

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21072

FolderID:

Folder Title:

Bristol Meyers Squibb (BMS)

Stack:

S

Row:

67

Section:

1

Shelf:

1

Position:

3

Senior Territory Manager
8650 Hayshed Lane
Columbia, MD 21045-2622
410-995-0599 (home office)
410-995-0610 (facsimile)
(888) 971-6109 (page)

O-BMS

Bristol-Myers Squibb Immunology

Attn: Cheryl Bauerle**Fax:** 202-456-2439**From:** K. Mary Hess**Date:** 4/26/00**Re:** Proposal**Pages:** 22**FOR:** Sandra Thurman☒ **Urgent**☐ **For Review**☐ **Please Comment**☒ **Please Reply**☐ **Please Recycle****Notes:**



April 26, 2000

The Hydeia L. Broadbent Foundation
1425 N. Sierra Bonita Avenue, Suite 411
Los Angeles, California 90046

Sandra Thurman
Director
National HIV/AIDS Policy Office
735 Jackson Street, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

This is an exciting time for those who lead our society - a time when new partnerships in high technology, academia, and human service organizations with national reach can unite to impact the health and welfare of the entire citizenry of the country. A time when people who were divided by sheer geography, wealth, class, race and cultural differences can be interconnected in a meaningful way to learn together and from each other. This is an unprecedented place and time to create the opportunity from the richness of our technological resources and network through new visionary partnerships to strive for the greater good in ways that never could have been achieved only a few short years ago.

I am writing to describe to you the opportunity for National HIV/AIDS Policy Office to be sponsor of the worlds first HIV/AIDS Testing Treatment and Awareness Telethon, to be launched on network television or syndication, on World AIDS day, Saturday, December 2, 2000 from the Hammerstein Ballroom, New York, New York.

The HOPE 2000 Telethon (for HIV/AIDS Outreach, Prevention and Education) was designed to create a heightened national public awareness of HIV/AIDS - a devastating epidemic in our minority communities - through thoughtfully produced live entertainment segments, powerful personal stories of those whose lives have been touched by AIDS, and informative educational components sensitively presented by celebrities, star athletes, and real-life medical professionals who provide care for communities around the country impacted by HIV/AIDS.

The HOPE 2000 Telethon - An HIV/AIDS Testing Treatment and Awareness Campaign

This live, eight hour, one day televised special event will include celebrity co-hosts, entertainers, professional athletes and appearances by medical experts who will present quick facts and medical information on the AIDS virus. The overall concepts for the HOPE 2000 telethon are:

- **Encourage** people in the 15 - 40 year old age bracket to get tested and return for treatment if they test positive for HIV.
- **Educate** people in this same age group about the real risks of HIV infection.

- **Show** the audience other people who “look like” them who are successfully dealing with HIV infection who have been tested, who are adherent to treatment.
- **Action** - While the HOPE 2000 Telethon is in progress, a scrolling list of testing centers from the HRSA network appear on the screen with complete contact information. Additional toll free numbers will be available to viewers who call in to get further information plus specific directions to centers in their neighborhoods, on the spot counseling, substance abuse program information, etc.
- **Empowerment** - the goal of the HOPE 2000 Telethon is to ultimately motivate viewers to take control over their health. The primary action goal of the Telethon is to motivate 50,000 viewers to get tested for HIV or other health-threatening sexually transmitted diseases.

The Telethon testing results will be compiled during December 1, 2000 through March 2001. The testing results will be announced, and a discussion revolving around the success of the HOPE 2000 Telethon will be conducted at the 2001 National Conference on African-Americans and AIDS.

The HOPE 2000 Telethon Development Partners

Conrad Bullard and K. Mary Hess

Ms. Hess and Mr. Bullard are the creative partners who are overseeing the development of the telethon project to completion. Ms. Hess is the Manager of Special Initiatives at the pharmaceutical company Bristol-Myers Squibb. She is also the founder and director of The National Conference on African-Americans and AIDS, the first health conference focused on HIV/AIDS and African-Americans. Ms. Hess serves as the Telethon Development Director.

Mr. Bullard, a highly experienced television industry professional, has worked for many of the major film and television studios in Hollywood. He produced the original Black Achievers Awards. He is also the Director of Operations for The Hydeia L. Broadbent Foundation, in Los Angeles, California.

The HOPE 2000 Principal Grant Holder

The Hydeia L. Broadbent Foundation, Los Angeles, California

Founded by Mrs. Patricia Broadbent, The Hydeia L. Broadbent Foundation is named for the exceptional child she adopted – a child infected with HIV before birth. Hydeia is now one of the Nation's most dynamic young inspirational speakers – with an expert focus on the effects of the HIV/ADS epidemic on the next generation. Mrs. Broadbent, who accompanies her daughter, is an HIV/AIDS educator, and community activist. It is because of her incredible sense of personal mission that The Hydeia L. Broadbent Foundation exists to touch the lives of so many children and youth today.

The Hydeia L. Broadbent Foundation, Incorporated is a California 501(c)(3) non-profit organization. IRS Tax exempt number is 63-1094800.

Principal Grantee Profile – The Hydeia L. Broadbent Foundation

The Hydeia L. Broadbent Foundation (HLBF) The HLBF Executive Board of Directors combined have many years of diverse corporate experience in education, business management, community relations, research, project development, budgeting, feature film and television production, concert promotions, and publishing.

Founder And Chief Executive Officer - Mrs. Patricia Broadbent is an educator, community activist and mother. Mrs. Broadbent has worked with teens and children with AIDS. She is a liaison with the Clark County Adoption and Foster Parent Programs. As an AIDS Education Specialist she is the information and data resources person providing current and state of the art information as disseminated through the Center for Disease Control. Mrs. Broadbent is highly knowledgeable and educated on the facts about HIV infection and AIDS. She is the parent responsible for the care and well being of Hydeia L. Broadbent, and works with other children and youth involved in the Hydeia L. Broadbent Foundation programs.

President And Executive Director - Delores W. Bullard, DD is an educator, business administrator, and senior partner of Creative Imagery Enterprises. Dr. Bullard is experienced in Human Resources Management and Marketing. She has 20 years experience with Pacific Bell and AT&T, in a variety of positions of responsibility. Dr. Bullard is a licensed director for After School Programs in the Los Angeles Unified School District.

Corporate Secretary And Director Of Operations - Conrad H. Bullard, native of Los Angeles, is a producer, director and writer with twenty-five years diverse experience in motion picture and broadcast television production, production management, directing, writing, and international concert promotion. From 1964 through 1984, Conrad was employed and completed comprehensive production training with Metro Goldwyn Meyer, Fox Pictures, Paramount, Warner Brothers, Filmways and more.

Director Of Development And Education Consultant - Theresa A. McGhee is a Physicians Assistant, and Infectious Disease Clinical Care Specialist. Ms McGhee is on the distinguished faculty panel for Ortho Biotech, delivering educational and scientific presentations to persons and clinicians infected and or affected by HIV/AIDS.

Chief Financial Officer - Dr. Barbara King is an educator, lecturer, author, and inspirational speaker. She is a credentialed educator. Dr. King most recently participated in the National Conference on African-Americans and AIDS as one of its principal speakers.

Second Executive Vice-President - Kendall Franklin is the Administrative Director for Patricia Broadbent. Mr. Franklin shares responsibility for travel arrangements, security,

accommodations, road management, and speaking engagements.

Director Of Education – R. Cassandra Sheard, Ph.D, is the President of Transformation Life Connections, an education, training and counseling business. Her experience includes over three decades of experience teaching and counseling in higher education at Colleges and Universities throughout California. Dr. Sheard has authored and implemented education and training programs for School Districts, Counties, State and City human services development. She has also written and conducted training programs for the Department of Defense, corporations and business. Dr. Sheard is a credentialed educator, and certified counselor.

Advisory Board/Consultant - Dr. O. C. Smith, is a recording artist, producer, music writer, and an international business entrepreneur. Dr. Smith has over thirty-years broad experience entertaining, writing, directing and producing live musical concerts all over the world.

Advisory Board/Consultant/ Researcher - Melvin Donalson, Ph.D. is an established educator, author, scriptwriter, published poet, and film producer who has taught American Literature and Ethnic Studies.

The HOPE 2000 Telethon – Estimated Total Budget

(Revised 01/26/2000)

A. HOPE DEVELOPMENT BUDGET

ITEM/ACCOUNT	MONTH	SUB TOTAL	TOTAL
--------------	-------	-----------	-------

STAFF SALARIES:

001	Producer/Consultant	3 months @ \$6,000.00	= \$18,000.00
002	Production Coordinator	3 months @ \$4,000.00	\$12,000.00
003	Production Assistant	3 months @ \$3,000.00	\$ 9,000.00
004	Executive Secretary	3 months @ \$3,500.00	\$10,500.00
04A	Computer Programmer	1 month @ \$5,600.00	\$ 5,600.00
005	Writer's (2) (Script)	3 months @ \$5,000.00	\$30,000.00
006	Researcher (HIV/AIDS)	3 months @ \$3,000.00	\$ 9,000.00
007	HIV/AIDS Consultants (2)	3 months @ \$3,500.00	<u>\$10,500.00</u>
			\$104,600.00

EQUIPMENT/RENTAL(S)

008	Hammerstein Ballroom		Rental fee @ \$40,000.00
		\$40,000.00	
009	Office Rental		
	Rental fee @ \$ 3,000.00		\$ 9,000.00
010	Business Forms		
		\$10,000.00	
	(1) Letterhead – Business Cards		
	(2) Office Supplies		
10A	LAP-TOP COMPUTERS (2) + Software		\$ 7,500.00
011	Telephone		
	3 months @ \$ 3,500.00		\$10,500.00
012	Transportation (Ground) 3 months @ \$ 1,000.00		
	\$ 3,000.00		
013	Postage & Shipping		3 months @ \$ 1,700.00
		<u>\$ 5,100.00</u>	
			\$90,200.00

GRAPHIC ARTIST & PUBLICIST

014	Graphic Artist / Designer 1 month @ \$ 5,500.00 (Design full-color promotional One Sheet 8 1/2" X 11" Chrome Coated)	\$ 5,500.00
015	Printing	5,000 each \$ 6,750.00
016	Publicist 3 months @ \$ 3,500.00	<u>\$10,500.00</u>
		\$17,250.00

AIR TRANSPORT & HOTEL

017	Air Transportation (BMS)	
018	Hotel (BMS)	
019	Contingency	
		\$20,000.00

TOTAL HOPE Telethon Development Budget = \$232,050.00

B. SALARIES/CONTRACTORS

Total \$ 400,500.00

Position Title and Name	Monthly	Amount Requested
Producer & Director Above-The-Line Staff		
Producer	12 months	85,000.00
Associate Producer	7 months	45,000.00
Director	60 days	55,000.00
Second Unit Director	60 days	35,000.00
Associate Director	12 month	46,000.00
Line Producer	9 months	27,000.00
Production Coordinator	11 months	60,000.00
Legal fees (Contracts)	Retainer	10,000.00
Accounting & Payroll	Retainer	12,500.00
Executive Secretary	12 months	45,000.00

C. Below-The-Line Staff Total \$ 20,750.00

Stage Manager #1	1 week	3,500.00
Stage Manager #2	1 week	3,500.00
Operator & Teleprompter	1 week	4,600.00
Billboard Announcer	3 days	4,500.00
Computer Motion Graphics	1 week	6,250.00

D. Writer(s) Total \$ 15,000.00

Script Writer	5 months	15,000.00
Story Board	2 weeks	2,500.00

E. Consultant(s) Total \$ 12,500.00

Consultant(s)	12 weeks	12,500.00
(Satellite & Technical)		

F. Talent Total \$ 100,000.00

Talent Executives (2)	@ \$1,000 a week each	50,000.00
Celebrity Co-Host (10)	@ \$5,000 each Flat fee	50,000.00

G. Production Crew & Mobile Remote Truck Total \$ 137,200.00

Remote Mobile Video Truck		48,500.00
Camera Operator(s) (6 each @ 1500.00) = \$4,500.		18,000.00
Engineer	1 week	8,000.00
Jib Operator & Jib Equipment		5,200.00
2 nd Engineer (Playback Operator)	1 week	3,000.00
Sound Mixer		24,500.00
Make-up Head		6,000.00
Wardrobe Head		6,000.00
Videotape (Raw stock)		14,000.00
Lighting crew & Grips		4,000.00

H. Insurance (PL & PD – H & A) Total \$ 8,800.00

Insurance (\$1,000,000.00) Public Liability & Property D	8,800.00
--	----------

I. Set Design / Backdrop Identity Total \$ 276,000.00

Set Design - Construction & Rental	5 days	200,000.00
Lighting & Special Effects		76,000.00

J. Hospitality Total \$15,000.00

Hospitality for Video Crew – 22 people X's 5 days = (Food Catering & Beverages)	15,000.00
--	-----------

K. General Overhead - Total \$130,400.00

HIV/AIDS Education Materials & Posters	20,000.00
Office Lease	34,000.00
Telephone	12,000.00
Postage (Federal Express)	4,000.00
Transportation (1 Automobile)	7,200.00
Gasoline (Mileage)	13,000.00
Office supplies	12,500.00
Computer & Supplies	15,200.00
Limousine Service 3 days	12,500.00
(During Telethon Production only)	
Air Transportation for Celebrities provided (BMS)	
Hotel Accommodations Celebrities (BMS)	

L. SATELLITE – Down-Link & Up-Link Truck Total \$ 71,850.00

Satellite National Live Telecast – Up-Link Truck full day
C-BAND SPACE – Program Feed – from Shrine Auditorium

M. Post Production - Editing & Titles Total \$ 32,500.00

Post Production House – Rental fee	1 week	3,000.00
Editor	2 months	15,000.00
Assistant Editor	2 weeks	10,000.00
Videotape Master & Duplication	1 week	4,500.00
(Including: Titles & Sweetening)		

N. Public Relations (Telethon Specialist)	Total \$ <u>75,000.00</u>
Public Relations & Publicist 12 months	85,000.00
O. MUSICAL SCORE (Playback & Playon)	Total \$ 79,550.00
P. Contingency	Total \$ <u>50,000.00</u>
Contingency	50,000.00
Total Estimated Production Budget =	<u>\$ 1,539,100.00</u>

Sponsorship Levels of Commitment

Title Sponsor Level	\$1,000,000 (includes 8 thirty-second spots)
Platinum Supporter	\$ 400,000 (includes 4 thirty-second spots)
Gold Supporter	\$ 250,000 (includes 2 thirty-second spots)
Silver Supporter	\$ 100,000 (includes 1 thirty-second spot)

- **Corporate recognition** throughout the entire event promotion, from January 2000 - December 2000. [All Levels]
- **Exclusive coverage of Press Room** with exclusive signage opportunities. [All Levels]
- **Unlimited Title Sponsor signage** opportunities at Telethon sites, including health center sites which will be featured either in live-to-remote segments during the telethon, or pre-recorded on "B-roll" then televised. [Title Sponsor Level]
- **Chief coverage** of Press Party and Gala Reception. [Silver Supporter +]
- **Corporate Logo identification** on all television, print, radio, electronic, and Internet advertisement. [All levels]
- **Platinum Corporate Seating/Logo Identification at Telethon** for guests, VIPs, employees – actual corporate tables based upon sponsor requirements. [Platinum Level Sponsors +]
- **Unlimited promotional advertising campaign** – in accordance with terms. [Silver Supporter +]
- **National and Global exposure with Corporate Name/Logo** on front of opening credits on Internet site broadcast, and network/syndication satellite television broadcast. [Silver Supporter +]

The HOPE 2000 Telethon Media Campaign

The following outline for **The HOPE 2000 Telethon** project serves to illustrate the depth of commitment this critical, and revolutionary health education campaign has to our community. Comprehensive plans are being put in place to allow all corporate sponsors and education partners to gain a full-year media exposure and resultant public affairs benefits across all media.

U.S. Markets

New York, New York	Atlanta, Georgia
Los Angeles, California	Denver, Colorado
Chicago, Illinois	Saint Louis, Missouri
San Francisco, California	New Orleans, Louisiana
Seattle/Tacoma, Washington	Minneapolis/Saint Paul, Minnesota
Dallas, Texas	Detroit, Michigan
Baltimore, Maryland	Cleveland, Ohio
Washington, DC	Boston, Massachusetts
Newark, New Jersey	Milwaukee, Wisconsin
Philadelphia, Pennsylvania	Houston, Texas
Miami, Florida	

Public Service Announcements:

We will produce several videotaped Public Service Announcements (PSAs), educating the national community on the awareness, testing, and treatment of AIDS. We will use messages from celebrities, musicians, medical professionals, and National AIDS Activists. The PSAs will cover the following media:

Television: The television PSAs will be distributed in association with the National Advertising Council. Five to ten different PSAs will air on every major network and local stations.

