

Angus S. King

03/10/97 10:48:10 AM

Record Type: Record

To: Sylvia M. Mathews/WHO/EOP

cc:

Subject: NORA meeting yesterday

1) Please copy for me.

2) Bruce messaged

4/9/97

~~for the meeting~~
~~that we have~~

we have we answered some of their questions?

Smart



.... NORA-THX.LTR Here is a draft of a letter to the co-chairs of NORA, plus a summary of the requests they outlined:

* AIDS prevention included in the ONDCP prevention media campaign.

More integration of the WH AIDS office, the DPC and HHS.

Integration of the AIDS message into all other domestic policy issues.

Regularly scheduled meetings with Bruce Reed.

Separate budget authority for NIH Office of AIDS Research.

Concerns for funding for all specific AIDS programs, including, medicare, medicaid, substance abuse programs, drug treatment, support for needle exchange programs, concern for incarcerated populations, restoring benefits to legal immigrants and ensuring safety and efficacy concerns with regard to FDA approval.

Concerns that we do not have enough health care professionals to care for the AIDS population.

Need for greater emphasis on prevention at the state and local levels. States matched federal money for the AIDS Drug Assistance Program (ADAP), to support continued increases in funding.

Request a statement from POTUS/VPOTUS that federal funding will be available for states who want to implement a needle exchange program. (Currently 111 projects in 28 states).

* [Need to look at why African-American women have not been involved in the ADAP program.

NIH is hosting an international meeting on women and children in September and that may be a good opportunity to speak out on the issue of AIDS in pregnant women and children.



April 10, 1997

Bruce Reed
Assistant to the President for Domestic Policy
The White House, West Wing, Second Floor
1600 Pennsylvania Avenue, NW
Washington, DC 20500

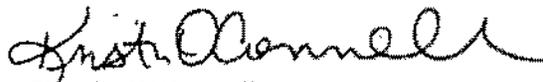
Dear ^{Bruce} Bruce:

Thank you for the opportunity to speak with you regarding needle exchange programs. We are grateful to you for taking the time to meet with Pat Christen and Randy Miller of the San Francisco AIDS Foundation to learn more about their HIV Prevention Project. Your candor and insight into this sensitive public health issue has helped us to gain an understanding of the landscape of federal needle exchange policy.

We look forward to working with you and the Administration on this and other important issues in the future. If you need further information or have a concern that you would like to share, please contact us at (202) 462-7288.

Sincerely,


Tom Sheridan


Kristin O'Connell

*Thanks for the
time. It was a great
meeting. Hope we can
work together on a
positive outcome.*

s:\shared\documents\reg\thank.br

Presidential Advisory Council on HIV/AIDS

April 5-8, 1997

Madison Hotel
Washington, DC

DRAFT AGENDA

Saturday, April 5

10:00 a.m.	Welcome Acting ONAP Director/Interim Council Activities Dr. R. Scott Hitt, M.D., Chair	Dolley Madison
11:30	Office of National AIDS Policy Update Eric P. Goosby, M.D., Acting Director	
12:00 noon	LUNCH (on your own)	
1:00 p.m.	General Council Business R. Scott Hitt, M.D.	
3:00	Committee Meetings:	
	Prevention Committee Meeting	Executive Chamber 1
3:00	Followup on Recommendations	
3:30	Needle Exchange Report Update: Christine Lubinski, AIDS Action Council Mike Shriver, National Association of People with AIDS Miguelina Maldonado, National Minority AIDS Council Jane Silver, American Foundation for AIDS Research	
3:00	Coburn Bill: HIV Prevention Act of 1997 Update	
	Research Committee Meeting	Executive Chamber 2
	Followup on Recommendations Vaccine Report Update Needle Exchange Report Update/DHHS	

Post-it Fax Note	7671	Date	4/4/97	# of pages	5
To	Cathy	From	Carmina		
Co./Dept.		Co.			
Phone #		Phone #	632-1090		
Fax #	6-2878	Fax #			

Cathy - AS promised.

Saturday, April 5 (Continued)

Services Committee Meeting

Dolley Madison

Followup on Recommendations

Ryan White

HOPWA

Native American Issues/Recommendations

Access to Treatment

Pharmaceuticals Cost Reduction

Military Clinical Research Program

Medical Marijuana (in conjunction with the Research Committee)

Youth Issues

White House Advisory Council on Consumer Protection and Quality in
Health

7:00

ADJOURN

04/04/87 FRI 09:25 FAX 202 632 1098

AIDS POLICY

Tuesday, April 8

9:00 a.m.	General Council Business and Leadership Recommendations R. Scott Hitt, M.D.	Dolley Madison
9:30	Services Committee Report	
10:00	Research Committee Report	
10:30	Prevention Committee Report	
11:00	BREAK	
11:15	Prison Subcommittee Report	
11:30	International Subcommittee Report	
11:45	Discrimination Subcommittee Report	
12:00 noon	Communities of African and Latino Descent Subcommittee Report	
12:15 p.m.	New Recommendations	
12:15	LUNCH (on your own)	
1:15	New Business/Process Issues/Schedule Next Meeting	
3:00	ADJOURN	

April 6, 1997

To: Bruce Reed, Assistant to the President for Domestic Policy
456-2878 facsimile number
456-6515 telephone number
3 pages

From: R. Scott Hitt, Chair, Presidential Advisory Council on HIV and AIDS
(202) 862-1600 Madison Hotel

Re: Meeting with the Council on Monday, April 7, 1997 at 10:15am

Below are some statements and questions that we would like to address during your meeting with the Council.

The Council would like to encourage you to make sure that separate announcements be held regarding the proposed standards of HIV/AIDS care and vaccine research.

The Council understands that you have been very instrumental in working to enhance the Office of National AIDS Policy. We would like to emphasize the importance of several items regarding that Office:

1. The title for the director of ONAP should be Special Assistant to the President;
2. The Special Assistant to the President should have an office in the Old Executive Office Building and ample office space be provided for an increased staff.
3. The Office should be sufficiently staffed (including naming of Dr. Eric Goosby as Deputy); and
4. Continue to improve the coordination between the Office of National AIDS Policy and HHS.

Prison Issues:

What specific steps can be taken by the President or on his behalf by you to assure that caregivers in correctional sites are adequately trained and the full range of pharmaceuticals associated with HIV/AIDS management be available?

Discrimination Issues:

What specific steps can be taken by the President or on his behalf by you to resolve discrimination issues resulting from mandatory HIV testing policies of certain federal agencies?

Needle Exchange:

The Council will update you on their position on Needle Exchange including the need for a good legislative strategy by the Administration.

I have also included the Recommendations put forth by the Research Committee on AIDS Vaccine Research. As you know, we will be conducting a panel on AIDS Vaccine research tomorrow morning .

Please feel free to call me at the hotel if you have any questions at 862-1600.

DRAFT RECOMMENDATIONS: HIV VACCINE DEVELOPMENT

Development of a successful HIV/AIDS vaccine is clearly feasible and should be considered of the highest priority by our government. In order to succeed, we suggest the following recommendations:

1. **The President must declare a goal of developing a vaccine to prevent HIV/AIDS within the next decade in order to mobilize public opinion, political will, international collaboration, and to prioritize this effort within each of the governmental agencies involved in HIV/AIDS.**
2. **A significant increase in funds must be made available for HIV/AIDS vaccine research and development. These funds must be derived from NEW sources from both government and industry, and must not be taken from existing programs aimed at prevention, research, care, services, and/or treatment for persons with HIV/AIDS. Innovative use of such funds as seed money to initiate new and creative hypotheses in vaccine research; to expand the proportion of successfully funded grant applications and/or to bring additional entities into the HIV/AIDS vaccine field is essential.**
3. **Development of an effective HIV/AIDS vaccine will require expertise in many areas, including basic science, applied research, public health policy, legal, ethical, industrial, and international issues. Dr. David Baltimore has recently been chosen to provide advice and leadership for the NIH HIV/AIDS vaccine effort, and the Council is highly supportive of this appointment. Additionally:**
 - **Participation by non-governmental sectors and organizations is also essential to achieve the goal of expedited vaccine research and development. The President should appoint Vice President Gore to serve as the Chair of a public-private HIV/AIDS vaccine council, composed of senior representatives and in focusing efforts in a coordinated and comprehensive manner. Membership on this HIV/AIDS vaccine council should include representation from: US Government agencies, industry, international community, academia, World Bank and other funding agencies, insurance industry, and communities most affected by the epidemic.**
 - **To achieve the goal of a more comprehensive vaccine development effort within the government, ALL relevant agencies within the US Government--including NIH, CDC, DOD, DVA, FDA, USAID and relevant offices within these agencies, such as minority and women's health--must be involved in the vaccine effort.**
 - **The Presidential Advisory Council on HIV/AIDS requests a progress report from the HIV/AIDS vaccine council and from the NIH AIDS Vaccine Research Committee chaired by Dr. Baltimore, by our next scheduled meeting in Fall, 1997.**
4. **Within the next three months, the NIH should respond publicly regarding the status of the pending recommendations of the NIH AIDS Research Program Evaluation Vaccine Research & Development Area Review Panel ("Levine Committee") related to HIV/AIDS vaccines.**

3. Work through some other tough issues, like needle exchange

- Shalala's report was a good start (Eric)
- We will be looking to Sandy on that issue in months to come

4. Speed the day when we find an AIDS vaccine as well as a cure

- I wish I could have listened to this panel instead of making you listen to me.
- The President and VP have brought up this issue several times.
- David Baltimore doing outstanding work. We're ready to do whatever we possibly can to help.

IV. Closing

1. I look forward to working with you

- I've followed this issue for a long time: VP in the mid-80s
- But I haven't worked on it in this Admin, and I have a lot to learn.
- I go to church a few blocks from here, with several friends who are HIV-positive. My wife and I have already gone through the experience of trying to explain to our 3-yr-old daughter why people are dying from the disease. **I can tell her how, but I don't have an answer when she wants to know why.**

2. Commend you on your work so far -- and I hope you enjoy the Rose Garden.

THANKS

- * **Scott Hitt, Daniel Montoya, & every member of the Advisory Council**
 - It's a tribute to your outstanding work over past 4 years that you're now having your meetings in the Rose Garden
 - I look forward to your recommendations & to working w/you for next 4 yrs
- * **Eric Goosby (Patsy)**
- * **AIDS Vaccine Panel: Recent and future Nobels -- shut up and listen**

TALKING POINTS

1. Very good day for battle against AIDS epidemic

- * **Sandy Thurman**
 - another tribute to this Council
 - outstanding track record
 - personality: a job where you can't take no for an answer -- and she won't.
 - POTUS's choice -- and she'll have President's ear
- * **I'll do everything I can to help her succeed**
 - WH Office
 - Regular mtgs with me and other WH staff
 - Access to POTUS

2. HIV & AIDS will be important priority for 2nd term

- * **Country has made real progress in last 4 yrs**
 - Deaths are down; life expectancy has doubled; education & prevention are working to slow the epidemic
 - Overall federal spending on AIDS is way up, & has paid off every step of way
- * **All this progress is a reason to do more, not less, to find a vaccine & a cure**

3. Our agenda

1. **Fight for budget increases**
 - \$1b for Ryan-White; \$1.5b for NIH; \$634m for CDC
 - not many up arrows in budget these days, but AIDS is one of them
2. **Restore Medicaid benefits for legal immigrants (WR)**
 - pleased that many states are covering while we debate
 - look for your continued advice in tracking WR



NIH AIDS Research Program Evaluation

**VACCINE RESEARCH & DEVELOPMENT
AREA REVIEW PANEL**

Findings and Recommendations

Panel Members

Dani P. Bolognesi, Ph.D., Chair
Duke University Medical School

Bonnie J. Mathieson, Ph.D., Executive Secretary
Office of AIDS Research, NIH

Abul K. Abbas, M.D.
Harvard Medical School

Lawrence Corey, M.D.
University of Washington

Ronald C. Desrosiers, Ph.D.
New England Primate Research Center

Ellen Heber-Katz, Ph.D.
Wistar Institute

Maurice R. Hilleman, Ph.D., D.Sc.
Merck Institute for Therapeutic Research
Merck Research Laboratories

Jiri Mestecky, M.D.
University of Alabama, Birmingham

John Moore, Ph.D.
Aaron Diamond AIDS Research Center

James Mullins, Ph.D.
University of Washington

Harriet L. Robinson, Ph.D.
University of Massachusetts Medical Center

William Snow
ACT UP/Golden Gate

ERIC —
What's the
answer to these
criticisms? (see
p.5)

—Bruce

Executive Summary

The development and application of an effective vaccine against HIV is our best hope for stemming the devastating consequences of the AIDS pandemic. This is particularly true because HIV infection has caused enormous social and economic losses in the developing world and because of the high costs and other barriers to behavioral or biomedical interventions against HIV transmission or infection. Unfortunately, mounting difficulties seriously threaten the creation of an effective vaccine.

One significant concern is the present lack of basic knowledge needed by private enterprise to meaningfully enter AIDS vaccine development. Another concern, despite proof of principle in some nonhuman primate models, is a widespread perception that an effective vaccine against HIV is highly unlikely, will be extremely difficult to develop, and is far in the future. Surprisingly, HIV vaccine research and development programs of the NIH currently receive the least funding of any of the major AIDS research disciplines as defined by the Office of AIDS Research (OAR). Thus, the combined response from industry, Government, and the public is disproportionately low compared with the immediate and long-term public health benefits that an effective AIDS vaccine would offer worldwide.

There is a growing recognition that the NIH must now bear the major responsibility for driving research toward the development of a vaccine against HIV. The role of the NIH is particularly important since new concepts and strategies may be required to design a vaccine against this unique human pathogen. HIV-1 is a retrovirus that attacks the immune system and is distinctive in a number of ways from other viruses against which vaccines have already been developed. Making a vaccine to counter this unusual virus may require an increased understanding of the human immune system and its specific antiviral response. The role of the NIH in funding research for the acquisition of medical knowledge has become ever more critical for HIV vaccine development. Yet the NIH must be prepared to go beyond its traditional role, for the discovery and development of a vaccine demands more than just the acquisition of fundamental knowledge; it requires that the information be applied and resultant vaccine strategies appropriately evaluated. Thus, NIH-funded research must become the primary "discovery engine" to power vaccine development by the commercial sector or, if needed, by the Federal Government. Without a strong stimulus from NIH that includes much needed basic information, the waning private sector interest in an HIV vaccine may vanish altogether.

A discovery engine for an AIDS vaccine entails striking an appropriate balance between fundamental and applied research, the preclinical testing of vaccine concepts in primate models, and the conduct of human clinical trials of appropriate vaccine candidates. Having recognized the necessity for a multicomponent AIDS vaccine research and development program, the National Institute of Allergy and Infectious Diseases (NIAID) has set in place the framework for such an effort. The NIAID program represents the major scientific thrust of the vaccine effort supported by NIH. Its principal components are Basic Research, Targeted Research, and Clinical Trial networks constituting a small but well-integrated vaccine development activity. The Vaccine Research and Development Area Review Panel evaluated each of these areas separately and together.

Basic Research

The Basic Research effort, as defined by the portfolio of R01 grants encoded as AIDS/ "vaccine-related," was considered to be vastly insufficient. AIDS grants that were appropriately coded cover only a fraction of the research activities necessary for vaccine development. It became apparent during this Panel's review that some of the research that should be regarded as vaccine-related actually had been coded as Etiology and Pathogenesis and was under review of the Etiology and Pathogenesis Panel; nonetheless, many scientific aspects of vaccine research demand additional attention. Chief among these is the need for a better understanding of the immune system and its response to HIV infection, both in humans and in the nonhuman primate vaccine models. Also lacking is a basic understanding of correlates of protection and of the HIV immunogens that are required to induce vaccine responses of appropriate breadth and duration. Of particular importance are studies concerning the basic immunology of the female and male genital tracts and exploration of effective immunization routes. Attempts to stimulate interest in vaccine-related research in general (not only in AIDS) through Requests for Applications (RFAs) or Program Announcements (PAs) have been largely unsuccessful because of limited funds, the one-time nature of funding for RFAs, and the failure of many applications responsive to PAs to obtain fundable scores. In addition, the "one-time" aspect of RFAs is not, by definition, the appropriate method to maintain a sustained effort to develop a vaccine

**URGENT
FAX**

RUSH TO: Bruce Reed, White House, Domestic Policy

FAX: 456-2878

FROM: ADAP Working Group/ W.E. Arnold

PAGES (INCLUDING THIS COVER): 3

••More on ADAP Funding Crisis•• Attached Governor's letter regarding ADAP, will have all the indicated signatures shortly, and additional Governor's signatures in the next few days, before formal release to Chairman Porter. FYI and background. • Bill Arnold, The ADAP Working Group

Thursday, May 22, 1997

May 21, 1997

The Honorable John Edward Porter
Chairman
Appropriations Subcommittee on Labor, HHS, and Education
United States House of Representatives
2378 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Porter:

As the chief elected official in our respective states, we would like to thank you for your efforts during the FY 1996 and 1997 appropriations cycles in supporting state AIDS Drug Assistance Programs (ADAPs). These funds are appropriated as a dedicated needs-based allocation within Title II of the Ryan White CARE Act specifically for expansion of state ADAPs to include new promising HIV treatments such as protease inhibitors.

Additionally, we would like to thank you for commensurate increases in state Title II non-dedicated care funding. These funds allow states the flexibility to provide other AIDS services such as viral load tests and insurance continuation as well as support for suburban and rural AIDS services.

Currently, the data are proving that state ADAPs save lives and money.

According to the Centers for Disease Control and Prevention, the estimated number of AIDS deaths declined by 13 percent during the first six months of 1996 as compared to the same period the previous year. This decline was attributed in most part to the introduction of new therapies and the corresponding state and federal funding to make these medicines available. In fact, some areas of the country, including metropolitan New York experienced as much as a 50 percent drop in AIDS death rates due in large part to new therapies and state efforts to make them available.

Furthermore, due to the efficiency of state ADAPs and the efficacy of new therapies, states are now grappling with the question of how to accommodate AIDS patients who want to leave the disability and Medicaid rolls and return to gainful employment. This is a positive result.

However, with all these optimistic developments, new AIDS therapies are expensive and state governments continue to need a partnership with the federal government to increase availability of new combination therapies. Therefore, we strongly urge you to continue your support for Title II CARE Act programs.

Again, thank you for all of your hard work on this issue.

1229 18th ST. N.W., SUITE 1117
WASHINGTON DC 20009

The Honorable John Edward Porter
Page 2

Sincerely,

George E. Pataki

Gov. George E. Pataki, New York

Gov. Lawton Chiles, Florida

Christine T. Whitman

Gov. Christine T. Whitman, New Jersey

Mel Carnahan

Gov. Mel Carnahan, Missouri

Pete Wilson

Gov. Pete Wilson, California

Robert J. Miller

Gov. Robert J. Miller, Nevada

Gov. Parris N. Glendening, Maryland

John Engler

Gov. John Engler, Michigan

Gov. Pedro Rossello, Puerto Rico

John G. Rowland

Gov. John G. Rowland, Connecticut

Gov. Gary Locke, Washington

Gov. Arne H. Carlson, Minnesota

1829 18th ST. N.W., SUITE 1117
WASHINGTON DC 20006

AIDS office



Photo by Karen Ballard/The Washington Times

President Clinton announces the appointment of Sandra Thurman as director of the Office of National AIDS Policy. "She's worked on the front lines," the president said of Miss Thurman.

New AIDS czar touts needle-exchange plans

Will urge president to 'follow the science'

By Paul Bedard
THE WASHINGTON TIMES

President Clinton's new AIDS czar yesterday cited "strong scientific evidence" to support distribution of free hypodermic needles to drug addicts to fight the disease — an indication she will push the White House to lift the ban on funding such programs.

Sandra L. Thurman, an Atlanta AIDS-service administrator, said studies show that needle-exchange programs don't promote drug use and cut down on the spread of the virus.

Speaking to reporters after her appointment during a Roosevelt Room ceremony, Miss Thurman, 43, said she would seek to strip the political controversy from federal funding of needle-exchange programs.

"The best thing is to follow the science," she said in a reference to a new Health and Human Services Department report that declared that needle exchanges combat HIV transmission by helping drug addicts avoid sharing needles in favor of new, free needles handed out by governments.

While not pledging to ask the president to lift the federal funding ban on needle programs, Miss Thurman said that as director of the Office of National AIDS Policy she would promote the scientific evidence and urge the "president to act on the science."

The president has the authority to lift the ban once the administration certifies that needle-exchange programs are effective in reducing HIV and don't boost drug use.

There are 111 needle-exchange programs in the country, but Mr. Clinton has avoided the issue so far, leaning in favor of opponents who fear that making needles available will boost drug use — a view discounted by the HHS study.

Mr. Clinton praised his third AIDS czar, a Democratic activist and former executive director of AID Atlanta, a service institution similar to Washington's Whitman-Walker Clinic.

"She's worked on the front lines of the AIDS epidemic for more than a decade. She's been an advocate and a catalyst at the state, local and national levels," the president said.

"I've worked with her and I can attest, she tells it like it is, she speaks the truth

SANDRA L. THURMAN

Director, Office of National AIDS Policy

Born: July 9, 1953, in Atlanta.

Education: Bachelor's degree, Mercer University, Macon, Ga.

Career highlights: Executive director, AID Atlanta, a community-based organization that provides health and support services to people with HIV and AIDS, 1988-93; director of advocacy programs, Task Force for Child Survival and Development, Carter Center, Atlanta, 1993-96; director of citizen exchanges, U.S. Information Agency, current.

Other: Member of the Presidential Advisory Council on HIV-AIDS, the Georgia State AIDS Task Force, the Fulton County HIV Planning Council and the Executive Committee of Cities Advocating Emergency AIDS Relief. Served on the board of directors of the National Episcopal AIDS Coalition, AID Atlanta, Sisterlove Inc. and the Atlanta AIDS Interfaith Network.

Source: White House Press Office

The Washington Times

unvarnished, she won't hold back in this office. . . . She is difficult to say no to."

In a move long sought by AIDS activists, Mr. Clinton plans to give Miss Thurman an office inside the White House complex. Previous AIDS czars have been located elsewhere, leading many activists to claim that they were too far from the Oval Office to have any clout.

While most major AIDS activist groups loudly applauded Mr. Clinton, his policies have come under attack for not going far enough to make good on his 1992 campaign promise to build a Manhattan Project-style effort to find a cure.

