



Territory of Guam
Territorio Guam

OFFICE OF THE GOVERNOR
OFISINAN I MAGA'LAH
AGANA, GUAM 96910 U.S.A

RECEIVED
OFFICE OF THE SPEAKER
DATE: 4/28/94
TIME: 3:45 PM
RECD BY: [Signature]

LEGISLATIVE COUNCIL
APR 26 1994

April 26, 1994

LEGISLATIVE COUNCIL
[Signature]

The Honorable Joe T. San Agustin
Speaker
Twenty Second Guam Legislature
Agana, Guam 96910

Dear Mr. Speaker:

Enclosed herewith is Substitute Bill No. 552 which I have signed into law this date as Public Law 22-116.

I have signed this measure because it is a recognition of the rights of victims to be fully informed about the injuries received from the criminal act perpetrated against them. However, it is important to recognize that the procedures set forth in this law do not fully inform nor protect the victim.

This law delays the medical examination of the perpetrator until he or she has been convicted. The delay from time of the criminal act to conviction and testing could be many months or even a year or two. From a medical standpoint examination of both the perpetrator and victim should occur shortly after the assault. Testing should be done several times thereafter until a firm diagnosis is made.

In order to properly care for the victim, the hospital and the rape crisis center counsel the victim to be tested for sexually transmitted diseases upon the initial examination with follow-up tests over time. Further, the Department of Public Health and Social Services recommends that both the perpetrator and victim be tested for hepatitis b, also sexually transmitted.

Our concern for the victim requires that as the case law develops, we stand prepared to amend this statute to make it truly effective by moving the examination of the perpetrator to as close to the criminal act as possible.

Cordially,

[Signature]
FRANK F. BLAS,
Governor of Guam,
Acting

220667

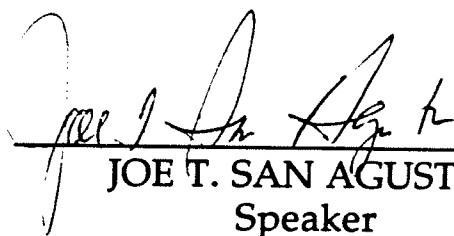


Commonwealth Now!

TWENTY-SECOND GUAM LEGISLATURE
1994 (SECOND) Regular Session

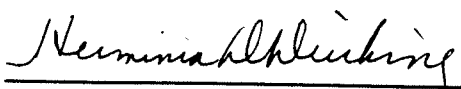
CERTIFICATION OF PASSAGE OF AN ACT TO THE GOVERNOR

This is to certify that Substitute Bill No. 552 (LS), "AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THAT THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF THEY ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES," was on the 14th day of April, 1994, duly and regularly passed.




JOE T. SAN AGUSTIN
Speaker

Attested:



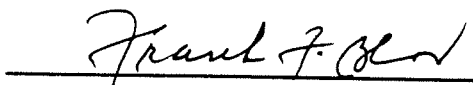
HERMINIA D. DIERKING
Senator and Acting Legislative Secretary

This Act was received by the Governor this 15th day of April
1994, at 5:10 o'clock P.M.



Theresa J. Duenez
Assistant Staff Officer
Governor's Office

APPROVED:



FRANK F. BLAS
Governor of Guam
Acting

Date: APR 25 1994

Public Law No. 22-116

TWENTY-SECOND GUAM LEGISLATURE
1993 (FIRST) Regular Session

Bill No. 552 (LS)

As substituted by the Committee
on Health, Ecology and Welfare
and as further substituted by the
Committee on Rules

Introduced by:

P. C. Lujan
C. T. C. Gutierrez
H. D. Dierking

T. C. Ada
J. P. Aguon
E. P. Arriola
M. Z. Bordallo
T. S. Nelson
V. C. Pangelinan
D. Parkinson
E. D. Reyes
J. T. San Agustin
F. E. Santos
D. L. G. Shimizu
J. G. Bamba
A. C. Blaz
D. F. Brooks
F. P. Camacho
M. D. A. Manibusan
T. V. C. Tanaka
A. R. Unpingco

AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THAT THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF THEY ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES.

1 **BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:**

2 **Section 1. Legislative findings.** Following up on the concerted efforts
3 of the Twenty-First Guam Legislature to promote and protect victim's rights
4 through measures such as the Victim's Bill of Rights and the Rape and Sexual
5 Abuse Crisis Center, the Twenty-Second Guam Legislature deems it
6 necessary to provide further protection to the public in response to the
7 growing amount of criminal sexual activity being reported and prosecuted.
8 Recognizing that such crimes are heinous, traumatic, and emotionally and
9 physically crippling, the Legislature finds it necessary to require that all
10 persons convicted of criminal sexual conduct submit to the necessary medical
11 examinations to determine if such persons' victims have been exposed to the
12 HIV virus or to any other sexually transmitted disease

13 **Section 2.** §120.60 is hereby added to Title 8, Guam Code Annotated, to
14 read:

15 "§120.60. **Medical examinations of those convicted of criminal**
16 **sexual abuse.** Any person convicted of criminal sexual conduct shall
17 submit to the necessary medical examinations for determining
18 whether such convicted person is infected with the HIV virus or with
19 any other sexually transmitted disease, such as, but not limited to,
20 the examination of such convicted person's blood, urine, genital
21 discharge or lesions. The Department of Public Health and Social
22 Services shall administer and analyze such necessary medical
23 examinations in accordance with standard medical procedures, and
24 the results of such examinations shall be furnished to the victim of
25 such conduct and to the convicted person. Any treatment for the
26 victim made necessary as a result of such crime as determined by
27 such examinations shall be furnished by the Guam Memorial

1 Hospital, by the Sexual Abuse and Rape Crisis Center, or by the
2 Department of Public Health and Social Services, which treatment
3 shall not be construed to interfere with or diminish any medical
4 support already provided by any health insurer, agency or office."

TWENTY-SECOND GUAM LEGISLATURE

1993 (FIRST) Regular Session

6

Date: 4/14/94

VOTING SHEET (AS REVISED)

Bill No. 552

Resolution No. _____

Question: _____

NAME	AYE	NO	NOT VOTING/ ABSTAINED	ABSENT/ OUT DURING ROLL CALL
ADA, Thomas C.	✓			
AGUON, John P.	✓			
ARRIOLA, Elizabeth P.	✓			
BAMBA, J. George	✓			
BLAZ, Anthony C.	✓			
BORDALLO, Madeleine Z.	✓			
BROOKS, Doris F.	✓			
CAMACHO, Felix P.	✓			
DIERKING, Herminia D.	✓			
GUTIERREZ, Carl T. C.	✓			
LUJAN, Pilar C.	✓			
MANIBUSAN, Marilyn D. A.	✓			
NELSON, Ted S.	✓			
PANGELINAN, Vicente	✓			
PARKINSON, Don				✓
REYES, Edward D.	✓			
SAN AGUSTIN, Joe T.	✓			
SANTOS, Francis E.	✓			
SHIMIZU, David L. G.	✓			
TANAKA, Thomas V. C.	✓			
UNPINGCO, Antonio R.		✓		

TOTAL

19
1
—
1

April 11, 1994

The Honorable
Joe T. San Agustin
Speaker, 22nd Guam Legislature
Agana, Guam



TWENTY SECOND
GUAM LEGISLATURE

via: Committee on Rules

Dear Mr. Speaker:

Dr. DAVID L.G. SHIMIZU
Senator

The Committee on Health, Ecology & Welfare, to which was referred Bill No. 552: AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT TO SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF SUCH PERSONS ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES, herein reports back and recommends **TO DO PASS AS SUBSTITUTED.**

CHAIRMAN:
Committee on
Health,
Ecology
and
Welfare

___10___ To Pass
___0___ Not To Pass
___0___ To The Inactive File
___0___ Abstained
___0___ Off-Island
___0___ Not Available

324 West Soledad Ave.
Suite 202,
Agaña, Guam
96910

Telephone:
(671)472-3543/44/45

Facsimile:
(671)472-3832

Sincerely,

Dr. David L.G. Shimizu

Enclosures



VOTE SHEET

Committee on Health, Ecology & Welfare

Substitute Bill NO. 552: AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT TO SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF SUCH PERSONS ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES.

