Withdrawal/Redaction Sheet
(George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01. Memorandum	From D. Allan Bromley to Samuel K. Skinner Re: Federal Expenditures on AIDS Research (2 pp.)	08/11/92	P-5	

Collection:

Record Group: Bush Presidential Records
Office: Science and Technology Policy, Office of (OSTP)
Series: Bromley, D. Allan, Files
Subseries:
WHORM Cat.:
File Location: LS - AIDS

Open on Expiration of PRA
(Document Follows)
By DJZ (NLGB) on 4/5/2005

Date Closed: 3/24/1998	**OA/ID Number:** ~~08717-031~~ 62039-007
FOIA/SYS Case #: 1998-0091-F	**Appeal Case #:**
Re-review Case #:	**Appeal Disposition:**
P-2/P-5 Review Case #:	**Disposition Date:**
AR Case #:	**MR Case #:**
AR Disposition:	**MR Disposition:**
AR Disposition Date:	**MR Disposition Date:**

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P-1 National Security Classified Information [(a)(1) of the PRA]
P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P-3 Release would violate a Federal statute [(a)(3) of the PRA]
P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

(b)(1) National security classified information [(b)(1) of the FOIA]
(b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
(b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
(b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
(b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
(b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
(b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
(b)(9) Release would disclose geological or geophysical information

THE WHITE HOUSE

WASHINGTON

August 11, 1992

MEMORANDUM FOR SAMUEL K. SKINNER

FROM: D. ALLAN BROMLEY Allan

SUBJECT: FEDERAL EXPENDITURES ON AIDS RESEARCH

Having now looked further into the question of AIDS mortality and our federal expenditures on AIDS research I would pass on the following information.

Contrary to what I had been told earlier regarding projected deaths and new diagnosed cases over the next five years I now find that the best data are these:

> Over the coming five years, newly diagnosed cases of AIDS in the U.S. are expected to continue at or decline somewhat from current levels of about 60,000 cases per year (1991 total of cases = 58,000). Cases among heterosexual women (10% of total) are expected to increase; cases among homosexual men (55% of total) are expected to decline.
>
> During this five year period, deaths (47,500 in 1991) are expected to increase gradually to reach the 60,000 level and then plateau or, perhaps, begin to decline somewhat.
>
> Note that while rates of occurrence of new AIDS cases in the U.S. and a number of industrialized countries are now stabilizing or declining, rates continue to rise sharply in many developing countries.

To put these U.S. numbers in better perspective, Table B-2 (enclosed) from the President's 1992 Budget shows that in 1991 AIDS related deaths were ninth in order of frequency.

AIDS activists complain vigorously about our alleged underfunding of HIV research while persons more interested in some of the more prevalent causes of death in the U.S., not surprisingly, complain about our alleged overfunding of this same HIV research.

The top panel in the enclosed figure illustrates the basis for the latter claim and suggests that the former complaint is simply not supported by the facts.