Asked about his failure to do so, the president said: "If I had told you in 1993 in January, when I was inaugurated, that we would have eight new AIDS drugs for AIDS-related conditions, that the number of AIDS-related deaths would be going down, and that the quality and length of life expectancy would expand as much as it had — you would think that we had put a pretty good amount of effort in here with a 60 percent increase in our investment. So I think we're moving forward."

Miss Thurman said she would focus on prevention and providing services to groups hit hardest by the virus.

The Washington Times

TUESDAY, APRIL 8, 1997

Word about Clinton's handwriting

By Mark Sauer
COPLLEY NEWS SERVICE

When President Clinton speaks, plenty of people, including pundits, politicians and heads of state, try to read between the lines.

But a rare opportunity to examine the president's penmanship shows a lot may be learned by reading between the letters.

Take that "Y" in "Yes," for example, in the January 1995 memo Mr. Clinton wrote encouraging sleep-overs at the White House, including stays for big-money donors.

"Look at the lower zone, below the base line," handwriting expert Paula Sassi says. "That's the material and physical drives represented by the subconscious, and that first 'Y' has a big money-bag attached.

"The loop in the 'Y' is inflated because it starts a positive word in a positive response with regard to money. It's interesting that he chose to inflate that 'Y.' The other 'y's,' at the end of words, go straight down, and that shows stubborn determination."

The "why" at the center of the fund-raising controversy engulfing Mr. Clinton's recent presidential campaign has been ac-

companied by both a question mark and exclamation point in recent weeks.

The president says he has invited lots of people to stay with him at the White House, many of whom supported him financially in 1996, but that his purpose was friendship rather than solicitation of campaign money. His Republican opponents (who outspent him last year, by the way) proclaim themselves to be shocked at what they claim was crass, even illegal, solicitation.

But what may be most interesting about "Pajamagate" is what may be gleaned about the president's true nature from his handwriting in the January 1995 memo.

That is, if you endorse the idea that pen strokes can reveal personality and character traits.

Miss Sassi, a certified graphologist who runs a handwriting-analysis firm in San Diego and has a bachelor's degree in psychology, is used to skepticism about her profession. She's been accused of being a fortuneteller and of engaging in pseudoscience.

Critics consider handwriting analysis the unwanted stepchild of forensic investigation, scoffing that it is offered by community

colleges and correspondence schools but not by major universities.

"It's not foolproof. Nothing is when you're dealing with the human element," Miss Sassi concedes. "There is research that validates it and some that doesn't."

Yet in the hands of an experienced graphologist, she adds, an analysis of a person's handwriting can be a useful tool in evaluating, for example, the personalities of job applicants or candidates for promotion.

Miss Sassi says she often sneaks peeks at the handwriting of others, such as the person writing a check ahead of her at the grocery store.

"I was at a friend's store one day when I noticed this woman's wildly flamboyant handwriting," Miss Sassi says. "I suggested to my friend that it might be a good idea to call the bank on that check. Sure enough, it came back 'insufficient funds.'"

Miss Sassi notes that President Clinton's writing is left-slanted — which is not a reflection of his politics but of the fact that he's left-handed.

"His handwriting also indicates he is very observant, mostly middle oriented, focused



Handwriting expert Paula Sassi

on the here and now," she says.

"But his attitude changes a bit in the middle of the memo; look at how the word 'names' goes slightly downhill. The connotation is that there is worry attached to the idea of gathering names.

"And note that each sentence has a dash after it. That denotes caution, what I call executive caution," she continues. "He's keeping people at arm's distance, like keeping your social space.

"Now, the large 'g' in 'get' shows he relates to many kinds of people."

Miss Sassi, who collects handwriting samples of famous people, noted that Mr. Clinton's writing has not changed much over the years.

In a postcard to "Mawmaw" (his grandmother) when Mr. Clinton was a student in the 1960s, his script shows an enterprising, realistic, determined young man who likes to lead and influence people, Miss Sassi says.

"Even his capital 'I,' which indicates ego, stays the same from 30 years ago to the present," she says. "The initial resistance stroke shows he's self-sufficient, perhaps indicative of his lack of parenting. And always that indomitability is present."

A hurried note to a news organization during the 1992 Democratic primary reveals a highly stressed candidate Clinton. "But the hook at the end of his signature shows tenacity," Miss Sassi says.

Returning to the sleep-over memo, Miss Sassi says it's evident that Mr. Clinton is a man very interested in facts and figures and that he "approaches things in an emotionally reserved way. He approaches others very cautiously."

Miss Sassi also says Mr. Clinton's handwriting indicates "no major signs of dishonesty."

AIDS

MEMORANDUM TO BRUCE REED

FROM: Eric P. Goosby MD, Office of National AIDS Policy

SUBJECT: HIV Legislation to be Introduced by Rep. Coburn (R-OK)
March 13, 1997 -- **For Your Information**

This memo is to give you a heads up on the HIV Prevention Act of 1997 being introduced tomorrow by Rep. Coburn (R-OK) at a morning press conference. The American Medical Association endorses the bill, and this is likely to generate press. Listed below are key provisions of the legislation with some preliminary analysis, and an overview of the advocacy and public health community response.

Coburn Bill

The proposed legislation would amend the Medicaid statute to require States to take the following actions as a condition of receipt of Medicaid funds:

- o States must require providers to report all positive HIV tests to the State health department
Current Policy: All States require reporting of AIDS cases; only 26 require HIV infection reporting. Many states with large HIV caseloads (including NY, CA, TX) have chosen not to require HIV reporting.
- o State public health officers must do partner notification of all sexual or drug-using partners of each HIV+ person
Current Policy: States are required to have partner notification programs in place as a condition of CDC funding. The Coburn provision is more prescriptive and would entail significant costs to States.
- o States must cooperate with CDC in carrying out a national program of partner notification, sharing information across state lines
Current Policy: States work cooperatively on tracing possible contacts of persons with sexually transmitted diseases. This has not routinely been done across State lines for HIV due to differences in state reporting and partner notification programs for HIV.
- o Defendants for whom an indictment or an information is presented accusing them of committing sexual crimes can be tested for HIV if the victim requests it or if the nature of the crime has placed the victim at risk for HIV
Current Law: The Crime bill of 1994 allows victims of

defendants charged with certain sexual offenses to get a court order to have an HIV test required of the defendant. The Crime bill placed a focus on the information and counseling for the victim. The Coburn provision places no focus on the victim. The optimal public health response would be to provide victims with immediate HIV tests for themselves in order to benefit from new drug therapies that could prevent the HIV infection taking hold.

- o States authorize health professionals to require that patients undergo an HIV test prior to medical procedures; providers and patients must be notified of positive HIV test results

Current Policy: There is no precedent in medical practice for making receipt of a necessary procedure contingent upon a test for infectious disease. There is no protection here that patients won't be denied a medically necessary or appropriate procedure after their HIV status is known. The CDC has long promoted universal precautions as the most effective way to prevent HIV transmission in all settings.

- o States must authorize funeral services providers to, at their discretion, require HIV tests of bodies; States must also require health care entities (such as hospitals) to notify funeral services providers if a body is HIV positive

Policy Response: Universal precautions, used correctly by health care providers and funeral service providers, provide the safest, most consistently effective protection against HIV transmission. Disclosing an HIV status may be a falsely negative result, and no additional health benefit is gained.

- o States must require that applicants for health insurance who undergo an HIV test as part of their application have the right to the results of that test. This does not extend to ERISA with respect to group health plans

Policy Response: This provision responds to a court case where an HIV+ man was denied knowledge of his HIV disease by a health insurer. His wife sued and won in court.

- o States are required to ensure that adoption agencies notify prospective adoptive parents of a child's HIV status at the parent's request

Current Policy: States have exercised different approaches in dealing with their adoption programs.

Two additional Sense of Congress provisions are included, stating HIV+ health professionals should notify their patients if their duties convey any risk of HIV transmission, and that States should have laws in effect making it a felony for an HIV+ person to knowingly engage in behaviors that place others at risk of

HIV. [Since 1990, all States have been required to have laws against criminal transmission of HIV infection.]

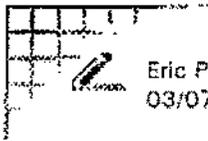
Current Context of the Legislation

The National Governors Association passed a policy resolution at their Winter meeting opposing Federal restrictions and requirements on funding which interfere with State prevention strategies. They specifically opposed HIV testing mandates and requirements that would divert funding from one public health activity to another. The Association of State and Territorial Health Officers also oppose federal restrictions on States' flexibility to design locally effective responses to the HIV epidemic. The HIV/AIDS advocacy community will vigorously oppose this legislation on public health grounds.

The AMA is supporting this bill, while also indicating they are willing to help improve it. Some victims' rights groups have supported these provisions in the past. The issue remains identifying what response is the best, most compassionate and effective public health response to safeguard the health of victims of sexual assault.

Administration Response

The administration has significantly increased its investment in prevention activities to reduce the number of new infections occurring and to help people learn their HIV status at the earliest stages of disease. The effect of these prevention and treatment interventions are now yielding encouraging data, with a 27% reduction in new pediatric AIDS cases and a drop in AIDS-related deaths for the first time. We have always worked in close partnership with State and local health departments, who are on the front lines of fashioning effective public health responses to the characteristics of their local epidemic. At this time it would be appropriate for the Administration to defer comment on this legislation, and put the State public health officials and Governors on the front line of this debate.



Eric P. Goosby
03/07/97 06:48:24 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP
cc: Sylvia M. Mathews/WHO/EOP
Subject: NORA Meeting with John Podesta

Bruce and Elena:

I attended a meeting with the National Organizations Responding to AIDS (NORA) and John Podesta yesterday. Following is a brief summary:

Participants:

John Podesta
Maria Echaveste
Toby Donedfeld
Richard Socarides
Marsha Scott
Nancy-Ann Min
Richard Sorian, DHHS

Outside Participants:

David Harvey, AIDS Policy Center, NORA Co-Chair
Miguelina Maldonado, National Minority Action Council, NORA CO-CHAIR
Christine Lubinski, AIDS Action Council
Jane Silver, American Foundation for AIDS Research
Rose Gonzalez, American Nurses' Association
Val Bias, National Hemophilia Foundation
B.J. Harris, National Alliance of State AIDS Directors
Winnie Stackelberg, Human Rights Campaign

NORA members began the meeting by thanking the Administration and the President for their leadership on AIDS issues in the first term, citing funding increases, Presidential leadership, and unprecedented access to the White House and Federal Agencies. They then presented us with a rundown of the current state of the epidemic and a series of public opinion polls showing support for further action in the areas of AIDS treatment, Vaccine development, Needle Exchange Programs (NEP), and Pediatric drug development.

Specific Points of Interest:

* They strongly encouraged the Administration to lift the ban on use of Federal funds for needle exchange programs. NASTAD mentioned that there are NEPs in 28 states. Podesta asked about the National Governors' Association position on NEPs. While NGA does not have a position

on NEPs the U.S. Conference of Mayors and the National Conference of Black States Legislators are on record in support of NEPs (as well as the AMA, GAO, IOM Committee, American Nurses Association).

- * While pleased that the President has requested increased funding for AIDS programs, they believe there is a much greater need. In particular, they mentioned the AIDS Drug Assistance Programs (ADAP) in title II of the Ryan White CARE Act (RWCA).

- * NORA would like to see the subject of HIV/AIDS addressed in the public service announcements being developed by ONDCP and NIDA (HHS).

- * Pregnant women and children have impaired access to protease inhibitors and many other drugs because they are not approved for use in those groups, nor have there been dosing studies done on pediatric populations.

- * They are concerned about the office of National AIDS Policy not having the staffing support needed to play a strong role in orchestrating a national effort to fight the epidemic on all fronts. They also felt the coordinating ability across Agencies in HHS was not supported in the AIDS office at HHS.

- * They are unhappy with the proposed Medicaid per capita cap.

- * They continue to support the Adm support of the Office of AIDS Research at NIH

- * They want more AIDS expertise in the Domestic Policy Council, the Office of Legislative Affairs and other parts of the White House.

THE WHITE HOUSE
WASHINGTON

March 5, 1997

MEMORANDUM FOR SYLVIA MATTHEWS

FROM: Eric P. Goosby, MD, Acting Director, Office of National AIDS Policy

SUBJECT: Meeting with National Organizations Responding to
AIDS (NORA) Coalition, Thursday, March 6 at 3 pm

You are scheduled to meet with the Executive Board of the National Organizations Responding to AIDS (NORA), a coalition of 175 health, labor, religious, professional, and advocacy groups committed to effective action in response to the AIDS epidemic. The primary purpose of the meeting is to:

- 1) introduce you to the work of the NORA coalition; and
- 2) identify high priority issues to work on with you, the Chief of Staff and the Administration.

NORA participants are primarily the legislative directors for the following organizations:

David Harvey* -	AIDS Policy Center for Children, Youth and Families
Miguelina Maldonado* -	National Minority AIDS Council
Christine Lubinski -	AIDS Action Council
Jane Silver -	American Foundation for AIDS Research (AmFAR)
Rose Gonzalez -	American Nurses Association
Winnie Stachelberg -	Human Rights Campaign
Callie Gass -	National AIDS Fund
Byron J. Harris -	National Alliance of State and Territorial AIDS Directors
Val Bias -	National Hemophilia Foundation

* Co-chairs

Anticipated Agenda Items

NORA intends to bring three issue areas to the table after they run through a brief review of AIDS statistics and polling data:

- 1) the President's FY 1998 budget and advance planning for the FY 1999 budget;
- 2) current proposals for Medicaid, welfare, and immigration reform; and
- 3) a strong structure and effective leadership at the Office of National AIDS Policy, and improved coordination of AIDS efforts within and across federal agencies.

Memorandum for Sylvia Matthews

March 5, 1997

Page Two

ISSUE: The President's FY 1998 budget and FY 1999 budget process

The NORA coalition prepares an annual budget document with target spending levels for each federal agency and major HIV/AIDS programs. This is widely circulated and lobbied on the Hill. The FY 1998 NORA AIDS Appropriations recommendations request \$ 6.677 B for federal agencies with HIV/AIDS programs (\$887 mil above the President's budget, \$1.01 B above FY 1997 appropriation levels). Their high priority areas for increases are HIV prevention programs at CDC, the Ryan White CARE Act at HRSA, increased research funding at NIH with a consolidated AIDS budget, substance abuse treatment at SAMHSA, and the Housing Opportunities for People with AIDS (HOPWA) housing programs at HUD. NORA will seek assurances that the President will fight for his full AIDS budget request, and ask to be included early in the FY 1999 budget development process.

Recommended Response: The President's FY 1998 budget maintains a strong federal commitment to the AIDS epidemic, increasing discretionary spending on AIDS programs by \$103 mil at a time of enormous pressure to balance the Federal budget and when many other discretionary programs were flat funded or decreased. For FY 1999, the Administration invites the communities input at various stages of the budget process:

- 1) specific program budgets developed at agency level (HHS, HUD);
- 2) collaborative effort/input to establish budget by OMB and agencies in fall 1998; and
- 3) collaborative effort/input with the Administration in winter 1998.

ISSUE: Medicaid, Welfare and Immigration Reform

Medicaid: The NORA coalition sent a letter to the President in January 1997 (attached) opposing inclusion of Medicaid cuts in the balanced budget proposal. **Over half of adults with AIDS, and 90% of children with AIDS rely on Medicaid for health care.** NORA strongly opposes a per capita cap on Medicaid spending, as health care and pharmaceutical costs are high for people with HIV/AIDS.

Recommended Response: The Administration vetoed the Medicaid restructuring and very large budget cuts last year. There is an ongoing commitment to work with the Congress and advocacy community on how best to achieve necessary budget savings without jeopardizing life-saving health care for people with HIV/AIDS.

Memorandum for Sylvia Matthews

March 5, 1997

Page Three

Welfare and Immigration: The NORA coalition sent a letter to the President in August 1996 (attached) opposing the President's decision on welfare reform. Key issues were denying benefits to legal immigrants, and denying cash assistance and food stamps for life to persons ever convicted of drug-related felonies. Almost half of new HIV infections are among persons who have used illegal drugs. NORA believes denial of cash and nutritional assistance unfairly burdens the ability of individuals to sustain ongoing recovery and regain independence.

Recommended Response: The President has stated his intention to seek repeal of the provision denying benefits to legal immigrants. Denial of benefits to convicted felons originated in the Congress (Gramm amendment), and passed with significant Democratic support in both the House and the Senate. The States have the authority to narrow the scope of these restrictions.

ISSUE: Strong Leadership Within the White House and Federal Agencies

The groups are anxious to have a prominent person with strong leadership skills appointed as the new AIDS director. They want the Office of National AIDS Policy (ONAP) to provide input into decision-making at the highest levels, and to more actively engage the nation to win support for the battle against AIDS. NORA is also concerned that better coordination of AIDS policy and programs be achieved within specific agencies, particularly HHS. Reinventing government actions have decentralized authorities and made coordination more difficult.

Recommended Response: The President is committed to fighting AIDS and the important role of the Office of National AIDS Policy. The Chief of Staff's office and the rest of the Administration is actively working to appoint a new National AIDS Director and would welcome NORA's input. There is a strong commitment to maintaining an effective, well coordinated response to AIDS in all departments.

cc: Bruce Reed
Richard Socarides

TALKING POINTS

Opening Remarks

- * I am pleased at this opportunity to meet with you, and I want to convey greetings from the Chief of Staff to each of you.
- * As you know, the President is very committed to a strong and comprehensive effort to address the AIDS epidemic. This Administration has placed a high priority on effective prevention programs, basic research and vaccine development, and care and treatment programs for individuals and families living with HIV.
- * We appreciate the important role each of your organizations has played in championing the needs of persons with AIDS and informing both the Administration and the Congress on important policy issues.
- * I know you are in a regular dialogue with the White House Office of National AIDS Policy, and I encourage you to continue bringing forward your views to that Office.

Issues off the Agenda that may arise:

HIV Prevention Programs at CDC The President's FY98 budget requests \$634 million for prevention programs. It maintains strong support for the HIV Prevention Community Planning process which is very important to the AIDS groups. Last year the prevention funds increased by \$32 million. This year the President has requested an additional \$20 million to be targeted to addressing prevention issues for IV drug users.

- * The President continues to strongly support an effective HIV prevention program and efforts to increase coordination with treatment services. We are very aware of the need to effectively address HIV prevention efforts among individuals with substance abuse problems, and the FY98 budget dedicates an additional \$ 20 million to this concern.

Consolidated AIDS Research Budget at NIH The Office of AIDS Research (OAR), in the Office of the Director of NIH, has the statutory mandate to coordinate AIDS research activities at NIH and to prepare a consolidated budget for all AIDS-related research at NIH. The Administration strongly supports a consolidated AIDS appropriation at NIH, which is distributed among Institutes according to a comprehensive AIDS plan. The Appropriations Committees continue to restrict the allocation authority of the OAR in directing how much money each Institute receives.

- * The President continues to give his full support to the work of the OAR and the consolidated AIDS budget, as noted in the FY 1998 budget sent to Congress.



2 August 1996

The Honorable William Jefferson Clinton
The White House
Washington, DC 20500

Thank you for signing at!
Lisa White
NORA Coordinator

VIA FACSIMILE

Dear Mr. President:

We the undersigned members of the National Organizations Responding to AIDS (NORA) coalition, are writing to express our strong opposition to the welfare reform legislation as well as our extreme disappointment at your announcement that you will sign this legislation into law. This legislation will dismantle the federal "safety net" that prevents the complete impoverishment of the poorest Americans. NORA is a coalition that represents over 175 medical, public health, education, social services, religious, civil rights, childrens', and AIDS organizations.

For 60 years, the federal government has guaranteed assistance, including access to health care services, to those Americans in need. The recently passed welfare reform bill, H.R. 3734, would shatter that guarantee to health care services by ceding unprecedented authority to the states. Although this latest version of the bill makes concessions that earlier attempts to reform welfare did not, it is still unacceptable. While we have concerns with many of the disturbing provisions in the bill, we are limiting our comments to the provisions that would damage the ability of very low-income people living with HIV and AIDS to access health care through Medicaid. We urge you to consider these issues and reconsider your support for the measure, or at a minimum, work to eliminate or improve key provisions after enactment.

Immigrants should not be denied access to benefits

The welfare reform bill derives much of its savings through denying government assistance to legal immigrants. The bill would bar legal immigrants from a variety of federal benefits, including access to Medicaid. In addition to ending the federal guarantee to essential health services through Medicaid for legal immigrants, it allows states further authority to deny Medicaid to otherwise eligible legal immigrants. In addition, the bill would even eliminate a legal immigrant's Medicaid access for testing and treatment of communicable diseases like HIV leaving them to rely on an already over-taxed public health system. It is critical that we maintain access to Medicaid for legal immigrants, including individuals living with HIV and AIDS.

Unfairly penalizing many people living with HIV and AIDS

The language that denies welfare cash assistance and food stamps to individuals convicted of drug-related felonies, while not as restrictive as the original Gramm

NORA

A coalition convened by
AIDS Action Council

1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

continued...

NORA letter to President opposing welfare reform/2 August 1996/Page 2

amendment, is still discriminatory. This provision will prove to be extremely costly, if not impossible, for states to enforce requiring an exchange of information and tracking that does not routinely occur now. The effect on people living with HIV and AIDS is chilling, as nearly half of new HIV cases are the result of injection drug use. If convicted of a felony, the individual is denied eligibility to cash assistance and food stamps for life. This provision, although substantially improved, still unduly penalizes individuals with drug histories from accessing fundamental social and nutritional services which could help their ongoing recovery and independence. We cannot turn our backs on people living with HIV and AIDS who have drug problems. To do so by denying access to benefits is unconscionable.

The benefits and services that have comprised our welfare system for over a half century have helped countless Americans regain their independence and dignity. We must not reject compassion for the sake of politics. You have twice before demonstrated your support for the most vulnerable Americans against efforts to dismantle the safety net programs that help families support themselves. We urge you to reconsider your decision and veto the welfare reform bill.