SENATOR	TO PASS	NOT TO PASS	ABSTAIN	INACTIVE FILE
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David L. Shimizu
 Shimizu, David L.G.

✓

Elizabeth P. Arriola
 Arriola, Elizabeth P.

✓

J.P. Aguon
 Aguon, J.P.

✓

Madeleine Z. Bordallo
 Bordallo, Madeleine Z.

✓

Doris F. Brooks
 Brooks, Doris F.

✓

Anthony Blaz
 Blaz, Anthony

✓

Felix P. Camacho
 Camacho, Felix P.

✓

Herminia Dierking
 Dierking, Herminia

✓

Marilyn D.A. Manibusan
 Manibusan, Marilyn D.A.

✓

J.T. San Agustin
 San Agustin, J.T., Speaker

✓

COMMITTEE REPORT
HEALTH, ECOLOGY & WELFARE

Bill 552:

AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT TO SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF SUCH PERSONS ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES.

BILL 552 WAS REFERRED BACK TO THIS COMMITTEE FOR REVIEW AFTER IT WAS FURTHER SUBSTITUTED BY THE COMMITTEE ON RULES.

COMMITTEE FINDINGS:

The Bureau of Planning informed the HEW Committee and the Speaker that the Crime Control Act of 1990 provides that states and territories which do not have in place laws related to HIV testing of certain convicted offenders would result in a ten percent (10%) reduction in formula grant awards beginning fiscal year 1994.

Established by Executive Order 87-20, The Drug Policy Coordinating Council has developed Guam's Fiscal Year 1994 Strategy for Drug Control and System Improvement to help fight violent crime and narcotics abuse.

For Fiscal Year 1994, Guam is slated to receive \$1,054,000 in federal funds for the criminal justice system to carry out drug and serious crime control activities. However, the territory may lose \$105,400 if it does not have a mandatory HIV testing legislation for convicted sexual assault offenders that is acceptable to the U.S. Department of Justice before September 30, 1994. Further, the Drug Policy Coordinating Council stipulated that should the \$105,400 be reinstated to the Territory, the funds are to be used for juvenile gang related projects.

The Guidance document and worksheet "*Testing Certain Offenders for Human Immunodeficiency Virus*" made by the Bureau of Justice Assistance of the U.S. Department of Justice stated the requirements related to HIV testing that should be reflected in the law, these are as follows:

- to administer, to the defendant convicted under State law of such sexual act, a test to detect in such defendant the presence of the etiologic agent for acquired immune deficiency syndrome;
- to disclose the results of such test to such defendant and to the victim of such sexual acts; and

- to provide to the victim of such sexual act counseling regarding HIV disease, HIV testing, in accordance with applicable law, and referral for appropriate health care and support services.

The Governor also wrote to the Speaker informing him of the needed statute on HIV testing of certain convicted offenders that would affect the federal grants to be given to Guam.

It was suggested on the second reading of this bill during the Legislative Session, that the results of the medical examinations shall be furnished only to the victim and to the convicted person for confidential purposes.

COMMITTEE RECOMMENDATION:

On Bill 552: AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT TO SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF SUCH PERSONS ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES, the Health, Ecology and Welfare Committee recommends the following:

(1) That it be amended by: a) creating a Section 2 on line 15; b) transferring "§120. 60 is hereby added to Title 18, Guam Code Annotated, to read:" from line 2 of Section 1 to the new Section 2; c) deleting [§120. 60] on line 4; d) adding HIV virus or to after "exposed to" on line 14; e) adding with HIV virus or after "infected" on line 19; f) adding and after "victim" on line 24; and g) deleting [to Guam Memorial Hospital, to the Guam Police Department, and to the Department of Corrections] on lines 24 to 26.

(2) TO DO PASS AS SUBSTITUTED.

TWENTY-SECOND GUAM LEGISLATURE
1993 (FIRST) Regular Session

Bill No. 552

As substituted by the Committee on Health,
Ecology and Welfare and
as further substituted by the Committee on Rules

Introduced by:

P. C. Lujan
C. T. C. Gutierrez
H. D. Dierking
T. C. Ada
J. P. Aguon
E. P. Arriola
M. Z. Bordallo
T. S. Nelson
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BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

1 **Section 1. Legislative findings.** Following up on the concerted efforts of
2 the Twenty-First Guam Legislature to promote and protect victim's rights
3 through measures such as the Victim's Bill of Rights and the Rape and Sexual
4 Abuse Crisis Center, the Twenty-Second Guam Legislature deems it necessary to

1 provide further protection to the public in response to the growing incidence of
2 criminal sexual activity being reported and prosecuted. Recognizing that such
3 crimes are heinous, traumatic, and emotionally and physically crippling, the
4 Legislature finds it necessary to require that all persons convicted of criminal
5 sexual conduct to submit to the necessary medical examinations to determine if
6 such persons' victims have been exposed to HIV virus or to any sexually
7 transmitted disease.

8 **Section 2.** §120.60 is hereby added to Title 8, Guam Code Annotated, to
9 read:

10 **"§120.60. Medical examinations of those convicted of criminal**
11 **sexual abuse.** Upon request by a victim of criminal sexual abuse, any
12 person convicted of such crime involving such victim shall submit to
13 the necessary medical examinations for determining whether such
14 convicted person is infected with HIV virus or with any sexually
15 transmitted disease, such as, but not limited to, the examinations of such
16 convicted person's blood, urine, genital discharge or lesions. The
17 Department of Public Health and Social Services shall administer and
18 analyze such necessary medical examinations in accordance with
19 standard medical procedures, and the results of such examinations shall
20 be furnished to the victim and to the convicted person. [~~to Guam~~
21 ~~Memorial Hospital, to the Guam Police Department, and to the~~
22 ~~Department of Corrections.~~] Any treatment for the victim or for the
23 convicted person made necessary as a result of such examinations shall be
24 furnished by the Guam Memorial Hospital, by the Sexual Abuse and
25 Rape Crisis Center, or by the Department of Public Health and Social
26 Services, which treatment shall not be construed to interfere with or
27 diminish any medical support already provided by any health insurer,
28 agency or office."

