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THE WHITE HOUSE
WASHINGTON

Friday, July 10, 1992

MEMORANDUM FOR SPEECHWRITERS AND RESEARCHERS

FROM:

JANICE SHAW CROUSE

Janice

RE:

SPEECH ON AIDS

Alixé Glen, Assistant Secretary for Public Affairs at HHS, asked me to distribute the attached speech to you for reference on the issue of AIDS research and the Bush Administration's commitment to ending the AIDS epidemic.



"We Will Win the Fight Against AIDS"

Remarks by Louis W. Sullivan, M.D., U.S. Secretary of Health and Human Services, at the 46th anniversary of the Centers for Disease Control, Atlanta, Ga., July 1, 1992.

What a pleasure it is for me to be in Atlanta to celebrate with you the 46th anniversary of the Centers for Disease Control. I want to say "congratulations" to the former directors and deputy directors of CDC who have returned for this special event, and to the men and women who are currently working to keep CDC on the cutting edge of disease control.

From the early days of malaria control, you are now faced with new challenges, such as the emergence of violence as a public health issue, as well as some old nemeses, such as tuberculosis and syphilis, which threaten anew. It is readily apparent that the work you do is of paramount importance to the well-being of our nation and the world. The work you do is global in its perspective and in its effect, and no other nation can boast of an organization as prestigious as America's Centers for Disease Control. And that is a distinction of which we can all be justifiably proud.

The effectiveness of CDC rests, in part, on its ability to focus tremendous amounts of time and talent on problems that demand immediate solutions, which helps to remind us of the magnitude of the problems with which CDC must grapple. Discovery of the solutions to many of these problems resist even the most

intense efforts of the best doctors, researchers and scientists the world has to offer.

These diseases and health challenges cause all of us to wish we had more money, more people, more resources and more *time* in order to find a more immediate cure. Because, quite literally, every day a solution to these disease and health problems eludes us is another day that these problems will claim another victim, another *person* -- a person whose life we would like to save.

But, like true professionals, we use the resources at hand, focus our efforts in the most logical, most pro-

"Not since the 'war on cancer' was launched twenty years ago has such a focus of time, energy and public and private money and resources been brought to bear on any one disease."

ductive way possible, and deal with the most pressing issues before us. And ultimately, we find ways to alleviate, if not cure, many of the diseases that face our nation.

Such is the case with HIV infection and AIDS, one of the most pressing infectious disease challenges to face us in many years. Daily, men and women here in Atlanta, and around the world, are dying of AIDS and

AIDS-related complications. CDC has been at the very forefront since the beginning of the epidemic, when the first cases were reported. Millions of hours and billions of dollars have been spent in the search for a cure, and great advancements have been made. But, as health professionals, we all want to do more -- and do it faster -- in order to find a cure for this terrible disease.

The Bush administration shares that commitment to ending the AIDS epidemic. It is unfortunate that the National Commission on AIDS last week chose to ignore or to denigrate the tremendous commitments of money and attention which President Bush and his administration brought to bear on the campaign to end the AIDS epidemic.

Instead of being partners with the administration in a coordinated, non-partisan team effort to bring the AIDS crisis to an end, they have chosen to disparage the unprecedented efforts of this administration, and of the thousands of men and women who have worked so diligently for so long in partnership with the federal government to find a cure for this dreaded disease.

And instead of recognizing the tremendous gains and advances in the war on AIDS, they have perpetuated a myth of government unconcern and unresponsiveness to the AIDS scourge.

Actually, the federal government is spending more money on, and devoting more resources and more attention to the AIDS epidemic than to any other infectious disease *ever*.

Not since the "war on cancer" was launched twenty years ago has such a focus of time, energy and public and private money and resources been brought to bear on any one disease.

By the end of next year, the federal government will have devoted nearly \$17 billion in the fight against HIV infection and AIDS. In FY 1992, the federal budget allotted almost \$4.4 billion for AIDS research, prevention, treatment, income support and education programs. That is a 170 percent increase in funding from the FY 1988 level.

Eleven years ago the AIDS virus was unknown to scientists. Three years later, thanks to government scientists, we had isolated the HIV virus, learned how the disease is transmitted, discovered how it attacks the immune system, and made many other important discoveries. Now we are devising techniques to detect the infection and treat the illnesses.

The administration has also initiated new drug review procedures, implemented by the Food and Drug Administration (FDA), that have brought promising new AIDS therapies such as ddI, which helps those who cannot tolerate, or show no improvement with AZT, to the market in record time.

In addition to AZT and ddI, seven other drugs have received FDA approval for the treatment of AIDS-related illnesses, and more than 50 other drugs and at least five potential vaccines are now in clinical trials. We are preparing the nation's infrastructure for the wide-scale trial of these drugs, which should begin very soon.

We also have tremendous public-awareness and public-education campaigns about AIDS. One such

campaign is CDC's "America Responds to AIDS," the multifaceted ad campaign specifically addressing the AIDS issue — an estimated \$90 million of air time showing 65,000 television public service ads on AIDS-awareness.

Our *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, provide a national prevention strategy for this disease. It includes 14 HIV-specific prevention objectives for the nation. In addition, CDC has established its own prevention plan — "Blueprint for the '90s" — which, in collaboration with community, state, national and international partners, stress prevention of HIV infection through the promotion of safe behavior.

