MM, Coutinho RA. Heterosexuals at risk for HIV: differences between private and commercial partners in sexual behaviour and condom use. *AIDS* 1989;3:525-32.
6. Aral SO, Soskolne V, Magder LS, Bowen GS. Condom use by women seeking family planning services [Abstract]. Vol 2. VI International Conference on AIDS. San Francisco, June 20-24, 1990:267.
7. Magura S, Shapiro JL, Siddiqi Q, Lipton DS. Variables influencing condom use among intravenous drug users. *Am J Public Health* 1990;80:82-4.
8. Valdiserri RO, Lyter D, Leviton LC, Callahan CM, Kingsley LA, Rinaldo CR. Variables influencing condom use in a cohort of gay and bisexual men. *Am J Public Health* 1988;78:801-5.
9. Hingson RW, Strunin L, Berlin BM, Hereen T. Beliefs about AIDS, use of alcohol and drugs, and unprotected sex among Massachusetts adolescents. *Am J Public Health* 1990;80:295-9.
10. Sonnex C, Hart GJ, Williams P, Adler MW. Condom use by heterosexuals attending a department of GUM: attitudes and behaviour in the light of HIV infection. *Genitourin Med* 1989;65:248-51.
11. Richters J, Donovan B, Gerofi J, Watson L. Low condom breakage rate in commercial sex [Letter]. *Lancet* 1988;2:1487-8.

*Health Objectives for the Nation****Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Year 2000***

On September 6, 1990, the U.S. Department of Health and Human Services released the report *Healthy People 2000*, the national public health goals and objectives for the 1990s (1). *Healthy People 2000* outlines three broad goals for public health over the next 10 years: 1) to increase the span of healthy life, 2) to reduce disparities in health status among different populations, and 3) to provide access to preventive health-care services for all persons. To help meet these goals, 298 specific objectives have been identified in 22 priority areas (Table 1, page 695). *Healthy People 2000* succeeds both the 1979 report *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (2) and the 1990 health objectives published in *Promoting Health/Preventing Disease: Objectives for the Nation* in 1980 (3).* This report summarizes the major goals and priority areas of *Healthy People 2000*.

*Of the 226 objectives set for achievement by 1990, nearly half have been achieved or are likely to be achieved by the end of 1990, and one quarter are unlikely to be achieved; the status of the remaining objectives is uncertain because of lack of appropriate data to track their progress (4,5).

Condoms as Physical and Chemical Barriers Against Human Immunodeficiency Virus

Cornelis A. M. Rietmeijer, MD; John W. Krebs, MS; Paul M. Feorino, PhD; Franklyn N. Judson, MD

In an in vitro model, 20 condoms containing 0.9 mL of 6.6% (vol/vol) nonoxynol 9 and ten condoms without nonoxynol 9 were tested as physical and chemical barriers against human immunodeficiency virus (HIV). Each condom was mounted on a hollow dildo and placed in a glass cylinder. The HIV inoculum and HIV-free medium were placed on opposite sites of the condom. Intercourse was simulated by pumping the dildo up and down in the cylinder before and after deliberate rupture of the condom. Samples for HIV culture were taken from outside and inside the condom, before and after rupture. After rupture of nonoxynol 9-containing condoms, an outside nonoxynol 9 concentration of 0.25% was reached. No condom without nonoxynol 9 leaked HIV before rupture, but after rupture HIV could be detected in medium outside of seven of ten condoms tested. In none of 20 nonoxynol 9-containing condoms could HIV be detected in outside medium after rupture. Thus, undamaged condoms provide an effective physical barrier against HIV, and nonoxynol 9 may provide an effective chemical barrier as well.

(JAMA 1988;259:1851-1853)

INCREASINGLY, condoms are being viewed as an important means of preventing spread of the human immunodeficiency virus (HIV), and their use has been recommended in the Surgeon General's report on the acquired immunodeficiency syndrome.¹ Based on physical properties alone, undamaged latex condoms should provide an effective barrier against all known sexually transmissible agents, including HIV.

Moreover, quality control testing of condoms by the manufacturer detects holes many times smaller than hepatitis B virus, which at 42 nm is the smallest of these agents. Finally, in vitro studies have confirmed that condoms are impermeable to *Neisseria gonorrhoeae*,² *Chlamydia trachomatis*,³ herpes simplex virus type 2,⁴ cytomegalovirus,⁵ hepatitis B virus,⁶ and HIV.⁷

Nevertheless, given the 10% to 15% contraceptive failure rate of condoms,^{8,9} the undetermined but significant slippage and breakage rates, which probably are highest in anorectal intercourse, the extreme difficulty in establishing infection rates in open human populations,¹⁰ and the incurable and deadly nature of HIV infection, the need for a backup virucidal chemical barrier has

become apparent as has the need for an in vitro testing model that more closely approximates anorectal and vaginal intercourse. The addition of nonoxynol 9 to condoms could theoretically be one way of increasing the level of protection they afford. Nonoxynol 9 has a long history of effective use as a spermicide and more recently has been shown in vitro to inhibit growth of *Treponema pallidum*,¹¹ *N gonorrhoeae*,¹¹ *C trachomatis*,^{3,12,13} herpes simplex virus,^{3,14,15} and HIV.¹⁶ This study was designed to test the in vitro efficacy of condoms, with and without nonoxynol 9, in a model that simulates anorectal and vaginal intercourse, including condom breakage.

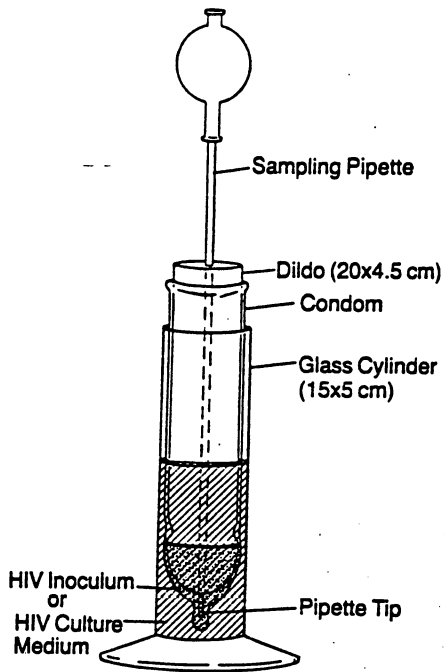
Methods

Ten standard silicone-lubricated latex condoms and 20 condoms containing nonoxynol 9 (Lifestyles Extra with 6.6% nonoxynol 9, Ansell Inc, Dothan, Ala) were tested in our in vitro testing model (Figure). Each condom was mounted on an ethylene oxide-sterilized, 20 × 4.5-cm, hollow, formed-rubber dildo and inserted into a 15 × 5-cm, sterile, glass cylinder that contained 10 mL of HIV-free RPMI 1640 medium (a synthetic liquid tissue culture medium developed at Roswell Park Memorial Institute). Four milliliters of HIV inoculum was placed in the condom tip by a pipette passed through a hole in the "glans" of the dildo. To simulate anorectal or vaginal intercourse, the dildo was pumped up and down 100 times and otherwise agitated in the cylinder for five minutes. After each "intercourse

From: the Denver Disease Control Service (Drs Rietmeijer and Judson); the Departments of Medicine and Preventive Medicine, University of Colorado, Denver (Dr Judson); and AIDS Program, Centers for Disease Control, Atlanta (Drs Krebs and Feorino).

Presented as an abstract at the Third International Conference on AIDS, Washington, DC, June 3, 1987.

Reprint requests to the Denver Disease Control Service, 605 Bannock St, Denver, CO 80204-4507 (Dr Judson).



Condom tester. Human immunodeficiency virus (HIV) inoculum and HIV-free medium were placed at opposite sides inside or outside of condom. Pipette tip was withdrawn into dildo during simulated "intercourse."

run," 1-mL samples from cylinder and condom tip were withdrawn through pipettes for HIV culture. The condom then was ruptured by passing a pipette with a sharpened end through the dildo and the condom tip. Again, intercourse was simulated and 1-mL samples were obtained from inside and outside the condom for HIV culture. All experiments with nonoxynol 9-containing condoms were repeated in the reverse fashion, ie, with HIV inoculum in the cylinder and HIV-free medium inside the condom tip (Table).