TWENTY-SECOND GUAM LEGISLATURE
1993 (FIRST) Regular Session

Bill No. 552

As substituted by the Committee
on Health, Ecology and Welfare
and as further substituted by the
Committee on Rules

Introduced by:

- P. C. Lujan
- C. T. C. Gutierrez
- H. D. Dierking
- T. C. Ada
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AN ACT TO ADD §120.60 TO TITLE 8, GUAM CODE ANNOTATED, TO REQUIRE THOSE CONVICTED OF CRIMINAL SEXUAL CONDUCT TO SUBMIT TO BLOOD AND URINE EXAMINATIONS TO DETERMINE IF SUCH PERSONS ARE CARRIERS OF SEXUALLY TRANSMITTED DISEASES.

1 **BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:**

2 **Section 1.** §120.60 is hereby added to Title 8, Guam Code Annotated, to
3 read:]

4 ~~§120.60.~~ **Legislative findings.** Following up on the concerted efforts of
5 the Twenty-First Guam Legislature to promote and protect victim's rights
6 through measures such as the Victim's Bill of Rights and the Rape and Sexual
7 Abuse Crisis Center, the Twenty-Second Guam Legislature deems it
8 necessary to provide further protection to the public in response to the
9 growing incidence of criminal sexual activity being reported and prosecuted.
10 Recognizing that such crimes are heinous, traumatic, and emotionally and
11 physically crippling, the Legislature finds it necessary to require that all
12 persons convicted of criminal sexual conduct to submit to the necessary
13 medical examinations to determine if such persons' victims have been
14 exposed to any sexually transmitted disease

15 ^{Sect. 2.} → §120.60. **Medical examinations of those convicted of criminal sexual**
16 **abuse.** Upon request by a victim of criminal sexual abuse, any person
17 convicted of such crime involving such victim shall submit to the necessary
18 medical examinations for determining whether such convicted person is
19 infected with any sexually transmitted disease, such as, but not limited to, the
20 examinations of such convicted person's blood, urine, genital discharge or
21 lesions. The Department of Public Health and Social Services shall
22 administer and analyze such necessary medical examinations in accordance
23 with standard medical procedures, and the results of such examinations shall
24 be furnished to the victim ^{and} to the convicted person, ~~[to Guam Memorial~~
25 ~~Hospital, to the Guam Police Department, and to the Department of~~
26 ~~Corrections]~~. Any treatment for the victim or for the convicted person made
27 necessary as a result of such examinations shall be furnished by the Guam

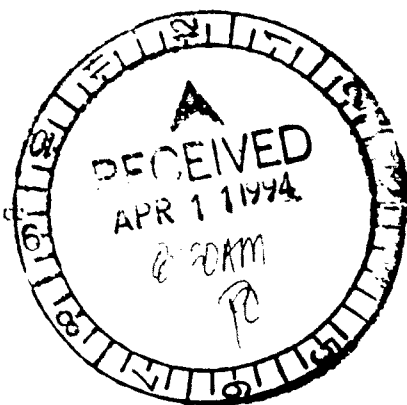
1 Memorial Hospital, by the Sexual Abuse and Rape Crisis Center, or by the
2 Department of Public Health and Social Services, which treatment shall not
3 be construed to interfere with or diminish any medical support already
4 provided by any health insurer, agency or office.

Twenty-Second Guam Legislature

Senator Pilar Cruz Lujan
Legislative Secretary

Chairperson - Committee on Judiciary and Criminal Justice

April 6, 1994



Memorandum

TO:

Chairman, Committee on Health, Ecology
& Welfare

From:

Senator Pilar C. Lujan

SUBJECT:

Bill 552

I would like to request your assistance in expediting the reporting out of Bill 552 that was referred back to committee during the March session, so it can be entertained and placed on the session agenda scheduled for next week.

In addition, as the main sponsor of the bill, I am requesting that you keep the word **convicted** and not **indicted** on the bill.

Thank you for your assistance in this matter.

Pilar C. Lujan
PILAR C. LUJAN



Bureau of Justice Assistance

**Testing Certain Offenders for
Human Immunodeficiency
Virus**

Guidance for States on Section 1804 Requirements

Magdalena Lopez

By the end of 1990, about one-third of the States had enacted such statutes. Individual provisions, however, varied in form and detail. For example in some cases, the testing process was mandatory for all persons convicted of sexual abuse. In others, it was triggered only at the request of a victim. In some States, only the person convicted and the victim were entitled to the test results, while in others spouses of the victim and the convicted defendant, if any, also received the findings.

In 1990, Congress decided that the States without this legislation should be persuaded to adopt mandatory HIV testing in instances of criminal sexual abuse. In the words of the House sponsor of the measure, Congresswoman Martin of Illinois, the provision was offered "because rape victims should not have to live in fear about exposure to the AIDS virus. . . . [A]ll States should make it possible for rape victims to find out if they have been placed at risk. They have the right to know. . . . We can . . . demonstrate our compassion by preventing further traumatization of these victims who also face the possibility of exposure to the AIDS virus."

III. The Statute

Accordingly, in Sec. 1804 of the Crime Control Act of 1990 (hereafter referred to as Section 1804), Congress amended Sec. 506 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, hereafter referred to as the Act, by adding a subsection (f), as follows:

(f)(1) For any fiscal year beginning more than 2 years after the effective date of this subsection-

(A) 90 percent of the funds allocated under subsection (a)¹, taking into consideration subsection (e)² but without regard to this subsection, to a State described in paragraph (2) shall be distributed by the Director to such State; and

(B) 10 percent of such amount shall be allocated equally among States that are not affected by the operation of subparagraph (A).

(2) Paragraph (1)(A) refers to a State that does not have in effect, and does not enforce, in such fiscal year, a law that requires the State at the request of the victim of a sexual act-

(A) to administer, to the defendant convicted under State law of such sexual act, a test to detect in such defendant the presence of the etiologic agent for acquired immune deficiency syndrome;

¹Sec 506(a) of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 U.S.C. 3756(a), sets out the formula for determining the sums to be distributed to the States under the formula grant provisions of the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs.

²Section 506(e) of Title I of the Act, 42 U.S.C. § 3756(e), refers to funds allocated to the States, but not distributed to them, which thus become available for the discretionary grant program as provided in Sec. 510 - 518 of the Act, 42 U.S.C. § 3760-3764.

(B) to disclose the results of such test to such defendant and to the victim of such sexual act; and

(C) to provide to the victim of such sexual act counseling regarding HIV disease, HIV testing, in accordance with applicable law, and referral for appropriate health care and support services.

(3) For purposes of this subsection-

(A) the term "convicted" includes adjudicated under juvenile proceedings; and

(B) the term "sexual act" has the meaning given such term in subparagraph (A) or (B) of section 2245(1) [sic³] of title 18, United States Code.

Section 1804 was codified as 42 U.S.C. § 3756(f).

IV. Effective Date

Section 1804 became effective on November 29, 1990, with the enactment of the Crime Control Act of 1990. Thus, in order for a State to receive its full formula amount for the fiscal year beginning two years after passage of the 1990 Act, its HIV testing statute incorporating the Section 1804 standards must be in place for Fiscal Year 1994⁴, which begins October 1, 1993.

V. The Financial Effect of Sec. 1804

Section 1804 thus requires that 10% of a State's formula grant be withheld and transferred elsewhere if that State by the Fiscal Year 1994 deadline has failed to place in effect, as well as actually enforce, the elements of the HIV testing standards created by Section 1804.

There is no waiver procedure incorporated within the statute. Consequently, BJA will be unable to waive or postpone to a later year the 10% reduction in funds for any State which should fail to comply.