Sincerely,

Academy for Educational Development
AIDS Action Council
AIDS Healthcare Foundation
AIDS National Interfaith Network
AIDS Policy Center for Children, Youth and Families
American Association on Mental Retardation
American Federation of State County and Municipal Employees
American Foundation for AIDS Research
American Medical Student Association
American Psychological Association
American Public Health Association
Association of Schools of Public Health
Cities Advocating Emergency AIDS Relief
Committee for Children
Drug Policy Foundation
Gay and Lesbian Medical Association
Gay Men's Health Crisis
Housing Works
Human Rights Campaign
Legal Action Center
Minority Task Force on AIDS
National AIDS Fund
National Alliance of State and Territorial AIDS Directors
National Association of Alcoholism and Drug Abuse Counselors

continued...

NORA letter supporting preservation of Medicaid/21 January 1997/Page 3

National Association of Social Workers
National Black Women's Health Project
National Catholic AIDS Network
National Coalition for the Homeless
National Community Mental Healthcare Council
National Episcopal AIDS Coalition
National Gay and Lesbian Health Association
National Gay and Lesbian Task Force
National Health Care for the Homeless Council
National Health Law Program
National Hemophilia Foundation
National Latino/a Lesbian and Gay Organization
National Minority AIDS Council
National Native American AIDS Prevention Center
National Puerto Rican Coalition
Therapeutic Communities of America

cc: Vice President Gore
Erskine Bowles
Donna Shalala
Bruce Reed
Rahm Emanuel
Franklin Raines
Nancy Ann Min
Bruce Vladeck
Kevin Thurm
Bill Corr
Patsy Fleming
Chris Jennings
John Podesta
John Hilley
Greg Simon
Bill White
Barbara Wooley
Sen. Thomas Daschle
Sen. Daniel Moynihan
Sen. John Breaux
Sen. Bob Graham
Sen. Jay Rockefeller
Rep. Richard Gephardt
Rep. John Dingell
Rep. Henry Waxman
Rep. Maxine Waters
Rep. Xavier Becerra

NORA
NATIONAL
ORGANIZATIONS
RESPONDING
TO
AIDS

January 21, 1997

The Honorable William Jefferson Clinton
 President of the United States
 The White House
 1600 Pennsylvania Avenue, NW
 Washington, DC 20500

Co-chairs

David Harvey
 AIDS POLICY CENTER FOR
 CHILDREN, YOUTH AND
 FAMILIES

Miguelina Maldonado
 NATIONAL MINORITY AIDS
 COUNCIL

Executive Committee

Val Biaz
 NATIONAL HEMOPHILIA
 FOUNDATION

Callie Gatz
 NATIONAL AIDS FUND

Rose Gonzalez
 AMERICAN NURSES
 ASSOCIATION

Byron J. Harris
 NATIONAL ALLIANCE OF
 STATE AND TERRITORIAL
 AIDS DIRECTORS

Christine Lubinski
 AIDS ACTION COUNCIL

Jane Silver
 AMERICAN FOUNDATION
 FOR AIDS RESEARCH

Winnie Stachelberg
 HUMAN RIGHTS CAMPAIGN

Dear Mr. President:

We the undersigned members of the National Organizations Responding to AIDS (NORA) coalition, are writing to express our strong opposition to the inclusion of Medicaid cuts in your balanced budget proposal. NORA is a coalition that represents over 175 medical, public health, education, social services, religious, civil rights, childrens', and AIDS organizations.

The Medicaid program is a critical program for people living with HIV/AIDS; 53% of adults with AIDS and over 90% of children with AIDS receive their health care through Medicaid.

We acknowledge your leadership during the last Congress in opposition to block granting the Medicaid program. As you know, treatments for HIV disease are very expensive. New drugs have increased hope and quality of life for people living with HIV, and AIDS. The exciting breakthroughs in AIDS treatment make access to comprehensive health care services, including prescription drug benefits, more important than ever to people living with HIV/AIDS.

As you develop your plan to balance the federal budget by the year 2002 and your budget proposal for the next fiscal year, we urge you to refrain from making cuts in the Medicaid program. Restructuring of Medicaid, including capping the federal Medicaid payment per beneficiary under a per capita cap proposal, could have potentially life-threatening consequences for adults and children living with HIV/AIDS. Under a per capita cap, people living with HIV and AIDS would certainly exceed any amount determined for disabled beneficiaries. When states are faced with picking up the bill for care after the capped federal Medicaid payment has been spent, they may respond by imposing restrictions on the care that beneficiaries need the most. Ironically, people living with HIV and AIDS may lose access to the very benefit that is providing them with hope and renewed health -- prescription drugs. States might also choose to eliminate optional eligibility categories like "medically needy" individuals -- a group of Medicaid beneficiaries which also includes many individuals living with HIV/AIDS.

The low growth rate of Medicaid over the last year demonstrates that Medicaid expenditures need not inevitably increase at the rates of growth seen in the past.

continued...

NORA letter supporting preservation of Medicaid/21 January 1997/Page 2

With this low growth rate, there is no need to seek cuts in the Medicaid program that will ultimately diminish both access and quality of health care.

One of the central messages in your campaign was your commitment to protect this essential safety-net program. We ask that you honor your promise to protect people living with HIV and AIDS by preserving the Medicaid program and not proposing Medicaid cuts in your budget.

Sincerely,

Academy for Educational Development
AIDS Action Council
AIDS Policy Center for Children, Youth and Families
American Association on Mental Retardation
American Foundation for AIDS Research
American Medical Student Association
American Nurses Association
American Psychological Association
American Public Health Association
Americans for Democratic Action
Association of Maternal and Child Health Programs
Association of Nurses in AIDS Care
Association of Reproductive Health Professionals
Association of Schools of Public Health
Center for Women Policy Studies
Child Welfare League of America
Children's Hospital of New Jersey
Cities Advocating for Emergency AIDS Relief (CAEAR) Coalition
Coalition for the Homeless/Scattered Site Housing Program
Committee for Children
Fundors Concerned About AIDS
Gay and Lesbian Medical Association
Gay Men's Health Crisis
HIV/AIDS Prevention & Intervention Services/Michigan Dept. of Community Health
Housing Works, Inc.
Human Rights Campaign
Institute for Family-Centered Care
Legal Action Center
National AIDS Treatment Advocacy Project
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of People With AIDS
National Association of Public Hospitals and Health Systems

continued...

NORA letter to President opposing welfare reform/2 August 1996/Page 3

National Association of People With AIDS
National Association of Protection and Advocacy Systems
National Association of Public Hospitals and Health Systems
National Association of Social Workers
National Catholic AIDS Network
National Council of La Raza
National Episcopal AIDS Coalition
National Family Planning and Reproductive Health Association
National Gay and Lesbian Task Force
National Health Care for the Homeless Council
National Hemophilia Foundation
National Latino/a Lesbian and Gay Organization
National Native American AIDS Prevention Center
National Puerto Rican Coalition
National Task Force on AIDS Prevention
Project Inform
TB/AIDS Citizen Action Project
Therapeutic Communities of America
Treatment Action Group
United Jewish Appeal—Federation of New York
Union of American Hebrew Congregations

THE CLINTON ADMINISTRATION ON HIV/AIDS

"Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine, that must be our first and top priority."

President Clinton
White House Conference on HIV/AIDS

In his four years in office, President Clinton has sharply increased the Federal government's commitment to ending the epidemic of HIV/AIDS that has already taken the lives of more than 300,000 Americans. He has done that by:

- Increasing overall AIDS funding by more than 56% in four years.
- Creating a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS.
- Convening the first-ever White House Conference on HIV/AIDS and appointing the Presidential Advisory Council on HIV and AIDS.
- Increasing funding for the Ryan White CARE Act 186% in four years to nearly \$1 billion.
- Tripling federal funding for the AIDS Drug Assistance Program to help those without insurance coverage obtain prescription drugs.
- Strengthening the Office of AIDS Research at NIH and vesting it with new authority to plan and carry out the AIDS research agenda.
- Accelerating AIDS drug approval to record times. In four years, FDA has approved 16 new AIDS drugs and 3 new diagnostic tests.
- Doubling funding for Housing Opportunities for People with AIDS.
- Winning the fight to preserve the Medicaid guarantee of coverage for the more than 50% of people living with AIDS who rely on Medicaid for health coverage.

- Revising eligibility rules for Social Security Disability Insurance to make it easier for people living with HIV to qualify for benefits.
- Signing the Kennedy-Kassebaum Health Insurance Portability and Accountability Act, which bans insurance discrimination against people with pre-existing medical conditions including HIV/AIDS.
- Launching a four-year \$100 million effort to develop topical microbicides to allow people to protect themselves from HIV.
- Establishing the HIV prevention community planning partnership, which empowers local communities to make decisions about the direction of AIDS prevention programs.
- Launching the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending sexual abstinence and, for those who are sexually active, the correct and consistent use of latex condoms.
- Vigorously enforcing the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS. More than 800 charges of AIDS-related discrimination have been settled in four years.
- Leading the fight to repeal the discriminatory "Dornan Amendment," which would have discharged all HIV-positive military personnel.
- Creating the Forum for Collaborative HIV Research to improve knowledge of HIV treatment methods.
- Working with AIDS activists to protect the rights of immigrants with HIV and PLWA's enrolled in managed care plans.
- Creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry to increase consumers' rights.

THE CLINTON ADMINISTRATION
Meeting America's Challenges and Protecting Our Values
 Paid for by Clinton/Gore '96



Meeting with Executive Committee, National Organizations Responding to AIDS ("NORA")

180 OEOB

Thursday, March 6, 1997

3:00pm

Briefing prepared by: Richard Socarides and Angus King

EVENT:

You will be meeting with the Executive Committee of National Organizations Responding to AIDS ("NORA"). There will be ten outside participants (see list attached). Nora had originally requested a meeting with the Chief of Staff by letter dated January 13, 1997 (also attached).

The overall purpose of the meeting is to thank the leadership of this umbrella organization for their support of the President's programs during the first term and to tell them we look forward to working with them closely over the next four years. NORA's agenda is outlined in the attached briefing memorandum from Dr. Eric Goosby, Acting Director, Office of National AIDS Policy, with suggested talking points.

LOGISTICS:

This meeting will be in 180 OEOB. The participants will introduce themselves at the beginning of the meeting. You will make brief remarks (see talking points attached) and then ask for comments. The meeting is scheduled for one hour.

PARTICIPANTS:

The Executive Committee of NORA -- see attached list

Bruce Reed -- Domestic Policy Council

María Echaveste and Richard Socarides -- Office of Public Liaison

Dr. Eric Goosby, Acting Director, Office of National AIDS Policy

Marsha Scott and Peg Clark -- Presidential Personnel

Toby Donnenfeld -- Office of the Vice-President (Domestic Policy Staff)

Lavarne Burton, Acting Assistant Secretary, Management and Budget, HHS

Nancy-Ann Min, OMB (invited, may not be able to attend)

ATTACHMENTS:

- Memorandum from Dr. Eric Goosby, dated March 5, 1997, which outlines agenda for meeting and includes talking points, with attachments.
- Letter dated January 13, 1997 requesting meeting.
- List of NORA Executive Committee.
- Note from Nancy-Ann Min, dated March 5, 1997, with budget charts attached.
- Chart: AIDS Spending (1993 / 1997).
- Memorandum from Bob Nash, dated March 5, 1997, relating to the search for a new Director of National AIDS Policy.
- Talking Points relating to February 27, 1997 CDC report of first ever overall decline in AIDS deaths (down 12% for first six months of 1996) together with President's statement.
- HHS talking points: Needle Exchange Programs -- Background of Recent Events.
- Clinton Administration Accomplishments: HIV / AIDS

NATIONAL ORGANIZATIONS RESPONDING TO AIDS

13 January 1997

Erskine Bowles
Chief of Staff to the President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20502

Dear Mr. Bowles:

On behalf of the Executive Committee of the National Organizations Responding to AIDS (NORA) coalition, we are writing to request a meeting with you at your earliest convenience to discuss issues regarding key AIDS policies and programs, as well as the future of the National AIDS Policy Office at the White House.

Founded in 1987, NORA is a coalition of over 175 health, civil rights, business, and labor organizations committed to developing effective federal AIDS policy. NORA has played a leading role in addressing issues related to the President's budget, legislation, and numerous policy issues related to drug access, entitlements, HIV testing and other concerns.

Knowing of the President's commitment to addressing the AIDS epidemic in his first term, we feel that it is essential for the AIDS community to meet with you at the White House to discuss plans for the President's second term. We look forward to working with you in partnership to protect the gains in federal AIDS policy made by our community and the Clinton Administration.

Thank you for your consideration of this request. To confirm arrangements for a meeting, please contact David Harvey at 202-785-3564 or Miguelina Maldonado at 202-483-6622.

Sincerely,

David C. Harvey
NORA Co-chair

Miguelina Maldonado
NORA Co-chair

Co-chairs

David Harvey
AIDS POLICY CENTER FOR
CHILDREN, YOUTH AND
FAMILIES

Miguelina Maldonado
NATIONAL MINORITY AIDS
COUNCIL

Executive Committee

Val Ems
NATIONAL HEMOPHILIA
FOUNDATION

Colin Goss
NATIONAL AIDS FUND

Rose Gorman
AMERICAN NURSES
ASSOCIATION

Sybil J. Harris
NATIONAL ALLIANCE OF
STATE AND TERRITORIAL
AIDS DIRECTORS

Christine Lubinski
AIDS ACTION COUNCIL

Jane Silver
AMERICAN FOUNDATION
FOR AIDS RESEARCH

Wynne Swoboda
HUMAN RIGHTS CAMPAIGN

NORA

A coalition composed by
AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20006
202 986 1300
202 986 1345 fax



**NATIONAL ORGANIZATIONA RESPONDING
TO AIDS (NORA)**

*Executive Committee
1997-1998*

David C. Harvey (Co-Chair)
AIDS Policy Center for Children, Youth
& Families
918 16th Street, N.W., Suite #201
Washington, D.C. 20006
Phone: (202) 785-3564
Fax: (202) 785-3579

Christine Lubinski
AIDS Action Council
1875 Connecticut Avenue, N.W., Suite
#700
Washington, D.C. 20009
Phone: (202)986-1300 ext. 3046
Fax: (202) 986-1345

Miguelina Maldonado (Co-Chair)
National Minority AIDS Council
1931 Street, N.W.
Washington, D.C. 20009-4432
Phone: (202) 483-6622
Fax: (202)483-1135

Val Bias
National Hemophilia Foundation
1101 17th Street, N.W. #803
Washington, D.C. 20036
Phone: (202)833-0007
Fax: (202)833-0086

Callie Gass
National AIDS Fund
1400 I Street, N.W., Suite #1220
Washington, D.C. 20008
Phone: (202)408-4848
Fax: (202)408-1818

Jane Silver
American Foundation for AIDS
Research
1828 L Street, N.W., Suite #802
Washington, D.C., 20036
Phone: (202) 331-8600
Fax: (202)331-8606

Rose Gonzalez
American Nurses Association
600 Maryland Ave., SW, Suite #100 W
Washington, D.C. 20024-2571
Phone: (202)651-7098
Fax: (202)554-0189 or 651-7001

Winnie Stachelberg
Human Rights Campaign
1101 14th Street, N.W., Suite #200
Washington, D.C. 20005-3495
Phone: (202)628-4160
Fax: (202) 347-5323

Bryon J. Harris
National Alliance of State and Territorial
AIDS Directors
444 N. Capitol Street, NW, Suite #617
Washington, D.C. 20001
Phone: (202) 434-8068
Fax: (202) 434-8092

Lisa White (shy)
AIDS Action Council
1875 Connecticut Avenue, N.W., Suite
#700
Washington, D.C., 20009
Phone: (202)986-1300 ext 3020
Fax: (202) 986-1345

NORA

A coalition convened by
AIDS Action Council

1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D. C. 20503

March 5, 1997

NOTE TO SYLVIA MATTHEWS

From: Nancy-Ann Min *NEU*

RE: Your Meeting with National Organizations Responding to AIDS (NORA)

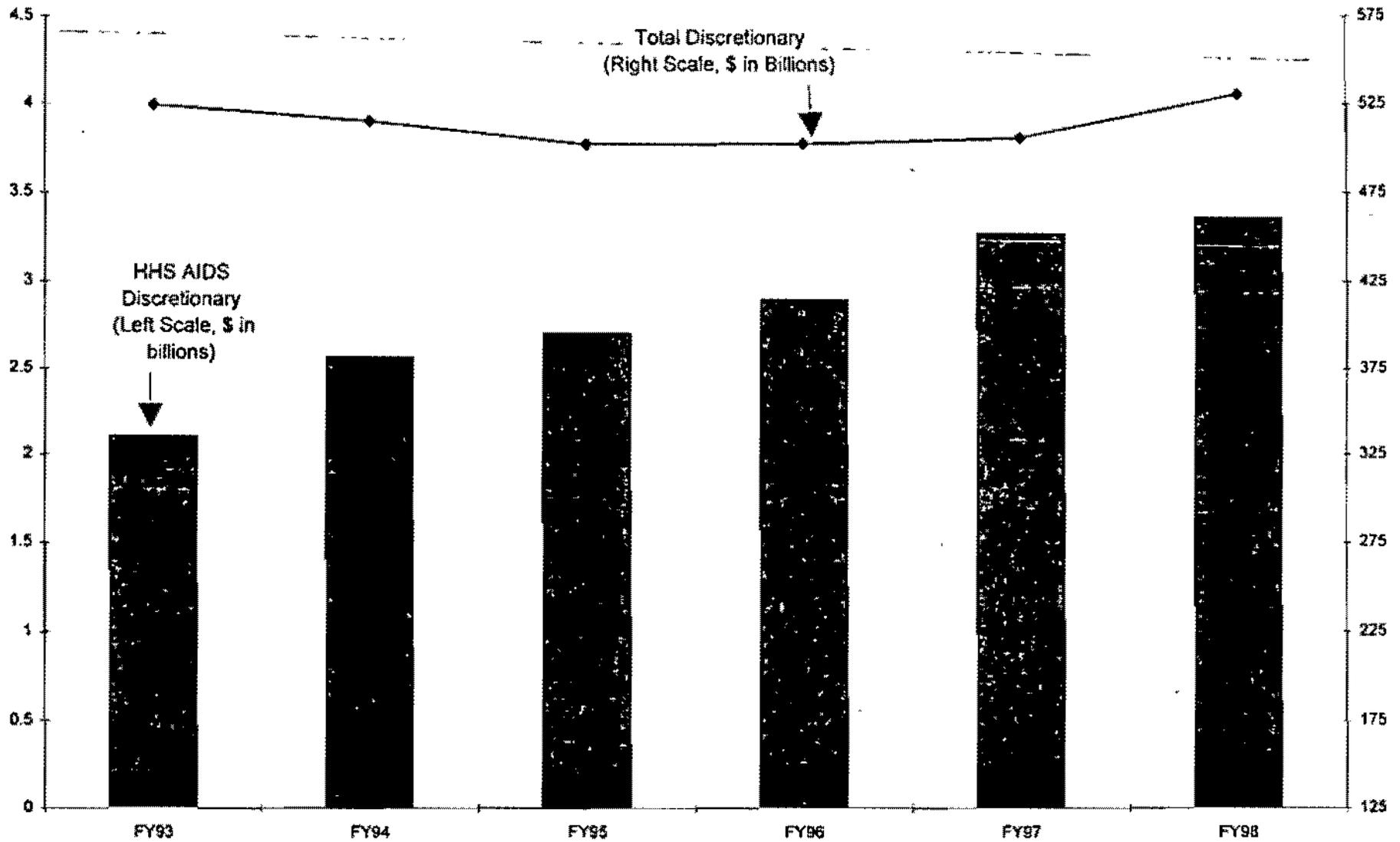
cc: Richard Socarides

Attached is some information that may be useful background for your meeting with NORA. The first five charts show increases in spending during the Clinton Administration. I have already shared these charts with members of NORA when I met with them right after the release of the budget, and, as you can see, not all programs receive increases.

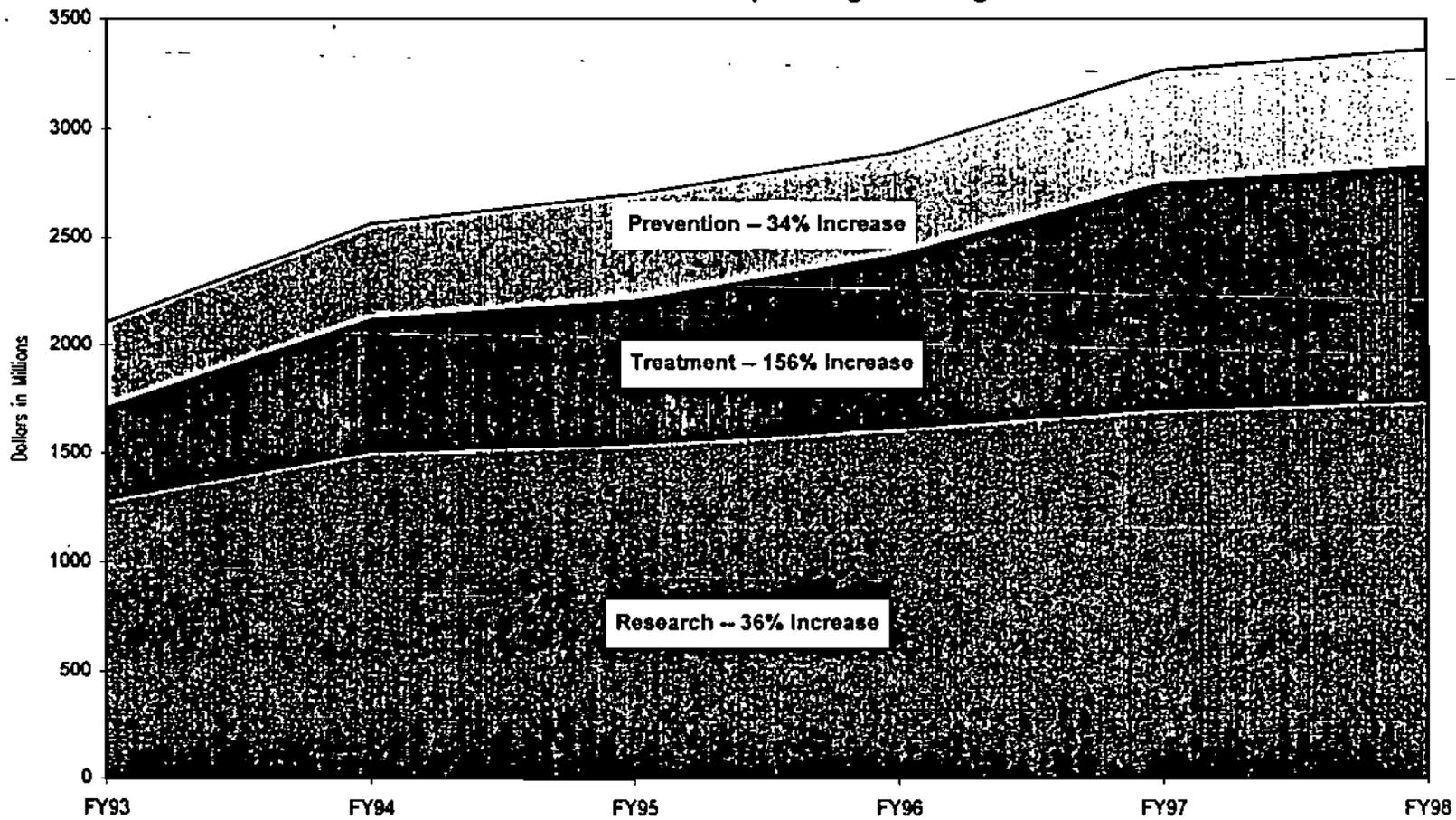
I have also attached other charts which give more detail on increases as well as cuts that have been enacted in AIDS programs. However, I am not sure that this level of detail is necessary for your meeting.