The HIV inoculum was obtained by culturing HIV in phytohemagglutinin-stimulated healthy human donor lymphocytes and contained cell-associated and cell-free HIV with a reverse transcriptase activity of 40 000 cpm/mL. Samples were added to RPMI 1640 medium supplemented with 100 U/mL of penicillin, 100 mg/L of streptomycin, 2 mg/L of amphotericin B, 300 mg/L of glutamine, 20% heat-inactivated fetal bovine serum, 5% interleukin 2, 33 U/mL of anti-interferon, and 8 µg/mol of diethylaminoethyl dextran and were cultured for six weeks. All cultures were tested weekly for presence of HIV by reverse transcriptase assay, using magnesium (Mg^{2+}) as cation, and poly(rA)-poly(dT) as template primer.

Condoms with nonoxynol 9 contained 0.45 mL of 6.6% (vol/vol) nonoxynol 9

In Vitro Testing of Ten Standard Silicone-Lubricated Condoms and 20 Condoms Also With 0.9 mL of 6.6% Nonoxynol 9 (NP-9) as Physical and Chemical Barriers Against Human Immunodeficiency Virus (HIV)

	HIV Culture Results				
	Condoms Without NP-9		Condoms With NP-9		
HIV inoculum	Inside	Inside	Inside	Outside	Outside
Sample site	Outside	Outside	Inside	Outside	Outside
Condom rupture	No	Yes	No	No	Yes
Culture positive	0/10	7/10*	0/10	2/10	0/10

* $P < .01$ (McNemar's exact test).

ointment in the condom tip and 0.45 mL of 6.6% (vol/vol) nonoxynol 9 in silicone lubricant evenly distributed over the inside and outside condom surfaces. The maximum nonoxynol 9 concentration inside the condom did not exceed 0.66% after addition of 4 mL of medium. Assuming that before rupture one third of 0.225 mL of the outside nonoxynol 9 lubricant dissolved in the medium and that after rupture all nonoxynol 9 contained in the condom tip and one third of the inside lubricant also dissolved into the outside medium, maximum nonoxynol 9 concentrations in the outside medium did not exceed 0.04% before and 0.25% after rupture.

Condoms with or without nonoxynol 9 contained silicone lubricant. To detect any cytotoxic effect of either silicone or nonoxynol 9 on cells in culture media, trypan blue staining of samples was performed after the first three condom runs of each different experiment. In none of these did cytotoxicity exceed 30%.

Results

Of the ten condoms without nonoxynol 9, all samples taken from outside the condom after the first "intercourse run," but before the condom was ruptured, were negative for HIV (Table). After rupture, seven of ten samples were positive. Of ten nonoxynol 9-containing condoms with HIV inoculum inside, no sample taken from inside the condom before rupture was positive. Of ten nonoxynol 9-containing condoms with HIV inoculum outside, two of ten samples taken from outside the condom before rupture were positive for HIV. In contrast, none of ten samples taken from outside these condoms after rupture was positive.

Comment

These results indicate that intact latex condoms are impermeable to HIV and that condoms containing nonoxynol 9 may inactivate HIV in case of condom slippage or breakage under conditions permitting a nonoxynol 9 concentration greater than 0.25%. It should be emphasized here that we used nonoxynol 9-lubricated condoms with an addi-

tional amount of nonoxynol 9 ointment in the condom tip, not the more commonly available spermicidal condoms that contain nonoxynol 9 only in the lubricant.

Our results are in accordance with those of Conant et al,⁷ who found that one each of five different types of condoms was impermeable to acquired immunodeficiency syndrome-associated retrovirus and mouse retrovirus, and with those of Hicks et al,¹⁶ who found that nonoxynol 9 inactivates HIV in vitro at a concentration of less than 0.05%. However, to our knowledge, ours is the first report in which the in vitro efficacy of nonoxynol 9-containing condoms as combined physical and chemical barriers is demonstrated.

A few aspects of this study need further discussion. First, although the 30 condoms we tested were more than in any study to date, our study should be viewed within the perspective of a relatively small sample size; larger studies are necessary to determine whether the rate of condom failures is adequately low, and our findings may not be generalizable to other condom types. Second, the experiments required extensive manipulation in an unsterile environment that, when combined with the potential toxicity of materials used in the manufacture of the rubber dildo and condoms, could have inhibited HIV.³ Indeed, three of ten control specimens in the first experiment failed to become positive. Nonetheless, we feel confident that the negative results in all other cultures were not due to chance alone ($P < .01$, McNemar's test for correlated proportions; exact calculation for small number of discordant pairs). If the undefined inhibition of HIV was caused by latex or its by-products in condoms, they could even provide an additional measure of protection.

Another concern is that nonoxynol 9 was used at concentrations producing low cytotoxicity, which could have permitted survival of intracellular HIV. However, because HIV cultures require regular "feeding," the nonoxynol 9 in the cultures must have been diluted to a point where it lost its inhibitory

effect (<0.05%),¹⁸ and cells containing viable HIV, if present, should have resulted in positive cultures. All negative cultures were maintained for at least six weeks, and none became positive.

To our surprise, the low concentration of nonoxynol 9 on the outside of the condom alone was sufficient to inactivate HIV in eight of ten cases. We estimated that the concentration of nonoxynol 9 outside the condom was 0.04% before rupture, but it may have been lower, as the outer portion of the condom coming into contact with the medium was consistently less than 30% and not all surface nonoxynol 9 may have gone into solution. These findings suggest that the concentration of nonoxynol 9 needed to inhibit HIV may be even lower than the 0.05% reported by Hicks et al.¹⁴ As we did not investigate final nonoxynol 9 concentrations between 0.04% and 0.25%, we were able to establish efficacy only at the latter concentration.

Finally, what are the implications of our in vitro results for in vivo use? Although no in vitro model can adequately simulate sexual intercourse or the physical and chemical conditions in the vaginal and anorectal areas, there is little doubt that if condoms are kept in place and not damaged during intercourse, they will prevent most transmission of HIV. The in vivo activity of nonoxynol 9 is more problematic. In vivo studies indicate that nonoxynol 9-containing spermicides and contraceptive sponges are partially effective in preventing transmission of *N gonorrhoeae*^{17,18} and *C trachomatis*.¹⁹ Although it is likely that when an nonoxynol 9-containing condom ruptures within a limited space such as the vaginal vault protective nonoxynol 9 concentrations will result, rupture high in the lower rectum may yield subinhibitory concentrations of nonoxynol 9 where infectious semen comes

into contact with mucosa. Additional application of nonoxynol 9 on the outside of the condom may help to further reduce this theoretical risk.

Nonoxynol 9-containing spermicides are generally considered to have no toxic side effects in penile-vaginal intercourse, but the safety of nonoxynol 9 in rectal use has not been established. However, no toxic effects have been reported to date.

Condoms, even in combination with nonoxynol 9, probably will not provide absolute protection against HIV transmission. The best advice for persons with HIV infection is still to abstain from vaginal or anorectal intercourse, and for those at risk of HIV infection, to engage in mutually monogamous relationships with a known HIV-negative partner. For those who find it impossible to live a life of sexual abstinence or monogamy, we recommend the proper use of latex condoms in combination with generous amounts of nonoxynol 9 or any other latex-compatible, water-soluble agent proved to kill HIV.

Ansell Incorporated, Dothan, Ala, provided partial grant support for this study.