And your own agency — the Centers for Disease Control — has implemented the largest health hotline in the world, part of which provides one-to-one counseling for AIDS. This hotline receives more than 3,000 calls per day! And our National AIDS Clearinghouse provides more than one million pieces of educational materials nationwide every month!

Additionally, an Office of Treatment Improvement was established in 1989 within the Alcohol, Drug Abuse and Mental Health Administration to improve drug abuse treatment approaches, and HIV/AIDS is a primary focus of these efforts. President Bush requested more than 106,000 treatment slots for FY 1992.

It is abundantly clear that the race to find a cure for AIDS is making history in terms of the amounts of money and other resources being brought together in the shortest amount of time on one particular disease. In spite of the misguided and erroneous statements by the AIDS Commission, we are doing everything possible to bring a cure to this devastating disease as quickly as possible.

Are we doing enough? We can not say "enough" until no one dies from this terrible disease. At the same time, neither are we able to spend the amounts of money we would like for vital research on cancer, lead poisoning, heart disease, stroke and dozens of other diseases that kill hundreds of thousands of Americans every year.

But we will win the war on HIV infection and AIDS, regardless of unfortunate and reckless statements to the contrary. Such statements simply serve to promote discouragement and despair among our citizens when a message of hope and optimism — genuine hope and optimism based on real progress, not false illusion or pipedreams — is in order.

I hope the National Commission on AIDS and other groups will join the thousands of men and women all across America who, in partnership with the federal government, have dedicated themselves to finding a cure for AIDS, to reducing the suffering of those with AIDS, and in educating others on how to avoid AIDS.

I know that when the cure for AIDS does come — and I know it will come — the Centers for Disease Control will be right in the thick of that discovery, playing the integral role that you always play in history-making health breakthroughs.

On behalf of a very grateful nation, I want to express my gratitude for your dedication and hard work, which makes our lives safer and more productive. I congratulate you on 46 exceptional years of advances in public health and wish for you another 46 years of tremendous accomplishments.

For reprints of this or any other speech by Dr. Sullivan, contact Cliff Lorick, Director of Speechwriting, at 202-245-7470.

BRIEFING OUTLINE

**The White House
July 7, 1992**

Mary D. Fisher

I. BACKGROUND

A. Conversations with the President

B. Perspectives of "An Insider"

1. Media
2. White House
3. HIV/AIDS Community

C. Dueling with Myths and Misinformation

1. "We" v "They"
2. A "Deserved" Disease
3. An Illness for "The Liberal Agenda"
 - a. Good Housekeeping
 - b. Town & Country
 - c. WDIV Special / A & E Network

II. THE FUTURE OF THIS EPIDEMIC

A. Worldwide Phenomenon

B. Changing Face of HIV/AIDS in America

C. AIDS as History; HIV as Future

III. IMPLICATIONS FOR COMMUNICATION: POLICY AND POLITICS

- A. HIV/AIDS Cuts Across All Categories**
- B. Use of Statistics is Generally Ineffective**
- C. Communicating in a Context of Great Frustration**
- D. This is a Quiet, Critical, Growing Voter Block**
 - 1. Distinguish "infected" v "affected"
 - 2. Distinguish "vocal" v "emotional"

IV. A STATESMAN (PRESIDENTIAL) PROFILE

- A. A Statesman Shows Understanding, Not Frustration**
 - 1. Acknowledges frustrations everyone suffers; then counsels commitment, compassion -- never "slaps back."
 - 2. Maintains a non-judgmental attitude of urgency, concern -- globally and individually.
- B. A Statesman Provides Leadership**
 - 1. Avoids partisan and defensive language which will appear to say, "We're doing enough...."
 - 2. Constantly escalating concern to Oval Office.
- C. A Statesman Provides Compassion**
 - 1. Lifts "shroud of silence" for infected, families, workers, researchers; offers promise of safety.
 - 2. Identifies with affected through language, anecdotes, signals (ribbon, Quilt, appearances).

V. FOLLOW-UP OPTIONS

- A. **When Should the President (et al) Speak?** Any engagement dealing with international crises, future, youth, family, health, the American spirit, compassion....

- B. **What Practical Resources are Available?** Resources and consultants. We'll help draft/edit language -- a paragraph to a full address -- on instant notice.

- C. **What "signals" could be given?** The red ribbon is a very important, apolitical symbol.

* * * * *

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HHS HIGHLIGHTS

The Bush-Sullivan Record

Under the leadership of President George Bush and Secretary Louis W. Sullivan, M.D., the Department of Health and Human Services (HHS) has moved aggressively to address our nation's most pressing health and social problems.

With some 250 domestic programs, HHS has the federal government's largest budget — accounting for almost 40 percent of all federal spending. The two largest federal programs, for example — Social Security and Medicare — are part of HHS.

