

# American Medical Association

Physicians dedicated to the health of America

Needle Exchange F6



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April 29, 1998

The Honorable Newt Gingrich  
U.S. House of Representatives  
H-232 Capitol Building  
Washington, DC 20515

Dear Speaker Gingrich:

The American Medical Association is opposed to H.R. 3717 and similar measures that seek to restrict needle exchange programs designed to reduce the transmission of HIV/AIDS.

Almost a year ago, the AMA reaffirmed existing policy supporting needle exchange programs as an effective measure for protecting against the transmission of HIV/AIDS and called for the revocation of the ban on federal funding for these activities. The scientific evidence in support of needle exchange programs is overwhelming. Studies by the National Institutes of Health, the Institute of Medicine, the Centers for Disease Control and Prevention and the General Accounting Office all concluded that needle exchange programs are successful in reducing HIV infection rates without increasing drug abuse.

More recently, the Secretary of the U.S. Department of Health and Human Services confirmed that scientific studies clearly support the effectiveness of needle exchange programs as a disease prevention measure that does not increase drug abuse.

Federal restrictions on needle exchange programs will undermine proven methods for reducing HIV and other disease infection rates. We urge you to review the scientific evidence and oppose federal restrictions on needle exchange programs.

Sincerely,

A handwritten signature in cursive script that reads "Lynn E. Jensen".

Lynn E. Jensen, PhD

**Q&A's on Needle Exchange  
April 27, 1998**

**Q: What is your reaction to the fact that Dr. Satcher criticized the Administration's position on needle exchange?**

**A:** The Administration is committed to reducing the transmission of HIV and reducing drug use. We believe that the decision that was made last week was the best way to advance these two goals. The Secretary of Health and Human Services made clear that appropriate needle exchange programs can cut HIV transmission without increasing drug use. At the same time, the Administration tried to prevent the politicization of needle exchange by keeping decision making at the local level. We understand that this decision raises strong feelings on both sides, but we think Dr. Satcher would agree that HHS's release of the scientific findings relating to needle exchange was critically important.

**Q: What is your position on the Solomon Amendment to prohibit any Federal funding for needle exchange programs?**

**A:** We believe that the only purpose of this legislation is to politicize a decision that should be made at the local level. That is what this Administration tried to avoid: it is contrary to good policy on both AIDS reduction and anti-drug measures.

While we are still reviewing this legislation, we are also concerned that the language is so broadly drafted so that it could have the effect of undermining the ability of local communities to use their own money to fund needle exchange programs. We strongly oppose efforts to prevent communities from making these decisions for themselves.

File needle exchange

**STATEMENT BY CONGRESSWOMAN ELEANOR HOLMES NORTON  
PROTESTING CONGRESSIONAL AND ADMINISTRATION REFUSAL TO ALLOW  
NEEDLE EXCHANGE PROGRAMS  
CONGRESSIONAL BLACK CAUCUS PRESS CONFERENCE**

*APRIL 24, 1998*

We, who are African American Members of Congress, we of the Congressional Black Caucus, have every reason to be angry--and we are. Many Americans most at risk for AIDS, disproportionately black and Hispanic, have been callously and needlessly condemned to death. The refusal to fund needle exchange programs is a death sentence because we now know for sure that needle exchange has extraordinary life saving effects. In barring needle exchange, the forces of ignorance and political expediency within the Congress and the administration have won--for now.

Those led by Barry McCaffrey, the drug czar, who has little to show for his futile efforts, have triumphed over HHS Secretary Donna Shalala and the entire medical and scientific community. Yet we now have conclusive evidence that the one-for-one exchange of clean for dirty needle can markedly reduce the runaway spread of AIDS among black and Hispanic men, women and children.

All the studies tell the same life saving story. Among them are six federally funded investigations including the National Academy of Sciences (1995), the Centers for Disease Control (1995) and the GAO (1993). Needle exchange programs reduce HIV infections by at least one third and risk behavior by 80 percent. These same studies show that needle exchange programs neither increase nor promote drug use.

In the face of this compelling evidence, General Barry McCaffney has used brutal tactics within the Administration to subvert a decision to fund needle exchange programs that he must have learned in wars with real enemies. We put him on notice that he has now made a new enemy. He has started a new war with us, and we intend to fight back. If all that the General can bring to his drug war is the frenetic effort he has waged to stop what works, he should resign. I call for his resignation both because he has been ineffective in quelling the upsurge of deadly drugs and because his death dealing battle against needle exchange, steeped in ignorance, must not be tolerated in a federal official.

The AIDS epidemic among African Americans is one of the reasons the Congressional Black Caucus has made the drug menace our top priority. AIDS is the leading killer of black and Latino men and women, ages 25 to 44. More than half these deaths are needle-related. More than one third of all AIDS cases are needle drug users, their partners, and kids. Two thirds of AIDS in women and 50 percent of AIDS in children come from needle or needle chain transmissions. When General McCaffrey declares war on needles, the prisoners he takes are

people of color. The lives he sacrifices are the lives of people we represent.

Nor do we come only out of compassion. Needle drug users often are desperate people who prey upon people in communities where they live in order to finance their habits. We strongly believe they must be punished for crimes against the people we also represent. We know, however, that needle exchange programs offer the only way to reach many of these addicts and to get them into treatment. We also believe that needle exchange should not be done in isolation but that needle exchange should be part of comprehensive programs that include prevention and treatment.

The "compromise" to allow needle exchange with no funding is a sham and an insult. More than 50 cities already are using needle exchange. They do not need permission. They need help. It is the vital federal funding that is missing. Here in the nation's capital the Whitman Walker Clinic and other private efforts were exchanging 4,000 needles a week in 1997. Even during its financial crisis the city decided that \$200,000 in funding annually at 10 cents a needle was minuscule compared with \$120,000, the average lifetime cost of care for HIV infected/AIDS individual.

We will not stand for demagoging an issue of life and death for our community, whether from within the administration or on the floor of Congress. We know whose lives are at stake when needles are forbidden. AIDS is increasing more rapidly among drug users than any other group, and blacks are four times more likely to die from needle-injected AIDS than from a drug overdose.

General McCaffrey complained that needle exchange sends the wrong message. We get his "drop dead" message to our community loud and clear. Unless he is willing to reconsider and acknowledge the overwhelming scientific evidence, I hope he gets my message to leave the administration and take his destructive tactics with him. We call upon the President to respond to the evidence and save lives. We call upon the administration to respond to the American people, two thirds of whom support needle exchange.

The law says that needle exchange is barred unless the HHS Secretary "determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs." That condition has been more than met.

## Bulletin's Frontrunner

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April 21, 1998, Tuesday

SECTION: LEADING THE NEWS

LENGTH: 620 words

HEADLINE: Administration To Continue Ban On Needle-Exchange Funds.

### BODY:

The AP (4/21, Neergaard) said the Clinton Administration announced yesterday that "programs that let drug addicts exchange used needles for clean ones fight AIDS and do not encourage illegal drug use," but the Administration said "it will not allow Federal tax dollars" to fund exchanges. HHS Secretary Donna Shalala issued the decision, saying that "the Administration hopes a strong endorsement will encourage communities to start their own needle exchanges" without Federal funds. The story appeared on the front pages of most of today's newspapers, and on television newscasts.

ABC (4/20, 74 words, Jennings) reported last night that Clinton "decided to maintain the ban on using Federal funds to pay for needle-exchange programs."

ABC (4/21, Newman) reported this morning, "The head of the White House AIDS panel says the Administration's policy shows 'a lack of courage.' The criticism came after the Administration endorsed needle exchange programs but refused to pay for them." ABC (Strait) broadcast a report in support of needle exchanges, saying, "Officials who run the country's 110 needle exchange programs were pleased that the government finally acknowledged that these efforts can reduce the spread of HIV by up to 30% while not increasing drug abuse. But they were livid that the Administration still refuses to allow Federal money to be used to fund these programs. ... Today, politics have taken precedence over science and sound public policy. ... Even the Surgeon General was disappointed that more money won't be available for needle exchange. ... In answering this criticism, all the Administration would say is the decision to fund needle exchange programs should be left to local communities." ABC showed four sources, all supporting needle exchange, then concluded, "So even though they have been shown to work, needle exchange programs will remain underfunded. Like so many decisions concerning AIDS, the politics surrounding the epidemic has again overwhelmed the science."

USA (4/21, A1, Sternberg) said the Administration "will not fund programs that allow drug abusers to trade dirty needles for clean ones, even while acknowledging that such exchanges reduce the spread of AIDS without encouraging drug abuse." Shalala, "flanked by top health officials," said that "the Administration decided not to fund needle exchange because research shows that programs are better designed locally." USA said, "AIDS advocacy groups welcomed the endorsement, but decried the funding decision as morally indefensible. Each day, 33 drug users become infected with HIV, advocates say."

The NY Times (4/21, A1, Stolberg) said the decision followed "a week of negotiations between Dr. Shalala's staff and the White House," and "public health experts and advocates for people with AIDS...had been told in recent days that the ban" on Federal funding "was about to be lifted." Dr. R. Scott Hitt, head of the presidential Advisory Council on HIV and AIDS, said of yesterday's announcement: "At best, this is hypocrisy. At worst, it's a lie. And no matter what, it's immoral." Added the NYT: "Many Administration officials strongly supported lifting the ban and were disappointed by the final decision. But the position taken by Gen. Barry R. McCaffrey, the Administration's director of national drug policy, was that lifting the ban would send the wrong message to the nation's children."

Headline, W. Times (4/21, A1, Bedard): "Free Needles OK, But No Funds."

W. Post (4/21, A1, Goldstein): "Clinton Supports Needle Exchanges But Not Funding."

The WSJ (4/21, A10): "Secretary Shalala Backs Needle Exchange Program."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

## U.S. Newswire

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April 21, 1998 12:38 Eastern Time  
SECTION: TELEVISION WRITER

LENGTH: 1052 words

HEADLINE: TV TRACK -- TV Headlines From April 21, 1998

DATELINE: WASHINGTON, April 20

### BODY:

The following headline summary of evening network news programs for April 20 was prepared by U.S. Newswire. Headlines are in the order that stories appeared on the broadcast and include the name of the correspondent, dateline, and running time. <STAB> NETWORK TELEVISION NEWS HEADLINES Copyright U.S. Newswire 1998 Monday, April 20, 1998 ABC World News Tonight 1 Study Finds Drug Combats & Prevents Breast Cancer

John McKenzie      New York      2:20 2 Demand For Impotence Pill Is Enormous

Bob Jamieson      New York      1:55 3 Impotence Pill Effective, But Only Those In  
Need Should Take It

Timothy Johnson      New York      1:15 4 Clinton Retains Ban On Use Of Federal  
Funds For Needle Programs

## U.S. Newswire

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April 21, 1998 11:30 Eastern Time  
SECTION: NATIONAL DESK

LENGTH: 426 words

HEADLINE: Sen. Ashcroft: Shalala Support for Free Needles Signals Approval of Drug Use Lifestyle

BYLINE: Steve Hilton, 417-881-7068 or Greg Harris, 202-224-4589, both of the Office of U.S. Sen. John Ashcroft

DATELINE: WASHINGTON April 21

BODY:

The following was released Monday, April 20, by the Office of Sen. John Ashcroft (R-Mo.):

Sen. John Ashcroft (R-Mo.) said today that the Clinton Administration's endorsement of clean needle programs accepts and encourages drug use as a way of life.