References

1. Koop CE: Surgeon General's report on acquired immunodeficiency syndrome. *JAMA* 1986;256:2784-2789.
2. Smith L, Oleske J, Cooper R, et al: Efficacy of condoms as barriers to HSV-2 and gonorrhea: An in-vitro model, abstract 077, in *Program and Abstracts of the First Sexually Transmitted Diseases World Congress*. San Juan, Puerto Rico, Congress of the Latin American Union Against Venereal Diseases, 1981, p 29.
3. Judson FN, Bodin GF, Levin MJ, et al: In vitro tests demonstrate condoms provide an effective barrier against *Chlamydia trachomatis* and herpes simplex virus, abstract 176, in *Program and Abstracts of the Fifth International Meeting of the International Society for Sexually Transmitted Diseases Research*. Seattle, International Society for Sexually Transmitted Diseases Research, 1983, p 208.
4. Conant MA, Spicer DW, Smith CD: Herpes simplex virus transmission: Condom studies. *Sex Transm Dis* 1984;11:94-95.
5. Katznelson S, Drew WL, Mintz L: Efficacy of the condom as a barrier to the transmission of cytomegalovirus. *J Infect Dis* 1984;150:155-157.
6. Minuk GY, Bohme CE, Bowen TJ: Condoms and hepatitis B virus infection. *Ann Intern Med* 1986;104:584.
7. Conant MC, Hardy D, Sernatinger J, et al: Condoms prevent transmission of AIDS-associated retrovirus. *JAMA* 1986;255:1706.
8. Pritchard JA, MacDonald PC: Family planning, in *Williams Obstetrics*, ed 16. New York, Appleton-Century-Crofts, 1980, p 1011.
9. Katchadourian HA, Lunde DT: *Fundamentals of Human Sexuality*. New York, Holt Rinehart & Winston, 1972.
10. Stone KM, Grimes DA, Magder LA: Primary prevention of sexually transmitted diseases: A primer for clinicians. *JAMA* 1986;255:1763-1766.
11. Singh B, Cutler JC, Utidjian HMD: Studies on the development of a vaginal preparation providing both prophylaxis against venereal disease and other genital infections and contraception: II. Effect in-vitro of vaginal contraceptive and non-contraceptive preparations on *Treponema pallidum* and *Neisseria gonorrhoeae*. *Br J Vener Dis* 1972;48:57-64.
12. Benes S, McCormack WM: Inhibition of growth of *Chlamydia trachomatis* by nonoxynol-9 in vitro. *Antimicrob Agents Chemother* 1985;27:724-726.
13. Kelly JP, Reynolds RB, Stagno S, et al: In vitro activity of the spermicide nonoxynol-9 against *Chlamydia trachomatis*. *Antimicrob Agents Chemother* 1985;27:760-762.
14. Asculai SS, Weis MT, Rancourt MW, et al: Inactivation of herpes simplex virus by nonionic surfactants. *Antimicrob Agents Chemother* 1978;13:686-690.
15. Singh B, Postic B, Cutler JC: Virucidal effect of certain contraceptives on type 2 herpesvirus. *Am J Obstet Gynecol* 1976;126:422-425.
16. Hicks DR, Martin LS, Getchell JP, et al: Inactivation of HTLV-III/LAV-infected cultures of normal human lymphocytes by nonoxynol-9 in vitro. *Lancet* 1985;2:1422-1423.
17. Jick H, Hannan MT, Stergachis A, et al: Vaginal spermicides and gonorrhea. *JAMA* 1982;248:1619-1621.
18. Austin H, Louv WC, Alexander WJ: A case-control study of spermicides and gonorrhea. *JAMA* 1984;251:2822-2824.
19. Rosenberg MJ, Rojanapithayakorn W, Feldblum PJ, et al: Effect of the contraceptive sponge on chlamydial infection, gonorrhea, and candidiasis: A comparative clinical trial. *JAMA* 1987;257:2308-2312.

City of Cambridge

MASSACHUSETTS

In City Council June 25 1990

C. Walsh - Question Comes on Referral of Chapter 211A

3 Re: "London Machines in Public Buildings" to the Ordinance Committee

	YEA	NAY	ABSENT	PRESENT
Mr. Ed Cyr	✓			
Mr. Francis H. Duehay	✓			
Mr. Jonathan S. Myers	✓			
Mr. Kenneth E. Reeves	✓			
Mrs. Sheila T. Russell		✓		
Mr. Walter J. Sullivan		✓		
Mr. Timothy J. Toomey, Jr.		✓		
Mr. William H. Walsh		✓		
Mayor Alice K. Wolf	✓			

5- 4



RECEIVED BY
OFFICE OF CITY CLERK

1990 JUL 30 PM 12:11

CITY OF CAMBRIDGE

Office of the City Solicitor
City Hall

795 Massachusetts Avenue
Cambridge, Massachusetts 02139

(617) 498-9020

CAMBRIDGE MA.

Russell B. Higley
City Solicitor

Donald A. Drisdell
Deputy City Solicitor

Michael C. Costello
Assistant City Solicitor

Birge Albright
Legal Counsel

Gail S. Gabriel
Legal Counsel

Joseph M. Kaigler
Legal Counsel

Diane Wynshaw-Boris
Legal Counsel

Edward J. O'Connell
Legal Counsel

July 30, 1990

Mr. Joseph E. Connarton
City Clerk
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

Re: Amendment to the Municipal Code - Installation of
Condom Vending Machines in Public Places

Dear Mr. Connarton:

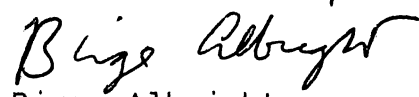
In response to your memorandum to the City Solicitor of July 24, I have reviewed the above amendment, which I enclose with my changes.

The only change I have made is to have the first page containing the "Whereas" clauses re-typed onto regular Ordinance paper, and I have made some slight changes in the language on that page. Of course, if this ordinance is passed, the "Whereas" clauses would not be printed in the Code, only Chapter 8.30 itself.

There may be some changes in Chapter 8.30 which should be made when it is considered by the Ordinance Committee. For example, references to "Commissioner of Public Health" should be changed to

"Commissioner of Health and Hospitals". I will be happy to comment again at the appropriate time.

Very truly yours,

A handwritten signature in cursive script that reads "Birge Albright".

Birge Albright

BA/jab
Enclosure

cc: Russell B. Higley, Esq.
Donald A. Drisdell, Esq.



City of Cambridge

In the Year One Thousand, Nine Hundred Ninety

AN ORDINANCE

In amendment to an ordinance designated as the Cambridge Municipal Code.

Be it ordained by the City Council of the City of Cambridge as follows:

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and
- WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of an unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus; and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

Be it ordained that Chapter 8 of the Code (Health and Safety) be amended by adding the following new Chapter 8.30 (Prevention of AIDS/HIV Infection):

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 Premises on which vending machines must be located
- 8.30.040 Maintenance of vending machines
- 8.30.050 Exemptions
- 8.30.060 Violation -- suspension of license
- 8.30.070 Regulation of health facilities and municipal buildings

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis
- 8.30.020 Requirement of vending machines which dispense condoms
- 8.30.030 Premises on which vending machines must be located
- 8.30.040 Maintenance of vending machines
- 8.30.050 Exemptions
- 8.30.060 Violation -- suspension of license
- 8.30.070 Regulation of health facilities and municipal buildings

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9017

JOSEPH E. CONNARTON
CITY CLERK

JOHN E. FLYNN
DEPUTY CITY CLERK

July 24, 1990

TO: RUSSELL B. HIGLEY
CITY SOLICITOR

FROM: JOSEPH E. CONNARTON
CITY CLERK

SUBJECT: AMENDMENT TO THE MUNICIPAL CODE - INSTALLATION OF CONDOM
VENDING MACHINES IN PUBLIC PLACES.

At the City Council meeting held on June 25, 1990 a proposed amendment to the Municipal Code relative to the installation of condom vending machines in public places, a copy of which is attached, was referred to the Ordinance Committee.

Would you kindly review this ordinance and ensure that it is in proper form prior to a hearing before the Ordinance Committee.

Your kind attention in this matter will be greatly appreciated .

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.



CITY OF CAMBRIDGE
DEPARTMENT OF HEALTH AND HOSPITALS
1493 CAMBRIDGE STREET CAMBRIDGE, MASSACHUSETTS 02139

Melvin H. Chalfen, M.D.
Commissioner

June 8, 1990

The Honorable Members of the Cambridge City Council
Cambridge City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

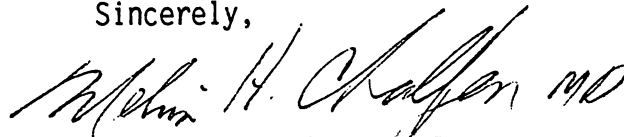
Dear Members of the Cambridge City Council:

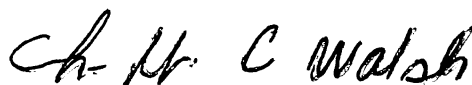
On behalf of the AIDS Task Force established by the City Manager, I offer for your consideration an Ordinance requiring the installation of condom vending machines in places of public accommodation. This Ordinance was developed by the Public Policy Committee and recommended by the full Cambridge AIDS Task Force.