Radio: The same message used for television and print will also be used for the 30-60 second radio spots, with strong emphasis on AIDS awareness, prevention and where to seek treatment. These radio PSAs will be placed on all urban radio stations and transmitted in English and Spanish.

Billboards: The outdoor display of Public Service Announcements will be created for placement in urban communities, bus stop benches, transit depots, around high schools, and inside transit systems.

Print Media: Photographs from the videotaping of PSAs will be designed into a graphic message on the awareness of AIDS, these messages will go to all major magazines targeting demographics of men and women of the ages 15 - 40 years old. We will also distribute to urban and metro newspapers.

Brochures/Posters: Information brochures and posters will be created for schools, medical clinics, record stores, and videotape retail store displays. The brochures will be available for display for various medical centers and businesses such as barbershops and beauty salons. Posters will also be used to develop celebrity images for AIDS awareness give-away. These various HIV/AIDS posters will become collector items.

INTERNET BROADCAST:

Website Net Cast, in partnership with the Johns Hopkins University School of Medicine, Division of Infectious Disease (HIV/AIDS).

- Net Cast would be simulcast live from the Hammerstein Ballroom, New York, New York.
- Corporate logo identification on all banner advertising spaces, and all internet-based Public Service Announcements.
- Hot-Links from Telethon Net Cast Home Site to all major medical content internet sites.
- Internet Traffic to site can be guided through special survey area, to gather demographic information, e-mail addresses captured, etc. Corporate sponsor has full access to any and all traffic information.

- The HOPE 2000 Telethon Webcast will be archived on the Johns Hopkins HIV/AIDS Website and Telethon Website for six (6) months, to allow full global internet market saturation and access to global users.

The HOPE 2000 Telethon - A Testing Treatment and Awareness Telethon

(SAMPLE) PROGRAM SHORT RUNDOWN

This Telethon Program format is designed for eight (8) hours starting at 12pm - 8pm on a Saturday. Telethon Program scheduled for World AIDS Day, December 2, 2000.

TIME PST	SEGMENT
12:00pm (PST) 3:00pm (EST)	Voice over – introduction of the celebrity co-hosts and other guest performers, doctors, educators, etc.
1:00pm	On the road-star athletes visit neighborhoods where HIV is a reality of everyday life stories from the American cityscape of exceptional people.
2:00pm	Celebrity performances
3:00pm	Professional athletes – “live testing”
4:00pm	Real life video vignettes from AIDS care physicians, interviews with real patients
5:00pm	Telephone peer experts counseling callers; special segment of “Love Line” – type call in questions from the viewership
6:00pm	Celebrity musical performances, testimonials – personal stories from celebrities who know someone with HIV
7:00pm	Children living with HIV – remarkable teens who overcame fear to reach out to others
8:00pm	Celebrity Musical performances

Proposed Celebrity Invitees

Queen Latifah	Host
Ricky Martin	Host/Performer
Mark Anthony	Performer
Jennifer Lopez	Host
Gloria Estefan	Performer
Enrique Iglacias	Performer
Whoopi Goldberg	Segment Co-Host
Nia Long	Segment Co-Host
Stevie Wonder	Performer
Mary J. Blige	Performer
Sting	Performer
Lauryn Hill	Host/Performer
Monica	Performer
Savage Garden	Performers
Backstreet Boys	Performers
Mariah Carey	Performer
Santana	Performers
Destiny's Child	Performer
Rosie O'Donnell	Host
Daisy Fuentes	Host

The HOPE 2000 Telethon Educational Content Partners

- **Health Resource Services Administration** will donate 3,000 health center sites for testing, return counseling, and eventual referral for treatment.
- **Johns Hopkins AIDS Service** - physicians to develop the medical content for the Telethon; also, the AIDS Service Website will host a net cast of the Telethon that will run for six months.
- **The Institute for Minority Health Research** - medical and policy content for the Telethon; the Website being developed for the IMHR will also house the Telethon for six months.
- **The Association of American Colleges and Universities** - Academic pull through will help disburse Telethon promotional literature through all of its member universities and colleges.
- **The NAMES Project Foundation** - Steward organization of the National AIDS Quilt will help to create prevention message content.
- **The United Negro College Fund** - Utilize the **UNCF/HOPE Newsletter** to promote and report on the Telethon. This newsletter is distributed to all of the people on the current National Conference on African-American and AIDS mailing lists. The AACU would also distribute copies of this newsletter throughout its membership schools. (10,000 names)
- **Department of Health and Human Services Office of HIV/AIDS Policy** as the parent organization of all the Federal Agencies, DHHS will be invited to participate. Assistant Secretary of Health and Surgeon General David Satcher, M.D., Ph.D. would be invited to make an appearance on the Telethon.

Telethon Committee

- Jean R. Anderson, M.D. - Johns Hopkins School of Medicine, Baltimore, MD
- Cornelius Baker, Executive Director - National Association of People with AIDS (NAPWA), Washington, D.C.
- John G. Bartlett, M.D. Chief, Johns Hopkins Division of Infectious Diseases, Baltimore, MD
- Conrad H. Bullard, Producer/Director - Creative Imagery Enterprises, Los Angeles, CA
- Delores W. Bullard D.D, President/Executive Director, Hydeia L. Broadbent Foundation, Los Angeles, CA
- David Burns, Ph.D. - Association of American Colleges and University (AACU) - Washington, D.C.
- Joel E. Gallant, M.D. - Johns Hopkins AIDS Service - Johns Hopkins School of Medicine, Baltimore, MD
- Eric Goosby, M.D. - Department of Health and Human Services (DHHS) Office of HIV/AIDS Policy - Washington, D.C.
- Mary Hess-Founder, National Conference on African-Americans and AIDS, Columbia, MD
- Debra Fraser-Howze, President and CEO, National Black Leadership Commission on AIDS - New York, NY
- Victor Hunter - New York City Dept. of Health - New York, NY
- Wilbert Jordan, M.D. - Drew Medical School of Science and Medicine - Los Angeles, CA
- Andy Ilves, Executive Director - NAMES Project Foundation - San Francisco, CA
- Celia Maxwell, M.D. - Howard University School of Medicine - Washington, D.C.
- Joseph O'Neill, M.D., M.P.H., M.S., Associate Administrator, Health Resource Services Administration (HRSA) - Rockville, MD
- Sharon McAvinue - Johns Hopkins Internet Foundation - Johns Hopkins University, Baltimore, MD

- Darlene Saunders – Director, UNCF Hope Newsletter - Fairfax, VA
- Stephen B. Thomas, Ph.D., Director - Institute for Minority Health Research, Emory University, Atlanta, GA
- Phill Wilson, President - African American AIDS Policy and Training Institute - Los Angeles, CA

Invited Corporate Sponsors List

Bristol-Myers Squibb

Merck and Company

Microsoft Global Health

Music Television

Ford Motor Company

AT&T

The National Football League – Player's Association

The National Basketball Association

Toyota Motor Sales USA

Nike Inc.

Agouron Pharmaceuticals, Inc.

Epitope, Inc.

Clairol Inc

United Airlines

Max Factor

Ground Zero

Coca Cola Enterprises

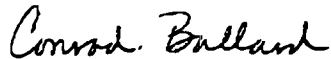
DuPont Pharmaceuticals, Inc.

Glaxo-Wellcome

TV Spots are 30 seconds, in market(s) of Sponsor's choice

As you can see, Corporate Sponsors with higher levels of commitment are acknowledged with higher profile logo identification placements in the event screen credits, in the internet broadcast event, and at the telethon site. Because of National HIV/AIDS Policy Office's prestige and stature, I am requesting consideration of a assistance in securing additional funds through DHHS and a personal appearance by Sandra Thurman for this nationally impactful educational campaign. Please do not hesitate to contact me or my development partner for additional information.

Sincerely yours,



Conrad H. Bullard

Producer/Director

The Hydeia L. Broadbent Foundation

1425 N, Sierra Bonita Avenue, Suite #411

Los Angeles, California 90046

(323) 874-0883 (phone)

(323) 874-0388 (fax)



K. Mary Hess

Telethon Development Director

Founder, The National Conference on African-Americans and AIDS

8650 Hayshed Lane

Columbia, Maryland 21045-2622

(410) 995-0599 (office)

(410) 995-0610 (fax)

(888) 971-6109 (pager)



HIV/AIDS • OUTREACH • PREVENTION • EDUCATION

The Hydeia L. Broadbent Foundation

1425 N. Sierra Bonita Avenue, Suite 411
Los Angeles, California 90046

The HOPE 2000 Telethon Product Placements and Tie-Ins

Marketing Benefits (all six figure sponsors)

- Opening credits "HOPE 2000 Telethon is brought to you by [Corporate name], makers of..."
- "Scrolling" transparencies, or fly-ins -- text commercial announcements throughout the Telethon broadcast, with host/hostess of the segment reading the pitch. "This portion of the HOPE 2000 Telethon brought to you by [Corporate name], makers of..."
- Platinum-level (\$400,000.00) sponsors may target specific entertainment pieces of segments.
- Participation in official press conference to announce Telethon.
- Access to/use of logotyped HOPE 2000 literature for field-based co-promotion activities.

Marketing Benefits (\$400,000.00/platinum level)

- Platinum level sponsors will have access to the street addresses and e-mail addresses generated by the viewership for promotional mailings and other marketing follow-up activities. This includes an exclusive 10,000-name list that consists of healthcare providers and physicians.
- Internet Website for the HOPE 2000 Telethon - banner or "pop-up bubble" advertising for the HOPE 2000 Telethon site, which will be active for six months after the initial broadcast.
- The HOPE 2000 logotype license, for limited co-promotion use - examples would be the HOPE 2000 and [Corporate name] logos on tee shirts, baseball caps, sweatbands, and grab bags full of [Corporate name] product samples. Also allows 1-year "official product of/official sponsor of HOPE 2000 Telethon" claims for product labels, posters, print media campaigns, and retail space displays.
- Full page advertisement in the official HOPE 2000 Telethon program.
- Dance Segments, performances by [Corporate name] celebrity spokespersons.
- Celebrity Corporate Spokesperson as host/hostess during Telethon.
- Platinum level event seating for Telethon at The Hammerstein Ballroom, New York City (Main Floor, nearest stage).
- Use of special reception area for [Corporate name] to host its own VIP party as a Platinum sponsor for the HOPE 2000 Telethon.
- Testing Site Signage and grab bag/give-a-way distribution (3,000 sites nationwide).



HIV/AIDS • OUTREACH • PREVENTION • EDUCATION

The Hydria L. Broadbent Foundation

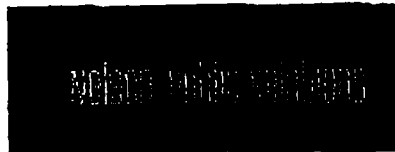
1425 N. Sierra Bonita Avenue, Suite 411
Los Angeles, California 90048

- Your company clothing line modelled during the Telethon by celebrity hosts or performers, including Ricky Martin, Enrique Iglesias, Mark Anthony, and others. You may place your own models in the Telethon program. Clothing may be requested as a donation for celebrity models.

Marketing Benefits (\$250,000.00/gold level)

- Gold level sponsors will have access to the street addresses and e-mail addresses generated by the viewership for promotional mailings and other marketing follow-up activities.
- One half-page advertisement in the official HOPE 2000 Telethon Program.
- Gold level seating is on the first balcony in the Hammerstein Ballroom.
- The HOPE 2000 logotype license in limited use, for "official product of/official sponsor of HOPE 2000 Telethon" claims for product labels only.
- Testing Site signage and grab bag/give-a-way distribution (3,000 sites nationwide).

Hot link to the HOPE 2000 Telethon site; but no banner advertising on actual site.

41 Madison Avenue, 40th Floor, New York, NY 10010

T: 212-725-3200 , F: 212-779-3401

Call make
corrections,
say ok
done

FACSIMILE TRANSMITTAL SHEET

TO: SANDRA L. THURMAN

FROM: ERIN ORTIZ

COMPANY: OFFICE ON HIV/AIDS POLICY
WHITE HOUSE

DATE: 4/21/00

FAX NUMBER: 202.456.2439

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER: 202.456.2437

RE: POSTER FOR YOUR APPROVAL

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thanks for your help with the Bristol-Myers Squibb newsletter. Additionally, BMS would like your approval to use the same photo for a poster which would be distributed to community-based HIV/AIDS organizations as a way of promoting HIV testing among African-Americans.

I apologize about the timing on all this. I had hoped to do it all at once. A mock-up will be sent to you via Fed-Ex for Monday delivery. Attached please find the same release form.

Call if you have any questions once the poster arrives.

Regards,

~~next sorrels / 887-6260~~
~~conts.~~

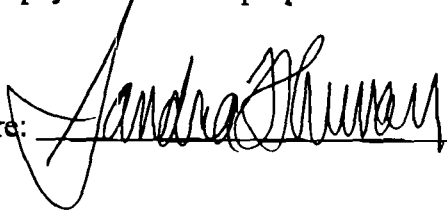
(b) ~~11 4167-0526~~

(c) ~~11 3011771~~

RELEASE AND WAIVER OF CLAIMS

I, Sandra Thurman, hereby acknowledge and consent that my name, comments (in print and broadcast media) and all photographs that were taken of me (if appropriate) by Bristol Myers Squibb Company, Nelson Public Relations, or their agents, can be used for purposes of distributing and publicizing the *BMS Community Leaders Fund* newsletter without limitation for such purposes.

I hereby release Bristol Myers Squibb Company, Nelson Public Relations, their successors and assigns, and the agents of all the aforesaid parties, from any liability for the publication of my name, comments, or any photographs of me as described above. I also acknowledge that I have not requested nor am I entitled to payment for the use of my name or for posing as a subject for these photographs, and I hereby waive any future claim for payment for this purpose.

Signature: Print: Sandra ThurmanDate: 4/28/00

Please note that on the poster,
it should read Sandra Thurman,
Director of the White House
Office of National AIDS Policy

Thank you.



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Erin Ortiz FROM: Cheryl Bauerle

COMPANY:

DATE:

FAX NUMBER:

212-779-3401

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Pls. see attached re. poster +
call me with questions. Thank you!
Cheryl (202) 456-2959.

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

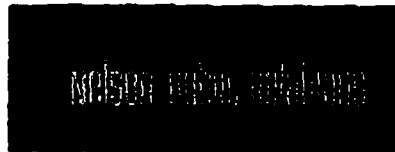
4r 3519

@ 117-3550
Theresa Hobgood

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1041	
CONNECTION TEL		912127793401
CONNECTION ID		
ST. TIME	05/02 10:39	
USAGE T	00'45	
PGS.	2	
RESULT	OK	



41 Madison Avenue, 40th Floor, New York, NY 10010
T: 212-725-3200 , F: 212-779-3401

Handwritten signature: ERIN ORTIZ

FACSIMILE TRANSMITTAL SHEET

TO: SANDRA L. THURMAN

FROM: ERIN ORTIZ

COMPANY: OFFICE ON HIV/AIDS POLICY
WHITE HOUSE

DATE: 4/17/00

FAX NUMBER: 202.456.2439

TOTAL NO. OF PAGES INCLUDING COVER:

6

PHONE NUMBER: 202.456.2437

RE: BRISTOL-MYERS SQUIBB NEWSLETTER: COPY AND
PHOTO FOR YOUR APPROVAL

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

For an upcoming newsletter, Bristol-Myers Squibb Immunology would like to include mention of your participation in the 2000 National Conference on African-Americans and AIDS and your public HIV test at the Whitman-Walker Clinic in Washington, D.C., on February 24. With your approval, we would like to mention your name in two articles and use the attached photo.

To meet our production deadlines, we would need to have a signed copy of the attached release form by April 19th.

I will call shortly to follow-up. Please don't hesitate to call with any questions. My direct line is 212.448.6874.

Handwritten initials: ER
Best regards,
Handwritten signature: Erin Ortiz

NELSON public relations

April 17, 2000

Sandra Thurman
Director of the White House Office on HIV/AIDS Policy

Via Facsimile: 202.456.2439

Dear Ms. Thurman:

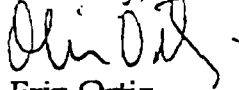
Bristol-Myers Squibb Immunology (BMSI) is launching *The BMS Community Leaders Fund* newsletter, a quarterly publication which will provide the HIV/AIDS community with current AIDS news, BMSI grants and initiatives, and *BMS Community Leaders Fund* activities. The Fund is a multi-million dollar grant program that supports HIV/AIDS prevention education, testing, treatment access and case management programs.