The period since President Bush took office has been among the most dynamic in HHS's history. Among the highlights:

- A comprehensive program for reform of the nation's health care system that will provide all Americans access to affordable health care, reduce the rapid growth of health care spending, and assure the security and continuity of Americans' health care coverage.
- Major new initiatives addressing the problems of infant mortality, immunization, lead poisoning, tobacco use, child abuse and neglect, alcohol and drug abuse, minority males, and women's health.
- A revitalized Food and Drug Administration, the most sweeping overhaul of its food labeling regulations in over fifty years, and major reforms in its drug approval process.
- A major focus on health promotion and disease prevention via development and release of "Healthy People 2000," a targeted, comprehensive health promotion and disease prevention strategy for America, and an increase in funding of more than 56 percent since 1989.
- A new priority on America's children, with funding for children's programs nearly doubled, and creation of the Administration for Children and Families, which combines HHS's wide array of programs for children and families within a single operating division.
- Increased support for biomedical and behavioral research, with an increase in funding of 35 percent supporting a record number of research projects.
- Greatly intensified efforts on HIV/AIDS prevention, on educating the public about HIV/AIDS, and on speeding the availability of drugs and services to the HIV/AIDS affected.

The following pages offer a capsule summary of many, but by no means all, of the outstanding accomplishments achieved by the Department of Health and Human Services under the Bush/Sullivan stewardship.

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COMPREHENSIVE HEALTH CARE REFORM

President Bush's program for comprehensive reform of America's health care system, announced Feb. 6, 1992, uses market forces and incentives to forge a less costly, more efficient system and provides *access, security, affordability, and choice* for all Americans.

Access to health insurance for the poor — The Administration is currently preparing legislation which will provide transferable health insurance tax credits (certificates) of \$1,250 for individuals below the poverty line, \$2,500 for such married couples and other two-person families, and \$3,750 for such families of three or more. Credits of smaller amounts will be provided for persons with incomes up to 150 percent of the poverty level.

New help for the middle class — The Administration's legislation will allow up to \$3,750 in health insurance costs to be deducted by families with incomes less than \$80,000. The Administration has already submitted to Congress legislation to allow self-employed persons to deduct 100 percent of the cost of health insurance from their tax returns.

Together, the above tax provisions for the poor and middle class will help more than 90 million Americans, including 95 percent of the uninsured.

Insurance security for all Americans — The Administration has submitted to Congress the "Health Insurance Market Reform Act of 1992" which will disallow exclusions for pre-existing conditions once a person has coverage. This will make it much easier to keep health insurance when changing jobs.

Increased affordability of health insurance — The "Health Insurance Market Reform Act" will allow smaller businesses and individuals to be pooled into larger groups — so they can receive the same favorable health coverage enjoyed by large employers. Health Insurance Networks will be established for group purchasing by small employers. This legislation will also protect health plans from laws which discourage coordinated care, and from costly state-mandated benefit laws.

Major malpractice reform — The Administration is currently preparing legislation to provide comprehensive liability reform to reduce the cost of medical malpractice and the resulting defensive medicine that now burdens the U.S. health system.

Reduced administrative costs and other savings — The Administration has submitted to Congress the "Medical and Health Insurance Information Reform Act of 1992" which will foster the development of an electronic network to simplify claims for consumers and improve information exchange throughout the health care system. Electronic billing alone will save an estimated \$4 billion in annual administrative costs. Automated clinical information will reduce unnecessary and harmful care, saving an estimated \$20 billion annually by the year 2000.

Preserving choice — The Bush Administration supports a bill currently before the U.S. Senate that would encourage coordinated care plans in Medicaid. Not only has this method of service delivery proven more affordable, it returns the concept of the "family doctor" to medical practice.

Informed consumers — The President's plan will use the power of an informed marketplace to help control costs by providing consumers the information they need to choose the coverage that best meets their needs.

Expanded services in underserved areas — Many inner-city and rural areas have acute shortages of clinics and doctors. The President's FY 1993 budget proposes an increase of \$105 million to support 126 additional Community and Migrant Health Center sites, 20 more homeless health care grantees, and 6 more health grantees near public housing. An increase of \$20 million is proposed to expand the National Health Service Corps to increase the pool of health professionals serving in shortage areas.

The President's Plan *will not*:

- Include governmental price regulation or rationing of health care;
- Burden small business with new and costly mandates that will stifle the creation of new jobs and be passed on in higher product costs and higher taxes;
- Require massive tax increases like "play or pay" or national health insurance proposals;
- Threaten poor older Americans with benefit reductions or premium increases.

HEALTH PROMOTION/DISEASE PREVENTION

Health promotion and disease prevention efforts offer our best opportunity to reduce preventable disease, disability, and premature death in America. It has been estimated that upwards of 900,000 of the 2.2 million deaths that occur each year are avoidable. Under President Bush and Secretary Sullivan, health promotion and disease prevention activities have become major priorities — the \$8.7 billion proposed for FY 1993 represents an increase of 56 percent since 1989.

Healthy People 2000 — A targeted, comprehensive health promotion and disease prevention strategy for the United States was completed in September 1990. "Healthy People 2000," a 672-page document offering specific goals, is serving as a guide for policies to improve the health of the American people and will do so for the remainder of this century.

"Put Prevention Into Practice" campaign — Announced in June 1992, this collaborative effort of federal, state, private, and nonprofit health organizations is a campaign to help physicians practice better preventive care and help patients become active partners in maintaining their own health. The first phase of the campaign is a passport-size "Personal Health Guide" to enable adults to keep track of immunizations, screening tests, and medical advice.