AIDS and the HIV virus continue to spread among our population at an alarming rate, with no medical cure in sight. High quality latex condoms have proven to be the only protection for persons at risk through sexual contact. As a matter of public health concern, we hope to provide citizens of and visitors to Cambridge with access to both the condoms and information about AIDS/HIV by encouraging the installation of vending machines. Please note that any proprietor may request and receive a waiver of the requirement through my office.

I support this proposed Ordinance as a continuation of our city's attempt to limit the spread of AIDS/HIV infection and to inform the public of risk and prevention through the efforts of the Cambridge AIDS Task Force.

Sincerely,


Melvin H. Chalfen, M.D.
Commissioner



Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

- WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and
- WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and
- WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and
- WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and
- WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and
- WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and
- WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and
- WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore
- BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8 , "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.



CITY OF CAMBRIDGE
MASSACHUSETTS 02139 • 617-498-9094

Councillor Francis H. Duehay
26 LOWELL STREET
CAMBRIDGE, MASSACHUSETTS 02138
617-547-0271

October 5, 1990

City Council Committee on Ordinances
City Hall
Cambridge, MA 02139

Dear Colleague:

Enclosed please find a letter concerning the ordinance to be discussed at our meeting on Wednesday, October 10.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "F. Duehay".

Francis H. Duehay
City Councillor

d

cc: City Clerk Joseph Connarton

October 4, 1990

TO: City Councillor Francis Duehay, Chair, Ordinance Committee

FROM: Nancy Ryan, *Nancy Ryan* Chair, Public Policy Committee of the Cambridge AIDS Task Force

RE: Amendments to the proposed "Ordinance Authorizing the Installation of Coin-operated Vending Machines for Dispensing Condoms and AIDS/HIV Infection Information"

The Public Policy Committee of the Cambridge AIDS Task Force, which drafted the Ordinance, would like to present an amended version of the original ordinance for your consideration. The committee carefully considered concerns raised by members of the City Council and the City Manager and consulted with Mr. Birge Albright of the City Solicitor's office. We believe the current version of the Ordinance more closely represents our intention to create a citywide public health initiative which takes affirmative steps to prevent transmission of AID/HIV infection while not requiring any businessperson or proprietor to compromise personal beliefs.

The major changes regard the "Exemptions" and "Violations" sections.

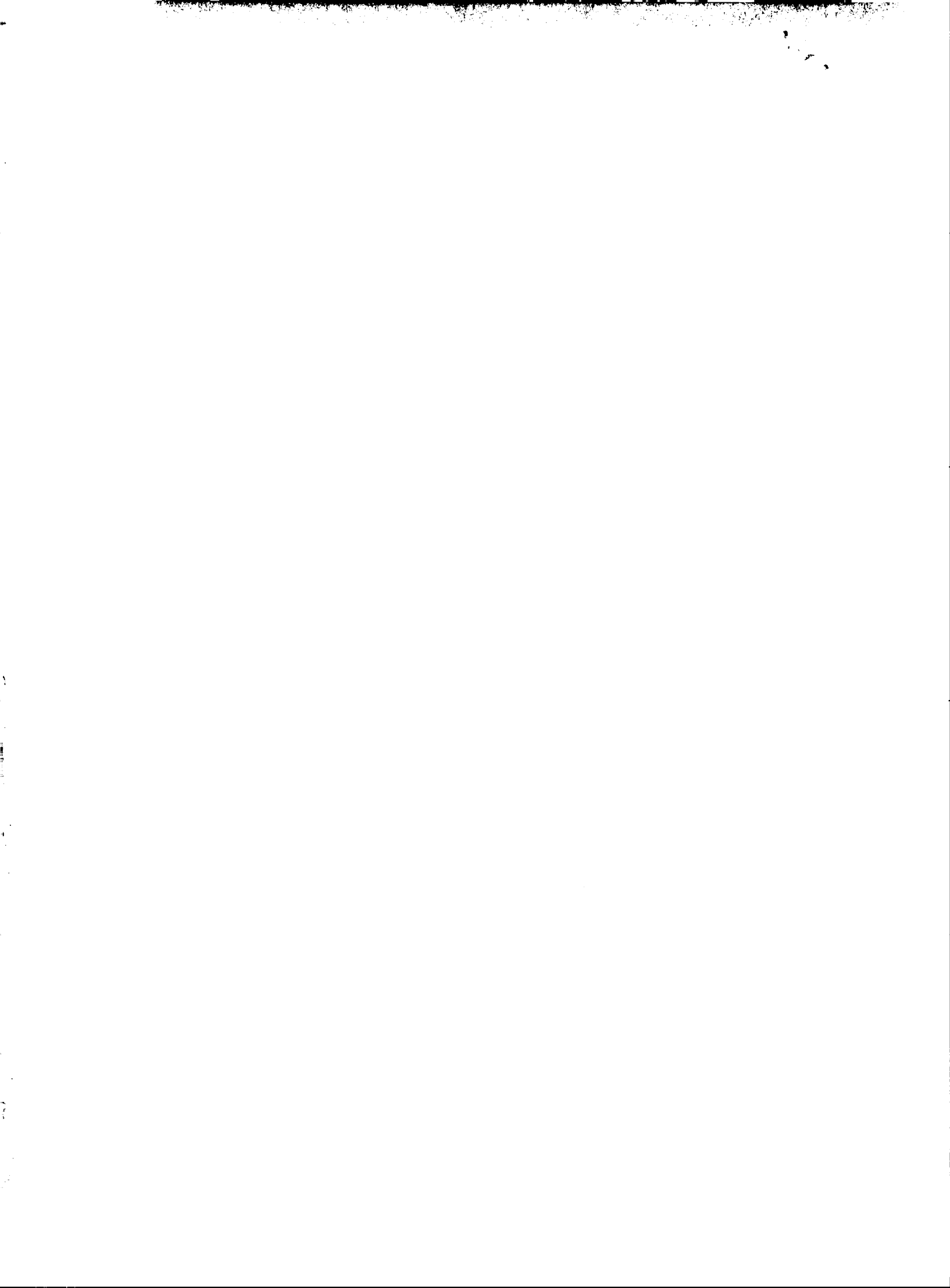
Exemptions: We recommend deletion of the phrase "for good cause shown" in order to indicate that any written request for exemption would be honored. The language is vague and did not clearly indicate our intention that each written request for exemption be granted. We also recommend that these requests be processed by two city offices: the License Commission would handle public accommodations and the Commissioner of Health and Hospitals would handle municipal buildings and health facilities. Each of these city offices would provide an annual report on exemption and compliance to the City Manager.

Violations: We recommend deletion of the entire section. This ordinance is intended to be a public health initiative to engage the city's restaurants, drinking establishments, hotels and movie houses in an active campaign against the public health crisis which AIDS/HIV infection represents. We hope that removing any penalties for non-compliance and demonstrating our sensitivity to individuals' needs for exemptions will encourage the commercial service sector to join this important effort voluntarily and enthusiastically.

Birge Albright has most graciously offered other suggestions for language changes which clarify the intent and process of administration of the ordinance. James McDavitt, Chair of the License Commission, has also offered his expertise in amending the initial draft. The amended version will be presented in appropriate form by the City Solicitor's office for consideration by the Ordinance Committee of the City Council.

We look forward to a hearing before the Ordinance Committee of the City Council on Wednesday, October 10, 1990.

cc: City Manager Robert Health
Birge Albright



City of Cambridge

MASSACHUSETTS

Charter - Right 5

In City Council September 10 1990

Councillor Duehay : Referred to the Ordinance Committee.