In the premier issue of the newsletter we would like to feature highlights from the 2000 National Conference on African-Americans and AIDS and the *Get Tested. Get Treated.* program at the Max Robinson Center of the Whitman-Walker Clinic.

With your permission, we would like to use your picture and mention your name in our newsletter. For your approval, I have attached a copy of the article in which your name appears and the photo of you with Reverend Jackson and Dennis Haysbert at the Max Robinson Center. To meet our production deadlines, we would need to have a signed copy of the attached release form by April 19th.

We appreciate your consideration and once again, thank you for your important contribution to the 2000 National Conference on African-Americans and AIDS and for your participation in BMSI's anti-stigma campaign, *Get Tested. Get Treated.*

Sincerely,



Erin Ortiz
Senior Account Executive
Nelson Public Relations

Get Tested. Get Treated.**Rev. Jesse L. Jackson, Sr. Leads Call to Action to Fight HIV/AIDS Stigma Among African-Americans**

To demonstrate the importance of people knowing their HIV/AIDS status, Rev. Jesse L. Jackson, Sr., president and founder of the Rainbow/PUSH Coalition, visited the Max Robinson Center of the Whitman-Walker Clinic, a local AIDS clinic in one of Washington, D.C.'s predominately African-American neighborhoods.

Surrounded by other prominent leaders, Rev. Jackson called for more grassroots initiatives and government action to address the HIV/AIDS epidemic within the African-American community and challenged every African-American at risk to "*Get Tested. Get Treated.*" To prove his point, Rev. Jackson, along with Sandra Thurman, Director of the White House Office on HIV/AIDS Policy, and Dennis Haysbert, Actor in the CBS series, "Now and Again" and "Break the Silence" spokesperson, were all publicly tested for HIV. The public testing was done in conjunction with the 2000 National Conference on African-Americans and AIDS.

"As leaders in the community, we can't just talk the talk, we must walk the walk," said Rev. Jackson as he and others were publicly tested to learn their own HIV status. "I want to send a message to every African-American who does not know his or her HIV/AIDS status to get tested. We hope that by addressing this issue, people will begin to believe that the system does work...your records will be kept confidential. I want people to know that if you are HIV-positive, and you get into treatment, you can live long, healthy, happy and productive lives. But the first step is to get tested. The next step is to get treated."

The public HIV test attracted widespread media attention, generating over 50 million impressions to date. Messages about prevention, screening and treatment appeared in several publications, including *USA Today*; *Associated Press*; *The Washington Post* and *JET Magazine*. More than 40 television broadcast reports aired around the country during the events, including a morning report on CNN.

The momentum generated by Rev. Jackson's bold testing initiative will continue to drive future efforts with Rainbow/PUSH that will build on the important work begun through *Get Tested. Get Treated.* AIDS continues to be the number one cause of death for African-American men and the second leading cause of death in women, ages 25 to 44. The *Get Tested. Get Treated.* initiative is a good example of how leading African-American officials are beginning to tackle many issues related to the AIDS epidemic. Embracing these alarming statistics, officials are paving the way by calling for continued public attention that shows it is fine to know your HIV status.

2000 National Conference on African-Americans and AIDS HIV/AIDS Epidemic Continues to Rise in the African-American Community

On February 24-25, Johns Hopkins University School of Medicine and Bristol-Myers Squibb Immunology sponsored the 2000 National Conference on African-Americans and AIDS in Washington, D.C. The Conference was the second national forum to mobilize public health officials, medical and AIDS service organizations, faith-based ministries and corrections experts in order to address the growing health concern of HIV/AIDS in the African-American community. The 2000 Conference was especially important since the incidence of HIV/AIDS cases in the African-American community continues to rise at alarming rates.

HIV/AIDS has reached epidemic proportions in the African-American community. In recent years, the estimated incidence of HIV/AIDS has declined for every race except African-Americans.

"While African-Americans represent only 13 percent of the US population, they account for 57 percent of new infections of HIV and nearly 50 percent of AIDS cases. By the year 2005, they will account for 60 percent of AIDS cases," said Eric Goosby, M.D., Director of the Office of HIV/AIDS Policy in the U.S. Department of Health and Human Services. "Unfortunately, there is still a severe health crisis in the African-American community. This conference is an excellent means to bring together healthcare professionals, clergy, public and private business sectors and people infected and affected by HIV/AIDS to address this critical health epidemic."

Discussions at the Conference focussed on issues such as the epidemiology of HIV/AIDS in the U.S., the disconnect between the American healthcare system and the African-American community, access to HIV prevention initiatives, the importance of getting tested and treated for HIV and current national AIDS policy issues. This year's Conference featured presentations and remarks by major public health figures such as Reverend Jesse L. Jackson, Sr., president and founder of the Rainbow/PUSH Coalition; Donna Shalala, Secretary of Health and Human Services; Sandra L. Thurman, Director of the White House Office on HIV/AIDS Policy; Helene Gayle, Director of the National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention; and A. Cornelius Baker, Executive Director of the Whitman Walker Clinic. Also featured were medical experts such as Dr. Goosby; Stephen Thomas, Ph.D., Director of the Institute for Minority Health Research, Rollins School of Public Health at Emory University; and John G. Bartlett, M.D., Chief, Division of Infectious Diseases at Johns Hopkins University School of Medicine.

"We applaud the involvement of such prominent leaders in tackling this serious epidemic," stated Dr. Bartlett. "As we continue to address HIV/AIDS in the African-American community, we need consistent public attention that is focused on reducing new infections in this population."

The Conference provided a tremendous opportunity for health professionals from around the country to learn the best ways to educate African-Americans about this serious epidemic. The involvement of public figures such as Rev. Jesse Jackson also emphasized the importance of translating the issues discussed at the Conference into a public awareness campaign that promoted a powerful image of national leaders uniting to stop the spread of HIV/AIDS in communities of color.



Rev. Jesse L. Jackson, Sr., president and founder of the Rainbow/PUSH Coalition, Sandra Thurman, Director of the White House Office on HIV/AIDS Policy, and Dennis Haysbert, Actor in the CBS series, "Now and Again" and "Break the Silence" attend a pre-HIV-test counseling session.

RELEASE AND WAIVER OF CLAIMS

I, Sandra Thurman, hereby acknowledge and consent that my name, comments (in print and broadcast media) and all photographs that were taken of me (if appropriate) by Bristol Myers Squibb Company, Nelson Public Relations, or their agents, can be used for purposes of distributing and publicizing the *BMS Community Leaders Fund* newsletter without limitation for such purposes.

I hereby release Bristol Myers Squibb Company, Nelson Public Relations, their successors and assigns, and the agents of all the aforesaid parties, from any liability for the publication of my name, comments, or any photographs of me as described above. I also acknowledge that I have not requested nor am I entitled to payment for the use of my name or for posing as a subject for these photographs, and I hereby waive any future claim for payment for this purpose.

Signature: Sandra ThurmanPrint: Sandra L. ThurmanDate: 4/21/2000



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	<i>Erin O'Brien</i>	FROM:	<i>Sarah Holwinski</i>
COMPANY:		DATE:	
FAX NUMBER:	<i>212/779-30401</i>	TOTAL NO. OF PAGES INCLUDING COVER:	<i>7</i>
PHONE NUMBER:			
RE:	<i>As Requested ..</i>		
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE			

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

Integrating Public Health & Corrections: *Preparing for the New Millennium*

August 18, 1999

Dear Sandra Thurman:

On behalf of the Chicago Department of Public Health, Division of STD/HIV Public Policy and Programs, and in collaboration with the Centers for Disease Control and Prevention, HRSA, SAMHSA, NIJ, Bristol-Myers Squibb and the National Commission on Correctional Health Care, we would like to extend an invitation to participate in a conference focusing on correctional and public health care policy and program options.

The conference, "**Integrating Public Health and Corrections: *Preparing for the New Millennium***", is by *invitation only* and will be held in Chicago, October 3-5, 1999 at the Hyatt Regency O'Hare. We anticipate that 200 invitees from the largest correctional/jail jurisdictions and their public health counterparts will be in attendance.

The goals of the conference are to:

- Focus on the impact of correctional health on public health and the importance of collaboration between these two systems.
- Provide the opportunity for public health to strategize and develop a standardized national training program for public health providers regarding correctional health and public health service delivery.
- Identify the necessary steps needed to link detainees to services once released to ensure continuity.

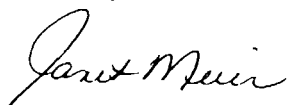
A brochure outlining the conference and a registration form are attached for your review.

If you are unable to attend, please feel free to send, as a designee, an individual with the authority/capacity to recommend and initiate policy to integrate discharge planning with community public health programs. Please refer to the attached list of invitees.

The conference sponsors will pay for your airfare, room and tax for two nights and all conference related functions and meals as outlined in the agenda. If you choose to accept this invitation, please complete the attached registration form and return to Gavel International via fax at (847) 940-8419 by September 3, 1999. Upon receipt of the registration form, Gavel International will contact you to confirm your preferred flight schedule and hotel accommodations. All other supporting conference materials will be sent to you by September 24, 1999.

Should you have any questions relating to the conference, please call (877) 862-2253. For questions regarding your travel arrangements, feel free to contact Gavel International at (800) 831-9248.

Sincerely,



Janet Meier
Program Manager

REGISTRATION FORM

Meeting: Integrating Public Health & Corrections: *Preparing for the New Millennium*
Dates: October 3 – 5, 1999
Destination: Hyatt Regency O'Hare
Chicago, Illinois

Please complete the form below and fax it to Gavel International at (847) 940 – 8419 by September 3, 1999.
Gavel International will then contact you and handle your travel arrangements.

PERSONAL INFORMATION

(please type or print clearly)

NAME:

(as it appears on your
drivers license)

First

MI

Last

TITLE:

CREDENTIALS:

MAILING ADDRESS:
Tickets will be mailed to
this address.
(NO P.O. Boxes please)

(please check one)

☐ HOME

☐ BUSINESS

Number / Street

City

State

Zip

BUSINESS PHONE:

HOME PHONE:

FACSIMILE:

E-MAIL ADDRESS:

HOTEL ACCOMMODATIONS

Arrival Date to Hotel:

Departure Date from Hotel:

☐ King Bed

☐ Two Double Beds

☐ Smoking

☐ Non-Smoking

Special Dietary Requests at Hotel:

AIR TRAVEL

Questions regarding air travel should be directed to Gavel International at (800) 831.9248

Preferred Seating:

☐ Window

☐ Aisle

☐ Other

Preferred Hometown Departing Airport:

Frequent Flyer Number:

Special in-flight or Dietary Requests:

MISCELLANEOUS

☐ I'll be **DRIVING** to the Hyatt Regency O'Hare for the conference. (no transfers needed).

☐ YES, I am Interested in the Jail Tour. (space is limited to the first fifty respondents)

JOIN US AS WE TOUR THE LARGEST SINGLE JAIL SITE IN THE UNITED STATES

The Cook County Department of Corrections is the largest single site Jail in the United States. The average daily population is 9800 detainees. Cermak Health Services of Cook County is the largest single site correctional health service in the U.S.

The tour shall include a visit to the intake area, where 300+ detainees are processed daily. Every detainee is screened for TB, STDs and other medical/mental health problems.

From there we will proceed to the new 166,000 square foot health facility where the TB/STD clinics are held.

Bus Departs Hyatt Regency	2:30 pm
Arrival/Processing	3:00 pm
Tour	3:30 pm
Depart Jail	5:00 pm
Arrive back at Hyatt Regency	5:45 pm

Space is limited to the first fifty respondents

**Integrating
Public Health
& Corrections:**

***Preparing for the New
Millennium***

**October 3 - 5, 1999
Hyatt Regency O'Hare
Chicago, Illinois**

Sponsored by:

Bristol-Myers Squibb Immunology

Centers for Disease Control

City of Chicago Public Health

HRSA - Health Resources and Services Administration

National Institute of Justice

SAMHSA - Substance Abuse and Mental Health Services Administration

In-Kind Contribution by:

National Commission on Correctional Health Care

SIGNIFICANCE:

Currently there are more than 1.8 million individuals incarcerated in U.S. jails and prisons, and 6 million individuals are under some form of criminal justice supervision. By the year 2000, it is estimated that there will be two million people detained. These individuals are typically poor people and racial minorities. They are medically disenfranchised prior to incarceration and have a disproportionately high rate of infectious diseases, substance abuse, high-risk sexual activity and other health problems. Consequently, because of this behavior, many are at risk for acquiring sexually transmitted diseases, including HIV.

For example, in 1997, 24% of all syphilis cases diagnoses in Chicago were diagnosed at the Cook County Jail. Moreover, in 1997, inmates represented 4.6% of the U.S. AIDS cases reported. This was estimated as six times higher than the general population. Based on this data, one could logically assume that the most explosive public health issue affecting detained populations by typical public health standards is the rate of infectious disease among this population.

*HIV infection and AIDS continue to be far more prevalent among inmates than in the total U.S. population.

*The prevalence of HIV and AIDS is higher among Hispanic and black inmates than among white inmates.

*The prevalence of HIV and AIDS is higher among female inmates than among male inmates.

*Behavioral profiles and anecdotal evidence suggest that inmates are disproportionately affected by STD's and hepatitis.

In 1996 the Joint United Nations Program on HIV/AIDS (UNAIDS) cogently summarized the importance of health care and disease prevention in correctional facilities: ***“Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities.”***

Thousands of former correctional inmates return to the community each month. Despite the high rates of disease and high-risk behavior, few metropolitan areas have created partnerships between the correctional health care setting and community-based public health care systems. This conference addresses the need for ongoing coordination and collaboration to ensure that continuity of care services are provided to these individuals upon release.

PURPOSE:

The purpose of the conference is to integrate public health and correctional health. To meet this objective, the conference will focus on existing health care issues and model programs in the provision of health care.

OBJECTIVES:

- To establish a form whereby constructive dialogue on emerging corrections and public health issues can be discussed.
- To define inmate health care within the public health continuum of care.
- To identify existing programs that have been successful in:
 - Working with public health departments
 - Establishing linkages with community based organizations and community-based health care clinics
 - Developing evidence-based documented recidivism data
- To establish guidelines and protocols needed to institute a system wide plan, regarding linkages with community health for soon-to be released HIV infected detainees and other detainees at high risk for communicable diseases.
- To foster new or enhance existing relationships between Public Health and Correctional Officials.

OUTCOMES:

- The conference will provide the opportunity for correctional health care providers to dialogue with public health. The conference will also:
- Focus on the impact of correctional health on public health and the importance of collaboration between these two systems.
 - Provide the opportunity for public health to strategize and develop a standardized national training program for public health providers regarding correctional health and public health service delivery.
 - Identify the necessary steps needed to link detainees to services once released to ensure continuity.

“Integrating Public Health and Corrections: *Preparing for the New Millennium*”

Sunday, October 3, 1999

Tour of Cook County Jail and Cermak Health Services — See back of brochure for additional information
(*space is limited to the first fifty respondents*)

Registration

Welcome Reception

Monday, October 4, 1999

Registration and Continental Breakfast

Welcome and Overview

Sheila Lyne, RSM - Commissioner, Chicago Department of Public Health
John Miles - Office of the Director, National Center for HIV/STD and TB Prevention
Lydia Watts, MJ - Director Of Correctional Healthcare Initiatives, Chicago Department of Public Health

Opening Session/Keynote Speaker: Public and Corrections Healthcare: Challenges and Strategies for the New Millennium
Reverend Jesse Jackson

Panel Discussion: The Burden of Disease in Corrections and its Burden on Public Health: Perspectives, Obstacles and Challenges
Timothy Flanigan, MD - Panel Moderator, Medical Director
Michael Ash - Security and Chief Jailer
Helene Gayle, MD, MPH - Government Official
Dave Thomas, MD - Legislator
Roscoe Cooper - Ex-offender
Casandra Newkirk, MD - Women's Issues and Mental Health

Lunch

Overview: Model Programs: Corrections and Public Health Collaboration: What is Working and Why
Rhode Island: AIDS Service After Prison (ASAP) - Continuity of Care Program
Hampden County, MA: Continuity of Care from the Public Health Perspective
Seattle, WA: Public Health Nursing in the Correctional Setting: A Training Program that Works
Chicago, IL: Screening, Testing and Treatment

Questions and Answers

CDC/HRSA Grant Recipients: “Best Practices”

Wine and Cheese Reception

Tuesday, October 5, 1999

Continental Breakfast

Regional Workshops: Creating Blue Prints for Change

Luncheon Presentations — “Government Perspectives” (CDC, HRSA, SAMHSA)

Advocacy/Lobbying: “How to Convince those that have the Power to Make it Happen” / Funding Resources and Availability
Anita Estelle, Esq. — Vice President, Van Scoyoc Associates, Inc.