Infant mortality — The Bush Administration's "Healthy Start" initiative represents a major new effort to reduce the intolerably high infant mortality rate in the United States. Demonstration grants targeted to 15 cities and rural areas with excessive infant deaths are intended to develop techniques for reducing infant mortality rates in these areas by up to one-half in five years. Proposed funding of \$143 million for "Healthy Start" in FY 1993 more than doubles the FY 1992 level.

In May 1992, President Bush unveiled a major national information campaign as part of "Healthy Start." Its purpose is to alert Americans about infant mortality and the importance of helping pregnant women the care they need to have healthy babies.

"Healthy Start" builds on the already substantial resources — some \$5 billion — HHS is spending under President Bush on programs to decrease infant mortality and improve maternal and infant health. They include Maternal and Child Health block grants, support to Community Health Centers and Migrant Health Centers, and the Centers for Disease Control's pregnancy risk assessment monitoring system.

Immunization — In a far-reaching Immunization Initiative to address low immunization rates among certain populations of pre-school children, the Bush Administration is actively supporting innovative, comprehensive approaches at the state and local levels with the goal of ensuring that 90 percent of our children under age 2 are fully immunized by the year 2000. HHS's budget for immunization activities has risen from \$141 million in 1989 to a proposed \$349 million for FY 1993 — an increase of 148 percent.

In May 1992, President Bush announced a "Plan to Improve Access to Immunization Services," prepared by the Interagency Committee on Immunization. It includes 120 activities designed to improve children's access to immunization services.

In addition, grant awards for "Immunization Action Plans" are being extended to 63 projects in all states and U.S. territories (from the original six pilot projects); new "Standards for Pediatric Immunization Practices have been recommended by the National Vaccine Advisory Committee; and the Centers for Disease Control (CDC) is undertaking a new "National Preschool Immunization Public Information Campaign."

Lead poisoning — The Bush Administration developed a "Strategic Plan to Eliminate Childhood Lead Poisoning," describing actions that can be taken at all levels to help eliminate this disease within 20 years. New CDC guidelines call for less than half of the blood level of lead than previously advised. And new efforts are being initiated to screen children and remove lead from homes, neighborhoods, water supplies, and the air. The Administration has requested an increase of 88 percent in funding for lead poisoning screening and public education activities for FY 1993.

HIV/AIDS — Total HIV/AIDS spending will increase to \$4.9 billion under the President's FY 1993 budget proposal — an increase of 170 percent since 1988.

The widely acclaimed "AIDS Prevention Guide," designed to help parents and other adults give our young people the information they need to protect themselves against the HIV virus, was first released in 1989. It is only one part of a comprehensive program of HIV and AIDS prevention efforts which also include the National AIDS Hotline, the National AIDS Clearinghouse, public service advertisements, and assistance to state AIDS programs. And emergency grants have been awarded for early detection and sexual partner notification programs in areas hard-hit by the epidemic.

The Bush Administration has developed and mandated new safeguards to ensure the safety of the nation's blood supply. The risk of transmission through transfusion has been all but eliminated. In addition, new guidelines affecting health care and public safety personnel and procedures have decreased further the already minimal risk of transmission between such personnel and those to whom they administer.

Tobacco use — Secretary Sullivan has become the nation's leader in the battle against tobacco use — the number one preventable cause of disease and death in America. ASSIST, the largest-ever national program to combat smoking, was launched in October 1991. Its goal is to help more than 4.5 million adults to stop smoking and 2 million more young people never to start. And a model bill for states to use for restricting minors' access to tobacco was developed and released in May 1990. With the President's FY 1993 budget proposal, funding for smoking cessation activities will have increased 42 percent under the Bush Administration.

CHILDREN AND FAMILIES

The Bush Administration is guided by the firm conviction that America's children are our most precious resource and that strong, self-sufficient families represent the basic building blocks of our society. Accordingly, the Administration has committed itself to a greater emphasis on the needs of the nation's children and families. And it is fulfilling that commitment.

Administration for Children and Families — In a major reorganization designed to fulfill the Administration's commitment to strengthening families, the Administration for Children and Families (ACF) was created in April 1991. It combined HHS's wide array of programs for children and families within a single operating division with a staff of over 2,000 and a proposed budget of \$28.3 billion for FY 1993.

Head Start — President Bush's number one National Education Goal is to have every child in America start school ready to learn. During the Bush Administration, Head Start, the early childhood development program for low-income children, has witnessed the largest expansion in its history. For FY 1993, the President has proposed the largest increase ever raise to over \$2.8 billion — up 125 percent since 1989 — and enrollment will reach 779,000, allowing every eligible 4-year-old child whose parents want them to participate to receive the Head Start experience.

JOBS Program — The Job Opportunities and Basic Skills Training (JOBS) program, which assists welfare recipients to become self-sufficient, has now been implemented in all 50 states. JOBS requires states to provide education, training and work activities to welfare recipients. For example, teenage mothers who have not completed high school must go to school on a full-time basis and child care is provided for their children while they attend school. About 523,000 people are now participating in JOBS each month.

Expanded Medicaid eligibility — Beginning in April 1990, Medicaid coverage was required for pregnant women, and children up to age 6, with incomes below 133 percent of the federal poverty level. Coverage of children up to age 19 with incomes below 100 percent of poverty is being phased in. And Medicaid demonstration projects are testing expanded coverage for pregnant substance abusing women and coverage for low income families not otherwise eligible.

