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| 001. memo | Sandra Thurman to Reed re: AIDS Funding 2001 (1 page) | 12/10/99 | P5 |

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Bruce Reed (Subject File)
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FOLDER TITLE:

AIDS Policy | 1 |

1535

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- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DRAFT

May 21, 1999

AIDS - Africa

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

Thank you for calling me in Ghana and for again reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides you with additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

AIDS is a plague of biblical proportion

Thanks to the commitment of Rev. Leon Sullivan, for the first time, the African American Summit focused much needed attention on the issue of AIDS in Africa and acknowledged the following bleak realities:

AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In many countries, between one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, and this tragedy will continue to grow for at least another 30 years.

AIDS is wiping out decades of hard work and steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

The combination of leadership and resources can turn the tide.

In our battle against AIDS, Uganda is the model for success in the developing world. President Museveni has been a strong and effective AIDS leader, and has created an environment ripe for change. In response, the US has invested more than \$50 million on AIDS in Uganda over a period of ten years. Through this combination of leadership and sustained resources, Uganda has

cut the rate of HIV by more than half, and organized model HIV prevention and AIDS care programs.

As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS, to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donor's have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Côte d'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, finding ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

USAID is now devoting \$6 million to answering key questions surrounding mother-to-child transmission in the developing world and the use of AZT. For example, mothers who receive AZT during delivery should not breast feed if they seek to keep their babies HIV-negative. However, in many areas of sub-Saharan Africa, babies are as likely to die from diarrhea resulting

from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to the testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women, because it cannot be provided to all who need it and because she believes other approaches are more cost effective. In addition, this policy has also gotten caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

**Report on the Presidential Mission
on Children Orphaned by AIDS
in sub-Saharan Africa:**

Findings and Plan of Action

July 19, 1999

Sandra L. Thurman

Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503



HIV/AIDS is not someone else's problem. It is my problem. It is your problem.

For too long, we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the human immunodeficiency virus to spread... at times we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.

South African President Thabo Mbeki

(Remarks delivered as Deputy President, October 1998)

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Summary

1. AIDS is the leading cause of death in Africa. In the next decade, 40 million children will become orphans – by losing one or both parents to AIDS.
2. AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
3. AIDS is not just taking lives, it is threatening economies, stability, and civil society.
4. As goes Africa, so will go India, South-East Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will be living with HIV.
5. We know what works. Scaling up these proven interventions to meet the magnitude of this crisis is essential.
6. Leadership and resources are desperately needed if we are to turn the tide.



Background

On December 1, 1998, World AIDS Day, President Clinton highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding mission to the region and to report back to him with recommendations for productive action. From March 27 through April 5, Director Thurman led a Presidential Mission to Zambia, Uganda, and South Africa. Director Thurman was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. Also joining the Mission was a group of community leaders from outside of government including Mayor David Dinkins, Bishop Felton May, and William Harris. [Attachment A: Trip Manifest]

The goals of the trip were to:

- investigate the extent of the AIDS crisis in sub-Saharan Africa particularly as it relates to children orphaned by AIDS;
- identify proven and promising interventions; and,
- promote leadership both at home and abroad.

I believe, always, that if somehow we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses in dealing with any great difficulty... We cannot restore to [these children] all they have lost, but we can give them a future - a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school."

President Clinton, World AIDS Day 1998

Information for this report was gathered from meetings with African presidents, government ministers, donors, experts, providers, children, parents, and community leaders. In addition, site visits were made to a wide variety of community-based programs serving children and families affected by AIDS. Both the meetings and the visits provided an important perspective on the problem regarding actions taken, lessons learned, and further progress needed. [Attachment B: Groups Visited]

Findings

The Problem:

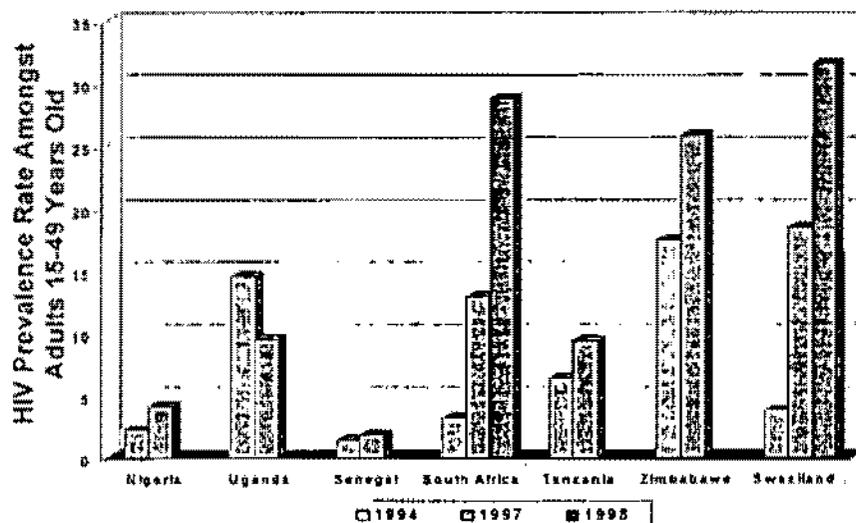
AIDS in sub-Saharan Africa is a plague of biblical proportions.

AIDS in sub-Saharan Africa, notes The United Nations, is the "worst infectious disease catastrophe since the bubonic plague." Deaths due to AIDS in the region will soon surpass the 20 million people in Europe who died in the plague of 1347 and the 20 million people in India who died in the influenza epidemic of 1917. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties lost in all wars of the 20th century combined.

While sub-Saharan Africa accounts for only one-tenth of the global population, it currently carries the burden of more than 80% of AIDS deaths worldwide:

- In the past decade, 12 million people in sub-Saharan Africa have died of AIDS – one-quarter of them children – and each day AIDS buries another 5,500 men, women and children.
- In 1998, AIDS was the largest killer and accounted for 1.8 million deaths in sub-Saharan Africa, nearly double the 1 million deaths from malaria and eight times the 209,000 deaths from tuberculosis.
- By 2005, the daily death toll will reach 13,000 people, nearly 5 million AIDS deaths that year alone.

HIV Prevalence Trends in Selected Countries



And yet, the pandemic rages on:

- In sub-Saharan Africa, more than 22 million adults and 1 million children are currently living with HIV.
- Every day, 11,000 additional people are infected – one every 8 seconds.
- Since the Administration launched this effort on World AIDS Day (December 1, 1998), more than 2.5 million people in sub-Saharan Africa have been infected with HIV, 368,000 in South Africa alone.
- Half of all new infections in southern Africa, and 10% of new infections worldwide, occur in South Africa, now experiencing the fastest growing AIDS disaster.

Fragile health care systems are already buckling beneath the weight of the rapidly growing number of people with AIDS and the growing loss of health personnel as a result of AIDS. For example, The World Bank estimates that in Zimbabwe, Zambia, and Cote d'Ivoire, people with AIDS already occupy 50-80% of all beds in urban hospitals. In addition, the escalating incidence of tuberculosis (TB), the most common opportunistic infection associated with AIDS, now accounts for between one-third and one-half of all AIDS deaths in Africa.

AIDS in sub-Saharan Africa is stalking women and young people, shattering families, and placing extraordinary burdens on the extended family and village systems that have been the backbone of African child-rearing tradition.

While AIDS in sub-Saharan Africa is an equal opportunity killer, women, children, and young people are increasingly caught in the path of this relentless pandemic.

All too often, cultural norms place women at heightened risk of HIV. In many parts of sub-Saharan Africa, and around the world, discrimination against women begins early and continues throughout life. Girls are far less likely to have access to education, information, and skill training. And in turn, women are far less likely to have access to essential health care and income generating opportunities. These realities increase their vulnerability to both poverty and HIV.

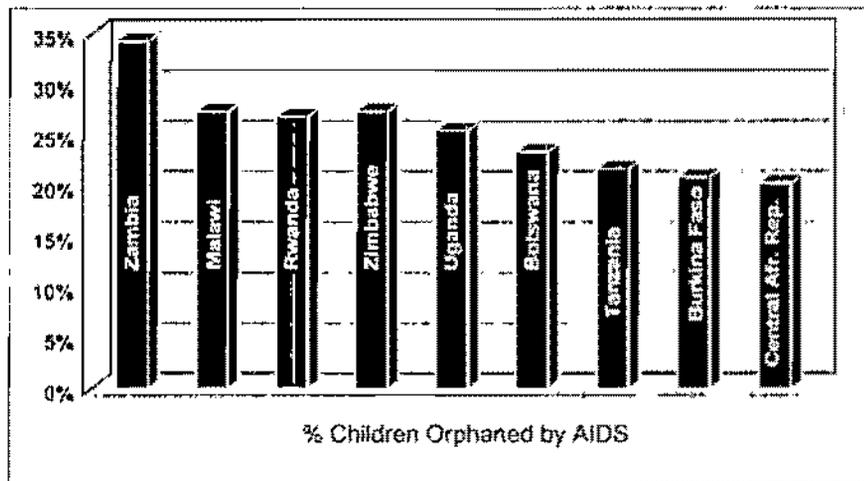
The low status of women in sub-Saharan Africa severely restricts their power to make informed and safe choices. As a result, more than half of all new HIV infections in sub-Saharan Africa are among women and 80% of the 14 million HIV-positive women of childbearing age worldwide reside in sub-Saharan Africa. In many areas throughout the region, pregnant women have astronomically high rates of HIV infection including 73% in Beit Bridge, Zimbabwe and 43% in Francistown, Botswana. Nine out of every ten infants

infected with HIV at birth and through breastfeeding live in sub-Saharan Africa – with nearly 600,000 new infections each year among African babies.

There are many places throughout the region where up to one-quarter of all children are already living with an HIV-positive parent. And in nine sub-Saharan African countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year. In human terms, the AIDS orphan emergency is causing unprecedented threats to child welfare. This vulnerability includes decreased access to life-sustaining food, education, health care, housing, and clothing, and increased psychosocial distress brought on by the death of a parent, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. And while most of these orphans were born HIV-negative – this vulnerability leaves them at seriously increased risk of becoming HIV infected themselves.

Tragically, the worst is yet to come. During the next decade, more than 40 million children will be orphaned by AIDS, and this "slow burn disaster" is not expected to peak until at least 2030. According to UNICEF, the AIDS pandemic in sub-Saharan Africa is having and will continue to have a more significant impact on child survival and maternal mortality than all other emergencies on the continent combined. Without a doubt, AIDS has placed an entire generation of Africa's children in jeopardy.

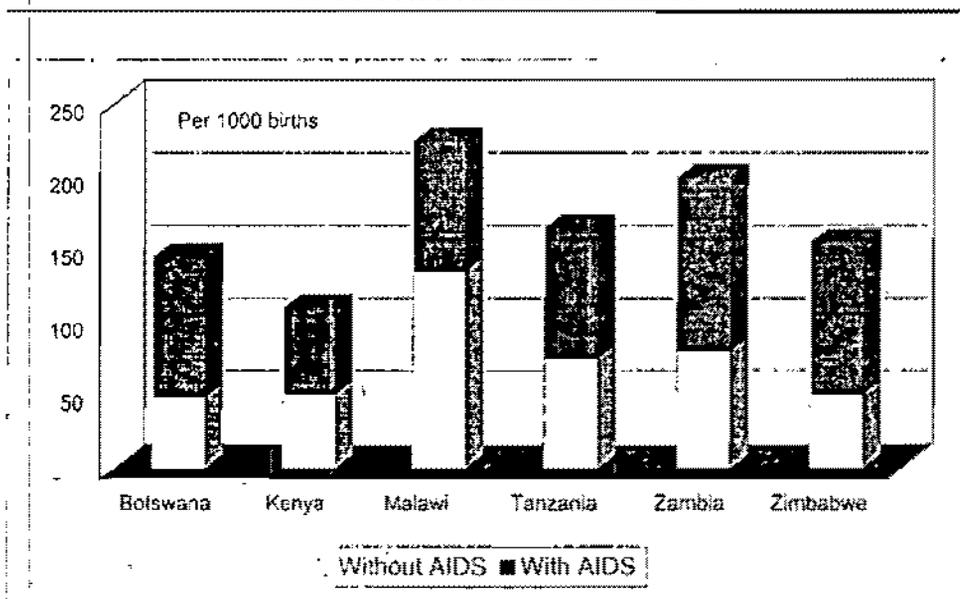
In 9 sub-Saharan African countries, one-fifth to one-third of all children under the age of 15 will be orphaned by the year 2000



Source: US Census Bureau

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in many areas of sub-Saharan Africa, infant¹ mortality will double and child² mortality will triple. In addition, despite steady advances in access to education, a rapidly increasing number of children (particularly girls) are now dropping out of school to act as substitute labor or as caregivers for their dying parents. Far too few are finding their way back to school. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by 25 years and in Zambia from 56 years old to 37. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

**Projected Under-5 Mortality Rates in 2010
for Selected African Countries**



Source: US Census Bureau

AIDS is not only causing unfathomable human suffering, it is jeopardizing economic growth, political stability, and civil society in many sub-Saharan African nations.

AIDS is a trade and investment issue. The *Blueprint for a US/Africa Partnership for the 21st Century*, adopted at the US/Africa Ministerial Meeting states: "African-US economic ties continue to grow. For example, US exports to Africa grew more rapidly in 1998 than did US exports to most other regions and are now 45% greater than its exports to all countries of the former Soviet Union combined. As a source of crude oil, Africa is as important to the United

¹ Infants are defined as those less than 1 year old

² Children are defined as those ages 1 to 5

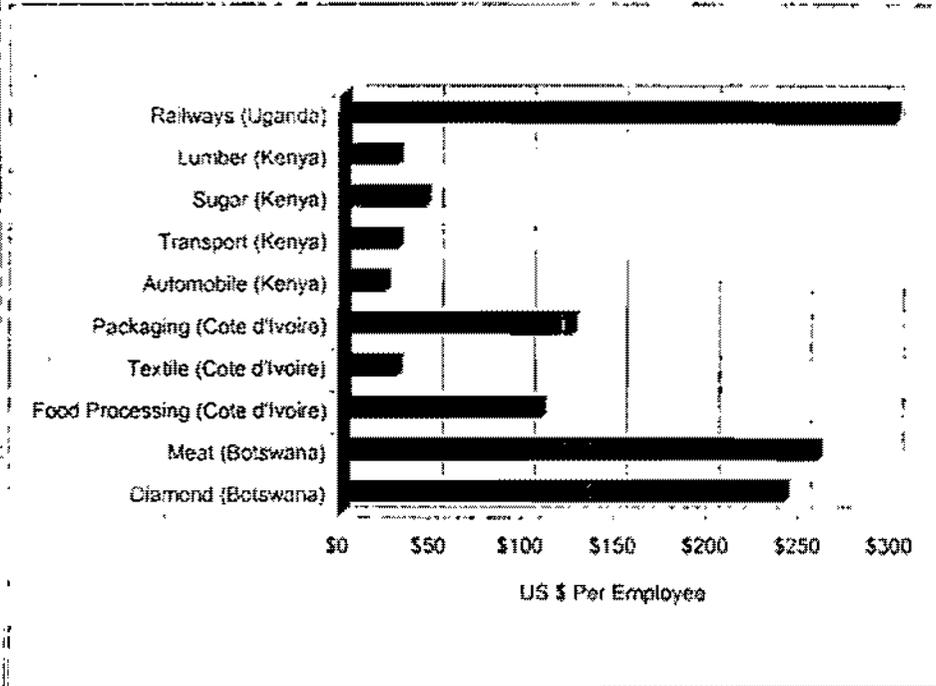
States as the Persian Gulf. On a balance of payments basis, American private investment consistently produces a higher rate of return in Africa than in any other region."

According to Professor Jeffrey Sachs, Director of the Harvard Institute for International Development, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." This is true because as the Southern Africa AIDS Information Dissemination Service estimates, over the next 20 years AIDS will reduce by a fourth the economies of sub-Saharan Africa. This AIDS related economic impact has already begun. According to the *Economist*, a recent study in Namibia estimated that AIDS costs the country almost 8% of GNP in 1996 and by 2005, Kenya's GNP will be 14.5% smaller than it would have been without AIDS. In Tanzania, The World Bank predicts that GNP will be 15-25% lower as a result of AIDS. The South African government estimates that AIDS costs the country 2% of GNP each year.

AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. In Malawi and Zambia, 30% of teachers are HIV-positive, and in Zambia, 1,500 teachers died of AIDS in 1998 alone. In South Africa, 1 in 5 miners is currently infected with HIV. Uganda Railways has already lost 5,600 employees (10% of its workforce) to AIDS and now has an AIDS-related labor turnover rate of 15% annually. And in Zimbabwe, a major transportation company employing 12,000 workers found that by 1996 more than one-third were already HIV positive. According to a World Bank study in Kigali, Rwanda, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV-positive than farmers.

The increased benefits and training costs, and the disruption to regular production due to sick and bereavement leave, are seriously affecting both the private and public sectors. A study in South Africa found that at current levels of benefits per employee, the total cost of benefits would rise from 7% of salaries in 1995 to 19% by 2005 due to AIDS. Companies like British Petroleum and Barclay Bank have stated that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS. The Indeni Petroleum Refinery in Zambia reportedly spent more on AIDS-related costs than it declared in profits.

**Annual Costs of AIDS Per Employee in
Various Industries in Selected Sub-Saharan Africa**



Source: Futures Group International. USAID Policy Project, 1999.

AIDS is a security issue. According to the *Economist*, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans." Recent reports project that the South African military and police are also already heavily infected by HIV. Moreover, as these troops participate in an increasing number of regional interventions and peacekeeping operations, the pace of the epidemic is likely to accelerate. US military and intelligence officials have raised this issue as a serious stability concern. Extremely high levels of HIV infection among senior officers could lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken the central government's authority. For those countries in political transition, instability in the military and security forces could slow or even reverse the transition process. This dynamic merits attention, not only in Africa where the pandemic is already entrenched, but also in India and the Newly Independent States where the pandemic is intensifying its grip.

AIDS is a crime issue. The South African Institute for Security Studies has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected, troubled, and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be

orphaned by AIDS in South Africa alone will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This seriously affects stability and promotes the spread of HIV among these highly vulnerable young people.

In Lusaka, Zambia alone, 100,000 children are estimated to be living on the streets. Most have been orphaned by AIDS. By the year 2000, one million children in Zambia, or one out of every three children, will be orphaned by AIDS. Hundreds and hundreds of these children spend their nights on Cairo Road, sleeping in gutters and in trees, hoping to remain out of the "line of fire". Some are new to the streets, others have called it home for years. The longer they stay, the harder they get. In an effort to survive, too many are forced into crime, sex, and drug operations. While none would actually "choose" this life, once they "belong to the streets" it is difficult to turn back. Though good data are lacking, it is likely that HIV infection is spreading like wildfire among these children. Given their grim reality, it is amazing that as the dawn breaks, so many of them gather at the gate of the Fountain of Hope to attend school. While this school is simply a collection of wooden benches around outdoor blackboards, the desire to learn among these hungry, homeless children gives us hope.



As goes Africa, so will go India, South-East Asia, and the Newly Independent States, and by 2005, more than 100 million people world wide will be HIV-positive.

According to current projections, by 2005, AIDS deaths in Asia will mirror those in Africa. As the world's most populous continent, Asia will soon come to dominate the HIV picture accounting for one out of every four infections worldwide by the end of the year. Already, trends suggest that Asia may surpass Africa with the highest number of new infections.

India is increasingly at the center of the global epidemic, with more HIV infected people than any other country in the world – an estimated 5 million. While the current death rate remains low in comparison to sub-Saharan Africa, infection rates are increasing rapidly and are expected to double every 14 months. Surveillance of the disease is particularly difficult in India as cultural norms, gender inequities, and stigma continue to drive the epidemic underground. As a result, AIDS cases in India are thought to be under-diagnosed, and therefore, poorly treated. By 2000, AIDS will cost India \$11 billion or 5% of GNP.

