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AIDS Coalition to Unleash Power (ACT UP)

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AIDS activists grim as Krim gets honored

August 9, 2000,
contact: Wayne Turner, ACT UP/DC @ (202) 547-9404
www.actupdc.org

As the Clinton/Gore administration bestows the Medal of Freedom Award to Dr. Mathilde Krim, from the American Foundation for AIDS Research, people living with HIV and AIDS, their surviving partners, and family members, are grimly reminded of the unfulfilled AIDS promises from the man from Hope.

Mr. President:

Eight years ago, you stated, as a candidate for president:

"Fighting the AIDS epidemic will be a top priority of my administration. We can't afford to have yet another President who is silent about AIDS, or will put the issue on the back burner...I will actively use the Presidency to focus national attention on AIDS."

Seven years ago, the Congressionally mandated National Commission on AIDS issued its final report, stating:

"What should be done is not complicated, but it requires leadership, a plan, and the national resolve to implement it."

Mr. President, you have failed us. In your remaining months in office you can, and should:

- **Upgrade the AIDS 'czar', Office of National AIDS Policy, to Cabinet status.** For eight years this largely powerless position have proven ineffective in coordinating the myriad of government departments dealing in AIDS issues, both domestically and internationally. Other offices, such as the US Trade Representative, have cabinet status, yet AIDS remains buried under the Domestic Policy Advisor.

- **Support the repeal of the HIV immigration and travel ban.** Signed into law by Clinton in 1993, as part of the NIH re authorization bill, the ban mandates the deportation of non-citizens living with HIV/AIDS, and places a ten day limit to HIV+ visitors. HIV knows no borders, and families are too often separated.

- **Fight to lift the federal funding ban on clean needle exchange programs,** which could save the lives of countless men, women, and children now becoming infected with HIV.

- **Mandate HIV prevention education and materials in federal intake centers for Medicaid, Medicare, food stamps, WIC and CHIPS programs.** As HIV infection rates rise among low-income, minority populations, especially African-American women, these venues remain overlooked in HIV prevention efforts.

- **Say the words!** Latex condoms and waterbased lube - the availability of these materials has diminished within the HIV prevention education efforts funded by the CDC. Emerging at-risk populations lack information and direct access to life saving latex condoms and water-based lubricants, which are often too expensive for those with limited incomes.

- **Reverse the policy** of the Centers for Disease Control and Prevention which strongly urges states to adopt HIV names-based reporting, which studies have found discourages testing, and support anonymous testing.

- **Order the Department of Justice to respect medical marijuana** measures passed by the District of Columbia, Hawaii, Alaska, Arizona, Oregon, Nevada, California, Maine, Washington. These voter-approved measures protect AIDS, cancer, and other patients from criminal prosecution if they use medical marijuana, yet federal authorities continue to persecute both doctors and patients.

- **Renew America's commitment to universal health care**, with over 40 million fellow citizens who lack health insurance. A single payer system would guarantee quality health care for all US residents.

- **Insist that Congress expand Medicaid** to cover people with asymptomatic HIV, rather than the minimal, inadequate programs adopted recently that leaves the major funding burden for this on the states.

- **Regulate the price of medications** by supporting Congressional legislation that ends price gouging on medicine developed and purchased with taxpayer funds. The American public is being milked twice by sky-high drug prices, once via research subsidies, and through bulk purchases from Medicaid, Medicare and the AIDS Drug Assistance Program.

- **Extend your executive order** preventing interference with African countries seeking to produce or import inexpensive generic AIDS drugs, to cover all poor countries. The President's shameful policy of threatening sanctions against countries seeking to make AIDS drugs affordable, is still current against nations in Asia and Latin America.

- **Defend democracy in the District of Columbia**, where Congress regularly interferes with HIV/AIDS programs such as needle exchange, domestic partnership registration, and Rep. Bob Barr's amendment blocking the local medical marijuana ballot Initiative 59.

- **Commit to the Cure** - President Clinton promised in 1992 an all out research effort, modelled after the Manhattan Project, to find a cure for AIDS. The President should declare THE CURE FOR AIDS a national goal, and finally commit the resources to fulfilling that promise.