Setting the Stage for the Millennium: Workshop Recommendations and Plan of Action
Jaye Anno, MD, CCHP-A — Consultants in Correctional Care

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Mary Adair, MD
Physician Assistant
AHFHollowood Clinic

Lisa Agate
HIV/AIDS Program Director
Broward County Public Health Unit

Dave Akers
*Public Health STD Program
Manager*
Department of Health and Mental
Hygiene

Sherriff Joe Arpaio
Jail Administrator
Maricopa County Sheriff's Dept

Sheriff Leroy Baca
Jail Administrator
Los Angeles County Sheriff's Dept

Alfred Baker
HIV Co-Chair
The New Texas House

Cornelius Baker
Executive Director
NAPWA

Levrett Baldwin
Jail Administrator
Milwaukee Sheriff's Department

Sheriff Jacquelyn Barrett
Jail Administrator
Fulton County Sheriff's Department

MaryAnn Benitez
Health Care Administrator
Medical Administration

Joseph Bick, MD
Director HIV Treatment Services
California Dept of Corrections
Medical Facility

Casey Blass
HIV/STD Program Manager
Bureau of HIV & STD Prevention

Gail Bolan, MD
STD Project Director
STD Control

Diana Bonta, RN, MPH
Director
CA Dept of Health Services

Steven Bowers, MD
Medical Director
Dallas County Sheriff's Department

Sheriff Jim Bowles
Jail Administrator
Dallas County Sheriff's Department

Mary Boyd
*Corrections Campus Health Care
Manager*
Dallas County Jail

Ronald Braithwaite, PhD
Physician
Rollins School of Public Health of
Emory University

Wayne Brathwaite
STD Project Director
Baltimore City Health Department

Dawn Broussard
STD Program Manager
SPHA 13th Street Specialty Clinic
Dept of Health

Art Brown
Health Care Administrator
Pretail Detention

Christopher Brown
*HIV Director / STD Project
Director*
Office of HIV/STD Services Div of
Disease Prevention

Len Bursky
Chief Operating Officer
Cermak Health Services

Marilyn Charles
Medical Director
New Orleans Sheriff's Department

Donna Christian-Christianson
Congresswoman
Washington DC

John Clark, MD
Medical Director / Chief Physician
Medical Services

Erin Cody, MD
Medical Director
Medical Administration Depatment

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Bruce Coles, DO

STD Director
New York State Dept of Health

Thomas Conklin, MD

Director of Health Services
Hampden County Correctional
Center

Thomas Costello

Jail Administrator
Philadelphia Sheriff's Department

Landis Crocket, MD MPH

*STD Project Director & HIV
Director*
Florida Dept of Health

Joseph Cronauer

*HIV Director / Coordinator / Co-
chair*
AIDS Activity Coordinating Office

Lori de Ravello

Public Health Advisor
CDC

Hazel Dean Gaitor

Epidemiologist
CDC

Susan DeLisle

Branch Chief
CDC

Elizabeth Desiderio-Gondles

*President of Institution for Criminal
Justice HealthCare*

David Doolen

Project Manager
National Minority AIDS Council

Charlene Doria-Ortiz

Executive Director
Center for Health Policy
Development

Thomas Dortch, Jr.

National President
100 Black Men of America

Wayne Duncan

Public Health Advisor
CDC

Diane Dwyer, MD

State Epidemiologist
Maryland Department of Health and
Mental Hygiene

Soraya Elcock

HIV Co-Chair
HIV Prevention Planning Unit Box
A-2

Steve Eldred

Office of AIDS Coordination
County of San Diego

Bob England, MD, MPH

State Epidemiologist
Arizona Dept of Health Services

Thomas Farley, MD, MPH

*STD Project Director & HIV
Director*
Louisiana Dept of Health &
Hospitals

Norm Fikes

Special Projects Manager
CDC

Christopher Fletcher, MD

Medical Director
Corrections Corporation of America

Seth Foldy

Commissioner of Health
City of Milwaukee Health
Department

Sheriff Charles Foti

Jail Administrator
New Orleans Sheriff's Department

Helen Fox-Fields

Senior Director
Infectious Disease Policy

Al Franzone

Director Key Accounts
Bristol-Myers Squibb Immunology

Debra Frazier-Howze

President / CEO
National Black Leadership
Commission on AIDS

Chris Freeman

*STD Program Manager / HIV
Coordinator*
Tennessee Dept of Health

Barbara Gallagher

Director of HIV/STD Services
Dallas County Health & Human
Services

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Glenda Gardner
HIV/STD Coordinator
Bureau of STD/HIV Prevention

Susan Geissler
Director-Mayor's Office on HIV
Department of Environmental
Health

Anthony Gerald
STD Program Manager
Dade County Dept of Public Health

Vince Gibson
Manager of Infectious Diseases
Memphis / Shelby Health Dept

Vincent Glover
Jail Medical Director
Memphis / Shelby Health Dept

Robert Gonzales, MD
Medical Director
Miami-Dade County Correction &
Rehab Dept

Bob Gunn, MD
STD Program Manager

Mel Haas, MD
Medical Director
Center for Mental Health Services

Ted Hammett
Collaborator
Abt Associates Inc

David Hansell
*Associate Commissioner for HIV
Services / HIV Coordinator*
New York State Dept of Health

Ruby Hardy
HIV/AIDS, STD Program Manager
Fulton County Health Department

Nigel Harris
Dean & Senior Vice President
Academic Affairs Morchouse
University

Ned Heltzer, RPh, MS
*Vice President Pharmaceutical
Affairs*
Prison Health Services Inc

Charles Henry
Director
LA Coutny AIDS Programs &
Policy

George Herron
Medical Director
Fultom County Correctional Facility

Warren Hewitt
AIDS Coordinator
Center for Substance Abuse
Treatment / SAMHSA

Don Hutchinson
STD Program Manager
Dallas County Health & Human
Services

Jesse Jackson, Jr.
Congressman
Chicago, IL

Jeff Jacobs
Director Government Affairs
AIDS Action Council

Sheriff Kenneth Jenne
Jail Administrator
Broward County Sheriff's
Department

Janice Johnson
STD Program Manager
SPHA 13th Street Specialty Clinic
Dept of Health

Wanda Jones
*Deputy Assistant Secretary for
Health*
Office of Women's Health

Robert Jones, MD
Medical / Mental Health Director
Montana Department of Corrections

Romina Kee
Medical Director
Chicago Dept of Health

Chet Kelly
*Administrator, AIDS Activity
Section / HIV Director-Coordinator*
Illinois Dept of Public Health

Newton Kendig, MD
Medical Director
Federal Bureau of Prisons

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Bernard Kerick

Commissioner / Medical Director
Office of Corrections

Sheriff Bill Kolender

Jail Administrator
San Diego County Sheriff's
Department

Janice Kopelman

Director
Pennsylvania Dept of Health

Karina Krane

Public Health Analyst
CDC

A Michael Lawrence

*STD Program Manager County of
LA*
Preventive Health Services

Robert Levenson

STD Project Director
Philadelphia Dept of Public Health

Thomas Liberti

HIV Program Manager
Florida Dept of Health / Bureau of
HIV/AIDS

Ralph Logan

Jail Administrator
Baltimore City Sheriff's Department

Maria Ludwick

HIV Coordinator & Co-chair
Louisiana Dept of Health &
Hospitals

Mark Luttrell

Director of Corrections
Shelby County Correctional Center

Rob Lyerla, PhD

CDC
CDC

Deborah Madlin

Health Care Administrator
Correctional Justice Center

Gloria Maki

*Executive Deputy Director / HIV
Director*
New York State Dept of Health

Ellen Mangione

State HIV Director
County Department of Public Health
and Environment

Jim Martindale

Health Education
CDC

James McCauley, MD

Medical Director
Cermak Health Services

Dwight McKenna, MD

Medical Director
New Orleans Sheriff's Department

Kristen Mertz

EIS Officer
CDC

Kwiesi Mfume

Executive Director
NAACP

Steve Middlekauff

Public Health Advisor
CDC

John Miles

Office of the Director
National Center for HIV STD and
TB Prevention

Valerie Mills

Associate Administrator
SAMHSA

Barbara Monahan

Correctional Nurse Manager
Denver County Jail

Bill Moore, MD

STD/HIV Project Director
Tennessee Dept of Health

Richard Moore

Deputy/Demonstration Projects
National Commission on
Correctional Health Care

Christine Mulligan, RN, MS

*Director of Nursing & Ancillary
Services*
NY Dept of Correctional Services

Dorothy Murphy

Director of STD Services
Cermak Health Services

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Kelly O'Keefe

HIV Co-Chair

Colorado Department of Public
Health and Environment

Frank Oldham

HIV Director

Chicago Dept of Health

Harold Orr, MD

Medical Director

Prison Health Services Inc

Roger Parris

Jail Administrator

Health Substance Abuse & Forensic
Services

Lucy Perez

Director of Medical Affairs

Center for Substance Abuse
Treatment / SAMHSA

Richard Pollard, MD

Professor of Internal Medicine

University of Texas Medical Branch

Major MW Quinn

Health Services Administrator

Harris County Sheriff's Department

Timothy Quinn

Public Health Advisor

CDC

Charlie Rabins

*Acting Chief Division of Infectious
Disease*

Illinois Dept of Public Health

Harold Rasmussen

Chief, Coordinator

CA Office of AIDS

Kathy Rauch

Public Health Advisor

CDC

Bill Rold

Attorney

National Commission on
Correctional Health Care

William Ruby, DO

Regional Medical Director

Corrections Medical Services

Lynn Sander

Medical Director

Denver County Jail

David Satcher

Surgeon General

Department of Health and Human
Services

Beth Scalco

Administrative Director

Louisiana Dept of Health &
Hospitals

Mark Schrader

HIV Director /STD Program

Manager

Georgia Department of Human
Resources

Mary Kay Schuknecht

Medical Director

Milwaukee Sheriff's Department

Mike Seale, MD

Medical Director

Harris County Sheriff's Department

Rafael Semidei

Health Care Administrator

Dept of Corrections

Sheriff Michael Sheahan

Jail Administrator

Cook County Dept of Corrections

Steve Shelby

Lieutenant

Sheriff headquarters Bldg

Walter Shervington, MD

President

National Medical Association

Jerry Shirah

Assistant Branch Chief

CDC

Harry Shuman, MD

Health Service Administrator

St. Barnabas Correctional Health

Patricia Simone

Medical Epidemiologist

CDC

John Simonet

Director of Corrections

Denver County Jail

**INTEGRATING PUBLIC HEALTH & CORRECTIONS:
PREPARING FOR THE NEW MILLENNIUM**

Invitee List

Liza Solomon, MD PH

HIV Director

Maryland Department of Health and
Mental Hygiene

Lois Spears

Jail Administrator

Miami-Dade County Correction &
Rehab Dept

Nancy Spencer, MPH

*State STD Program Manager / State
HIV Coordinator*

County Department of Public Health
and Environment

Susan Steinberg

Deputy Director

California Department of
Corrections

Gail Steinhauser

Medical Director

Maricopa County Sheriff's Dept

Susan Svitak

Director

Arizona Department of Corrections

Anthony Swetz

Health Services Administrator

State of Maryland Dept of Public
Safety & Correctional Services

Tom Thomas

AIDS & STD Program Coordinator

Dallas County Health & Human
Services

Sheriff Tommy Thomas

Jail Administrator

Harris County Sheriff's Department

David Thompson

Public Health Advisor

Center for Substance Abuse
Treatment / SAMHSA

Sandra Thurman

National AIDS Policy Director

Office of National AIDS Policy

Kathleen Toomey, MD MPH

*Director, Division of Public Health,
State Epidemiologist*

Georgia Department of Human
Resources

Louise Tripoli, MD

Vice President Medical Services

Correctional Medical Services Inc

Adewale Troutamn

Director

Fulton County Department of
Health

Evelyn Ullah

Program Director

Dade County Dept of Public Health

James Vergeront, MD

HIV Director

Department of Health and Family
Services

Anthony Wade

STD Program Manager

Division of Health Department of
Health and Family Services

Jackie Walker

AIDS Information Coordinator

The National Prison Project of the
ACLU Foundation Inc

The Honorable Maxine Waters

Legislator

Maxine Waters Office

Johnathan Weisbuck, MD, MPH

Director of Public Health Services

Maricopa Dept of Public Health

Isaac Weisfuse, MD

*Assistant Commissioner Bureau of
STD Control / STD Project Director*
New York State Dept of Health

Walter Williams

Director CDC OMH

CDC

Diane Williamson, MD

Clinical Research Fellow

Mt. Sinai Hospital ACTG Dept of
Community & Prev. Medicine

Scott Willis

*Executive Assistant, Health Service
Division*

Jerald Young, MPH

STD Project Director

Department of Health and Family
Services

BRISTOL-MYER'S SQUIBB
SECURE THE FUTURE: CARE & SUPPORT FOR WOMEN & CHILDREN WITH HIV/AIDS

Bristol-Myers Squibb's Commitment

Secure the Future is a US\$100 million commitment over five years to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women, children and communities suffering from the HIV/AIDS epidemic in their countries. The largest commitment of its kind ever made, the Bristol-Myers Squibb *Secure the Future* program is intended to complement the broader efforts of governments to identify innovative relevant and sustainable programs for the management of HIV/AIDS in resource-limited settings.

The program will novel fund programs in medical research & education, community education & outreach, and capacity building for healthcare and public health professionals. Priority areas for funding are orphan care, home-based care, sexual violence, physician and nurse training, and public health education.

Program Status After Year 1

Secure the Future was launched in May 1999. After one year, Secure the Future has seventeen (17) projects underway for a total commitment of \$24 million (please see attached). Project highlights include:

- Public Health fellow program at the National School of Public Health, MEDUNSA will train 250 healthcare professionals towards their MPH (Masters in Public Health).
- Reetsanang Association of Community Drama Groups was awarded a grant to use theater drama for HIV/AIDS education, behavioral change, destigmatization and social mobilization.
- Botswana Christian AIDS Intervention Program (BOCAIP) will provide a unique program of psychosocial and spiritual support to infected and affected individuals and families in the home-based care setting.
- Cabrini Sisters/Sisters of Mercy, University of Illinois and Swaziland MOH teamed up to develop a model curriculum for training of 2,500 rural healthcare workers who are the first-line of patient care. The \$860,000 grant was partially funded with \$200,000 from the Cabrini Sisters.
- AIDS Foundation was awarded a grant for a coordinated orphan response program in KwaZulu-Natal Province. The program will assess various approaches to developing relevant life skills training for affected and infected children.
- Harvard AIDS Foundation and Princess Marina Hospital established a pioneering reference lab in Botswana. The lab will enable the dramatic increase of infrastructure and training of healthcare professionals in clinical trials, diagnostics, and patient monitoring. The project will also undertake the first-ever study in the resistance patterns of HIV-1C.
- Baylor College of Medicine/Texas Children's Hospital was awarded a grant to establish a bi-directional physician exchange program that will train physicians in pediatric AIDS, obstetrics and infectious disease.