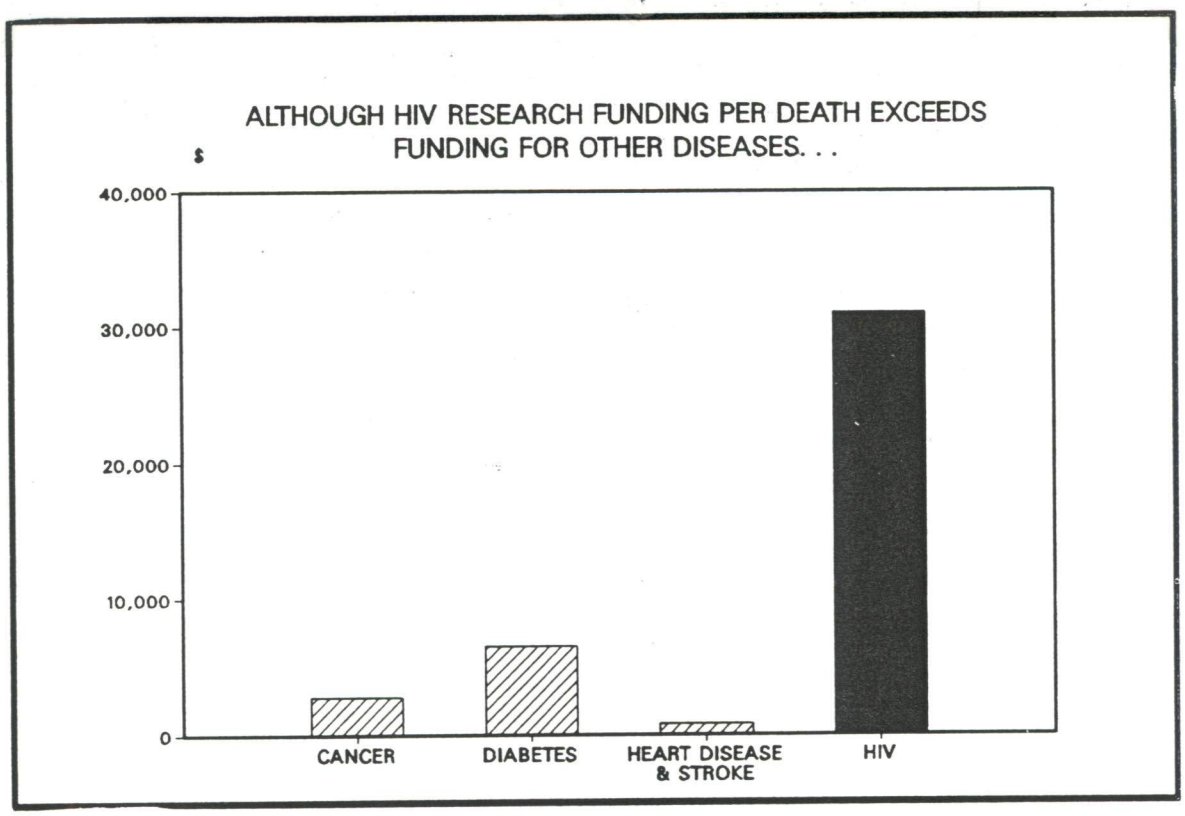
The lower panel shows the results of an attempt made by OMB in presenting the 1991 President's Budget to recast these data in terms of potential life lost. Since AIDS typically strikes younger 2individuals than do the more prevalent causes of death the figure tilts and suggests that we are not giving adequate weight to this differential in our funding decisions.

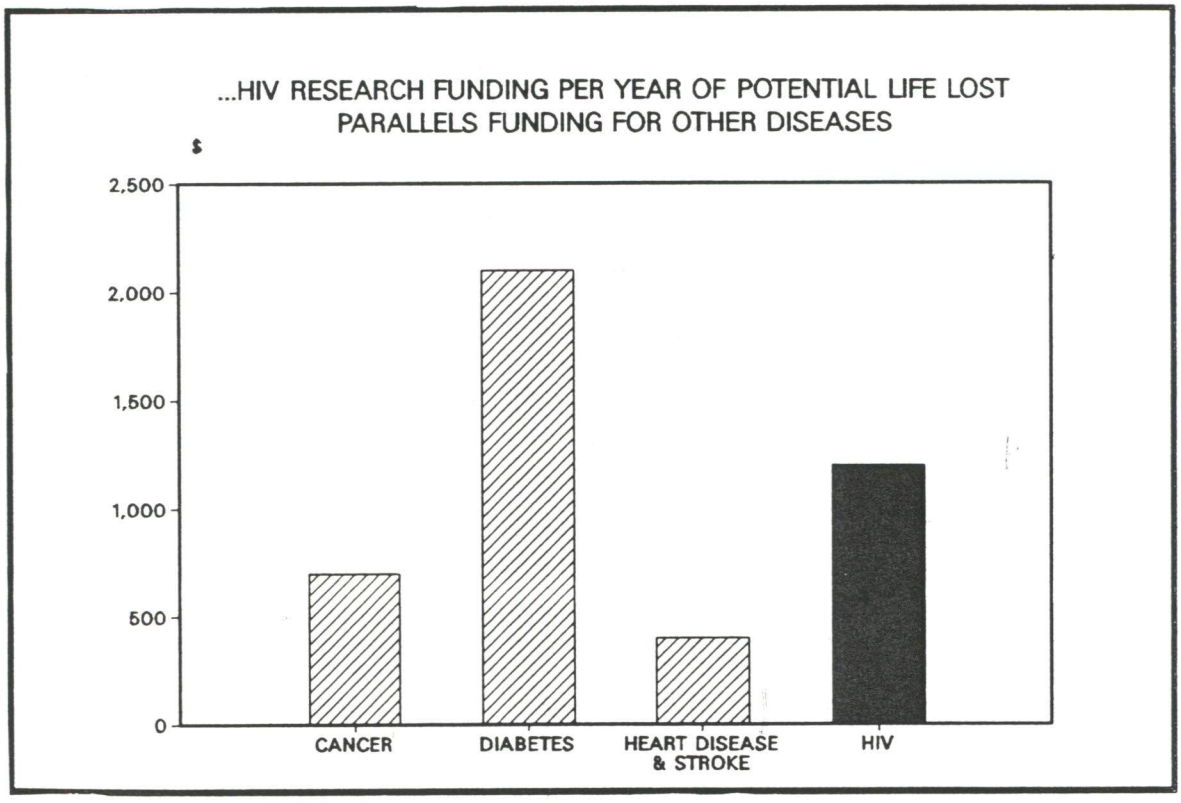
Table C-9, from the 1992 Budget shows research spending levels for a selected subset of the most prevalent causes of death in 1991 and 1992. In 1992, for example, the $1,122 million expended on AIDS/HIV research exceeds the combined expenditures on heart disease, stroke, diabetes and injuries. The President has proposed expending $1.211 billion dollars on HIV/AIDS research in FY '93, more than on heart disease, diabetes and stroke combined. At NIH, the HIV/AIDS research budget represents more than 9% of all available research f2unds.