Mr. President, in the last eight years, thousands of American men, women, children lost their lives to AIDS, and millions more world wide. If you continue to betray the AIDS victims, to whom you promised Hope, your legacy will always be tainted, with their blood on your hands.

www.actupdc.org

Fax Transmittal Cover Sheet

To: Sandy Thurman , Office of AIDS Policy

From: ACT UP Philadelphia

Facsimile Number: 215.731.1845

Date: Sat, Apr 8, 2000 • 9:31 AM

Number of pages, including cover: 2

If there is difficulty with this transmission, please call: 215.731.1844

MESSAGE:

Please make calls

ACTION ALERT • April 10 - 15 call all week! **FIGHT THE GLOBAL AIDS CRISIS!**

Tell Gore & Congress:
Call off the US trade bullies and
forgive debts of poor nations!

On January 10, Vice President Al Gore told the United Nations Security Council that the United States would stop levying trade sanctions against poor countries that take legal steps to increase access to medicines by manufacturing generic versions of expensive drugs.

The US Trade Representative is about to release a list of nations to target for bullying (the 301 Watch List).

Remind Gore to keep his strong promises! Tell him to **intervene** and stop US trade officials that are punishing poor countries' for efforts to provide life-saving medicine.

US AIDS activists call for debt relief and medicine for all poor countries!

US trade policies have blocked access to low-cost medications for poor nations, resulting in millions of deaths. The Clinton Administration supported the calls of big drug companies to fight any proposals for licensing generic production of medication or importing cheaper drugs from other countries.

On World AIDS Day, after months of demonstrations, President Clinton announced that US policy would change to allow more access to medications in poor nations. Gore stated this strongly to the United Nations Security Council on January 10. Gore promised that he would "ensure that we take public health crises into account when applying U.S. trade policy. We will cooperate with our trading partners to assure that U.S. trade policies do not hinder their efforts to respond to health crises."

This is a significant and very positive change. Unfortunately, unless activists bring case-by-case pressure to bear on the Administration, US trade bureaucrats have maintained the same policies that can devastate a poor country if it *considers* generic manufacture of affordable versions of life-saving medicines. In spite of the Vice President's announcements, the U.S. has continued to bully and threaten countries that pursue legal means to increase access to patented medicine. The US has set *much* higher barriers to patented drugs than the WTO!

We need to ensure that the policy really changes, and is not just lip service!

95% of the people with AIDS on the earth live in poor countries with almost no access to medicine. These countries are struggling under crushing debt payments to the International Monetary Fund (IMF). They cannot provide adequate health care due to these debts. Nations have been further forced to limit access to treatment through "structural adjustment programs" mandated by the IMF. *While many in richer nations live longer, healthier lives, people with HIV and other treatable illnesses in poor countries are left for dead.*

The United States is a big donor to the IMF and can call for total, unconditional debt relief to free up funds for the AIDS crisis and other health needs! Instead, Congress may approve token debt relief measures that continue crushing structural adjustment mandates.

Call all week as part of international efforts for debt relief and health care !

Call Gore's campaign headquarters (1-615-340-2000) and send a clear message to the candidate:

Thank the Vice President for acknowledging the need for greater access to medications worldwide. Now he must keep his promises and take action this week:

- "Take all countries off the "301 Trade Watch List" that have been singled out due to pharmaceutical trade policies."
- "Support immediate, full and unconditional debt relief with no structural adjustment requirements"

If you do not have long distance service, call Gore Campaign or the Democratic Party headquarters in your region.

Call Congress for FREE (1-800-648-3516) and ask for your Representative and both Senators.

If you do not know who they are, just give the operator your zip code and you will be connected. Tell them to:

- "Support immediate, full and unconditional debt relief with no structural adjustment requirements"

MORE INFO: ACT UP Philadelphia 215-731-1844. *Call if you can coordinate calls from your area or organization.*

Additional info: Debt relief: www.jubileesouth.net, or www.50years.org

Essential medicine: www.healthgap.org, www.accessmed-msf.org/, or www.cptech.org/ip/health/aids

ACTUP

Joseph Papovich
United States Trade Representative
600 17th Street NW
Washington, DC, 20508

Wednesday, January 26, 2000.

Dear Mr. Papovich,

Thank you for arranging the government side of the meeting discussing trade policy and access to medicine we had in Washington on Wednesday, January 12. This letter is to share with you in writing our recommendations, and also confirm our understandings of the meeting.

Our understanding is that the Clinton/Gore Administration will *continue* unilateral sanctions and pressures against nations utilizing TRIPS-legal compulsory licensing and/or parallel imports to increase access to medicine—with *certain exceptions*. The areas where TRIPS compliance alone is acceptable to the US Government—and the very definition of 'TRIPS compliance'—remains unclear.