Secure the Future: Community Education & Outreach Projects

TITLE	INSTITUTION	\$000s
Fellowships in Public Health, with emphasis on AIDS care	National School of Public Health, MEDUNSA	1,795
HIV/AIDS Prevention and Home Based Care for Rural Health Workers	University of Illinois, College of Nursing, Missionary Sisters of the Sacred Heart*	880
Counselling and Home Based Care Project	Botswana Christian AIDS Intervention Program	431
Coordinated Orphan Response: Region F KwaZulu Natal	AIDS Foundation of South Africa	38
Community Dance Drama and Theater	Reestanang	32

* \$200K from Cabrini Sisters

Total \$3,176

Secure the Future: Approved Medical Research Protocols

TITLE	INSTITUTION	\$ 000s
Emergence of HIV-1C Nucleoside Drug Resistance: Impact on Maternal-Infant Transmission in Botswana	Harvard AIDS Institute-Princess Marina	\$18,100
Bi-directional physician exchange program	Baylor College of Medicine	\$2,200
Internet-Medical Mentor Program	IAPAC (International Association of Physicians in AIDS Care)	\$335
Self-Care Symptoms Management For Persons With HIV Disease	University Of California	\$294
Burden Of Disease Caused By Respiratory Viruses And Pneumocystiscarinii	University of the Witwatersrand	\$105
Bismuth Subsalicylate (Bss) In The Treatment Of Diarrhea Children in Human Immunodeficiency Virus Infected	University of Cape Town	\$91
Prevalence of STD amongst students at the UDW Health Clinic and the reasons to Syndromic Management	University of Witswatersrand	\$43
The Cost-Effectiveness Of HIV / Aids Treatment In The Western Cape	Somerset Hospital	\$40
Pneumonia In African HIV-Infected Children Hospitalized For Acute Lower Respiratory Tract Infections	University of the Witwatersrand	\$35
Cell-Associated Virus in Breastmilk of HIV Seropositive Women	University of Natal	\$27
A Study To Increase Partner Compliance Of STD Diagnosed Patients	Bethal Hospital	\$11
The Pharmacokenetics of Cotorimoxazole in HIV Infected Children	University of Capetown	\$7

Total \$21,288

Foreign Aid

Bristol-Myers Heeds Calls to Bolster War Against HIV in Africa

Plan Focuses on Training,
Prevention Where Virus
Is Raging Most Fiercely

It Isn't Only About Altruism

By MICHAEL WALDHOLZ

Staff Reporter of THE WALL STREET JOURNAL

Drug companies are facing a dilemma when it comes to dispensing powerful new AIDS medicines where they are needed most: sub-Saharan Africa, home to 70% of the world's HIV-infected population. The therapies are too expensive for most patients, and much of the region lacks basic medical services.

So far, most companies have tried to deal with the problem through limited drug giveaways or discounting programs. But many international health officials and AIDS activists view those efforts as grossly inadequate. Already, several governments, including South Africa's, are threatening to hand over drug patents to local manufacturers, potentially flooding markets with cheap copycat versions of the industry's hugely profitable anti-AIDS medicines.

Now, Bristol-Myers Squibb Co., maker of three AIDS drugs, is trying another approach. Today it is expected to announce that it will spend \$100 million in five southern African nations over the next five years to fund extensive research trials, train more than 200 physicians and help nongovernmental organizations bolster community AIDS-prevention and treatment programs. The program won't include drug discounts or handouts.

A Drop in the Bucket?

The effort is designed to help provide the sort of in-depth, long-term care and research that is common in the West, where the death toll from AIDS has plunged by two-thirds in recent years, largely as a result of the widespread use of the new "cocktails" of AIDS medicines.

No one, not even Bristol-Myers, with \$18.3 billion in annual sales, believes \$100 million will come close to solving the problem, even though the company calls the effort the largest AIDS grant ever by a corporation. The infection rate in sub-Saharan Africa is growing by 20% a year, and in South Africa alone the number of HIV-infected people has almost doubled to close to four million in the past two years.

World-wide, 34 million people are believed to be infected with HIV, the virus that causes AIDS.

Bristol-Myers Chairman Charles Heimbold, in an interview yesterday, said his company's action, while perhaps slow in coming two decades into the epidemic, is a sincere effort to get other companies to join with it or to begin similar undertakings of their own. The 65-year-old executive says the company acted quietly and on its own "because that's the way to get things done quickly . . . and given the numbers we were seeing, speed seemed to be critical."

While Bristol-Myers says altruism is driving its efforts, there are other factors at work. The program will allow it to develop longer-term business interests in developing nations for its AIDS drugs and other therapies.

And in a move certain to rouse ethical questions in the U.S., Bristol-Myers hopes to support South African studies involving 20,000 AIDS patients,

mostly women and children, taking drug cocktails that in some cases consist solely of Bristol-Myers's three AIDS products: its antiviral drugs Videx, Zerit and hydroxyurea. Some of the trials will involve only two drugs, perhaps even in intermittent therapy, an approach considered suboptimal in the U.S. If proved effective, however, this lower-cost therapy could be a boon in the developing world.

Bristol-Myers was prodded into action when Mr. Heimbold happened to sit next to United Nations Secretary General Kofi Annan late last year at a dinner party, and the U.N. official urged him to do something for AIDS in Africa.

Officials with the U.N.'s AIDS program, UNAIDS, have been pounding the doors of U.S. and European drug companies for several years. Led by a Lebanese-born, Paris-trained physician named Joseph Saba, UNAIDS staffers in early 1997 began urging AIDS drug makers to join a pilot effort to get lower-priced medicines into four countries, including two in Africa: Uganda and the Ivory Coast.

But while sympathetic to the problem, the companies were uncomfortable with setting a precedent for a two-tier pricing system — one for the West and one for poor nations. Their main concerns: that activists in Western nations would demand similar discounts, and that the low-priced medicines would find their way onto the black market and end up in the U.S. and Europe.

Moreover, Merck & Co. argued that even if it halved the price of its big-selling protease inhibitor Crixivan, which costs about \$600 a month in the U.S., few Africans could afford it or use it properly because of a lack of the necessary medical infrastructure. Protease inhibitors are an



Charles Heimbold

Bristol-Myers Heeds Call to Bolster AIDS War in Africa

Continued From First Page

essential ingredient in the multidrug cocktail that must be taken several times a day, without interruption, to be effective in reducing virus levels in the blood. Even in the U.S., many patients have difficulty adhering to the complex daily regimen. Merck's concern was that if patients in the pilot countries went on and off the cocktails, they would develop drug-resistant strains of the virus that could spread throughout Africa, and even imperil countries elsewhere, including the U.S.

But from the perspective of UNAIDS's Dr. Saba, a courtly man who gave up a lucrative practice to work on HIV-vaccine development in Rwanda, it appeared that the world drug industry was principally concerned about protecting huge AIDS drug profits in the U.S. and Europe.

For months, he and Brian Elliot, a gregarious Irish consultant to UNAIDS, pitched their plan to company after company. Their proposal called on the companies to put up just \$25,000 in each pilot country to help fund an independent body that would buy AIDS drugs at steep discounts and closely monitor their administration to avoid misuse and theft.

Deep Cut

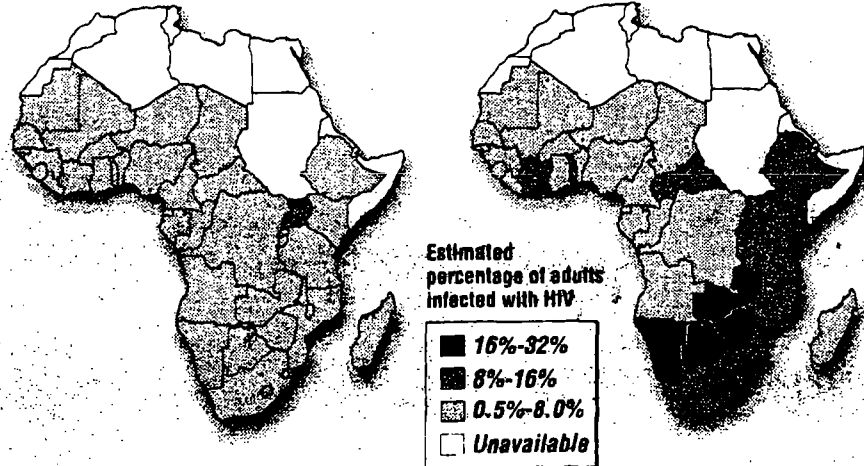
The unlikely duo was largely met with skepticism, with one exception: Peter Young, a top executive based at Glaxo Wellcome PLC's North Carolina operations, whose AZT is a mainstay in treating AIDS. Mr. Young was the first drug-industry official to agree to slash prices, last June cutting AZT's monthly cost to patients in Uganda and the Ivory Coast by more than two-thirds to about \$60 a month. The company also is providing short-term AZT dosages free to pregnant women to block the transmission of the virus to their newborns.

Mr. Young understood that this wasn't a solution, but he says Glaxo Wellcome felt

The Spread of HIV in Africa

1987

1997



Source: UNAIDS

it had to do something. "When we look back in 20 years or so, I wanted us to be seen as on the side of those who tried, who tried to do something, even in the face of insurmountable odds," Mr. Young says.

Critics in Africa were quick to point out that Glaxo Wellcome's patent on AZT was about to expire, and said that the company was merely motivated by a desire to sustain sales. In Uganda, Peter Mugenyi, an eminent AIDS physician and researcher, says, "I'm glad Glaxo cut its price, but if they didn't, we would have gone elsewhere" for AZT—namely to generic-drug makers.

Pharmaceuticals executives say Glaxo's willingness to slash AZT prices in Africa forced several other reluctant AIDS-drug makers, including Bristol-Myers and Roche Holding Ltd.'s Hoffmann-La Roche unit to join the UNAIDS pilot project.

However, since the project's start last summer, only 650 of the two million infected Ugandans have been able to afford the discounted drug cocktail. Even at \$200 to \$400 a month for the cocktail, it wasn't affordable for most AIDS patients in Uganda, where there is virtually no health insurance and the cash-starved government doesn't pay for drugs.

Creating a Marketplace

Beyond price, it was becoming clear to UNAIDS that much more than cheap drugs was needed. Mr. Elliot, who formerly ran a Johnson & Johnson unit's drug-marketing operations in Africa in the early 1990s, had come to realize that a pharmaceuticals marketplace needed to be created. In this forum, drug makers would compete with each other for patients, help train doctors and support clinics and hospitals—much as occurs in the U.S. and in Europe.

Even Dr. Saba had to be convinced of this necessity, however. One January night at an Italian restaurant in Chicago, where they were attending an AIDS conference and lobbying drug makers, tempers flared. The normally even-keeled Dr. Saba raised his voice in frustration and said he was certain the drug companies would reduce their prices even more, "because it's right." Mr. Elliot countered sharply, "Joseph, the drug makers are run by businessmen, and they respond to the market and to profits. Our job is to show them it's in their interest to lower prices and help build a medical infrastructure in Africa."

Mr. Elliot had been hammering away at this theme in dozens of meetings with drug-company executives, including several at Bristol-Myers, which had dis-

counted its AIDS drugs by 33% to 46% under the pilot program. So when Mr. Annan, the U.N. secretary general, turned to Bristol-Myers's Mr. Heimbold and asked him to take drastic action against African AIDS, top management had a fairly clear understanding of what was needed.

That was underscored when Kenneth Weg, the company's vice chairman, and several other managers visited Botswana.

Swaziland and South Africa over the winter, accompanied by former Congressman Ron Dellums, a consultant and frequent go-between for American companies and African governments.

"You can't help but become involved when you go out and see people," says the normally strait-laced Mr. Weg, 60, who, during an interview in his plush Manhattan office, becomes emotional when describing his encounters with HIV-infected women and children in Africa. At one hospital, he says quietly, he was introduced to a mother and her four-year-old child, both infected, and on the spot decided to pay for their future medical care.

Provided with data by UNAIDS, including a map illustrating the disease's rapid incursion, Mr. Weg and others at Bristol-Myers say they were stunned by the magnitude of the problem. "Of the 2.9 million children who have died due to AIDS, 2.5 million of them live in sub-Saharan Africa," he says. In addition, up to 40% of women in Swaziland and one-third of their children are also infected. In South Africa, there are 200,000 children orphaned by the disease.

The Bristol executives weren't always warmly embraced in southern Africa—especially in South Africa. In one instance, the South Africans bristled at the company's suggestion to train African physicians in the U.S., under a fellowship program run by Baylor College of Medicine in Houston, rather than in Africa; it also didn't seem to make sense to teach doctors how to use drug regimens, methods and equipment that wouldn't be available in South Africa. William Malegapuru Magkoba, director of the Medical Research Council in South Africa, says he and other black South Africans, given the recent his-

tory of apartheid, are sensitive about being dictated to by white Westerners. In the end, the two sides reached a compromise: 50 South African doctors will be trained in Texas, 50 in Africa.

Naive Approach

Bristol-Myers staffers also concede they were "embarrassingly" naive about what could be accomplished. "We thought there'd be easy answers once we got involved," says Mark Ahn, the company's project leader, who hadn't been to Africa until a weeks-long fact-finding trip in early February.

"Our assumption was that what people needed most were drugs; maybe we could make a large drug donation," Mr. Ahn says. That was before he dropped in on a support group in Soweto for 11 HIV-infected mothers. The women, who survived by making peanut butter, told him they would probably best be helped with funds to pay for more equipment rather than drugs. "These women were primarily worried about how they were going to support themselves today and tomorrow, not about whether they would be alive in five or 10 years," he says.

A large chunk of Bristol-Myers's money will go to train community workers in public health, and to provide existing programs like the African Red Cross "with the ability to greatly expand what they are already trying to do, such as caring for the orphans," Mr. Ahn says.

He adds that in recent weeks, there was a "raucous" debate inside the company over exactly how much to spend, especially since the funds will come off Bristol-Myers's bottom line. (The company says the tax-deductible grant could reduce earnings by a bit less than one cent a share in each of the five years.) Only last week, Messrs. Heimbold and Weg decided on the \$100 million figure, topping lesser amounts proposed by Mr. Ahn and others.

Patent Threat

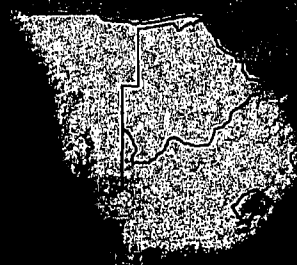
Although Bristol-Myers says there isn't any connection between its effort and recent drug-licensing moves in Africa, some observers tie the two together. Last year, South Africa passed a law saying it will license local manufacturers to make the anti-AIDS medicines unless big drug companies voluntarily reduce prices. This so upset the U.S. pharmaceuticals industry that it lobbied Congress to place a rider in a foreign appropriations bill to temporarily cut off foreign aid to South Africa. That threat postponed the South African action.

Nonetheless, later this month in Geneva, the World Health Assembly of health ministers will vote at its annual meeting on a proposal to open access to the medicines through so-called compulsory licensing that would encourage poorer nations to pass laws similar to the one in South Africa.

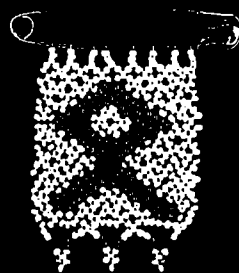
"What Bristol is doing is sure to be seen as a mix of good citizenship and commercial interest," says UNAIDS's Mr. Elliot. "It can't help but be seen that way."

Allen Herman, dean of the National School of Public Health at the Pretoria-based Medical University of Southern Africa, readily acknowledges that Bristol-Myers's effort is only a tiny piece of what's needed. But, paraphrasing an African proverb, he says, "How do you eat an elephant? One bite at a time." Then he adds, "What Bristol is doing is only a bite, but it's a big bite."

SECURE THE FUTURE



CARE AND SUPPORT FOR WOMEN AND
CHILDREN WITH HIV/AIDS



A PROGRAM SUPPORTED BY BRISTOL-MYERS SQUIBB COMPANY



Bristol-Myers Squibb Company

345 Park Avenue New York, NY 10154-0037 212 546-4310

Charles A. Heimbold, Jr.

Chairman and
Chief Executive Officer

September 22, 1999

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20502

Dear Sandra,

It was a pleasure to meet you during the First Lady's HIV/AIDS Leader's Summit on September 7. We appreciated the opportunity to meet with others of goodwill who hope to curb the HIV/AIDS epidemic in the developing world.

After a careful study of the pandemic, Bristol-Myers Squibb Company, in May 1999, launched *Secure the Future*, a public-private partnership which addresses HIV/AIDS in women and children in South Africa, Botswana, Lesotho, Namibia and Swaziland. Additional program materials are attached for your information.

Our meeting with you have been important in understanding the scope of the HIV/AIDS issue and formulating our public-private sector response. Through *Secure the Future* and other Bristol-Myers Squibb initiatives, we have learned many valuable lessons about HIV/AIDS programs in the developing world. These guiding principles include creating meaningful public-private partnerships with the local and international community, ensuring that all programs are measurable and answer important questions which contribute to the body of healthcare knowledge, engendering equity, and enabling African healthcare professionals to find sustainable and practical solutions for their own settings.

We look forward to participating in future discussions as the United States Government mobilizes a multi-sector response to one of the largest healthcare and socio-economic development challenges facing the world.