It is the judgment of NIH scientists that more resources could be usefully and productively expended in support of HIV/AIDS research. The same could be said, of course, with respect to other diseases. The President's budget reflects a considered judgment by NIH officials and their consultants as to an optimal balance of research allocations. It also bears emphasis that while some still suggest that the level of quality in the research in targeted areas such as AIDS/HIV is not as high at the margin as that in other research areas supported by NIH, Tony Fauci of NIH, while admitting that this might have been true in some cases in the past, now is convinced that the quality level in the AIDS/HIV area matches that in all other areas of NIH supported research.

There will never be agreement on the equity of funding distributions -- particularly among victims of a particular disease. My personal judgment is that the AIDS/HIV area is receiving all the support that can be justified under present budgetary limitations.

Attachments





Estimates are for 1989. Years of potential life lost calculated to age 65 based on deaths caused by each disease.

Table B–2. **LEADING CAUSES OF DEATH AND ILLNESS IN AMERICA, 1991**

Cause of Death	Death	YPLL	Prevalence	Hospitalizations
Heart Disease	730,815	1,330,000	21,010,000	3,552,000
Cancer	512,821	1,863,000	7,076,000	1,441,000
Stroke	145,989	237,000	2,516,000	717,000
Injuries	96,914	2,229,000	59,161,000	2,475,000
Lung Diseases	89,629	144,000	13,967,000	535,000
Pneumonia and Influenza	81,151	178,000	126,224,000	1,101,000
Suicide/Homicide	55,939	1,493,000	[1]	[2] 2,475,000
Diabetes	48,869	160,000	6,221,000	419,000
AIDS	47,500	1,301,000	140,000	135,000
Infant Mortality	38,131	2,650,000	[1]	[1]
Liver Diseases	26,174	226,000	900,000	61,000
Additional Causes of Death	333,596	739,000	N/A	N/A
Total	2,207,528	12,550,000	N/A	N/A

N/A = Not applicable.

[1] Prevalence figures not available for suicide/homicide and infant mortality since prevalence is a less applicable concept for these causes than for the others shown. Hospitalization data similarly unavailable for infant mortality.

[2] Injury hospitalization data include figures for suicide/homicide, which are not collected separately.

Source: Public Health Service and Centers for Disease Control projections.

NOTE: Prevalence figures are estimates of the number of persons in the United States who have a particular disease or who will experience serious injury some time during a given year. Years of potential life lost before age 65 (YPLL), prevalence, and hospitalization data are provided in addition to cause of death figures since these three sets of data provide a broader sense of the impact a particular disease has on society. These additional indicators illustrate, for example, that while some diseases (e.g. diabetes) cause fewer deaths than others (e.g. cancer), those diseases causing fewer deaths nonetheless affect the lives of a great many Americans. These indicators also show that since some causes of death, such as infant mortality and AIDS, affect the young disproportionately, they produce a high number of potential years of life lost. Taking a variety of such indicators into account is thus important when considering prevention activities.

Table C–9. **HHS RESEARCH FUNDING ATTRIBUTED TO SELECTED CAUSES OF ILLNESS**

(In millions of dollars)

	Budget Authority	
	1991 Enacted	1992 Proposed
Cancer	1,566	1,653
Heart Disease	663	711
Stroke	76	84
Diabetes	262	277
Injuries	45	46
HIV/AIDS	1,122	1,185