Ashcroft said that Congress should reinstate the ban on federal funding of clean needle programs, in order to prevent the Administration from approving federal taxpayer dollars to support needle exchange programs.

Ashcroft called the decision announced today -- to support clean needle programs, but to withhold federal funding -- "an intolerable message that it's time to accept drug use as a way of life."

Ashcroft said: "The Secretary's decision to endorse needles on demand opens the door wide to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers. Today's decision sends the intolerable message that the Administration accepts illegal drug use as a way of life. It says clearly that the Clinton Administration will give approval to taxpayer funding the moment it appears that the decision can be sneaked past Congress. We should simply reinstate the ban on subsidizing drug addicts with clean needles on demand.

"Taxpayers must not be saddled with providing drug users with the tools to feed their addiction. The Secretary's decision today -- to endorse free needles, but to withhold federal funds at this time -- sends all the wrong messages. I believe that America's drug policy should be one of zero tolerance. It must not send a message of accommodation and tolerance toward illegal drugs. It must not subsidize drug addiction by providing users with free needles financed by the American taxpayer.

"The Administration's position accommodates drug use, and would make drug use simpler and more accessible. Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer? It is noteworthy that clean needles are strongly opposed by the Administration's own drug czar, General Barry McCaffrey, who says such programs facilitate a 'dreadful scourge on mankind.' Giving bulletproof vests to bank robbers would make bank robbery safer and simpler, and send the message that we accept bank robbery. A free needle policy is no different. What advocates of free needles on demand would clothe in rhetoric of 'harm reduction' and 'public health' is, instead, a decision to subsidize, tolerate, and facilitate the use of illegal drugs."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

## Associated Press

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April 21, 1998; Tuesday 03:56 Eastern Time

SECTION: Domestic, non-Washington, general news item

LENGTH: 656 words

HEADLINE: U.S. Won't Fund Needle Exchanges

BYLINE: HAL SPENCER  
AP-AIDS-Needle-Exchange ,0689

DATELINE: LACEY, Wash.

### BODY:

Tom Deem opened the cardboard box full of used syringes, looked inside and dumped them into a red plastic tub. Then he reached into the back seat of a minivan for another box, this one full of 200 new needles.

"Here you go," the Thurston County health worker said as he handed the box to a young woman. The two chatted briefly about the weather, a glorious Monday after a weekend of rain.

The needles will last about two weeks for the 22-year-old woman and her husband, both heroin addicts. Clear-eyed, she said she has no plans to end her habit even as she hinted at its toll: "It's a heavy load."

Addicts come from as far as 60 miles away to swap needles in a parking lot near a shopping mall in Lacey, an hour's drive south of Seattle. And they came Monday as the federal government sent a double-edged message.

Health and Human Services Secretary Donna Shalala, under orders from the White House, endorsed needle exchanges and encouraged more communities to create them. But she said the government would not help pay for the programs.

The announcement sidestepped a political fight with conservatives, but it disappointed and angered AIDS activists. They said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"This administration is now publicly stating how to slow it (the AIDS epidemic) down and is saying they lack the courage to do it," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council.

Scientific evidence proves that exchange programs reduce HIV transmission without increasing

drug use, added Terry Stone, executive director of the Northwest AIDS Foundation. But, he said, many local governments don't have the money for the programs.

Half of all people who catch HIV are infected by needles or through sex with injecting drug users, or are children of infected addicts.

Republicans argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" asked Sen. John Ashcroft, R-Mo.

President Clinton's own drug policy chief, Barry McCaffrey, is opposed to needle exchanges. He spent the weekend arguing that exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

The administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges operating in 22 states, including the Lacey program and three others in Washington state.

"The reality is that people are going to use the drugs," Deem said. "What we're doing is reducing harm. We're preventing the spread of disease by dirty needles."

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

Congress had opposed federally funded needle exchanges until Shalala certified that such programs fight the spread of HIV without encouraging drug use.

On Monday, she did that, saying a review of studies concluded that programs that provide drug counseling and push addicts into treatment work best. The studies found that cities with the programs saw a decrease in the spread of HIV while those without saw an increase, and the programs brought more addicts into treatment.

The young woman here said she had no time for drug counseling or HIV tests, which are offered in the parking lot along with clean needles. But she comes regularly to exchange her used syringes.

"This is a good thing they do here. This keeps people from passing on HIV or hepatitis," she said.

LANGUAGE: ENGLISH LOAD-DATE: April 21, 1998

# The Boston Globe

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April 21, 1998, Tuesday, City Edition  
SECTION: METRO/REGION; Pg. A1

LENGTH: 1129 words

HEADLINE: Needle exchanges endorsed but won't get federal funds

BYLINE: By Richard A. Knox, Globe Staff

**BODY:**

Scientific evidence "clearly shows" that providing free sterile syringes to illicit drug users prevents the spread of AIDS while not promoting drug use, the Clinton administration said yesterday. But it balked at allowing federal funds to pay for controversial needle-exchange programs.

The long-awaited decision surprised and angered AIDS activists and public health authorities, who had hoped the administration would bow to data rather than to politics.

"This is like refusing to throw a life raft to a drowning person," said David Harvey of the AIDS Policy Center.

Dr. Mathilde Krim, chairman of the American Foundation for AIDS Research, called the decision "immoral" and "totally contrary to the practice of public health."

Critics of needle exchanges claimed victory. "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message," said Representative Gerald Solomon, a New York Republican who proposes to take away presidential discretion about funding such programs.

The split decision reflected a battle within the administration between health officials and General Barry McCaffrey, director of the White House Office on Drug Policy, who opposes needle exchange programs. McCaffrey reportedly was instrumental in killing a proposal to use federal money for pilot programs in 10 cities.

US Surgeon General David Satcher, former chief of the Centers for Disease Control and Prevention, favors more needle exchange programs. "If we had more prime quality needle exchange programs, we would save more lives," Satcher said.

In certifying the effectiveness of needle-exchange programs, the administration noted that more

than 60 percent of new AIDS cases in many regions result from drug users sharing needles. Needle-sharing also transmits hepatitis B and other blood-borne diseases.

Nine years ago, Congress passed a law that bars federal funding of needle exchange programs unless the secretary of health and human services certifies, on the basis of scientific evidence, that they curtail transmission of the human immunodeficiency virus (HIV) and do not increase illicit drug use.

Secretary Donna E. Shalala, the nation's top health official, declared that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs."

Dr. Harold Varmus, director of the National Institutes of Health, backed her up. "Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs," Varmus said.

But Shalala said the Clinton administration has decided that "the best course at this time" is to let local communities "use their own dollars" for needle exchange programs.

Nationwide there are currently about 110 needle exchange programs, about half of which are sanctioned. The rest are tolerated by law enforcement authorities or operate underground. But all are relatively small-scale, advocates said.

Needle exchange programs have been endorsed by an array of medical and public health organizations, including the American Medical Association and the American Public Health Association.

Some observers of the long-running debate say the administration's decision represents a victory of election-year politics over public health.

"It's probably very smart politics to continue the restrictions on federal funds," said Donald DesJarlais, director of chemical dependency research at Beth Israel Medical Center in New York City.

"If Shalala had permitted the use of federal funds, there's a 99 percent chance Congress would have overridden it anyway," DesJarlais said. "Now the secretary of health and human services has made a scientific finding, but no one can get up and say Clinton tried to give needles to drug addicts."

While he was disappointed about the administration's withholding of federal funds, DesJarlais said its unequivocal statement about needle-exchange studies "will be very helpful for local decision makers who want to make their prevention planning on scientific evidence."

He was also relieved that the administration did not release federal funds with restrictions that were widely rumored to be under consideration, such as an absolute time limit on a drug user's

participation in a needle exchange program.

Krim, a longtime veteran of emotional battles over AIDS funding, predicted "an uproar in the AIDS community," but said that was a calculated strategy on the administration's part.

"I think Mr. Clinton decided to let the Congress handle it," Krim said in interview. "He will let the activists go after Congress."

State health officials said the administration's stance will not affect needle exchange programs already in operation, and may make it somewhat easier to expand them because of the explicit federal endorsement.

In Massachusetts, "the governor, the public health commissioner, and the Department of Public Health support needle exchange programs, with the stipulation that municipalities be allowed to decide for themselves," said Mark Leccese, a department spokesman.

"We've believed for a couple of years that needle exchange does decrease the spread of HIV and does not lead to increased drug use," Leccese added.

Massachusetts currently has state-funded needle exchange programs in Boston, Cambridge, Provincetown, and Northampton. State officials have been stymied in their attempts to expand to other communities, such as New Bedford, in part because opponents claimed that the benefits were not supported by sound data.

In the current fiscal year, the state Legislature funded needle exchange programs for 10 communities, even though only four programs are under way.

Beth Weinstein, director of AIDS programs in the Connecticut Department of Public Health, said Shalala's Solomonlike decision "split the baby and gave some to each side."

"There will be a lot of concern in the AIDS community that this is a hollow action, because it's not accompanied by funding to carry out the programs," said Weinstein, who oversees \$ 400,000 in Connecticut funding for five needle exchange programs.

Weinstein echoed other advocates of needle exchange in saying that such programs are "an effective way not only of stemming HIV infection but of getting people into treatment."

Varmus, the NIH director, said this is now backed up by evidence. A Baltimore study last October showed that drug-treatment programs linked to needle exchange programs have high levels of retention.

An NIH report last year concluded that needle exchange programs reduced risky needle-sharing behavior by as much as 80 percent, with a resulting 30 percent or greater reduction in HIV transmission.

LANGUAGE: ENGLISH LOAD-DATE: April 21, 1998

# Los Angeles Times

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April 21, 1998, Tuesday, Home Edition  
SECTION: Part A; Page 18; National Desk

LENGTH: 1004 words

HEADLINE: U.S. DECISION AGAINST FUNDING NEEDLE PLAN DRAWS FIRE;  
HEALTH: ADMINISTRATION AGREES EXCHANGE PROGRAM CUTS AIDS SPREAD,  
DOESN'T FOSTER ILLICIT DRUG USE, BUT WILL LEAVE FINANCING TO STATE,  
LOCAL GROUPS.

BYLINE: MARLENE CIMONS and ELIZABETH SHOGREN, TIMES STAFF WRITERS

DATELINE: WASHINGTON

BODY:

The Clinton administration declared Monday that needle exchange programs reduce the spread of AIDS and do not encourage illegal drug use--but it will continue to oppose federal funding for this approach, a decision that provoked anger on both sides of the long-raging debate.

Health and Human Services Secretary Donna Shalala said that, although the administration has concluded that it is best to leave the funding of such programs to state and local sources, she encouraged communities to include needle exchanges as part of their AIDS prevention strategies.

But many AIDS service organizations were stunned by the administration's announcement, given that half of all new HIV infections are linked to needle-injected drug use, according to federal health officials.