	YEA	NAY	ABSENT	PRESENT
Mr. Ed Cyr	✓			
Mr. Francis H. Duehay	✓			
Mr. Jonathan S. Myers	✓			
Mr. Kenneth E. Reeves	✓			
Mrs. Sheila T. Russell		✓		
Mr. Walter J. Sullivan		✓		
Mr. Timothy J. Toomey, Jr.		✓		
Mr. William H. Walsh		✓		
Mayor Alice K. Wolf	✓			

5

4

0

0



City of Cambridge

27.

IN CITY COUNCIL

July 30, 1990

COUNCILLOR RUSSELL

ORDERED: That the City Manager be and hereby is requested to stop municipal boards and commissions located at 51 Inman Street from dispensing condoms until such time as the entire issue is debated before the City Council Committee on Ordinances.

CHARTER RIGHT EXERCISED BY COUNCILLOR MYERS.

Councilman Russell

Ordered:

That the City Manager be and he/she
 is requested to stop municipal bonds and
 commissions located at 51 Duane Street from
 dispensing monies until such time as the entire
 issue is debated before the City Council Committee
 on Ordinances.



City of Cambridge

27.

IN CITY COUNCIL

July 30, 1990

COUNCILLOR RUSSELL

ORDERED: That the City Manager be and hereby is requested to stop municipal boards and commissions located at 51 Inman Street from dispensing condoms until such time as the entire issue is debated before the City Council Committee on Ordinances.

Order # 27 Cal # 5

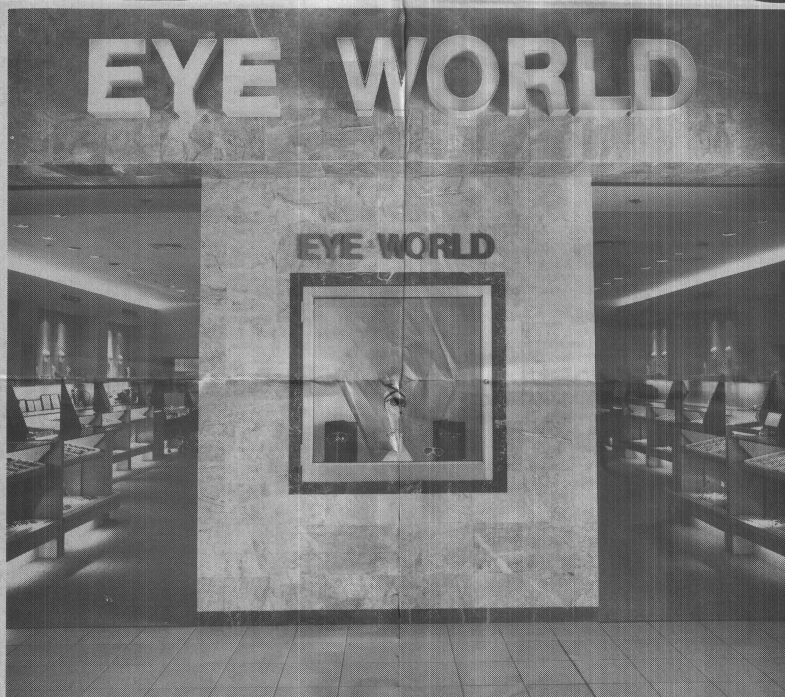
Councillor Russell re: boards and commissions
at 51 Inman Street to refrain from issuing
condoms.


In City Council,

July 30, 1990

Charter Right
Specified by
Councillor Myers
9/10/90 Referred to the
Ordinance Committee
on motion of
Councillor Quehry
5-4-0.
Copy sent to Ord. Comm.
9/12/90 (cll)

Grand Opening



 Celebrate the Grand Opening of our new Eye World at the CambridgeSide Galleria by entering to win a trip for two to Bermuda!

■ Grand Prize: 8 day/7 night trip to Bermuda for two, including round-trip airfare, transfers to and from hotel, and accommodations at the Hamilton Princess Hotel.

■ Second Prize: \$1,000 Eyewear wardrobe.

■ No purchase necessary. Entry blanks and contest details in store.



■ As part of our Grand Opening, we will be offering free computerized "eyecolor" makeovers, featuring LensVision.

With our new Eye World, Cambridge, now you can experience the Eye World Difference:

■ 50% off all frames with purchase of a prescription lens package.

■ Fast, personalized service

■ Complete eye exams by Doctors of Optometry.

■ Personal TouchService, from our highly trained staff of licensed opticians, stylists, and laboratory technicians.

■ Bring in any competitor's coupon, and we'll meet or beat it.

■ Complete, state-of-the-art selection of contact lenses.

■ Total Satisfaction Guarantee: if, for any reason, you're not satisfied with your glasses, you can exchange them for a different pair within 30 days.

So visit our newest Eye World at the CambridgeSide Galleria today. It's not only your quickest way to get a great deal on a great-looking pair of glasses. It could also be your quickest way to get to Bermuda.

EYEWORLD™
BEEP, BEEP. YOUR GLASSES ARE READY.®

MORE LETTERS

POLITALKS

Candidates offer thanks for primary votes

Beferman: reflecting on campaign

I want to thank those who shared their time, resources, thoughts and emotions in my campaign effort, which ended last week. Your willingness to give of yourselves in so many ways is the ultimate strength and meaning of a system where the elected representative is but one expression.

Thanks, too, to those who voted and who gave me their thoughtful consideration. And thanks as well to the people of the district. The campaign allowed me the opportunity to meet and better understand you — who you are, your problems, hopes, and dreams in a way that, even after living here 25 years, was much deeper than I had before. It was my goal to share with you my understanding of the circumstance in which we find ourselves and how we might move beyond that circumstance in a way that would fulfill both our more basic and our higher aspirations. Although that goal was not entirely realized, it was one for which I was worthy to strive and which I do not regret in the least.

For me, of course, this is a time of reflection, to think about the significance and wisdom of choices made in the course of the effort. At the same time it might well serve the people of this community to reflect as well on what gave shape

Thompson: looking forward to November

On Sept. 18, I was re-elected by a large margin of votes as the democratic candidate for state representative in the 28th Middlesex District.

Believing that I represent an aware, diverse and committed group of constituents, I am grateful for your overwhelming vote of confidence. This mandate only strengthens my determination to serve as your state legislator to

the best of my ability. With your continued help and support, I look forward to another victory in November. If this happens, my office will be accessible to your needs, and I will do everything in my power to reflect those needs as your representative in the General Court.

Rep. Alvin E. Thompson
Green Street

and content (or lack thereof) to this and other contests: the absence of any meaningful forum within which to frame and discuss matters of pressing importance to us all; the inability or unwillingness of the media, particularly the press, to fulfill the critical function of informing the public; the political, economic, and other pressures that render speaking out difficult and threatening; the as yet not fully resolved matter of race as it shapes relations and judgments within this community; the moral and intellectual cowardice which sacrifices principled disputation to rigid and simple-minded phrase-mongering;

the real but unacknowledged tension between serving the community to meet individuals' particular needs and serving a larger and common good; the influence of a naive, yet dangerous vision of special interest group "power" politics; and the confusion of "voting" in the electoral or legislative sense with the democratic or legislative process in its most meaningful sense.

So, we all have a lot to think about and equally important, a lot to do. I hope to continue to join with you — whether in some greater or more modest way — in that endeavor.

Larry W. Beferman
William Street

Howard: Vote for change

I wish to take this opportunity to express my thanks to all the people of Ward 11 in Cambridge who voted for me in the primary election. The support you showed for my candidacy was most gratifying and proved to me that my message is getting through. The voters in the Commonwealth strongly indicated that they did not want to gamble with the same old "politics as usual" crowd and wanted change. With your continued support in November, I can help bring about that change — a change to fiscal sanity and sensible programs which will allow us to maintain needed local and social services without unreasonable and unnecessary tax increases.

I appreciate the warm reception I have received from those voters I have had the privilege of meeting and look forward to talking with more of you in the coming weeks. Again, my deepest thanks for all the support, assistance and encouragement you have given me.

Doug Howard

Howard is the Republican candidate for the 4th Middlesex District State Senate seat.

Continued from page 4

tative seat. Lopez, who is running as an independent, is challenging Democratic incumbent Rep. Alvin Thompson for the 28th Middlesex District seat.