Sincerely yours,

Charles Heimbold

Kenneth E. Weg

Clinton Library Transfer Form

Case #, if applicable	2007-1550-F	Accession #	
Collection/Record Group	Clinton Presidential Records	Series/Staff Name	
Subgroup/Office of Origin	National AIDS Policy Office	Subseries	
Folder Title	Bristol Meyers Squibb (BMS)	OA Number	21072
		Box Number	
Description of Item(s)	CD-R - Secure the Future, Care and Support for Women and Children with HIV/AIDS, Press Kit Photos/Graphics		

Donor Information

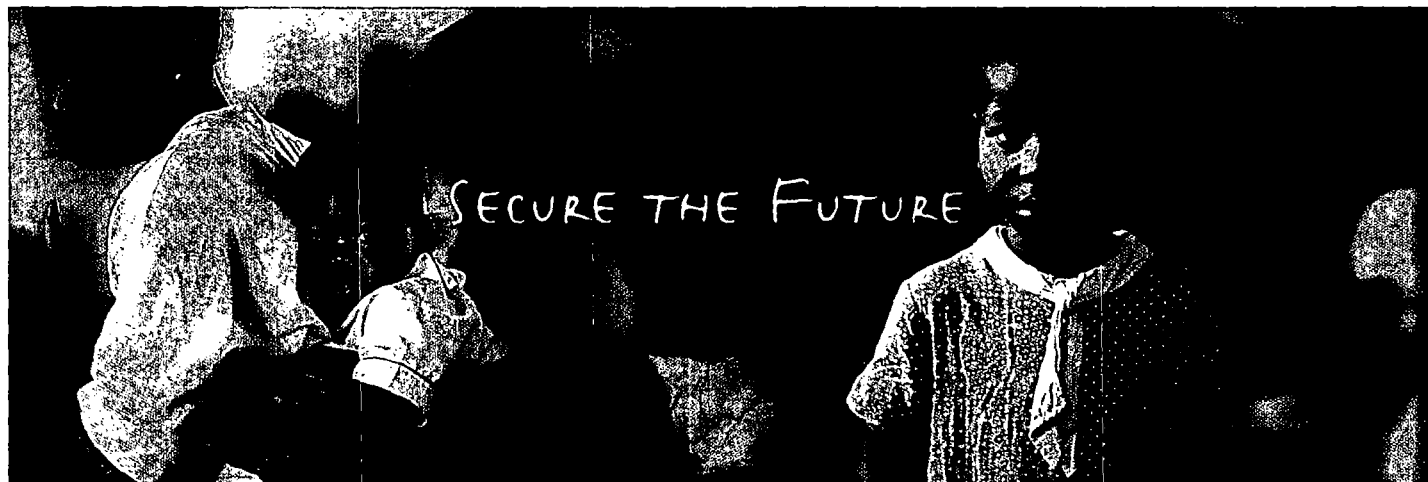
Last Name:		First Name:		Middle Name:		Title:	
Affiliation:		Phone (Wk):		Phone (Hm):			
Street:		City:		State (or Country):		Zip:	

Transferred to:	Audio/Visual Department
Other (Specify):	
Transferred by:	Kim Coryat
Transfer Point	During Processing

Date of Transfer	7/10/2014
------------------	-----------

SECURE THE FUTURE™

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



SECURE THE FUTURE™ is a five-year, US\$100 million program supported by Bristol-Myers Squibb Company to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.



The women and children of South Africa, Botswana, Namibia, Lesotho and Swaziland have been hard hit by HIV/AIDS. SECURE THE FUTURE™ is a five-year, US\$100 million program supported by Bristol-Myers Squibb Company to help these countries find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.

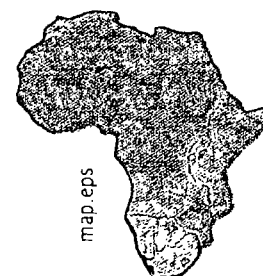


Nearly 100,000 children in South Africa, Botswana, Namibia, Lesotho and Swaziland are living with HIV/AIDS, and there are 180,000 AIDS orphans in South Africa alone. SECURE THE FUTURE™ is a five-year, US\$100 million program supported by Bristol-Myers Squibb Company to help these countries find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.



Bristol-Myers Squibb is committed to breaking the hold of HIV/AIDS on Africa and to restoring hope and promise to the women and children of the region. SECURE THE FUTURE™ is a five-year, US\$100 million program supported by the company to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.

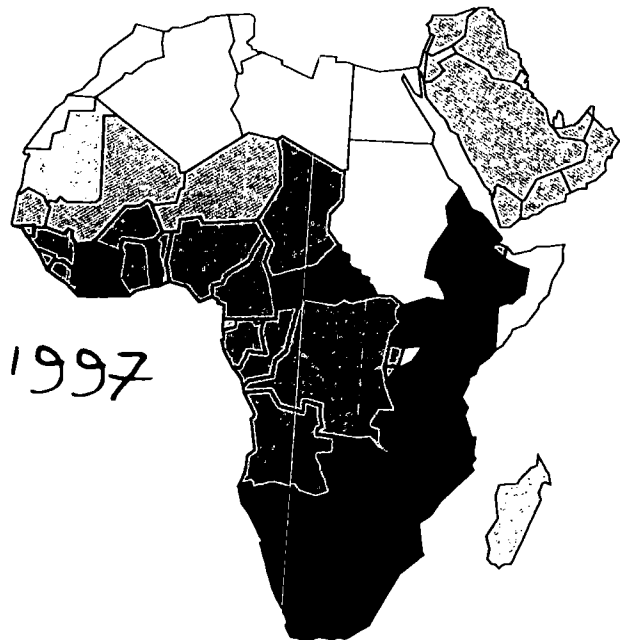
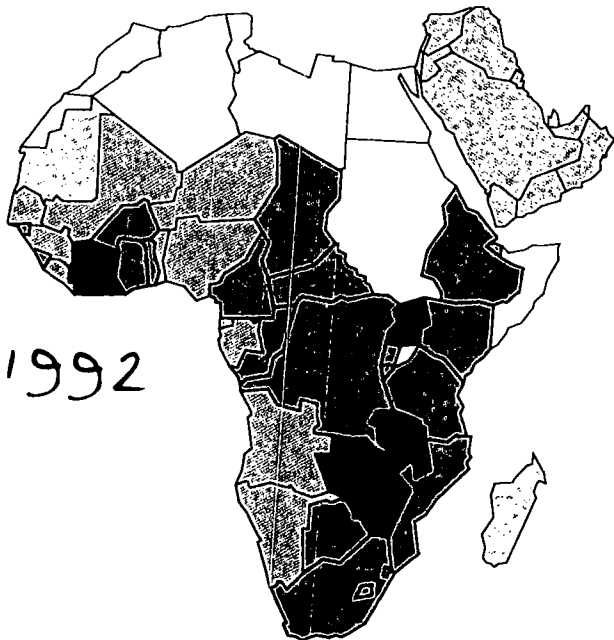
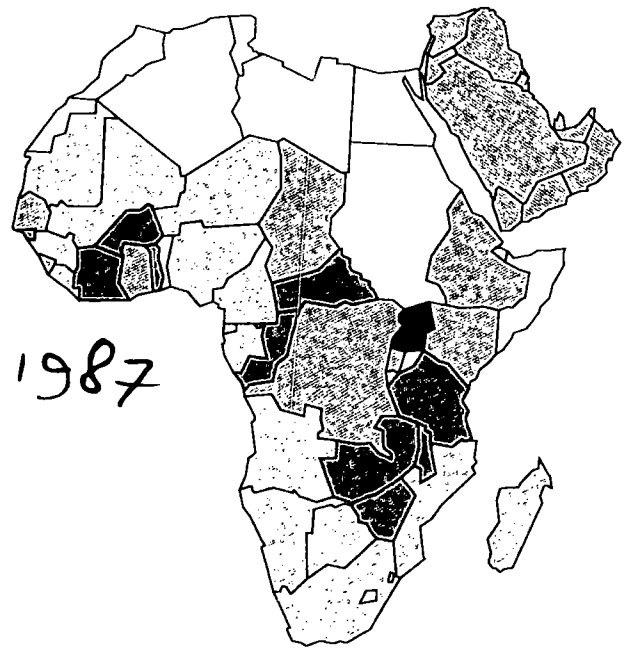
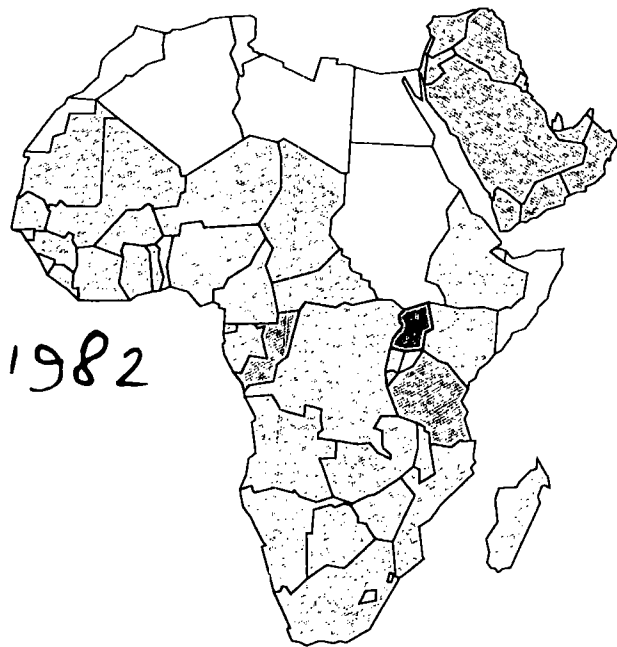
SECURE THE FUTURE™ is a five-year, US\$100 million program supported by Bristol-Myers Squibb Company to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.



A red ribbon is the internationally recognized symbol for HIV/AIDS. The symbol has been "Africanized" in the tradition of the pre-colonial Zulu love letter, which employed colored beadwork rather than writing. The beaded red ribbon has been adopted by the Bristol-Myers Squibb SECURE THE FUTURE™ program.

SECURE THE FUTURE™ is a five-year, US\$100 million program supported by the company to help South Africa, Botswana, Namibia, Lesotho and Swaziland find sustainable solutions for women and children suffering from the HIV/AIDS pandemic.

SPREAD OF HIV OVER TIME IN SUB-SAHARAN AFRICA 1982-1997

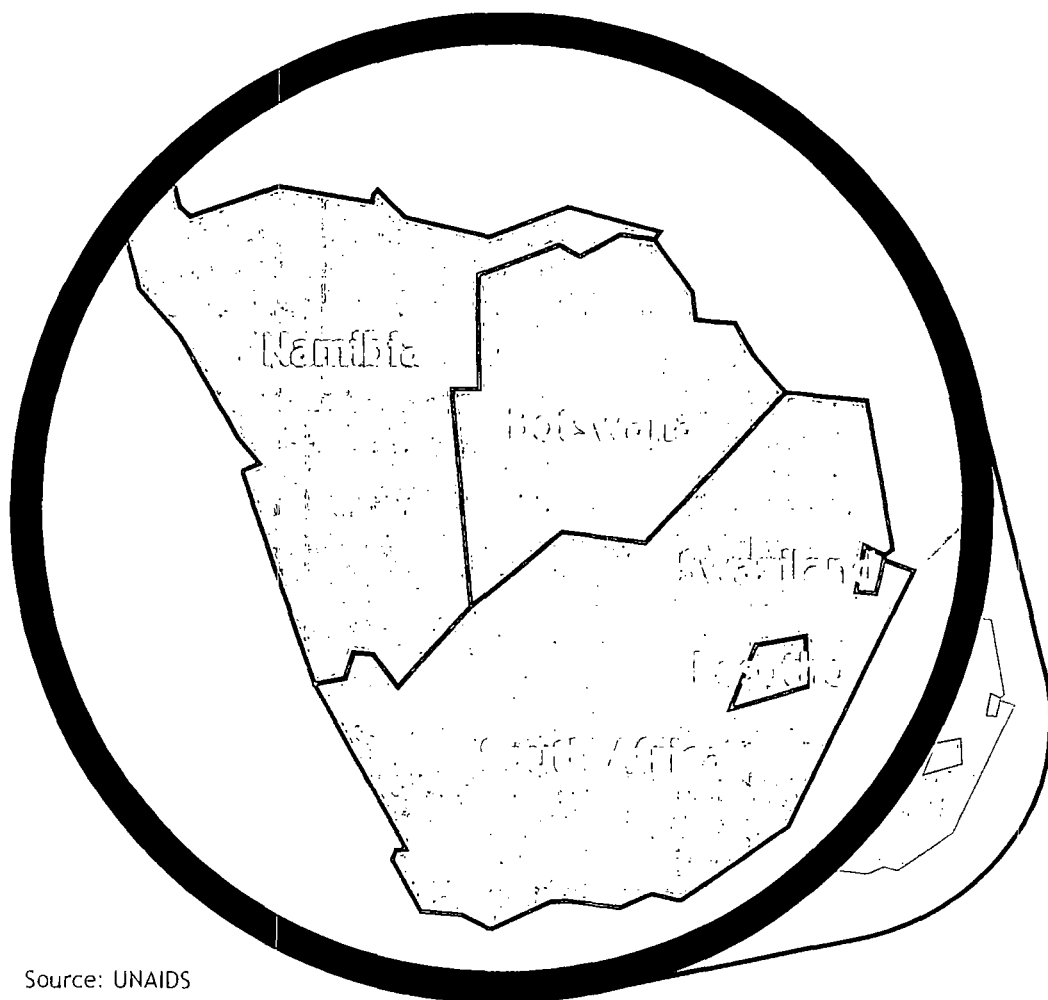


Estimated percentage of
adults (15-49) infected with HIV

- 16.0% - 32.0%
- 8.0% - 16.0%
- 2.0% - 8.0%
- 0.5% - 2.0%
- 0.0% - 0.5%
- trend data unavailable
- outside region

In The Five-Country SECURE THE FUTURE Region:

- Women comprise more than 50% of all infected adults; percentages are higher among teen-age girls
- In some of these countries, more than 25% of pregnant women are infected
- In Botswana, 36% of pregnant women are infected
- 100,000 children have HIV/AIDS



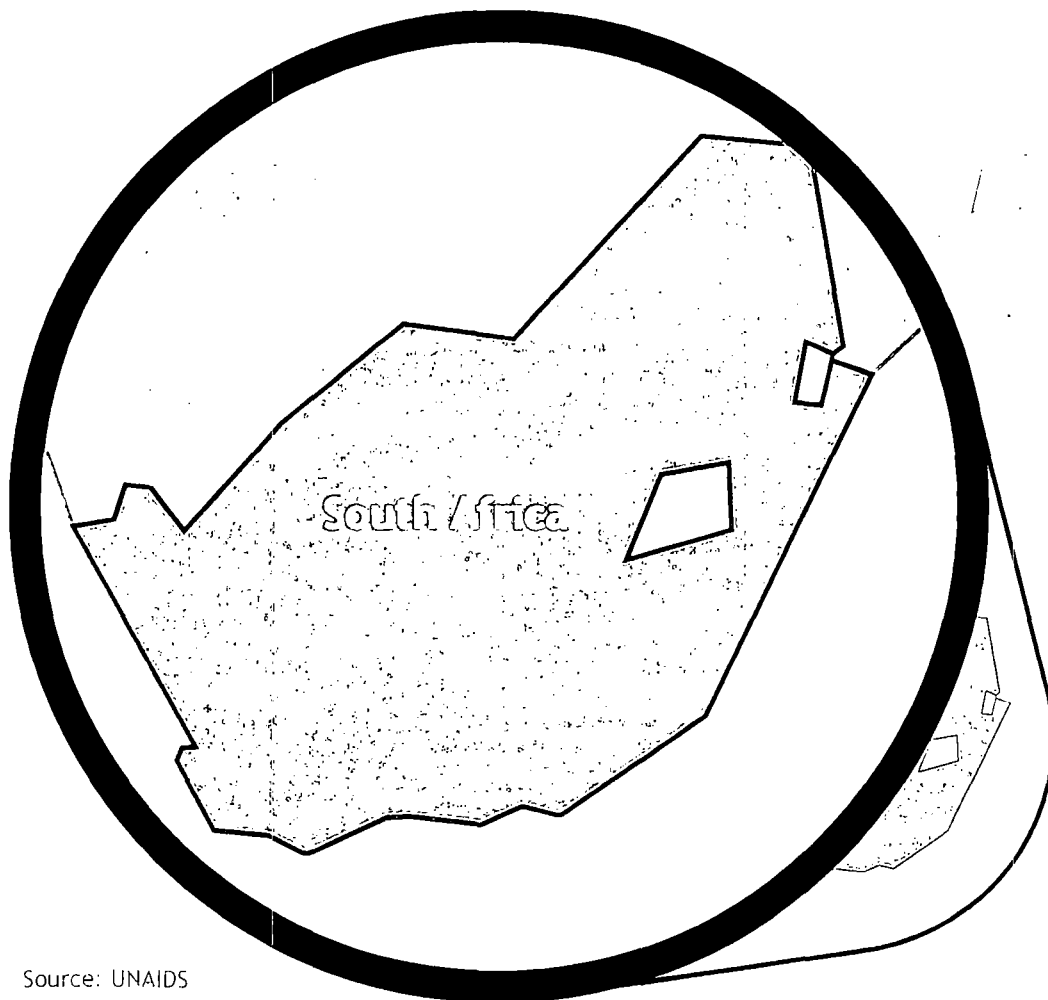
South Africa HIV/AIDS Statistics

Currently:

- 3.5 million people are HIV positive

In the next five years:

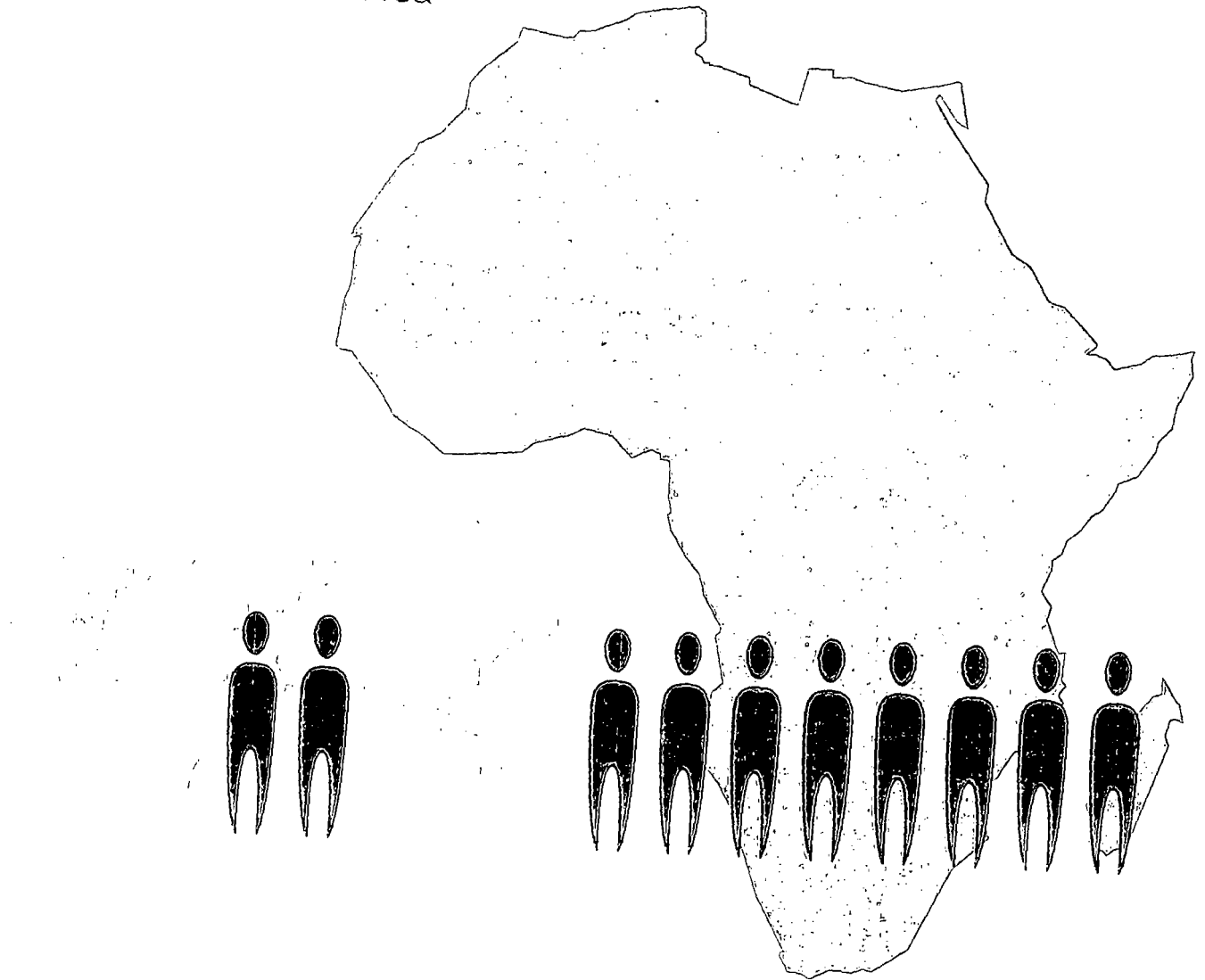
- 5.6 million people will become HIV-infected
- 2.1 million people will have died
- 18% of the workforce will be infected



AIDS Deaths

1998

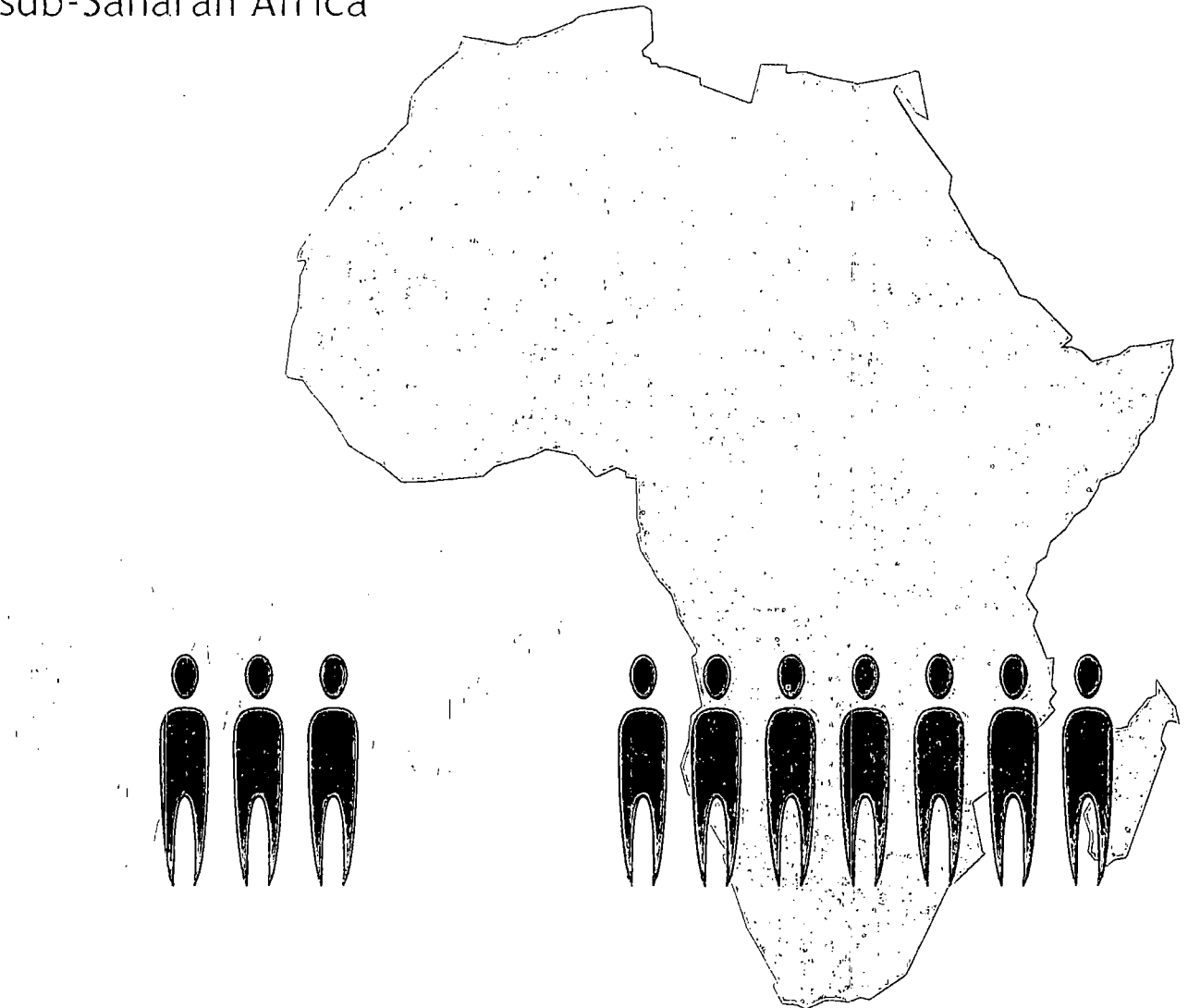
80% of all AIDS deaths
in the world occurred
in sub-Saharan Africa



New HIV Infections

1998

70% of all new HIV infections
in the world occurred
in sub-Saharan Africa



SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



HIV/AIDS IN AFRICA

With the economic and political flowering known as the African Renaissance continuing its spread across the continent, HIV/AIDS poses the single greatest threat to Africa's efforts to achieve its full potential.

The pandemic is "a threat that puts in the balance the future of nations," South African president Nelson Mandela said in a February 1997 address to the World Economic Forum. "AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals and govern countries... It creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children."

Indeed, since the start of the pandemic, some 11.5 million people in sub-Saharan Africa have died – the equivalent of the combined populations of New York City and Los Angeles. One quarter of those deaths were among children. That toll, representing 83 percent of all AIDS deaths worldwide, has been exacted in a region that accounts for just one tenth of the world's population. And sub-Saharan Africa is home to an estimated two thirds of the 34 million people currently living with HIV/AIDS worldwide.

Nor is there any sign that the scourge of HIV/AIDS is abating in the region. Indeed, in 1998, sub-Saharan Africa was home to seven out of 10 people newly infected with HIV, according to UNAIDS/World Health Organization estimates; among children, the proportion was nine out of 10. The region accounted for four fifths of the world's AIDS deaths in 1998. Adding to the problem is the fact that people in southern Africa are infected predominantly with a singularly aggressive form of HIV – subtype C – which is more easily transmitted, and causes sickness faster and death sooner.

THE IMPACT ON WOMEN AND CHILDREN

African women and children have been particularly hard hit by HIV/AIDS. At least half of all infected adults are women ages 15–49; in some countries more than 25 percent of pregnant women are infected. At least 95 percent of all AIDS orphans have been African.

HIV/AIDS IN SOUTH AFRICA, BOTSWANA, NAMIBIA, LESOTHO AND SWAZILAND

Among the world's countries hardest hit by HIV/AIDS are South Africa, Botswana, Namibia, Lesotho, and Swaziland – the nations that are the focus of Bristol-Myers Squibb's SECURE THE FUTURE™ program. In Botswana, Namibia and Swaziland, for example, an estimated one in four people ages 15–49 are living with HIV/AIDS, most of them undiagnosed. In Botswana, where a quarter of all adults are infected with HIV/AIDS, life expectancy has dropped from 61 five years ago to 47 today, and by the year 2010, the figure is projected to fall below 38. Without HIV/AIDS, it would have been over 66. In Lesotho, life expectancy in 2010 is projected at under 45, compared with over 65 were it not for the pandemic; in Namibia, the figures are 38 and 70; in South Africa, 48 and 68; and in Swaziland, 37 and 63.

The economic implications of this crisis are staggering. In South Africa alone, HIV/AIDS is expected to cost the country 1 percent of its gross domestic product by 2005, and to consume three quarters of the nation's health budget.

The following are brief summaries of the HIV/AIDS pandemic in each of the five countries:

	So. Africa	Botswana	Namibia	Lesotho	Swaziland
POPULATION (000s)	43,336	1,518	1,612	2,131	906
POPULATION AGED 15-49 (000s)	21,717	743	752	985	439
% OF TOTAL POPULATION w/HIV	7%	13%	9%	4%	9%
HIV INFECTED PEOPLE (000s)	2,900	190	150	85	81
ADULT PREVALENCE RATE OF HIV	13%	25%	20%	8%	19%
FEMALE HIV POPULATION: % OF TOTAL	50%	49%	50%	48%	51%
PREGNANT WOMEN HIV + PREVALENCE	16%	36%	24%	21%	27%
AIDS ORPHANS	180,000	25,000	7,300	8,500	7,200

Source: UNAIDS 1997

SOUTH AFRICA: In a country of over 43 million people, an estimated 2.9 million (7 percent) were infected with HIV as of year-end 1997. Of those, half were women ages 15-49. Among pregnant women, 16 percent were HIV-positive. There were 180,000 living children who had been orphaned by the disease, and another 80,000 children infected with HIV.

BOTSWANA: In a country of 1.5 million people, 190,000 (13 percent) were infected with HIV as of year-end 1997. Of these, just under half (93,000) were women ages 15-49. More than a third of pregnant women were HIV-positive. There were 25,000 living children who had been orphaned by the disease, and another 7,300 children infected by HIV.

NAMIBIA: In a country of 1.6 million people, 150,000, or nearly one in 10, were infected with HIV as of year-end 1997. Half of those were women ages 15-49. Roughly a quarter of pregnant women were HIV-positive. There were 7,300 living children who had been orphaned by the disease, and another 5,000 children infected with HIV.

LESOTHO: In a country of 2.1 million people, 85,000 (4 percent) were infected with HIV as of year-end 1997. Of those, 41,000, or just under half, were women ages 15-49. One in five pregnant women were HIV-positive. There were 8,500 living children who had been orphaned by the disease, and another 3,100 children infected with HIV.

SWAZILAND: In a country of just under a million people, nearly 9 percent (81,000) were infected with HIV as of year-end 1997. Of those, more than half (41,000) were women ages 15-49. More than a quarter of pregnant women were HIV-positive. There were 7,200 living children who had been orphaned by the disease and another 2,800 children infected with HIV.

It is widely agreed that only preventive measures, brought about by education, can halt the HIV/AIDS pandemic in these countries and others like them.

"Nothing can prevent infection except our own behavior," said Thabo Mbeki, South Africa's vice president, in a Declaration against the disease that was broadcast on the country's major television and radio networks in October 1998. "The power to defeat the spread of HIV/AIDS lies in our partnership – as youth, as women and men, as businesspeople, as workers, as religious people, as parents and teachers, as students, as healers, as farmers and farm workers, as the unemployed and the professional, as the rich and the poor – in fact, all of us."

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



Contact: U.S. Media:

Nancy Goldfarb
212/546-5107

International Media:

Jon Weisberg
212/546-4343

BRISTOL-MYERS SQUIBB COMMITS \$100 MILLION
FOR HIV/AIDS RESEARCH
AND
COMMUNITY OUTREACH IN FIVE AFRICAN COUNTRIES

--Partnerships To Develop Sustainable Solutions For Africa--

- SECURE THE FUTURE™ is Single Largest Corporate Commitment Of Its Kind To Address HIV/AIDS
- Focus On Women and Children in South Africa, Botswana, Namibia, Lesotho and Swaziland
- Five-Year Public-Private Partnership With Governments, UNAIDS, Baylor College of Medicine, Harvard AIDS Institute, Morehouse School of Medicine, and Others
- Health Research To Facilitate Development of Model Programs for Management of HIV/AIDS

WASHINGTON, D.C. and JOHANNESBURG, SOUTH AFRICA (May 6, 1999) --

Bristol-Myers Squibb Company today announced it has committed \$100 million over five years to improve the state of HIV/AIDS research and community outreach in South Africa, Botswana, Namibia, Lesotho and Swaziland.

"HIV/AIDS is taking a devastating toll on the people of sub-Saharan Africa, a region accounting for more than four out of five AIDS deaths in the world," said Charles A. Heimbold, Jr., chairman and chief executive officer, Bristol-Myers Squibb Company. "As one of the world's great pharmaceutical companies and a major developer and manufacturer of medicines for the treatment of HIV/AIDS, we feel a moral obligation to take action against this grave situation in a manner consistent with our mission to extend and enhance human life. Our initiative is intended

- more -

to complement the broader efforts of governments to identify relevant and sustainable programs for the management of HIV/AIDS.”

The program, SECURE THE FUTURE™: Care and Support for Women and Children with HIV/AIDS, will expand medical research focusing on women and children and provide hard-hit areas with resources to improve community education and patient support.

“The magnitude of the AIDS crisis – particularly in Africa – makes partnerships between the public and private sectors critical if we are to make significant headway in developing effective therapies and helping people in need,” said Kofi Annan, Secretary-General of the United Nations. “Through its initiative, Bristol-Myers Squibb is providing a remarkable instance of leadership in creating and sustaining such partnerships. The United Nations, and in particular UNAIDS, is proud to be a part of this historic effort.”