"This is like acknowledging the world is not flat, then refusing to fund Columbus' voyage," said Daniel Zingale, executive director of AIDS Action Council, a Washington-based lobbying group.

Congressional conservatives, meanwhile, expressed chagrin over the administration's ringing endorsement of needle exchange programs.

Sen. John Ashcroft (R-Mo.) said that the administration's expression of support "accepts and encourages drug use as a way of life." He also expressed concern that "it opens the door" to future federal funding of needle exchange programs.

Numerous studies have shown the efficacy of such programs but the subject of government-backed needle exchanges has remained a politically volatile one. Not only have

conservatives adamantly opposed such programs but President Clinton's own advisors have argued heatedly over whether to support them. Barry R. McCaffrey, director of the White House office of drug control policy, for example, has insisted that such programs send the wrong message about drug use.

The administration's announcement Monday was reminiscent of Clinton's past approaches to some hot-button issues--gays in the military, for example--where he has attempted to strike a middle ground that pleased few.

Federal funding of needle exchange programs was banned by Congress in 1988 but the secretary of Health and Human Services has the authority to remove the ban. Many public health officials, AIDS activists and others--including Clinton's own AIDS advisory panel--have called on her repeatedly to do so.

Armed with new scientific findings by high-ranking administration health officials showing that the programs help reduce HIV transmission, Shalala was willing to defend funding the programs before lawmakers on Capitol Hill, sources said.

But White House officials said they doubted they could win such a fight with the GOP-controlled Congress and were afraid that the battle would dampen state and local efforts to establish or sustain the programs.

Funding efforts "would have been voted down immediately and you would have scared off the local people," White House advisor Rahm Emanuel said.

Ultimately, Clinton decided that it was not worth the fight with Congress, sources said.

Referring to the politics surrounding the issue, Emanuel said: "You've got to see three, four or five moves down the checkerboard." And Clinton, by endorsing the concept that needle exchanges help reduce HIV transmission, hopes to boost local efforts to fund needle exchanges, he said.

But AIDS activists predicted that it would have the opposite effect, saying they feared local programs now will founder without federal help.

Monday's decision "has the potential to do damage to the funding that exists today," said James Loyce Jr., chief executive officer of AIDS Project/Los Angeles. "The funding is barely there now. The local governments, such as the city of Los Angeles . . . that have taken needle exchanges on have already taken a big risk--this will only undermine the advocacy that's already been done on the local level."

Shalala noted that the use of needle exchange programs has increased throughout the AIDS epidemic. Citing figures from the federal Centers for Disease Control and Prevention, she said communities in 28 states and one U.S. territory operate needle exchange programs supported by state, local or private funds.

In Los Angeles, three organizations run needle exchange programs at multiple sites throughout the region. They are funded in part by a \$ 180,000 grant from the city, according to AIDS Project/Los Angeles.

Shalala said the administration decided "that the best course at this time" is to leave the creation and funding of needle exchange programs to communities and "to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV."

She said the programs should be part of a comprehensive HIV prevention strategy that includes referring participants to drug treatment and counseling and that needles must be made available only on a replacement basis.

Rep. Nancy Pelosi (D-San Francisco), a longtime advocate of needle exchange programs, said the administration's stance "shows a lack of political will in the midst of a public health emergency."

And Rep. Henry A. Waxman (D-Los Angeles) said: "It is unfortunate that fear of congressional backlash sustains the funding freeze."

But Rep. Gerald B. H. Solomon (R-N.Y.), in a letter sent Monday to Clinton, condemned the administration's "seemingly continued support for such programs" and urged administration support "in pursuing a permanent ban on the use of federal tax dollars for needle exchange programs."

Times staff writer Alissa J. Rubin contributed to this story.

(BEGIN TEXT OF INFOBOX / INFOGRAPHIC)

#### Needle Swaps

Los Angeles and San Francisco are among major cities that offer legally sanctioned needle exchange programs. But many cities still don't. Half of all new HIV infections are associated with needle injections.

#### MAJOR CITIES LACKING NEEDLE PROGRAMS:

San Diego Dallas Houston Fort Worth Miami St. Louis Newark, N.J. New Orleans

GRAPHIC: GRAPHIC-CHART: Needle Swaps / Los Angeles Times

LANGUAGE: English

LOAD-DATE: April 21, 1998

# The New York Times

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April 21, 1998, Tuesday, Late Edition - Final

NAME: David Satcher

SECTION: Section F; Page 1; Column 2; Science Desk

LENGTH: 1361 words

HEADLINE: SCIENTIST AT WORK: Dr. David Satcher;  
Tiptoeing Through the Mine Fields of Health Policy

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON

BODY:

THE pictures in Dr. David Satcher's office lean like oversized dominoes beneath a wooden table, waiting to be hung on the walls. Their owner, however, has little time for decorating these days.

It has been two months since Dr. Satcher, the son of uneducated farmers from rural Alabama who rose above poverty and racism to become one of the nation's most respected doctors, was sworn in as the 16th Surgeon General of the United States. During that time, he has been working furiously, and mostly behind the scenes, to carve out an agenda to restore dignity to an office that has long been mired in controversy.

"I want to be known as the Surgeon General who listened better than any Surgeon General before," he said in his first extensive interview since taking office. "Now obviously I've got to talk, but I want to be especially known for listening to people around this country, teen-agers, people in rural areas, inner cities, suburban communities, really getting a feel for the concerns of the American people."

Those concerns, Dr. Satcher believes, have little to do with the hot-button topics -- abortion, condoms in schools, clean needles for intravenous drug addicts -- that have left some of his predecessors tiptoeing through a political mine field and, for a while, threatened his own confirmation.

Americans, the Surgeon General said, have more pressing matters on their minds, like how violence and drugs affect their children and whether they can afford good medical care, or any medical care at all.

At the same time, Dr. Satcher has concerns of his own, which form what he calls his list of

evolving priorities: a healthy start for all children, including good prenatal care; persuading Americans of the virtues of a healthy life, including exercise, shunning tobacco and eating five servings of fruits and vegetables each day; eliminating racial disparities in disease, and seeing that mental health receives the same priority as physical health.

Dr. Satcher acknowledges that these goals are not particularly "exotic or sexy." But those who know him well say they are in keeping with his almost missionary zeal to extend to the less fortunate, particularly minorities, advantages that might enable them to prosper, as he has.

"David Satcher is an extraordinarily humanistic man," said Dr. Reed Tuckson, a vice president of the American Medical Association, in an interview before Dr. Satcher was confirmed in February. "Much of his work has been out of concern for those who are the most needy in American society. That comes from a very deep place within him."

Yet while Dr. Satcher said he had little appetite for controversy, he holds no illusions that his tenure will be free of it. Complaints, he said, will inevitably emerge.

And, true to his prediction, complaints erupted on Monday, when Donna E. Shalala, the Secretary for Health and Human Services, announced that while needle exchange programs reduce the spread of AIDS and do not encourage drug abuse, the Government would not pay for them.

It was a decision that clearly made the Administration's top scientists -- including Dr. Satcher -- uncomfortable. He said last week that advocates for people with AIDS were justified in feeling frustrated that the money was not available. Yet on Monday, he defended the Administration position, even as advocates for people with AIDS called it morally indefensible. Asked if financing for the programs could save lives, he sidestepped the question, saying, "We would save more lives if we had more quality needle exchange programs."

Other, equally contentious issues are also bound to surface. Curbing unwanted pregnancy, for instance, will mean talking more to teen-agers about abstinence, which Dr. Satcher says he plans to do. But he said he also intended to talk about "the importance of sex and the beauty of sex." "Am I looking for controversy? No," Dr. Satcher said. "The first thing that I am looking for is agreement on where we want to go as a nation. I love a good fight, but I don't go out looking for one."

After six years as director of the Centers for Disease Control and Prevention in Atlanta, Dr. Satcher, 57, commuted from that city to Washington for his first month on the job.

Last month, he and his wife, Nola, moved into a stately brick home on the grounds of the National Institutes of Health in Bethesda, Md., that is reserved for the Surgeon General. Dr. Satcher's four children are grown and no longer live at home.

A cautious, stately man who deliberates before he speaks, Dr. Satcher has kept a low profile

until now. He refused repeated requests for interviews, saying that he wanted to think first about what he wanted to say.

He said he had a lot to learn; in addition to being Surgeon General, a job that is largely a bully pulpit, Dr. Satcher also holds the post of Assistant Secretary for Health at the Department of Health and Human Services, a policy-making position over 10 disparate programs, including the Office of H.I.V./AIDS, the Office of Women's Health and the Office of Minority Health.

"If he hasn't seemed to be very visible in the first month or so, that was by design," said Dr. Satcher's spokesman, Damon Thompson. "He spent a great deal of time focusing on the job of assistant secretary, trying to make sure he had a solid familiarity with the program offices under him. Now he feels he can confidently go on the road."

In recent weeks, Dr. Satcher has begun to do just that, traveling to New Orleans, where he spoke to 1,000 high school students who are minorities and considering careers in medicine, and to Boston, where he presided over a celebration of the bicentennial of the United States Public Health Service, and visited a middle school in nearby Charlestown, Mass., where students have developed a program to keep their peers from smoking.

He said he was struck by his celebrity status. In Charlestown, he said, he told the schoolchildren, "I don't have a clue what it's going to take to get teen-agers not to smoke," and solicited their advice. When the session ended, he said, the youngsters rushed the stage to ask for his address so they could write with suggestions.

Indeed, after three years without a Surgeon General, Dr. Satcher said, the nation seems to be yearning for one. Since he has taken office, he has been flooded with speaking requests -- more than 1,000 in all, from every state and some foreign countries. And while he is "not a big uniform person," he takes care to wear the Surgeon General's official garb -- starched white shirt and double-breasted navy blue suit, with its gold epaulets and shiny brass buttons -- wherever he goes.

"There is a lot of excitement about the Surgeon General in uniform," he said. "I'm surprised. Young children want to take a picture with the Surgeon General. That is an awesome thing, and it brings with it a responsibility to use that enthusiasm in the best way."

The last person to capture, and capitalize on, that enthusiasm was former Surgeon General C. Everett Koop, whose commanding presence on the public stage set a standard by which other Surgeons General will be compared.

Dr. Satcher is well aware that his performance will undoubtedly be measured against that of Dr. Koop, although as he is quick to point out, they come from such different backgrounds that there is in fact little basis for comparison.

Dr. Koop, the descendant of Dutch colonists, grew up comfortably middle class in Brooklyn and attended Ivy League schools.

Dr. Satcher, by his own account, "grew up on what most people call the other side of the tracks." His parents never finished elementary school; as a child, he spent hours on school buses traveling to racially segregated schools. He attended Morehouse College in Atlanta, which awarded him a full scholarship, and went on to medical school at Case Western Reserve University in Cleveland, where he was one of only two black students.

"I love the shadow of C. Everett Koop," Dr. Satcher said, laughing, when asked if he felt Dr. Koop's shadow. "Do I want to be C. Everett Koop? No. I want to be David Satcher, the best David Satcher I can be."