Lopez handed out a photocopied flyer to those assembled in front of the Cambridge Health Center on Windsor Street. While a friend held a homemade stenciled sign, Lopez read a speech that discussed the need for funding for the Women, Children and Infants program. That explained his choice of location for the speech — the Cambridge WIC program is housed in the Windsor Street building.

Lopez also challenged all candidates for election to state office to pledge that they will take a 10 percent pay cut if elected. And he proposed that the 50 percent state tax deduction on capital gains be abolished for people with net worths over \$1 million.

Grassi moves across the river

East Cambridge resident Joe Grassi, a member of the East Cambridge Stabilization Committee and former campaign manager for city councilor Tim Toomey has recently joined the Central Artery/Tunnel project as a community liaison.



Grassi, a former legislative aide at the state house and a leader in Cambridge's youth centers, will be the link between the "Big Dig" and city residents.

It may be Grassi's biggest challenge yet. The East Cambridge Stabilization Committee has expressed some displeasure with aspects of the Big Dig, not the least of which is an 18-lane, 100 foot high collection of ramps at North Point. "Because I am a lifelong Cambridge resident and have built strong working relationships with different groups within the city, I understand and share their concerns," Grassi said.

Hofmann kicks off Senate campaign

William Hofmann, the Republican candidate for state Senate in the Middlesex and Suffolk district will officially kick off his campaign on Tuesday, Oct. 2, at 7:30 pm at the Oakley Country Club in Belmont. Hofmann is challenging Democratic incumbent Sen. Michael Barrett. WRKO radio talk show host Gene Burns will kick off the event and answer questions. Both Hofmann and Barrett ran unopposed in the primary races.

Hurley thanks supporters

Democratic nominee for Governor's Council Daniel G. Hurley, who defeated incumbent Joseph "Jo-Jo" Langone in last week's primary, thanked the voters of the sixth district for their vote of confidence in his candidacy for the office. Hurley, a Medford attorney, reiterated his statement that if he finds the Governor's Council to be a burden to the taxpayers and not able to be reformed, he will support legislation to abolish the council. Hurley will face Republican candidate Vincent Manganello of Boston in November.

Barrett and Flaherty called "Best Bets"

State Sen. Michael Barrett and state Rep. Charles Flaherty both received 1990 environmental "Best Bets" awards from the Center for Policy Alternatives, a Washington, D.C., research group, for their work on the Toxic Use Reduction Law. The center called the Massachusetts law "the national standard for toxic use reduction." The legislation stipulates a long-range policy for the state that aims to reduce hazardous waste generated in Massachusetts by 50 percent by 1997.

For the past three years the Center for Policy Alternatives has given "Best Bets" awards to state legislators throughout the country who have taken model actions to protect and improve the environment.

Dixon: an appeal

I want to express my thanks to the many people who cast their votes for me in the Republican primary for state Senate in the Suffolk and Middlesex District.

Although I had no formal opposition in the primary, I still appreciate the approximately 2,000 votes I received from those who voted a Republican ballot in the district.

I also want to publicly express my thanks to the many individuals who have contributed money, spread the word about me, and

otherwise helped my campaign to this point.

We should now all look forward to an exciting November general election. I want to make an appeal to all Democrats, Republicans, and Independents to carefully consider the choices available and to join together in a spirit of genuine problem-solving. We need both leadership and cooperation to give Massachusetts both hope and solutions for our future.

Vince Dixon
Harvard Street

Spartichino: thanks to Cambridge voters

May I, through your letters column, express my appreciation to the people of Cambridge who worked, supported, and voted for me in my campaign for the nomination as district attorney of Middlesex County.

I shall be eternally grateful to the good people of Cambridge who

helped me to carry my home city. I have already congratulated Tom Reilly on his victory after conducting a vigorous campaign. I have wished him well and promised him my support as the next District Attorney of Middlesex County.

George W. Spartichino
Loomis Street

City of Cambridge
PUBLIC HEARING

The Ordinance Committee of the City Council of the City of Cambridge will conduct a public hearing on Wednesday, October 10, 1990 at 6:30 P. M. in the Sullivan Chamber, City Hall, Cambridge.

The purpose of the hearing is to discuss and take public testimony on a proposed amendment to the Municipal Code by adding a new Chapter 8.30 entitled "Prevention of AIDS/HIV Infection" relative to condom vending machines.

The public is requested to attend at this time and be heard.

For the Committee,
Councillor Francis H. Duhay
Chairman

Mon.-Sat. 9-9
Sun. 12-8

cambridge food co-op

Offer Expires Oct. 6

580 Mass. Ave.
Central Square
at T
661-1580

FANTASTIC PRICES!!
All Fantastic MIXES & SOUPS

69¢ lb. BARTLETT PEARS
79¢ lb. ORANGES

WATCH FOR THE OUTRIGGER OPENING OF OUR NEW STORE!

We Reserve The Right To Limit Quantities

20% DISCOUNT
TO ANYONE! CASH & CARRY

On All Genuine GM Parts

OIL LUBE & FILTER ONLY \$15.95

TUNE-UP SPECIAL
6 Cyl. ... \$15.00 OFF
4 Cyl. ... \$10.00 OFF

OSTE CHEVROLET PARTS DEPARTMENT
1065 Commonwealth Ave. Boston
ON THE GREEN LINE
787-4900 Mr. Goodenough

REGISTER TO VOTE FOR THE NOVEMBER 6 STATE ELECTION

EVENINGS ON
THURSDAY, SEPT. 27, 6:00 to 9:00 P. M.
MONDAY, OCT. 1, 6:00 to 9:00 P. M.
THURSDAY, OCT. 4, 6:00 to 9:00 P. M.

At The Following Locations

HARRINGTON SCHOOL	CAMBRIDGE & WILLOW STREET
WINDSOR HEALTH CLINIC ENGINE HOUSE	105 WINDSOR STREET INMAN SQUARE
CITY HALL ENGINE HOUSE MAIN LIBRARY	795 MASSACHUSETTS AVE. 176 RIVER STREET BROADWAY
PEABODY SCHOOL PARISH HOUSE ENGINE HOUSE SENIOR CENTER FITZGERALD SCHOOL	LINNAEAN & WALKER STREET 11 GARDEN STREET LEXINGTON AVE. 2050 MASSACHUSETTS AVE. RINDGE AVENUE & YERXA ROAD

OR AT THE ELECTION COMMISSION OFFICE
362 GREEN STREET, CENTRAL SQUARE
EACH BUSINESS DAY 8:30 TO 5:00 P. M.

ALSO AT OFFICE ONLY
LAST SATURDAY, SEPTEMBER 29
9:00 A. M. TO 5:00 P. M.

LAST DAY TO REGISTER
TUESDAY, OCTOBER 9, 8:30 A. M. - 10:00 P. M.

WE GOT CAUGHT WITH TOO MUCH MERCHANDISE

WALL TO WALL SALE
ONLY ONCE IN YOUR LIFETIME

EVERYTHING GOES! REGARDLESS OF OUR COST!

Great Selection of Used Bikes

ENTIRE STOCK - WE MEAN EVERY SINGLE ITEM OF MEN'S & WOMEN'S

- lycra, supplex cycling
- cycling shorts
- cycling cross-training lights
- cycling jersey shirts
- T-shirts
- swimwear & wetsuits
- cycling shoes
- cleated & touring
- Nike Aqua socks & sandals
- cycling/jogging socks
- Gortex jackets

Bridgestone City Bike reg. \$315 Now \$252

CycloTech Foot Pump reg. \$129 Now \$650

1/2 OFF

All items subject to Prior Sale

the bicycle exchange
3 Bow Street (At Mass. Ave.)
In Harvard Square Cambridge 864-1300

STORE HOURS
Mon, Tues & Fri 9am-6pm
Wed-Thurs 9am-6pm
Sat 10am-6pm
Sun noon-5pm

On file nail salon

- Manicures
- Pedicures
- Nail Design
- Gel System
- Free Make-up Consultation
- Nail Wraps

would like to welcome its three new Nail Technicians

From left to right, Maureen Ryan of Watertown, Kelly Hill of Waltham, Diane Polimeni of Arlington and Andrea Barber of Belmont, owner.

