

**NLWJC - Kagan**

**DPC - Box 001 - Folder 025**

**AIDS - Funding**

## THE WHITE HOUSE

WASHINGTON

October 27, 1998

## HIV/AIDS ANNOUNCEMENT

**DATE:** October 28, 1998  
**LOCATION:** Room 450 OEOB  
**BRIEFING TIME:** 4:40 pm - 4:55 pm  
**EVENT:** 5:00 pm - 6:00 pm  
**FROM:** Bruce Reed/Minyon Moore/Sandy Thurman

**I. PURPOSE**

To declare the status of HIV/AIDS in minority communities to be a "severe and ongoing health care crisis" and to unveil a \$156 million historic new initiative to address this urgent problem.

**II. BACKGROUND**

You will be addressing approximately 150 representatives of the African-American, civil rights, public health, AIDS, and gay and lesbian communities to discuss the urgent problem of HIV/AIDS in racial and ethnic minority communities. In your remarks, you will declare the status of HIV/AIDS in minority communities to be a "severe and ongoing health care crisis." To address the chronic and overwhelmingly disproportionate burden of HIV/AIDS on minorities, you will announce a \$156 million new comprehensive initiative that includes unprecedented efforts to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American and Hispanic communities. This is also an opportunity to highlight other important increases to fight HIV/AIDS in the budget, as well as new funding for your initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

- **Declare HIV/AIDS in the minority community to be a "severe and ongoing health care crisis."** While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African American men age 25-44 and the second leading killer of African American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases and only about 10 percent of the population.

- **Unveil historic \$130 million increase for HIV/AIDS in the minority community.** This new initiative, which the Administration and the Congressional Black Caucus fought for in the budget process, will address the urgent problem of HIV/AIDS among minorities including new prevention efforts, improved access to HIV/AIDS drug treatments, and training for health professionals who treat this disease.
  - **Crisis response teams.** HHS will make available Crisis Response Teams to a number of highly-impacted areas. These teams will include experts in public health and HIV prevention and treatment, doctors, nurses, and epidemiologist from a range of agencies including the CDC, SAMSHA, HRSA. The teams will, over a period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop new innovative effective strategies that best meet the needs of these communities.
  - **Enhanced HIV/AIDS prevention efforts in racial and ethnic minority communities.** These funds will be used for important HIV prevention purposes at the Centers for Disease Control. For example, funding will be made available for minority community-based organizations to create innovative outreach approaches in communities heavily impacted by HIV/AIDS, such as working with local health clinics, making testing available, conducting community workshops, and developing HIV and substance abuse prevention programs on the campuses of Historically Black Colleges and Universities. Recognizing that substance abusers are one of the fastest-growing populations of new HIV/AIDS cases, this investment also will enhance the HIV prevention and treatment component of drug treatment services.
  - **Reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.** Studies show that African-Americans and Hispanics are much less likely to receive treatments that meet federally-recommended treatment guidelines. This new funding, which supplements the already large increase in the Ryan White program, will help minorities get access to cutting edge HIV/AIDS drug treatments as well as the range of primary health services needed to treat this disease. It also will be used to educate health care providers who treat largely minority populations on treatment guidelines for HIV/AIDS.
- **Highlight Unprecedented Increases in Effective HIV/AIDS Treatment, Prevention, and Research Programs.** This is a good opportunity to highlight the fact that Congress has approved substantial critical increases in a wide range of effective HIV/AIDS programs that were strongly supported by you and the Vice President. These include:

- **A historic \$250 million increase in the Ryan White Care Act** which provides for primary HIV health care services, treatments, and teaching health care professionals HIV treatment guidelines. This investment which provides over 60 percent increase for the AIDS drug assistance program, which provides protease inhibitors and other life-saving HIV/AIDS treatments to those who could not afford these treatments, which run as high as \$20,000 per year.
  
- **Ten Percent Increase for HIV/AIDS Research at NIH.** In FY 1999, research on HIV/AIDS at the National Institutes of Health (NIH) will total over \$1.8 billion, a 10 percent increase. This increase will enhance both basic research to further our understanding of the HIV virus as well as applied research that includes clinical testing of new HIV/AIDS pharmacological therapies.
  
- **Reiterate your Commitment to Eliminate Racial Health Disparities.** Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Hispanics are more than four times as likely to get HIV/AIDS than whites, while African-Americans are more than eight times as likely. The Congress has taken a first step in investing in the President's proposal to address racial health disparities by funding over \$65 million of this initiative. Congress partially funded the proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have shown promise in attacking these disparities.
  
- **Call on Congress to Pass Unfinished Agenda for People With HIV/AIDS.** You have repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that contains critical protections for people with HIV/AIDS including: access to specialists, continuity of care so to prevent abrupt changes in critical treatment when an employer changes health plans. Congress also failed to pass the bipartisan Jeffords-Kennedy bill that enables people with disabilities and other disabling conditions, such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as other pro-work initiatives.