GRAPHIC: Photo: Dr. David Satcher, the new Surgeon General, believes Americans are most concerned about affordable health care and the effects of violence and drugs on their children. (Amy Toensing for The New York Times)

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

## The New York Times

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April 21, 1998, Tuesday, Late Edition - Final  
SECTION: Section A; Page 1; Column 1; National Desk

LENGTH: 1238 words

HEADLINE: Clinton Decides Not to Finance Needle Program

BYLINE: By SHERYL GAY STOLBERG

DATELINE: WASHINGTON, April 20

### BODY:

After a bitter internal debate, the Clinton Administration today declined to lift a nine-year-old ban on Federal financing for programs to distribute clean needles to drug addicts, even as the Government's top scientists certified that such programs did not encourage drug abuse and could save lives by reducing the spread of AIDS.

The decision, announced by Donna E. Shalala, the Secretary of Health and Human Services, was immediately denounced by public health experts and advocates for people with AIDS, who had been told in recent days that the ban was about to be lifted.

The announcement has no practical effect; it simply means that state and local governments, which receive block grants from Washington for AIDS prevention efforts, remain barred from

using that money for needle exchange. But the decision is of huge significance to advocates for people with AIDS, who have viewed it as a test of the Administration's commitment to reducing the spread of the disease.

"At best this is hypocrisy," said Dr. R. Scott Hitt, chairman of the President's Advisory Council on H.I.V. and AIDS, which last month issued a vote of "no confidence" in the Administration.

"At worst, it's a lie. And no matter what, it's immoral."

Many Administration officials strongly supported lifting the ban and were disappointed with the final decision. But the position taken by Gen. Barry R. McCaffrey, the Administration's director of national drug policy, was that lifting the ban would send the wrong message to the nation's children. One official called that issue "an important consideration" for Mr. Clinton. The announcement came after a week of negotiations between Dr. Shalala's staff and the White House, according to three Administration officials familiar with the talks. Dr. Shalala had been pressing to rescind the ban, with some restrictions, and was prepared to defend that decision on Capitol Hill, knowing it was bound to be controversial.

But his advisers feared a political disaster for Mr. Clinton and worried that Republicans might push through legislation stripping Federal money from groups that provide free needles, even though the money was used for other purposes.

"Any Republican could have offered a resolution and we almost certainly would have lost," said one of the officials, all of whom spoke on the condition of anonymity. "We don't have the votes for this in an election year."

To further complicate matters, General McCaffrey had been in an open debate on the issue with Sandra L. Thurman, the White House director of national AIDS policy, who had argued strenuously against the ban. Ms. Thurman made no public comment about the decision today.

The ban dates to 1989, when Congress declared that no Federal money could be spent to support clean-needle programs until the Government could provide scientific evidence that such programs both reduced the spread of H.I.V., the virus that causes AIDS, and did not encourage drug use. The two prong test was difficult to meet.

In February, the Administration certified that needle exchange reduced the spread of AIDS, but it took until today for officials to provide evidence that the programs did not promote drug use. With that evidence in hand, the Administration was free to begin drafting guidelines for how Federal money might be spent for needle-exchange programs. Although Dr. Shalala's staff had come up with such guidelines, the President declined to endorse them, officials said.

Over the last decade, needle exchange programs have cropped up across the country; today there are about 100 in more than 20 states. Many operate on a shoestring budget, with private or local money.

In many states, needle exchange remains illegal, but law-enforcement officers look the other way and allow the programs to continue. Public health experts had been hoping a release of

Federal money would have legitimized these programs. (In New York, officials can grant permission for certain needle exchange programs to operate.)

"There are states that for years have hidden behind Federal opposition to needle exchange to justify their own inaction," said Dr. Peter Lurie, who in 1993, while teaching at the University of California at San Francisco, published the first Government-financed survey of the effectiveness of needle exchanges.

Federal officials have estimated that each day, 33 people are infected with the AIDS virus as a result of intravenous drug use, a figure that includes drug abusers, their partners and their children.

Intravenous drug use is also responsible for most of the growth in the spread of AIDS, particularly among the poor and minorities. Dr. David Satcher, the Surgeon General, said today that 40 percent of new AIDS infections in the United States are either directly or indirectly attributed to infection with contaminated needles; among women and children, the figure is 75 percent.

Dr. Lurie, who works as a research associate at Public Citizen, a Washington advocacy group specializing in public health issues, estimated today that had the Government paid for needle exchange programs, 17,000 lives could have been saved in Mr. Clinton's terms in office.

"It is frustrating in the extreme," he said, "to see political considerations take precedence over public health ones, particularly when a huge cost in human life is predictable."

The decision clearly made the Government's top scientists uncomfortable. At the news conference announcing it, Dr. Shalala was flanked by many of them, including Dr. Satcher and Dr. Harold Varmus, director of the National Institutes of Health.

Most shifted uncomfortably in their seats as reporters peppered Dr. Shalala with questions about the Administration's decision, although none publicly disagreed with it.

Dr. Shalala declined to discuss the internal debate between her office and the White House, or even her recommendations to the President, but said the Administration hoped that its pronouncement would spur state and local governments to pay for the programs on their own. In defending the decision not to release Federal money, she said studies showed that needle exchange programs worked best when they were carefully designed within local communities.

"We are sending the message that the senior scientists of this Government, in conjunction with a number of scientists around the world," have concluded that these needle exchange programs do reduce H.I.V. transmission and do not encourage drug use, she said.

Dr. Varmus said a review of the scientific literature, provided "increasingly strong evidence" that needle exchange programs can be an effective means of bringing addicts in for treatment.

He cited a Baltimore study of nearly 3,000 addicts, which found that the needle exchange

program dramatically reduced the sharing of tainted needles and that half the participants in the program entered treatment.

As expected, today's decision prompted a flurry of announcements from Congress. Senator John Ashcroft, Republican of Missouri, called the Administration's position "an intolerable message that it's time to accept drug use as a way of life."

But Representative Nancy Pelosi, Democrat of California, complained that the Administration had missed an opportunity to save lives. "It defies logic," she said, "to determine a program's efficacy and then not fund the program, especially in the middle of an epidemic."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

## Newsday (New York, NY)

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April 21, 1998, Tuesday, NASSAU AND SUFFOLK EDITION  
SECTION: NEWS; Page A05

LENGTH: 754 words

HEADLINE: THE NEEDLE DEBATE / FEDS STRADDLE ISSUE OF DRUG USE, AIDS SPREAD

BYLINE: By Jamie Talan. STAFF WRITER

BODY:

Providing clean needles to drug users substantially reduces the risk of HIV transmission, a top federal health official said yesterday, and it doesn't encourage drug abuse.

Nonetheless, Health and Human Services Secretary Donna E. Shalala said the Clinton administration won't lift a federal ban on funding such programs, a statement that drew strong condemnation from AIDS researchers and activists.

"This constitutes public-health malpractice," said Don DesJarlais, director of the Chemical Dependency Institute at Beth Israel Medical Center and a professor of epidemiology at Albert Einstein College of Medicine in the Bronx.

"We have known for years that these programs reduce the risk of HIV transmission and do not lead to drug abuse," DesJarlais said. "It is extremely disappointing that the federal government agrees with our studies but won't support the programs financially."

"With every hour and every day the administration refuses to act on funding these programs, people are needlessly becoming infected with HIV," added Jeffrey Reynolds, director of public policy at the Long Island Association for AIDS Care.

At a news briefing, Shalala said studies had proved "that needle-exchange programs, as part of a comprehensive strategy, will . . . not encourage the use of drugs." But she said these programs work best "only if carefully designed . . . and used as a bridge to pull people into using health services."

As a result, she went on, "We want to leave it to local communities at this time." She said she hoped her statement might prompt state or local governments to fund needle-exchange programs in their individual areas.

Nationally, there are about 100 syringe-exchange programs, and New York State has 12

programs. Nine are in New York City, including three in Queens.

There is no program on Long Island, which has meant that addicts seeking clean syringes must travel into the city, said Barry Feldstein, director of People With AIDS Coalition of Long Island. He said activists have been meeting for almost a year to figure out how to fund such a program.

As of 1997, 5,558 Long Islanders have been diagnosed with AIDS, Reynolds said, and more than 40 percent of this total reported using injectable drugs. More than 36 percent of females with AIDS on Long Island were infected by having sex with an injecting-drug user, he said.

The concept for needle- and syringe-exchange programs was conceived in the mid-1980s when it became clear that the Human Immunodeficiency Virus (HIV) was being transmitted via shared needles. It was a political hot potato from the start because many believed handing out needles was tantamount to supporting drug abuse.

There are an estimated 1.3 million people in the United States who routinely inject illegal drugs, experts say, and about 25 percent of these addicts are HIV positive. In New York State, experts say, there may be as many as 200,000 drug-injecting addicts, 50,000 of whom have confirmed HIV infection.

The Centers for Disease Control and Prevention in Atlanta has said half of all new HIV infections are linked to the use of shared needles and an additional 10 to 15 percent of infections occur when drug-using HIV patients engage in sex with people who don't inject drugs.

In 1988, a federal bill was passed saying no federal funds could be spent on syringe-exchange programs until the administration determined its effects on AIDS transmission and increased drug abuse. That ban officially ran out in March.

In October, 1996, DesJarlais published a study in the British medical journal Lancet that said needle-exchange programs reduced risk of HIV transmission by as much as two-thirds and did not encourage drug abuse.

With this and other studies in hand, AIDS activists have urged the administration to lift the federal-funding ban. The issue has also generated opposition from among conservative Republicans.

Yesterday, Rep. Gerald Solomon of New York welcomed the ban extension, saying, "Supplying drug addicts with needles is counterproductive and sends entirely the wrong message." He said he would introduce legislation this week seeking a permanent ban.

But Terry Riefil, director of New York Harm Reduction Educators in the Bronx, the largest syringe-exchange program in the United States, noted that each syringe costs about a nickel.

"That's a pretty good bargain in today's health-care environment," he said. "Every infection we prevent helps save \$120,000" in HIV treatment costs.

GRAPHIC: 1) Newsday Photo by John Keating-Jeffrey Reynolds. 2) AP Photo- Donna E. Shalala. 3) Newsday File Photo by Audrey C. Tiernan-Barry Feldstein with AIDS message wall.

LANGUAGE: English

LOAD-DATE: April 21, 1998

# THE ORLANDO SENTINEL

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April 21, 1998 Tuesday, CENTRAL FLORIDA  
SECTION: A SECTION; Pg. A3

LENGTH: 284 words

HEADLINE: NO CASH FOR CLEAN NEEDLES;  
THE WHITE HOUSE SAID NEEDLE EXCHANGES CURB HIV, BUT IT REFUSED TO  
PAY FOR THEM.

BYLINE: Compiled From Wire Reports

DATELINE: WASHINGTON

## BODY:

The Clinton administration Monday endorsed needle exchange programs for drug users but refused to pay for them, angering AIDS activists who say 33 people are being infected with HIV by shared needles every day.

Health and Human Services Secretary Donna Shalala said her scientific endorsement should encourage more communities to start their own needle exchanges.

But Shalala, under orders from the White House, sidestepped a political fight with conservatives and stopped short of providing communities with federal money to let addicts swap dirty needles for clean ones.

Half of all people who catch HIV are infected by needles or by sex with injecting-drug users, or are children of infected addicts.