We understand that exceptions to previous US policy will be based on magnitude of health crisis, not lack of infrastructure. We do not support any conditions under which *any* medicine can be denied to *any* number of people.

Evidence of policy change so far has been a disappointing letter to the Thai Government which clearly discouraged TRIPS compliant measures to increase access to medicine.

The use of the word 'acceptable' below indicates that the USTR will not sanction or bring pressure against a nation's policies or efforts to increase access to medicine in the circumstances described. If any of the following understandings are incorrect or if there are any areas where clarification is needed, please let us know.

1. We understand that the USTR will **henceforth consult with the Department of Health and Human Services**. This new collaboration will be initiated immediately, and be in place for the 2000 Special 301 Report.

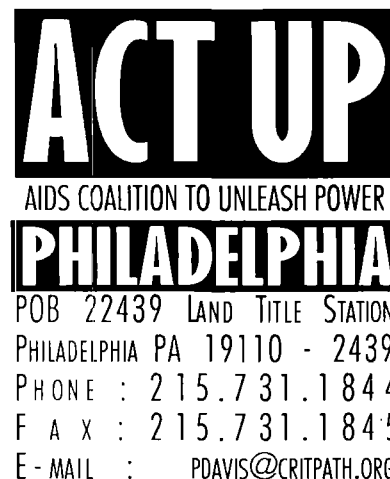
2. We understand that **the new trade policy will be put into place during the current 301 review**. Outstanding actions will be reviewed under the new policy.

3. We further understand that future US trade policy decisions to will be made on a country-by-country basis, with the consultative review of HHS and with consideration of input from health and consumer advocates. This review will only be done on a country basis—nations will not undergo scrutiny or be challenged repeatedly on a drug-by-drug, or illness-by-illness basis. Please confirm the correctness of this understanding, which seems contrary to the USTR 'talking points' message to the Royal Thai Government which requested a drug specific rationale for usage of ddI—certainly a TRIPS-plus pressure tactic.

4. In light of the contradictions of the message sent to Thailand, we are seeking confirmation of the following two understandings:

a. For the poorest of countries, specifically including but not limited to all sub-Saharan nations, TRIPS compliance will be adequate, irrespective of HHS perception of health care infrastructure.

b. For 'Tier 2' nations with moderate infrastructure and health crises, specifically including but not limited to Brazil, TRIPS compliance is acceptable to the US Government.



5. We understand (but hope for confirmation) that HHS will examine need, not critique infrastructure. A US Government perception of a current shortage of available doctors, hospitals, or available health care funding will not be used to opt for a determination that punishes or interferes with efforts to increase access to medicine.

6. We understand that, during these reviews, HHS will consult with intergovernmental organizations such as WHO and UNAIDS, as well as developing country governments, public health experts, and consumer advocates.

7. We understand that you will pursue our request that the USTR send a letter to the Royal Thai Government stating that if an acceptable price arrangement cannot be made, the USTR will not sanction, take action against, or pressure Thailand for issuing a compulsory license for ddI. *PLEASE NOTE: The 'talking points' conveyed by the US Embassy to the Thai Government DO NOT constitute a clear signal of support for TRIPS-complaint measures on the part of Thailand.*

8. We understand that, to further ensure that US trade policies are flexible enough to respond to health conditions as well as to further incorporate public input in its decision-making process, USTR will pursue the formation of an Advisory Committee on Health Issues, the mandate of which will be to investigate the health impact of all US Government trade policies, including but not limited to intellectual property rights protections, government procurement practices, sanitary and phylosanitary measures, and trade-related investment measures.

Recommendations of the Health GAP Coalition:

1. USTR and the Clinton/Gore Administration must recognize that medicines must be treated differently from other forms of intellectual property, in light of their importance in preserving human lives.

2. DHHS should only evaluate need of other sovereign countries. Infrastructure review should only serve to inform relief proposals that are outside of the trade watch review process.

3. HHS should review the health impacts of a negative USTR determination.

4. Health crises must not be a prerequisite to acceptability for TRIPS-legal measures to increase access to medicine. Public health best practices include medicine to *avert* a health crisis.

5. The Clinton/Gore Administration must publicly present the conditions and boundaries of what the USTR deems TRIPS compliant.

6. TRIPS compliance must not be required of non-WTO member nations.

7. The US must cease unilateral instigation of actions regarding pharmaceutical access. As a last resort, if USTR arrives at a determination of TRIPS non-compliance and decides that medicine should be denied and action taken to sanction, punish or pressure, THEN a WTO dispute resolution process should be instigated. Further, *before* sanctions or pressure are pursued, USTR must convene public hearings on the potential health impact of the intended sanctions, and make public all documents relevant to the pending decision to pursue sanctions.