Any Federal funds which must be withheld from the States because of noncompliance with the Section 1804 mandate must be allocated equally among States which have complied. Thus in addition to qualifying for continued full formula grant funding under the Act, States which enact and enforce their own statute meeting the Section 1804 standards, become eligible to share equally with other complying States in the accumulated monies withheld from States which have failed to comply.

³See the comment in Paragraph 7 of Division VI, "Definition of the Term 'Sexual Act.' "

⁴Fiscal Year 1994 is the first full "fiscal year beginning more than two years after the effective date of" Section 1804. See §506(f)(1) of title I of the Act, 42 U.S.C. § 3756(f)(1).

VI. The Section 1804 Standards

As set out above, the State statutes now in place or to be adopted must meet the minimum standards required by Section 1804. Of course, the States may enact and enforce broader requirements or standards.

However, States should regard each element of the Section 1804 standards as being required for inclusion in their State statute in order to maintain their full funding. These elements are:

1. Victim Request.

The State statute must require that the State make mandatory the testing process at the request of any victim of a sexual act (as defined below) for which the person to be tested was convicted in State court.

If the State statute requires all persons so convicted to be tested *without exception* (regardless of the absence of a victim request), then this element may be regarded as being met, since it is broader, or more inclusive in nature than Section 1804 requires. However, the requirement would not be met if the State statute would allow the person otherwise to be tested to avoid the testing process, even though the victim requested it.

2. Administration of the Test.

The State statute must provide for an agency of the State to direct the test to be administered, although the actual physical testing may be delegated to another, such as a physician, laboratory, etc. Typically, the State statute would provide for the sentencing judge to order the testing either before sentencing (perhaps as part of the order for a pre-sentence investigation) or as part of the sentencing order itself.

The State statute must direct that the procedure itself specifically test for the presence of the etiologic agent for AIDS, or HIV.

3. The Person to be Tested.

Congress required in Section 1804 that the State statute must provide that any person "convicted under State law" of a sexual act is obliged to be tested for AIDS or its HIV precursor at the victim's request. This includes persons entering pleas of guilty to a criminal sexual act (as hereafter defined), as well as those being found guilty following a jury trial or a trial to the court. It also includes juveniles thus adjudicated (see paragraph 6 below).

4. Disclosure of the Test Results.

The State statute must provide for the disclosure, at the request of the victim, of the test results to both the victim and the person convicted. Some States have chosen to provide the test results to others as well, such as the spouses, if any, of the victim and the defendant.

5. Victim Services.

Congress required in Section 1804 that the State statutes include a provision for making certain services available to the victims of these sexual acts at their request. These services are:

1. counseling regarding HIV disease;
2. HIV testing in accordance with applicable law; and
3. referral for appropriate health care and support services.

If the language of a State statute does not incorporate the specific language of Section 1804, it must at least be so broad as to make it clear that these victims are entitled as a matter of right to request and receive the counseling, testing, and referral services specified by Congress.

† Section 1804 implies that these services are to be provided at the expense of State or local governments, rather than at the victim's expense. State offices administering the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program should be prepared to inform BJA as to the sources of the funds to pay for these services and the authority therefore.

6. Definition of the Term "Convicted" as Including Juveniles.

In paragraph (3)(A) of Section 1804, Congress provided that "the term 'convicted' includes adjudicated under juvenile proceedings".

^ Thus, in order to be in compliance with Section 1804, State HIV testing statutes must provide that not only adult defendants convicted of defined sexual acts are required to be tested by the State at the request of the victim, but that juveniles similarly adjudicated are also required to be so tested.

7. Definition of the Term "Sexual Act."

In paragraph (3)(B) of Section 1804, Congress defined the term "sexual act" as the meaning given such term in 18 U.S.C. § 2245(1)(A) or (B). Clearly Congress intended to define "sexual act" as that meaning given the term in 18 U.S.C. § 2245(2)(A) or (B), which provides:

(2) the term "sexual act" means-

(A) contact between the penis and the vulva or the penis and the anus, and for purposes of this subparagraph contact involving the penis occurs upon penetration, however, [sic] slight;

(B) contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus;

The language of the State HIV testing statute should, where possible, incorporate these definitions. However, since Section 1804 requires that the person tested must be "convicted under State law", if State statutory criminal law defines the term "sexual act" in a less inclusive manner, we do not believe this fact would automatically mean that a State is in non-compliance, because it does not appear from the language of Section 1804 or its statutory history, that Congress intended to require States to change their definitions of substantive criminal acts in order to receive their full formula grant.

VII. State Determination of Compliance with Section 1804

All State Offices should promptly review their State's statutory provisions regarding required HIV testing for sex offenders together with any other pertinent State statutory and case law. These materials should be compared with Section 1804 as set out in Division III above and as explained in Division VI immediately above. BJA suggests that this review be conducted by those providing legal advice to the State Office.

It is the responsibility of each State Office to conduct this review and comparison and to make a determination that State statutory law either is now in compliance or is not yet in compliance with the Section 1804 standards.

For those States whose legislatures have not yet enacted a mandatory HIV testing statute for sex offenders, State Office legal advisors will no doubt wish to review any bills which may be pending, making the same comparisons. Should it appear that a proposed bill does not include all elements of the Section 1804 standards, the State Office will want to make that fact known to the appropriate State legislative committees or individual legislators.

Finally, for those States without any existing or proposed legislation complying with Section 1804, BJA suggests that the State Offices make the appropriate legislative committees and/or legislators aware of the Section 1804 requirements promptly.

To assist the States in assessing the degree of their Section 1804 compliance, a worksheet is included as an Appendix to these materials. BJA believes that the worksheet will serve as a useful tool in that endeavor and suggests that each State Office make use of it in arriving at its own determination as to Section 1804 compliance.

If, after conducting its own review, a State Office still has a question as to whether State law is in compliance with the Section 1804 standards, it may request BJA to review

its enacted statutory materials. However, a State should not request a BJA review until after conducting its own study based on the information contained in these materials. Nor should a State request a BJA review if it is apparent from a completed worksheet that it does not yet comply with all of the elements of the Section 1804 standards.

Appendix

Worksheet

For Fiscal Year 1994, States and other Jurisdictions (for convenience hereafter referred to as States) must be in compliance with the HIV mandatory testing standards for certain offenders established by Sec. 1804 of the Crime Control Act of 1990, 42 U.S.C. § 3756(f) (hereafter referred to as Section 1804) in order to receive continued full funding under the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program.

The purpose of this worksheet is to assist the States in providing a self-assessment of their compliance with Section 1804. It need not be returned.

1. Victim Request.

Does the State statute require an HIV testing procedure at the request of any victim of a sexual act for which the person to be tested was convicted in State court (or make such a test mandatory for *all* persons thus convicted regardless of victim request)?

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

2. Administration of the Test.

Does the State statute require an agency of the State (such as a court, health department, correctional authority, etc.) to direct that a test be administered in such cases?

Yes No

Does the State statute specifically require testing in these cases for the presence of acquired immune deficiency syndrome (AIDS) or its precursor, human immunodeficiency virus (HIV).

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

3. The Person to be Tested.

Does the State statute require persons to be tested who have been convicted under State law of a defined sexual act?

Yes, in all cases Yes, but only at the request of a victim No

Does this either specifically or by definitional inclusion encompass persons found guilty of the offense by a jury or court, as well as those entering a pleas of guilty? (Note: Because Question 6 below concerns the definition of juveniles as persons "convicted," please disregard that issue for Question 3).