The decision bitterly disappointed AIDS activists, who said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"They've now said we know how to save lives and we don't want to do what's necessary to save the lives," said Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council. "This administration is now publicly stating how to slow it[ the AIDS epidemic] down and is saying they lack the courage to do it."

"It's like saying the world is not flat but not funding Columbus' voyage," added Daniel Zingale of AIDS Action, saying that politics and not science had driven the decision.

Republicans continued to argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala

changes her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?"  
scoffed Sen. John Ashcroft, R-Mo.

LANGUAGE: ENGLISH  
LOAD-DATE: April 21, 1998

## Pittsburgh Post-Gazette

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April 21, 1998, Tuesday, SOONER EDITION  
SECTION: SCIENCE, TECHNOLOGY & MEDICINE, Pg. A-3

LENGTH: 763 words  
HEADLINE: A PUZZLEMENT ON NEEDLE PROGRAMS

BYLINE: JUDY PACKER-TURSMAN, POST-GAZETTE WASHINGTON BUREAU

DATELINE: WASHINGTON

### BODY:

Caroline Acker, a college history professor who runs an underground needle exchange program in Pittsburgh, is baffled: The Clinton administration officially declared yesterday that programs such as hers not only help prevent the spread of HIV and AIDS, but also don't encourage illegal drug use.

Yet the administration also refused to lift a federal funding ban on the programs that Congress, fearful of promoting drug use, instituted nine years ago.

Now Acker, who had to shut down her sidewalk program in late February after police responded to complaints, worries the White House's endorsement of her strategy - handing out free sterile syringes to drug addicts in exchange for dirty ones, and referring them into drug treatment and counseling - sends a confusing message unless it is backed by taxpayer dollars.

"I'm stunned and appalled. . . . It seems to me this announcement, this position, leaves a lot of unclarity and ambiguity in the air," said Acker, who helped start Pittsburgh's Prevention Point program in May 1995 even though it is illegal under state drug paraphernalia laws.

Nearly 40 percent of the 652,000 AIDS cases reported nationwide have been linked to injection drug use. As of last summer, 111 needle exchange programs were reported in 29 states and the District of Columbia. About six in 10 programs were legal, two in 10 were illegal but tolerated, and two in 10 were underground.

"In Pittsburgh, a lot of AIDS agencies get federal funds and they feel constrained in working with us," Acker said, "and anything that leaves in doubt whether federal funds are jeopardized undermines those kinds of partnerships."

At a news conference in Washington yesterday, seven AIDS advocacy groups likened the action by Health and Human Services Secretary Donna Shalala to acknowledging that the Earth is not flat but refusing to fund Christopher Columbus' voyage.

"We can now all agree that the science is there, and we know that this intervention will in fact save lives if employed. It does not increase drug use. . . . What we're now fighting against is a political message that basically says . . . these (drug addicts') lives aren't what we're going to fight for," said A. Cornelius Baker, executive director of the National Association of People With AIDS.

Sensing imminent action, AIDS advocacy groups sent a letter Friday to President Clinton urging him to act immediately and end the prohibition on federal funding for needle exchange programs. That same day the mayors of San Francisco, Detroit, Seattle, New Haven and Baltimore asked Shalala to lift the ban.

Yesterday Sen. Paul Coverdell, R-Ga., introduced a bill to prevent HHS from lifting the federal funding ban. Rep. Nancy Pelosi, who introduced a bill last July to end the prohibition - legislation sitting in a House Commerce subcommittee with seven cosponsors - said Shalala's action "defies logic."

HHS spokesman Campbell Gardett said Shalala expects her action to "create a better climate" for people who advocate needle exchange programs in their communities - paid for with local dollars.

"I know Dr. Shalala hopes the official long-term look at this and the official finding that these programs do not increase drug abuse will be of use to communities as they consider whether to have such programs," Gardett said.

In its heyday, Pittsburgh Prevention Point served 35 to 50 people a week; more than 500 people visited its sidewalk setup at least once from November 1996 through October 1997. The program spent about \$ 20,000 in private money last year.

After police halted the distribution of sterile syringes, the program's volunteers spent the next six weeks handing out bleach with instructions on how to disinfect needles. "By a week ago Sunday, only two people came to get the bleach," Acker said.

"We just have to continue trying to build local support," she said. "We are committed to getting back out on the street and doing this work, and that's what we're working toward."

But Earl Woodyard, assistant chief of the Pittsburgh Police Department's investigations branch, pointed out that state law still makes Pittsburgh's needle exchange program illegal.

"We'll continue to make arrests until we are directed otherwise by the state Attorney General's Office or the District Attorney of Allegheny County," he said. "It still falls under drug paraphernalia."

"We're going to pay either way, because the people are getting infected" with HIV, he added. "But we're policemen. We're just bound to uphold the law."

LOAD-DATE: April 21, 1998

## The Record (Bergen County, NJ) <sup>1</sup>

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April 21, 1998; TUESDAY; ALL EDITIONS  
SECTION: NEWS; Pg. A09

LENGTH: 496 words

HEADLINE: U.S. WON'T FUND NEEDLE SWAPS ;  
WHITE HOUSE DISAPPOINTS AIDS ACTIVISTS

SOURCE: Wire services

BYLINE: LAURAN NEERGAARD, The Associated Press

DATELINE: WASHINGTON

### BODY:

The Clinton administration refused on Monday to use federal tax dollars to buy clean needles for drug addicts, even though it said needle exchanges fight AIDS without encouraging illegal drug use.

Health and Human Services Secretary Donna Shalala said her scientific endorsement should encourage more communities to start their own needle exchanges.

But Shalala, under orders from the White House, sidestepped a political fight with conservatives and stopped short of providing communities with federal money to let addicts swap dirty needles for clean ones.

Half of all people who catch HIV are infected by needles or by sex with injecting drug users, or are children of infected addicts.

The decision bitterly disappointed AIDS activists, who said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"They've now said we know how to save lives and we don't want to do what's necessary to save the lives," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council. "This administration is now publicly stating how to slow it the AIDS epidemic down and is saying they lack the courage to do it."

"It's like saying the world is not flat but not funding Columbus voyage," added Daniel Zingale of AIDS Action.

Republicans continued to argue that needle exchanges were bad policy, and Rep. Gerald

Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" asked Sen. John Ashcroft, R-Mo.

President Clinton's own drug policy chief, Barry McCaffrey, spent the weekend arguing that needle exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the heated debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

Asked about the criticisms, National Institutes of Health Director Harold Varmus said they were being made only by politicians, not scientists. Every major public health organization has supported needle exchanges.

The Clinton administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges now operating in 22 states. And Surgeon General David Satcher suggested communities could avoid the political impasse by seeking federal dollars for all other HIV prevention activities, from youth education to drug treatment, so that local money could be directed to buy needles.

Asked if more funding would help, Satcher said: "Yes, we think we would save more lives."

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

LANGUAGE: English

LOAD-DATE: April 21, 1998

# The San Francisco Chronicle

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APRIL 21, 1998, TUESDAY, FINAL EDITION  
SECTION: EDITORIAL; Pg. A24; EDITORIALS

LENGTH: 344 words

HEADLINE: Needle Exchange Cowardice

BODY:

IN A DISPLAY of political timidity the Clinton administration yesterday refused federal funding for needle exchange programs, while conceding exchanges reduce AIDS transmission and don't encourage illegal drug use.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," said Health and Human Services Secretary Donna Shalala.

But even with that unequivocal endorsement, she said the federal government will not pay to let drug addicts exchange used needles for clean ones. She advised local communities to pay for their own needle exchange programs.

That was a craven bit of political double-talk from Shalala whose mission is to protect the health of the nation, when she knows that nearly 40 percent of all AIDS cases reported in the United States have been linked to illegal intravenous drug use.

And, according to her own department's statistics, 70 percent of HIV/AIDS infections among women of childbearing age are directly or indirectly related to intravenous drug use and more than 75 percent of infected babies had a parent who used needles.

A Clinton administration official said the decision not to fund the programs was made by Shalala after consultation with the White House.

Stunned AIDS activists asked how federal public health officials could say needle exchanges work, but refuse to fund them.

"This is obviously immoral to say we know how to save lives but we are not going to let federal funds be used for that purpose," said Dr. R. Scott Hitt, chairman of the Presidential Advisory Commission on AIDS.

"Americans should ask why," said Hitt, the administration's top AIDS advisor, appointed by President Clinton.

By refusing to fund needle exchange programs that have proven to work in nearly a hundred cities -- including San Francisco, Oakland and San Jose -- the Clinton administration has shamefully chosen political expedience over human welfare.

GRAPHIC: PHOTO,Secretary Shalala

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

# The San Francisco Chronicle

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APRIL 21, 1998, TUESDAY, FINAL EDITION  
SECTION: NEWS; Pg. A1

LENGTH: 1063 words

HEADLINE: White House Needle Swap Surprise  
A refusal to lift ban on program funding

BYLINE: Louis Freedberg, Chronicle Washington Bureau

DATELINE: Washington

## BODY:

Ending weeks of speculation, the Clinton administration yesterday refused to lift a 10-year ban on using federal funds for needle exchange programs, despite concluding for the first time that such exchanges prevent the spread of HIV and do not encourage drug use.

Leaders in the fight against AIDS condemned the unexpected decision, which was announced by Health and Human Services Secretary Donna Shalala.

"It is a purely political decision, and an abdication of her public health responsibilities," said Pat Christen, executive director of the San Francisco AIDS Foundation, which runs the nation's largest needle exchange program, which uses private and city funds. "She has chosen to protect herself politically, and people will die as a result of that decision."

Pounding his fist at an AIDS prevention meeting in San Francisco, Thomas Coates, director of the University of California at San Francisco's AIDS Research Institutes, accused Shalala of "public health malpractice."

In recent weeks, the administration had led AIDS activists to believe it was finally moving to lift the ban. However, the plan was derailed when word of the administration's intentions leaked out late last week, and a slew of conservative organizations issued a flurry of press releases warning the administration not to do so.

Several influential GOP lawmakers said they would introduce legislation reinstating the ban should the administration move to lift it. That brought a weekend of intense discussions between the White House and Health and Human Services officials, who were apparently ready to lift the ban. In a political calculation, sources close to the discussions said, the White House concluded that it would not have the votes to block legislation reimposing the ban.

Also key was the the opposition of President Clinton's "drug czar," retired General Barry

McCaffrey, who continued to lobby vigorously against allowing federal funds for needle exchange programs, arguing that it would send the wrong message to the nation's young people and undermine the administration's anti-drug message. McCaffrey also vehemently opposed a compromise proposal that would have funded pilot programs in 10 cities.

Shalala had the authority to lift the ban if she could point to solid scientific evidence demonstrating that needle exchange programs both reduce the spread of AIDS and do not encourage drug use. Until now, Shalala had said the evidence satisfied the first requirement but not the second. AIDS experts assumed that once she had satisfied herself that needle exchange programs do not encourage drug use, she would take action.

However, no one expected the administration to both declare that the conditions for lifting the ban had been met -- and then refuse to lift it.