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program has been greatly enhanced — states are now required to provide children with treatments for conditions discovered during a screening visit, regardless of whether such conditions are ordinarily covered by the state program. And EPSDT providers are now required to perform lead blood level assessments appropriate to age and risk as part of the routine screening. If blood poisoning is detected, Medicaid must cover the cost of treatment.

Child support enforcement — A record-high \$6 billion was collected from absent parents on behalf of their children through the Child Support Enforcement program in 1990, the last year for which final statistics are available. And paternity was established for over 393,000 children born out of wedlock, an increase of more than 54,000 over the previous year.

In May 1992 Secretary Sullivan announced selection of the first seven sites to participate in the "Parents' Fair Share" program, designed to help unemployed and underemployed noncustodial parents meet their child support obligations. And in an effort to achieve even greater progress, the Bush Administration is proposing legislation to further expand the effectiveness and efficiency of the Child Support Enforcement program.

Child Care and Development Block Grants — This new program, begun in September 1991, provides financial assistance to low-income families with a parent who is working or attending a training or educational program. The parent is given a variety of options in addressing child care needs. The purpose of the program is to increase the availability, affordability, and quality of child care.

At-Risk Child Care Program — Established in October 1990, this program provides child care assistance to families who are at risk of going on welfare if they do not receive employment-related child care assistance.

Child abuse and neglect — Under an initiative launched in 1990, HHS is pursuing aggressive activities to enhance public awareness of the problem, to identify knowledge gaps, to formulate a research agenda for the future, and to support innovative prevention and other service-oriented projects.

Service integration — In recognition of the complex and multiple problems of many families, HHS is working with a number of states and local communities to better integrate services. The goal is to focus on an integrated approach to providing assistance which increases the self-sufficiency of families.

WOMEN'S HEALTH

A vast knowledge gap exists between men's and women's health — how, for example, different disease conditions uniquely affect women, and the different prevention and treatment measures women require. The Bush Administration has established women's health needs as a national public health priority and is moving forward with bold, new initiatives.

Women's Health Initiative — The Bush Administration has proposed the largest-ever study of women's health issues. The Women's Health Initiative will, at a cost of an estimated \$500 million over 10 years, track at least 140,000 women to evaluate preventive approaches to cancer, heart disease, and osteoporosis.

Action Plan for Women's Health — Released in September 1991 by the Public Health Service, the Action Plan for Women's Health lists the results of a nationwide assessment of the priority health concerns confronting women and identifies specific goals to be pursued and activities to be undertaken by HHS.

Breast and cervical cancer — The Bush Administration has proposed a 24 percent increase in funding for breast and cervical cancer prevention in FY 1993 — to \$515 million. These funds will be used to pay for mammograms and pap smears for needy women and Medicare beneficiaries, and expand public education efforts on the detection and control of these cancers.

HIV/AIDS and women — The Social Security Administration published regulations listing symptoms for determining disability that, for the first time, take into account the fact that HIV and AIDS may manifest themselves differently in women.

Disability benefits for widows — The Social Security Administration published regulations allowing widows to receive, for the first time, consideration of the same factors to determine disability as those used for workers.

The Surgeon General speaks out — Surgeon General Antonia C. Novello, M.D., appointed by President Bush, has emerged as one of the nation's most powerful voices on behalf of women's health. Her no-nonsense approach — "If you're going to smoke like men, you're going to die like men" — has sparked a new awareness among women of the need to focus more keenly on health promotion and disease prevention issues.

OLDER AMERICANS

Our nation's older citizens represent not only a link to our past — but a bridge to the future in the depth of their experience and their adherence to the values representing the best of America. The Bush Administration is committed to safeguarding the interests of our older Americans and to enhancing the quality of their life.

Social Security — President Bush said, in his 1990 State of the Union address, "The last thing we need to do is mess around with Social Security." Because he has held firmly to this commitment, the Old Age and Survivors Insurance fund, from which Social Security benefits are paid, remains financially sound and will remain so well into the next century.

Nursing homes — Major new federal requirements to improve the quality of care in nursing homes and protect residents' rights became effective in October 1990. Also in 1990, a rule was issued which protects nursing home residents from being charged for costs payable by Medicare and Medicaid. And regulations requiring, for the first time, nurse aides in nursing homes to meet training and competency standards were issued in September 1991.

Breast and cervical cancer/Medicare — Because half of all new cases of breast cancer occur in women aged 65 and older, the Medicare program began helping to pay for mammograms, to screen for early detection of the disease, in January 1991. Some 5.3 million women are expected to receive these benefits during the current fiscal year. And Medicare began helping to pay for cervical cancer detection in July 1990.

Prescription drug safety — So far in the Bush Administration, the Food and Drug Administration has issued guidelines intended to encourage drug manufacturers to carry out thorough evaluations on the effects of drugs on people over age 65; and has issued a rule requiring that information about the effects of prescription drugs on the elderly be included in the drugs' physician labeling.

Misleading solicitations/advertising — The Bush Administration has cracked down on the deplorable practices of using terms, symbols, or emblems to mislead the elderly into thinking that solicitations or advertising represents official correspondence or endorsement from the Social Security Administration or the Health Care Financing Administration (Medicare). Under new regulations, violators now face stiff monetary penalties for such practices.