I hope this information is helpful. Please let me know if you have further questions.

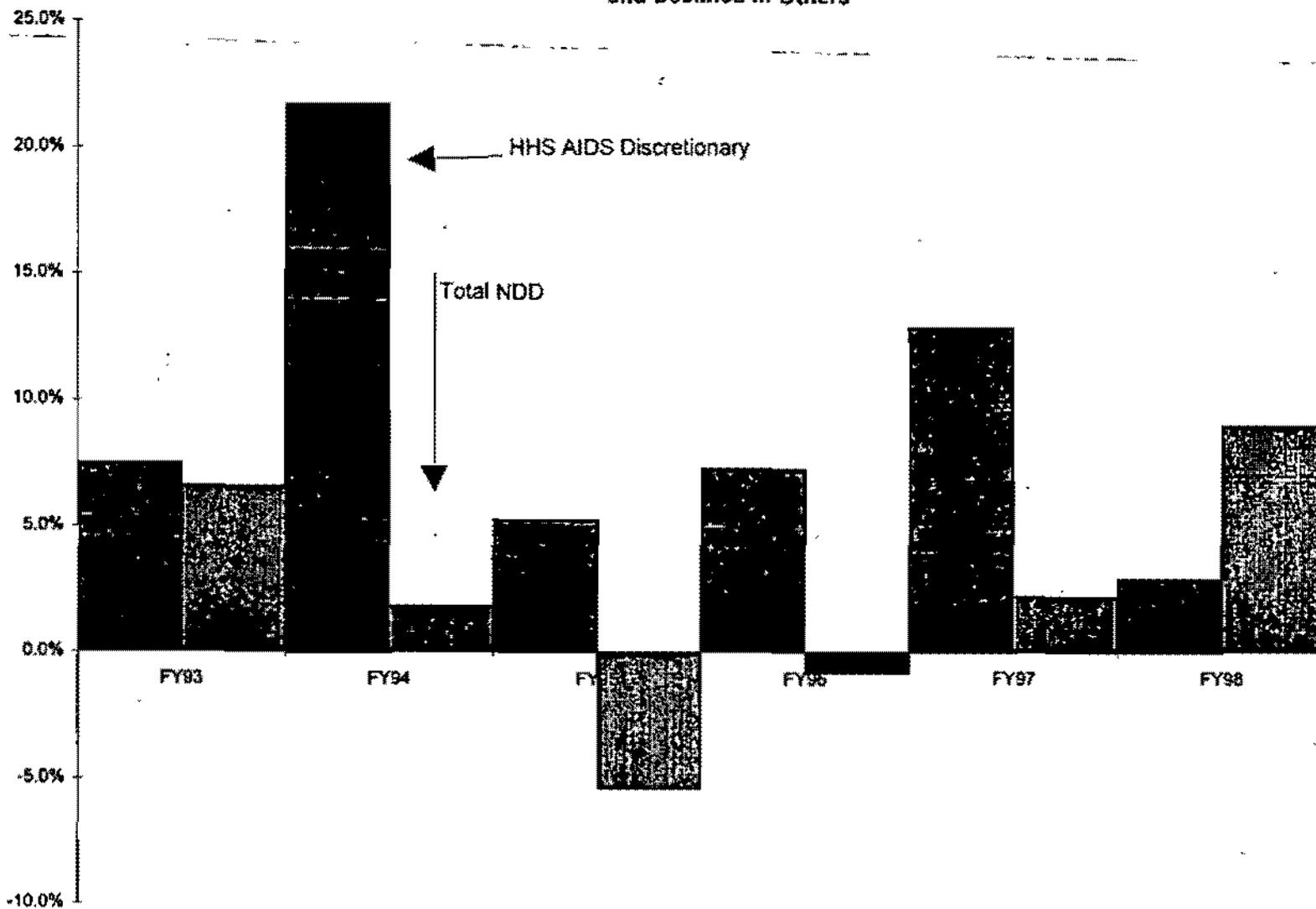
HHS Discretionary AIDS Spending Increases by 60% (from \$2.1 Billion to \$3.4 Billion) over FY 1993-98. Total Discretionary Funding Increases by 1% from \$524.5 Billion to \$530.5 Billion Over the Same Period.



Overall Discretionary AIDS Funding at HHS Grew 60% (to \$3.4 billion) between 1993 and 1998, with AIDS Treatment Spending Growing the Fastest



**Comparing Annual Growth Rates In Discretionary Spending:
HHS AIDS Funding Has Grown Every Year, While Non-Defense Discretionary (NDD) Has Grown In Some Years
and Declined in Others**



FY 1998 Budget Funding for Selected HIV/AIDS Activities (BA – \$ in Millions)					
	FY 1993	FY 1997	FY 1998	% +/- FY 1998	% +/- FY 1998
	<u>Act.</u>	<u>Enacted</u>	<u>Budget</u>	<u>vs. FY 1997</u>	<u>vs. FY 1993</u>
Ryan White	386	996	1,036	4%	168%
NIH AIDS Research	1074	1,501	1,541	3%	43%
CDC HIV Prevention	498	617	634	3%	27%
HUD HOPWA	100	196	204	4%	104%

FY 1998 BUDGET DISTRIBUTION OF RYAN WHITE FUNDS (BA - \$ in Millions)						
Title	FY 1993	FY 1996	FY 1997	FY 1998	% Increase FY98 over FY97	% Increase FY98 over FY93
	Enacted*	Enacted	Enacted	Total FY98 Budget		
I (Cities)	184.757	391.700	449.943	454.943	+1.11%	+146.2%
II (States)						
Regular Grant	115.288	208.847	249.954	264.954	+6.00%	+129.8%
ADAP Set-Aside	0.000	52.000	167.000	167.000	+0.00%	NA
Total Title II	115.000	260.847	416.954	431.954	+3.60%	+275.6%
IIIb (Clinics')	47.968	56.918	69.568	84.568	+21.56%	+76.3%
IV (Pediatric)	20.897	29.000	36.000	40.000	+11.11%	+91.4%
V (Dental)	0.000	6.937	7.500	7.500	+0.00%	NA
VI (AIDS ETCs)	16.975	12.000	16.287	17.287	+6.14%	+1.8%
TOTAL	385.597	757.402	996.252	1036.252	+4.02%	+168.7%
*Displayed comparably to current law. In FY 1993, Titles IV, V and VI were not authorized or funded under the Ryan White CARE Act.						

FEDERAL HIV FUNDING BY AGENCY								
(Obligations in \$ millions)								
	FY93	FY96	FY97	FY98	\$ FY98 Budget	% FY98 Budget	\$ FY98 Budget	% FY98 Budget
	Actual	Actual	Enacted	Budget	+/- FY97	+/- FY97	+/- FY93	+/- FY93
Health and Human Services								
HHS Discretionary	2,108	2,898	3,270	3,365	+95	+3%	+1,257	+60%
Medicaid (Federal Share)	1,000	1,600	1,800	1,900	+100	+8%	+900	+90%
Medicare	600	1,100	1,300	1,400	+100	+8%	+800	+133%
Social Security	670	976	1,070	1,163	+93	+8%	+493	+74%
Veterans	299	331	350	358	+8	+2%	+59	+20%
Defense	155	98	98	100	2	+2%	-55	-35%
HUD (HOPWA)**	100	171	196	204	+8	+4%	+104	+104%
OPM-FEHB	175	226	241	253	+12	+5%	+78	+45%
Other***	124	122	126	127	+1	+1%	+3	+2.4%
Total HIV Funding	5,231	7,522	8,451	8,870	+419	+5%	+3,639	+70%

Federal HIV Funding Breakdown By Category								
Category	FY 1996 Actual		FY 1997 Enacted		FY 1998 Budget		\$ +/- FY 1998	% +/- FY 1998
	BA	% of Total	BA	% of Total	BA	% of Total	vs. FY 1997	vs. FY 1997
(Research)	1,653	22%	1,738	21%	1,774	20%	+36	+2%
(Prevention)	635	8%	678	8%	697	8%	+19	+3%
(Medical Care)	4,087	54%	4,769	56%	5,032	57%	+263	+6%
(Income Maintenance)	1,147	15%	1,266	15%	1,367	15%	+101	+8%

*HCFA has developed a new method for estimating AIDS costs to Medicaid and Medicare. They have only done estimates of these new methods for 1994-2002.

**The FY97 Enacted level for HOPWA assumes that \$25 million of Section 8 Rental Assistance is recaptured and transferred to HOPWA as provided in section 214(b) (2) of the VA/HUD/Independent Agencies Appropriation Act of 1997.

***Includes USAID, Bureau of Prisons, State, and Labor.

Discretionary HHS HIV/AIDS Funding in The FY 1998 Budget (Dollars in Millions)								
	FY93 Actual	FY96 Actual	FY97 Enacted	FY98 Budget	FY98 \$ +/- FY97 Enacted	FY98 % +/- FY97 Enacted	FY98 \$ +/- FY93 Enacted	FY98 % +/- FY93 Enacted
FDA	73	73	73	73	0	0%	0	0%
HRSA								
Ryan White	386	757	996	1,036	+40	+4%	+650	+168%
Other HRSA	4	5	5	5	0	0%	+1	+25%
TOTAL HRSA	390	762	1,001	1,041	+40	+4%	+651	+167%
IHS	3	3	4	4	+0.1	+4%	+0	+14%
CDC	498	584	617	634	+17	+3%	+136	+27%
NIH	1,071	1,411	1,501	1,541	+40	+3%	+469	+44%
SAMHSA	55	54	66	67	+2	+2%	+12	+23%
AHCPR	10	6	4	1	-3	-73%	-8	-88%
OS								
National AIDS Program Office	2.9	0.5	0.6	0.6	0.0	+3%	-2	-80%
Office of Minority Health	2.4	2.3	2.3	2.3	0.0	+0%	-0	-5%
Office of Civil Rights	2.6	1.0	1.0	1.0	0.1	+5%	-2	-60%
Total OS	7.9	3.8	3.8	3.9	0.1	+2%	-4	-51%
Total HHS Discretionary	2,108	2,898	3,270	3,365	+95	+3%	1,257	+60%

**HIV/AIDS Funding
Government Wide Crosscut
(Obligations in \$ millions)**

AGENCY	Obs	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98
		Act.	Enacted	Budget											
HHS Discretionary	Obs	109	234	502	962	1301	1590	1888	1960	2108	2567	2701	2898	3270	3365
Research	Obs	--	--	--	--	940	1116	1230	1259	1285	1508	1545	1619	1707	1743
Prevention	Obs	--	--	--	--	306	366	400	378	398	445	492	476	516	534
Treatment	Obs	--	--	--	--	55	108	258	323	425	613	664	803	1047	1088
Medicaid (Fed. Share)*	Obs	70	130	200	330	490	670	870	1080	1000	1200	1400	1600	1800	1900
Medicare	Obs	5	5	15	30	55	110	180	280	600	800	1000	1100	1300	1400
Social Security	Obs	17	29	60	99	158	234	354	512	670	804	902	976	1070	1163
DI	Obs	12	24	45	79	123	179	259	362	470	564	637	696	760	843
SSI	Obs	5	5	15	20	35	55	95	150	200	240	265	280	310	320
Veterans	Obs	8	20	51	78	136	220	258	279	299	312	317	331	350	358
Research	Obs	--	--	2	3	5	6	7	7	7	6	5	6	6	6
Prevention	Obs	--	--	1	1	28	29	29	30	31	31	31	31	31	31
Medical Care	Obs	8	20	48	74	103	185	222	242	261	275	281	294	313	321
Income Maintenance	Obs	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AGENCY	Obs	FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Act.	FY97 Enacted*	FY98 Budget
Department of Defense	Obs	0	75	70	44	86	124	127	125	155	127	110	98	98	100
Research	Obs	-	34	18	9	27	33	44	40	66	45	38	28	25	25
Prevention	Obs	-	18	25	26	26	28	19	22	27	22	12	11	11	12
Medical Care	Obs	-	23	27	9	33	63	64	63	62	60	60	59	62	63
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AID	Obs	0	0	0	30	40	71	78	94	117	115	120	115	117	117
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	30	40	71	78	94	117	115	120	115	117	117
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bureau of Prisons	Obs	0	0	1	1	2	4	5	5	5	6	6	6	7	8
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	1	1	1	1	1	1	1	1	1
Medical Care	Obs	-	-	1	1	2	4	4	4	4	5	5	5	6	7
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Department	Obs	0	0	0	0	1	1	1	1	1	1	1	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	1	1	1	1	1	1	1	0	0	0
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-

AGENCY		FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98
		Act.	Est.	Enacted	Budget										
Labor	Obs	0	0	1	1	1	1	1	1	1	1	1	1	2	2
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	1	1	1	1	1	1	1	1	1	1	2	2
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Education	Obs	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Housing	Obs	0	0	0	1	0	0	0	48	100	156	171	171	196	204
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	48	100	156	171	171	196	204
OPM - FEHB	Obs	0	5	8	13	22	37	61	103	175	193	212	226	241	253
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	5	8	13	22	37	61	103	175	193	212	226	241	253
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	Obs	####	498	908	1590	2292	3062	3823	4488	5231	6282	6941	7522	8451	8870

		FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98
		Act.	Enacted	Estimate	Enacted	Budget									
Total															
Research	Obs				972	1155	1281	1306	1356	1559	1589	1653	1738	1774	
Prevention	Obs				402	497	529	527	575	616	658	635	678	697	
Medical Care	Obs				760	1177	1659	2095	2527	3146	3622	4087	4769	5032	
Income Maintenance	Obs				158	234	354	560	770	960	1073	1147	1266	1367	
					2292	3063	3823	4488	5231	6281	6941	7522	8451	8870	

*Medicaid estimates do not reflect the effect of protease inhibitors on AIDS costs. HCFA advises that it can not make reliable estimates of the costs of these drugs at this time.

AIDS Spending: Health and Human Services Discretionary Programs (in thousands)

Program	FY93	FY96	FY97	FY98	% Change	% Change
FDA	\$72,628	\$72,745	\$72,745			+1.0%
HRSA	\$390,341	\$763,526	\$996,252		+30.5%	+186.3%
Ryan White CARE	(\$348,013)	(\$738,465)	(\$996,252)		(+31.5%)	(+186.3%)
Title I	(\$184,757)	(\$391,700)	(\$449,943)		(+14.9%)	(+143.5%)
Title II	(\$115,288)	(\$260,847)	(\$416,954)		(+60%)	(+262%)
Title III	(\$47,969)	(\$36,568)	(\$69,568)		(+23%)	(+45%)
Title IV*		(\$29,000)	(\$36,000)		(+24%)	NA
Title VA (AETCs)		(\$12,287)	(\$16,287)		(+33%)	NA
Title VB (Dental)		(\$6,937)	(\$7,500)		(+8.1%)	NA
Other HRSA AIDS	(\$42,328)	(\$25,061)	NA		NA	NA
IHS	\$3,303	\$3,660			+5%	
CDC	\$498,263	\$583,433	\$616,981		+6%	24%
NIH	\$1,071,457	\$1,407,824	\$1,502,000		+6.7%	+40.2%
SAMHSA*	\$25,656	\$14,300				
AHCR	\$9,824	\$6,634				
OHAP/OMH/OCR	\$7,930	\$4,523				
Total HHS	\$2,079,191	\$2,856,645	\$3,213,251		+12.4%	+54.5%
HOWA/C	\$100,000	\$111,000	\$196,000		+14.6%	+96%
DOMESTIC DISCRETIONARY	\$2,179,191	\$3,027,645	\$3,409,251		+13.6%	+56.4%

*The HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at \$22 million.
 The FY97 request for additional drug and treatment control at SAMHSA is \$1.6 billion, an increase of \$207 million over FY96.
 This includes an amount of \$167 million for the AIDS Drug Assistance Program.



THE WHITE HOUSE
WASHINGTON

March 5, 1997

TO: SYLVIA MATHEWS, Assistant to the President and
Deputy Chief of Staff

FROM: Bob J. Nash, Assistant to the President and
Director of Presidential Personnel

Peg Clark, Special Assistant to the President and
Associate Director of Presidential Personnel

RE: Director, Office of National AIDS Policy (ONAP)

I. BACKGROUND

The former Director of the Office of National AIDS Policy (ONAP), Patricia Fleming, resigned as of February 14, 1997. The Director of the Office of HIV/AIDS Policy at HHS, Dr. Eric Goosby, has been named Acting Director until the President approves a permanent replacement. The AIDS community views Dr. Goosby positively, though some are concerned that his temporary leadership of ONAP is a trial balloon for his permanent appointment, a move not now contemplated.

We believe that the next ONAP Director should be someone with credibility on the issue, an existing relationship with the President, and the stature to transform the role beyond the traditional internal coordination of Federal Agencies. The search for a new Director has focused on candidates who can offer more of a national public presence to build partnerships between Federal agencies, the AIDS community, AIDS service providers, state and local officials, and major business leaders. The objective is to increase the rate of progress in treatment and education, and to maintain the focus on science. Bruce Reed has been involved in this effort, and plans to include the next ONAP Director as a key member of a coordinated White House health care team.

II. DISCUSSION

A White House working group has focused on this candidate profile. Several individuals who match these criteria were approached, and currently the leading candidate is Sandra Thurman. From 1993 to 1996, Ms. Thurman was the Director of Advocacy Programs at the Task Force for Child Survival and Development at the Carter Presidential Center in Atlanta.

Ms. Thurman's work as an AIDS activist is significant. From 1989 to 1993, she was Executive Director of AID Atlanta, a group devoted to the development and delivery of health, social service, and educational programs for those with HIV/AIDS. As the primary spokesperson for AID Atlanta, the largest AIDS organization in the Southeast, Ms. Thurman managed a four million dollar budget, ninety employees, and an extensive fund-raising operation. She serves on the President's Advisory Council on HIV/AIDS, and is a Board member of the Women's AIDS Project, AID Atlanta, Atlanta AIDS Interfaith Network, and the National Episcopal AIDS Coalition. In 1996, Ms. Thurman served as Deputy Director of Ticketing for the Presidential Inaugural Committee, Coordinator of Election Night Activities in Little Rock, and Deputy Director of Credentials at the Democratic National Convention in Chicago. Her 1992 campaign experience includes her role as Political Director, Clinton for President, in Atlanta. Ms. Thurman earned her Bachelor of Science from Mercer University in Atlanta.

We currently are in the final stages of selection/vetting for this position.

BN:pc:wb

MMWR AIDS Death Rate Report

The February 28 issue of the Morbidity and Mortality Weekly Report (MMWR) will include an article detailing the latest trends in AIDS cases and deaths. Highlights of that article are:

AIDS Deaths

- Overall, AIDS-related deaths in the U.S. declined 12 percent in the first six months of 1996 compared with the same time period in 1995. This is the first decline in deaths in the history of the epidemic.
- AIDS-related deaths declined in all regions of the country with the biggest declines in the Northeast and West and the smallest in the South).
- AIDS deaths were down among men (15%), gay/bisexual men (18%), and IV drug users (6%).
- AIDS deaths were up among women (3%) and heterosexuals (3%).
- While all races experienced a decline in AIDS deaths, the declines were greatest among Whites (21%), Hispanics (10%), and Asian-Pacific Islanders (6%) and smallest among African-Americans (2%).

AIDS Cases

- The number of Americans diagnosed with AIDS increased by only 2 percent in 1995 versus 1994 (63,000 vs. 61,600).
- The incidence of AIDS cases has been virtually level since 1992 (increasing less than 5% each year).
- Reductions in incidence have been greatest among men, gay/bisexual men, and IV drug users.
- AIDS incidence has been rising among women, African-Americans, and heterosexuals.
- Because of longer life expectancy, the number of Americans living with AIDS increased 10 percent from mid-1995 to mid-1996 to 223,000.



STOTT D @ A1
02/27/97 04:26:00 PM

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

cc:

Subject: STATEMENT RE: AIDS

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 27, 1997

STATEMENT BY THE PRESIDENT

I was greatly encouraged by today's report from the Centers for Disease Control and Prevention on the historic reduction in the number of Americans dying of AIDS, further evidence that this terrible epidemic is beginning to yield to our sustained national public health investment in AIDS research, prevention and care.

In these last four years, we have steadily increased our national commitment to fighting HIV and AIDS. We have increased funding for the programs by more than 50 percent, developed the first-ever National AIDS Strategy, accelerated approval of successful new AIDS drugs by the Food and Drug Administration, strengthened and focused the Office of AIDS Research at the National Institutes of Health, and created a White House Office of National AIDS Policy.

We have made good progress, but it is also clear that the AIDS epidemic is not over. We must continue to press ahead if we are to meet our ultimate goal -- the end to this epidemic, a cure for those who are living with HIV, and a vaccine to protect everyone from this virus.

That is why I am so pleased that the Department of Health and Human Services is today releasing another \$202 million in funds under the Ryan White Comprehensive AIDS Resources Emergency Act to provide high-quality treatment to people living in 49 U.S. cities. Funds for the CARE Act have increased 158 percent over the last four years and the number of cities receiving this assistance has grown from 26 to 49. While we will continue to care for those who are already sick, we must also sustain our commitment to prevention. The only way that we can assure that a

person will not die of AIDS is to make sure they don't become infected with HIV in the first place.