### **III. PARTICIPANTS**

#### **BRIEFING PARTICIPANTS:**

Maria Echaveste  
Minyon Moore  
Chris Jennings/Bruce Reed  
Sandy Thurman  
Richard Socarides

Broderick Johnson

**PARTICIPANTS:**

Secretary Shalala

Dr. David Satcher

Rep. Maxine Waters

Rep. Louis Stokes

Denise Stokes, Member of the President's Advisory Council on HIV and AIDS

\*Seated on Stage: Sandy Thurman and Members of Congress will be seated on stage.

**IV. PRESS PLAN**

Open Press.

**V. SEQUENCE OF EVENTS**

- **YOU** will be announced onto the stage and proceed directly to the podium.
- **YOU** will make remarks and then introduce Dr. David Satcher.
- Dr. David Satcher will make remarks and introduce Secretary Shalala.
- Secretary Shalala will make remarks and introduce Rep. Louis Stokes
- Rep. Louis Stokes
- Maxine Waters
- Denise Stokes, Member of the President's Advisory Council on HIV and AIDS.
- **YOU** will thank Denise Stokes for her remarks and make informal closing remarks.
- **YOU** will work a ropeline and then depart.

\*A reception for guests will be held in the Indian Treaty Room following the event.

**VI. REMARKS**

Provided by Speechwriting.

AIDS - funding

**PRESIDENT CLINTON:  
PROTECTING AMERICA'S HEALTH, INCREASING FUNDING FOR HIV/AIDS**

October 28, 1998

*"The AIDS epidemic is not over. It is a particularly severe and ongoing crisis in the African-American community and other communities of color. Like other epidemics before it, AIDS is hitting hardest in areas where poverty is high and education is scarce. It is picking on the most vulnerable among us. We must do more to bury this cruel disease."*

President Bill Clinton  
October 28, 1998

Today, President Clinton holds a White House event, where he will declare HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announce a comprehensive new initiative that invests an unprecedented \$156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic, and other minority communities. The President will also highlight other important investments in the fight against HIV/AIDS, and new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

**THE NEED FOR INCREASED EFFORTS TO FIGHT HIV/AIDS IN MINORITY COMMUNITIES.** While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African-American men age 25-44 and the second leading killer of African-American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases, though they make up only 10 percent of the population. During the budget negotiations, President Clinton fought for and won \$156 million to address the urgent problem of HIV/AIDS among minorities:

- **A Crisis Response Team:** The Department of Health and Human Services (HHS) will make available Crisis Response Teams to a number of highly-impacted areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, and epidemiologists, will, over the period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop innovative new strategies to best meet the needs of the community;
- **Enhanced HIV/AIDS Prevention Efforts In Racial And Ethnic Minority Communities:** Funding will be used for important HIV prevention purposes at the Centers for Disease Control (CDC), and to substance abuse treatment programs for African-American and Hispanic women and their children living with or at risk for HIV/AIDS;
- **Reducing Disparities In Treatment And Health Outcomes For Minorities With HIV/AIDS:** Studies show that African-Americans and Hispanics are much less likely to receive care that meets federally-recommended treatment guidelines. This new funding will help minorities get access to cutting edge HIV/AIDS drug treatments and the range of primary health services needed to treat this disease. Funding will also be used to educate health care providers serving largely minority populations on treatment guidelines for HIV/AIDS.

**THE PRESIDENT FOUGHT FOR AND WON INCREASES IN EFFECTIVE HIV/AIDS TREATMENT, PREVENTION, AND RESEARCH PROGRAMS.** The President fought for and won substantial increases in a wide range of effective HIV/AIDS programs:

- **A Historic \$262 Million Increase In The Ryan White Care Act** providing for primary HIV health services, treatments, and training for health care professionals HIV treatment guidelines;
- **A 12 percent Increase For HIV/AIDS Research At NIH** to enhance both basic research to further our understanding of the HIV virus, applied research that includes clinical testing of new HIV/AIDS pharmacological therapies, and better protective measures for women at risk.

**A PRESIDENTIAL COMMITMENT TO ELIMINATE RACIAL HEALTH DISPARITIES.** Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Congress has taken a first step in investing in the President's proposal to address racial health disparities, but only partially funded the President's proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs.

**CALLING ON CONGRESS TO PASS THE UNFINISHED AGENDA FOR PEOPLE WITH HIV/AIDS.** In addition, Congress failed to pass:

- **A Patients' Bill Of Rights** that contains critical protections for people with HIV/AIDS, including, access to specialists, and continuity of care to prevent abrupt changes in treatment when an employer changes health plans;
- **A Work Incentive Bill For People With Disabilities** that enables people with disabilities and other disabling conditions, such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as other pro-work

initiatives. The President will keep fighting to allow people with disabilities to get the health coverage they need to return to work.