To help her make the decision, Shalala commissioned the nation's leading scientists and public health officials to review all the available evidence on needle exchange programs. They included Dr. Harold Varmus, director of the National Institutes of Health; Dr. David Satcher, the newly appointed surgeon general; Dr. Claire Broome, acting head of the Centers for Disease Control and Prevention; and Alan Leshner, director of the National Institute on Drug Abuse.

Yesterday morning, those officials met with Shalala, armed with a 300-page report, which concluded that the conditions for lifting the ban have been met.

But by that time, the White House had already decided against such a move. After meeting with the scientists for an hour, Shalala issued a detailed press release in which she extolled the value of needle exchange programs -- and in the same breath said the administration would not authorize using federal funds to support them.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in their fight against AIDS," she said. She noted that injection drug use accounts for 60 percent of new AIDS cases in certain areas, and that 40 percent of all 652,000 cases of AIDS reported in the United States have been linked to injection drug use.

She also quoted NIH director Varmus, a Nobel laureate in biochemistry, as saying: "An exhaustive review of the science indicates that needle exchange programs can be an effective component of the global effort to end the AIDS epidemic. Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs."

But without explanation, she said the administration has "decided that the best course at this time is to have local communities use their own dollars to fund needle exchange programs."

Representative Nancy Pelosi, D-San Francisco, who had lobbied vigorously for lifting the ban,

said "it defies logic to determine a program's efficacy, and then not fund the program, especially in the middle of an epidemic." She said the decision reveals a "a lack of political will in the midst of a public health emergency."

About 130 communities across the nation have set up their own needle exchange programs without federal funds, but AIDS experts say that these programs are often underfinanced, and that many communities and regions are completely underserved.

Administration officials tried to put the best spin on their decision yesterday, saying they hope the federal endorsement will encourage local communities to set up their own programs.

"Hopefully local communities and states will see this as encouragement to open their own needle exchange programs even as the federal government ducks for cover," said Peter Lurie of the UCSF Center for AIDS Prevention and the principal investigator of the first national survey showing the effectiveness of needle exchange in 1993.

At the same time, Lurie said the decision "made a mockery of the administration's purported commitment to HIV prevention."

He noted that President Clinton endorsed lifting the ban in his 1992 presidential campaign. That commitment, he said, dissipated in the face of stiff Republican opposition. "Republicans showed they were willing to play hardball, and the administration has never been able to take a principled stand on this issue when faced with a possible political fallout."

GRAPHIC: PHOTO

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

# USA TODAY

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April 21, 1998, Tuesday, FIRST EDITION  
SECTION: NEWS; Pg. 1A

LENGTH: 283 words

HEADLINE: U.S. won't fund needle exchanges

BYLINE: Steve Sternberg

DATELINE: WASHINGTON

## BODY:

WASHINGTON -- The Clinton administration said Monday it will not fund programs that allow drug abusers to trade dirty needles for clean ones even while acknowledging that such exchanges reduce the spread of AIDS without encouraging drug abuse.

"We have come to the conclusion that we will not release federal funds at this point," said Health and Human Services Secretary Donna Shalala.

AIDS advocacy groups welcomed the endorsement but decried the funding decision as morally indefensible.

Each day, 33 drug users become infected with HIV, advocates say.

Flanked by top health officials, Shalala said that the administration decided not to fund needle exchange because research shows that programs are best designed locally.

AIDS activists countered that state and local health resources are stretched thin. They also charged that the compromise reeks of a political dodge.

Republicans had vowed to block funds for needle-exchange programs if Shalala had given the go-ahead.

Winnie Stachelberg of the Human Rights Campaign said White House officials were deterred both by the prospect of a battle with Congress and internal conflicts.

"Today, politics takes precedence over sound science and public health policy," said Julie Scofield of the National Alliance of State and Territorial AIDS Directors.

Administration officials say the funding question prompted heated discussions in the White

House over the weekend.

President Clinton's drug czar, Barry McCaffrey, has opposed needle-exchange programs, saying they send the wrong message to children. On Monday, he issued a statement praising Shalala "for making a difficult decision."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

# The Washington Times

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April 21, 1998, Tuesday, Final Edition

SECTION: Part A; Pg. A1

LENGTH: 945 words.

HEADLINE: Free needles OK, but no funds;  
White House lays costs on localities

BYLINE: Paul Bedard; THE WASHINGTON TIMES

BODY:

The Clinton administration yesterday endorsed providing free needles to drug abusers to fight the spread of AIDS but stopped short of funding the programs, bowing to opposition from the president's drug-policy office and Republican critics.

The middle-ground decision by the Department of Health and Human Services infuriated AIDS activists who had expected immediate federal funding and GOP lawmakers who saw it as the first step to eventual federal funding of the programs.

"This has all the markings of a policy that was going to go forward by lifting the federal funding ban and then, 'Whoops, they caught us,' " said a knowledgeable administration official. "This was an 11th-hour reversal."

The Washington Times reported Friday that the administration was expected to meet congressional requirements to lift the funding ban by certifying that free needles do not boost drug use and HIV infections.

Republican lawmakers, saying they were acting to support the president's drug-policy office, vowed to kill the plan by passing legislation to permanently bar federal funding for free needles.

As a result, Donna Shalala, secretary of health and human services, stopped short of calling for federal funding in her statement yesterday.

"A meticulous scientific review has now proven that needle-exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," Miss Shalala said in a statement.

But, she added, "the administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs."

Miss Shalala said "we had to make a choice. It was a decision. It was a decision to leave it to local communities."

Eighty-eight communities have free needle programs. The goal is to reduce needle sharing by drug addicts. Needle sharing is a major cause of AIDS in women and children.

AIDS activists were disappointed that the ban on federal funding of needle-exchange programs will not be lifted but said they hope to use the Shalala statement to help local communities broaden their programs.

"It's like saying the world is not flat but not funding Columbus' voyage," said Daniel Zingale of the activist group AIDS Action. He said his group would help local communities use the HHS statement to fight opponents to funding needle-exchange programs.

"It's politics rather than public science," added Winnie Stachelberg of the Human Rights Campaign, the nation's largest homosexual lobby. "Local communities have been scraping together programs for the last several years, but it's clear federal funds are needed."

Wayne Turner of the AIDS Coalition to Unleash Power, or ACT-UP, said: "Clinton pulled another 'Slick Willie.' We're outraged. They aren't even doing the little we thought they'd be doing."

Sandra Thurman, director of the president's AIDS office, has been pressuring the president to lift the funding ban. She has argued that scientific reports show free needles to drug addicts do not promote drug use or AIDS.

But two days before the White House was expected to give HHS and the AIDS office the green light to lift the funding ban, the president's Office of National Drug Control Policy provided The Times with a report showing that drug use and cases of infection with HIV, which causes AIDS, jumped in Vancouver, British Columbia, the city with the world's largest free-needle program.

HHS officials would not comment on the drug policy office's study of the Vancouver program, which also reported higher crime where free needles were distributed.

Officials associated with the office said scientific studies do not support Miss Shalala's statement. They cited Dr. Mitchell S. Rosenthal, head of New York's Phoenix House treatment center, who wrote to the office condemning needle exchanges.

"There is no consistent evidence that the availability of needle exchange reduces the transmission of the HIV virus among IV drug users," Dr. Rosenthal wrote to Barry McCaffrey, director of the White House drug-policy office. "Nor is there evidence that needle exchange programs are necessary to reduce the spread of HIV through needle exchange."

He and others backed Gen. McCaffrey's efforts to spend tax dollars on drug treatment

programs - not free needles so that drug addicts, some infected with HIV, do not share dirty needles.

Administration officials suggested that Miss Shalala's statement was universally endorsed throughout the administration, but Gen. McCaffrey's office continued to fight it and was not consulted by Miss Shalala. For example, Miss Shalala's statement was not provided to the White House drug-policy office.

In an effort to downplay the internal White House struggle, Clinton aides said the opposition to needle-exchange programs was led by GOP leaders, but Republicans said they were simply following Gen. McCaffrey's lead.

On Capitol Hill, lawmakers said the administration was laying the groundwork for lifting the federal funding ban in the near future.

Sen. John Ashcroft, Missouri Republican, warned: "The secretary's decision to endorse needles on demand opens the door wide to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers."

"Secretary Shalala's decision today to forbid federal funding for drug needle exchange programs comes to me with great relief, however I am distressed at her seemingly continued support for such programs," said Rep. Gerald B.H. Solomon, New York Republican, chairman of the House Rules Committee.

GRAPHIC: Photo, AIDS activists Paul Kawata, Winnie Stachberg and Daniel Zingale join Cornelius Baker in Washington yesterday to discuss funding needle exchanges. By AP

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

# Chicago Tribune

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April 21, 1998 Tuesday, NORTH SPORTS FINAL EDITION  
SECTION: NEWS; Pg. 4; ZONE: N

LENGTH: 451 words

HEADLINE: CLINTON BACKS PROGRAMS FOR NEEDLES BUT WITHOUT FUNDS

BYLINE: By Adam C. Holland, Washington Bureau.

DATELINE: WASHINGTON

BODY:

The Clinton administration on Monday endorsed needle-exchange programs as an effective step to fight AIDS but withheld the support that AIDS activists wanted most: federal funds.

In a long-awaited statement, Secretary of Health and Human Services Donna Shalala said programs that let drug addicts exchange used needles for clean ones can reduce the spread of HIV and do not encourage illegal drug use, based on extensive scientific research.

But she said the decision to implement and fund these programs rests with local communities. Avoiding a fight with conservatives, the administration kept in place the ban on federal funding for needle-exchange programs.

AIDS activists, who had hoped recent research and their active lobbying would lift the barriers to obtaining federal money, denounced the administration's decision to maintain the federal funding ban as an instance of putting politics before science.

"The Earth is not flat, the moon is not made of cheese, and needle exchange does not create drug addiction," said Daniel Zingale of AIDS Action, referring to findings of a 1997 National Institutes of Health study. "But tragically, it's like saying, 'We acknowledge the Earth is not flat, but we won't fund Columbus' voyage.' "

Needle-exchange programs are illegal in Illinois and in 21 other states; however two experimental Chicago programs are exempt from the state ban.

More than half of all new HIV cases, averaging 33 people a day, can be attributed to direct or indirect contact with an injecting drug user. Public health groups have long argued that needle-exchange programs can help to reduce this risk, and 88 such programs operate throughout the country through local, state or private funding.

At 10 cents per syringe, health advocates say free needle replacement is considerably cheaper than waiting for full-blown AIDS to develop, currently the only way for HIV patients to obtain Medicaid funds.

A lifting of the federal ban would not authorize new funds but would enable states to tap into \$630 million in existing nationwide funds for AIDS prevention.

"It's just so frustrating," said Mark Ishaug of the AIDS Foundation of Chicago, a not-for-profit agency that has funded needle-exchange programs in the Chicago area since 1992. "They're saying, 'We know how to stop the spread of AIDS, but we're not going to help you.' "

Instead, Ishaug said the federal government should make the funds available and leave it up to each community to determine its own comprehensive approach.