Today's report is very good news, but we must not relax our efforts. In the months and years ahead, we must continue to work together as a nation to further our progress against this deadly epidemic, and while we do so we must remember that every person who is living with HIV or AIDS is someone's son or daughter, brother or sister, parent or grandparent. They deserve our respect and they need our love.

-30-30-30-

Message Sent To:

**NEEDLE EXCHANGE PROGRAMS:
BACKGROUND ON RECENT EVENTS**

There have been a number of recent events involving needle exchange programs. On February 13, an NIH Consensus Conference Statement recommended lifting the ban on use of federal funds for needle exchange programs. On Tuesday, February 18, HHS will send a report to the Senate Appropriations Committee reviewing the scientific data on needle exchange programs to date. Before discussing these two events, some background is provided to put the issue in context.

Current Statute There are three statutory restrictions on the use of federal funds for needle exchange programs. (1) The Substance Abuse and Mental Health Services Administration (SAMHSA) block grant prohibits the use of federal funds for needle exchange unless the Surgeon General determines that they are effective in reducing the spread of HIV and the use of illegal drugs. The statute does permit federal research and evaluation of existing needle exchange programs. (2) The 1996 Ryan White CARE Act reauthorization places a flat prohibition on the use of Ryan White funds for needle exchange. (3) The Labor/HHS Appropriations bill prohibits funding of needle exchange unless the Secretary determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

Epidemiology of HIV Infection Thirty six percent of AIDS cases are directly or indirectly caused by IV drug use. Up to fifty percent of new HIV infections may be related to IV drug use. The effects of IV drug use have become a driving force in the HIV epidemic.

Number of Needle Exchange Programs There are over 100 needle exchange programs up and running in the US, with most programs distributing through two or more sites. As of 1995, 21 States had local needle exchange programs, with the 7 largest located in New York City (2), Chicago, Philadelphia, San Francisco, Seattle and Tacoma, WA (1 each).

Federally Sponsored Research The National Institute on Drug Abuse (NIDA) at NIH has funded 15 demonstration projects to evaluate the impact of needle exchange programs on rates of HIV infection, patterns of drug use, and their effectiveness as a gateway to entering IV drug users into substance abuse treatment. Only two of the 15 studies are completed, with 13 yet ongoing. There has also been a significant amount of privately funded research on needle exchange programs through foundations and other nonprofit groups.

HHS Report to Senate Appropriations Report language was included in the September 1996 Senate L/HHS Appropriations bill requesting that HHS provide a report on the status of current research projects, an itemization of previously supported research; and the findings-to-date regarding the efficacy of needle exchange programs for reducing HIV transmission and not encouraging illegal drug use, by February 15, 1997. The report prepared by HHS reviews all published studies of U.S. needle exchange programs, including one by the Institute of Medicine, and does not attempt to determine if

the Congressional standard has been met for lifting the ban on federal funding. The summary section of the report contains the following: "Overall these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them."

NIH Consensus Conference An NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors was held February 11 - 13, 1997. This conference was developed and directed by a non-Federal panel of experts, predating the Congressional request for an HHS report. The resulting Consensus Development Conference Statement is an independent report of the expert panel, not a policy statement of the NIH. The Consensus Statement released on February 13 concluded that needle exchange programs are effective in reducing both HIV transmission and IV drug use, and recommended lifting the legislative restrictions on needle exchange programs.

Coordination of the Administration's Response HHS, ONDCP, and the White House are using the attached Q & A's to answer questions about the HHS Report to Congress and the NIH Consensus Conference.

Panel Asserts Politics Hurts AIDS Fight 'Dangerous Chasm' Splits Science, Policy

By Susan Okie
Washington Post Staff Writer

Misguided political considerations have prevented the nation from using powerful, proven weapons to fight the AIDS epidemic, a National Institutes of Health panel concluded yesterday.

Needle exchange and treatment programs for drug addicts and explicit safe-sex education for teenagers have been proved to reduce the spread of the AIDS virus, which continues to be an urgent public health emergency, the panel said.

But the widespread use of such strategies in this country has been hampered by political and social opposition, creating a "dangerous chasm" between science and public policy, the panel said.

"The behavior placing the public health at greatest risk may be occurring in legislative and other decision-making bodies," the panel concluded at the end of a three-day conference.

Needle exchange programs have faced political opposition because of fears they would encourage drug abuse, while aggressive safe sex programs have prompted concern they would promote adolescent promiscuity and homosexuality.

The 12-member panel of nongovernmental public health experts, assembled by the National Institutes of Health, reached its conclusion after conducting an exhaustive review of

See AIDS, A8, Col. 1

AIDS, From A1

the scientific evidence on various behavioral strategies for reducing HIV risk.

The conclusions prompted an unusual standing ovation from the audience of AIDS researchers, health experts and community activists attending the conference on the NIH's Bethesda campus.

"It's exactly what we need right now," said Thomas J. Coates, director of the AIDS Research Institute at the University of California at San Francisco. "Maybe it will help the legislators wake up and say, 'We're not listening to the science.'"

But the panel's statements, particularly those criticizing sex education programs that focus exclusively on abstinence, prompted disagreement from some lawmakers and representatives of conservative organizations.

"Thousands of lives are at risk if this ban is not removed."

It also concluded that a provision in last year's welfare reform law that provides \$50 million for sex education programs focusing exclusively on sexual abstinence "cannot be justified in the face of effective programs and given the fact that we face an international emergency in the AIDS epidemic."

Programs that focus on changing individual behavior have been found effective in various populations—including gay men, inner-city women, drug addicts and teenagers—but new laws, policies and community-wide efforts can also produce rapid change and should be tried more often, the panel found.

The panel cited the effect of a 1992 Connecticut law that allowed drug users to buy sterile needles and syringes at pharmacies without a prescription. Studies in the state have found that

"The reasons why kids become sexually active and why HIV is a problem now ... have to do with our cultural atmosphere of saying sex within the teenage years is not just permissible but absolutely normal," said Gracie Hsu of the Family Research Council.

The panel's findings reflect "a complete absence of anybody that has a different point of view," said Rep. Tom Coburn (R-Okla.).

He cited promising results from abstinence-based programs such as Best Friends, which has been tested in the District, but said no scientific studies have compared such programs with those that include information on condoms and other risk-reduction measures for sexually active teenagers.

"If in fact there haven't been studies, how can they say" that such programs don't work? Coburn asked.

An estimated 40,000 to 80,000 Americans become infected with HIV

every year, mostly through behaviors that are preventable, the panel found.

One in 250 Americans is infected with the virus.

AIDS is the leading cause of death in people between the ages of 25 and 44.

The panel particularly criticized the government's failure to fund programs that allow intravenous drug users to exchange used needles and syringes for clean ones, despite multiple studies that have shown that such programs reduce needle-sharing and slow the spread of the human immunodeficiency virus (HIV) without increasing drug use.

"The panel is unanimous in urging that the ban on federal funding of needle exchange programs be removed promptly," said panel chairman David Reiss, a professor of psychiatry at George Washington University.

the frequency of needle-sharing among drug users declined from 71 percent in 1992, before the law was passed, to 15 percent in 1995.

Among the other conclusions:

- Federal funding should be increased for drug abuse treatment programs, which reduce HIV spread. Funding for such programs has decreased in the last few years, and only about 15 percent of drug users who want treatment can get it, according to Michael Merson, dean of public health at the Yale School of Medicine.

- Education and counseling programs that provide information about HIV and teach people how to use condoms and how to negotiate safer sex reduce the risk of HIV transmission in gay men, heterosexual women and adolescents. (Few studies have focused on heterosexual men.)

- Fifty percent of new HIV infections

are occurring in people under 25, and more prevention efforts should target adolescents and young adults.

- Condoms are highly effective in preventing HIV transmission. In a study of 256 couples in which one member was HIV-positive, consistent condom use completely prevented infection.

- Needle exchange programs do not increase drug use, according to a number of studies, and sex education programs do not increase teenage sexual activity. On the contrary, studies have found beneficial effects on behavior from both types of programs. Teenagers in sex education programs tend to delay sexual activity and to have fewer sexual partners.

Unlike the United States, countries such as Thailand, Switzerland and Australia have greatly reduced the spread of HIV by aggressive prevention programs, Merson and other speakers told the panel.

Questions and Answers on Needle Exchange - Background - For Internal Use Only -

On the New Report:

Q. Why did you do this report on needle exchange?

A. The report is in accordance with the September 12, 1996 request of the Senate Committee on Appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies.

Q. Based on this report, are you lifting the ban on the use of Federal funds for needle exchange programs?

A. No, we are not. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

Based on the studies conducted to date, as the report says, "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." However, we do not believe there is a similar degree of evidence on the question of whether such programs encourage drug use. Therefore, the prohibition remains in effect. However, local communities remain free to use non-Federal funds to support such programs if they so choose.

Q. Why does the report draw conclusions about the efficacy of needle exchange programs in HIV reduction and not about their effects on drug abuse?

A. Because the scientific evidence is strong enough on the first question, and not on the second. As the report says, the existing body of research suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the GAO and the IOM.

Similar scientific evidence does not exist to meet the congressional test that needle exchange programs also reduce drug use.

Q. Are you saying needle exchange programs encourage illegal drug use?

A. No, we are not saying that at all. What we are saying is that the evidence gathered to date does not provide us with conclusive evidence that needle exchange programs do not encourage drug use – the standard set by Congress. We will continue to support research into this question.

On Views on Needle Exchange:

Q. Do you think communities should fund needle exchange programs?

A. It is up to each community to decide if they want to fund needle exchange programs. It's important to note that dozens of locally and privately funded needle exchange programs are underway around the country. We are interested in reviewing their research, but it is appropriate for local communities to take the lead.

Q. If you think the research shows this is a good policy, why not fund it?

A. Congress has set very high thresholds for funding such programs. Those hurdles have not been met yet.

Q. Why not ask Congress to lift the ban or change the standards so that federal funds can be used for needle exchange?

A. Congress has made clear its intent that both of the standards be met. We share Congress's concern about making sure that our efforts do not encourage illegal drug use. We will continue to work with Congress on this important matter.

Q. If you say needle exchange programs are effective in reducing HIV transmission, isn't it unnecessary to fund the Alaska needle exchange demonstration?

A. The Alaska program looks at a very specific question – whether over the counter sales of needles is more or less effective than a needle exchange program. These are two kinds of interventions and they need to be evaluated. We have built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

Q. Isn't there \$17 million in new federal funds for other programs designed to prevent HIV/AIDS transmission among intravenous drug users? Are you going to use that money for needle exchange programs - or for something else?

A. CDC plans to use those funds for other programs designed to prevent HIV/AIDS transmission in this group - for education and treatment, for example. The goal of any intervention with this group is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV.

On Needle Exchange and Drugs:

Q. Why give needles to drug addicts at all? Why not just throw them in jail?

A. The intravenous use of illegal drugs is clearly a major law enforcement concern, and it is also an urgent public health problem. We are extremely concerned with preventing the spread of HIV, which is the leading cause of death among adults age 25-44, and the seventh leading cause of death among all Americans. The goal of needle exchange programs is to provide an entry into treatment programs and to reduce the transmission of hepatitis and HIV. To realize our goal of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

Researching NEPs is just one part of the Clinton Administration's intensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, reduce drug-related crime and violence, reduce the number of chronic drug users, and increase drug treatment capacity, outreach, and effectiveness.

Q. But doesn't NIDA grow marijuana, and doesn't FDA provide it to some seriously ill patients?

A. NIDA grows marijuana for research purposes only. We stopped adding people to the FDA's "compassionate use" program in 1992, and that policy was reexamined and reaffirmed in 1994, based on a medical review by PHS.

Q. How can the Secretary say that the Clinton Administration wants to send "clear, consistent no-use messages" about drugs, but still condone giving needles to drug addicts? Isn't that inconsistent?

A. There is no inconsistency - we believe that any use of drugs is illegal, unhealthy and wrong. We have also said consistently that illegal use of intravenous drugs can cause HIV and AIDS.

The Clinton Administration has a comprehensive strategy of AIDS research, prevention and treatment. We also have a comprehensive drug strategy to prevent the use of illicit drugs, prosecute drug pushers, reduce the number of hard-core drug users, and increase drug treatment options.

On Background:

- Q. What criteria has Congress required us to meet regarding federal funding for needle exchange programs?
- A. In its request for this report (Senate Report 104-368, p.68), the Committee specifically asked us to report on the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illicit drug use.

In addition, there are two public laws restricting the use of federal funding for needle exchange programs until certain criteria are met, specifically:

- Our appropriation, Public law 104-208, requires the Secretary to certify that such programs reduce the spread of HIV and do not encourage drug abuse.

The second standard, in the Substance Abuse block grant, is even tougher. It requires certification that such programs both reduce the spread of HIV and reduce drug abuse.

Additional Q&As - For HHS Internal Use Only. Not for Distribution, outside the Dept.

- Q. How can you conclude that needle exchange programs reduce HIV transmission when you say only 2 out of 15 studies are complete?
- A. As the report indicates, there is a body of research on this subject that suggests that "needle exchange programs can be an effective component of a strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them." That statement is backed up by empirical evidence (i.e., measurable differences in HIV transmission rates) in several studies, including reviews by the General Accounting Office (GAO) and the National Academy of Sciences/Institute of Medicine (IOM).
- Q. Does this report include the studies reviewed by the NIH consensus conference? Why are your conclusions so different than theirs?
- A. The report review some, but not all, of the studies reviewed by the NIH consensus conference. For example, the NIH conference looked at studies conducted in other countries, and this report does not, because, as the report itself states, "the legal and cultural environments of other countries differ sufficiently enough to raise questions about whether the conclusions are applicable to the United States." The NIH conference also heard some presentations on unpublished data that were not available to the department as we prepared this report.
- Q. Why didn't you delay the publication of this report to look at the new data reviewed by the NIH consensus conference?
- A. Because the department had to meet a congressionally mandated deadline of February 15. (NOTE: Since February 15 was a Saturday, we sent it to Congress the next working day, which was Tuesday, February 18.)
- Q. Are you concluding in the report that the first test required to lift the ban on federal funding for needle exchange programs has been met? In other words, are you certifying that needle exchange programs reduce HIV transmission?
- A. No. This report responds to a congressional request that we provide a status report on research in this area. It is not intended in any way to address the separate question of the ban on federal funding for needle exchange programs.
- Q. How can you deny pot to cancer victims but give needles to heroin addicts?
- A. These are two different issues, but the government role in both is primarily limited to research - on the medicinal use of marijuana, and on the efficacy of needle exchange programs in reducing HIV and AIDS. We do not fund needle exchange programs, and we spoke out against the California and Arizona marijuana initiatives in the strongest possible terms.

THE CLINTON ADMINISTRATION ON HIV/AIDS

"Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine, that must be our first and top priority."

President Clinton
White House Conference on HIV/AIDS

In his four years in office, President Clinton has sharply increased the Federal government's commitment to ending the epidemic of HIV/AIDS that has already taken the lives of more than 300,000 Americans. He has done that by:

- Increasing overall AIDS funding by more than 56% in four years.
- Creating a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS.
- Convening the first-ever White House Conference on HIV/AIDS and appointing the Presidential Advisory Council on HIV and AIDS.
- Increasing funding for the Ryan White CARE Act 186% in four years to nearly \$1 billion.
- Tripling federal funding for the AIDS Drug Assistance Program to help those without insurance coverage obtain prescription drugs.
- Strengthening the Office of AIDS Research at NIH and vesting it with new authority to plan and carry out the AIDS research agenda.
- Accelerating AIDS drug approval to record times. In four years, FDA has approved 16 new AIDS drugs and 3 new diagnostic tests.
- Doubling funding for Housing Opportunities for People with AIDS.
- Winning the fight to preserve the Medicaid guarantee of coverage for the more than 50% of people living with AIDS who rely on Medicaid for health coverage.
- Revising eligibility rules for Social Security Disability Insurance to make it easier for people living with HIV to qualify for benefits.
- Signing the Kennedy-Kassebaum Health Insurance Portability and Accountability Act, which bans insurance discrimination against people with pre-existing medical conditions including HIV/AIDS.
- Launching a four-year \$100 million effort to develop topical microbicides to allow people to protect themselves from HIV.
- Establishing the HIV prevention community planning partnership, which empowers local communities to make decisions about the direction of AIDS prevention programs.
- Launching the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending sexual abstinence and, for those who are sexually active, the correct and consistent use of latex condoms.
- Vigorously enforcing the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS. More than 800 charges of AIDS-related discrimination have been settled in four years.
- Leading the fight to repeal the discriminatory "Dornan Amendment," which would have discharged all HIV-positive military personnel.
- Creating the Forum for Collaborative HIV Research to improve knowledge of HIV treatment methods.
- Working with AIDS activists to protect the rights of immigrants with HIV and PLWA's enrolled in managed care plans.
- Creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry to increase consumers' rights.

THE CLINTON ADMINISTRATION
Meeting America's Challenges and Protecting Our Values
Paid for by Clinton/Gore '96

AIDS

THE WHITE HOUSE

WASHINGTON

Statement by

Patricia S. Fleming

National AIDS Policy Director

on

President Clinton's FY 1998 Budget

President Clinton's fiscal 1998 budget maintains the strong Federal commitment to fighting the epidemic of HIV and AIDS. There are increases for virtually all AIDS programs despite the enormous pressure of balancing the Federal budget.

At a time of great optimism in the global response to HIV/AIDS, the President makes important investments in research, prevention, treatment, and housing. Discretionary spending for AIDS in the Department of Health and Human Services will rise 3 percent in FY 1998. The President's budget also maintains the vital safety net for Medicaid and Medicare.

When he took office in 1993, the President identified combatting AIDS as a priority of his Administration. With these new budget proposals, total spending for AIDS programs during the President's term in office will have increased by 70 percent. These funding increases, along with other actions taken by the Administration, have helped to spur scientific advances and translate those findings into better care for people living with HIV and AIDS.

Highlights of the President's FY 1998 budget include:

- \$1.04 billion for the Ryan White CARE Act, an increase of \$40 million, or 4 percent. Included is \$167 million that is earmarked for the AIDS Drug Assistance Program. ADAP funding has increased by 221 percent in the last two years;
- \$1.54 billion for AIDS research at the National Institutes of Health, an increase of \$38 million, or 2.6 percent. Included is a substantial increase in funding for research into AIDS vaccines. AIDS research funds would be appropriated directly to the Office of AIDS Research, which would distribute those funds to the various institutes;
- \$634 million for AIDS prevention and surveillance programs at the Centers for Disease Control and Prevention, an increase of \$17.5 million, or 2.8 percent. The new funds will be targeted at intravenous drug users and their sexual partners; and
- \$204 million for the Housing Opportunities for People with AIDS (HOPWA) program at the Department of Housing and Urban Development, an increase of \$8 million, or 4.1 percent.

The President's budget also includes an important reform in disability policy that will allow people who leave the Social Security disability programs (SSI and SSDI) to return to work to retain their Medicaid or Medicare benefits. As improved treatments restore the health of people living with HIV/AIDS, it is imperative that government policies also adjust to the needs of those individuals. This reform will allow people to go back to work without leaving their health insurance behind.

The President is also asking Congress to restore welfare and Medicaid benefits for legal immigrants who are in need of assistance. These individuals work hard, pay taxes, and deserve the support of their government and their communities.

This is the final budget presented during my tenure as National AIDS Policy Director. I am proud of the increases in resources we have achieved and made available to fight the war on AIDS. Today's budget will advance our united effort to put an end to the epidemic.

#

AIDS Spending
Other Departments & Agencies
(in millions)

Department/Agency	FY96	FY97	FY98
AID	\$111	\$117	\$117
Defense	\$103	\$98	\$100
HUD/HOPWA	\$171	\$196	\$204
Justice/Prisons	\$6	\$7	\$8
Labor	\$1	\$2	\$2
OPM	\$226	\$241	\$253
Veterans	\$337	\$350	\$358

Entitlement Spending
(in millions)

Program	FY96	FY97	FY98
Medicaid (Federal Share)	\$1,600	\$1,800	\$1,900
Medicare	\$1,100	\$1,300	\$1,400
Social Security (SSI)	\$280	\$310	\$320
Social Security (DI)	\$596	\$760	\$843

AIDS Discretionary Spending
(in millions)

Program	FY96	FY97	FY98 (proposed)	FY97-98
FDA	\$73	\$73	\$73	0%
HRSA	\$762	\$1001	\$1,041	+4.0%
Ryan White CARE	(\$757)	(\$996)	(\$1,036)	+4.0%
Title I	(\$392)	(\$450)	(\$455)	+1%
Title II	(\$261)	(\$417)	(\$432)	+4%
Title IIIB	(\$57)	(\$70)	(\$85)	+22%
Title IV ^a	(\$29)	(\$36)	(\$40)	+11%
Other RWCA	(\$19)	(\$24)	(\$25)	+4%
Other HRSA	(\$25)	(\$5)	(\$5)	0%
IHS	\$3	\$4	\$4	+4%
CDC	\$583	\$617	\$634	+3%
NIH	\$1,411	\$1,501	\$1,540	+3%
SAMHSA	\$54	\$66	\$67	+2%
AHCPR	\$6	\$4	\$1	-73%
OHAP	\$0.5	\$0.5	\$0.6	+3%
Total HRSA (discretionary)	\$2,898	\$3,270	\$3,365	+3%
HOEWA	\$171	\$196	\$204	+4%

^aThe HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at \$22 million.

^bThis includes an earmark of \$167 million for the AIDS Drug Assistance Program



HUMAN
RIGHTS
CAMPAIGN

1101 14th Street NW
Washington, DC 20005
phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

TO: *Daniel Montoya*

FROM: Sloan C. Wiesen
COMMUNICATIONS ASSISTANT

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FAX #: 632-1096



HUMAN
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1101 14th Street NW
Washington, DC 20005
Contact: Kim I. Mills
phone 202 628 4160
pager 800 386 5997

AIDS

News

FOR IMMEDIATE RELEASE
Thursday, Feb. 6, 1997

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

More Is Needed To Fulfill Pledges in Administration's HIV/AIDS Strategy, HRC Asserts

WASHINGTON -- President Clinton's budget proposal includes small increases for programs that deal with people living with HIV and AIDS, but falls far short of the lofty goals of the White House's National AIDS Strategy.