National Eldercare Campaign — Launched by HHS's Administration on Aging in December 1991, the National Eldercare Campaign is a nationwide, multi-year effort to mobilize the resources of a wide spectrum of individuals, agencies, and organizations on behalf of older persons at risk of losing their self-sufficiency.

Medicare/Medigap — The Bush Administration is implementing sweeping reforms in the supplemental health insurance for Medicare beneficiaries known as Medigap. Beneficiaries may no longer be denied coverage because of pre-existing conditions if they buy

a Medigap policy within six months of becoming eligible. One standard benefit package must be offered by every carrier that fills in gaps such as drug reimbursement. Additional changes will simplify the language of policies.

FOOD AND DRUG INITIATIVES

President Bush's goal for the Food and Drug Administration was to revitalize — and restore public confidence in — the ability of the agency to regulate the safety and effectiveness of food products, medicines, and medical devices. Many of the boldest and most ambitious actions in the agency's history have already been undertaken.

Food labeling — The most sweeping overhaul of food labeling regulations in over fifty years was announced in November 1991. The new regulations will end the confusion consumers now face, eliminate unfounded claims, and — for the first time in our nation's history — provide Americans with the clear, true, and understandable information they need to make healthy dietary choices.

Drug approval — Major reforms in the FDA's drug approval process were announced by Vice President Quayle and Secretary Sullivan in April 1992. Under these reforms, patients with serious and life-threatening diseases will benefit from earlier access to important new drugs; unnecessary regulatory burdens will be eased; and American competitiveness will be strengthened.

Drug effectiveness — In a broad clean-up of ineffective ingredients in non-prescription drug products, the FDA banned 223 ingredients in 19 classes of products in November 1990. The ineffective substances banned range from pine tar in dandruff products to ox bile in laxatives.

HIV/AIDS drugs — In May 1990, the Bush Administration announced the "parallel track" plan for speeding the availability of investigational new drugs for people with HIV and AIDS-related diseases. And in October 1990, the FDA approved dideoxyinosine (DDI), the second drug (AZT is the other) that has been found to be effective against AIDS.

ALCOHOL AND ILLICIT DRUG ABUSE

The toll exacted on health, society, and the economy by alcohol and illicit drug abuse is staggering. In the most recent study, the cost of alcohol problems in America were estimated to exceed \$70 billion a year, with an additional \$44 billion a year attributed to drug problems. Charged with addressing the health aspects of alcohol and drug abuse, HHS in the Bush Administration has moved forward vigorously with bold new initiatives.

ADAMHA reorganization — The Bush Administration has proposed a major reorganization of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) which will allow for enhanced basic research and more effective targeting of alcohol, drug abuse, and mental health preventive and treatment services to the people who need them.

National Training Center — The Bush Administration announced establishment of a National Volunteer Training Center for Substance Abuse Prevention in October 1991. Headquartered in Washington, D.C. with five training sites to be designated in each of the 10 HHS regions, the center will train thousands of volunteers from around the country in effective anti-drug abuse strategies.

Perinatal Addiction Center — Establishment of a National Perinatal Addiction Prevention Resource Center was announced in August 1991. Based in Washington, D.C., the center will provide information, training, and technical assistance for public policy development related to maternal alcohol and drug use, both before and after giving birth.

Grants for addicted women and children — The availability of grants was announced in February 1991 for demonstration projects to seek effective methods of coordinating medical care with drug treatment and other services for Medicaid-eligible, drug-addicted pregnant women and children.

Waiting List Reduction Grants — A \$75 million grant program to help drug treatment facilities to reduce or eliminate waiting lists was begun in 1989. Priority is given to applicants that have the largest waiting lists and the longest average wait for services.

Community Partnership Program — Launched in April 1990, this initiative supports some 150 demonstration grants to fight alcohol and drug problems through community-based coalitions of public agencies and private organizations.

"Campus" Demonstration Program — A \$68 million program launched in August 1991, this program provides funding for communities to introduce a "campus" approach in residential treatment programs, under which as many as five to eight providers using different methods occupy a common facility.

Target Cities Program — In October 1990, eight cities were with populations of 315,000 or more were chosen for demonstration projects to improve city-wide drug treatment systems. About \$58 million has been awarded so far to the original eight cities and a ninth, Philadelphia, joined the program in May 1992.

BIOMEDICAL AND BEHAVIORAL RESEARCH

Biomedical and behavioral research is crucial in our efforts to address many of America's most pressing health problems — diseases such as cancer, AIDS, heart disease, and many others. The Bush Administration has placed a high priority on strengthening our biomedical research efforts and capabilities. Funding has increased 35 percent since 1989 and the President's FY 1993 budget proposal will support over 24,000 research project grants — a record number.

Human Genome Project — The Bush Administration is pushing ahead vigorously in support of the massive effort to map the human genome — literally to understand the information encoded on the human chromosome. Gene mapping will help us understand inherited disorders and could lead to new strategies for the prevention of more than 3,500 diseases of known genetic origin, and to a better understanding of other diseases such as cancer, depression, and hypertension.

Medical treatment effectiveness — In 1989, HHS created an agency to conduct a program of research on medical treatment effectiveness. This research provides scientific information about the most effective medical strategies for practitioners, consumers, employers, educators, and insurers.

Public/private partnerships — The Bush Administration is working to form a greater partnership between public and private research. Laboratories in several Public Health Service agencies are, for example, collaborating with industry scientists in joint research projects under Cooperative Research and Development Agreements.