"And if needle exchanges are the best way to stem the spread of HIV, then local communities should have the opportunity to spend those dollars that way."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

# The Washington Post

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April 21, 1998, Tuesday, Final Edition  
SECTION: A SECTION; Pg. A04

LENGTH: 893 words

HEADLINE: Clinton Supports Needle Exchanges But Not Funding; Needle Swaps Curb AIDS, Shalala Says

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:

The Clinton administration declared yesterday that needle exchange programs can help curb the AIDS epidemic without fostering the use of illegal drugs, but refused to allow federal money to be spent on the controversial approach.

The continued ban on federal funds stunned leading AIDS researchers and many activists, who had long believed that government money would begin flowing as soon as the administration determined there is enough scientific evidence to show that needle exchange programs work.

But by divorcing the science from the matter of subsidies, the administration found a way to surmount lingering disagreements among President Clinton's top advisers over one of the most contentious public health questions they have confronted.

Needle exchanges have become a lightning rod in the debate over how the nation will combat the AIDS epidemic, now that it is well into its second decade. The programs, which have sprung up in more than 100 cities across the country, including Washington and Baltimore, attempt to slow the spread of HIV by giving clean syringes to intravenous drug users, thus lessening the sharing of needles that contain residue of tainted blood.

Advocates of the programs say such a strategy is increasingly important as the epidemic has veered more heavily into populations of drug users and their sex partners and children. Such drug-related cases account for nearly one-third of the more than 600,000 AIDS cases reported in the United States since the epidemic began. The proportion is substantially higher among people who have been infected in recent years and particularly in the nation's large cities.

But the strategy also has a large army of critics, including many conservatives and President Clinton's drug policy chief, Barry McCaffrey, who contend that it tacitly condones the use of illegal drugs since it puts the government in the business of handing out free needles.

Administration sources said yesterday that Secretary of Health and Human Services Donna E. Shalala preferred to begin allowing certain needle exchange programs to qualify for federal aid,

even though such a decision would have touched off a fight with Congress that even some Democratic leaders had warned would be foolhardy. "She knew this would be tough, but she was willing to defend it on the Hill," said one administration official close to the discussions.

But Sunday night, while flying back to Washington from a South American trip, Clinton decided in favor of a second alternative Shalala had proposed: leaving the ban in place while announcing that needle exchanges were scientifically sound. His decision ended an agonizing debate among his senior aides.

Yesterday, Shalala said that, even without the subsidies, the administration's decision that needle exchanges have scientific merit will galvanize syringe programs at the state and local level by sending a signal that the federal government endorses the efforts. "This is another life-saving intervention, which requires a careful local design," she said at a news briefing, surrounding the director of the National Institutes of Health, the acting director of the Centers for Disease Control and Prevention, the surgeon general, and other top federal health officials.

In the Washington area, the District and Baltimore operate needle exchange programs with local funds. The Maryland General Assembly this year decided to allow a similar program to begin in Prince George's County, but defeated a measure that would have allowed exchanges statewide. There are no needle exchanges in Virginia.

Shalala's announcement, in effect, answered the second of a pair of questions Congress posed several years ago. Congress said that federal money could be spent on needle exchanges only if research conclusively established that they met two criteria.

Last year, Shalala told Congress the administration was satisfied that the programs met one of those criteria -- determining that the programs do indeed diminish the spread of HIV. Until yesterday, the administration had said it remained uncertain on the question of whether exchanges inadvertently contribute to increased drug use, despite six major reviews of the research literature, including one by NIH last year, that found they do not.

Shalala's announcement was derided immediately by major AIDS organizations. "It is like saying, 'We acknowledge the world is not flat, but we are not going to give Columbus the money for the ships,'" said Daniel Zingale, executive director of AIDS Action.

"It's helpful to get the scientific obstacles out of the way once and for all," said Peter Lurie, a University of Michigan AIDS researcher, "but absent the federal funding, it's unlikely the programs will expand to meet the tremendous need."

But the political dangers of expressing support for the programs, much less allowing federal money to be used for them, were quickly evident. Determining that the programs work "is an intolerable message that it's time to accept drug use as a way of life," said Sen. John D. Ashcroft (Mo.), one of several congressional Republicans who denounced the administration's decision. Sen. Paul Coverdell (R-Ga.), introduced a bill yesterday that would prevent the HHS secretary from ever lifting the ban.

Staff Writer John F. Harris contributed to this report.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1998

PRESIDENTIAL  
ADVISORY  
COUNCIL ON  
HIV/AIDS

FOR IMMEDIATE RELEASE  
April 21, 1998

Contact: R. Scott Hitt  
(310) 652-2562

**STATEMENT OF THE PRESIDENTIAL ADVISORY COUNCIL ON  
HIV/AIDS IN RESPONSE TO THE ANNOUNCEMENT BY THE  
SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING  
NEEDLE EXCHANGE PROGRAMS**

The Presidential Advisory Council on HIV/AIDS welcomes Secretary of Health and Human Services Donna Shalala's long sought determination that "needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs." However, the Council expresses its serious disappointment that, despite her determination that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," the Secretary has failed to lift the current ban on the use of federal funds for such programs.

In its Second Progress Report of December 7, 1997, the Council noted that "the Administration has sometimes failed to exhibit the courage and political will needed to pursue public health strategies that are politically difficult but that have been shown to save lives." This latest action by the Administration reinforces that conclusion and raises grave doubt as to the seriousness of the President's stated goal of reducing new HIV infections "each and every year until there are no more new infections." Last year the Administration followed a similar course in announcing new medical guidelines for effective HIV treatment, but then failed to seek the funding necessary to provide access to such treatment for a large segment of those infected. Since the Secretary has now made crystal clear that "the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease," it is essential that public health policy "follow the science" rather than following the politics. The Administration, beginning with the President, must summon the political courage to act according to what it knows to be scientifically sound.

On March 17, 1998, the Council unanimously expressed no confidence in the Administration's commitment to HIV prevention. The act by the Secretary of Health and Human Services of issuing the formal determination of the scientific efficacy of needle exchange programs without lifting the ban on the use of federal funds for such programs is morally indefensible. It is akin to

refusing to throw a life preserver to a drowning person. The American people should be outraged that this Administration has acknowledged that needle exchange programs "offer yet another weapon in the fight against AIDS" while simultaneously refusing to provide the funding necessary to employ that weapon.

That the populations most affected are largely African-Americans and Latinos is particularly distressing considering the insufficient availability of comprehensive drug treatment services and the goal of the President's Initiative on Race of ending health disparities among racial and ethnic groups. The Council urges the President to check his moral compass and then to take bold action in determining what should be the next steps in fighting the "two deadly epidemics - AIDS and drug abuse" that are in Secretary Shalala's own words "robbing us of far too many of our citizens and weakening our future."

AIDS remains a menace both in the United States and throughout the world, and both domestic and international efforts to eliminate this threat are far from being achieved. The Council will not abandon its efforts to ameliorate the impact of drug use and HIV on disadvantaged neighborhoods and communities. The Council will continue to use every means at our disposal to gain the political and scientific support necessary to obtain and increase federal funding for quality drug treatment services and other interventions shown to be effective against HIV transmission. As individuals living with and affected by HIV, the Council is committed to be continuously engaged in bringing this pandemic to an end.

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Assistant Secretary for Health  
Office of Public Health and Science  
Washington D.C. 20201

APR 20 1998

MEMORANDUM TO THE SECRETARY

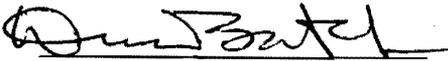
SUBJECT: Review of Scientific Data on Needle Exchange Programs

At your request, we have reviewed the scientific studies on the effectiveness of syringe and needle exchange programs. Attached is our review. It includes:

- o Appendix A: The Department's February 1997 Report to Congress
- o Appendix B: Recent data analysis completed since February 1997
- o Appendix C: Summary document reviewing the scientific literature by outcome measures of interest
- o Appendix D: Data summary specifically addressing the criteria established by Congress as conditions for federal funding for needle exchange programs

After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs. In addition, when properly structured, needle exchange programs can provide a unique opportunity for communities to reach out to the active drug injecting population and provide for the referral and retention of individuals in local drug treatment and counseling programs and other important health services.

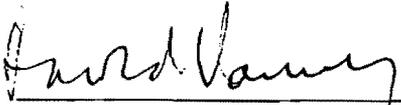
Therefore, based on the scientific data, we strongly recommend that you certify that needle exchange programs are effective in reducing the transmission of HIV and do not encourage the use of illegal drugs.



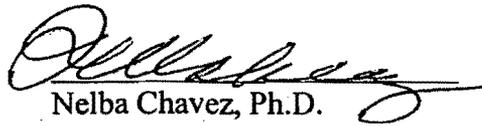
David Satcher, M.D., Ph.D.  
Assistant Secretary for Health  
Surgeon General



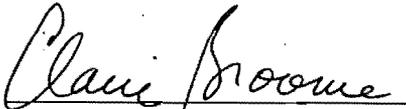
Margaret Hamburg, M.D.  
Assistant Secretary for  
Planning and Evaluation



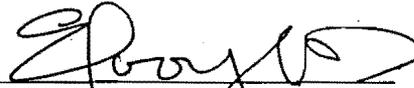
Harold Varmus, M.D.  
Director  
National Institutes of Health



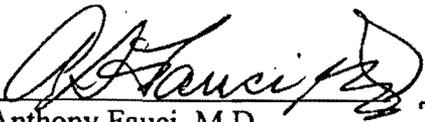
Nelba Chavez, Ph.D.  
Administrator  
Substance Abuse and Mental Health  
Services Administration



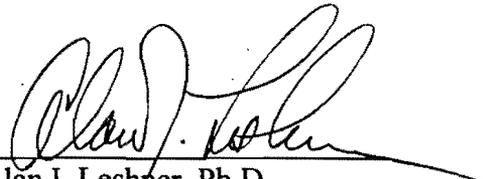
Claire Broome, M.D.  
Acting Director  
Centers for Disease Control and Prevention



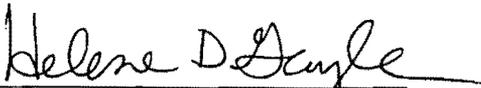
Eric P. Goosby, M.D.  
Director  
Office of HIV/AIDS Policy



Anthony Fauci, M.D.  
Director  
National Institute of Allergy and  
Infectious Diseases



Alan I. Leshner, Ph.D.  
Director  
National Institute on Drug Abuse



Helene Gayle, M.D., M.P.H.  
Director  
National Center for HIV, STD and  
TB Prevention, CDC



American Medical Association

Physicians dedicated to the health of America

# FAX TRANSMISSION SHEET

Date: 4/20/98

From: Rich Deems  
Division of Federal Affairs

To: Chris Jennings

Phone number: \_\_\_\_\_

cc: Barbara Wooley

Message: Attached is the release  
We are using for trade press inquiries.  
We got a call from AP and are  
working to patch Nancy Dickey up with  
the reporter for a stronger endorsement

Total Pages including cover sheet: 2

Reply Fax Number: 202-789-4581

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# American Medical Association

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## Statement

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Statement attributable to: Nancy W. Dickey, MD  
President-Elect  
American Medical Association

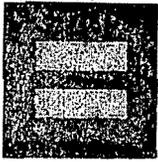
"The American Medical Association recognized one year ago, in a policy statement adopted by our House of Delegates, that important advances to arrest the AIDS epidemic could be made through responsible needle exchange and drug treatment programs. Traditionally, AMA policy follows science, and as Secretary Shalala notes scientific evidence clearly shows that needle exchange is effective in curtailing HIV transmission and that the availability of clean needles does not increase drug abuse.