8. The USTR and/or interagency groupings that meet to review the implications of pharmaceutical trade policies and investigate unilateral pressures should meet and deliberate in public, and accept public comment.

A final note about Thailand:

The letter from the US Embassy in Bangkok, to the Royal Thai Government included as its last talking point the following: "Finally, the U.S. Department of Health and Human Services would be interested in learning from the RTG its expected outcomes from the use of ddI in the treatment of HIV." This suggests that the Thai Government must justify its public health decisions to the US Government. This attitude is an insult to the spirit of the recent announcements by President Bill Clinton and Vice-President Al Gore that US trade policies would henceforth respect health conditions. The US Government does not justify the decisions it makes in pursuit of the public health of its citizens, and should not demand that other government do so. Future discussions with Thailand and other

nations should solely emphasize the need faced by the country, not the intended use of a given product, nor the capacity to use it.

We hope you share our concern about the dramatic inequalities regarding international access to medications for HIV and other life threatening illnesses. We appreciated the offer of a follow-up meeting, especially since the conditions under which TRIPS-plus accommodations to the pharmaceutical industry are still being created. We trust that the Health GAP Coalition will be consulted in the near-future meeting. Other topics to cover should include application of the 'Bayh-Dole laws'. We look forward to hearing from you in writing and respectfully request a quick response. Should we not hear from within two weeks we will contact you for follow up.

Sincerely,

Paul Davis, for the Health GAP Coalition:

Steering Committee: ACT UP New York, ACT UP Philadelphia, Action AIDS, AIDS Treatment and Data Network, AIDS Treatment News, Citizen's Trade Campaign, Consumer Project on Technology, Doctors Without Borders, Gay Mens Health Crisis, HIV/AIDS Human Right Project, International Gay and Lesbian Human Rights Commission, Mobilization Against AIDS, Philadelphia FIGHT, Public Citizen, Search For a Cure

CC:

President Bill Clinton

Vice President Al Gore

Donna Brazille, Gore 2000

Charles Burson, VP Chief of Staff

Tom Rosshirt, Foreign Affairs

Josh Galper, Bradley for President

Ed Turlington, Bradley for President

Claude Burky, US Trade Representative

Geralyn Ritter, US Trade Representative

Sandy Thurman, Office of AIDS Policy

Bob Stoll, US Patent and Trademark Office

Stuart Nightingale, Food and Drug Administration

Dr. Thomas Novotny, Dept. Health and Human Services

Jason Wright, Dept. Health and Human Services

PULL THE PLUG ON AID\$ FRAUD!

FEDERAL TAX DOLLARS PAY FOR:



Dog walking. Pet care for people with AIDS is covered while those sick from other diseases starve in the streets and die waiting for affordable housing.



Luxury vacations. Embezzled funds pay for trips to Disneyworld as AIDS execs waste Ryan White money on fun-in-the-sun Virgin Island junkets.



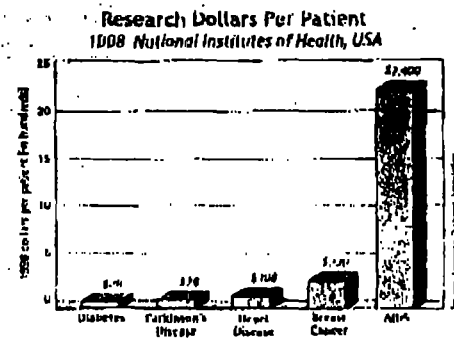
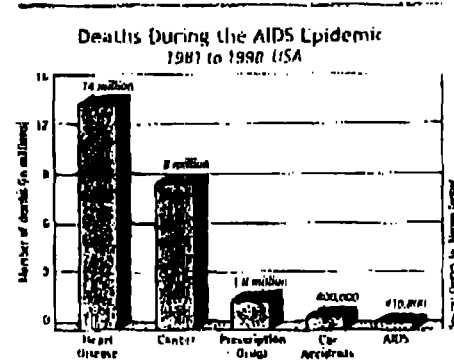
Political contributions. San Juan AIDS bureaucrats divert \$2.2 million in Ryan White funds to election campaigns and jeopardize services for the sick.



Drug company subsidies. ADAP pays for useless animal research and profitable pills that cause deformity, death and diseases identical to AIDS.