According to Surgeon General Satcher, "It was only a few years ago that epidemiologists offered projections of disease prevalence for sub-Saharan Africa that were met with disbelief. If the present warnings go unheeded,

South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa."

The Newly Independent States have also registered astronomical growth in HIV infection rates over the past few years. In the last four years alone, Eastern Europe and Central Asia have seen six-fold increases in HIV infections. In the Russian Federation, HIV infections have increased 27-fold between 1994-1997. And in the Ukraine, HIV infections have increased 70-fold. Injection drug use now accounts for 80% of new infections in the Russian Federation and the increasing number of new users signals a growing dual epidemic of AIDS and drugs.

| Region | Epidemic Started | Adults & Children Living With HIV/AIDS | Adults & Children Newly Infected With HIV |
|-------------------------------|------------------------|--|---|
| Sub-Saharan Africa | Late 70's - Early 80's | 22,500,000 | 4,000,000 |
| South & South-East Asia | Late 80's | 7,260,000 | 1,400,000 |
| Eastern Europe & Central Asia | Early 90's | 270,000 | 80,000 |

Source: UNAIDS

The Response:

Determined leadership and sustained investment have made, and can continue to make, an extraordinary difference and will save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is hope. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early in the epidemic by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce AIDS stigma and HIV transmission, and to support those who became sick. In so doing, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US has invested \$46 million (26% of the donor contributions to AIDS in Uganda) in partnership with the Ugandan government, other donors, and non-governmental organizations (NGOs) to provide HIV prevention, care and support. As a result, HIV rates in urban Uganda have been cut in half.

Effective solutions for children orphaned by AIDS are community-based and multi-sectoral. Families and communities not only bear the brunt of the impact of AIDS, they form the frontline of an effective response. In the long-standing African tradition, communities across the continent are searching for creative ways to support the village in its efforts to raise its children. Unfortunately, the growing number of young deaths and orphaned children is beginning to overwhelm many of these small villages. Nevertheless, when residents are brought together to organize in the face of seemingly insurmountable odds. These community partnerships are making the difference by helping to strengthen the capacity of those on the frontline to cope with this ever unfolding crisis.

Through village banks and micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, are taking in children orphaned by AIDS. With support, communities are mobilizing to deal with school fees, food assistance, counseling, material support, immunizations and basic healthcare, and the range of other services orphaned and other vulnerable children desperately need.

These efforts are low cost strategies designed to empower women (many of whom are HIV-positive), protect children, and support extended families and communities in caring for their own. Community mobilization and micro-finance programs are affordable, mutually reinforcing ways to build the capacity of families and communities to cope with the impact of AIDS. This approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning pandemic. For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family

setting. The problem is, only a very tiny fraction of those children in need actually receive even this modest level of support.

Bernadette Nakayima is a remarkable woman from a small village called Kyahusome outside of Maskaka, Uganda. Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil. With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are now HIV-positive, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" – founded by the First Lady of Uganda, Janet Museveni - linking in solidarity thousands of women allied in this same great struggle.



A focus on children orphaned by AIDS can and should be a catalyst for a more comprehensive fight against AIDS. It is almost impossible to consider the issues surrounding the care and protection of children orphaned by AIDS without also considering HIV prevention and AIDS treatment. It is certainly true that the only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV infection among parents and prospective parents. Yet today, young people under the age of 25 represent at least 60% of all new infections in sub-Saharan Africa. Until there is an available vaccine, more aggressive prevention efforts, particularly programs targeted to youth, are essential to stem this rising tide of devastation.

Community action to save orphans can help to facilitate effective prevention efforts by reducing denial and fatalism in the face of AIDS. Planning for children orphaned by AIDS brings home the very real consequences of HIV – death and orphanhood. These grim realities are all too often denied due to the "conspiracy of silence" that surrounds this illness and its long latency period. But this is a matter of life and death and more. Once denial fades, community mobilization enables those involved to believe that they can change their circumstances for the better. This sense of possibility is a powerful behavior change tool.

Helping keep parents alive assures a better future for their children. The number of children being orphaned by AIDS in Africa are staggering, and those children orphaned are at greater social, economic and health risk than

their non-orphaned peers. Parents, guardians, and extended families are best able to provide the nurturing environment for these children. Basic care and psychosocial support can make a huge difference. The delivery of low cost treatments for opportunistic infections (such as TB) helps people with HIV and AIDS live longer and better lives, and enables them to plan for the future of their children. In addition, the availability of care and support gives increased credibility to prevention efforts by demonstrating the merits of pursuing HIV testing and counseling.

Ultimately, it is important to remember that children and families caught in the crossfire of this epidemic do not segment their lives into pieces that follow programmatic or budgetary line items. Therefore, the more holistic and integrated the approach to this complex problem – the more effective the result.

Preventing Mother-to-Child Transmission

Ten percent of all new HIV infections in Africa occur through mother-to-child transmission, with nearly 600,000 infants becoming infected per year. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery.

Developing methods to reduce mother-to-child transmission of HIV that are feasible in Africa is a high priority. For the past three years, multiple studies have been initiated to find proven interventions that could be workable in poor countries. In February 1998, data from the first of these studies was released from Thailand, which demonstrated that a short course of AZT (Zidovidene) could reduce mother-to-infant HIV transmission by nearly 40% in non-breastfeeding infants. Even more recently, on July 14, 1999, The National Institutes of Health announced a joint Uganda-US study breakthrough identifying a low cost drug, nevirapine (NVP) that can reduce mother-to-child transmission of HIV at birth by an additional 50% as compared to the short course of AZT regimen. These drug regimens are far simpler and less expensive than the antiretroviral regimens used in the United States, and potentially just as effective. These new interventions will give pregnant women an incentive to come in and receive HIV testing and counseling, and if infected, receive treatment.



These new developments are extremely encouraging and provide the hope of being able to save the lives of hundreds of thousands of babies a year – most of them live in sub-Saharan Africa. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively translated into productive action. For example, to receive maximum benefit from these drugs, particularly AZT, mothers should not breastfeed. In many areas of sub-Saharan Africa, infant formula is unaffordable and lack of clean water often makes it unworkable. In some cases, babies are as likely to die from diarrhea resulting from incorrect use of formula as they are from AIDS.

The lack of health care infrastructure is also a serious issue. At least 95% of pregnant women do not know they are HIV-positive and currently lack access to the testing and counseling

services needed to find out. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for drug interventions. In the poorest parts of Africa, nearly 80% of women lack access to any kind of health care at all.

Further, the stigma of AIDS is often so great that fear of discrimination, violence and abandonment dramatically restrict the ability of women to make safe choices. In cultures where breastfeeding is the norm, women who choose not to breastfeed are assumed to be HIV-positive, often with dire consequences. Recently, a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors. Countless other women and children have been left destitute after their husbands discovered, or decided, they were HIV-positive.

These technical and ethical challenges deserve our immediate and urgent attention, so that the promise of these exciting new technologies can become a reality for as many women and children as possible.

The Challenge

It's time to bring effective interventions to scale. We know what works. Unfortunately, these proven interventions currently fail to reach the overwhelming majority of those in need. Successful small scale efforts must be dramatically expanded. While the magnitude of the global AIDS pandemic is far too extensive for any donor, host government, or multilateral institution to ignore, it is also too great for any single entity to address unilaterally and effectively. To make a real difference, a coordinated response must mobilize the commitment and resources of the full range of key stakeholders, including governments, bi-lateral development bodies, international organizations, religious networks, the private sector, NGOs, community-based organizations, and people living with HIV/AIDS. AIDS is everyone's problem and everyone must be a part of the solution.



These are the faces of children and families living in a world with AIDS. Their spirit, their determination, and their resilience inspire all of us to join the fight. We are one world, and these children are our children. Their destiny is our destiny. Each of us can make a difference. Each of us can help save lives. Let us wage this holy war together. And for the sake of our children, let us pray we win.

Archbishop Desmond Tutu

Plan of Action

The Background

Throughout the Mission's travel in Africa, it was clear that President Clinton's "Partnership with Africa" is making hope a reality, even at the village level. From Kampala to Cape Town, people across Africa know of this historic alliance, and many were anxious to show their gratitude. Unfortunately, AIDS threatens to decimate this partnership, as it has decimated everything in its path. To protect and defend this legacy of growth and opportunity, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both at home and abroad, is essential.

Given the magnitude of the AIDS pandemic and its devastating impact on child survival, economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, the President established a Global AIDS Emergency Working Group. Included were the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, and the Departments of Defense, State, Treasury, Commerce, and HHS. The Office of National AIDS Policy coordinated this effort, and together the Working Group and the members of the Presidential Mission made specific recommendations. These recommendations form the basis of The Plan of Action now put forward by the Administration.

The Goals

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of goals for the next five years as described below. The Administration seeks to further these goals through an initiative entitled "Joining Forces for LIFE".

- The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in Sub-Saharan Africa.)
- At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- Orphans will have access to education and food on an equal basis with their non-orphaned peers.

- By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to \$300 million per year. (Currently, approximately \$150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

The Initiative



I. **Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.**

Making a difference in Africa requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, bi-lateral and multi-lateral agencies contributed \$150 million of the \$165 million spent on AIDS in Africa. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over \$500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of \$600 million is needed in Africa per year for HIV prevention alone (\$2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent \$74 million on AIDS in Africa through USAID and \$30 million through the Department of Health and Human Services. But more, much more remains to be done.

The Administration proposes a new multi-year initiative that will commit an additional \$100 million in FY2000 to the global battle against AIDS in Africa. This initiative will more than double the existing US investment in HIV prevention and AIDS care related efforts in Africa in FY2000, and enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic (\$48 million)** Implement a variety of prevention and stigma reduction strategies including: HIV Education, engagement of political, religious and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); increased access to opportunity (education, income generation), especially for women and youth; and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.
- **Providing Home and Community-Based Care (\$23 million)** Deliver counseling, support palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers.
- **Caring for Children Orphaned by AIDS (\$10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, micro-finance, education, training, health, and counseling support.
- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development (\$19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track and target HIV/AIDS programs.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of a country's political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy, and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Multi-lateral Partners Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of donors, The World Bank, UNAIDS, international foundations, CEOs and others to discuss how we can best enhance and coordinate our AIDS efforts in Africa and around the world.
- **African Leaders Summit** By the end of the year the National Security Council in conjunction with the Office of National AIDS Policy will promote an AIDS summit for select African Heads of State to address the critical need for political leadership in addressing this pandemic. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.
- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), The United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.
- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. The meeting will be co-chaired by the CEO of Ford Motor Company, currently a leader in providing a variety of AIDS programs in Africa. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

The Department will work with America's Chamber of Commerce and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others in taking similar action. In addition, the Department will direct that there be closer coordination in Africa between commerce service offices, US missions, and African NGOs in a united effort to promote corporate funding of AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as

a key labor outreach and policy issue, provides a model for similar action elsewhere. Outcomes include the education of labor leaders and organizations, and securing their commitment to workplace-based AIDS education and prevention, including outreach to youth. USG involvement will include the Department of Labor and USAID.

- **Religious Leaders Summit** The White House will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.
- **[Diplomatic Initiatives** *ONAP and the Department of State will increase their efforts to focus on US and African ambassadors' efforts to increase attention to AIDS in the diplomatic community. Working with State, other nations' diplomatic communities, and with UNAIDS, ONAP will support the development of a multi-country diplomatic initiative that coordinates AIDS messages and action across multiple countries diplomatic corps. The outcome of such efforts will continue to educate our ambassadors, as well as to apply concerted pressure on governments via a common and unified diplomatic set of messages to act on AIDS.]*

Conclusion

Nelson Mandela, in accepting the Congressional Medal of Honor, said:

Though the challenges of the present time for our country, our continent and the world are greater than those we have already overcome, we face the future with confidence. We do so because despite the difficulties and the tensions that confront us, there is in all of us the capacity to touch one another's hearts across oceans and continents.

We are living in wartime and the stakes are high. Tragically, we know the severity of the horror that lies ahead. Fortunately, we also know a great deal about what can be done to protect children and to support families and communities in their battle against AIDS. Across Africa, valiant efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick and to stitch together a tapestry of family or family-like support systems for the growing millions of children orphaned by AIDS. Partnerships between our government and other donors, host governments, non-governmental organizations, consumer groups, and communities are generating hope and demonstrating promising results.

But the battle against AIDS has just begun, and the worst is yet to come. We need to continue to seek ways to promote and reward leadership, and to remove barriers that impede a cooperative multi-sectoral response. We need to expand our vision, our capacity, and our resource base – in the face of an ever expanding nightmare that just won't take no for an answer. Living in wartime means pushing forward on several fronts at the same time.

As we seek to keep pace and perhaps even gain ground, the question of how best to "scale up" effective interventions to meet the magnitude of this challenge looms large. We heard calls for caution, caution not to move too fast, caution not to do too much, and caution not to overestimate available capacity. This caution is wise and well taken, but the faces of the children crying out for our help beckon us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity and partnerships we lack, as we gear up for the long haul.

Attachment A

Trip Manifest

PRESIDENTIAL MISSION TO AFRICA
MARCH 27, 1999 – APRIL 5, 1999

MEMBERS OF CONGRESS

Representative Carolyn Kilpatrick
*Foreign Operations Subcommittee, Appropriations, and
Congressional Black Caucus*

Representative Barbara Lee
*Africa Subcommittee, International Relations, and
Congressional Black Caucus*

Representative Sheila Jackson Lee
*Founder and Chair, Congressional Children's Caucus, and
Congressional Black Caucus*

CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Representative Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Coalition on AIDS
Dr. Jacob Gayle, UNAIDS Technical Advisor and Liaison to The World Bank
Rory Kennedy, Documentary filmmaker, Moxie Films
Nick Doob, Documentary filmmaker, Moxie Films

ADMINISTRATION OFFICIALS

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Desk Officer, Bureau of African Affairs, State Department

Attachment B

Groups Visited

| | Community Organizations | Government Officials |
|--------|--|---|
| Zambia | <ul style="list-style-type: none">• Bwanfano• CHIN• Christian Council of Zambia• Evangelical Fellowship of Zambia• Family Health Trust• Fountain of Hope• McKinney Islamic Center• Mulenga Compound• National AIDS Network• Ndeke House• Project Concern International• Society of Women Against HIV/AIDS• St. Anthony's Compound• Twapia Windows Group | <ul style="list-style-type: none">• President Jacob Titus Chiluba• Dr. Nkandu Luao, Minister of Health• Peter McDermott, UNICEF Country Representative• Vincent Malambo, Minister of Legal Affairs• Edith Z. Nawakwi, Minister of Finance and Economic Development• Abel Chambashi, Minister of Youth, Sports and Child Health• Keli Walubita, Minister of Foreign Affairs• Dawson Lupunga, Minister of Community Development• Dr. Moses Sichone, HIV/AIDS Coordinator, GRZ• GRZ public-private orphan task force• Ambassador Arlene Render |
| Uganda | <ul style="list-style-type: none">• AIDS Development Foundation• AIDS Information Center• The AIDS Support Organization (TASO)• Foundation for International Community Assistance (FINCA)• Joint Clinical Research Centre• Makerere University• National Community of Women Living with AIDS• Save the Children (UK)• Uganda AIDS Commission• Uganda Cancer Institute• Uganda Virus Research Institute• United Women's Effort to Save Orphans | <ul style="list-style-type: none">• President Yoweri Kaguta Museveni• First Lady Janet Museveni• Dr. Crispus Kiyonga, Minister of Health• Hajat Janet Mukwaya, Minister of Gender, Labor and Development• Dr. Elizabeth Madraa, AIDS/STD Control Program, Ministry of Health• Rafina Ochago, Commissioner for Child Care and Protection, Ministry of Gender, Labor and Development• Ambassador Nancy J. Powell |

**Community
Organizations**

**Government
Officials**

South Africa

- Bethesda House
 - CINDI Coalition (Children in Distress)
 - Don McKenzie TB Hospital
 - Edendale Hospital
 - Edith Benson Babies Home
 - Ethembeni Centre
 - Grey's Hospital
 - Highway Hospice
 - Hope Worldwide-Jabavu Clinic
 - King Edward Hospital
 - Lilly of the Valley
 - Makaphuthu Children's Home
 - Project Gateway
 - Streetwise Shelter
- Nkosa Zana Zuma, Minister of Health
 - GJ Fraser-Moleketi, Minister of Welfare and Population Development
 - Dr. Ben S. Ngubane, Premiere, KZN
 - Dr. Zweli Mkhize, Minister of Health, KZN
 - Sipiwe Gwala, Mayor, KZN
 - Ambassador James Joseph

Attachment C

US Government Agencies Engaged

Office of National AIDS Policy

Sandra Thurman, Director
Todd Summers, Deputy Director
(202) 456-2437
Web: www.whitehouse.gov/ONAP

U.S. Department of State

Frank Loy, Under Secretary for Global Affairs
(202) 647-6240
Web: www.state.gov

*Bureau of Oceans and International Environmental and Scientific Affairs --
Emerging Infectious Diseases and HIV/AIDS Program*

Nancy Carter-Foster, Director
(202) 647-2435
Email: ncarterf@state.gov
Web: www.state.gov/www/global/oes/health

U.S. Agency for International Development

Web: www.info.usaid.gov

*Bureau for Global Programs, Field Support and Research -- Center for
Population, Health and Nutrition*

Duff Gillespie, Deputy Assistant Administrator
(202) 712-4120

HIV/AIDS Division

Paul DeLay, Division Chief
(202) 712-0683

U.S. Information Agency

Joseph D. Duffey, Director
(202) 619-4742
Web: www.usia.gov

U.S. Peace Corps

Center for Field Assistance and Applied Research
(202) 692-2666

U.S. Department of Health and Human Services

Secretary Donna Shalala
Web: www.os.dhhs.gov

Surgeon General and Assistant Secretary for Public Health and Science
David Satcher, Surgeon General and Assistant Secretary
(202) 690-7694
(301) 443-4000

Office of HIV/AIDS Policy
Eric Goosby, Director
(202) 690-5560

Office of International and Refugee Health
Greg Pappas, Acting Director
(301) 443-1774

National Institutes of Health

Harold Varmus, Director
Web: www.nih.gov

Office of AIDS Research
Neal Nathanson, Director
(301) 496-0357
Web: www.nig.gov/od/oar/index.htm

Centers for Disease Control and Prevention

Jeffrey P. Koplan, Director
(404) 639-7000
Web: www.cdc.gov

Office of Global Health
Steve Blount, Director
(404) 488-1085

National Vaccine Program Office
Robert F. Breiman, Director
(404) 639-4452

*National Center for HIV, Sexually Transmitted Diseases,
and Tuberculosis Prevention*
Helene D. Gayle, Director
(404) 639-8000

Division of HIV/AIDS Prevention -- Surveillance and Epidemiology
Director Kevin DeCock
(404) 639-0900

Division of HIV/AIDS Prevention -- Intervention Research and Support
Director David Holtgrave
(404) 639-5200

National Center for Infectious Diseases
Director James M. Hughes
(404) 639-3401

Food and Drug Administration

Office of Special Health Issues
Terry Toigo, Associate Commissioner
(301) 827-4460
Web: ttoigo@oc.fda.gov

Office of International Affairs
Walter Batts, Director
(301) 827-4480
Web: wbatts@oc.fda.gov

U.S. Department of Commerce

William Daley, Secretary
Web: www.doc.gov

Bureau of the Census - International Programs Center
Peter O. Way, Chief
(301) 457-1390

Health Studies Branch
Karen A. Stanecki, Chief
(301) 457-1406

Bureau of Economic Analysis - Office of the Director
J. Steven Landefeld, Director
(202) 606-9602
Email: john.landefeld@bea.doc.gov

International Trade Administration
Michael J. Copps, Assistant Secretary for Trade Development
(202) 482-1461

National Institute of Standards and Technology
Ray Kammer, Director
(301) 975-2300

Office of International and Academic Affairs
B. Stephen Carpenter, Director
(301) 975-4119

Patent and Trademark Office - Office of the Assistant Secretary
Todd Dickinson, Deputy Assistant Secretary and Acting Commissioner of Patents
& Trademarks
(703) 305-8600

Biotechnology Examining Groups
John J. Doll, Director
(703) 308-1123

U.S. Department of Defense

Office of the Deputy Assistant Secretary for Clinical and Program Policy
Lynn Pahland, Director of Health Promotion/ Health Affairs
(703) 681-1703

Walter Reed Army Institute of Research
Division of Preventive Medicine
Lt. Col. Patrick Kelley
(202) 782-1353

Attachment D

Key Reference Documents

AIDS Epidemic Update. December 1998. UNAIDS

AIDS in the World, vol. 1 and 2. Jonathan Mann, Daniel Tarantola, and Thomas Netter, ed. 1992 and 1995.