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

4. Disclosure of the Test Results.

Does the State statute provide for disclosure of the test results to the both the victim and the person tested?

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

5. Victim Services.

Does the State statute provide for making the following services available to the victims of these sexual acts at their request:

1. Counseling regarding HIV disease?

Yes No

2. HIV testing in accordance with applicable law?

Yes No

3. Referral for appropriate health care and support services?

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

What are the sources of the funds to pay for these services?

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

6. Definition of the term "convicted" as including Juveniles.

Does the State statute require HIV testing for juveniles who have been adjudicated under State law of committing sexual acts as it does with adults?

Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

7. Definition of the term "Sexual Act."

Does the State statute define "sexual act" as having the meaning (either literal or approximate) as that given the term in 18 U.S.C. § 2245(2)(A) or (B)? (See Division 7 of the "Guide for the States").

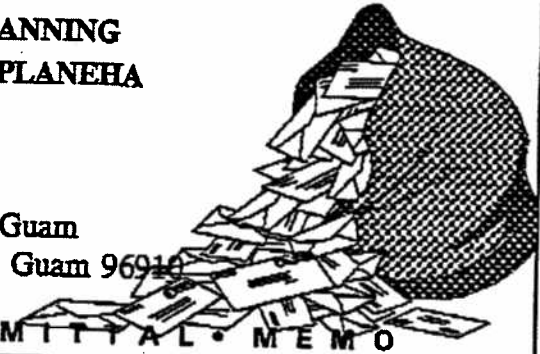
Yes No

What statutory section(s), subsection(s), paragraph(s), or subparagraph(s) or non-statutory materials provide this authority?

**BUREAU OF PLANNING
SETBISION MAMPLANEHA**

Government of Guam
P.O. Box 2950, Agana, Guam 96910

F A C S I M I L E • T R A N S M I T T A L • M E M O



Date: February 24, 1994

Time: 1:55 PM

TO: Mr. Dan Tydingco, Chief of Staff, Senator Pilar C. Lujan

FAX #: 477-9540

FROM: Acting Director, Bureau of Planning *w*

NO of PGS.: 4

SUBJECT: Bill 552 - An Act to require those convicted of criminal sexual conduct to submit to blood and urine examinations.

SENDER: LOLA

REMARK:

Transmitted please find a copy of the letter dated December 23, 1993 to the Speaker of the Twenty-Second Guam Legislature regarding the Territory's 10 percent reduction of its fiscal year 1994 Drug Control and System Improvement grant award. The Crime Control Act of 1990 provides that states and territories which do not have in place laws related to HIV testing of certain convicted offenders would result in a ten percent (10%) reduction in formula grant awards beginning in fiscal year 1994.

Additionally, the Bureau will like to know how is sexually transmitted disease defined, as mentioned in bill 552, line 13? Is Human Immunodeficiency Virus (HIV) included in the definition of sexually transmitted disease?

The Guidance document and worksheet on "Testing Certain Offenders for HIV" states that the law related to HIV testing should consist of the following requirements:

- to administer, to the defendant convicted under State law of such sexual act, a test to detect in such defendant the presence of the etiologic agent for acquired immune deficiency syndrome;
- to disclose the results of such test to such defendant and to the victim of such sexual acts; and
- to provide to the victim of such sexual act counseling regarding HIV disease, HIV testing, in accordance with applicable law, and referral for appropriate health care and support services.

Should you have any questions, please feel free to contact Ms. Lola E. Leon Guerrero at 472-4201/2/3.

TELEPHONE (671) 472-4201/3

FACSIMILE (671) 477-1812

COMMONWEALTH NOW !!

**SETBISION MAMPLANEHA
BUREAU OF PLANNING**

DEC 23 1993

The Honorable Joe T. San Agustin
Speaker
Twenty-Second Guam Legislature
Post Office Box CB-1
Agana, Guam 96910

Hafa Adai Speaker San Agustin:

The Drug Policy Coordinating Council, established by Executive Order 87-20 for the purposes of coordinating and implementing the Territory's efforts against narcotics abuse and violent crime, has developed Guam's Fiscal Year 1994 Strategy for Drug Control and System Improvement, a copy of which is enclosed along with the grant application. For Fiscal Year 1994, Guam is slated to receive \$1,054,000 in federal funds for our criminal justice system to carry out drug and serious crime control activities. The U.S. Department of Justice has waived the 25 percent match requirement.

It is important to note that while Guam is slated to receive \$1,054,000, the actual amount that is available to the Territory is reduced by 10 percent. Guam is slated to lose \$105,400 as it does not have a statute that requires adults and juveniles convicted of sexual assault crimes to submit to HIV testing upon the request of their victim and to have the results of their HIV test provided to their victim. The Drug Policy Coordinating Council is disheartened that the Territory has not passed this much needed piece of legislation. The DPCC is disheartened not because of the loss of federal funds, but because the victims of sexual assault suffer enough by the actions of their convicted assailants and have the right to know whether they were exposed to AIDS.

Should the Territory of Guam enact mandatory HIV testing legislation for convicted sexual assault offenders that is acceptable to the U.S. Department of Justice before September 30, 1994, the \$105,400 will be made available for use by the Territory. The Drug Policy Coordinating Council stipulated at its December 10, 1993 meeting that should the \$105,400 be reinstated to the Territory, the funds are to be used for juvenile gang related projects.

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Fiscal Year 1994 DCSI
State Strategy and Grant Application

This year, federal funds will continue to be used to enhance the Territory's drug interdiction and investigation activities. I trust you will agree that based on continued crystal methamphetamine seizures made by the Guam Police Department, the Department of Commerce and the DEA and Customs Task Forces, federal funds have been used effectively and that there is a continuing need for federal funds to support our efforts to interdict drugs. Additionally, funds will be directed toward domestic and sexual assault crime activities and activities to deter crime and encourage community policing within the Tumon Bay area.

Since 1987, the Drug Policy Coordinating Council has focussed its attention on upgrading the capability of the Guam Police Department's Crime Laboratory. This year is no different as funds will be used to provide the Crime Laboratory with the capability to conduct DNA testing. This capability will significantly enhance the Territory's ability to prosecute homicide and sexual assault crimes.

In order to further enhance the Territory's efforts to reduce serious and violent crime and to further enhance drug control efforts, the Drug Policy Coordinating Council has decided to make automation of criminal history records a priority. A plan for the automation of the records was prepared during the later part of fiscal year 1993. Under the plan, a Central Criminal History Record Repository will be created. Federal funds from FY 1992 and 1993 will be used in conjunction with the FY 1994 funds to automate the territory's criminal history records. This project will be carried out by the Superior Court of Guam, the Guam Police Department, the Department of Law, the Department of Corrections, and the Department of Administration's Data Processing Center. Upon completion of this project and the previously funded Automated Fingerprint Identification System project, the Territory will be in a strong position at long last to readily identify serious and violent criminal offenders.