\$15.00 OFF Full Set of Sculptured Nails
\$200 OFF Hot Oil Manicures

Present Ad for Discounts Offer Expires Oct 31, 1990

51 Bigelow Avenue, Watertown MA 02172
923-9494

Gift Certificates Available We Carry Aveda Products

City of Cambridge

PUBLIC HEARING

The Ordinance Committee of the City Council of the City of Cambridge will conduct a public hearing on Wednesday, October 10, 1990 at 6:30 P. M. in the Sullivan Chamber, City Hall, Cambridge.

The purpose of the hearing is to discuss and take public testimony on a proposed amendment to the Municipal Code by adding a new Chapter 8.30 entitled "Prevention of AIDS/HIV Infection" relative to condom vending machines.

The public is requested to attend at this time and be heard.

For the Committee,

Councillor Francis H. Duehay
Chairman

*Display Ad
Sept. 27th edition - Chronicle*

City of Cambridge

PUBLIC HEARING

The Ordinance Committee of the City Council of the City of Cambridge will conduct a public hearing on Wednesday, October 10, 1990 at 6:30 P. M. in the Sullivan Chamber, City Hall, Cambridge.

The purpose of the hearing is to discuss and take public testimony on a proposed amendment to the Municipal Code by adding a new Chapter 8.30 entitled "Prevention of AIDS/HIV Infection" relative to condom vending machines.

The public is requested to attend at this time and be heard.

For the Committee,

Councillor Francis H. Duehay
Chairman

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.

Ordinance requiring the installation of coin-operated vending machines for dispensing condoms and AIDS/HIV infection information

WHEREAS the effects of the AIDS epidemic have begun to show themselves in Cambridge, with a total of 95 cases reported in Cambridge and 3098 cases in the state of Massachusetts as of May 1, 1990; and

WHEREAS the projected number of people with AIDS/HIV infection for 1992 is projected to be 250,000 Americans; and

WHEREAS the cost of caring for each person living with AIDS is estimated to be between \$50,000 and \$150,000, a portion of which would be absorbed by The Cambridge Hospital which treats many citizens who do not have health insurance; and

WHEREAS an ever-increasing number of people contract AIDS/HIV infection as the result of unprotected sexual contact; and

WHEREAS latex condoms have been found to be highly effective in preventing the transmission of AIDS and other sexually transmitted diseases; and

WHEREAS many people report the lack of accessibility and the cost of buying a whole box of high quality latex condoms as major reasons for not practicing safer sex; and

WHEREAS the Commissioner of Health and Hospitals recommends that the City of Cambridge encourage the widest possible availability of high quality latex condoms accompanied, where possible, by information on their proper use in preventing transmission of the AIDS/HIV virus and

WHEREAS in order to facilitate the dissemination of high quality latex condoms, the Commissioner of Health and Hospitals recommends that their availability be required in places of public accommodation; therefore

BE IT ORDERED that the following addition be made to the Cambridge Municipal Code, Chapter 8, "Health and Safety:"

Chapter 8.30
Prevention of AIDS/HIV Infection

Sections:

- 8.30.010 Declaration of public health crisis**
- 8.30.020 Requirement of vending machines which dispense condoms**
- 8.30.030 Premises on which vending machines must be located**
- 8.30.040 Maintenance of vending machines**
- 8.30.050 Exemptions**
- 8.30.060 Violation -- suspension of license**
- 8.30.070 Regulation of health facilities and municipal buildings**

8.30.010 Declaration of Public Health Crisis

The spread of AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus) infection have created a public health crisis; while there is no known cure for the virus, its spread through intimate sexual contact can be limited through the availability of affordable, high quality latex condoms in places of public accommodations.

8.30.020 Requirement of vending machines which dispense condoms

The City of Cambridge requires the installation of vending machines which dispense condoms in certain places of public accommodation under the jurisdiction of the License Commission and health facilities and municipal buildings under the jurisdiction of the Commissioner of Public Health and the City Manager.

8.30.030 Premises on which vending machines shall be located

A. The following premises, which are licensed by the License Commission, shall contain coin-operated vending machines which dispense condoms: hotels and motels, bars, restaurants and movie theaters. In addition, all hospitals, health clinics and all health facilities under the jurisdiction of the Commissioner of Health and Hospitals and all municipal buildings not including schools, shall maintain vending machines which dispense condoms.

B. The condom vending machines shall be located in a publicly accessible place, or in at least one male and one female rest room, and shall display a sticker prepared by the City of Cambridge AIDS Task Force and approved by the Commissioner of Public Health that will provide important referral and information telephone numbers.

8.30.040 Installation and Maintenance of Condom Vending Machines

The License Commission and the Commissioner of Public Health shall maintain a list of vending machine operators who agree to install and maintain the vending machines in continuous working order at no cost to the owners or lessors of the premises. Owners or lessors of premises may utilize these or other vendors whose products meet the regulations.

continued . . .

8.30.050 Exemptions

A. This section shall not apply to any food or beverage seller whose establishment is not required to have a restroom.

B. The Commissioner of Health and Hospitals shall exempt any owner or lessor of premises otherwise subject to this ordinance who shall file a request for exemption for good cause shown.

8.30.060 Violation -- Suspension of License

It shall be a requirement for renewal or application for a license for premises governed by this ordinance that owners or lessors demonstrate the presence of required condom vending machines or written proof of exemption. If machines are not available in such establishments, any licenses issued by the City shall be subject to suspension for fifteen days for a first violation and for up to one year for subsequent violations.

8.30.070 Regulation of health facilities and municipal buildings

The Commissioner of Health and Hospitals shall determine whether hospitals, health clinics and all health facilities under his or her jurisdiction, as well as required municipal buildings, comply with the ordinance and report these findings annually to the City Manager for any necessary action.



CITY OF CAMBRIDGE AIDS TASK FORCE

DEPARTMENT OF HEALTH AND HOSPITALS

1493 CAMBRIDGE STREET
CAMBRIDGE, MASSACHUSETTS 02139
(617) 498-1663

MELVIN H. CHALFEN, M.D.
COMMISSIONER

JENNIFER WOLFRUM, M.Ed.
COMMUNITY HEALTH COORDINATOR

Gary Mitchell
S & S Deli
1334 Cambridge St.
Cambridge, Ma. 02139

October 19, 1990

Dear Mr. Mitchell,

I am writing to offer you, the members of your family and the S & S Deli my sincere apology for any problems that my testimony at the Condom Vending Machine Ordinance may have caused. I was wrong to describe the S & S as a restaurant already planning to install condom dispensing machines since I had not spoken with you or anyone in your family to verify this.

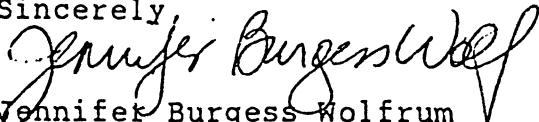
My comment was based on a private conversation with Lee Swislow that should NEVER have been made public. Unfortunately, my conversation with Lee was fresh in my mind when Councilor Walsh asked if any Cambridge businesses were considering installing the condom vending machines. I have since apologized to Lee for breaching the confidentiality of our conversation and I certainly hope that my indiscretion will not affect your working relationship with her.

I sincerely hope that I have not negatively impacted your thinking about the possibility of installing condom dispensing machines at the S & S. I would be glad to talk with you at greater length about the Ordinance and the work of the AIDS Task Force. As I mentioned during our phone call, there is a simple exemption provided in the Ordinance that allows any proprietor to exempt his or herself from installing the machines. We recognize how important this is given the controversial nature of condoms and the AIDS epidemic.

I, myself, have been a patron of the S & S since 1973. You have a wonderful restaurant with delicious food that is used by many, many people in the community. I appreciate your efforts to maintain such an exemplary business establishment and I am truly sorry if I have caused you any difficulties.

Thank you so much for your concern about all the members of the community and for your willingness to consider how you, as a business owner, can join local efforts to stem the tide of the AIDS epidemic.

Sincerely,


Jennifer Burgess Wolfrum
Community Health Coordinator

P.S. - I am sending copies of this to all City Councilors as you requested.