Blueprint for a US/Africa Partnership for the 21st Century. Adopted at the US/Africa Ministerial Meeting, March 1999.

Children on the Brink: Strategies to support children isolated by HIV/AIDS. Susan Hunter and John Williamson. USAID. 1998.

Confronting AIDS: Public Priorities in a Global Epidemic. The World Bank, 1997.

The Economic Impact of AIDS in Africa, An Overview. The Futures Group International for USAID, March 1999

The Economist, January 2, 1999

Public Health as Part of the Strategy of African Economic Growth. Prof. Jeffrey Sachs, Harvard Institute for International Development. March 10, 1999.

Recent HIV Seroprevalence Levels by Country. February 1999. Research Note No. 26. US Bureau of the Census

Regional Overview of AIDS in Africa. Family Health International for USAID. March 15, 1999

UNAIDS Fact Sheet: AIDS in Africa. November 30, 1998.

USAID funding statistics. USAID. 1999

World Population Profile, 1998. Special Chapter: Focusing on HIV/AIDS in the Developing World. US Bureau of the Census

Africa AIDS crisis becomes a higher priority for U.S.

Gore to announce today doubling of prevention and treatment funding

By Steve Sternberg
USA TODAY

WASHINGTON — President Clinton hardly mentioned AIDS in Africa during his 12-day, six-nation tour of the troubled continent this spring to promote economic development.

Likewise, the Clinton-backed Africa Growth and Opportunity Act, which passed Congress last week, didn't address the continent's leading killer.

Vice President Gore's planned announcement today — that the White House will double funding for global AIDS prevention and treatment to \$200 million next year — represents an increased administration commitment. Almost two-thirds of that funding will be spent in sub-Saharan Africa, administration officials say.

"We have to look for ways to do more; otherwise the continent will be consumed by AIDS," Clinton told USA TODAY last month, after he instructed officials throughout government to find money for the initiative.

Daniel Zingale, director of the lobbying group AIDS Action, hailed the new initiative as "terrific."

"This means that the U.S. recognizes that AIDS threatens to bring down entire nations in Africa and is responding," Zingale said Sunday.

White House officials say that Clinton and Gore long have been aware of AIDS' killing spree in sub-Saharan Africa, the epicenter of an epidemic that afflicts at least 33 million people worldwide.

Clinton said he decided to act after receiving updates on fact-finding missions to the region by Sandra Thurman, director of the White House Office of National AIDS Policy. Her reports from those trips offer a glimpse of countries ravaged by the epidemic. Since 1981, AIDS has killed 11.5 million Africans, 83% of the world's AIDS death toll. Another 22.5 million Africans are infected with the AIDS virus, and 16,000 more people become infected each year.

As the deaths add up, so will the population of orphans, experts say.

Over the next 10 years, nearly 40 million children — a population equivalent to all of the U.S. children east of the Mississippi River — will lose one or both parents.

"Turning a blind eye to this crisis is no different than turning a blind eye to Kosovo or turning a blind eye to (World War II) Germany, and the numbers in this crisis are worse than anything we've seen in those horror shows put together," Thurman says.

Yet for two decades, the world and even the afflicted nations have done little to curb the epidemic.

Just three months ago, Peter McDermott, a UNICEF official working in Zambia, railed at what

he regards as the global "conspiracy of silence" shrouding AIDS in sub-Saharan Africa.

"If the same numbers of people dying daily were to occur in a so-called humanitarian emergency, we would be fully mobilized with planes, supplies, media attention, etc.," he wrote recently in a memo to his superiors. "Yet there seems to be no passion, no anger, no outcry."

Ambassador Stephen Lewis, UNICEF's director, says the agency's stance has begun to change. "The commitment to do something about HIV/AIDS is accelerating by the day," he says. "Where the pandemic is worst, east and southern Africa, it is our absolute highest priority."

Even AIDS activists in the USA, who for years have pressed the government to focus first on the crisis at home, have turned their attention to the epidemic abroad. In April, AIDS Action dispatched dozens of activists to the Capitol to lobby for funds to fight the global epidemic.

Peter Piot, director of UNAIDS, the United Nations AIDS program, says the Clinton administration's initiative could prompt other donor countries to step up their global AIDS efforts. "The U.S. is a major trendsetter in the world," he said last week in an interview. The White House initiative is one of several under way in the United States and abroad. Among the others:

► The Rev. Leon Sullivan, organizer of the African-American Summit held in May in Accra, Ghana, announced at the meeting that he is launching a 10-year program to help countries curb their AIDS epidemics and selecting two countries as test cases.

► On March 3, then-South African President Nelson Mandela, who had been largely silent on AIDS, appealed for a major campaign to curb the spread of the killer disease. He said AIDS is "eroding the fabric of our society and jeopardizing the reconstruction and development of our country." Mandela's successor, Thabo Mbeki, has added that the disease is likely to curb the nation's economic growth significantly.

► Former representative Ron Dellums, D-Calif., in April proposed launching a \$400 million "AIDS Marshall Plan" to provide money for basic medical care, though not expensive new drugs. The government and a consortium of drug companies each would provide half of the funding. Rep. Barbara Lee, D-

Calif., soon plans to submit legislation that, if passed, would finance Dellums' Marshall Plan.

► Bristol Myers Squibb announced May 6 that the company will contribute \$100 million to fight HIV in five sub-Saharan nations.

► In May, a Johns Hopkins University researcher based in Zambia, Paul Zeitz, and colleagues from Harvard proposed that Zambia be relieved of a portion of the interest owed for loans from the World Bank and International Monetary Fund; provided that the savings is spent on AIDS programs.

One month later, the wealthy members of the G7 group of governments voted to support an effort to reduce interest rates for "heavily indebted poor countries." The G7 is made up of the United States, Germany, Japan, France, Britain, Italy and Canada.

The initiative is designed to free up funds for health, child survival and AIDS prevention.

5,500 sub-Saharan deaths a day

Key findings from the Report on the Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa, being released by the White House today:

► Deaths resulting from AIDS in sub-Saharan Africa will soon surpass the 20 million people in Europe who died in the plague of 1347.

► Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties in all wars of the 20th century.

► Each day, 5,500 in the region die of AIDS-related causes. By 2005, the daily death toll will reach 13,000.

► There are nearly 600,000 new infections each year among African babies. Nine of every 10 infants infected with HIV at birth or through breastfeeding live in sub-Saharan Africa.

► In nine sub-Saharan countries, from one-fifth to one-third of children will lose one or both parents to AIDS this year.

► In Lusaka, Zambia, 100,000 children are estimated to be living

on the streets, most of them orphaned by AIDS. By next year, 1 million children in Zambia, or one out of three, will have lost one or both parents.

► In large part as a result of AIDS, infant mortality will double and child mortality will triple over the next decade in many areas of sub-Saharan Africa.

► AIDS has reduced life expectancy in Zambia to 37 years from 56. In the next few years, AIDS will reduce life expectancy in South Africa by one-third, to 40 years from 60.

► Over the next 20 years, AIDS is estimated to reduce by one-fourth the economies of sub-Saharan Africa.

► In Malawi and Zambia, 30% of teachers are HIV positive. In Zambia, 1,500 teachers died of AIDS-related causes in 1995.

► By 2005, AIDS deaths in Asia will mirror those in Africa. Asia will account for one out of every four infections worldwide by the end of the year. In India, rates of infection are expected to double every 14 months.

Families told of news; search intensifies today

By Fred Bayles
USA TODAY

AI
BOSTON — Federal authorities conceded late Sunday that John F. Kennedy Jr., his wife and his sister-in-law probably were dead and have switched the massive operation from "search and rescue" to "search and recovery" off the waters of Martha's Vineyard.

National Transportation Safety Board officials told the Coast Guard that they "were not too optimistic about survivability" in the 63-degree waters.

"We will provide support for recovery and determining the cause," Coast Guard Adm. Richard Larrabee said. He added, "I have spent some very painful moments with the families tonight."

Searchers earlier had zeroed in on what they thought was a single "ping" from an emergency airplane locator. But Larrabee said the signal probably came from an electronic device dropped by rescuers.

Larrabee, commander of

the 1st Coast Guard district in Boston, said the research vessel Rude was moved from a broader sonar search pattern to the spot where the signal originated — the same area aircraft debris was found Saturday.

"The focus of our effort to date has now been narrowed to an area much smaller than where we started," he said.

As the day wound on and a nation watched anxiously, few other clues indicated the fate of Kennedy, Carolyn Bessette Kennedy and her sister Lauren Bessette. Other developments:

► Debris believed from Kennedy's plane washed up on the beaches of Martha's Vineyard. Searchers found an aircraft headrest, a woman's shoe and pieces of foam insulation along a mile of beach that included a stretch below the home built by Kennedy's mother, Jacqueline Kennedy Onassis.

► The Kennedy clan, in Hyannis Port, Mass., for the wedding of Rory Kennedy, Robert F. Kennedy's youngest daughter, spent much of Sun-

day in seclusion with a priest.

► As helicopters and planes flew search patterns, a flotilla trolled the area, including three Coast Guard cutters, a large buoy tender and smaller vessels. The vessel Whiting was to arrive today to aid in the sonar search of the rocky bottom. The Navy salvage vessel USS Grasp is on its way from Norfolk, Va. The vessel recovered wreckage of TWA 800.

► James Hall, chairman of the National Transportation Safety Board, said it could be some time before investigators determine the reasons for the crash. He cautioned that a cause might never be found.

Robert Pearce, NTSB's lead investigator, said Kennedy had flown up the East Coast at 5,600 feet before starting a normal descent. The plane descended to 2,500 feet during the next 14 minutes. Pearce said 29 seconds later, the plane, 11 miles out from Martha's Vineyard, dropped to 1,800 feet, a rapid rate of descent but "within the airplane's capability."

\$100 million more proposed to fight AIDS in Africa

By Susan Page
and Steve Sternberg
USA TODAY

AI
WASHINGTON — Calling the AIDS epidemic in sub-Saharan Africa "a plague of biblical proportions," the White House will propose today spending an additional \$100 million next year for prevention and treatment of the disease around the world.

Vice President Gore will re-

lease a report on AIDS in Africa that also urges the rest of the world to do more.

"AIDS is not only causing unfathomable human suffering; it is jeopardizing economic growth, political stability and civil society in many sub-Saharan African nations," the report concludes.

In the past decade, 12 million people in sub-Saharan Africa have died of the disease, which is expected to deprive 40 mil-

lion children in the region of one or both parents in the next decade.

As part of the initiative, Hillary Rodham Clinton will convene a meeting next month of officials from the World Bank, the United Nations, foundations and corporations to fortify efforts to stem the epidemic.

By the end of the year, the White House promises to host a religious leaders' meeting on the issue, and the National Se-

curity Council will help sponsor a summit of African leaders.

The 30-page report by AIDS czar Sandra Thurman warns that within a few years the epidemic will spread in force to India, Southeast Asia and the former Soviet republics.

Cornellus Baker, president of the National Association of People with AIDS, welcomed the initiative but called it "a very small down payment."

This year, the U.S. govern-

ment is spending \$125 million on HIV prevention and AIDS care worldwide; \$74 million of it is devoted to Africa.

Congress must approve the new funding, 70% of which is earmarked for Africa.

"I hope that the developed world joins together to help our African neighbors, especially the children," said Sen. Orrin Hatch, R-Utah.

► New commitment, 11A



HUMAN
RIGHTS
CAMPAIGN

919 18th Street, NW, Suite 800
Washington, D.C. 20006
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phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

DATE: Tuesday, June 22, 1999

AIDS

TO: Toby Donenfeld 456 - 6231
Kevin Thurm 690 - 7755
Richard Socarides 456 - 6218
Bruce Reed 456 - 2878
Sandra Thurman 456 - 2348
Eric Goosby 690 - 7560

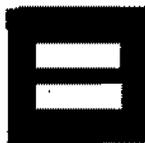
NUMBER OF PAGES: (including cover) 9

FROM: Elizabeth Birch, Executive Director

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HUMAN
RIGHTS
CAMPAIGN

June 22, 1999

The Honorable Albert Gore, Jr.
Vice President of the United States
Old Executive Office Building
Washington, DC 20501

Dear Mr. Vice President,

Your record and the record of the Clinton administration on AIDS issues is certainly a strong one and we appreciate the priority you attach to addressing the growing needs of people living with HIV and AIDS. Your leadership on issues like Medicaid expansion and increased funding for federal HIV and AIDS programs clearly demonstrate your commitment to fighting and ending this epidemic.

I write to you today because we have some concerns regarding both U.S. domestic and international AIDS policy, which we would very much like to discuss with you and your staff. We were very disappointed, as you know, with the administration's decision last year to certify the efficacy of needle exchange while, at the same time, continue the prohibition on the use of federal funds for these life saving programs. That decision was, in our view, contradictory and has not resulted in any less congressional interference in the issue. Congress prohibited the use of even local and private funding for needle exchange in the District of Columbia last year, and several new bills threaten to similarly restrict programs in other cities around the country. To be clear, more people will become HIV infected and die as a result of those congressional actions and a unified, clearly articulated Administration position will be essential to reverse and/or stop them.

Unfortunately, the focus on needle exchange over the last two or more years has taken vital attention and energy away from a broader discussion of HIV prevention and, to some extent, HIV care and treatment. Over 40,000 people in this country become infected with HIV each year, and no evidence suggests that this number is declining. Despite that alarming statistic, the United States does not have a comprehensive and well-funded plan to reduce or eliminate new HIV infections. The steady rate of new HIV infections combined with the dramatic reduction in AIDS deaths clearly means that the number of Americans *living* with HIV is rising rapidly. A comprehensive plan to address the health care needs of that population, increasingly made up of people of color, women, and other groups with historic difficulty accessing health care, is essential. The Ryan White CARE Act, still a vital part of any plan, cannot and was not designed to meet that level of demand. Despite your call to action, Medicaid expansion is not yet a reality.

WORKING FOR LESBIAN AND GAY EQUAL RIGHTS.

919 18th Street NW, Suite 800 Washington, D.C. 20006
phone (202) 638 4160 fax (202) 347 3323 e-mail hrc@hrc.org



HRC Letter
June 22, 1999
Page 2 of 3

Regarding international AIDS policy and funding, HRC supports H.R. 772, the Hope for Africa Act, sponsored by Rep. Jesse Jackson, Jr. An estimated 47 million people around the world are living with HIV and one quarter of all children have been orphaned by AIDS in many sub-Saharan African countries. The United States has a moral obligation to assist foreign countries and generously support international efforts to reduce and end such devastation.

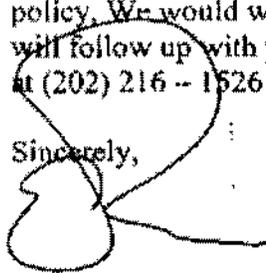
As you well know, HIV and AIDS have overwhelmed entire cities and countries around the world to the point that economic development has ceased. To ignore the connection between economic development and health is counter-productive and we very much support the essential linkage between these two issues in Rep. Jackson's bill. H.R. 772 appropriately sets forth an inclusive approach to addressing the HIV pandemic in Africa by including provisions on debt relief, health care infrastructure development, and adherence to international agreements on intellectual property. Those key components will help ensure not only the wider availability of AIDS drugs, but also the basic health services necessary to successfully administer them.

HRC is also in strong support of increasing the U.S. investment in global HIV and AIDS prevention and care efforts, such as those funded through the U.S. Agency for International Development. In addition to the policies included in H.R. 772, this basic funding must also be part of an overall strategy to address the global AIDS crisis. A copy of letters recently sent to President Clinton from the National Organizations Responding to AIDS (NORA) coalition and Mothers' Voices are attached. HRC is a member of the NORA executive committee and has signed on to the Mothers' voices letter. These and our own letter of support for H.R. 772 (also attached) fully explain our position on these issues.

It is our view that HIV and AIDS prevention and treatment strategies, whether in South Africa, rural Nebraska, or urban America, must include targeted and sustained prevention messages, knowledge of HIV status, the provision of basic health care and supportive services, and of course, AIDS-specific drug treatments. We acknowledge and appreciate the work that you, President Clinton, Secretary Shalala, Sandra Thurman and many others in the Administration have done to address those issues. No other Administration has done as much. However, a great deal more needs to be undertaken as the epidemic changes, and in many ways worsens both here in the United States and around the world.

Your relationship with South African President Mbeke, your leadership position within Administration, and of course your role as a presidential candidate, combine to make your position and plans to address these issues essential to developing sound and comprehensive policy. We would welcome the opportunity to discuss these issues with you in greater detail and will follow up with your staff to set up a meeting. In the meantime, please do not hesitate to call at (202) 216 -- 1526 if you have any questions or we can be of assistance. Thank you very much.

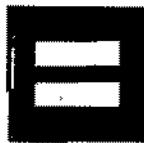
Sincerely,



Elizabeth Birch
Executive Director

HRC Letter
June 22, 1999
Page 3 of 3

cc: President Clinton
Secretary Shalala
The Honorable Richard Gephardt
The Honorable James Clyburn
The Honorable Lucille Roybal-Allard
The Honorable Jesse Jackson, Jr.
The Honorable Nancy Pelosi
The Honorable Maxine Waters
Kevin Thurm
Bruce Reed
Sandra Thurman
Eric Goosby
Richard Socarides
Ron Klain
Monica Dixon



HUMAN
RIGHTS
CAMPAIGN

June 22, 1999

The Honorable Jesse Jackson, Jr.
United States House of Representatives
Washington, DC 20510

Dear Representative Jackson,

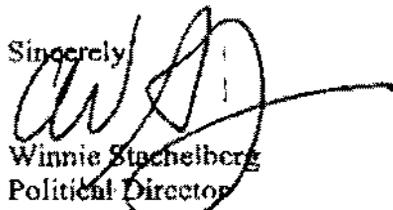
We are writing to express the strong support of the Human Rights Campaign (HRC) for H.R. 772, the Hope for Africa Act. At a time when 47 million people around the world are living with HIV and when one quarter of all children have been orphaned by AIDS in many sub-Saharan African countries, we applaud your leadership on this very important issue. As you well know, HIV and AIDS have devastated entire cities and countries around the world to the point that economic development has ceased. To ignore the connection between economic development and health is counter-productive and we very much support the essential linkage between these two issues in your bill.

Like you, it is our view that HIV and AIDS treatment strategies, whether in South Africa, rural Nebraska, or Chicago, must include the provision of basic health care and supportive services in addition to AIDS-specific drug treatments. H.R. 772 appropriately sets forth such an inclusive approach to addressing the HIV pandemic in Africa by including provisions on debt relief, health care infrastructure development, and adherence to international agreements on intellectual property. Those key components will help ensure not only the wider availability of AIDS drugs, but also the basic health services necessary to successfully administer them.

HRC is also in strong support of increasing the U.S. investment in global HIV and AIDS prevention and care efforts, such as those funded through the U.S. Agency for International Development. In addition to the policies included in your bill, this basic funding must also be part of an overall strategy to address the global AIDS crisis. A copy of letters recently sent to President Clinton from the National Organizations Responding to AIDS (NORA) coalition and Mothers' Voices are attached. HRC is a member of the NORA executive committee and has signed on to the Mothers' Voices letter. These letters fully explain our position on the funding issue.