"We hope that drug treatment programs review the growing body of evidence concerning these serious public health issues, and take appropriate actions in intervene effectively."

-4-20-98-

For further information, contact: James Stacey 202 789-7419

1101 Vermont Avenue, NW  
Washington, DC 20005  
202 789-7400



HUMAN  
RIGHTS  
CAMPAIGN

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# News Release

FOR IMMEDIATE RELEASE  
Monday, April 20, 1998

Contact: Wayne Besen  
Phone: (202) 216-1580  
Pager: (800) 386-5997

## CLINTON ADMINISTRATION DECISION ON NEEDLE EXCHANGE WILL COST LIVES

### Politics Trumps Public Health, HRC Asserts

*WASHINGTON* -- The Clinton administration's announcement today that it will continue to block federal funds to needle exchange programs despite their effectiveness in stemming the spread of HIV will cost more lives to AIDS, according to the Human Rights Campaign.

"We are extremely dismayed by today's announcement," said Winnie Stachelberg, HRC's political director. "It is unconscionable that the administration can acknowledge that needle exchange programs save lives and then deny federal funds to implement them."

Health and Human Services Secretary Donna Shalala announced today that, after an exhaustive review of the scientific evidence, she has concluded that needle exchange programs prevent the transmission of HIV and do not encourage the use of illegal drugs. In a clear display of political calculus, however, the administration denied federal funds to local communities that choose to implement these life saving programs.

Under federal law, Shalala has the authority to allow federal funds for needle exchange if she determines that they are effective in reducing HIV transmission and do not encourage the use of illegal drugs. Despite making that determination today, HHS stated that "the act's restriction on federal funding ... has not been lifted".

The leaders of seven national HIV and AIDS organizations, including the Human Rights Campaign, condemned the failure to lift the federal funding restrictions on needle exchange programs. In a letter to President Clinton, the seven organizations referred to his stated goal of reducing the number of new HIV infections to zero. "To accomplish this goal, your administration must follow the science and make an immediate determination on needle exchange," they wrote. "We expect that federal support for these life saving programs will be made available this fiscal year and incorporated into a comprehensive, fully funded plan to address the twin epidemics of HIV and substance abuse in the United States."

The administration carried out the first step of this call to action by issuing a determination on the science. "We appreciate that the secretary has finally validated what we have known for a long time,"

said Seth Kilbourn, HRC's senior health policy advocate. "We hope that this certification of the science by the nation's chief public health official will help state and local health departments in their efforts to include needle exchange in their local HIV prevention plan."

However, Stachelberg added, HRC remains gravely concerned that, despite the wealth of scientific evidence which has now been certified by the secretary, the administration has chosen the politically easy path and will not actually make federal funds available. "It is clear that politics triumphed over public health in the end," said Stachelberg. "The administration today validated the politics of the Family Research Council, which wishes to play politics with peoples lives. We find this position to be indefensible and ask that the administration make federal funds available for programs that its own Department of Health and Human Services has said saves lives."

Today's action followed a unanimous vote of no confidence from the President's Advisory Council on HIV/AIDS. The council's resolution March 17 questioned the administration's commitment and willingness to achieve Clinton's stated goal of "reducing the number of new infections annually until there are no new infections."

The need for needle exchange programs is underscored by the fact that approximately one-third of reported AIDS cases are related to intravenous drug use. Needle exchange programs provide intravenous drug users with sterile syringes in exchange for used ones. Such programs have been implemented in more than 100 communities around the country, and have been shown to stem the spread of HIV and other blood-borne diseases transmitted through the sharing of injection equipment.

The need to address the twin epidemics of HIV and substance abuse, particularly in communities of color is clear. In 1996, AIDS death rates declined by 32 percent for whites, but only 13 percent for African Americans and 20 percent for Latinos. As of June 1997, people of color represented 72 percent of the male and 78 percent of the female AIDS cases directly and indirectly related to intravenous drug use. In the African-American community, 48 percent of AIDS cases are related to intravenous drug use.

"If you consider the disproportionate impact of drug-related HIV on communities of color, it is clear that better access to clean needles is consistent with the president's recently announced race initiative to reduce racial disparities in health care," Kilbourn said. "That is another reason why today's decision is so disturbing".

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.

Needle Exchange Flt

# HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

April 20, 1998

Contact: HHS Press Office  
(202) 690-6343

## NEEDLE EXCHANGE PROGRAMS: PART OF A COMPREHENSIVE HIV PREVENTION STRATEGY

***Overview:** Since 1981, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75 percent of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.*

*To protect individuals from infection with HIV and other blood-borne infections, several communities have established needle or syringe exchange programs. In communities that choose to use them, needle exchange programs are a form of public health intervention to reduce the transmission of the human immunodeficiency virus (HIV) among drug users, their sex partners, and their children. They provide new, sterile syringes in exchange for used, contaminated syringes. Many needle exchange programs also provide drug users with a referral to drug counseling and treatment, medical services, and provide risk reduction information.*

*Under the terms of Public Law 105-78, federal funds to support needle exchange programs were conditioned on a determination by the Secretary of Health and Human Services that such programs reduce the transmission of the human immunodeficiency virus (HIV) and do not encourage the use of illegal drugs. The Secretary has made that determination. The Act's restriction on federal funding, however, has not been lifted.*

*The Administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.*

*In a February 1997 report to Congress, Health and Human Services Secretary Donna E. Shalala reported that a review of the findings of scientific research indicated 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."*

*On April 20, 1998, Secretary Shalala announced that a review of research findings indicated that needle exchange programs also "do not encourage the use of illegal drugs."*

- 2 -

## FEDERAL RESEARCH ON NEEDLE EXCHANGE

While Congress has restricted the use of federal funds for needle exchange programs since 1989, lawmakers have authorized funding for research into the efficacy of needle exchange programs as a public health intervention to reduce the transmission of HIV and to examine the impact of such programs on drug use. The federal government has supported and will continue to support research into the effectiveness of needle exchange programs.

### Effect of Needle Exchange Programs on HIV Transmission

Three major expert reviews of the scientific literature on needle exchange programs conclude that such programs can be an effective component of a comprehensive community-based HIV prevention effort. Additionally, needle exchange programs can provide a pathway for linking injection drug users to other important services such as risk reduction counseling, drug treatment, and support services. The reviews include:

- *Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy*, United States General Accounting Office, March 1993, is an extensive review of U.S. and international data looking at the effects of needle exchange programs. It estimated that a needle exchange program in New Haven, Connecticut, had led to a 33% reduction in HIV infection rates among drug users in that city.
- *The Public-Health Impact of Needle Exchange Programs in the United States and Abroad*, prepared by the University of California, San Francisco, September 1993, reported that needle exchange programs served as an important bridge to other health services, particularly drug counseling and treatment. It also found that needle exchange programs reached a group of injecting drug users with long histories of drug use and limited exposure to drug treatment.
- *Preventing HIV Transmission: The Role of Sterile Needles and Bleach*, National Research Council and Institute of Medicine, September 1995, concluded that needle exchange programs have beneficial effects on reducing behaviors such as multi-person reuse of syringes. It estimated a reduction in risk behaviors of 80% and reductions in HIV transmission of 30% or greater.

Based on that scientific evidence, in February 1997, Secretary Shalala reported to Congress that a review of scientific findings indicated 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." She also directed the Department's scientific agencies to continue to review research findings regarding the effect of needle exchange programs on illegal drug use.

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### Impact of Needle Exchange Programs on Drug Use

Extensive research indicates that needle exchange programs do not encourage illegal drug use and can, in fact, reduce drug use through effective referrals to drug treatment and counseling. Several recent studies strengthen the conclusion that needle exchange programs do not encourage the use of illegal drugs. They include:

- In March, 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.
- An October 1997, study of needle exchange programs in Baltimore, Maryland, (Brooner et al., Abstract presented to the American Public Health Association, October 1997) reported that needle exchange programs that are closely linked to or integrated with drug treatment programs actually reduce the incidence of drug use with high levels of retention in drug treatment. A 1998 NIH Consensus Conference report on the effectiveness of treatment for heroin addiction found that drug treatment programs can assist heroin users in halting their drug use.

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# HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## RESEARCH SHOWS NEEDLE EXCHANGE PROGRAMS REDUCE HIV INFECTIONS WITHOUT INCREASING DRUG USE

Health and Human Services Secretary Donna E. Shalala announced today that based on the findings of extensive scientific research, she has determined that needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs.

Under the terms of Public Law 105-78, the Secretary of HHS is authorized to determine that such programs reduce the transmission of the human immunodeficiency virus (HIV) and do not encourage the use of illegal drugs. The act's restriction on federal funding, however, has not been lifted.

"This nation is fighting two deadly epidemics -- AIDS and drug abuse. They are robbing us of far too many of our citizens and weakening our future," said Secretary Shalala. "A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs. It offers communities that decide to pursue needle exchange programs yet another weapon in their fight against AIDS."

While the use of federal funds continues to be restricted, and criteria for their use have not been established, Secretary Shalala emphasized that needle exchange programs that have been successful have had the strong support of their communities, including appropriate State and local public health officials. The science reveals that successful needle exchange programs refer participants to drug counseling and treatment as well as necessary medical services, and make needles available on a replacement basis only.

The Administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

Since the AIDS epidemic began in 1981, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75% of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.

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Communities' use of needle exchange programs has increased throughout the epidemic. According to data reported to the Centers for Disease Control and Prevention, communities in 28 states and one U.S. territory currently operate needle exchange programs, supported by State, local, or private funds. Many of these programs provide a direct linkage to drug treatment and counseling as well as needed medical services.

Since 1989, the use of federal funds for needle exchange programs has been restricted by the Congress. Funding has, however, been authorized by the Congress to conduct research into the efficacy of such programs as a public health intervention to reduce transmission of HIV and to examine the impact of such programs on drug use. The federal government has supported numerous studies of the effectiveness of needle exchange programs in reducing the transmission of HIV among injection drug users, their spouses or sexual partners, and their children. Many of these studies also examined whether or not needle exchange programs encourage the use of illegal drugs.

In February 1997, Secretary Shalala reported to Congress that a review of scientific studies indicated 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." She also directed the Department's scientific agencies to continue to review research findings regarding the effect of needle exchange programs on illegal drug use. The scientific evidence indicates that needle exchange programs do not encourage illegal drug use and can, in fact, be part of a comprehensive public health strategy to reduce drug use through effective referrals to drug treatment and counseling.

"An exhaustive review of the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease," said Harold Varmus, MD, Director of the National Institutes of Health. NIH has funded much of the research into the effectiveness of needle exchange programs and their impact on drug use. "Recent findings have strengthened the scientific evidence that needle exchange programs do not encourage the use of illegal drugs," Dr. Varmus said. Specifically, he cited:

- In March 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.
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