\$200,000+ annual salaries. Sick people live in poverty while fat cats like S.F. AIDS Foundation's Pat Christen make more per year than most mayors, governors and members of Congress.



End AIDS exceptionalism! Comparison of AIDS deaths (top) versus disproportionately excessive AIDS funding (bottom).

THIS ISN'T CARE, IT'S CORRUPTION. CUT AIDS FUNDING NOW!

**AMERICANS NEED MONEY FOR FOOD, HOUSING,
HEALTH CARE AND SUBSTANCE ABUSE PROGRAMS
REGARDLESS OF HIV ANTIBODY STATUS.**



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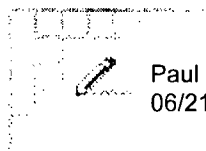


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Paul A. Gaist
06/21/2000 02:59:53 PM

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP, Daniel C. Montoya/OPD/EOP@EOP, estover@nih.gov @ inet,
Sandra Thurman/OPD/EOP@EOP

cc:

Subject: FW: Larry Kramer about ACT UP

FYI - see below - Paul

----- Forwarded by Paul A. Gaist/OPD/EOP on 06/21/2000 02:53 PM -----

To: Paul A. Gaist/OPD/EOP

cc:

Subject: FW: Larry Kramer about ACT UP

> -----Original Message-----

>

>

> >From: Wmsnow@aol.com

> >Date: Tue, 20 Jun 2000 22:31:47 EDT

> >Subject: Larry Kramer about ACT UP

> >To: wertheiw@od31em1.od.nih.gov, bm29f@nih.gov,

> nathansn@mail.med.upenn.edu,

> > pjohnston@mercury.niaid.nih.gov, jk31e@nih.gov, ch25v@nih.gov,

> > AVRC@mercury.niaid.nih.gov

> >X-Mailer: AOL 5.0 for Windows sub 109

> >X-MIME-Autoconverted: from quoted-printable to 8bit by mail.med.upenn.edu

>

> >id e5L2W6d28955

> >

> >To Whom It May Concern:

> >

> >I am the cofounder of Gay Mens Health Crisis, Inc., this

> >country's first

> >AIDS service organization, and the founder of ACT UP, the AIDS protest

> >organization. I am certain you are aware of the many historically

> >important

> >deeds ACT UP has fought to bring about, most particularly the

> >acceleration of

> >the FDA drug-approval process so that patients with life-threatening

> >illnesses might obtain benefits years before they formerly were able to.

> At
> >the height of ACT UPs mobilizations, from the late 1980s
> and into the
> >mid-90s, there were some 140 chapters of ACT UP around the globe.
> Today,
> >when activists and activism for any causes are hard to come by, there are
> >still some dozen ACT UP chapters, much smaller certainly, working
> >energetically to eradicate AIDS.
> >
> >Unfortunately, because ACT UP chapters can be set up by anyone (under the
> >all-too-democratic principles that we tried to live by for so many
> years),
> >several groups calling themselves ACT UP have been usurped by people who
> do
> >not stand for the code of ethics and beliefs, and moral humanitarianism,
> that
> >motivate the original chapters. I specifically refer to people calling
> >themselves ACT UP San Francisco, ACT UP Hollywood, ACT UP Atlanta, and
> ACT UP
> >Toronto. All of these have been infiltrated by a number of people whose
> >behavior I can only characterize as psychopathic, people who lie and
> cause
> >great willful damage. I cannot for the life of me comprehend what
> motivates
> >them. To maintain that AIDS is not caused by HIV, to disrupt government
> and
> >other official hearings to argue that money should not be voted for AIDS
> >research and patient aid, to utilize vicious smear campaigns and to
> threaten
> >legitimate activists and ACT UP members with actual physical harm is
> beyond
> >any intelligent comprehension. Truly, in the face of our worldwide
> plague,
> >such actions can only be construed as crazy.
> >
> >I write this letter to ask that these people not be listened to, and to
> >request that such aberrant inhumane activities not be held against the
> >wonderful work that legitimate ACT UP chapters have accomplished and
> continue
> >to accomplish. I particularly point all this out to all members of the
> United
> >States Congress and to foreign countries and their dignitaries who might
> have
> >been swayed by the propaganda directed particularly at them. The
> fallacious
> >deeds and arguments spewed by these distressing malcontents must not be
> >allowed to disrupt the forthcoming and vitally important International
> AIDS
> >Conference in Durban.
> >
> >
> >Sincerely,
> >Larry Kramer
> >Founder, ACT UP
> >

> >21 June 00
>
> neal nathanson
>
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