Please do not hesitate to call at (202) 216-1526 if you have any questions. We would certainly welcome the opportunity to meet with you to further discuss the Hope for Africa Act and other HIV- and AIDS-related issues. We appreciate your leadership on these issues and look forward to working closely with you and your staff in the months ahead.

Sincerely,


Winnie Stachelberg
Political Director


Seth Kilbourn

Deputy Director for Health and Family Policy

WORKING FOR LESBIAN AND GAY EQUAL RIGHTS.

919 18th Street NW, Suite 800 Washington, D.C. 20006
phone (202) 628 4160 fax (202) 347 3323 e-mail hrc@hrc.org



May 24, 1999

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Co-Chairs

Terje Anderson
NATIONAL ASSOCIATION OF
PEOPLE WITH AIDS

Rose Gonzalez
AMERICAN NUBRES
ASSOCIATION

Executive Committee

Dave Cavanaugh
COMMITTEE OF TEN
THOUSAND

David Harvey
AIDS POLICY CENTER FOR
CHILDREN, YOUTH AND
FAMILIES

Jeff Jacobs
AIDS ACTION

Seth Kilbourn
HUMAN RIGHTS CAMPAIGN

Miguellna Maldonado
NATIONAL MINORITY AIDS
COUNCIL

Matthew McCain
CAEAR COALITION

Janet Silver
AMERICAN FOUNDATION
FOR AIDS RESEARCH

Mr. President:

On behalf of the members of the National Organizations Responding to AIDS (NORA) coalition, we are writing to urge you to take bold action to increase America's response to the global spread of HIV. We do so upon learning that the breadth of this problem has recently been brought to your personal attention as a result of your national AIDS policy director's fact-finding trip to southern Africa.

NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy and funding levels.

It is our hope that you will act immediately in light of the significant global worsening of this pandemic since you took office.

--Since 1993, the number of people infected with HIV worldwide has grown 300% -- from 14,000,000 to over 47,000,000. HIV now kills more people annually than any other infectious disease in the world.

--Since 1993, Africa has been devastated by the spread of HIV. In the Republic of South Africa, for example, 4% of pregnant women were infected in 1993. Now nearly 20% of pregnant women are infected with HIV nationwide, and in some provinces the figure rises above 35%. In rural areas of East Africa, 40% of children under the age of 15 have been orphaned by HIV.

-- Since 1993, Asia has undergone a devastating spread of HIV, with whole nations that previously had little virus now reporting millions of cases. For example, India (which had virtually no cases in 1993) now has between 5 to 10 million infected people, and in some states we are seeing that 2% of pregnant women infected.

-- The number of HIV infections in Eastern Europe has increased nine-fold in just three years, growing from less than 30,000 HIV infections in 1995 to an estimated 270,000 infections by December 1998.

In short, Mr. President, since 1993, we have witnessed the greatest development disaster in modern history: the explosive growth of HIV around the world and the death of tens of millions of people from this disease.

NORA

A coalition convened by
AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

This emergency demands an aggressive response not only for humanitarian reasons, but also to protect our nation's goals for global economic growth and political stability. In 1995 alone, experts estimated that the global economy had already lost 500 billion dollars due to HIV. The onslaught is having a serious effect on the long-term economic viability of many countries, decimating a limited pool of skilled workers and devastating health systems.

We are deeply concerned that the administration has essentially straightlined funding for global AIDS programs in your budget proposal to Congress. In a time when HIV/AIDS is ravaging the world, eliminating entire communities, severely undermining economies and destabilizing militaries, the administration's FY 2000 budget request included no increase for USAID health programs, and chose not to continue the \$10 million emergency program for AIDS-affected children.

Mr. President, don't let this be your legacy on the global AIDS pandemic. We appeal to you to take bold action to strengthen our nation's response to AIDS. Specifically we urge you to:

--Increase funding for international AIDS and other health programs. We urge that you seek major increases for global AIDS programs immediately. These funds should be new money, not diverted from other development programs and they should be targeted to reach community groups in nations most at risk. It does no good to rob Peter to pay Paul.

--Direct the Agency for International Development, the Department of State, the Department of Health and Human Services, and the Department of Defense to immediately prioritize AIDS and related health programs, and to identify new and bold actions they will undertake jointly to expand their program activity. Lack of funding makes it very difficult for agencies to prioritize areas that are of great importance to the epidemic at this time, such as effective preventive strategies, vaccine development, and care for those affected.

--Launch a major White House initiative on global AIDS by convening a high level international meeting on the pandemic. This could take the form of an "AIDS Summit," as was held in 1994 in Paris, an AIDS-specific meeting of the G-8, or other high visibility event. The purpose would be to inform other nations that the US is committed to addressing HIV as a top global security issue.

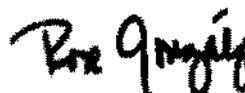
Mr. President, time is short. Within the next decade, the cumulative number of HIV infections is projected to exceed 100 million by 2007. AIDS orphans are projected to exceed 40 million children by the year 2010.

We greatly appreciate your past role as we know you have been a great champion on domestic AIDS funding. We challenge you to champion global AIDS funding as well. There is still time to alter the horrific projections of the spread of HIV in the next century. We implore you to act now and to act boldly.

Sincerely,



Terje Anderson
Co-Chair



Rose Gonzalez
Co-Chair

MOTHERS' VOICES

United to end AIDS®



June 7, 1999

The Honorable William Jefferson Clinton
 President of the United States
 The White House
 Washington, DC 20500

Dear Mr. President,

We are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, this is shameful.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. The undersigned organizations urge you to amend your FY2000 budget request and push for a \$100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least \$100 million would do just that. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

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Diah Moya Yarcolla

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Anna Winter

*In Memoriam

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Facsimile

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E-mail

http://www.mothersvoices.org

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated \$500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected — one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of \$100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Mothers' Voices and

AIDS Action Council

AIDS Legal Referral Panel

AIDS National Interfaith Network

AIDS Nutrition Services Alliance

AIDS Policy Center for Children, Youth and Families

Advocates for Youth

Americans for Democratic Action

American Association for World Health

Asian Pacific Health Care Venture

Center for Health and Gender Equity

Committee of Ten Thousand

D.C. CARE (Comprehensive AIDS Resource and Education) Consortium

Foundation for International Community Assistance (FINCA)

Friendship Bridge

Global AIDS Action Network

Human Rights Campaign

Mobilization Against AIDS

International AIDS Vaccine Initiative

THE WHITE HOUSE
WASHINGTON

November 30, 1998

WORLD AIDS DAY EVENT

DATE: December 1, 1998
LOCATION: 450 OEOB
BRIEFING TIME: 12:00 pm - 12:25 pm
EVENT: 12:30 pm - 1:15 pm
FROM: Bruce Reed/Chris Jennings/Sandy Thurman

I. PURPOSE

To commemorate World AIDS Day by unveiling new steps to address the growing number of children being orphaned by HIV/AIDS -- estimated to be as many as 40 million by the year 2010.

II. BACKGROUND

You will be joined by Secretary of State Madeleine Albright and U.S. Agency for International Development (USAID) Administrator Brian Atwood to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of children affected by AIDS. You will announce: (1) historic new increases of NIH funding dedicated to new research aimed at developing an effective AIDS vaccine and to new prevention strategies to help address the problem of HIV/AIDS throughout the world; (2) new emergency funding from USAID to support international community-based AIDS orphan programs; and (3) a delegation to Sub-Saharan Africa, led by your AIDS Policy Advisor, Sandra Thurman, to assess the growing problem of AIDS orphans and recommend new strategies for responding.

In your remarks, you will announce the following:

- **USAID projection that up to 40 million children will be orphaned by HIV/AIDS by the year 2010.** (NOTE: this projection is of children who will lose one or both parents to AIDS) Over 90 percent of AIDS orphans live in developing countries that have too few resources to provide for their care and support. Over 33 million people around the world now have HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.

- Increase in funding by the National Institutes of Health on research to prevent and treat HIV around the world.** NIH will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:

 - \$200 million for research on AIDS vaccines to prevent transmission around the world, which represents a 33 percent increase from last year's funding.** The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans across the world. NIH will dedicate \$200 million in vaccine research in FY1999 -- a \$47 million increase from FY1998 and an 100 percent increase since FY1995. This investment is critical to meeting your challenge to develop an effective AIDS vaccine.
 - \$164 million for other new research critical to addressing the HIV/AIDS epidemic across the world.** NIH will invest \$164 million in FY1999, a \$38 million increase over last year, for critical projects to reduce the number of AIDS orphans by preventing and treating HIV/AIDS internationally, including: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.
- \$10 million in emergency relief funding at USAID to provide support for AIDS orphans.** USAID will make available \$10 million in emergency funding to support community-based efforts for orphans, including training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.
- AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans.** You will announce that you have asked Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation to southern Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from across the Clinton Administration, key Congressional offices, and the national media to raise awareness about this emerging problem and to develop recommendations for action.

- **New steps to address the continued need of those living with HIV/AIDS in the United States.** While the problem of AIDS orphans is most acute internationally, you will also underscore that HIV/AIDS affects families in this country as well. You will announce that the Vice President will unveil over \$200 million in funds for the Housing Opportunities for People With AIDS (HOPWA) program this year to assist communities around the country to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS, as well as several individuals and families who have benefited from these services.

This is also an opportunity to highlight the Administration's record of achievement on HIV/AIDS. In this year, you have:

- **Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new \$156 million initiative to address this problem,** including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country.
- **Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs.** Increases this year alone include: a \$262 million increase in the Ryan White CARE Act; a \$1.79 billion increase in AIDS research funding at the NIH; a \$32 million increase for HIV prevention programs at the CDC; and a \$21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

III. PARTICIPANTS

Briefing Participants:

Secretary Albright
 Brian Atwood, Administrator USAID
 Bruce Reed
 Chris Jennings
 Sandy Thurman
 Richard Socarides

Program Participants:

YOU
 Secretary Madeleine Albright
 Administrator Brian Atwood
 Amy Slemmer, adoptive mother and Washington Representative for Mother's Voices
 Against AIDS

* Several adoptive families from the local area will be seated on stage.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- **YOU** will be announced onto the stage accompanied by program participants.
- Secretary Albright will make welcoming remarks and introduce Administrator Atwood.
- Administrator Atwood will make remarks and will introduce Amy Slemmer.
- Amy Slemmer will make remarks and introduce **YOU**.
- **YOU** will make remarks, work a ropeline, and then depart.

VI. REMARKS

Provided by Speechwriting.

PRESIDENT CLINTON COMMEMORATES WORLD AIDS DAY BY UNVEILING NEW STEPS TO ADDRESS THE GROWING CRISIS OF CHILDREN ORPHANED BY AIDS

December 1, 1998

Today, President Clinton joined Secretary of State Madeleine Albright and U.S. Agency for International Development (USAID) Administrator Brian Atwood to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of children orphaned by AIDS. The President unveiled historic new increases at the National Institutes of Health dedicated to fund new research aimed at developing an effective AIDS vaccine and new prevention strategies to help address the problem of HIV/AIDS throughout the world; announced new emergency funding from USAID to support international community-based AIDS orphan programs; and directed his AIDS policy advisor Sandra Thurman to lead a delegation to southern Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding. The President:

- ✓ **Highlighted USAID projection that up to 40 million children will be orphaned by HIV/AIDS by the year 2010**, over 90 percent of whom live in developing countries with few resources to provide for their care and support. Over 33 million people around the world now have HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.
- ✓ **Announced 30 percent increase this year in funding by the National Institutes of Health on research to prevent and treat HIV around the world.** The National Institutes of Health will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:
 - **\$200 million for research on AIDS vaccines to prevent transmission around the world, which represents a 33 percent increase from last year's funding.** The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans across the world. The President announced that NIH will dedicate \$200 million in vaccine research in Fiscal Year (FY) 1999, a \$47 million or 33 percent increase from FY1998 and an 100 percent increase since FY1995. This investment is critical in meeting the President's challenge to develop an effective AIDS vaccine.
 - **\$164 million for other new research critical to addressing the HIV/AIDS epidemic across the world.** The President also announced that the NIH will invest \$164 million in FY1999, a \$38 million increase over last year, for critical projects to reduce the number of AIDS orphans by preventing and treating HIV/AIDS internationally, including: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.
- ✓ **Unveiled \$10 million in emergency relief funding at USAID to provide support for AIDS orphans.** USAID will make available \$10 million in emergency funding to support community-based efforts for orphans, including training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

- ✓ **Directed AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans.** President Clinton asked Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation to southern Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from across the Clinton Administration, key Congressional offices, and the national media to raise awareness about this emerging problem and to develop recommendations for action.

- ✓ **Unveiled new steps to address the continued need of those living with HIV/AIDS in the United States.** While the problem of AIDS orphans is most acute internationally, the President underscored that HIV/AIDS affects families in this country as well. The President highlighted that today the Vice President will unveil over \$200 million in funds for the Housing Opportunities for People With AIDS (HOPWA) program this year to assist communities around the country to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS, as well as several individuals and families who have benefited from these services.

- ✓ **Built on a solid record of achievement in HIV/AIDS.** Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:
 - Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new \$156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies;
 - Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a \$262 million increase in the Ryan White CARE Act; a \$1.79 billion increase in AIDS research funding at the NIH; a \$32 million increase for HIV prevention programs at the CDC; and a \$21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

The Clinton/Gore Administration



A Record of Progress on HIV and AIDS

December 1998

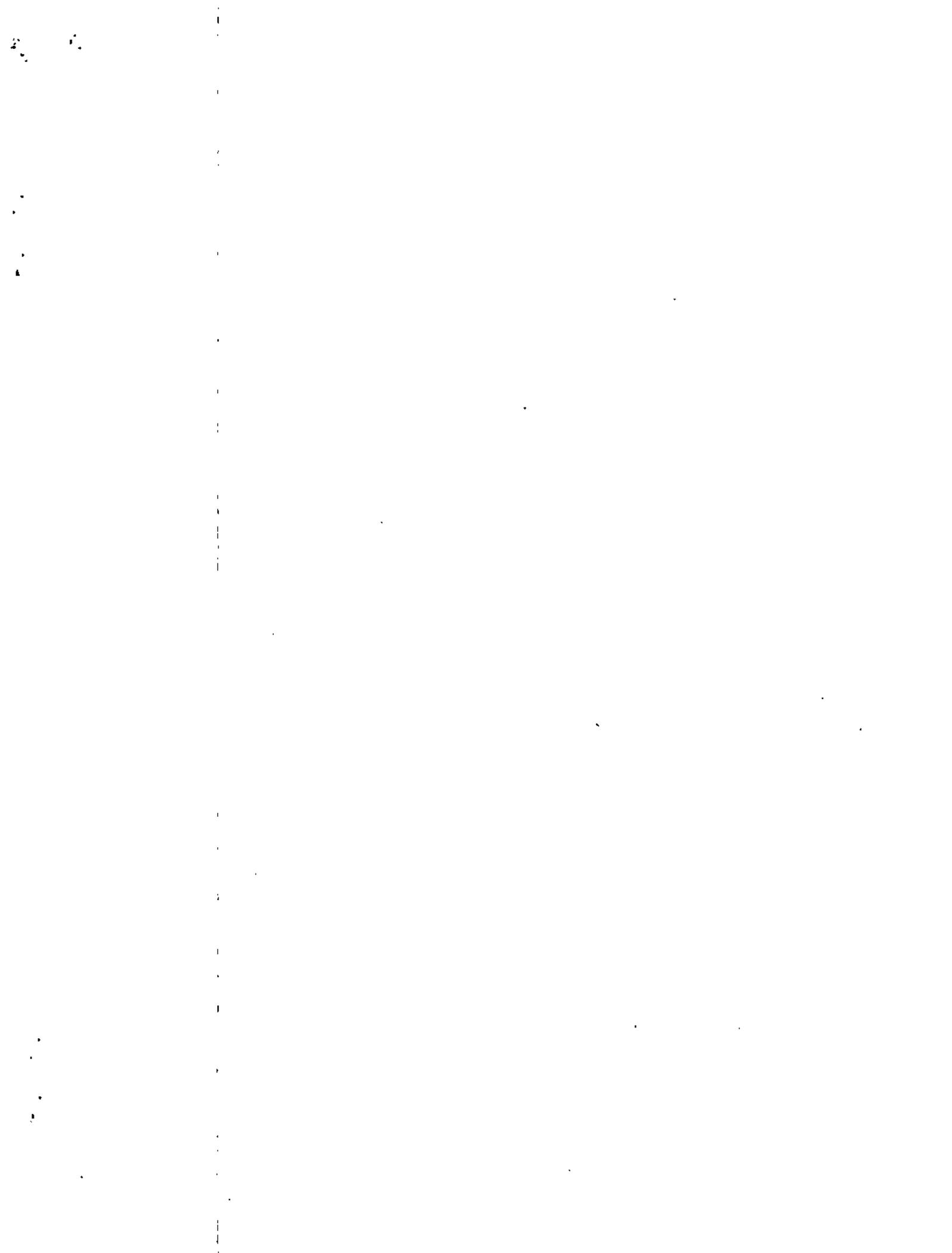
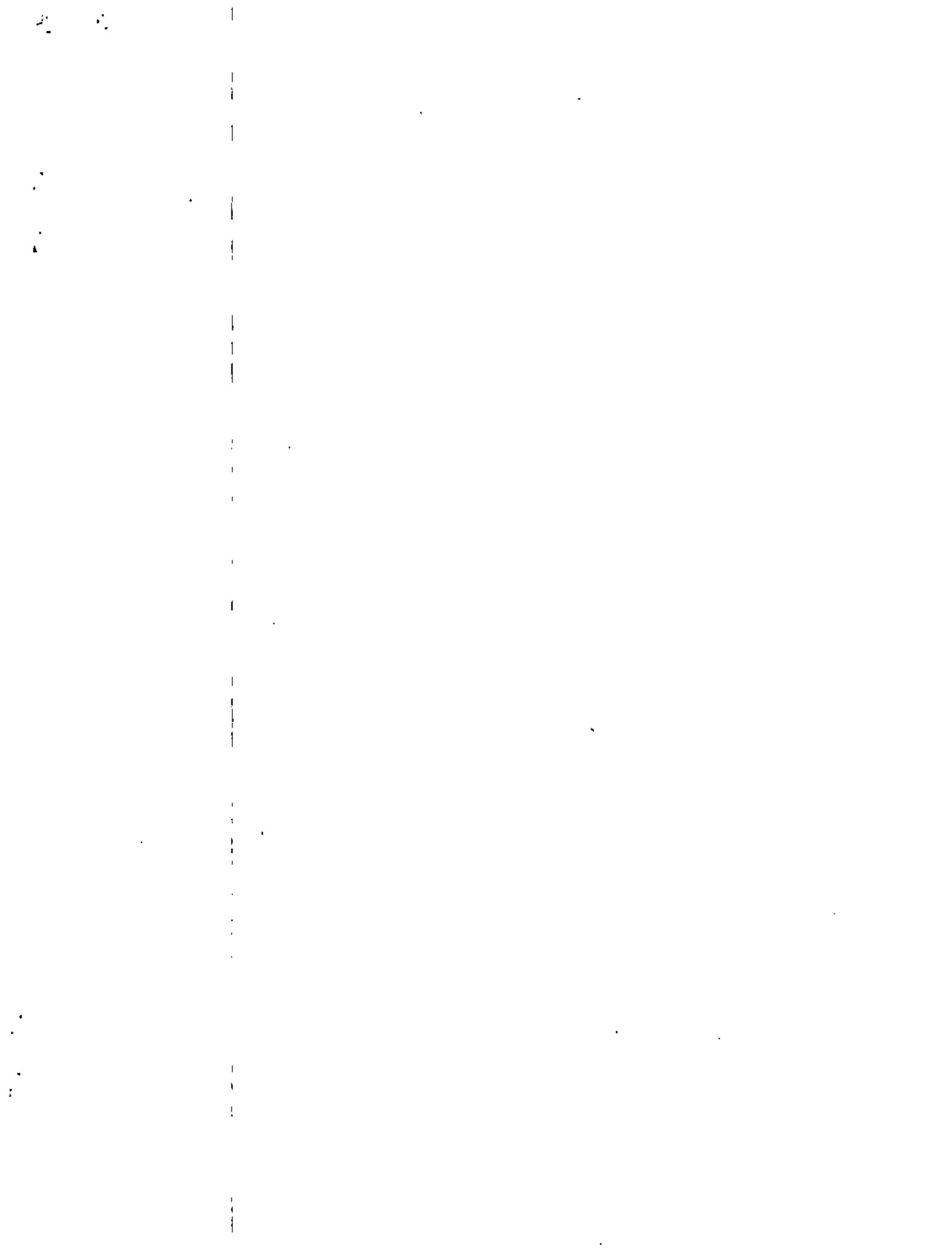


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**THE CLINTON-GORE ADMINISTRATION:
A RECORD OF PROGRESS
ON HIV AND AIDS**

"How can we be one America if a ravaging disease like this is being brought under control in part of our population, but not in another?"