With the above highlights of the strategy and proposed projects, I hope the members and the staff of the Guam Legislature will review the recommendations of the Council. Should you or your colleagues have any comments on Guam's Fiscal Year 1994 Strategy and grant application, please send them to the U. S. Bureau of Justice Assistance and to the Drug Policy Coordinating Council in care of the Bureau of Planning. Comments to the Bureau of Justice Assistance should be sent directly to the following address:

Ms. Mary Santonastasso
Chief, West Branch
State and Local Assistance Division
Bureau of Justice Assistance
U.S. Department of Justice
633 Indiana Avenue N.W.
Washington, D.C. 20531

Page 3
Fiscal Year 1994 DCSI
State Strategy and Grant Application

Your attention and continuing support is greatly appreciated.

Si Yu'os Ma'ase',

/s/
MICHAEL J. CRUZ
Drug Policy Coordinating Council Chairperson
Acting

Enclosure

cc: Senator Pilar Lujan
Chairperson
Committee on Judiciary and Criminal Justice



Territory of Guam
Territorion Guam

OFFICE OF THE GOVERNOR
UPISINAN I MAGALAHI
AGANA, GUAM 96910 U.S.A.

MAR 22 1994

The Honorable Joe T. San Agustin
Speaker
Twenty-Second Guam Legislature
Post Office Box CB-1
Agana, Guam 96910



Hafa Adai Speaker San Agustin:

The Crime Control Act of 1990, enacted by the 101st Congress, provides that each State and Territory must enact and enforce statutes which provide for the testing of certain convicted sex offenders for the human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS) to continue to be eligible to receive U.S. Department of Justice administered criminal justice formula grant funds.

The HIV testing mandate requires states and territories, at the request of rape victims, to administer an HIV test to person(s) convicted of the sexual offense. Under the mandate, states and territories also must provide the victim and the offender with the results of the test, and the victim with counseling and referral to health care and support services. Failure to comply with this law will result in a ten percent (10%) reduction of the territory's drug control formula grant beginning in fiscal year 1994. The ten percent (10%) reduction will apply to each fiscal year the HIV law is not enacted.

For fiscal year 1994, Guam is slated to receive \$1,054,000 in federal funds from the U.S. Bureau of Justice Assistance for our criminal justice system to carry out drug and violent crime control activities. Due to the 10% percent reduction, Guam is slated to lose \$105,400 if no legislation is enacted.

Should the Territory of Guam enact mandatory HIV testing legislation for convicted sexual assault offenders consistent with the federal guidelines before September 30, 1994, the \$105,400 will be made available for use by the Territory. The Drug Policy Coordinating Council (DPCC) support mandatory HIV testing legislation. At its December 10, 1993 meeting, the DPCC stipulated that should the \$105,400 be reinstated to the Territory, the funds are to be used for juvenile anti-gang related programs.



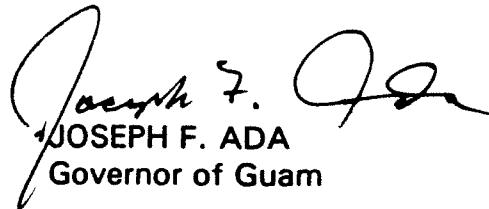
Commonwealth Now!

The Honorable Joe T. San Agustin
Page 2

I understand that Senator Pilar C. Lujan has introduced and heard Bill No. 552. I urge you and your colleagues to act expeditiously on this matter not just for the federal grant, but more importantly to assist victims of sexual assault.

Your attention and continuing support is greatly appreciated.

Si Yu'os Ma'ase',


JOSEPH F. ADA
Governor of Guam

cc: **Honorable Pilar Lujan**
Chairperson, Committee on
Judiciary and Criminal Justice

Honorable David LG Shimizu
Chairperson, Committee on
Health, Ecology & Welfare

Bureau of Planning

8 h) may benefit from antimicrobial treatment. Trimethoprim, 160 mg, with sulfamethoxazole, 800 mg, twice daily, or trimethoprim alone, 200 mg twice daily for 3 days, has proved effective in shortening the mean duration of symptoms from 4 to 1.5 days. It is not certain that these antimicrobials will prove equally effective in all parts of the developing world.

Prevention The only sure prevention is to avoid ingestion of contaminated water and food, a goal that is not practical for most travelers. Carefully controlled studies have demonstrated that three antimicrobials, doxycycline, trimethoprim-sulfamethoxazole, and norfloxacin, when taken prophylactically, are consistently effective in reducing the incidence of TD by 50 to 86 percent in various parts of the developing world. Because of the calculable risks of administration of prophylactic antimicrobials to several million travelers annually, balanced against the generally self-limited course of TD, prophylactic antimicrobials are not routinely recommended for prevention of TD. Travelers are advised, however, to obtain therapeutic doses of effective antimicrobial agents prior to travel to high-risk areas, so that the more severe episodes of TD can be treated early, without recourse to potentially dangerous over-the-counter drugs.

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93 SEXUALLY TRANSMITTED DISEASES

KING K. HOLMES / H. HUNTER HANDSFIELD

Venerology encompasses not only the five "venerable" venereal diseases (syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale) but also a growing number of other diseases which might be considered the "new generation" of sexually transmitted diseases (STDs). The most recently recognized STD, and in certain populations the most important, is infection with human immunodeficiency virus (HIV) (see Chap. 264). Like gonorrhea, many of these newer STDs became epidemic in nearly all countries

of the world during the past quarter-century. With increasing interest in these diseases and improved methods for diagnosis has come awareness of the growing consequences of STD to health and society, which extend far beyond the traditional sphere of venereology, encompassing such diverse problems as acquired immunodeficiency syndrome (AIDS), neoplasia, infertility, and serious congenital and perinatal morbidity.

CLASSIFICATION OF SEXUALLY TRANSMITTED DISEASES

These diseases can be classified on the basis either of their etiologies or their clinical manifestations. Table 93-1 summarizes the etiologic classification of STD.

APPROACH TO SEXUALLY TRANSMITTED DISEASE No single STD can be regarded as an isolated problem, because multiple coinfections are common and because the presence of an STD denotes the occurrence of high-risk sexual behavior that is often associated with the risk of other, more serious infections. STDs are not endogenous, nor are they transmitted by fomites, food, flies, or casual contact. *At least one infected partner always exists.* The sexual history and management of sexual partners are therefore of paramount importance. Failure to identify and examine or refer the infected partner(s) represents a failure in management, both at the community level (since sources of spread of infection are not identified) and at the patient level (since reinfection is not prevented).

Most persons with genital discharges, lesions, or pain cease sexual activity and seek medical care. Accordingly, those who transmit infection usually are among the minority who are infected but asymptomatic, or who do not understand the implications of their symptoms. Therefore, they do not seek medical attention spontaneously, and physicians must see that they are examined and treated, or referred. In the United States, local health departments will usually identify and treat contacts of some diseases (e.g., syphilis, gonococcal pelvic inflammatory disease), but for most STDs this responsibility is shared by the patient and the physician. With the increasing importance of potentially incurable viral STDs (HIV infection, genital herpes, human papillomaviruses, chronic hepatitis B virus infections), the role of counseling to reduce transmission is growing.