MINORITY HEALTH

There remains in our nation a shockingly wide disparity in health status between our white and minority populations. In almost every category of mortality, for example, minority deaths are greater than those of whites. Since our minorities are disproportionately represented among our disadvantaged, many of the programs and initiatives mentioned above have their greatest impact among these groups. However, the Bush Administration has recognized the need to take steps aimed specifically at our minority populations.

Minority Male Initiative — This new special initiative reaches out to young minority males who, as a group, are faced with serious health and social problems at rates far exceeding the population at large. It provides funding to local organizations for efforts to find local solutions to specific local problems, and for demonstration projects to support innovative programs of outreach and service coordination.

The initiative includes program activities of several agencies such as the Minority Male Grant Program, the High-Risk Youth Grant Program, the Critical Populations Grant Program, the Target Cities Grant Program, and the Criminal Justice Program.

Health training and research — The Bush Administration has greatly increased activities for the recruitment and training of minority health and biomedical research professionals. Initiatives include recapitalizing the Health Professional Student Loan Program, Minority Biomedical Research Support grants, and the establishment of a new federal construction program to enable Historically Black Colleges and Universities to improve their research infrastructure.

The National Institutes of Health (NIH) is developing a 4-year plan to increase support for minority health and training, establishing Minority Program Advisory Board, and supporting pilot projects aimed at developing new approaches recruiting and retaining minority students in the health professions.

In May 1992, Secretary Sullivan announced selection of three universities to receive contracts from NIH to create regional summer "Science Enrichment Programs" for high school students from underrepresented minority populations. And in June 1992, NIH and the National Science Foundation agreed to add biomedical sciences projects to three important educational programs serving minority students.

Five Point Plan to Reduce Minority Health Disparities — Secretary Sullivan's Plan will target \$15 million in fiscal year 1993 to improve the health status of minorities, who have significant disparities when compared to the general population. The initiative builds upon the ongoing activities listed above and focuses on five key areas: increasing access to appropriate primary and preventive care in urban and rural areas; increasing the supply of health professionals in underserved areas; encouraging early preventive care for children that includes immunizations and screenings; improving health to enhance learning; and preventing hypertension through enhanced research and education.

HIV Infection and AIDS

Just the facts

SCOPE OF THE EPIDEMIC

- Currently, about one million Americans are infected with the human immunodeficiency virus (HIV) that causes AIDS. Since 1981, some 210,000 Americans have been diagnosed with AIDS, and of those, more than 135,000 (about 64 percent) have died.¹ Worldwide more than one million cases of AIDS have been reported, and an estimated 8 to 10 million people are HIV-infected.
- Although male-to-male sexual contact and intravenous drug use remain the highest risk factors (accounting for more than three-fourths of all reported cases), heterosexual transmission is showing the greatest rate of increase.
- AIDS is now the second leading killer of men and the fifth leading killer of women aged 25 to 44. In some cities, AIDS is *the* leading cause of death for men and minority women in this age group.
- AIDS has hit minority groups disproportionately hard. More than one-fourth of those diagnosed with AIDS are black and 16 percent are Hispanic. Twelve percent of reported AIDS cases are women, almost three-fourths of whom are minorities.
- HIV infection is spreading rapidly among teenagers. The Centers for Disease Control reports 797 cases of AIDS among persons aged 13 to 19; 8,265 cases for ages 20 to 24; and 32,668 cases for ages 25 to 29.¹ Since the average length of time between HIV infection and development of full-blown AIDS is 10 years, most of these cases indicate infection during adolescence.
- High-risk behavior among U.S. teenagers is widespread. By 12th grade, 72 percent of students have had sexual intercourse, and more than 40 percent of all high school students have had multiple partners. Although condom use has increased significantly since 1982, only one-third of sexually active teens say they use them.
- Remarkable progress has been made in the fight against AIDS, but the epidemic is still deadly serious. That's why more federal money is spent on the research and prevention of AIDS than of any other disease, except cancer.
- Behavioral changes and early detection of HIV infection will continue to be our primary weapons to combat the spread of AIDS. Early detection is also important to the HIV-infected individual, since early treatment may add years of productive life.

¹As of February 1, 1992

SOME COMMON QUESTIONS

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome, a disease that breaks down the body's immune system. When the immune system fails, the body is left defenseless against a variety of life-threatening illnesses.

AIDS is caused by the human immunodeficiency virus, or HIV. If HIV enters the body, it may lead to HIV infection, a condition that usually can be detected by a simple blood test. HIV infection may take up to 10 years or more before the disease becomes apparent. Neither the infected person nor his or her sex partner(s) would be able to "see" that the infection is present.

How is HIV transmitted?

The two most common means of HIV transmission are:

- Sexual intercourse — anal, vaginal and oral — with an infected person.
- Sharing of drug needles or syringes with an infected person.

Both of these activities can result in the exchange of body fluids — namely blood, semen and vaginal secretions — that can harbor the virus.

A person with HIV does not have to show symptoms of AIDS to be infectious, an important consideration since HIV infection may take up to 10 years or more to produce symptoms.