 Maria Echaveste

09/17/98 06:49:09 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP  
cc: Minyon Moore/WHO/EOP, Richard Socarides/WHO/EOP  
bcc: Elena Kagan/OPD/EOP  
Subject: Re: CBC Press Conference problems 

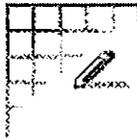
Todd--I just read your email and immediately called Kevin Thurm who tells me that this is contrary to all instructions and everything we've been working on--Todd--we want to know the names of HHS OFFICIALs who were spinning this this is serious> we should aLL have the same talking points\_HHS and Shalala and Saatchar have been working with CBC on best approach to this very serious crisis--Shalala announced in her video today 98 money of \$mil as a down payment--working on other resources--stay tuned, etc. So, who's telling tales?  
Todd A. Summers

 **Todd A. Summers**  
09/17/98 05:55:41 PM  
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Record Type: Record

To: Maria Echaveste/WHO/EOP, Minyon Moore/WHO/EOP, Richard Socarides/WHO/EOP, Christopher C. Jennings/OPD/EOP  
cc:  
Subject: CBC Press Conference problems

Sandy is on her way to Atlanta and asked that I share some info we got on the CBC press conference held this afternoon following the town hall meeting on AIDS in the African American community. Apparently, several HHS officials were spinning that the reason that HHS didn't make the public health emergency requested by the CDC was because the White House wouldn't let them. This inaccuracy was apparently echoed by several of those who spoke at the press conference. NY Times, USA Today, and most of the major African-American journals were present. We do not know how this will be carried in any of the articles and have calls out to see if that's the spin that will be used.

 Todd A. Summers  
12/29/97 01:22:12 PM

Record Type: Record

To: Elena Kagan/OPD/EOP, Lawrence J. Haas/OMB/EOP  
cc: Richard J. Turman/OMB/EOP  
Subject: Proposed Talking Points for Chris

Richard Turman is apparently at a meeting at Treasury, so these have NOT been reviewed by him. The talking points on the Administration's funding accomplishments had been previously approved by his office.

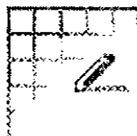
I just talked to Sandy. She'll be back in Atlanta shortly and is prepared for a call from Robert Pear. I've left instructions to give him her Atlanta number if he calls. Sandy is calling Daniel Zingali, Director of AIDS Action Council, to ask that he respond favorably. I'm going to call Dr. Hitt, Chair of the President's Advisory Council on HIV/AIDS, and Winnie Stachelberg, Legislative Director for the Human Rights Campaign. If we get wind of the likelihood of a bad response, I'll let you know.

I think these points are consistent with the conversation this morning. If not, can you mark them up with your comments and get them back to me ASAP before I fax these to Chris.

Thanks,

Todd

----- Forwarded by Todd A. Summers/OPD/EOP on 12/29/97 01:16 PM -----

 Todd A. Summers  
12/29/97 01:05:06 PM

Record Type: Record

To: Richard J. Turman/OMB/EOP  
cc:  
Subject: Proposed Talking Points for Chris

Richard -

Can you look these over - I'd like to fax these to Chris and Sandy

Thanks - Todd

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## **Increase of \$165 Million**

- Administration is proposing a \$165 million increase in the Ryan White CARE Act, which provides primary care, drug therapies, and supportive services to people living with HIV and AIDS - this would represent a 14% increase in Ryan White funding
- \$100 million of the increase will go to the AIDS Drug Assistance Program (a set-aside out of Title II) - this represents a 35% increase.
- \$65 million will go to the other Titles of the CARE Act, which funds care and services
  - Title I - Emergency Relief for major metropolitan areas
  - Title II (other than ADAP) - Grants to states for services and planning
  - Title III - Early treatment intervention for those who are HIV positive
  - Title IV - Services for women, children, and youth

## **Administration's Record on HIV/AIDS Funding**

- Nearly tripled funding for the Ryan White CARE Act since start of term
- Discretionary AIDS funding at HHS increased over 60% since start of term
- Specific Federal Funding for State AIDS Drug Assistance Program up nearly 450% since 1996.
- AIDS research funding at NIH increased by 50% since start of term
- HIV Prevention funding for the Centers for Disease Control and Prevention up 27% since start of term

## **Other Accomplishments**

- The President worked vigorously to save the Medicaid program, which is the largest single payor for AIDS services and treatment in the country -- in 1997, federal Medicaid expenditures for people living with HIV/AIDS totaled \$1.8 billion, including nearly \$500 million for AIDS drugs.
- The President established the HIV Vaccine Initiative, with the goal of finding a vaccine against HIV within 10 years.
- The President has pushed for increases in the Ryan White CARE Act, including a 450% increase in the State AIDS Drug Assistance Program since 1996.