STDs are propagated most efficiently in core populations with high levels of sexual activity and frequent changes of sexual partners. In most of the United States, these core groups consist of predominantly young urbanites of low socioeconomic level, who are disproportionately black and Hispanic. They often reside within circumscribed high-prevalence neighborhoods. The treatable bacterial STDs such as syphilis, gonorrhea, and chancroid, are heavily concentrated in core populations and increasingly involve prostitutes and their sex partners and others involved in illicit drug use. These individuals are difficult to reach for educational programs and contact tracing and may continue sexual activity despite STD symptoms. Other STDs are more evenly distributed in society, chlamydial infections, for example. For these, available control measures (e.g., widespread screening, contact tracing) have not been widely applied, even in noncore populations. Chlamydial infection and the incurable viral STDs persist, often asymptotically, and they are propagated widely in populations which do not share the above characteristics of STD core groups. Table 93-2 lists some of the most common clinical syndromes and their complications associated with sexually transmitted pathogens. Strategies for the management of some of the common syndromes are outlined below. AIDS is discussed in Chap. 264.

URETHRITIS IN MEN Urethritis in men is classified as gonococcal or nongonococcal. During the past decade the incidence of gonococcal urethritis has fallen in many western countries, while that of nongonococcal urethritis (NGU) remains at high levels, suggesting that current measures for control of NGU are relatively ineffective. In general, gonorrhea and NGU have similar frequencies among men seen in STD clinics in the United States, whereas NGU is approximately three times as common as gonorrhea among men seen by physicians in private practice and 10 times as common as gonorrhea among college students.

TABLE 93-1 Sexually transmitted pathogens

Bacteria	Virus	Other*
TRANSMITTED IN ADULTS PREDOMINANTLY BY SEXUAL INTERCOURSE		
<i>Neisseria gonorrhoeae</i> <i>Chlamydia trachomatis</i> <i>Treponema pallidum</i>	Human immunodeficiency viruses (HIV-1 and -2) Herpes simplex virus, type 2 (HSV-2) Human papilloma virus (genital types HPV 6, 11, 16, 18, 31, 33, 35, 39, 42, 43, 44, 45, 51-56) Cytomegalovirus	<i>Trichomonas vaginalis</i> <i>Phthirus pubis</i> <i>Sarcoptes scabiei</i>
<i>Calymmatobacterium granulomatis</i> <i>Ureaplasma urealyticum</i>	Molluscum contagiosum virus	
SEXUAL TRANSMISSION REPEATEDLY DESCRIBED BUT NOT WELL DEFINED OR NOT THE PREDOMINANT MODE OF TRANSMISSION		
<i>Mycoplasma hominis</i> <i>Gardnerella vaginalis</i> and other vaginal bacteria Group B streptococcus	Human T-lymphotrophic virus (HTLV-I) (?) Hepatitis C, D viruses Herpes simplex virus type 1 (HSV-1) (?) Epstein-Barr virus (EBV)	<i>Candida albicans</i>
TRANSMITTED BY SEXUAL CONTACT INVOLVING ORAL-FECAL EXPOSURE: OF DECLINING IMPORTANCE IN HOMOSEXUAL MEN		
<i>Shigella</i> spp. <i>Campylobacter</i> spp.	Hepatitis A virus†	<i>Giardia lamblia</i> <i>Entamoeba histolytica</i>

* Other includes protozoa, ectoparasites, fungi.
† Among U.S. patients for whom a risk factor can be ascertained, most hepatitis B virus infections are sexually transmitted.

About 40 percent of NGU is caused by *Chlamydia trachomatis*. Herpes simplex virus and, perhaps, *Trichomonas vaginalis* each cause a small additional proportion of NGU cases in the United States, but over half of the cases cannot be attributed to any of these three pathogens. *Ureaplasma urealyticum* has been implicated in case-control studies as a probable cause of many of the *Chlamydia*-negative cases. Two other organisms, *Mycoplasma genitalium* and *Bacteroides urealyticum*, are also under investigation as possible causes of this syndrome. Since facilities for detection of these agents are not widely available and their role is not certain, the diagnosis

of male urethritis usually does not include cultures for these organisms. However, diagnostic testing for *C. trachomatis* is now widely available, by isolation of the agent in tissue cell culture or by immunochemical detection of chlamydial antigens. The following steps should be taken in evaluating sexually active men with symptoms of urethral discharge and/or dysuria:

TABLE 93-2 Common STD syndromes and etiologic agents

Syndrome	Primary sexually transmitted (ST) agent
Urethritis: males	<i>N. gonorrhoeae</i> , <i>C. trachomatis</i> , <i>U. urealyticum</i> , HSV
Epididymitis	<i>C. trachomatis</i> , <i>N. gonorrhoeae</i> ; non-ST agent: urinary tract pathogens
Lower genital tract infections: females	
Cystitis/urethritis	<i>C. trachomatis</i> , <i>N. gonorrhoeae</i> , HSV; non-ST agent: urinary tract pathogens
Mucopurulent cervicitis	Same as cystitis/urethritis
Vulvovaginitis	<i>C. albicans</i> , <i>T. vaginalis</i> ; non-ST agent: urinary tract pathogens
Bacterial vaginosis (BV)	BV-associated flora (see text)
Acute pelvic inflammatory disease	<i>N. gonorrhoeae</i> , <i>C. trachomatis</i> , BV-associated flora; non-ST agent: coliform bacteria
Ulcerative lesions of the genitalia	HSV-1, HSV-2, <i>T. pallidum</i> , <i>H. ducreyi</i> , <i>C. trachomatis</i> (LGV strains), <i>C. granulomatis</i> ; non-ST agent: pyogenic bacteria (e.g., <i>S. pyogenes</i> , <i>C. albicans</i>)
Proctitis	Same as urethritis, cervicitis; <i>T. pallidum</i>
Acute arthritis	<i>N. gonorrhoeae</i> (e.g., DGI), <i>C. trachomatis</i> (e.g., Reiter's syndrome), HBV, HIV
Genital and anal warts	Human papillomavirus (genital types)
AIDS	HIV-1, HIV-2; also many opportunistic pathogens
Glandular fever (acute fever, lymphadenopathy, atypical lymphocytosis)	Cytomegalovirus, HIV; non-ST agent: EBV
Neoplasias	
Squamous cell cancer of the cervix, anus, vulva, or penis	Human papillomavirus (?)
Kaposi's sarcoma	HIV, other (?); non-ST agent: EBV
Lymphoid neoplasia	HIV, HTLV-I
Hepatocellular carcinoma	
Scabies	<i>S. scabiei</i>
Pubic lice	<i>P. pubis</i>

NOTE: HSV, herpes simplex virus; EBV, Epstein-Barr virus

- 1 Establish the presence of urethritis. Commonly in NGU, and less often in gonorrhea, discharge can be demonstrated only by milking the urethra after the patient has not voided for several hours, preferably overnight. If no overt discharge is demonstrable, urethral inflammation can be documented by inserting a small urethrogenital swab 2 to 3 cm into the urethra and examining the Gram-stained direct smear prepared from this swab for leukocytes. Five or more leukocytes per 1000x field in areas containing cells suggests urethritis. Patients with symptoms who lack objective confirmatory evidence of urethritis on two occasions 1 week apart may have functional problems and generally do not benefit from repeated courses of antibiotics.
- 2 Evaluate for complications or alternative diagnoses. Epididymitis and systemic complications, such as the gonococcal arthritis-dermatitis syndrome and Reiter's syndrome, should be excluded by brief history and examination. Bacterial prostatitis and cystitis should be excluded by appropriate tests in men with dysuria who lack evidence of urethritis or in sexually inactive men with urethritis. Digital examination of the prostate gland is seldom informative in patients with urethritis.
- 3 Evaluate for gonococcal and chlamydial infection. The diagnosis of gonorrhea is confirmed by demonstrating typical gram-negative diplococci within neutrophils. The diagnosis of NGU is warranted if gram-negative diplococci are not found. Isolation of *N. gonorrhoeae* by culture should be attempted to document antimicrobial susceptibility, and also because the predictive value of Gram-stained urethral smears is dependent on the experience of the laboratory. Diagnostic testing for *C. trachomatis* should also be performed if resources are available, regardless of the presence or absence of gonorrhea, since coinfection with *N. gonorrhoeae* and *C. trachomatis* is common in men with urethritis. An approach to the diagnosis of urethritis is illustrated in Fig. 93-1. The treatment of gonorrhea and chlamydial infections is discussed in Chaps. 110 and 155, respectively.