"The good news is that the president is asking for increases for care, prevention, housing and research at a time when other discretionary spending is static," said Winnie Stachelberg, HRC's legislative director. "Unfortunately, these increases are not enough considering that we could be on the threshold of beating back this epidemic. To achieve the goals articulated in the White House strategy, President Clinton must commit the money now, for treatment of those already infected and for research aimed at finding a cure."

One serious problem is the president's plan to impose a per-capita cap on Medicaid spending, according to Stachelberg. "Imposing such restrictions could be devastating to thousands of people living with HIV and AIDS and might limit their access to the new class of drugs that have improved and prolonged so many lives," she said.

Last week, the bipartisan National Governors Association and a bipartisan roster of senators joined a chorus of groups opposed to such caps.

The president's budget calls for a \$17 million increase for HIV/AIDS prevention, an approximately 3 percent increase over fiscal 1997 levels. States would decide how to spend this money.

"We hope that states will use some of these funds to target injecting drug users, since about three-quarters of all new HIV infections are occurring in this population," Stachelberg said. "We also continue to believe that the administration should encourage states to implement needle exchange programs because such programs have been shown to slow the spread of HIV in one of the most vulnerable communities."

The president also requested an \$8 million increase in the Housing Opportunities for People With AIDS program. This represents a 4 percent boost over fiscal 1997, when \$196 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 \$40 million increase above the \$996.3 million appropriated last year. Of that increase, about \$15 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 IIIB of Ryan White, which provides funds for direct services to people living with HIV and AIDS, would get also get an increase of \$15 million, 22 percent above fiscal '97 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.

The budget also includes a plan that would make it possible for people who have benefitted from the new drug treatments to return to work without losing their Medicaid coverage. Currently, people on Supplemental Security Income who go to work lose their Medicaid coverage if their earnings exceed a certain amount, set by their state. The president's budget proposes allowing such beneficiaries to keep their Medicaid coverage by paying premiums as their income rises.

The president also asked for a 4 percent increase for AIDS-related research, for a total of approximately \$1.54 billion.

The president's budget also calls for a \$2 million increase, to \$142 million, in the Centers for Disease Control and Prevention's breast and cervical cancer early detection program. This program is gathering data on the incidence of these cancers among lesbians, a population believed to be at a higher risk than heterosexual women.

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.

FY 1998 HIV/AIDS PORTFOLIO

	FY '97	FY'96	Percentage Difference over FY '97	President's Request '98
Prevention / Centers for Disease Control	\$617.0 M	\$585.4 M	+ 2.7%	\$634.3 M (+17.3 M)
Ryan White (Total)	\$996.3 M	\$757.7 M	+ 4.0%	\$1,038.3 M (+42 M)
Title I	\$449.9 M	\$391.7 M	+ 1.1%	\$454.9 M (+5 M)
Title II	\$417.0 M	\$260.8 M	+ 3.5%	\$432.0 M (+15 M)
AIDS Drug Assistance Program	\$167.0 M	\$52.0 M	n/a	no earmark
Title III B	\$69.6 M	\$56.9 M	+ 18.0%	\$84.6 M (+15 M)
Title IV	\$36.0 M	\$29.0 M	+ 10.0%	\$40.0 M (+4 M)
Title Va - AIDS Education Training Centers	\$16.3 M	\$12.3 M	+ 5.8%	\$ 17.3 M (+1 M)
Title Vb - Dental	\$7.5 M	\$6.9 M	0%	\$7.5 M
NIH - Research	\$1501.1 M	\$1431.9 M	+ 2.6%	\$1,540.8 M (+39.7 M)
Housing Opportunities for People With AIDS	\$196.0 M	\$171.0 M	+ 3.9%	\$204.0 M (+8 M)
Substance Abuse & Mental Health Services Administration	\$66 M	\$54 M	+1.5%	\$67 M
Indian Health Services	\$3.6 M	\$3 M	+5.3%	\$3.8 M
Food & Drug Administration	\$72.7 M	\$72.7	n/a	\$72.7

AIDS

Jeffrey Levi
7520 12th Street, N.W.
Washington, DC 20012
phone: 202-291-0277, fax: 202-291-0267
e-mail: 74551.2202@compuserve.com

January 21, 1997

MEMORANDUM FOR BRUCE REED

SUBJECT: AIDS Policy

This is an outline of my personal views on some of the key issues and concerns regarding HIV/AIDS policy as well as some thoughts regarding the structure of the AIDS office. This is in no way a comprehensive outline, just issues that I think are of key importance at this time.

1. We need new approaches in three critical areas of AIDS policy: care and services, HIV testing, and prevention among substance abusers.

a. Care and Services. The new and promising treatments for HIV offer tremendous hope regarding the improved length and quality of life for people with HIV. But we must be careful not to oversell them. They are *not* the cure; not all people with HIV are responding well to them. Nonetheless, these new treatments (and their likely successors) are posing important challenges to the AIDS care and services delivery system.

Central to the success of these new treatments is believed to be the earliest possible intervention in the course of HIV disease. Yet access to care and services under most federally funded programs (Medicaid by law; the \$1 billion CARE Act by virtue of who is served and what services are provided) focuses on the end stage of disease. *There needs to be some creative thinking done about redesigning the existing care and services funding streams and infrastructure to assure earlier access to care for people with HIV.*

This is not a question of money. While I would never argue against increased funding for programs, the public sector now spends \$5 billion a year for HIV-related care and services, between federal and state shares of Medicaid and the CARE Act. On a per capita basis, this is a significant amount of money and could well assure adequate care for almost every person with HIV -- if we did not have structural and political impediments to more creative use of these resources. The federal government must show leadership in giving more flexibility to existing programs and forcing a dialogue within the AIDS community on this subject. (The Presidential Advisory Council on HIV/AIDS called for just such a dialogue.) I think in the end, the result could be diminished pressure for increased funding and improved care for people with HIV.

(One cannot discuss care without mentioning the critical role of Medicaid to the AIDS population. More than half of people with AIDS (and 90 percent of children with AIDS) depend on Medicaid for their care. Hence, the future of Medicaid, especially the proposal

for a per capita cap, is going to be the focus of considerable energy from the AIDS community. It will be essential to demonstrate that the proposals for change in Medicaid will not hurt people living with AIDS.)

b. Testing. This new scientific imperative for early treatment means that we need to do a better job of getting people at risk for HIV tested, so they can fully benefit from these new treatments. I firmly believe that the Administration's position opposing mandatory testing is the correct one. *But we have incorrectly shied away from actively encouraging all at risk to be tested voluntarily.* CDC estimates that half of people with HIV do not know their status. Those who are tested are tested very late in disease progression; one study showed that more than one-third of people with AIDS had their first HIV test no more than two months prior to their AIDS diagnosis. (The median incubation period between HIV infection to an AIDS diagnosis is about ten years.) Meanwhile, because testing is such a loaded issue (with legitimate fears of misuse of testing to stigmatize those at risk), we have not addressed how we can encourage more voluntary testing or (at a minimum) fix the federally funded programs (where 40 percent of those who get tested don't return for their test results). This is a critical issue, in my view -- both because of its public health implications and because at some point those on the Far Right are going to pick up on some of these data and have compelling (if misguided) arguments for more coercive approaches to testing. A full-scale effort encouraging testing and more closely linking testing to care and services could well prevent such an outcome.

c. Prevention. Our prevention programs are still hamstrung by political considerations. The most glaring example relates to substance abusers. Now accounting for probably half of new infections, injection drug use comes with much political baggage -- even more so, it seems, than sexual transmission. There is no doubt in the scientific community that syringe exchange programs can dramatically reduce the rate of transmission of HIV among injection drug users. Nor is there legitimate evidence that syringe exchange programs encourage drug use. These are the two tests Congress has set for the use of federal funds for syringe exchange programs. Yet the Administration has refused to concede that they have been met. Even if it is felt politically impossible to free up federal funding for syringe exchange programs (because Congress might, in the end, impose tougher restrictions that would affect what states can do), *federal health officials must find a way to telegraph the legitimacy of this approach and to support those state and local officials who wish to use local funds for syringe exchange.* Until the Administration changes its position on this issue, we cannot claim that science is driving HIV policy.

2. Structure of the Office of National AIDS Policy

In its current incarnation, the office has five roles: (1) serving as a community liaison -- a lightning rod for the community's concerns and being visible *within* the community; (2) assuring adequate attention to HIV in the budgetary process; (3) assuring appropriate policy responses; (4) attending to the Advisory Council; and (5) serving as a "bully pulpit" to raise the country's awareness about HIV/AIDS and to demonstrate to the general public the

Administration's special commitment to this issue.

I think we have been largely successful in all but the last area. The community's expectation of the bully pulpit role was never achievable -- either by having what they consider to be a major personality capable of commanding media attention on his/her own, or by having the President be more involved on a routine basis with this issue. I think the community has learned from the first term the value of the substance of what this office does and as they respond to a search for new leadership there will be a variety of viewpoints about what this office should look like -- from wanting the functional equivalent, including all the staff, of the Drug Czar to a more modest (and appropriate) policy operation.

I think there are at least three options for how to structure this office in a second term:

(a) Increase the prominence of the director. This would essentially retain the current structure, but recruit as director a high-profile political person who would be seen by the community as able to be more aggressive in internal deliberations.

(b) Keep the current structure in place and recruit a director who has solid HIV policy experience (preferably some government experience) whom the community would respect, the bureaucracy would know and respect -- but might not command the kind of attention in the media of a more political person. For example, there are several excellent state AIDS directors who, if they had a deputy with some Washington experience, could do a very credible job. Even if there is consensus about keeping the current structure in place, there will be great pressure to increase the size of the permanent staff of the office.

(c) A different approach. I firmly believe that the real work of this office can be done with a very small staff and that, in fact, a separate "office" is not necessarily the best approach for a second term. In the first term we needed to establish with clarity the priority HIV must have throughout the Administration. I think that has been achieved, both within the government and in the eyes of the community. In a second term, I think the substantive issues we are going to be facing that will require time and new ideas are much more closely related to more general issues being addressed within the DPC, such as Medicaid and Medicare. This requires an HIV voice, to be sure, but not a separate voice. In fact, that would be counterproductive and what the AIDS-specific staff should be doing is linking the AIDS community to the larger communities working on these issues, rather than identifying separate agendas and approaches to common problems. (Clearly, as the earlier part of the memo indicates, there is a place for AIDS-specific considerations as well.)

I think this approach could be accomplished by limiting the AIDS staff to two substantive policy people, one person working on liaison to the Advisory Council (an HHS FTE), and a support person shared by the other three. All would play a role in community liaison. This would permit continued addressing of major policy areas (without detailed meddling in day-to-day functions of the agencies), continued involvement in budgetary issues, communication with the community, and, if travel and speaking engagements are shared, more than adequate

outreach and visibility within the community. This would *not* permit some of the more involved work with the press that the AIDS office has done (but this probably should be a function of the White House press office anyway).

In addition, I would integrate the AIDS staff as equal members of the DPC staff -- rather than a separate office. While some would argue that not having a separate office is a downgrading, if the staff are working within the complex, this can be presented as a step up in status. (It could actually still be called an office, just operating differently.) And physical integration and proximity would increase the likelihood of the cross-fertilization with broader policy issues that is in the interest of good HIV policy and in the interest of adding the HIV constituency to the coalitions supportive of the Administration's efforts in other areas.

3. There is a need for continued visibility and demonstration of commitment to the AIDS issue from the highest levels of the Administration.

Irrespective of decisions on policy or the structure of the AIDS office, the AIDS community will demand continued visibility and demonstrations of commitment to this issue from the highest levels of the Administration -- the President, the Vice President, and the Domestic Policy Advisor. It will not be enough to appoint a stellar AIDS policy director; the community will continue to want to see these issues addressed by the rest of the Administration.

This is important for several reasons: internally, it strengthens the hand of the AIDS policy director, who might otherwise be seen as just another special interest pleader; externally, it reassures a vocal, but insecure, constituency that the struggles they face on a daily basis are important to the President and his chief advisors. It can never be forgotten, despite a reputation for being so powerful, that the AIDS coalition is one comprised of oppressed constituencies -- gays, drug users, minorities, and women. The President's quick embrace of the Defense of Marriage Act was a harsh reminder to a critical component of this coalition that political support for their deepest concerns is tenuous at best, even in a very favorable Administration.

In addition to your direct role, the new AIDS policy director will need your political support internally for keeping this issue on the radar screen for the President. We have done wonderful things in using the President's bully pulpit -- but never without a struggle. The Vice President has been very involved in some key policy initiatives (especially re drug development). This will likely continue and can reduce pressure for the President's time.



FOR IMMEDIATE RELEASE
February 6, 1997

Contact: José Zuniga
(202) 986-1300, Ext. 3042

GOOD NEWS...

NEW STANDARD OF CARE BENEFITS THOUSANDS OF PWAs

BAD NEWS...

CLINTON PLAN INADEQUATELY ADDRESSES PWA NEEDS

WASHINGTON, D.C. — Last year marked a watershed in the AIDS epidemic with the exciting news that promising AIDS drug therapies may produce dramatic, longterm health improvements for people living with HIV/AIDS. Unfortunately, President Clinton's fiscal year 1998 budget — which projects a balanced budget by 2002 in part through capping Medicaid spending — provides inadequate funding for the very programs that allow HIV-infected Americans to benefit from new standards of AIDS care.

AIDS Action Council, the nation's leading AIDS advocacy organization, recognizes that President Clinton has proposed some funding increases for AIDS care, prevention, research, and housing programs. However, most of these increases are "woefully inadequate" in light of an expanding epidemic. Especially alarming is the threat posed to people living with HIV/AIDS by billions of dollars in Medicaid funding cuts over the next five years. AIDS Action Council fears the Medicaid cuts will undermine a health care safety-net program upon which an overwhelming majority of people living with HIV disease rely for health care services and prescription drugs. The Medicaid funding cuts will also place additional pressure on an already overburdened Ryan White CARE Act program.

"We thank the Clinton administration for proposing funding increases for AIDS programs at a time of budgetary retrenchment. However, there exists a tremendous gap between the needs posed by the AIDS epidemic and the amount of federal resources directed toward vital AIDS medical and social care services, and housing programs," said Daniel Zingale, AIDS Action Council's executive director.

"Perhaps most troubling about President Clinton's budget is that at a time when the federal investment in AIDS research has paid off with the promise of new AIDS drug therapies, his budget proposals for FY98 and beyond provide inadequate support to the very programs that allow people living with HIV/AIDS to benefit from AIDS drugs themselves," Zingale added.

— MORE —

1875

Connecticut Ave NW

Suite 700

Washington DC

20005

Fax 202 986 1345

Tel 202 986 1300

Email

ba3384@handsnet.org

President Clinton's FY98 budget proposal requests for AIDS-specific and -related programs is as follows:

- REQUESTED: An additional \$40 million for all titles of the Ryan White CARE Act. *[This request represents a 4 percent increase over the FY97 appropriation of \$996.3 million.]*
- REQUESTED: An additional \$17.5 million for HIV prevention at the Centers for Disease Control and Prevention (CDC). *[This request represents a 2.8 percent increase over the FY97 appropriation of \$617 million.]*
- REQUESTED: An additional \$38 million for AIDS research efforts at the National Institutes of Health (NIH). *[This request represents a 2.6 percent increase over the FY97 appropriation of \$1.5 billion.]*
- REQUESTED: An additional \$8 million for the Housing Opportunities for People With AIDS (HOPWA) program. *[This request represents a 4.1 percent increase over the FY97 appropriation of \$196 million.]*
- REQUESTED: An additional \$10 million for the Substance Abuse Performance Partnership Block Grant at the Substance Abuse and Mental Health Services Administration (SAMSHA). *[This request represents a less than 1 percent increase over the FY97 appropriation of \$1.36 billion.]*

AIDS Action Council is also concerned about some of the budgetary assumptions outlined in President Clinton's 5-year balanced budget plan:

- In its FY98 budget proposal, the Clinton administration reiterates its commitment to balancing the federal budget in five years. A worrisome component of the balanced budget plan calls for \$22 billion in federal Medicaid funding cuts achieved by capping federal funding for Medicaid beneficiaries, and shifting the fiscal burden to the states. AIDS Action Council fears that as a cost-saving measure, states may curtail or eliminate prescription drug coverage for people living with HIV/AIDS. Worse, states may deny Medicaid eligibility to "medically needy" people because of the high cost of their health care. Many people living with HIV/AIDS qualify for Medicaid under the "medically needy" category.

"While we are pleased that President Clinton put forward a proposal to protect Medicaid and SSI eligibility for legal immigrants, some of whom are HIV-infected, we are gravely concerned that reductions in Medicaid spending will be disastrous for many other Americans affected by HIV/AIDS," said Christine Lubinski, AIDS Action Council's deputy executive director. "It would be nothing short of tragic if, just when we have the most hope for saving the lives of HIV-infected individuals, those very people are deprived of access to health care."

— MORE —

- AIDS Action Council is also concerned that the burden of balancing the budget will fall on domestic discretionary programs, among which are vital AIDS-specific and -related programs. Under President Clinton's balanced budget proposal, domestic discretionary programs could see devastating cuts in funding over the next five years.

"No one opposes the idea of a balanced budget. However, it is unacceptable to achieve a balanced budget by unbalancing the carefully constructed continuum of programs that have brought us so much success in the fight against AIDS," Zingale said. "It is equally unacceptable to set the federal response to AIDS backward at the very moment we are starting to reap important benefits and, for the first time, seeing real hope and promise in fighting this epidemic."

Zingale added that just as the Clinton administration demonstrated a short-term commitment to AIDS programs by recommending modest FY98 funding increases, also necessary is a long-term commitment to these programs. "We know that the Clinton administration understands the fundamental humanitarian values in these programs. AIDS Action Council is committed to working with the Clinton administration to ensure that the very programs benefiting people living with HIV/AIDS are not devastated for the sake of achieving fiscal control," Zingale said.

#

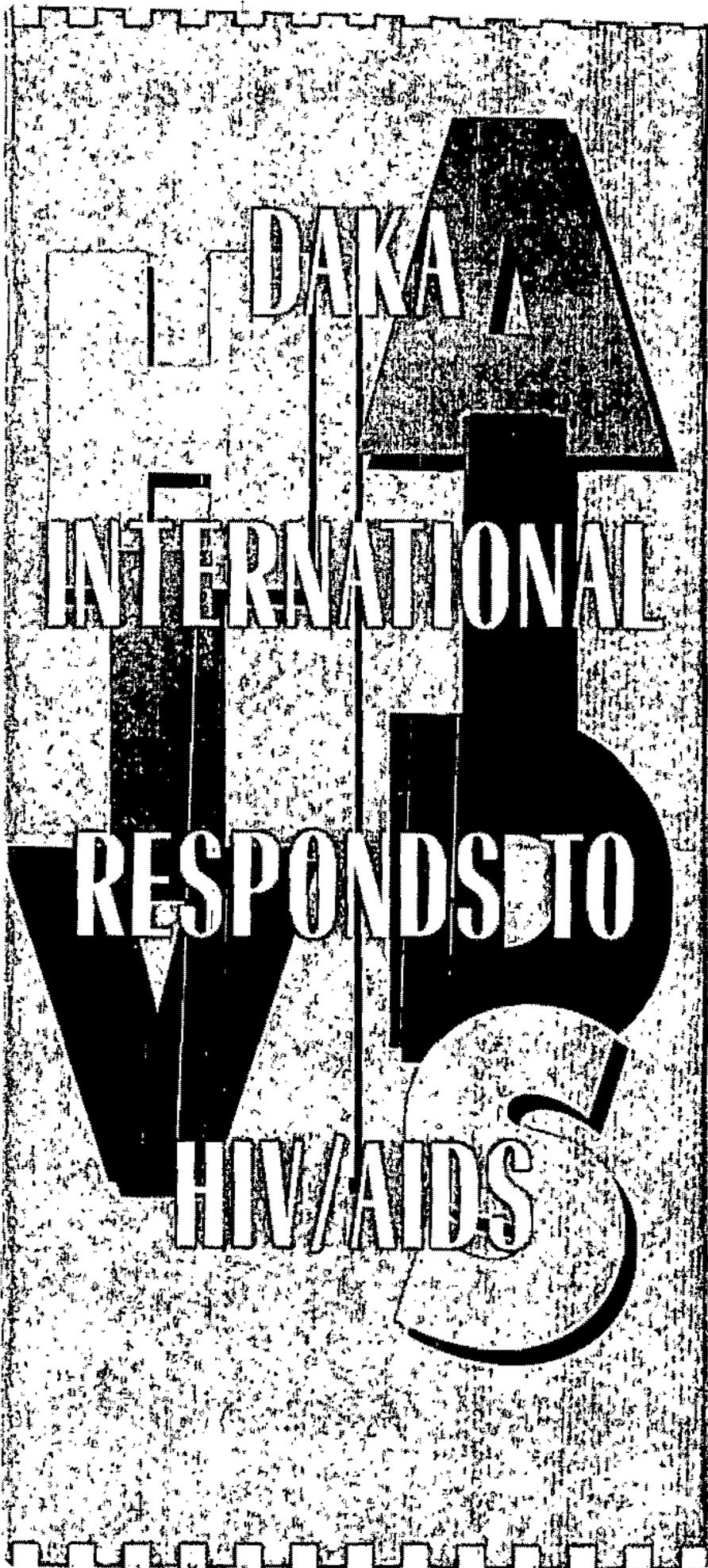
AIDS Action Council is the nation's leading AIDS advocacy organization. AIDS Action Council represents all Americans affected by HIV/AIDS and more than 1,400 community-based AIDS service organizations that serve them.