- This Administration has supported the research that resulted in the new treatments that are saving so many lives, with funding for AIDS research at NIH increasing 50% since the start of this Administration.

### **Talking Points on Medicaid Expansion Issue**

The announcement by HHS that an HIV Medicaid expansion is not feasible at the present time in no way lessens the Administration's resolve to continue to seek workable means of extending life prolonging therapies to those in need. This proposed \$100 million increase in ADAP reflects that commitment

The President has long been committed to health care for all Americans, and is pleased with the incremental progress that has been made on a bipartisan basis in recent years. Insurance reform and increased access to health insurance for children are important first steps. But the ultimate goal of high quality health insurance for all Americans remains.

AIDS - funding

Richard Socarides 07/03/97 02:47:57 PM

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Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: AIDS Drug Assistance Program (ADAP) appropriation

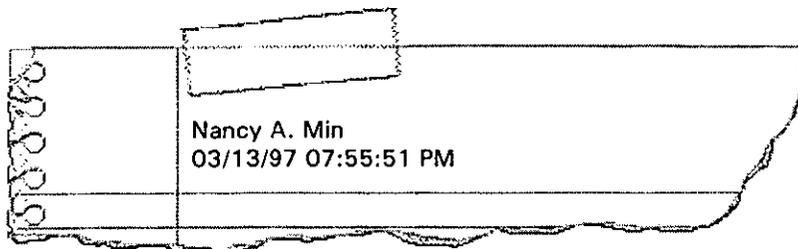
If we are planning, as I believe we are, to ask for a significant increase in the ADAP program for '98, we should consider whether this would be a good announcement for POTUS or VPOTUS and monitor the timing of any announcement closely w/ HHS. It would be a shame if we missed this opportunity to feature good news in our war on AIDS.

Message Sent To:

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Bruce N. Reed/OPD/EOP  
Elena Kagan/OPD/EOP  
Sandra Thurman/OPD/EOP  
Maria Echaveste/WHO/EOP  
Ann F. Lewis/WHO/EOP  
Nancy A. Min/OMB/EOP  
Toby Donenfeld/OVP @ OVP  
Christopher C. Jennings/OPD/EOP

File - AIDS - funding



Record Type: Record

To: Christopher C. Jennings/OPD/EOP  
cc: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP  
Subject: Ryan White Title II and ADAP Grants to States

FYI--If we are looking for "good news" or \$\$ for the POTUS to announce or talk about when he's travelling next week, this is a possibility.

----- Forwarded by Nancy A. Min/OMB/EOP on 03/13/97 07:57 PM -----

  
Wm G. White 03/13/97 03:50:42 PM

Record Type: Record

To: Nancy A. Min/OMB/EOP, Sarah A. Bianchi/OMB/EOP  
cc: Barry T. Clendenin/OMB/EOP, Richard J. Turman/OMB/EOP, Gordon P. Agress/OMB/EOP, Chin-Chin Ip/OMB/EOP  
Subject: Ryan White Title II and ADAP Grants to States

You had asked me this morning to check with HRSA to find out when they plan to send out the FY 1997 Title II grant awards to States under Ryan White.

HRSA staff advise that they plan to send a "Notice of Grant Award" to each State and Territory on March 21st notifying them how much money they will receive in FY 1997 from (1) the Regular Title II Formula grant which totals \$250 million and (2) the \$167 million ADAP set-aside. States will then be eligible to start drawing down on these funds on April 1st which is the beginning of the FY 1997 grant period. [You should note however that 3 States -- California, Illinois and Florida -- have already received up to 25% of their FY 1997 ADAP set-aside award earlier this year during the FY 1996 grant period. You will recall that HHS agreed to make the FY 1997 ADAP funds available early to States who applied for such funds.]

HRSA staff also advise that HHS intends to send out a press release on or about on March 21st as well announcing this information to the media.

I will send over to you this afternoon a table that I received from HRSA which summarizes how much money each State will receive for both the Title II Formula Grant and the ADAP Set-Aside Grant respectively. Some highlights from the table are shown below. Each State and Territory will receive funding under Title II of Ryan White.

**Ryan White Title II and ADAP Awards to Selected States -- FY 1997**  
(BA -- \$ in Millions)

<b>Selected State</b>	<b>Formula Grant Award</b>	<b>ADAP Set-Aside Award</b>	<b>Total Title II Award</b>
<i>California</i>	31.548	26.372	57.92
<i>New York</i>	34.972	29.382	64.354
<i>Florida</i>	23.416	17.899	41.315
<i>Illinois</i>	6.607	5.427	12.034
<i>New Jersey</i>	11.932	9.449	21.381
<i>Texas</i>	14.636	11.061	25.698
<i>North Carolina</i>	4.803	2.25	7.053