-- President Clinton, November 2, 1998

"We are united in the fight for research, care, and prevention. And we will not stop until all who need it have access to the treatment they need. We will not rest until we have a vaccine -- and a cure."

--Vice President Gore, September 19, 1998

Providing National Leadership. President Clinton has worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. Since taking office, funding for AIDS research has increased by over 65 percent, and funding for HIV prevention has increased 34 percent; funding for the Ryan White CARE Act has increased by over 240 percent.

Although much work remains to find a cure, progress has been made. In 1996, the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 47 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

Leading the Global Fight Against HIV/AIDS. On December 1, 1998 (World AIDS Day), the President announced a new \$10 million initiative at USAID to address the growing crisis of children orphaned by AIDS. The United States has invested over \$1 billion in international AIDS relief since the start of the epidemic and funds 25% of UNAIDS. In fiscal year 1999, the NIH will invest over \$164 million in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally.

Historic \$156 Million Effort to Address HIV/AIDS in Communities of Color. African Americans and other racial and ethnic minorities make up the fastest growing portion of the HIV/AIDS caseload. As part of the FY99 budget, the Clinton Administration fought for 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.

Protecting Medicaid and Social Security. The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS - and 92% of children with AIDS - who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of persons living with HIV who qualify for benefits.

Focusing National Efforts on an AIDS Vaccine. In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced \$200 million in funding for vaccine research at the NIH, a \$47 million (33%) increase over the previous fiscal year.

Dramatically Increasing Overall AIDS Funding. The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention and treatment. President Clinton increased public health spending for major HIV/AIDS programs by over 100 percent, funding for the Ryan White CARE programs has increased 266 percent and support for AIDS-related research has increased by 67 percent.

Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals. Funding for AIDS drug assistance has increased from \$52 million per year to \$385 million per year during the Clinton Administration. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. Since 1993, the Food and Drug Administration has approved more than a dozen new AIDS drugs and important diagnostic tests.

Making Research a Priority. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. The Administration has increased NIH AIDS research funds by 67% in five years.

Focusing on Prevention: Supporting the Centers for Disease Control and Prevention. The Administration has increased funds for HIV prevention at the CDC by 34% in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.

Educating Young People about the Dangers of AIDS. The Clinton Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending the correct and consistent use of latex condoms for those who are sexually active.

Requiring the Federal Workforce to Understand AIDS. The Administration issued a directive on September 30, 1993 that requires every Federal employee to receive comprehensive education on HIV/AIDS.

Established a White House AIDS Office and Created a Presidential Advisory Council.

President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. Sandy Thurman, the current director of the office, has broad experience in both domestic and international AIDS services. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Dr. R. Scott Hitt, a California physician specializing in HIV/AIDS care, chairs the panel.

Convened the First Ever White House Conference on HIV and AIDS. On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|--------------------------------------|------------------------|---------------------------|---------------------------|
| Ryan White CARE Act | \$1.4 billion | 23% | 266% |
| <i>AIDS Drug Assistance</i> | <i>\$461 million</i> | <i>61%</i> | <i>787%*</i> |
| HIV Prevention (CDC) | \$657 million | 5% | 34% |
| AIDS Research (NIH) | \$1.8 billion | 12% | 67% |
| <i>Vaccine Research</i> | <i>\$200 million</i> | <i>33%</i> | <i>145%</i> |
| Housing (HUD) | \$225 million | 10% | 125% |
| International (USAID) | \$131 million** | 8% | 64% |

*since FY96, when separate program established

**includes \$10 million emergency funding for AIDS orphan initiative

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REMARKS BY THE PRESIDENT ON WORLD AIDS DAY 1998

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

December 1, 1998

REMARKS BY THE PRESIDENT AT WORLD AIDS DAY EVENT

Room 450
Old Executive Office Building

THE PRESIDENT: Thank you, Amy, for your magnificent remarks and the power of your example. Thank you, Cynthia, for coming to this big, scary crowd. (Laughter.) She was nervous. I said, well, look at the bright side -- at least you got out of school for a day. (Laughter.)

I thank the other children who are here with us. And I want to thank all the members of our administration who have helped so much in this cause -- Secretary Albright; Brian Atwood; Dr. Satcher; our AIDS Policy Director, Sandy Thurman; members of the Council on HIV and AIDS. We're glad to have Nafis Sadik here, the Director of the U.N. Population Fund. Richard Socarides from the White House, I thank you and all the other members of the administration. And I, too, want to join in expressing my appreciation to the members of Congress who Brian mentioned for their support for AIDS funding.

But I especially want to thank Amy for being here and reminding us of what this is all about. When she was speaking my mind wandered back to an incident that occurred when I was running for President in 1992. Some of you have heard me say this before, but I was in Cedar Rapids, Iowa, a place largely known for its enormous percentage of Czech and Slovak citizens. And there was in the crowd at this rally where I was speaking a woman who was either Czech or Slovak, probably, holding an African American baby. And I said, whose baby is this? She said, this is my baby. And I said, where is this baby from? She said, Florida, I got her from Florida. (Laughter.)

And it was October in Cedar Rapids and she should have been in Florida, probably. (Laughter.) She said, this baby was born with AIDS and abandoned and no one would take this baby. This woman had her marriage had dissolved, she was raising her own children alone. But because she heard about children like this wonderful little girl, she adopted this baby.

And every year since, about once a year, I see this young child. I've watched her grow up now and I'm happy to tell you that six years later she's still alive and doing pretty well. She comes to the NIH for regular check-ups and she comes by the White House to see her friend. And every time I see Jimiya I am reminded of what this whole thing is about.

And I think I should tell you one other thing. When Amy was standing up here with me and I was telling her what a fine job she did, she said, I'm so glad that Cynthia could be here, and that I could say Carla's name in your presence.

This is, I think, very important for people who have not been touched in some personal way -- who have never been at the bedside of a dying friend, who have never looked into the eyes of a child orphaned by AIDS or infected with HIV -- to understand. And I believe, always, that if somehow we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses in dealing with any great difficulty.

Let me begin, even in this traumatic moment, to say we have a lot to celebrate on this AIDS Day. We celebrate the example of Amy and Cynthia. Just think, a decade ago people really believed that AIDS was unstoppable; the diagnosis was a virtual death sentence; there was an enormous amount of ignorance and prejudice and fear about HIV transmission. Most of us knew people who couldn't get into apartment houses or were being kicked out or otherwise -- their children couldn't be in school because of fears that people had about it.

Every day, for people who had HIV or AIDS and their families -- every day was a struggle a decade ago. A struggle for basic information, for treatment, for funding, and all too often, for simple compassion.

For six years, thanks to many of you, we have worked hard to change this picture -- and so have tens of thousands of other people across our country and across the globe. We've worked hard to draw attention to AIDS and to better direct our resources by creating the Office of National AIDS Policy and the President's Council on HIV and AIDS. We had the first ever White House conference on AIDS. We helped to ensure that people with HIV and AIDS cannot be denied health benefits for preexisting conditions. We accelerated the approval of more than a dozen new AIDS drugs, helping hundreds of thousands of people with AIDS to live longer and more productive lives.

Working together with members of both parties in the Congress, we increased our investment in AIDS research to an historic \$1.8 billion. This year we secured \$262 million in new funding for the Ryan White CARE Act, providing medical treatment, medication, even transportation to families coping with AIDS. This October we declared that AIDS had reached crisis proportions in the African American, Hispanic American and other minority communities, and fought for \$156 million initiative to address that. Today the Vice President is announcing \$200 million in new grants for communities around the country to provide housing for people with AIDS.

The results of these and other efforts have been remarkable. For the first time since the epidemic began, the number of Americans diagnosed with AIDS has begun to decline. For the first time, deaths due to AIDS in the United States have declined. For the first time, therefore, there is hope that we can actually defeat AIDS.

But all around us there is, as we have heard from all the previous speakers, fresh evidence that the epidemic is far from over, our work is far from finished, that there are rising numbers of AIDS in countries like Zimbabwe, where 11 men, women, and children become infected every minute of every day. There are still too many children orphaned by AIDS, tens of thousands here in America, tens of millions in developing nations around the world.

And when so many people are suffering, and with HIV transmission disproportionately high, still, among our own young people here in America, it's all right to celebrate our progress, but we cannot rest until we have actually put a stop to AIDS. I believe we can do it -- by developing a vaccine, by increasing our investment in other forms of research, by improving our care for those who are infected and our support for their families.

Last year at Morgan State University, I declared that we should redouble our efforts to develop an AIDS vaccine within a decade. Today I am pleased to announce a \$200 million investment in cutting edge research at the NIH to develop a vaccine. That's a 33 percent increase over last year. With this historic investment, we are one step closer to putting an end to the epidemic for all people.

I'm also pleased to say that there will be more than \$160 million for other new research critical to fighting AIDS around the world, from new strategies to prevent and treat AIDS in children, to new clinical trials to reduce transmission.

And as hard as we are working to stop the spread of AIDS we cannot forget our profound obligation for the heartbreaking youngest victims of the disease -- the orphaned children left in its wake. Around the world, as we have heard, millions of children have lost their parents. Their number is expected to rise to 40 million over the next 10 to 15 years. Some of them are free of AIDS, others are not. But sick or well, too many are left without parents to protect them, to teach them right from wrong, to guide them through life and make them believe that they can live their lives to the fullest.

We cannot restore to them all they have lost, but we can give them a future -- a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school. Today, through Mr. Atwood's agency, we are committing another \$10 million in emergency relief that will, though seemingly a small amount, actually make a huge difference for many thousands of children in need around the world.

I'm also directing Sandy Thurman to lead a fact-finding mission to Africa, where 90 percent of the AIDS orphans live. Following the mission she will report back to me with recommendations on what more we can do to help these children and give them something not only to live for, but to hope for.

Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic. Eleven years from now, I hope we can say that the steps we took today made that end come about. If it happens, it will be in no small measure because of people like you in this room, by your unfailing, passionate devotion to this cause -- a cause we see most clearly expressed in the two people sitting right behind me.

Thank you all, and God bless you. (Applause.)

END

1:26 P.M. EST

**REMARKS BY THE PRESIDENT ON
HIV CRISIS IN MINORITY COMMUNITIES**

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release October 28, 1998

**REMARKS BY THE PRESIDENT
ON HIV CRISIS IN MINORITY COMMUNITIES**

Old Executive Office Building

5:16 P.M. EST

THE PRESIDENT: Thank you and welcome, every one of you. I'd like to begin by welcoming the Mayor of Baltimore, Kurt Schmoke, and the Mayor of East St. Louis, Gordon Bush. I'd like to thank the members of Congress here behind me who are so responsible for the purpose for which we are called today. (Applause.)

I want to acknowledge Congresswoman Donna Christian Green, Congressman Elijah Cummings, Congresswoman Eleanor Holmes Norton, Congressman Donald Payne. I will say more about Congresswoman Maxine Waters and Representative Lou Stokes in a moment. (Laughter.) But I want to thank them and all the members of the Congressional Black Caucus, including all the House members and Senator Carol Moseley Braun, for what they did.

And then I would like to offer a special word of appreciation to senator Arlen Specter and Congresswoman Nancy Pelosi, who helped us so much to get this done. Thank you very much. (Applause.)

I want to thank everyone in our administration who has worked so hard on the issue of HIV and AIDS, beginning with the Vice President who couldn't be here today, but who has worked very hard on all these issues; and Secretary Shalala; our wonderful Surgeon General, David Satcher; the Director of our AIDS Policy Office, Sandy Thurman, who has literally spent months sounding the alarm about the growing crisis in communities of color, and working to help achieve these dramatic funding increases. There is no stronger or more effective advocate. And I think we ought to thank Sandy Thurman for what she's done. (Applause.)

Finally, I want to thank Denise Stokes for being here. As you will hear in a few moments, she has been living with HIV for 15 years, and has been giving so much of herself to educate others. If we are to stop this cruel disease we'll have to have brave people like Denise to reach out with candor and compassion to those at risk. I really admire her very much. And you'll hear from her in a moment, but I think we ought to give her a hand for showing up today. (Applause.)

We have good reason to feel encouraged that so many HIV-positive men and women are living longer and healthier lives. We should be proud that we've helped to speed the development of lifesaving therapies and nearly tripled to support those with HIV and AIDS.

But the AIDS epidemic is far from over in any community in our country. Today, we're here to send out a word loud and clear:

AIDS is a particularly severe and ongoing crisis in the African-American and Hispanic communities and in other communities of color. African Americans represent only 13 percent of our population, but account for almost half the new AIDS cases reported last year. Hispanics represent 10 percent of our population; they account for more than 20 percent of the new AIDS cases. And AIDS is becoming a critical concern in some Native American and Asian American communities, as well.

Like other epidemics before it, AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. In other words, as so often happens, it is picking on the most vulnerable among us.

The fact is HIV infection is one of the most deadly health disparities between African Americans, Hispanics, and white Americans. And just as we have committed to help build one America by ending the racial and ethnic disparities in infant mortality and cancer and other diseases, we must use all our power to end the growing disparities in HIV and AIDS.

The AIDS crisis in our communities of color is a national one, and that is why we are greatly increasing our national response. Today I am proud to announce we are launching an unprecedented \$156 million initiative to stem the AIDS crisis in minority communities. (Applause.)

It is one of the greatest victories in the balanced budget law I just signed. It never could have happened without the passionate and compassionate leadership of Maxine Waters, Lou Stokes, and the rest of the Congressional Black Caucus -- (applause) -- or the support of senator Specter and Congresswoman Pelosi and so many others. (Applause.)

Now, this initiative will allow thousands of cities, churches, schools, and grass-roots organizations to expand prevention efforts and target them to the specific needs of specific minority communities such as young men, students, pregnant mothers. It will allow minority communities to expand treatment for substance abuse.

It will increase access to protease inhibitors and other new therapies, because lifesaving therapies cannot be a luxury reserved only for the rich. (Applause.) It will increase access to skilled doctors and other health care providers. And finally, it will help us to assemble teams of public health experts from the Centers for Disease Control and other federal agencies to visit individual communities and provide whatever technical assistance those communities need. (Applause.)

This new initiative will build on the other historic funding increases in HIV/AIDS funding we won in the new balanced budget, which Secretary Shalala will talk about in greater detail in a moment. I'm also pleased that it will build on our race and health initiative. Congress has taken a first step to fund this initiative, but we must do more. We are not one America when some of our communities lag so far behind in health.

Of course, this room looks nothing like a house of worship except for a few collars I see. (Laughter.) But I'd like to end my remarks today with what I think is quite an appropriate passage from the First letter of Paul to the Corinthians. "The body is a unit, though it is made up of many parts. And though all its parts are many, they form one body. If one part suffers, every part suffers with it. If one part is honored, every part rejoices with it."

So it is with the body of Americans, and a nation that strives to be one America. Every one of our communities is inextricably linked, in suffering and rejoicing, in sickness and in health. And that is why we must work together in every community to stop this cruel disease. Black or white, gay or straight, rich or poor, you name it, we have to stop it.

Now I'd like to present America's Surgeon General, our nation's family doctor, whose deep commitment to advancing our country's health is embodied in the 200-year-old guiding principle of our public health service that you best protect the health of the entire nation when you reach out to the most vulnerable people.

Dr. David Satcher. (Applause.)

END 5:30 P.M. EST

PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

December 1, 1998

PRESIDENT CLINTON COMMEMORATES WORLD AIDS DAY BY UNVEILING NEW STEPS TO ADDRESS THE GROWING CRISIS OF CHILDREN ORPHANED BY AIDS

Today, President Clinton will join Secretary of State Madeleine Albright and Brian Atwood, Administrator of the U.S. Agency for International Development (USAID), to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of HIV/AIDS around the world, particularly the millions of children orphaned by AIDS. The President will unveil historic increases in funding for research at the National Institutes of Health (NIH) designed to develop an effective AIDS vaccine and prevention strategies to help address the problem of HIV/AIDS throughout the world. He will announce new emergency funding from USAID to support international AIDS orphan programs. In addition, he will direct his AIDS policy advisor, Sandra Thurman, to lead a delegation to Sub-Saharan Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding to the crisis.

USAID projects that up to 40 million children will be orphaned by HIV/AIDS by the year 2010, over 90 percent of whom live in developing countries with few resources to provide for their care and support. Over 33 million people around the world are now living with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.

Increases in funding by the National Institutes of Health for research to prevent and treat HIV around the world. The National Institutes of Health will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:

- \$200 million -- a 33 percent increase from last year's funding -- for research on AIDS vaccines to prevent transmission around the world. The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans internationally. The President will announce that NIH will dedicate \$200 million to vaccine research in Fiscal Year (FY) 1999, a \$47 million or 33 percent increase over FY 1998 and an 100 percent increase over FY 1995. This investment is critical in meeting the President's challenge to develop an effective AIDS vaccine.

- \$164 million for other research critical to addressing the HIV/AIDS epidemic around the world. The President also will announce that NIH will invest \$164 million in FY1999, a \$38 million increase over last year, in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally. These projects will include: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.
- \$10 million in USAID emergency relief funding to provide support for AIDS orphans. USAID will make available \$10 million in emergency funding to support community-based efforts for orphans in the countries most affected by this problem. These efforts will include training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.
- AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans. President Clinton will ask Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation early next year to Sub-Saharan Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from key Congressional offices. Its goal will be to raise awareness of this emerging problem and to develop recommendations for action.
- New steps to address the continued needs of those living with HIV/AIDS in the United States. While the problem of HIV/AIDS is particularly acute internationally, the President will underscore the impact of HIV/AIDS on families in this country as well. The President will highlight an announcement today by Vice President Gore of more than \$200 million in funds this year for the Housing Opportunities for People With AIDS (HOPWA) program to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS and with several individuals and families who have benefited from these services.

• A solid record of achievement in HIV/AIDS. Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

- ✓ Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new \$156 million initiative to address this problem. This initiative included crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies.
- ✓ Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a \$262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, totaling nearly \$1.8 billion; a \$32 million increase for HIV prevention programs at the Centers for Disease Control and Prevention; and a \$21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

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PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT VICE PRESIDENT GORE

THE WHITE HOUSE
Office of the Vice President

For Immediate Release

December 1, 1998

VICE PRESIDENT GORE ANNOUNCES \$220 MILLION TO PROVIDE HOUSING, OTHER CRITICAL SUPPORT SERVICES FOR OVER 65,000 PEOPLE WITH HIV/AIDS

Washington, DC -- Vice President Gore commemorated World AIDS Day today by announcing that the federal government will provide \$220 million in grants for housing and support services for over 65,000 low-income people with HIV/AIDS and members of their households.

The Vice President announced the new funds, which the Housing and Urban Development Department (HUD) will distribute under its Housing Opportunities for Persons with AIDS (HOPWA) program, at a meeting with people who receive and provide these critical housing and support services in Washington DC.

"For too many Americans living with AIDS, poverty is nearly as much of a threat as the disease itself," Vice President Gore said. "Without our help, many would be forced to live in unfit housing or become homeless. These grants will mean that people fighting AIDS won't have to also fight to keep a roof over their heads."