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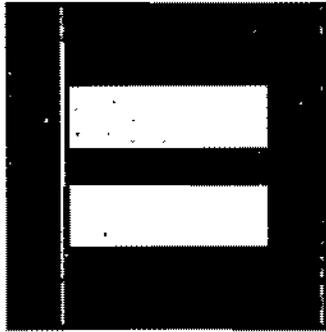


DAKA

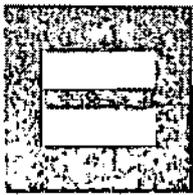
INTERNATIONAL

RESPONDS TO

HIV/AIDS



HUMAN
RIGHTS
CAMPAIGN



HUMAN
RIGHTS
CAMPAIGN

The 104th Congress In Perspective

THE 104TH CONGRESS WAS MARKED BY AN UNPRECEDENTED wave of anti-gay activity. Sen. Jesse Helms, R-M.D., was up to his usual anti-gay assaults, introducing insidious amendments to cut AIDS prevention funding and penalize the National Endowment for the Arts. Rep. Bob Dornan, R-Calif., made numerous inflammatory floor speeches about openly gay members and their partners. The House held a hearing on the alleged promotion of homosexuality in public schools, with the intention of launching anti-gay legislation. Dornan also sponsored an amendment to expel all HIV-positive members of the military and, when it was repealed early this year, he reintroduced virtually the same measure. He also attempted to repeal the discriminatory "Don't Ask, Don't Tell" policy and replace it by making the old-style gay and lesbian witch hunts federal law.

But the House hit a new anti-gay low when it passed, by a lopsided 342-67, a divisive and unconstitutional anti-gay marriage bill. The debate preceding this shameful spectacle was laced with some of the most repugnant rhetoric, as members of Congress vilified gay people as "perverts," "hedonists" and much worse. Nearly two-thirds of all Democrats and virtually all House Republicans voted in favor of this guttous measure. In September, the bill passed the Senate, 85-14.

Despite this poisonous atmosphere, gay and lesbian Americans made a surprising degree of progress on Capitol Hill. A Small Business subcommittee held the first House hearings on the Employment Non-Discrimination Act. Congress extended the Hate Crimes Statistics Act for another six years. Dornan's pernicious amendments were stripped out by a conference committee. Steps were made in improving health care by assuring portability of health care coverage and limiting pre-existing condition restrictions. And the Senate confirmed the first openly lesbian federal judge.

As has often been the case with our issues and Congress, many of the success stories are not about what happened but what we prevented from happening.

Proposed	Enacted
Interfere With Local School Programs for Gay Youth	No
Ban Lesbian/Gay Couples from Adopting	No
Discriminate Medication	No
Increase Anti-Gay Witch Hunts in Military	No
Ban HIV+ Service Members	Reversed
Repeal D.C. Domestic Partner Law	No
Cut AIDS Care Funding	No
Cut AIDS Prevention Funding	No
Eliminate AIDS Housing Program	No
Penalize NEA for Producing Lesbian Film	No

HRC's Campaign '96 is the gay community's most ambitious plan ever — registering voters, training volunteers, providing polling research and campaign expertise to elect fair-minded candidates to office. But on Nov. 5, it all depends on your being an informed voter. Your vote, and the votes of your family, friends and co-workers, has the power to decide whether gay and lesbian Americans continue to move forward or lose hard-won ground. HRC's scorecard for the 104th Congress is designed to give you the information you need on issues of particular concern to lesbian and gay voters.

Delegates, who do not have voting privileges on the floor of the House, are not included in this scorecard. HRC acknowledges their ongoing support in committees and co-sponsorships such as that provided by Del. Eleanor Holmes Norton.

The scorecard highlights issues in the U.S. Senate and House of Representatives in the 104th Congress — January 1995 - September 1996.

THE HOUSE

1. AIDS Training for Federal Workers

Amendment by Rep. David L. Hobson, R-Ohio, to the Treasury Department fiscal 1996 appropriations bill, H.R. 2020, to maintain federal AIDS prevention programs that provide accurate information about the transmission of HIV. On July 19, 1995, the Hobson amendment was defeated 201-223; Democrats - 159 Yes/34 No; Republicans - 41 Yes/189 No; Independents - 1 Yes/0 No. HRC supported this amendment.

2. D.C. Domestic Partners

Amendment by Rep. John Hostetler, R-Ind., to the District of Columbia fiscal 1996 appropriations bill, H.R. 2546, that would have repealed the D.C. law allowing hospital visitation rights and health benefits at cost to domestic partners. On Nov. 1, 1995, the Hostetler amendment passed 219-172; Democrats - 49 Yes/141 No; Republicans - 200 Yes/39 No; Independents - 0 Yes/1 No. HRC opposed this amendment and helped to defeat it in conference committee.

3. Housing Opportunities for People With AIDS

Amendment by Rep. Christopher Shays, R-Conn., to the Veterans Affairs and Housing and Urban Development fiscal 1997 appropriations bill, H.R. 3666, to increase funds for the Housing Opportunities for People With AIDS (HOPWA) program by \$15 million. On June 26, 1996, the Shays amendment was defeated 177-236; Democrats - 126 Yes/28 No; Republicans - 50 Yes/178 No; Independents - 1 Yes/0 No. HRC supported this amendment.

4. "Defense of Marriage Act," Amendment to H.R. 3396

Rep. Barney Frank, D-Mass., offered an amendment stating that if a state, through its legislature or by a vote of its citizens, allows same-sex marriages, the federal government would recognize and provide benefits for those marriages. The Frank amendment was defeated 111-103; Democrats - 99 Yes/88 No; Republicans - 3 Yes/223 No; Independents - 1 Yes/0 No. HRC supported this amendment.

5. "Defense of Marriage Act," Motion to Recommit H.R. 3396

Rep. Howard Berman, D-Calif., offered a motion to send DOMA back to committee with instructions to commission the General Accounting Office to study the relative benefits of marriage and domestic partnership. The motion was defeated 164-249; Democrats - 133 Yes/53 No; Republicans - 30 Yes/196 No; Independents - 1 Yes/0 No. HRC supported the motion.

6. "Defense of Marriage Act," Final Passage H.R. 3396

Rep. Bob Barr, R-Ga., introduced a new law aimed against gay marriage, despite the fact that no state allows gay or lesbian couples to wed. On July 12, 1996, the House passed DOMA 342-67; Democrats - 118 Yes/65 No; Republicans - 124 Yes/1 No; Independents - 0 Yes/1 No. HRC opposed this bill.

7. Non-Discrimination Policy

Representatives were asked to voluntarily adopt a written policy for their congressional offices indicating that sexual orientation is not a factor in their employment decisions. A total of 241 representatives has adopted a non-discrimination policy; Democrats - 166; Republicans - 73; Independents - 2. HRC initiated this project.

8. Employment Non-Discrimination Act, H.R. 1083 (Co-sponsorship)

HRC lobbyists and members asked all 435 members of the House to co-sponsor legislation prohibiting anti-gay discrimination in the workplace, introduced on June 15, 1995, H.R. 1083. It has 139 co-sponsors; Democrats - 123; Republicans - 14; Independents - 2. The first House hearing on ENDA was held July 17, 1996.

9. Repeal Discharge of HIV+ Service Members, H.R. 2959 (Co-sponsorship)

Representatives were asked to co-sponsor a bill to reverse the irrational law depriving more than 1,000 service members and their families of their livelihood and health coverage. Rep. Bob Dornan, R-Calif., said he wanted the law to punish homosexuals and others he considered undesirable. Introduced Feb. 1, 1996, H.R. 2959 to repeal Dornan's law secured 162 co-sponsors; Democrats - 128; Republicans - 34; Independents - 2. HRC supported the repeal, which President Clinton signed Feb. 26, 1996.

HRC thanks the ACLU for their help in compiling this voting record.

THE SENATE

1. Holms Attack on Gay Community AIDS Care

Sen. Jesse Helms, R-NC, introduced an amendment to the reauthorization of the Ryan White CARE Act, S. 641, to cut off funding to local gay community health centers that provide care to men, women and children with HIV and AIDS. On July 27, 1995, the Helms amendment passed 54-45; Democrats - 14 Yes/32 No; Republicans - 40 Yes/13 No. HRC opposed this amendment and helped to defeat it in conference committee.

2. Medicaid Safety Net

Sens. John Chafee, R-R.I., and Kent Conrad, D-N.D., introduced an amendment to the Budget Reconciliation Act, S. 1357, to guarantee coverage under the Medicaid program for low-income seniors and disabled individuals, including people living with HIV/AIDS, who are eligible for Supplemental Security Income (SSI) benefits. HRC supported this amendment, which passed 60-39 on Oct. 26, 1995; Democrats - 46 Yes/0 No; Republicans - 14 Yes/39 No.

3. Overseas Abortion Services

Sen. Patty Murray, D-Wash., introduced an amendment to the Department of Defense fiscal 1997 authorization bill, H.R. 3290, that reversed the ban on privately funded abortion services in overseas military hospitals. The House of Representatives had passed a provision to deny women these services. HRC supported Murray's pro-choice amendment and opposed an anti-choice "motion to table" her amendment. The anti-choice motion was defeated 51-45 on June 19, 1996; Democrats - 6 Yes/39 No; Republicans - 39 Yes/12 No. Unfortunately, the final conference report on the bill kept the House provision to deny these services.

4. "Defense of Marriage Act," Final Passage S. 1740

Sen. Don Nickles, R-Okla., then-Senate Majority Leader Bob Dole, R-Kan., and others introduced a new law aimed against gay marriage, despite the fact that no state allows gay or lesbian couples to wed. On Sept. 10, 1996, the Senate passed DOMA 85-14; Democrats - 31 Yes/14 No; Republicans - 54 Yes/0 No. HRC opposed this bill.

5. Employment Non-Discrimination Act, Final Passage S. 932

In its first test in Congress, ENDA came within one vote of passing the U.S. Senate. Sen. David Pryor, D-Ark., who supports ENDA, missed the vote for a family emergency. In the event of a tie, Vice President Gore had been prepared to cast the deciding vote for ENDA. This bill prohibits anti-gay job discrimination and is in a strong position for the 105th Congress. On Sept. 10, 1996, the Senate defeated ENDA 49-50; Democrats - 41 Yes/7 No; Republicans - 8 Yes/43 No.

6. Non-Discrimination Policy

Senators were asked to voluntarily adopt a written policy for their congressional offices indicating that sexual orientation is not a factor in their employment decisions. Sixty-six senators have adopted such non-discrimination policies; 42 Democrats and 24 Republicans. HRC initiated this project.

7. Ryan White Reauthorization (Co-sponsorship)

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is an effective response to a national crisis, administering a wide range of care services to people living with HIV/AIDS. HRC urged senators to co-sponsor the CARE Act, S. 641, reauthorizing the program for another five years. Sixty-three senators co-sponsored the bill; Democrats - 38; Republicans - 25. It was signed by President Clinton on May 21, 1996.

8. Repeal Discharge of HIV+ Service Members (Co-sponsorship)

A majority of senators co-sponsored a bill to reverse the irrational law depriving more than 1,000 service members and their families of their livelihood and health coverage. This majority made victory possible. Sens. William Cohen, R-Maine, and Edward M. Kennedy, D-Mass., offered HRC's language as an amendment to an appropriations bill that Clinton signed into law on April 26, 1996. The amendment had 56 senate co-sponsors; Democrats - 51; Republicans - 15.

9. Hate Crimes Statistics Act, S. 1624 (Co-sponsorship)

Senators were asked to co-sponsor legislation to extend the FBI's role in tracking violence rooted in bigotry. The Hate Crimes Statistics Act requires the Department of Justice to collect data on crimes that show evidence of prejudice based on race, religion, ethnicity, sexual orientation or disability. A six-year extension of the law was passed by a voice vote as part of the church arson bill and signed into law by the president on July 3, 1996. S. 1624 had 52 co-sponsors; Democrats - 35; Republicans - 17. HRC supported the bill.

5. Payne L.	33
6. Condit	0
7. Riley	11
8. Moran	100
9. Boucher	22
10. Wolf	0
11. Hays	33
Washington	
1. White	11
2. Noyes	0
3. Smith	0
4. Hastings R.	0

5. McHenry	0
6. Dicks	78
7. McDermott	100
8. Dots	17
9. Tate	0
West Virginia	
1. Klobuchar	22
2. Wite	11
3. Radliff	11
Wisconsin	
1. Neumann	0

2. Amy	56
3. Gribben	100
4. Klobuchar	67
5. Barrett	89
6. Pitt	0
7. Olney	50
8. Roth	0
9. Amodeo	11
Wyoming	
Al. Coburn	0

SENATE

Name	1	2	3	4	5	6	7	8	9	%
Alabama										
Heflin										33
Shelby										0
Alaska										
Slemons										33
Alaska										0
Arizona										
McCain										33
Kyl										0
Arkansas										
Boozman										50
Byrd										86
California										
Feinstein										100
Bayer										100
Colorado										
Obama										11
Campbell										67
Connecticut										
DeLoe										89
Lieberman										89
Delaware										
Carper										11
Coons										78
Florida										
Cann										78
Clay										22
Georgia										
Osborne										50
Coverdell										22
Hawaii										
Waihele										100
Akaka										100
Idaho										
Craig										11
Kempthorne										11
Illinois										
Shapiro										100
Wendell										100
Indiana										
Boyer										22
Coats										11
Iowa										
Grassley										11
Harkin										89
Kansas										
Collins										33
Klobuchar										67
Wainwright										11

Kentucky	
Ford	22
McCain	22
Louisiana	
Johnson	67
Boozman	56
Maine	
Coleman	89
Sumner	89
Maryland	
Schumer	89
Mikulski	89
Massachusetts	
Kennedy	100
Kerry	100
Michigan	
Leahy	89
Abraham	0
Minnesota	
Walsh	89
Carson	0
Mississippi	
Cochran	11
Lee	0
Missouri	
Dodd	11
Ashcroft	0
Montana	
Baron	56
Burns	11
Nebraska	
Evans	22
Kerry	89
Nevada	
Bryan	89
Reid	68
New Hampshire	
Smith	0
Gregg	22
New Jersey	
Blumenthal	78
Lautenberg	78
New Mexico	
Domenici	11
Biaggi	89
New York	
Murray	100
D'Amato	75
North Carolina	
Hatch	0
Feinstein	0

North Dakota	
Conrad	56
Dorgan	78
Ohio	
Cardin	78
Costa	33
Oklahoma	
Nickles	0
Inhofe	0
Oregon	
Packwood	0
Hatfield	78
Wyden	100
Pennsylvania	
Specter	89
Santorum	22
Rhode Island	
Pell	100
Chafee	89
South Carolina	
Trombador	11
Hollings	56
South Dakota	
Presler	0
Daschle	78
Tennessee	
Trombador	10
East	22
Texas	
Crutcher	0
Hatch	11
Utah	
Hatch	33
Benard	25
Vermont	
Leahy	89
Jeffords	89
Virginia	
Warner	11
Robb	100
Washington	
Conrad	56
Murray	89
West Virginia	
Byrd	33
Rockefeller	67
Wisconsin	
Kohl	89
Feingold	89
Wyoming	
Strom	89
Leahy	22

Key: **Supporter HRC's Position** | **Opposed HRC's Position** | **Did Not Vote** | **Present** | **Ineligible Member**
 Speaker Exercised Discretion Not To Vote | **Democrats** | **Republicans** | **INDEPENDENTS**

5. Barco	23
6. Upton	44
7. Smith M.	13
8. Chrysler	11
9. Kilduff	78
10. Bonner	89
11. Kautenberg	0
12. Levin	78
13. Rivers	100
14. Conyer	100
15. Collins B.	86
16. Dingell	56

Minnesota

1. Gohmert	0
2. Minge	44
3. Rostenkowski	12
4. Veato	89
5. Lujan	100
6. Lamber	78
7. Denton	11
8. Oberstar	56

Mississippi

1. Wicker	0
2. Thompson	89
3. Montgomery	0
4. Parker	0
5. Taylor	0

Missouri

1. Clay	100
2. Talent	0
3. Caperton	89
4. Skidmore	0
5. McCrory	89
6. Danner	11
7. Hironaka	0
8. Emerson	0
9. Volkmer	13

Montana

Al. Williams	78
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Nebraska

1. Boyer	12
2. Christensen	0
3. Barrett	0

Nevada

1. Amodeo	83
2. Vaccaro	11

New Hampshire

1. Zeliff	0
2. Bau	11

New Jersey

1. Amodeo	78
2. Lofgren	22
3. Spector	22
4. Smith C.	0
5. Rostenkowski	11
6. Pallone	100
7. Fazio	44
8. Marino	22
9. Iovino	86
10. Payne D.	100
11. Fudge	78
12. Zimmer	33
13. Menendez	78

New Mexico

1. Schiff	44
2. Stearns	0
3. Rostenkowski	78

New York

1. Fazio	33
2. Lujan	56
3. Amodeo	0
4. Fido	0
5. Ackerman	100
6. Hake	67
7. Manton	33
8. Nadler	100

9. Schumer	89
10. Iwama	100
11. Owens	100
12. Velazquez	100
13. Albaharra	44
14. Maloney	100
15. Kaptur	89
16. Serrano	100
17. Engel	100
18. Loney	89
19. Amodeo	56
20. Gillman	78
21. McNulty	22
22. Solomon	0
23. Boehler	67
24. McHugh	22
25. Wada	11
26. Hinchey	100
27. Paxon	89
28. Slaughter	100
29. LaFalce	50
30. Quinn	33
31. Blount	44

North Carolina

1. Clayton	89
2. Funderburk	0
3. Loefer	0
4. Perren	22
5. Barry	11
6. Cable	0
7. Rouse	22
8. Helmer	22
9. Ayres	11
10. Ballenger	11
11. Taylor	0
12. West	100

North Dakota

Al. Pirog	33
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Ohio

1. Oberstar	0
2. Partman	0
3. Fudge	33
4. Orly	0
5. Gilman	11
6. Carson	0
7. Hobson	44
8. Boehner	0
9. Kaptur	33
10. Hake	0
11. Stover	100
12. Kasich	22
13. Brown S.	100
14. Sawyer	89
15. Ryan	44
16. Regula	11
17. Traflet	33
18. Ney	0
19. LaTourrette	11

Oklahoma

1. Largent	0
2. Coburn	0
3. Brewster	0
4. Wynn	0
5. Inhofe	0
6. Lucas	0

Oregon

1. Fudge	89
2. Condit	0
3. Whitman	89
4. Wicks	11
5. DeFazio	100
6. Boxx	11

Pennsylvania

1. Fudge	89
2. Fritch	100
3. Harkin	56
4. Kluck	44
5. Cramer	22
6. Holden	0
7. Weldon	0

8. Greenwood	56
9. Shuster	0
10. McDade	0
11. Kanjorski	33
12. Murtha	25
13. Ivey	44
14. Coyne	100
15. McElroy	67
16. Walker	0
17. Gohmert	0
18. Hinkle	22
19. Goodling	11
20. Mascara	11
21. English	33

Rhode Island

1. Kennedy P.	100
2. Reed	89

South Carolina

1. Sanford	0
2. Spence	0
3. Graham	0
4. Inglis	0
5. Spratt	11
6. Clyburn	78

South Dakota

Al. Johnson	33
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Tennessee

1. Quillen	0
2. Duncan	0
3. Wamp	0
4. Hillery	0
5. Clement	22
6. Gaudin	11
7. Bryant E.	0
8. Tanner	0
9. Ford	100

Texas

12. Chappin	11
2. Wilson	11
3. Johnson S.	0
4. Hall	0
5. Bryant J.	67
6. Barron	11
7. Archer	0
8. Fields	0
9. Stockman	0
10. Doggett	56
11. Edwards	11
12. Geren	11
13. Throckmorton	0
14. Laughlin	0
15. de la Garza	22
16. Coleman	86
17. Stenholm	0
18. Lee	100
19. Conaway	0
20. Gonzalez	89
21. Smith L.	0
22. DeLay	0
23. Bonilla	0
24. Frost	56
25. Bennet	56
26. Amodeo	0
27. Ortiz	11
28. Tejeda	22
29. Green	67
30. Johnson F.	89

Utah

1. Hansen	0
2. Green	0
3. Orin	11

Vermont

Al. SANDERS	100
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Virginia

1. Rosener	0
2. Pickett	11
3. Scott	89
4. Stoly	11

CLINTON vs. DOLE:

A Study in Contrasts on Lesbian and Gay Issues

The outcome of this year's presidential contest will determine whether gay and lesbian Americans continue to make progress toward an equal place in society or are shoved backwards. Who sits in the Oval Office makes a clear difference in our lives — as it already has under President Clinton.

The Human Rights Campaign has examined the records of Clinton and Bob Dole and found stark contrasts between the two candidates. Here are some of the highlights of how the two candidates compare, based on their own words and deeds.



CLINTON



DOLE

SUPREME COURT and other Appointments

- ▶ Appointed first openly lesbian federal judge, Deborah Batts, to the 2nd District in New York.
- ▶ Appointed more than 100 openly gay and lesbian individuals, including first confirmed by U.S. Senate, Roberta Achenberg, as an assistant housing secretary.
- ▶ Appointed Justice Ruth Bader Ginsburg and Stephen Breyer to the U.S. Supreme Court, both of whom provided crucial votes in the case of *Colton v. New York* regarding Amendment 2.

- ▶ "Clinton's judges are precisely the ones who are dismantling those guardrails that protect us from the predatory, the violent, the anti-social elements in our midst." — *Chicago Tribune*, 6-1-96
- ▶ Voted against confirming Roberta Achenberg, siding with Sen. Jesse Helms, R-N.C., who led opposition to her as "a damned lesbian."

CIVIL RIGHTS

- ▶ First president ever to endorse federal gay civil rights statute, the Employment Non-Discrimination Act, which would bar employment discrimination based on sexual orientation.
- ▶ Implemented non-discrimination policies covering sexual orientation in all non-military Cabinet-level agencies and departments.
- ▶ Lifted the longstanding ban on openly gay people obtaining security clearances to deal with secret federal documents.
- ▶ "We continue to lead the fight to end discrimination on the basis of race, gender, religion, age, ethnicity, disability and sexual orientation. We support efforts like the Employment Non-Discrimination Act, to end discrimination against gay men and lesbians and further their full inclusion in the life of the nation." — *Democratic Party Platform*

- ▶ "I oppose the special interest gay agenda that runs from gays in the military and reaches as far as to suggest special status for sexual orientation under federal civil rights statutes." — *Washington Times*, 3-21-95
- ▶ Signed an EEOC non-discrimination policy covering his Senate offices.
- ▶ "We oppose discrimination based on sex, race, age, creed or national origin and will vigorously enforce anti-discrimination statutes. We reject the distortion of these laws to cover sexual preference." — *Republican Party Platform*

GAYS IN THE MILITARY

- ▶ Promised but failed to lift ban, offering instead the discriminatory "Don't Ask, Don't Tell" policy.
- ▶ "It's nice to say that I have thought a lot about this and that there are some things I think I should have done differently. I now believe that we needed to build a broader consensus on this important issue before moving forward. Sometimes change comes best when it is achieved through incremental steps." — *The Advocate*, 6-25-96

- ▶ Voted against lifting ban.
- ▶ "I oppose lifting the ban on gays in the military. I haven't moved one inch on the issue." — *American Report*, 3-21-95

GAY MARRIAGE

- ▶ Agreed to sign so-called "Defense of Marriage Act."
- ▶ "I have no intention of being a party to letting this legislation moving through Congress become an excuse for diverting and dividing the American people and getting into a round of gay-baiting. I am bitterly opposed to that. I will not participate in it." 6-7-96

- ▶ Was an original co-sponsor of "Defense of Marriage Act."
- ▶ Endorsed anti-gay marriage resolution proposed at a rally of religious political executives during the Iowa presidential caucuses.
- ▶ "In fact, the (anti-gay marriage) Resolution does not go far enough." 2-8-96 letter to *National Campaign to Protect Marriage*, sponsor of the measure proposed in Iowa.