City of Cambridge

The Committee on Ordinances conducted a public hearing on Wednesday, October 10, 1990 beginning at 6:40 p. m. in the Sullivan Chamber, City Hall.

The purpose of the hearing was to review and take testimony relative to the proposed amendment to the Municipal Code of the City of Cambridge relative to condom vending machines.

Members present: Councillor Francis H. Duehay, Councillor Jonathan S. Myers, Vice Mayor Kenneth E. Reeves, Councillor Sheila T. Russell, Councillor William H. Walsh, Mayor Alice K. Wolf, Councillor Timothy J. Toomey, Jr. and City Clerk Joseph E. Connarton.

Councillor Duehay opened the hearing and outlined the procedure by which the committee shall receive testimony indicating the proponents of the amendment shall speak first and the opponents shall speak last.

The Committee then heard from Commissioner of Health and Hospital Melvin Chalfen, M. D., who provided the committee with a brief background of the work done by the Cambridge Aids Task Force in preparing this document and the outreach that the task force is doing on this issue.

He further stated that this organization has been successful in educating the public and obtaining grant funding and indicated his strong support for the adoption of the proposed amendment.

Councillor Russell questioned the list of telephone numbers of vendors as prescribed with the ordinance.

Dr. Chalfen responded by stating that this was to be used as a resolution for individuals who have questions relative to the prevention of the Aids virus.

Councillor Walsh questioned whether any studies have been done relative to having easy availability of condoms to the general public.

City of Cambridge

- 2 -

Dr. Chalfen responded that generally speaking studies have shown condoms are most helpful for the prevention of sexually transmitted diseases. He further stated that abstinence is the only way of preventing disease.

Councillor Walsh further questioned Dr. Chalfen as to the reason why there was a need for such an ordinance given the fact there is no existing law preventing the placement of these machines in any of the locations outlined in the ordinance. He further questioned what enforcement mechanism exists for those individual who refuse to put these machines on their premises.

Dr. Chalfen responded by stating it was his belief that the easy availability of condoms will work towards better educating the general public relative to the prevention of the AIDS HIV virus.

The Committee heard from Birge Albright, Legal Counsel, of the City Solicitor's Department, who responded to the question of enforcement indicating it was his belief that nothing would happen to someone who refused to place such a machine on their premises provided the licensees follow 8.30.040 outlining exemptions for such machines.

Councillor Walsh stated he believed the word "shall" as used in the proposed amendment is inappropriate because the word "shall" is used as a command and that he sees this ordinance as purely voluntary.

Councillor Walsh indicated he would move to amend the ordinance to strike the word "shall" and also the words "affordable high quality".

Vice Mayor Reeves stated that he was fully aware of the full scale pandemic throughout the country and that this is a simple ordinance that needs the full attention of the City Council. He further stated that he was

City of Cambridge

- 3 -

concerned there was no enforcement provision in the ordinance and requested that this be looked into by the Law Department.

Mr. Albright responded by stating that it was his understanding that the framers of the ordinance choose not to have an enforcement provision due to the fact they saw the ordinance as an educational tool.

Mayor Wolf stated that it was her understanding that Cambridge was the third highest community in the Commonwealth in terms of the AIDS/HIV infection. She further stated that the Massachusetts Medical Association had just released a resource book to educate city officers in becoming more informed of the AIDS virus.

Councillor Walsh questioned whether or not the ordinance restricted the sale of condoms to people under the age of sixteen.

Mr. Albright responded in the negative.

The Committee heard from Jennifer Burgess-Wolfrum, Cambridge Aids Task Force Coordinator, who indicated that the ordinance was drafted with the intention of educating, not as a mandate and is the culmination of 1 1/2 years effort of the members of the task force. That as of October 1, 1990 there were 102 reported cases of the Aid virus in Cambridge. Furthermore, she stated that statistics showed there were 1,000 to 3,000 individuals already infected with the virus and that this is only one piece of a very comprehensive plan on education and prevention.

Responding to an inquiry by Councillor Russell, Ms. Burgess-Wolfrum stated that the ordinance calls for telephone numbers to be on the vending machines purely for referred purposes.

Responding to an inquiry by Councillor Walsh, Ms. Burgess-Wolfrum stated that the term "high quality" is one used and approved by the Federal

City of Cambridge

- 4 -

Drug Administration.

Councillor Russell stated that she was somewhat concerned with the easy availability without counseling as is being done at the Cambridge High School.

Ms. Burgess-Wolfrum stated that the intent of the ordinance is to educate as many people as possible and easy availability combined with the comprehensive education effort is a step in the right direction.

Councillor Myers commended the AIDS Task Force for their work and stated his strong support for the adoption of this ordinance.

Responding to Vice Mayor Reeves question relative to statistical data on individuals testing positive to the HIV virus, Ms. Burgess-Wolfrum indicated that such data is not available because the testing is done anonymously, however, he further stated that 30% of those tested positive at the hospital are women and that this figure is the highest in the state.

Vice Mayor Reeves indicated his strong support for the adoption of the ordinance.

Councillor Walsh stated he is very supportive of education on this issue but raised his questions this evening out of concern of the need for such an ordinance. Realities are, he stated, that money should be spend on education not placing condom vending machines in motels, bars and other public places.

Councillor Toomey stated he supported the efforts of the Cambridge Aids Task Force and the education program but could not support the ordinance. Further, he questioned, what if anything, was being done about needle distribution as it relates to drug addiction.

Ms. Burgess-Wolfrum stated that discussions have been on going with the

City of Cambridge

- 5 -

medical personnel on this issue and outreach is being done throughout the community.

The Committee heard from Manuel Mosquera, an Aids Educator for the Latino Community, who spoke in support of the ordinance.

The Committee heard from Barbara Ogur, M. D., 196 Lexington Avenue, who stated as Director of the Neighborhood Health Clinics, she believed, it was imperative that this ordinance be adopted.

Also speaking in support of the ordinance were:

Gregory Gazaway, representing the Massachusetts Commission of Children and Youth,

Larry Weinstein, member of the Cambridge School Committee.

Thomas Mickelson, Senior Minister, First Parish Unitarian Church in Cambridge.

Alfred DeMaria, M. D., representing the Massachusetts Department of Public Health.

Jack Moye, M. D., representing the Massachusetts Department of Public Health.

Paul Epstein, M. D., Chair, Cambridge Aids Task Force

Michael Razzino, 93 Antrim Street

Robert Archambault, Christ Church in Cambridge.

Reverend Irv. Cummings, Old Cambridge Baptist Church.

Dorothy Martin, Cambridge Visiting Nurse Association.

J. Holly Corda, M. D., 84 Prescott Street, representing the United States Department of Public Health.

Irviene Goldson, 28 Langdon Street

Cathy Hoffman, 67 Pleasant Street

Benjamin Inerti, 85 Prescott Street.

Diane Perlmutter

Harold Dufour-Anderson, 65 Dana Street

City of Cambridge

- 6 -

Nancy Ryan, Executive Director of the Commission on the Status of Women
Mary Leno, 55 Magazine Street

Councillor Toomey questioned the process by which someone requests an exemption.

Mr. Albright responded by stating a simple letter to the Commissioner of Public Health requesting an exemption is all that is necessary.

Councillor Myers moved that the substituted ordinance as prepared by the Law Department be accepted.

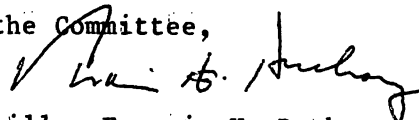
The motion carried.

Councillor Myers moved to refer the substituted ordinance to the full City Council with a favorable recommendation.

The motion carried on a roll call vote: Yeas 6; Nays 1; Absent 2.

The hearing adjourned at ten o'clock and fifty-six minutes p. m.

For the Committee,



Councillor Francis H. Duehay
Chairman.

1.
COMMITTEE REPORT

0-48

Ordinance Committee Report for a hearing held on Wednesday, October 10, 1990 relative to a proposed amendment to the Municipal Code of the City of Cambridge relative to condom vending machines.

In City Council,

October 22, 1990

*Passed to a second
reading
5-3-1*

*11/5/90 Passed to be
Ordained*