HUD Secretary Andrew Cuomo added, "We all know about the terrible toll of illness and death caused by the AIDS virus. On top of this, AIDS often destroys the financial health of those with the disease as well, hitting them with huge medical bills and leaving them too sick to work."

Today, the Vice President:

Unveiled new HOPWA grants that provide critical support to communities in need. Studies show that people with HIV/AIDS are at increased risk for homelessness and have more problems obtaining access to affordable housing. This \$220 million in HOPWA funding, a 10 percent increase over last year, provides critical housing and other support services that:

- help people with HIV/AIDS remain in their homes by providing rental assistance and supportive services such as meals, transportation, and counseling; and

- provide housing to people with HIV/AIDS and their families facing homelessness. By providing housing and other critical support services, this program helps keep families intact, and assures that individuals with HIV/AIDS have the support they need. Most people that HOPWA serves have incomes of under \$1,000 a month.

Of the \$220 million, \$200 million will go to states, cities, and communities to develop effective programs. The remaining \$20 million will go to programs nationwide that have developed particularly effective and innovative approaches to providing housing and other necessary support services for people with HIV/AIDS. For example, an innovative program in Savannah, GA enables people with HIV/AIDS to receive home-based care, and one in Illinois provides innovative services, including effective mental health services and daily living services.

Highlighted Clinton/Gore Administration's ongoing progress in fighting HIV/AIDS. The Vice President underscored other Administration efforts to improve prevention, treatment, and research for people with HIV/AIDS. He noted that the President is unveiling historic new steps today to help the up to 40 million children who will be orphaned by HIV/AIDS by 2010, including new emergency funding from USAID to support international, community-based AIDS orphan programs and historic new increases in AIDS research at the National Institutes of Health (NIH) dedicated to help address the global problem of HIV/AIDS.

These steps build on the historic progress to combat HIV/AIDS for which the Administration fought in this year's balanced budget, including: a new \$156 million initiative to address the severe, ongoing health care crisis of HIV/AIDS in racial and ethnic minorities, including crisis response teams and enhanced prevention efforts across the nation; a \$262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a \$32 million increase HIV prevention programs at the CDC; and a \$21 million increase in HOPWA.

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1998 WORLD AIDS DAY PROCLAMATION

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

December 1, 1998

WORLD AIDS DAY, 1998 BY THE PRESIDENT OF THE UNITED STATES OF AMERICA A PROCLAMATION

On World AIDS Day, we are heartened by the knowledge that our unprecedented investments in AIDS research have resulted in new treatments that are prolonging the lives of many people living with the disease. Thousands of scientists, health care professionals, and patients themselves have joined together to advance our understanding of HIV and AIDS and improve treatment options. Because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS, and for that we are immensely thankful.

But the AIDS epidemic is far from over. Within racial and ethnic minority communities, HIV and AIDS are a severe and ongoing crisis. While the number of deaths in our country attributed to AIDS has declined for 2 consecutive years, AIDS remains the leading killer of African American men aged 25-44 and the second leading killer of African American women in the same age group. African Americans, who comprise only 13 percent of the U.S. population, accounted for 43 percent of new AIDS cases in 1997 and 36 percent of all AIDS cases. Hispanic Americans represent just 10 percent of our population, but they account for more than 20 percent of new AIDS cases; and AIDS is also becoming a critical concern to Native American and Asian American communities. Young people of every racial and ethnic community are also disproportionately impacted by AIDS, both in the number of new AIDS cases and in the number of new HIV infections. In fact, the Centers for Disease Control and Prevention estimate that approximately half of all new HIV infections in the United States occur in people under age 25 and that one-quarter occur in people under age 22.

Across the world, the situation is even more grim. As with other epidemics before it, AIDS hits hardest in areas where knowledge about the disease is scarce and poverty is high. Of the nearly 6 million people newly infected with HIV each year, more than 90 percent live in the poorest nations of the world. Entire communities are threatened by this epidemic, and the growing number of children who will lose parents to AIDS will have a devastating impact on these societies. By the year 2010, there may be as many as 40 million children who will have been orphaned by AIDS, and developing nations will have to struggle to deal with the overwhelming needs of a generation of young people left without parents.

This year's World AIDS Day theme, "Be A Force For Change." is a reminder that each of us has a role to play in bringing the AIDS epidemic to an end. Our response must be comprehensive and ongoing. It must also be a collaborative one, bringing together governments and communities in a shared effort to expand prevention efforts, raise awareness among young people of the risks of HIV infection and how to avoid it, increase access to lifesaving therapies, and ensure that those who are living with HIV and AIDS receive the care and services they need.

Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in making the development of an HIV vaccine a top international priority. Within the next decade, we hope to have the means to stop this deadly virus, but until we reach that day we must remain strong in our crusade to prevent the spread of HIV and AIDS and to care for those living with the disease. In this way we can best honor the memory of the many loved ones we have lost to AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1998, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect and educate our children and to help and comfort all people who are living with HIV and AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

REMARKS BY SECRETARY ALBRIGHT ON WORLD AIDS DAY 1998

Secretary of State Madeleine K. Albright
Remarks at World AIDS Day 1998, The White House
Washington, D.C., December 1, 1998

As released by the Office of the Spokesman
U.S. Department of State

Mr. President, Brian Atwood, Amy Slemmer of Mothers' Voices Against AIDS, Carol Bellamy of UNICEF, Nafis Sadik of the UN Population Fund, distinguished colleagues, guests and friends. I am pleased to participate in this program but saddened by its necessity.

For today we observe World AIDS day for the eleventh time. And we can expect many more.

I look around this room and I see many valiant members of the global network that is fighting the causes and consequences of HIV/AIDS. That network is strong and deeply motivated; it is growing; it is active almost everywhere; but it is not yet winning the war against this disease of awful and shattering power.

Thirty-three million people are now infected with HIV. And up to forty million children will be orphaned by AIDS by the end of the next decade.

It is a deep human tragedy that 90 percent of AIDS orphans live in sub-Saharan Africa. But this highly mobile disease has migrated to every corner of the earth.

So directly or indirectly, HIV/AIDS threatens us all -- whether as individuals, as family, friends and neighbors, or as members of the global community.

For we cannot build dynamic economies where one in five or even one in twenty adults is being struck down. We cannot create vibrant democratic institutions where communities are preoccupied with suffering and sorrow. We cannot count on stability where the ranks of military and political leadership are decimated. And we cannot expect a strong sense of social responsibility in the young where too many children have no parents.

All this is why fighting HIV/AIDS, and helping its victims, is a foreign policy imperative.

Soon, I will be releasing a report entitled the 1999 U.S. International Response to HIV/AIDS. This is an interagency effort to document the full range of U.S. resources engaged in the struggle against AIDS. We will use it to launch a diplomatic initiative designed to mobilize and energize others around the world -- both from the top down and the bottom up -- so that international organizations, governments and grassroots reinforce each other and pull in the same direction.

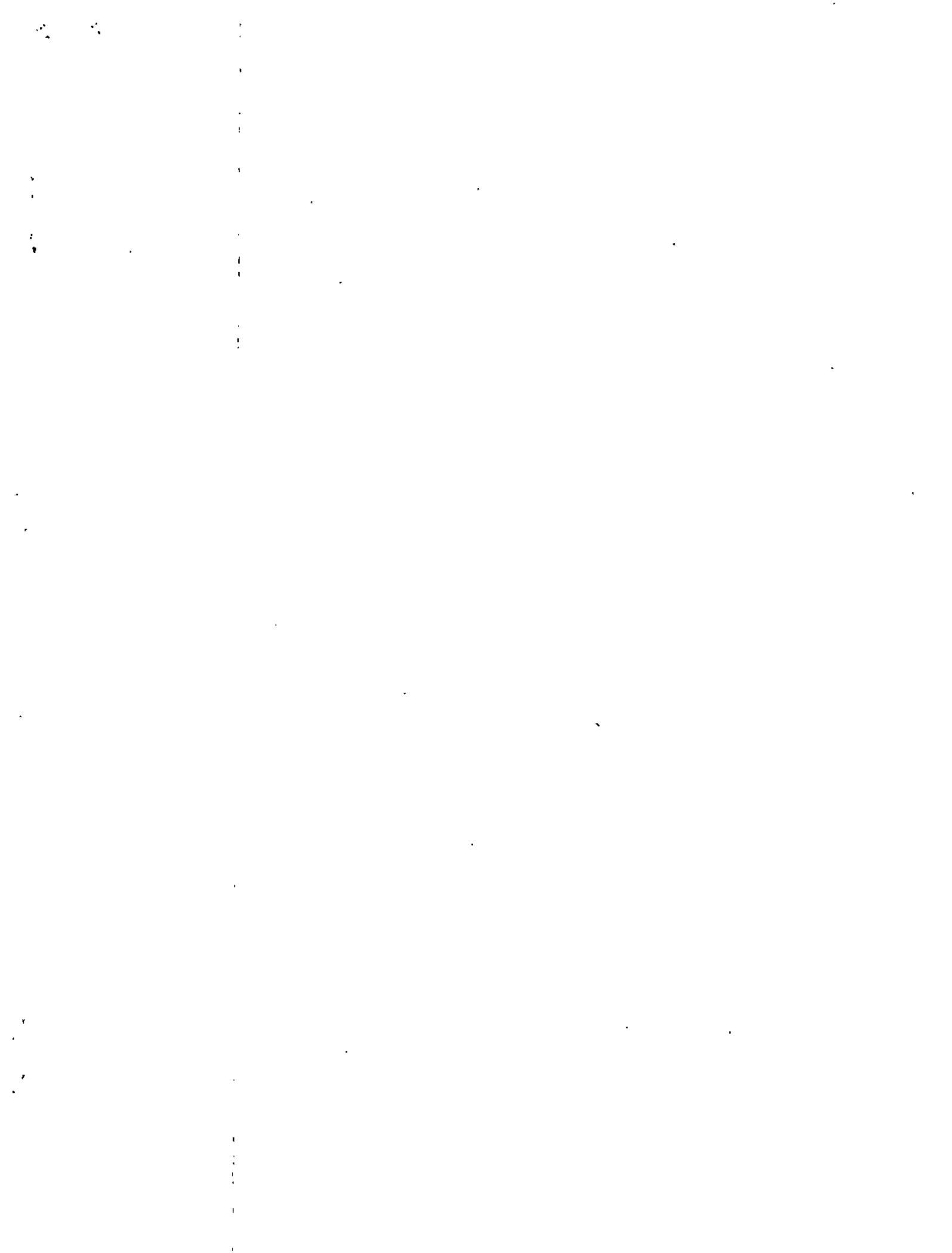
If we are to make progress, governments must understand what you and your overseas counterparts already understand. And that is that HIV/AIDS cannot be denied or ignored or patronized or put off until tomorrow.

This is an urgent, deadly, global threat. It cannot be appeased; it must be confronted.

And as Secretary of State, I will do all I can to see that this imperative is raised as a matter of international security, at the highest levels, at every opportunity, in every region, on every continent.

On this day of special dedication, let us vow to work together across all lines of profession, culture and national borders so that we may bring closer the day when nations and people everywhere are aware of the dangers of this disease; all act to prevent its spread; all afflicted are helped and their human rights respected; and none rest until HIV/AIDS is conquered or controlled.

Thank you. And now I'd like to introduce the head of the agency whose employees have long been on the front lines of this fight, my good friend, the Administrator of the Agency for International Development, Brian Atwood.



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.

TO BOWEN REED, EURWA KAVEN FYL - A for

National News

Shalala promises immediate steps to stem AIDS

Black Caucus asked HHS secretary to declare an AIDS 'state of emergency' among blacks

by Rhonda Smith

Even though U.S. Health and Human Services Secretary Donna Shalala pledged recently to take immediate as well as long-term steps to stem the spread of AIDS among African Americans, she stopped short of agreeing to declare the epidemic a public health emergency for that population.

Shalala outlined some of her plans in a June 10 letter to U.S. Rep. Maxine Waters (D-Calif.), the chair of the Congressional Black Caucus. The CBC has been pushing since May 15 to get Shalala to declare AIDS a public health emergency in black communities, based on statistics from the federal Centers for Disease Control and Prevention that show this population is being disproportionately devastated by the 17-year-old epidemic.

"Within the next several weeks, we plan to discuss with you a detailed strategy that will outline the department's response," Shalala said in the letter, which a staff member in Waters's office shared with the *Washington Blade* on June 29.

"The response will include a two-pronged approach — those items immediately implementable and those items that will require more long-term planning," Shalala wrote. "The scope of what we are undertaking is comprehensive and requires that we take the necessary time to accomplish our shared goals."

As chair of the CBC, Waters wrote Shalala a letter on May 15, making the public health emergency request. The letter also outlined six suggestions for improving the AIDS health care delivery system so, Waters said, it could more adequately address the challenges posed by AIDS in communities of color.



Rep. Maxine Waters had written to the HHS secretary in May asking that she declare AIDS a public health emergency among African Americans.

The concerns highlighted in the May 15 letter involved the need to:

- integrate substance abuse treatment with HIV prevention and care;
- develop a strategy to assist people in prison who have HIV or AIDS, as well as former inmates who have been discharged;
- connect resources with the epidemic, by offering more technical assistance and reforming the planning process so that "the funding follows the epidemic";
- spearhead a comprehensive strategy to engage black leaders and the federal government in an effort to combat anti-Gay bias;
- target more resources toward African American women and children, who

increasingly are being affected by HIV and AIDS; and,

• identify health care professionals and researchers who have an interest in and commitment to working in African American communities.

In her letter of June 10, Shalala said AIDS among African Americans "warrants a special and unique response." She did not, however, directly address the CBC's call for declaring AIDS a public health emergency.

Under the federal Public Health Services Act, the Health and Human Services secretary has the power to declare a public health emergency after consulting with directors of either the National Institutes of Health, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Food and Drug Administration, the Administrator of Health Resources and Services (HRSA), or the U.S. Centers for Disease Control and Prevention (CDC). The law stipulates that Shalala could respond by "making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder."

In addition, it includes language stipulating that a "Public Health Emergency Fund" be designated. But Melissa Skolfield, the department's assistant secretary for public affairs, said that "at present, there's no money in that fund."

Although Congress authorized that \$30 million be allocated to the fund when it was created in 1984, Skolfield said, federal lawmakers never appropriated any money for this purpose.

"Congress would have to decide to appropriate the money for the purpose of

refilling the fund," she said, adding that her department had never asked that this be done and the issue had never been broached by anyone before.

Despite this lack of funds, Waters said that declaring AIDS a public health emergency among African Americans is still a viable option.

"The Health and Human Services department has to design what is needed in this situation," she said. "But it's not just about funds; it's also about how to take those funds that are available and allocate them to follow the trend of the epidemic."

Various advocates for African Americans and Latinos with AIDS have expressed concern that the demographics are changing, in terms of who is affected by AIDS, but the lion's share of federal funds are still being allocated to organizations that initially were hit hardest by the epidemic. The implication is that organizations founded by and established primarily to assist white Gay men might be getting more federal AIDS funds than they deserve.

Daniel Zingale, executive director of AIDS Action, a national lobbying group, said such discussions take attention from the real problem.

"We should begin the discussion with the view that we can fully fund prevention, access to care, and other priority needs for minorities without taking away the need to combat the spread of AIDS among young Gay men, for example," he said. "We know the rate of new HIV transmission among that group is alarmingly high."

Zingale added that, "To the degree we allow various HIV-infected communities

Continued on page 10

Shalala promises action

Continued from page 16

to be pitted against each other, we lose track of our true agenda."

The CBC's request to Shalala resulted from an "emergency meeting" between Waters, U.S. Rep. Louis Stokes (D-Ohio), Del. Eleanor Holmes Norton (D-D.C.), and other CBC members who met at the Capitol on May 11 with about 60 black AIDS activists and health care providers to discuss AIDS and African Americans. The meeting resulted in a general agreement among participants that Shalala should declare the public health emergency.

In her June 10 letter, Shalala said her department was taking "a hard look" at all of its HIV/AIDS-related programs, with a particular focus on the CDC's HIV/AIDS/STD prevention initiatives, HRSA's Ryan White care and treatment programs, and SAMHSA's substance abuse prevention and treatment efforts.

"Our goal is a candid review and assessment of what is happening on the state, local, and community levels, given the changing nature and demographics of HIV/AIDS," Shalala wrote.

"In addition, the department's review will take into consideration factors other than funding and infrastructure," she added, "such as those related to social conditions, economic and community resources, cultural beliefs, and perceptions about the health care system in the African American community."

Shalala also said that collaborations between HIV/AIDS prevention, treatment, and substance abuse providers would be examined. In addition, she mentioned that new technical assistance resources might need to be designed to help community-based organizations "develop the neces-

sary capacity to enhance services to those individuals infected and affected by HIV/AIDS in the African American community."

In addition, Shalala noted that new partnerships and "expanded community collaborations" might need to be formed.

Zingale said there are both tangible and symbolic reasons for having AIDS declared a public health emergency among African Americans. AIDS Action and other organizations, such as the National Association of People with AIDS (NAPWA), support this effort.

"There might be some actual appropriations associated with the Public Health Services Act around the state of emergency," Zingale said, "but probably more important is that it should be the impetus for fully funding [programs that address] HIV prevention, substance abuse, and access to care."

Federal funds related to HIV prevention have remained flat this year, Zingale said, "even though if you're concerned about HIV and AIDS in minority communities, prevention should be a top priority."

In addition, he said, "we continue to see no real linkage made between HIV prevention and substance abuse."

Zingale said that a related challenge that disproportionately affects communities of color is that Medicaid coverage for eligible individuals with HIV, who meet certain low-income guidelines, is not available until they develop full-blown AIDS.

As a result, a disproportionate number of poor, people, including African American, do not have access to combination drug therapies and treatments that are prolonging the lives of many who have private health insurance. ▼

Typical -

Todd

*With The Compliments
of the
Office of National AIDS Policy*

The White House
Phone: 202/632-1090
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HUMAN
RIGHTS
CAMPAIGN

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News Release

FOR IMMEDIATE RELEASE
Monday, Feb. 2, 1998

Contact: Kim I. Mills
Phone: (202) 216-1534
Pager: (800) 386-5997

CLINTON'S HIV/AIDS BUDGET ASKS FOR INCREASES FOR CARE, RESEARCH, HOUSING

No Increase for Prevention, 'The Only Sure Path' to Saving Lives, HRC Says

WASHINGTON — President Clinton's budget proposal includes increases for programs that deal with people living with HIV and AIDS, but shortchanges essential prevention programs administered through the Centers for Disease Control and Prevention, according to the Human Rights Campaign.

"The good news is that the president is asking for increases for care, housing, drugs and research in a budget that is balanced," Winnie Stachelberg, HRC's political director, said today. "Unfortunately, by calling for no increase for HIV prevention, we miss an opportunity because prevention is the only sure path we have right now to save lives."

Among the most significant increases in the president's overall HIV/AIDS budget for fiscal 1999 is 35 percent more for the AIDS Drug Assistance Program, which enables people with HIV and AIDS to obtain new, life-prolonging drugs. A year ago, the president's budget asked for no increase in the ADAP program.

"We are heartened that the administration has heard the message of the HIV and AIDS community and is asking for a significant increase for these programs," Stachelberg noted.

A report last July by the National Alliance of State and Territorial AIDS Directors and the AIDS Treatment Data Network, found that more than half of the 52 state ADAPs have had to impose limits on their programs because of inadequate federal funding.

Although the president's budget includes no increase for AIDS prevention programs at the CDC, it does earmark \$5 million in new money for HIV prevention in minority communities as part of \$80 million for a CDC program addressing racial inequities in health treatment.

"This is a good step, but small in light of the need," Stachelberg said. "As the president's own HIV/AIDS advisory council indicated in a report card last year, this administration needs to exercise bolder leadership in HIV prevention efforts. We had hoped to see an indication of that leadership in the budget request and are still waiting for Health and Human Services Secretary Donna Shalala to allow some of those federal funds to be used for lifesaving needle exchange programs."