Although most reported AIDS cases are men, the number and proportion of women infected with HIV is growing. Consequently, when these women become pregnant, they may pass the virus on to their babies. HIV may also be transmitted through blood transfusion, but such occurrences have been rare since 1985 when careful screening and treatment of blood supplies began.

HIV is not transmitted through casual contact with an infected person, by kissing, or by donating blood. Nor can you get the virus from door handles, phones, drinking fountains or toilet seats.

How is transmission prevented?

■ **Behavioral changes.** There is no vaccination and no cure for HIV infection and AIDS. Therefore, the elimination of high-risk activities continues to be the most important element in preventing transmission. Condoms help to prevent the exchange of body fluids during intercourse, but they are not foolproof.

■ **Other safeguards.** Testing and treatment of blood supplies have all but eliminated the risk of transmission through transfusion. In addition, federally mandated safeguards

have decreased further the already minimal risk of transmission between health care workers and their patients.

How is HIV infection and AIDS treated?

There is no cure for AIDS. However, as massive research efforts lead to greater understanding of the disease, the list of approved therapies continues to grow. The drugs AZT and, now, ddI, for example, have proved successful in delaying the onset of AIDS, improving the quality of life for AIDS sufferers and extending their life expectancy. Many cancers and infections associated with AIDS and HIV infection can be successfully treated and prevented.

ADMINISTRATION ACTION

The scope of the federal government's response to the AIDS epidemic has been unprecedented. Since 1981, when the disease was first recognized, and 1984 when HIV was discovered, researchers working under the auspices of the Department of Health and Human Services have made tremendous strides.

To fuel this progress, the Bush Administration has requested substantial increases in funding each fiscal year. In FY '92, AIDS-related federal spending will exceed \$4 billion, an approximately 170 percent increase since 1988. The largest increase over FY '91 is for treatment (Medicare, Medicaid and Veterans Affairs) and income support (Supplemental Security Income). By the end of FY '92, cumulative federal AIDS-related spending will have reached almost \$17 billion.

Research: In a span of less than 10 years, government scientists have been able to isolate HIV, learn how it attacks the immune system, devise tests to detect infection, and develop a number of treatments to slow its progress. Still, there is much to learn about this relatively new disease; that's why research continues to make up the bulk of federal AIDS-related spending (\$1.3 billion in FY '92).

Prevention: Early on, federal health officials recognized aggressive prevention efforts as the crucial weapon in fighting the spread of AIDS. As a result, HHS has:

- Budgeted \$400 million in FY '92 for prevention activities.
- Sponsored a number of major public awareness and education efforts including the "America Responds to AIDS" campaign launched in 1987 and school-based programs to educate young people about AIDS.
- Developed and mandated new safeguards to ensure the safety of the nation's blood supply.

■ Provided guidelines affecting health care and public safety personnel and procedures.

■ Awarded emergency grants to fund early detection and sexual partner notification programs in areas hard-hit by the epidemic.

Treatment: HHS has initiated new drug review procedures that speed the approval of promising new therapies. One of the first fruits of the new policy was the rapid approval of the drug ddI, which helps those who cannot tolerate or show no improvement with AZT.

In addition to AZT and ddI, seven other drugs have received FDA approval for the treatment of AIDS-related illnesses, such as pneumocystis carinii pneumonia, CMV retinitis, Kaposi's sarcoma (a type of skin cancer), and cryptococcal meningitis.

More than 50 other drugs are now in clinical trials, as are at least five potential vaccines.

To further accelerate therapy research and to encourage the participation of underserved populations in clinical trials, HHS has instituted community-based programs for clinical research. More than 2,000 people with HIV are now enrolled.

Care and support: The growing numbers of people infected with HIV, their increasing longevity thanks to early detection and treatment, and the high cost of treatment have placed tremendous strains on America's health care system. HHS is helping health care providers, as well as infected individuals and their families, cope with the impact of the disease.

■ Programs administered by HHS help pay for care and treatment of people with AIDS, particularly those who lack private insurance and have exhausted personal resources. Among these programs (FY '92 budget):

— *Medicaid*, the federal-state program to provide health care to the poor, will cover about 40 percent of all hospital patients with AIDS, amounting to more than \$1 billion (federal share) in FY '92.

— *Social Security* will spend some \$439 million (both OASDI and SSI) to help support those disabled by AIDS.

— *Medicare* will spend about \$280 million to cover the medical bills of those disabled by AIDS.

■ HHS also is implementing the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, which will provide \$280 million in FY '92 for emergency

assistance and comprehensive care in localities hit hardest by the disease. This assistance includes relief grants awarded to states to assist with the delivery of health care services to people with AIDS and their families. The grants are also used to establish early intervention programs.

WHAT YOU CAN DO

- Educate yourself and others about HIV/AIDS. Myths and misunderstandings about the disease persist. An informed public is the only way to stop the spread of AIDS.
- Reduce your own chances of exposure to HIV/AIDS by eliminating high-risk sexual activity and drug use.
- Support AIDS education, prevention, and counseling programs in your community. Contact your local department of health to find out how you can help.

For more information, call the following services operated by the Centers for Disease Control:

National AIDS Clearinghouse — 1-800-458-5231

National AIDS Hotline — 1-800-342-AIDS (English)

1-800-344-7432 (Spanish)

1-800-243-7889 (TTY-Deaf Service)

Or call the U.S. Public Health Service press office at (202) 245-6867.