EPIDIDYMITIS Acute epididymitis is almost always unilateral and must be differentiated from testicular torsion, tumor, and trauma. Torsion, a surgical emergency, usually occurs in the second or third

General Operations 071 472 3832# 1

TWENTY-SECOND GUAM LEGISLATURE
Office of the Legislative Counsel and Recording Secretary
155 Hesler St. Agaña, Guam 96910
(671) 472-3465/3482

FACSIMILE TRANSMITTAL SHEET

Date: 3/30/94

Time: 3:30 P.M.

Please forward the following documents to:

Sen. Shimizu's Office
Attn: Barbara

Facsimile No. 472-3832

FROM:

Jane

Facsimile No. (671) 472-3525

RE: B 552

Document Description: pgs. 25 + 26 of 2/15/94 Journal

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| <input checked="" type="checkbox"/> Per your request | <input type="checkbox"/> Per our conversation |
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| <input type="checkbox"/> See remarks below | |

REMARKS:

No. of pages being transmitted including this page 3. If there are any problems in receiving the message, please call Jane at (671) 472-3465/3482.

deleting lines 4, 5, and 6 and inserting in lieu thereof the words "THE NECESSARY MEDICAL EXAMINATIONS FOR SEXUALLY TRANSMITTED DISEASE DETERMINATION". In the discussion of the amendment, the Chair declared a brief recess.

Recess having expired, the Legislature reconvened.

Senator Lujan withdrew her amendment, and continued with her presentation of Substitute Bill 552.

Senator A. R. Unpingco moved to amend Substitute Bill 552 by deleting the word "convicted" wherever the word appears throughout the bill, and inserting in lieu thereof the word "indicted".

In the discussion of Senator Unpingco's amendment, Senator T. S. Nelson moved that Substitute Bill 552 be re-referred to the Committee on Health, Ecology and Welfare. The motion being put, the same was carried.

(Note: While Senator A. R. Unpingco had the floor, Senator H. D. Dierking took the Chair).

Bill 670:

Senator V. C. Pangelinan moved that Bill 670, as amended by the Committee on General Governmental Operations and Micronesian Affairs, as substituted by the Committee on Rules, and as further substituted on the floor, marked "AMG #2", be accepted for purposes of discussion. Without objection the motion was carried.

Senator V. C. Pangelinan moved that Substitute Bill 670 be placed on the Third Reading File.

(Note: In the discussion of Substitute Bill 670 and while Senator A. R. Unpingco had the floor, Vice-Speaker J. P. Aguon took the Chair).

Senator A. R. Unpingco moved to amend Substitute Bill 670 on page 4, by inserting a period (.) after the word "inspector" on line 5, and deleting the balance of the sentence up to and including the word "degree" on line 7.

Senator C. T. C. Gutierrez moved to amend Senator Unpingco's amendment by deleting Section 4 of Substitute Bill 670.

member of the Chamorro Language Commission; and Mr. Stanley York Yasuhiro to serve as a member of the Guam Memorial Hospital, Board of Trustees, be approved in toto. The motion being put, the same was carried unanimously.

On the confirmation of Mr. Jose A. E. Manibusan to the Office of Director of the Department of Agriculture, the roll was called and his confirmation was unanimously approved by the following votes:

Ayes - Senators T. C. Ada, J. P. Aguon, E. P. Arriola, J. G. Bamba, A. C. Blaz, M. Z. Bordallo, D. F. Brooks, F. P. Camacho, H. D. Dierking, C. T. C. Gutierrez, P. C. Lujan, M. D. A. Manibusan, T. S. Nelson, V. C. Pangelinan, D. Parkinson, E. D. Reyes, J. T. San Agustin, F. E. Santos, D. L. G. Shimizu, T. V. C. Tanaka, and A. R. Unpingco - 21

Noes - None.

The Legislature then reverted to "Second Reading File", and Bill 525 was the next item on said file.

Bill 525:

Senator D. L. G. Shimizu moved that Bill 525, as substituted by the Committee on Rules and as further substituted on the floor, marked "AMG 2/16/94", be accepted for purposes of discussion. Without objection the motion was carried.

Senator D. L. G. Shimizu moved that Substitute Bill 525 be placed on the Third Reading File. Without objection the motion was carried.

Bill 552:

Senator P. C. Lujan moved that Bill 552, as substituted by the Committee on Health, Ecology and Welfare and as further substituted by the Committee on Rules, marked "AMG", be accepted for purposes of discussion. Without objection the motion was carried.

Senator P. C. Lujan moved that Substitute Bill 552 be placed on the Third Reading File.

Senator P. C. Lujan moved to amend the title of Substitute Bill 552 by
Legislative Daily Journal
Tuesday, February 15, 1994 through
Friday, February 18, 1994

AUG 19 '93

TWENTY-SECOND GUAM LEGISLATURE
1993 (FIRST) Regular Session

Bill No. 552 (LS)

Introduced by:

P. C. Lujan *PL*

AN ACT TO REQUIRE THOSE CONVICTED OF
CRIMINAL SEXUAL CONDUCT TO SUBMIT TO
BLOOD AND URINE EXAMINATIONS.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF
2 GUAM:

3 **Section 1. Legislative Findings.** With the Twenty-First Guam
4 Legislature's concerted efforts to promote and protect victim's rights through
5 measures such as the Victim's Bill of Rights and the Rape and Sexual Abuse
6 Crisis Center, the Twenty-Second Guam Legislature deems it necessary to
7 provide further protection against the growing incidence of criminal sexual
8 activity being reported and prosecuted.

9 Recognizing that such crimes are heinous, traumatic, and emotionally
10 and physically crippling, the Legislature hereby finds it necessary to require
11 all criminal sexual conduct suspects and convicts to submit to blood and urine
12 examinations to determine if victims have been potentially exposed to any
13 sexually transmitted disease.

14 **Section 2.** Upon request by a victim of any criminal sexual abuse, those
15 convicted of this crime shall submit to blood and urine examinations.

16 **Section 3.** The Department of Public Health and Social Services shall
17 administer and analyze such blood and urine examinations in accordance
18 with standard medical procedures.

19 **Section 4.** The results of such examinations shall be furnished to the
20 victim, convict, Guam Memorial Hospital, Guam Police Department, and the
21 Department of Corrections.

22 **Section 5.** Any treatment necessary shall be furnished by the Guam

23 Memorial Hospital, the Sexual Abuse and Rape Crisis Center, and the
24 Department of Public Health and Social Services.

25 **Section 6.** Such sums as may be necessary to carry out the purposes of
26 this Act shall hereby be appropriated from the General Fund.