The president also requested a \$21 million increase in the Housing Opportunities for People With AIDS program. This represents a 10 percent boost over fiscal 1998, when \$204 million was appropriated for HOPWA. About 90 percent of these funds go directly to states and cities to provide housing for people with AIDS.

In the area of care, the president asked for a \$165 million increase above the \$1.2 billion

appropriated last year. Of that increase, about \$27 million would go to states under Title II of the Ryan White CARE Act, giving them the flexibility to earmark the funds for drugs. Title I of the CARE Act would receive an increase of about \$25 million. Title I supports cities and counties hardest hit by the AIDS epidemic to fund primary medical care and essential support services like case management and transportation to and from the doctor. Title IIIB of Ryan White, which provides funds for direct services to people living with HIV and AIDS, would get an increase of \$10 million, 13 percent above fiscal '98 levels.

"These increases are particularly welcome in light of the dramatic health improvements some people with HIV and AIDS have shown after taking the new drug combinations," Stachelberg said. "We continue, however, to call on the administration to find ways to allow more people with HIV to enroll in Medicaid. This more systemic approach is essential to provide early and comprehensive access to medical care for people with HIV."

The budget also calls for \$1.7 billion for AIDS-specific research at the National Institutes of Health, an 8 percent increase over fiscal 1998.

The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support and educates the public to ensure that lesbian and gay Americans can be open, honest and safe at home, at work and in the community.



Doug.Case@sdsu.edu
01/10/98 01:24:00 AM

*BRUCE KIM
CLARA KIM
GANNY THURMAN*

Record Type: Record

To: Stuart D. Rosenstein, Richard Socarides

cc:

Subject: Nation editorial critical of Clinton's HIV record

THE NATION

January 5, 1998

pp. 4-5

H.I.V. Negatives

Editorial by Doug Ireland

Just a few days after Bill Clinton announced that he was planning a tax cut -- obviously designed as a booster shot for Al Gore's presidential candidacy -- the Department of Health and Human Services said it was scotching a plan to extend Medicaid to provide those infected with H.I.V. the drugs that help prevent development of full-blown AIDS. The reason? The measure would not be "revenue-neutral." The H.H.S. decision came just seventy-two hours after Clinton, at a \$10,000-a-head fundraiser with gay fat-cats that collected \$275,000 for the Democrats, had promised to "do everything I can" to get the drugs to those who need them.

For his part, Gore told the audience at a dinner this past April sponsored by AIDS Action that he had "ordered" H.H.S. to report back to him within thirty days on setting up a pilot project to provide the drugs. Eight months later, not only is there no pilot project but the life-saving initiative seems dead in the water.

The overwhelming majority of new H.I.V. infections occur among people too poor to afford the new \$15,000-a-year drugs (more than 70 percent of new cases are people of color, especially women). They're caught in a Catch-22: covered by Medicaid only if they're disabled or already dying from AIDS but not eligible for the drugs that can stave off or reverse the progression to full-blown AIDS. And although the Clinton Administration's decision could mean a death sentence for tens of thousands, it received infinitely less media attention than the choice of a name for Clinton's new dog.

In the wake of the H.H.S. decision came a blistering report from Clinton's own Advisory Council on H.I.V./AIDS that lambasted the "diminished priority for AIDS issues during the President's second term." On the drugs question, the council let out a collective scream of pain, proclaiming that it was "deeply disappointed" by the "absence of personal leadership from [H.H.S.] Secretary [Donna] Shalala and by the mixed and conflicting messages from the Administration of its true intentions."

The council charged that the White House and H.H.S. have "failed to exhibit

the courage and political will needed to pursue public health strategies that are politically difficult but that have been shown to save lives." That's especially true of Shalala's stubborn refusal to lift the ban on federal funds for needle exchange programs. According to the Centers for Disease Control, the sharing of dirty needles and syringes for drug injection accounts for a third of new H.I.V. infections. Medical science has known since the eighties that trading dirty needles for clean ones dramatically cuts the spread of H.I.V. Take Los Angeles, where, with the support of Republican Mayor Richard Riordan, needle exchange programs have cut the rate of new H.I.V. infections from dirty needles to only 10 percent of the total, while in New York (where G.O.P. Mayor Rudy Giuliani militantly opposes such programs) the rate is 50 percent. Yet although she has had Congressional authority for five years to make a public health determination authorizing federal funds for such programs, Shalala has failed to do so - despite endorsement of needle exchange by the American Medical Association, the American Public Health Association, the National Conference of Mayors and the national Institutes of Health.

Pointing out that 25 percent of all H.I.V. infections occur among those under 22, the President's AIDS council also criticized the Administration for maintaining "outdated restrictions" prohibiting explicit AIDS-prevention information for school-age kids, with the result that "many H.I.V. prevention educators must censor themselves with an eye to retaining their funding rather than providing the most effective prevention message possible." Or, as Sean Strub, editor of POZ (the national magazine for the H.I.V.-infected), puts it, "Remember when Clinton's H.I.V.-positive aide, Bob Hattoy, told the Democratic National Convention that America needed a President who wouldn't be afraid to say the word 'condom'? Clinton still hasn't said the word."

Gays raised millions of dollars for both Clinton/Gore campaigns, but except for a gaggle of mostly low-level patronage jobs they've little to show for their money but broken promises, the failed Don't Ask, Don't Tell policy that has encouraged anti-gay witch hunts in the military, the gay-bashing Defense of Marriage Act (which Clinton featured in '96 campaign ads), the ban on H.I.V.-positive immigrants (which breaks up families) and a campaign of intimidation against doctors who prescribe marijuana to relieve the suffering of their AIDS patients. Yet much of the institutional gay leadership has been effectively co-opted. Perhaps the H.H.S. decision and the President's AIDS council's report will open their eyes.

Doug Ireland has been a columnist for The Village Voice, The New York Observer and the Paris daily Liberation. His weekly "Clinton Watch" column is syndicated by the Minneapolis City Pages.

AIDS

Sandra Thurman 12/05/97 11:46:18 AM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: AMENDED Talking Points for AIDS Medicaid Expansion

I have added one additional talking point at the end which I think is particularly helpful. Please use this revised set of talking points instead of the version just sent. Thanks!

I am providing you with talking points in response to the Washington Post article of this morning. Talking points received from HHS were not inaccurate. Please call me if you have any questions.

TALKING POINTS ON MEDICAID EXPANSION TO PEOPLE WITH HIV

Background

In April, the Vice President directed the Health Care Financing Administration (HCFA) of HHS to determine the feasibility of establishing a demonstration program to expand Medicaid coverage to people who were HIV -- and do not currently qualify for Medicaid benefits. This was in response to a release by HHS of a standard of care for HIV and AIDS that recommended early treatment. The Vice President asked HHS to report back within 30 days.

Under current regulations, Medicaid coverage is not available to many individuals with HIV until they progress to AIDS; the new treatments offer the promise of forestalling the progression to AIDS, creating a "catch 22" whereby individuals can't get the drugs that would keep them from progressing to AIDS until they get AIDS.

Talking Points

- The Clinton Administration remains strongly committed to insuring that people living with HIV and AIDS have access to the medical treatments they need.
- The experts at HCFA are finding it difficult to make this expansion cost neutral, which is the test that we must meet to change benefits without Congressional action
- The Administration is still in active dialogue with community members, Congress, and public policy experts to refine the financial analysis -- we have not shut the door on making this work

- The analysis turned out to be far more complicated than many believed it to be, so it is taking much more time than we thought it would. However, the Administration is still actively working on a solution to this problem.

Administration has a strong track record of addressing the needs of people living with HIV and AIDS

- the President recently signed a fiscal year 1998 appropriation bill that provides \$286 million for the State AIDS Drug Assistance Program, a 71% increase from fiscal year 1997.
- 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 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.

Message Sent To:

Michael D. McCurry/WHO/EOP
Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
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Maria Echavesta/WHO/EOP
Christopher C. Jennings/OPD/EOP
Sylvia M. Mathews/WHO/EOP
Joshua Gotbaum/OMB/EOP
Ann F. Lewis/WHO/EOP
Donald H. Gips/OVP @ OVP
Toby Donnenfeld/OVP @ OVP
Miguel M. Bustos/OVP @ OVP

THE WHITE HOUSE
WASHINGTON

Date 10/24

To: Bluma Kagan

From: The Staff Secretary

What's the last way to
handle this? We can have
a response drafted in coordination
with your staff or do you want
someone to call him? Are we
coming to closure on needle exchange?

— Phil

AIDS

ROBERT L. FOGEL
33 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60602
(312) 236-5207

Handwritten signature

October 15, 1997

Handwritten notes:
Santoro
What do
you want to
do?
Elmer
cc: Prince
Phil Kaplan

President William Jefferson Clinton
The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500-2000

Dear Mr. President:

You were very kind to have appointed me to your Advisory Council on HIV and AIDS in 1994. Although I had not previously been active in HIV and AIDS issues, as a father of teenagers, I felt it was an issue that I should become involved in. I also felt that I could bring a fresh perspective to the Council.

I have consistently supported you to the Council and others. I have been consistently pleased with your decisions and actions on HIV and AIDS issues, and your commitment to doing whatever is necessary to end the epidemic. At the White House Conference on HIV and AIDS, I glowed when you committed to "reducing the number of new infections each year until there were none."

However, I believe we have stalled in the effort to end the epidemic. Over 30% of new infections are amongst injection drug users and their spouses, children, and sex partners. There have been at least seven scientific studies confirming the effectiveness of needle exchange programs. The American Medical Association, the American Bar Association, the National Conference of Mayors, and editorials in the Chicago Tribune, New York Times, and L.A. Times have endorsed needle exchange programs. The NIH and CDC, and other scientists, have confirmed the effectiveness of such programs.

At the moment, the Secretary of HHS has the authority to certify needle exchange programs. The issue, in the form of an amendment to revoke the Secretary's authority, is before the Conference Committee on the HHS/Labor appropriations bill. It is critical that the authority be retained and ultimately exercised by the Secretary.

Certification would permit federal funds already going to states and cities to be used to support local programs at their discretion. I also strongly believe

ROBERT L. FOGEL
33 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60602
(312) 236-5207

that, in conjunction with such programs, we also must substantially increase efforts to provide effective substance abuse treatment to any injection drug users.

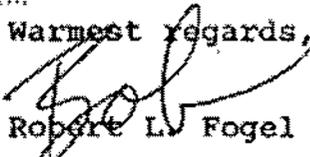
I have discussed these issues with friends and colleagues, who like me have not been "activists", and all of them believe the "right thing to do" would be to certify the use of federal funds for needle exchange programs to decrease the number of new infections and get unsafe needles off the streets and alleys. They do not consider such a decision to be "soft on drugs" or anything but an appropriate public health initiative. There must also be a re-energized commitment to provide effective substance abuse treatment. We must reduce drug abuse.

Your HIV/AIDS Advisory Council has become frustrated on this and several other issues, which are awaiting decision by Secretary Shalala. The perception is that you have not renewed your strong commitment on HIV/AIDS issues and that the government has back-burnered some key issues. I urge you to consider the incredible history of your leadership on HIV/AIDS issues, and to reaffirm that commitment with the wisdom of decision and leadership on the needle exchange issue, and by directing Secretary Shalala to move forward on the issues of updating health care worker guidelines, and content restrictions on HIV prevention materials.

I (and/or other Council members) would appreciate the opportunity to discuss these issues, and other issues, with you at your earliest convenience or during the next Presidential Advisory Council meeting in Washington from December 4-7, 1997.

Thank you for your friendship and God bless you.

Warmest regards,


Robert L. Fogel

cc: Hillary Rodham Clinton
Bruce Lindsey

October 10, 1997

Aids Policy
Chris - FYI
BR

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

Bruce Reed
Assistant to the President for Domestic Policy
The White House
Second Floor, West Wing
Washington, D.C. 20502

Dear Bruce:

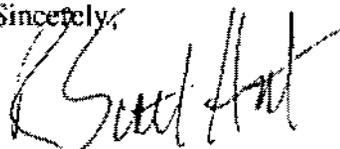
Thank you for meeting with Sandy Thurman and me during my recent visit to Washington, D.C. The Advisory Council is encouraged by the President's leadership on the AIDS Vaccine Initiative. However, we are concerned with the overall coordination among federal agencies, the private industry and the international community in developing such a vaccine. We will be working with the Department of Health and Human Services, NIH and others to craft a recommendation towards ensuring that coordination.

Additionally, the Council is very concerned by the amendment included in the House Appropriations Bill which will eliminate Secretary Shalala's authority to allocate federal funds to needle exchange programs. While the final outcome of that amendment will be decided in conference committee, we continue to look to the President and his Administration for strong leadership on this issue. As members of the Presidential Advisory Council on HIV/AIDS, we are committed to working with the Administration to ensure that the Secretary retains her authority and ultimately lifts the restriction on federal funds for needle exchange programs.

I am extremely hopeful that we will work closely with you to provide an accurate reflection of the Administration's commitment regarding our concerns as outlined in our letter to the President. I remain optimistic that the December progress report put forth by the Council will be favorable, but it will not happen without your leadership.

Please provide me, Sandy Thurman and Daniel Montoya any feedback that will ensure an accurate reflection of the Administration's response to our concerns. You can reach me at (301) 652-9655 or you can call Daniel Montoya at (202) 632-1204.

Sincerely,



R. Scott Hitt, M.D.
Chair

QUICK REFERENCE AIDS TALKING POINTS

- Discretionary AIDS funding at HHS increased over 60% since 1992
- AIDS research funding at NIH increased by 50% since 1992.
- Specific Federal Funding for State AIDS Drug Assistance Program (ADAP) up nearly 450% since 1996.
- Nearly tripled funding for the Ryan White CARE Act since 1992.
- HIV Prevention funding for the Centers for Disease Control and Prevention up 27% since 1992.

TALKING POINTS ON MEDICAID EXPANSION TO PEOPLE WITH HIV

Background

In April, the Vice President directed the Health Care Financing Administration (HCFA) of HHS to determine the feasibility of establishing a demonstration program to expand Medicaid coverage to people who were HIV -- and do not currently qualify for Medicaid benefits. This was in response to a release by HHS of a standard of care for HIV and AIDS that recommended early treatment. The Vice President asked HHS to report back within 30 days.

Under current regulations, Medicaid coverage is not available to many individuals with HIV until they progress to AIDS; the new treatments offer the promise of forestalling the progression to AIDS, creating a "catch 22" whereby individuals can't get the drugs that would keep them from progressing to AIDS until they get AIDS.

Talking Points

- The Clinton Administration remains strongly committed to insuring that people living with HIV and AIDS have access to the medical treatments they need.
- The experts at HCFA are finding it difficult to make this expansion cost neutral, which is the test that we must meet to change benefits without Congressional action
- The Administration is still in active dialogue with community members, Congress, and public policy experts to refine the financial analysis -- we have not shut the door on making this work
- The analysis turned out to be far more complicated than many believed it to be, so it is taking much more time than we thought it would. However, the Administration is still actively working on a solution to this problem.

Administration has a strong track record of addressing the needs of people living with HIV and AIDS

- the President recently signed a fiscal year 1998 appropriation bill that provides \$286 million for the State AIDS Drug Assistance Program, a 71% increase from fiscal year 1997.

•the President worked vigorously to save the Medicaid program, which is the largest single payer 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 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.



Todd A. Summers
12/04/97 09:49:33 AM

.....

Record Type: Record

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

cc:

Subject: TALKING POINTS and Q&A FOR PRESIDENT'S ADVISORY COUNCIL MEETING

**TALKING POINTS ON REPORT FROM
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS**

The Clinton Administration continues its aggressive campaign against the AIDS epidemic

- Obtained substantial increases in AIDS funding (discretionary programs at HHS up 60% since start of term)
- Established the HIV Vaccine Initiative, with goal of finding vaccine against HIV within 10 years
- Supported reauthorization and funding of Ryan White CARE Act - funding nearly tripled since start of Administration
- Supported research that resulted in the new treatments that are saving so many lives - funding for AIDS research at NIH increased 50% since start of Administration
- Increased specific Federal funding for the State AIDS Drug Assistance Program nearly 450% since 1996
- Created and Supported the Office of National AIDS Policy
- Protected Medicaid, which serves 50% of people with AIDS and 90% of children with AIDS

Role of the President's Advisory Council is to provide advice from the community

- We understand frustration of Council members - this is a terrible epidemic that gives rise to strong emotions
- If some members choose to resign, we respect but regret their decision - however, it would be our hope that they will stay at the table and work with the President to continue to make a difference
- President and the Secretary will continue to work with the Council to review their reports and to respond quickly and decisively

The appropriateness of needle exchange programs should be determined by public health experts and scientists, not politicians

- Administration worked aggressively to preserve the Secretary's authority to make determination on removing Congressionally imposed restriction on allowing local communities to decide on the use of federal funding for needle exchange programs
- Authority should remain with the Secretary because she is the chief public health officer of this country and with community public health experts -- this is an issue for public health experts to resolve
- Congress agreed, sustaining the Secretary's authority
- Secretary is evaluating available scientific reviews of needle exchange programs to determine appropriate course of action

Q & A
Meeting of and Report from the
President's Advisory Council on HIV/AIDS
December, 1997

The PACHA accuses the Administration of having stalled on the AIDS crisis. Is this true?

No. President Clinton and his Administration remain fully engaged in the effort to end this epidemic. We have supported substantial increases in AIDS funding for care, prevention, and research, even at a time when overall discretionary funding has been tight.

Our accomplishments are remarkable. Investments in AIDS research have resulted in powerful new treatments that have helped reduce the numbers of AIDS deaths for the first time since the start of the epidemic. The Ryan White program, now funded at over a billion dollars, has allowed for a broad array of primary care and supportive services that is unparalleled. We have established a major initiative to find a vaccine against HIV within ten years.

The PACHA is expressing understandable frustration with a devastating epidemic. Presidential advisory councils are not intended to serve as "rubber stamps;" on the contrary, they are intended to provide independent, objective advice to the Administration. No doubt they are using this public document as a means to continue their advocacy with this Administration.

What do you say to the PACHA members who are threatening to resign if the Administration does not approve needle exchange programs?

We certainly understand the frustration of some of members of the President's Advisory Council on HIV/AIDS (PACHA). While their participation in the PACHA process is the most effective way for them to work with the Administration, they certainly have the right to choose to remove themselves. Unfortunately, that means that they will not have a voice at the table.

This Administration is very concerned about the continued spread of this epidemic, and is seriously reviewing the impact of needle exchange programs on curtailing HIV transmission among injection drug abusers. We worked diligently with the Congress to maintain the authority of the Secretary of Health and Human Services to remove the current restriction on the use of federal funds by local communities that choose to implement needle exchange programs. We did this because we believe that this is an issue best left to the public health experts and not to the politicians.

Is the President going to allow funding for needle exchange programs?

The decision to lift the Congressionally imposed restriction on the use of federal funds for needle exchange programs has been vested by Congress with the Secretary of Health and Human Services. She has not yet made that determination because she is studying the benefit of those programs in reducing HIV transmission and their impact on the use of illegal drugs. This is not the simple and obvious decision as has been characterized by AIDS activists. On the contrary, this nation has an epidemic of illegal drug use and we do not want to support something to address AIDS that will undermine our efforts on the drug epidemic. The President will continue to support the Secretary's process, and respects her ability to make a decision on needle exchange that is grounded in science and public health.

The PACHA is debating HIV names reporting? What is that and what is the Administration's position?

Many AIDS advocates, epidemiologists, and government officials now believe that our efforts to fight the AIDS epidemic would be improved with better information on the incidence of HIV infection. We currently rely primarily on the numbers of AIDS diagnoses or deaths as a measure of where this epidemic is currently and where it seems to be moving. However, because more and more people are living longer and longer with HIV and not progressing to AIDS, this data is increasingly out of pace with the front edge of the epidemic. This reduces our ability to initiate the kind of proactive prevention efforts necessary to stem the tide of new infections.