AIDS

- ▶ Increased public health spending for HIV/AIDS programs by 40% since taking office, including a 108% increase for Ryan White CARE programs, a 26% rise in funding for AIDS-related research, and a 13% expansion of prevention program funding.
- ▶ "The gay people that have AIDS are still our sons, our brothers, our cousins, our citizens. They're Americans, too. They're obeying the law and working hard. They're entitled to be treated like everybody else." Georgetown University, 7-8-95
- ▶ "We can't let our homophobia blind us to our obligations." First White House Conference on HIV and AIDS, 12-6-95

- ▶ Co-sponsored the Ryan White CARE Act.
- ▶ Voted for Sen. Jesse Helms' amendments to the Ryan White CARE Act, to cut off all funding to gay community health organizations and to freeze Ryan White spending at 1993 levels despite rapidly growing case loads. S.641, Amend. 1B, 5-4-94 and 1B3.

MEDICAID

- ▶ Defended Medicaid as a federal entitlement and higher levels of Medicaid funding.

- ▶ "We'll end Medicaid as an entitlement program." *The Associated Press*, 9-14-95

YOUTH

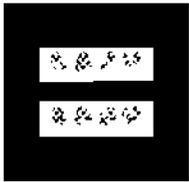
- ▶ Initiated research on suicide and sexual orientation to identify gaps in scientific knowledge on lesbian, gay and bisexual youth suicides.

- ▶ Voted for a Helms amendment to cut off federal funds to local schools with programs aimed at preventing anti-gay violence, HIV transmission and gay teen suicide.

LESBIAN HEALTH

- ▶ Invited openly lesbian health advocates to policy formulation meetings for the first time in history.
- ▶ Expanded National Institutes of Health research for lesbians and bisexual women by including lesbians in current studies and questions on sexual orientation in women's health research.

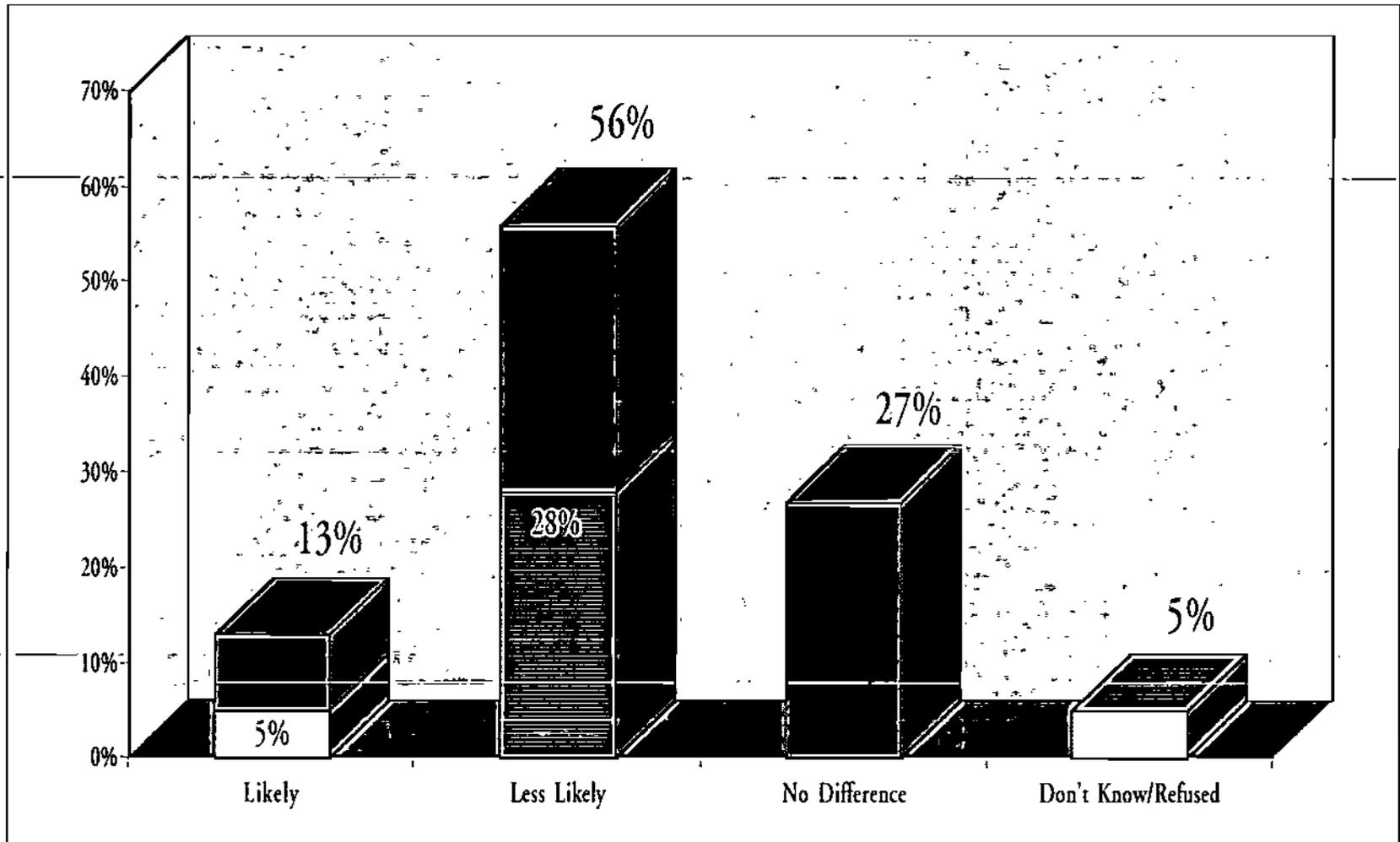
- ▶ Nothing on record.

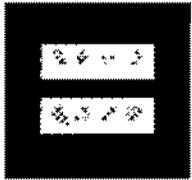


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AIDS Research

If your member of Congress voted against continuing funding for AIDS research, would that make you more or less likely to support your member of Congress?

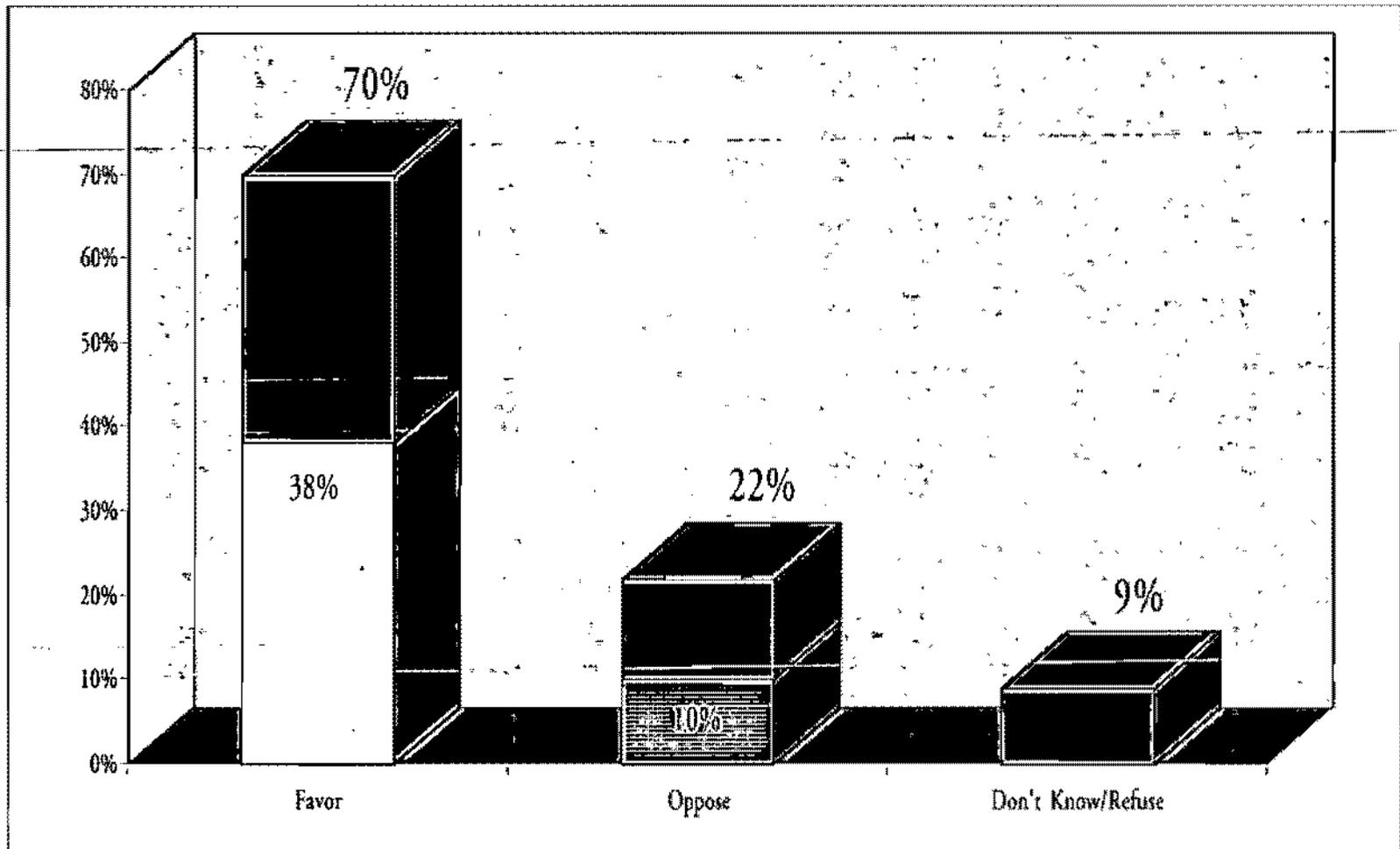




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Support for AIDS Funding

Many AIDS patients do not have health insurance and struggle to pay for their treatment. Would you favor or oppose a proposal that calls on the government to provide new AIDS drugs to the patients who need them but cannot afford them?



David C. Harvey
Executive Director

918 Sixteenth Street, N.W.
Suite 201
Washington, DC 20006

Tel: (202) 785-3764
Fax: (202) 785-3579
E-mail: dphc@nrcy16.org



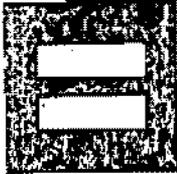
AIDS Policy Center
For Children, Youth & Families



NAPWA
NATIONAL ASSOCIATION
OF PEOPLE WITH AIDS

Jeffrey S. Crowley, MPH
Associate Executive Director
Senior Policy Associate

1413 K Street, N.W.
Washington, D.C. 20005-3
Phone: (202) 898-0414
FAX: (202) 898-0435



HUMAN
RIGHTS
CAMPAIGN

WINNIE STACHELBERG
Legislative Director

1101 14th Street NW, Suite 200
Washington, DC 20005
phone: (202) 628-4160
fax: (202) 347-5323
e-mail: winnie.stachelberg@hrcusa.org

WORKING FOR LESBIAN AND GAY
EQUAL RIGHTS.

GEORGETOWN UNIVERSITY LAW CENTER

Timothy M. Westmoreland
Senior Policy Fellow
Associate Director

Federal Legislation Clinic
111 P Street NW Washington, DC 20004-2495
202-662-9595 202-662-9082 fax



H. Alexander Robinson
Administrator of Federal Affairs

The CAEAR Coalition
1413 K Street N.W.,
Suite 700
Washington, D.C. 20005

202 789 3565
202 789 4277 fax



Ernest Hopkins
Chair

The CAEAR Coalition
1413 K Street N.W.,
Suite 700
Washington, D.C. 20005

202 789 3565
202 789 4277 fax

NASTAD
NATIONAL ALLIANCE
OF STATE AND TERRITORIAL AIDS DIRECTORS

Byron J. "BJ" Harris
Director of
Government Relations

411 North Capitol Street
Suite 700
Washington, DC 20001-
FAX 202-434-0092
PHONE: 202-434-8090
DIRECT LINE: 202-434-119



AmFAR[®]

JANE SMYER, M.P.H.
Director, Public Policy

AMERICAN
FOUNDATION
FOR AIDS
RESEARCH

1828 I STREET, N.W.
SUITE 802
WASHINGTON, D.C. 20006-5411
TEL: (202) 331-8000
FAX: (202) 331-8998



the
National
Association
of People
with
AIDS

Ernest Hopkins
Director of Health and Treatment

1413 K Street, N.W.
Washington, D.C. 20005-3442
Phone: (202) 898-0414
FAX: (202) 898-0435

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A MANUAL FOR CANDIDATES

Questions you
will be asked about
lesbian and gay
issues during
your campaign.



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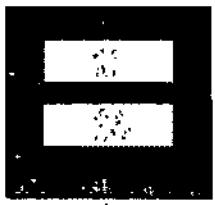
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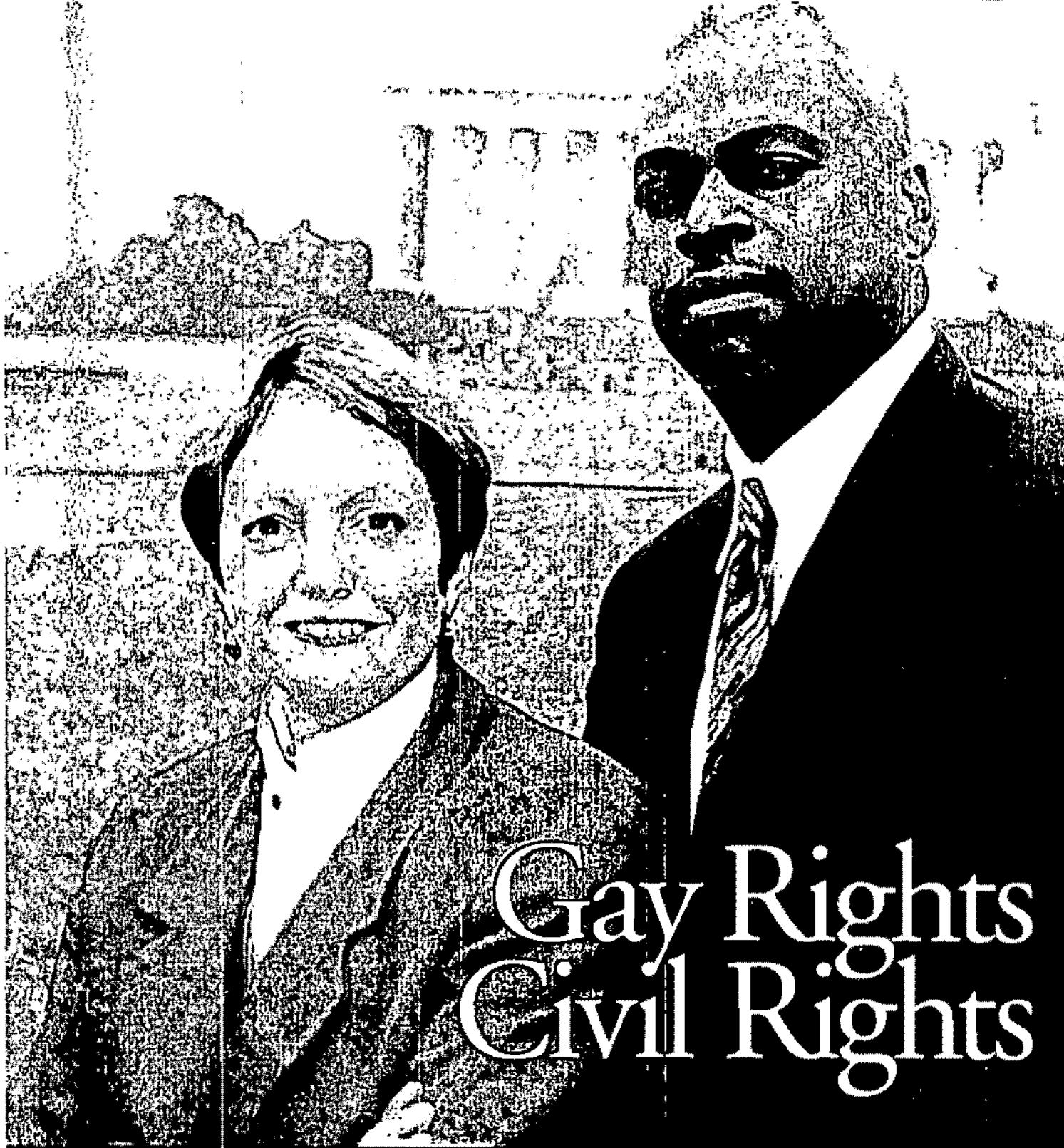
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POLITICAL
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Gay Rights Civil Rights

105TH CONGRESS PREVIEW • HRC POLLS AMERICA • CAMPAIGN SCRAPBOOK

WINTER 1997

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Any Questions?



Christian Coalition

ENVY BEGINNINGS • OUTVOTE WRAPUP • POLICE SORRY RECORD • 17th AUGUST 1998

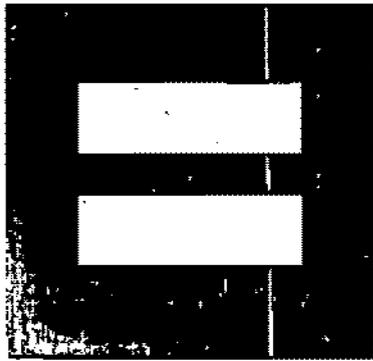
**SPECIAL
ELECTION ISSUE**
HRC's Score
Card

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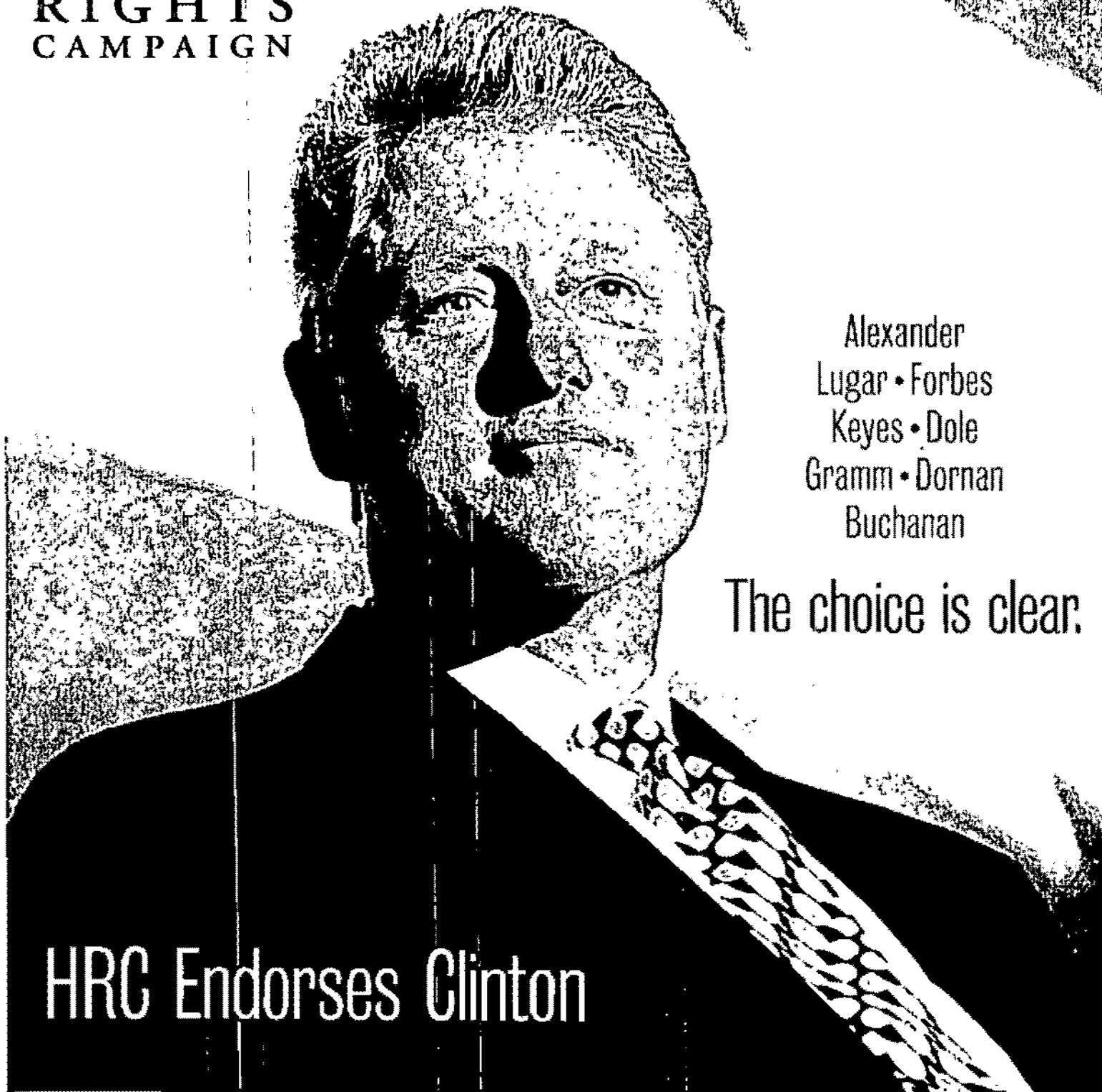


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POLITICAL
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QUARTERLY



Alexander
Lugar • Forbes
Keyes • Dole
Gramm • Dornan
Buchanan

The choice is clear.

HRC Endorses Clinton

MARRIAGE • RELIGIOUS POLITICAL EXTREMISTS • ANTI-GAY HEARINGS • WINTER 1996