However, we are also very mindful of the very real concerns around confidentiality. The fear of disclosure of a positive HIV test result may inhibit many from getting tested, which is the first step in accessing medical care and avoiding further transmission. The Administration will continue to work with government and community experts to determine the best way to balance the need for more timely information on new infections with the imperative to promote HIV testing and access to care for those infected.

Message Sent To:

Michael D. McCurry/WHO/EOP
Joseph P. Lockhart/WHO/EOP
Joshua Gotbaum/OMB/EOP
Richard J. Turman/OMB/EOP
Barry J. Toiv/WHO/EOP
Maria Echaveste/WHO/EOP
Christopher C. Jennings/OPD/EOP
Sarah A. Bianchi/OMB/EOP
Craig T. Smith/WHO/EOP
Ann F. Lewis/WHO/EOP
Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
Sylvia M. Mathews/WHO/EOP

MOTHERS' VOICES
United to end AIDS®

Aids policy



September 3, 1997

Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President
750 17th Street, N.W.
Washington, DC 20503
Ph: 202-395-6700

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IN MEMORIAM

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<http://www.mvoices.org>

Dear General McCaffrey:

We are writing out of deep concern regarding a statement which was released by your office on August 20, 1997, in connection with a poll conducted by the Family Research Council on the issue of needle exchange. We would like to meet with you at your earliest convenience to begin a dialogue on this issue.

As mothers, and other individuals whose lives have been shattered by injection-related AIDS, we believe that the government must take every opportunity to stop the spread of HIV, and that access to clean needles in no way undermines the important goals of drug treatment to address addiction. The statement released by your office implies that easing Federal restrictions on supporting needle exchange programs would divert funds from drug treatment. Additionally, the statement seems to support the findings of the Family Research Council, which has conducted a seriously flawed poll, and released statements that we feel are dangerous and irresponsible (including the suggestion that drug dealers should be decapitated, as an answer to injection-related AIDS).

We applaud the efforts of the Office of Drug Control Policy to address the scourge of addiction in our communities. We appeal to you to support the use of HIV prevention dollars in the most effective ways, to stop the spread of HIV among injecting drug users, their partners and children. Living addicts can and do recover from their addiction. Dead addicts don't. Needle exchange has proven effective in reducing the spread of AIDS, and is sometimes the only way to reach some drug users in order to provide them with services, including drug treatment. Treatment policy and AIDS prevention policy should not be at odds, since the services provided are always complementary. We feel that the statement released by your office contributed to the general public's confusion about needle exchange, at a time when clarity is particularly important.

General Barry R. McCaffrey
September 3, 1993
Page 2.

We would deeply appreciate the opportunity to discuss with you the role of needle exchange and AIDS prevention in the context of drug treatment, and to communicate the heartbreak which AIDS, in its finality, has caused us and our families, even as we struggle to address the issues of addiction. We would also like to include treatment professionals, AIDS prevention strategists, and researchers in the meeting, to provide you with the most updated information about the relationships between AIDS prevention and drug treatment.

We appeal to you, as American mothers, and in the interests of public health, to help us explain to the American public the crucial, proven importance of needle exchange. Every mother who has lost a child to injection-related AIDS, or who struggles with AIDS herself while trying to raise a family, understands that we must redouble our efforts to end addiction, as well as stop the spread of AIDS. We are committed to both goals, and we look forward to working with the Office of National Drug Control Policy in a unified way.

As you may know, there will be a demonstration in Washington on September 17. We would like to meet with you before then, in the hope of making progress on our mutual goals of reducing HIV infections and drug abuse.

We thank you for your attention, and look forward to your response.


Ann Kurth
Executive Director
Mothers' Voices

for The National Coalition to Save Lives Now!

cc. Vice President Al Gore
Erskine Bowles, Chief of Staff to the President
Donna Shalala, Secretary, Health and Human Services
Donald Gips, Chief Domestic Policy Advisor to the Vice President
Toby Donnensfield, Office of the Vice President
Bruce Reed, Assistant to the President for Domestic Policy
Maria Echevestre, Special Assistant to the President, Director, Office of Public Liaison
Chris Jennings, Special Assistant to the President for Health Policy
Sandy Thurman, Director, White House Office of National AIDS Policy
Franklin Raines, Director, Office of Management and Budget
Josh Gotbaum, Executive Associate Director, OMB
William Corr, HHS Chief of Staff
Kevin Thurm, HHS Deputy Secretary
Marsha Martin, Special Assistant to the Secretary, HHS
Eric Goosby, Director of the HHS Office of HIV/AIDS Policy

Aids Policy

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

September 3, 1997

MEMORANDUM TO ESKINE BOWLES AND BRUCE REED

FROM: *RS* R. Scott Hitt, Chair, on behalf of the Presidential Advisory Council on HIV and AIDS

The Council understands that an AIDS-related amendment will likely be offered when the House considers the Labor/HHS Appropriations bill this week. This amendment will revoke or effectively revoke the authority of the Secretary of HHS to lift the prohibition on using federal funds for needle exchange programs.

We have vigorously urged the President and Secretary Shalala, most recently in letters sent by the Council in late July and early August, respectively (attached) to exercise this authority. In June in a meeting with community groups, Bruce Reed expressed the President's commitment to ensure at minimum that, if challenged, the Secretary's waiver authority be preserved.

We are extremely concerned by this threatened action and hope that it will not deter Secretary Shalala from acting promptly to lift the ban on federal funding for needle exchange. Achieving the President's stated goal of reducing new HIV infections to zero, thereby saving tens of thousand of lives, creates an urgent need for swift action.

Fairly or unfairly, the community will measure the President's commitment to ending the AIDS epidemic by the vigor of Administration opposition to this Congressional challenge. The White House position must be clear and forcefully put forth.

In light of the overwhelming scientific support for the efficacy of needle exchange programs in preventing new HIV infections, the ban on federal funding of needle exchange should be lifted immediately. According to the Centers for Disease Control and Prevention one-third of all reported AIDS cases are directly or indirectly related to injection drug use. Secretary Shalala's own report to Congress makes clear the scientific support for lifting the ban.

It is paramount that the President provide personal leadership by directing that his Administration implement a viable strategy for lifting the ban, ensure that all relevant Administration personnel are on board and committed to implementing that strategy, and ensure that the full weight of White House support for preserving the Secretary's authority is being exerted.

Memorandum to Erskine Bowles and Bruce Reed
September 3, 1997
Page 2

Many organizations have expressed support for needle exchange programs and their potential for reducing new HIV infections and saving lives. Some of these are the:

American Bar Association;
American Medical Association;
American Public Health Association;
Association of State and Territorial Health Officials;
National Academy of Sciences;
National Black Caucus of State Legislators; and
United States Conference of Mayors.

In addition, major newspapers across the country have expressed their support. Some of these are:

Chicago Tribune
Los Angeles Times
The New York Times
Washington Post
The Plain Dealer (Cleveland)
The Seattle Times

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

July 26, 1997

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

Reauthorization of your Advisory Council on HIV/AIDS and recognition that only 40 months remain in your Presidency offer a valuable opportunity for taking stock of our shared commitment to defeat HIV disease. Securing unprecedented funding for AIDS, establishing the Offices of AIDS Research and National AIDS Policy, convening the White House Conference on HIV/AIDS, developing the first-ever National AIDS Strategy and setting a goal of development within a decade of a vaccine to prevent AIDS have been major milestones in this fight, milestones of which you can be justly proud.

We are concerned, however, about the growing perception that in your second term HIV/AIDS issues are not the high priority that they were during the first term and that certain Administration personnel may not share your personal commitment to these issues.

You clearly articulated in the National AIDS Strategy preamble the six simple, but vital goals necessary to end this epidemic. You have told us publicly and privately that you expect us to give you the truth, unvarnished, as we perceive it. In that spirit, we constantly strive to recognize both the accomplishments and inadequacies resulting from Administration actions and to ensure that perceptions of those actions mirror as closely as possible their realities.

As you stated in the opening words of your national strategy, "the epidemic of HIV and AIDS constitutes a public health crisis of unprecedented proportions." The challenges facing us require maintaining the urgency of the "crisis," while pursuing the permanent systemic changes necessary to deal with HIV/AIDS long after you leave office.

If we are to convert the promise of your words to reality for those affected by HIV disease, much remains to be done during the next 40 months.

The Honorable William Jefferson Clinton

July 26, 1997

Page Two

The Council is currently reviewing the progress made toward addressing our earlier recommendations, and expects to complete a report in December that will assess both movement on issues and the performance of key Administration officials. During that evaluation process, several critical issues of concern have been raised:

- The Council had previously urged that HIV prevention and housing programs be added to the Administration's list of "investment priorities" that already covered HIV research and care programs. However, the FY 1998 balanced budget agreement with the Congress, is perceived by many as a step backwards in that it fails to maintain the protected status for any AIDS programs. If, in the future, that decision results in AIDS programs being forced to compete with countless other discretionary programs for sharply diminished funding, accomplishment of your stated goals will be seriously jeopardized.
- Acknowledging the dramatic changes in medical management of HIV disease, HRSA recently issued HIV treatment guidelines that recommend antiviral therapy at much earlier stages of HIV disease. Unfortunately, no strategy has been articulated for funding the requisite dramatic expansion in access to HIV therapies and the primary medical care to facilitate that access. The Administration's FY98 budget, for example, failed to propose any additional spending for AIDS Drug Assistance Programs (ADAP) despite urging from 12 Governors of your strong support for adequate funding and also proposed inadequate funding increases for primary medical care through the Ryan White CARE Act. Presidential leadership will be essential to providing adequate resources for this vital safety-net program.
- In April, Vice President Gore announced a major Administration initiative, ordering a study within 30 days of a Medicaid demonstration project to allow States to cover low-income, non-disabled individuals with HIV. The proposed Medicaid expansion, long sought by the AIDS community, would address a serious deficiency in the Medicaid program that has generally required that adults with HIV infection become fully disabled before becoming eligible for coverage. That approach clearly impedes effective early intervention. Although the Vice President proposed only to study, rather than to implement immediately the proposed Medicaid expansion, his comments, which received widespread media attention, clearly indicated an intention to bring this proposal to fruition. Since that announcement, however, there has been little visible progress in making this proposal a reality. Clear direction to take all necessary action to quickly implement this initiative is essential.

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As an essential component of a strategy to achieve your goal of "reducing the number of new infections each and every year until there are no more new infections," your Council has strongly recommended a number of steps to deal with the role of injection drug use in the spread of HIV, including lifting the ban on federal funding for needle exchange programs. Five months ago, senior officials of the Department of Health and Human Services gave public assurance that the Administration intended to study the ban, with a view toward lifting current funding restrictions. However, a strategy for lifting the ban has not yet been developed. Little, if any, clear progress has been made on this crucial issue, notwithstanding the fact that tens of thousands of Americans become infected each year due to contaminated needles and that the science supporting the efficacy of needle-exchange programs is clear. Other potentially promising prevention strategies also remain mired by inaction on the part of Secretary Shalala and HHS.

In the past, the Council was able to benefit from staff support at the Office of National AIDS Policy to shepherd Council recommendations through the federal bureaucracy. When announcing the appointment of your new Director of the Office of National AIDS Policy you pledged to provide that office with the resources necessary to accomplish your stated goals. The long-term, complex reality of HIV/AIDS will require the institutionalization of your Administration's policies. Systemic change is crucial. In order to ensure such change, adequate attention must be given to translating White House policy decisions into departmental rules, regulations, and policy directives. Staff within the Executive Office of the President must be charged with initiating and monitoring on a constant basis that effort. Based on our recent experiences, current staffing of the ONAP office is insufficient to accomplish your goal. Additional resource commitments and authority must be provided.

The Council commends your declaration on May 18, 1997 of the goal to develop an effective AIDS vaccine within a decade. This bold step inspired many around the world. To achieve this goal, additional issues must be addressed: all relevant agencies within the federal government must be substantively involved in the AIDS vaccine effort; mechanisms of collaboration and cooperation should be implemented among these federal agencies; the U.S. Government must establish means to communicate, aid, and collaborate with international efforts for vaccine research, development and utilization; the government should facilitate public-private discussions to encourage cooperation and partnerships among government and industry; and specific sources of new funding for AIDS vaccine development must be identified.

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Action on these items is needed immediately not only to continue our long national fight against the disease but to reassure the AIDS community that your Administration still sees HIV/AIDS as the important priority you so clearly made it during your first term. We would like the opportunity to meet soon with you and any appropriate Administration officials to best determine how to advance our common agenda.

Sincerely,



R. Scott Hitt, M.D.

Chair, on behalf of the members of
the Presidential Advisory Council
on HIV/AIDS

Presidential Advisory Council on HIV/AIDS

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Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Ms. Mary Boland
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, M.D.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, M.D.
Mr. Bob Hatoy
Mr. B. Thomas Henderson
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Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Mr. Charles Quincy Troupe
Bruce Weniger, M.D.

August 6, 1997

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

The Honorable Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201

As members of the President's Advisory Council on HIV/AIDS, we are writing to express our urgent concern regarding certain HIV/AIDS-related issues and to request a meeting with you prior to September 30, 1997, to discuss those issues. Such a meeting should serve to expedite resolution of critical, time sensitive issues which currently impede fulfillment of the President's stated goals for ending this epidemic. In the President's words, "[t]o achieve these objectives, we must all stand shoulder-to-shoulder in our fight."

In keeping with the responsibilities assigned to us by the President, this Council, in consultation with leading medical and public health officials and with community-based AIDS groups, has investigated the federal response to AIDS. Following extensive deliberations, the Council has issued recommendations that represent our judgment regarding how best to realize the President's clear commitments and directives regarding AIDS.

Many of those recommendations have been referred for your response. Disappointingly, those recommendations have been, in large measure, either ignored or insufficiently acted upon by the Department of Health and Human Services. Silence on these issues has become increasingly frustrating and detrimental to the partnership necessary for achieving the President's goals.

As part of our continuing assessment of the Administration's response to AIDS, the Council will issue in December another status report to the President. A meeting to discuss outstanding issues of concern regarding HHS policies is urgently required to complete that task. Particular focus on development and implementation of a comprehensive strategy to accomplish the President's goal of "reducing the number of new infections each and every year until there are none" including addressing substance abuse and its effect on HIV transmission, along with both the availability of and access to treatment, is essential to that process.

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Most pressing among those issues on which response has been inadequate are:

- Timely elimination of restrictions on the use of federal funds for needle exchange and failure to exercise the waiver authority granted by Congress, despite clear scientific evidence of the efficacy of and growing public support for such programs.
- Implementation of the Administration's initiative announced over three months ago, to undertake a 30-day study of expanding Medicaid coverage for early intervention therapy for low income HIV infected individuals who have not yet become legally disabled.
- Prioritization in the FY 1999 Administration budget request of funding for AIDS prevention and housing, along with reprioritization for AIDS care and research. In particular, HHS plans for implementing the recently issued HIV treatment guidelines and the requisite expansion of primary medical care necessary to provide access to the recommended therapies.
- Removal of existing restrictions on the content of CDC-supported HIV prevention materials, with the goal of establishing accuracy and appropriateness for the target audience as the sole criteria for assessing such materials.
- Immediate review and revision of the scientifically discredited CDC guidelines covering HIV infected health care workers.
- The specific plans of appropriate HHS agencies for their substantive involvement in what should be an expedited, high-priority, well-financed, coordinated, government-wide effort -- with private industry partnerships and international collaborations -- to achieve the declared goal of an AIDS vaccine within a decade.
- Provision of sufficient resources, consistent with the President's commitment in reorganizing the Office of National AIDS Policy, for accomplishing the President's goals. Such resources are critical to systematic institutionalization of the President's policy decisions through development of departmental rules, regulations and directives, along with appropriate coordination and monitoring.

While the Council's initial recommendations targeted research, prevention and service related topics, specific recommendations relating to the particular needs of communities of color, women, children and adolescents, young gay men, prisoners and international populations are in continual development.

The Honorable Donna B. Shalala

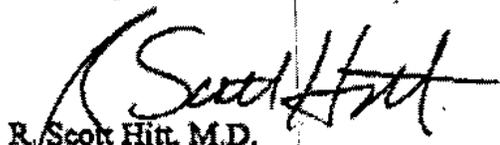
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The Council sincerely desires to assist the President and his Administration in achieving prompt resolution of these critical issues in a manner which maximizes the federal government's ability to effectively respond to the HIV epidemic.

Your positive response at your earliest convenience to this request for a meeting will be greatly appreciated. We are available for a preliminary conference call or other appropriate prerequisites to such a meeting at your convenience. Please contact Council Chairman Scott Hitt to follow up. Thank you for your consideration.

Sincerely,



R. Scott Hitt, M.D.

Chair, on behalf of the members of the
Presidential Advisory Council on HIV and AIDS



FACSIMILE

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FROM:

Daniel C. Montoya, Executive Director,
Presidential Advisory Council on HIV/AIDS

DATE:

October 8, 1997

PAGES:

2 (including cover sheet)

COMMENTS:

Sandy is travelling and I know she would want you to have a copy of this ASAP.

Weekly

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AM-AIDS Controversy, 8401
AIDS panel, unhappy with Clinton administration, considering
resigning.
By LAURAN NEERGAARD
Associated Press Writers

WASHINGTON (AP) — Several of President Clinton's AIDS advisers say they are considering resigning to protest the White House's refusal to approve spending federal money on buying clean needles for drug addicts.

The members of the Presidential Advisory Council on AIDS said Wednesday they also are upset that the administration has not enacted a list of other council recommendations.

"I think it's fairly serious," council chairman Dr. Scott Mitt said of the resignation threats.

Leading the protest is council member Robert Fogel, a Clinton fund-raiser from Chicago. He plans to seek a vote on the council's resignation at its next meeting in December, he said Wednesday.

"Somebody up there is thinking more about politics than health," said Fogel, who says "quite a few" members of the 10-member council would consider resigning, mostly because of anger about needle exchanges.

"If they're not going to listen to us and do the right thing, I for one, and a number of other people on the council, can't think of any more excuses or apologies to give on this subject," he said.

Mitt, who has not taken a position on the idea of resigning, has nevertheless met recently with Clinton administration aides in hopes of getting some action before the council's long-anticipated evaluation of national AIDS policy also is issued in December.

Mitt said the report has "some fair but harsh things to say," and he recently wrote Clinton that there is "growing perception that in your second term, HIV/AIDS issues are not the high priority that they were" previously.

"It's not like we're asking for pie-in-the-sky or perfection in this, but there are a few basic things that need to be done," Mitt said in a recent interview.

A Clinton administration plan announced this spring to expand Medicaid coverage to HIV patients appears stalled because of budget concerns, Mitt said. The administration also has not lifted restrictions on the content of federal HIV-education materials or revised "scientifically discredited" guidelines against HIV-infected health care workers.

"This administration has an extraordinary record in fighting the HIV/AIDS epidemic," responded Melissa Skolfield, a spokeswoman for Health and Human Services Secretary Donna Shalala, who met with concerned council members last month.

An estimated one-third of American adults with AIDS got the killer virus through contaminated needles or sex with injecting drug users. Scientific studies indicate that programs that let addicts exchange dirty needles for clean ones cut HIV's spread — the National Institutes of Health has called such programs a powerful weapon against AIDS that has been blocked by politics.

But Congress in 1988 outlawed federal money for needle exchanges until there is proof that they do not just cut HIV, but also proof that they don't encourage drug use.

The latter question "has not been answered conclusively," said Skolfield, and the administration is studying the issue.

Over 80 needle exchanges paid for by private or other nonfederal money already operate in the United States, but activists say federal money is necessary to expand the program.

Fogel said he was particularly concerned because of a measure in a House-approved spending bill that would strip from Shalala the ability to approve federal money for needle exchanges, even if it's proved they don't encourage drug use.

The Senate has not approved such a measure and negotiators for both houses are trying to work out differences on that and other issues in the spending bill.

"At the moment, we just have to wait to see what happens," Fogel said Wednesday. "If they (administration officials) lose that authority, or retain it but choose not to exercise it, that will be a factor in deciding whether to resign."

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