UNAIDS Executive Director Peter Piot, M.D., called the program “a significant new development in the global fight against AIDS. With this community-oriented and comprehensive approach, the company has promised a far-reaching commitment – a move that we at UNAIDS hope will be imitated by more multinational companies. Because, in order to win this battle, AIDS must become everyone’s business.”

SECURE THE FUTURE will be conducted with the participation of governments, UNAIDS, Harvard AIDS Institute, Baylor College of Medicine, Morehouse School of Medicine, the Medical University of Southern Africa (MEDUNSA) and other African schools of medicine.

“SECURE THE FUTURE demonstrates the potential for public-private partnerships to confront a major health crisis,” stated Kenneth E. Weg, vice chairman, Bristol-Myers Squibb. “As a private company, we recognize the need to work in concert with government departments, medical institutions, international organizations and community-based organizations to align the broad

range of resources required to address a public health problem of this magnitude.” Mr. Weg is leading the development of SECURE THE FUTURE within Bristol-Myers Squibb.

There will be two components to the program:

1. The Bristol-Myers Squibb HIV Research Institute

Through research programs, the Bristol-Myers Squibb HIV Research Institute will facilitate development of model programs for the management of HIV/AIDS appropriate for the resource-limited settings of the five participating countries. The company expects this research to generate clinically relevant data that can be used by the African medical community and policymakers to develop a range of practical, cost-effective initiatives.

Additionally, the Institute will facilitate the care of thousands of other people with HIV/AIDS through medical training of African physicians who will be awarded fellowships to be administered by the Baylor College of Medicine. The program also will provide local training to a range of health care professionals. Additionally, fellowships will be awarded to U.S. physicians to teach and help build capacity in the five countries.

Direction for the program will be provided by a Scientific Advisory Board that includes representatives from governments, UNAIDS, Harvard AIDS Institute, and major medical institutions.

2. Bristol-Myers Squibb Foundation Community Outreach and Education Fund

The Community Outreach and Education Fund will help strengthen non-governmental and community-based organizations to address a broad range of pressing social and educational issues facing women and children as a result of the pandemic.

Among the key priorities will be projects that improve the quality of care for the hundreds of thousands of children orphaned by AIDS in the five countries. Other programs will address

home-based care and the education of pregnant women and women of child-bearing age about their health and the importance of screening for HIV/AIDS. The Fund will seek innovative ways to reach out to women, such as peer counseling and psychosocial support, and initiatives to help improve the economic and social status of women, such as income-generation programs.

“We will provide guidance to the Community Outreach and Education Fund to improve the prospects for women and children dependent on others for financial and medical support,” said Morehouse president Louis W. Sullivan, M.D., a member of the Fund’s advisory board.

Fellowships in public health will be administered by the National School of Public Health at MEDUNSA and the Morehouse School of Medicine. These public health professionals will work with community-based organizations to improve their effectiveness.

Bristol-Myers Squibb is a diversified, research-based health and personal care company whose principal businesses are pharmaceuticals, consumer products, nutritionals and medical devices. The company also is a leader in consumer medicines, orthopaedic devices, ostomy care, wound management, nutritional products, and hair and skin care products.

#

Visit “Secure The Future” website at www.securethefuture.com

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



BRISTOL-MYERS SQUIBB: A GLOBAL COMMITMENT TO HIV/AIDS

Since the discovery of the HIV virus in the early 1980s, HIV/AIDS has grown into a global pandemic, while the field of HIV/AIDS research has moved into a new era of therapeutic advances. Within this constantly changing arena, Bristol-Myers Squibb Company has remained strongly committed to extending the survival and enhancing the lives of people with HIV/AIDS. As a leader in this field, Bristol-Myers Squibb will continue its efforts in the areas of patient education, clinical research, health provider training, and collaboration with government, academic and non-governmental organizations (NGOs) to bring the benefits of medical research to HIV-infected patients worldwide.

THE GLOBAL CRISIS

UNAIDS, the joint United Nations program that is the world's leading advocate for global action on HIV/AIDS, estimates that there are currently 34 million people living with HIV/AIDS around the world, with 16,000 new HIV infections occurring daily. Of these new cases, 90 percent are in developing countries. This growing gap between developed and developing nations underscores the need for outreach efforts to stem the spread of HIV/AIDS. While developing countries struggle to compete in the global economy, they also face the human and economic impact of HIV/AIDS. With poor public health infrastructures and limited resources, many developing countries are still struggling to provide such fundamental services as safe drinking water and proper sanitation. In these countries, while some treatment is taking place, the disease remains largely untreated. Cultural and logistical barriers challenge health providers in their educational efforts.

BRISTOL-MYERS SQUIBB OUTREACH EFFORTS

An integral part of Bristol-Myers Squibb's commitment to enhancing the lives of people with HIV/AIDS is the company's strong support of numerous community programs that share that commitment. These include:

UNAIDS Access Program: Bristol-Myers Squibb is one of only a few pharmaceutical companies to participate in the UNAIDS Access Program, first launched at the Geneva World AIDS Conference in July 1998.

Bristol-Myers Squibb is now providing financial support for this program, which includes education and outreach, training, diagnosis and treatment, and aims to increase access to medicines for people infected with HIV/AIDS in Uganda and the Ivory Coast. In these countries, where systems have been established to ensure effective distribution and use of HIV/AIDS medicines, Bristol-Myers Squibb will provide HIV/AIDS treatment at reduced cost.

Included in this access program is the full range of Bristol-Myers Squibb's HIV/AIDS medicines, including *Zerit* (stavudine, d4t), *VIDEX* (didanosine, ddl) and *Megace* (megestrol acetate) Oral Suspension, as well as a number of antibiotics to treat opportunistic infections.

Programs in North America: In the U.S., the company is actively involved in the support of educational outreach to the HIV/AIDS community, sponsoring numerous conferences and symposia throughout the year. To ensure an ongoing dialogue, Bristol-Myers Squibb has established four regional boards, composed of physicians and community leaders, that meet regularly to discuss HIV/AIDS issues. To further its outreach efforts, Bristol-Myers Squibb supports a number of Web sites, including those at the Johns Hopkins Medical Institutions and the

University of California, San Francisco, which provide updated clinical data and information about treatment trends. Additionally, the company provides physicians with educational materials targeted to the lower literacy levels of many underserved communities.

Through the Infectious Disease Unrestricted Research Grants Program of the Bristol-Myers Squibb Foundation, more than US\$8.5 million in unrestricted funding has been committed to research institutions since 1991. Recognizing the shift in demographics of HIV/AIDS incidence toward women and minorities, the Foundation provided support through the American Foundation for AIDS Research for the first national program to improve the recruitment and retention of women in clinical trials of new HIV/AIDS therapies.

Before *VIDEX* received final approval for marketing in 1991, the company provided the drug free of charge to 23,000 HIV-infected individuals through a unique patient assistance program for HIV/AIDS medications, in addition to those who were receiving it through clinical trials. The expanded access program remains in place today throughout the U.S., providing treatment to individuals without the means to purchase it. In Canada, Bristol-Myers Squibb provides *Zerit* pediatric formulation at no cost to children with HIV/AIDS through the Bristol-Myers Squibb Drug Release Program. The company is also part of Back to Work, an industry-supported effort targeting HIV-positive patients that addresses issues around HIV/AIDS management in the work setting and encourages treatment adherence. Bristol-Myers Squibb, in collaboration with HIV/AIDS community groups, initiated a series of public forums in major North American cities to discuss treatment issues and options.

Programs in Central/South America: In this region, HIV/AIDS incidence rates are rising among women and intravenous drug users, two populations on the social and economic margins of society. In Argentina, Bristol-Myers Squibb provides both *VIDEX* and *Zerit* at a discount to two NGOs, Fundacion Huesped and FUNDAL. In Peru, Bristol-Myers Squibb has initiated a program known as White Code, which provides discounts for HIV/AIDS therapies and assures anonymity to those enrolled in the program. In Brazil, the company is participating in a countrywide effort to create HIV/AIDS treatment guidelines with physicians and community leaders. Throughout the region, Bristol-Myers Squibb supports continuing medical education and sponsors national and regional symposia.

Programs in Europe: In Western Europe, new AIDS cases dropped by 3 percent between 1995 and 1997. In many European countries, HIV/AIDS therapies are available to individuals through national health plans. In this region, Bristol-Myers Squibb efforts focus mainly on educational outreach to both physicians and patient populations. For example, in Austria, Bristol-Myers Squibb provides posters and supports a self-care manual and a Web site devoted to patient care. In France, Bristol-Myers Squibb was the first company to formalize relationships with HIV/AIDS advocacy groups. The company produced educational CD-ROMs for physicians as well as the media and funded the first meeting to discuss HIV/AIDS in women and children. In Italy, Bristol-Myers Squibb worked with patient groups to develop a tool to improve drug adherence that is now available in other countries. Additional regional activities include the support of patient advocacy efforts and travel assistance for conference participation in Germany, and the sponsorship of educational handbooks and a Web site in Spain. In Eastern Europe, where there has been a dramatic surge in HIV infection, Bristol-Myers Squibb assists public health leaders by supporting their participation in international and regional meetings. The company currently is developing clinical trial sites in Russia and Poland.

Programs in Africa: An estimated two thirds of the global population with HIV/AIDS resides in sub-Saharan Africa, including South Africa, Botswana, Namibia, Lesotho and Swaziland — the countries that are the focus of Bristol-Myers Squibb's SECURE THE FUTURE™ program. Of the 2.7 million children who have died from AIDS worldwide, 2.5 million have died in sub-Saharan Africa. The prevalence of HIV-infected pregnant women is as high as 36 per cent in certain countries in this region.

Throughout sub-Saharan Africa, Bristol-Myers Squibb has produced educational materials, supported training programs and sponsored conferences. It has worked in close partnership with the Organisation Pan Africaine de Lutte contre le Sida (OPALS), an NGO based in France that has developed a health curriculum on HIV/AIDS for health care providers. Bristol-Myers Squibb also supports AFRICARE in its educational and advocacy efforts. In South Africa and Botswana, Bristol-Myers Squibb has been working with community leaders and government officials to expand access to therapy. In these countries, Bristol-Myers Squibb supports medical education activities for local HIV/AIDS specialists. One project, called AIDSFACT, is designed to educate health care professionals on the management of HIV/AIDS; it is authored by HIV/AIDS experts in South Africa and was distributed to 10,000 general practitioners in 1998.

With the announcement of the program, *SECURE THE FUTURE: Care and Support for Women and Children with HIV/AIDS*, Bristol-Myers Squibb broadens its efforts to fight HIV/AIDS in Africa. With a commitment of US\$100 million to support HIV/AIDS research and community education and outreach, the program is the single largest corporate undertaking of its kind to address HIV/AIDS where it has the greatest impact.

Programs in Asia: More than one in five people worldwide living with HIV/AIDS — or about 6.4 million people — are believed to reside in Asia and the Pacific region. Rates of infection vary greatly from country to country, as does the means of transmission. While Thailand's epidemic has been well documented, other areas lack the same level of monitoring. Bristol-Myers Squibb has focused on educational efforts for public health and medical professionals to help these countries address this emerging health problem. Bristol-Myers Squibb has sponsored a regional train-the-trainer program for Asian leadership. In Hong Kong, Bristol-Myers Squibb sponsored a government health department publication for health professionals as well as a symposium for HIV/AIDS specialists. In Thailand, Bristol-Myers Squibb donated *Zerit* to the AIDS Division of Health to treat health care workers who may have been exposed to the virus through pin-pricks or other aspects of their work.

Programs in Australia: Educational efforts and access to therapies have had a positive impact on the fight against HIV/AIDS in Australia. Bristol-Myers Squibb has sponsored several national meetings on HIV/AIDS awareness and care. Bristol-Myers Squibb is participating in efforts by the Australian Society for HIV Medicine to coordinate medical education for HIV/AIDS specialists. The company also is sponsoring a study of physicians who treat HIV/AIDS to determine their information needs.

DEVELOPING INNOVATIVE HIV/AIDS THERAPIES

Guided by its mission to extend and enhance human life, Bristol-Myers Squibb has been a leader in the search to find effective therapies for HIV/AIDS since the 1980s. *Zerit*, the company's flagship HIV/AIDS product, combines excellent efficacy with patient convenience and tolerability. As a result, *Zerit* has outpaced AZT in the U.S., becoming the thymidine nucleoside analog of choice.

VIDEX, an earlier nucleoside analog brought to market by the company in 1991, has amassed the most extensive clinical research database of any HIV/AIDS drug and remains one of the most effective anti-retroviral drugs. Bristol-Myers Squibb continues to develop improved schedules and formulations of *VIDEX* and to study its efficacy in combination with many other anti-retroviral drugs.

Bristol-Myers Squibb also markets *Megace* (megestrol acetate) Oral Suspension for AIDS-related anorexia/cachexia and unexplained weight-loss; *Fungizone* (amphotericin B) Oral Suspension for oral candidiasis in HIV-infected patients; and in the U.S., *TAXOL*® (paclitaxel) injection for AIDS-related Kaposi's sarcoma.

Bristol-Myers Squibb has long been a leader in antibiotic research. In 1943, the company completed the first crystallization of penicillin, which greatly improved the drug's quality and safety and paved the way for mass production. In 1944, the company opened the largest penicillin production plant in the world. And in 1945, the company crystallized streptomycin, ushering in the next generation of antibiotics after penicillin. Since that time, the Bristol-Myers Squibb Pharmaceutical Research Institute (PRI) has become a global research and development organization dedicated to discovering and developing a broad range of innovative and cost-effective medicines that improve the health and quality of life for people worldwide.

Today, infectious disease drug discovery and development continues to be an important part of the PRI's efforts. Research to develop novel antibacterials, antivirals and antifungals is ongoing, particularly in areas of largest unmet need, such as HIV/AIDS, hepatitis and drug-resistant bacterial infection. Bristol-Myers Squibb is committed to developing new and innovative products to extend and enhance the lives of people with HIV/AIDS. The company is currently supporting more than 125 HIV/AIDS clinical trials worldwide. These trials are designed to improve the understanding and use of the company's existing HIV/AIDS products, *Zerit* and *VIDEX*, and elucidate the role of potential new treatments such as hydroxyurea. Bristol-Myers Squibb is also actively involved in discovery research studies exploring the role of many other new agents.

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



BRISTOL-MYERS SQUIBB FOUNDATION, INC.

The Bristol-Myers Squibb Foundation, Inc., supports philanthropic initiatives that help extend and enhance human life. Funded by the Bristol-Myers Squibb Company, the Foundation's activities support a broad range of programs that address important health and social issues around the world. In 1998, the Foundation contributed over US\$24 million in cash and in excess of US\$40 million in products to support various charitable programs.

UNRESTRICTED BIOMEDICAL RESEARCH GRANTS PROGRAM

The largest funding initiative of the Foundation, the Unrestricted Biomedical Research Grants Program was launched in 1977 and has since committed more than US\$80 million in grants and awards to 170 academic institutions worldwide.

The Grants Program supports research in six therapeutic areas in which Bristol-Myers Squibb maintains its own active research and markets major products: cancer, nutrition, orthopaedics, neuroscience, cardiovascular and related metabolic diseases, and infectious diseases. In each of these fields, the Grants Program annually presents at least one five-year unrestricted research grant of either US\$250,000 or US\$500,000. Typically, grants are used as seed money to support promising work by young investigators or to support new lines of inquiry suggested by unexpected or serendipitous findings.

A Selection Committee in each therapeutic area, composed of distinguished scientists from recipient institutions, addresses the second component of the Grants Program: selecting the recipient of a Distinguished Achievement Award, which includes a US\$50,000 cash prize and a silver medallion. The award is presented annually in each therapeutic area for outstanding contributions in the field.

WOMEN'S HEALTH EDUCATION PROGRAM

The Women's Health Education Program supports programs that educate women to make more informed decisions about their health and well-being.

Since the program's inception in 1993, over US\$8.5 million has been invested in innovative programs that seek to educate women about the prevention, detection and treatment of diseases, disorders or conditions that are unique to, more prevalent among or more threatening to women. The Foundation funds replicable demonstration programs that seek innovative ways to reach women, encourage effective collaborations and add new information to the existing body of knowledge about women's health.

In 1996, the Foundation increased its commitment to women's health by establishing the Better Health for Women Program. As the flagship initiative of the Women's Health Education Program, Better Health for Women has provided funding of up to US\$200,000 each to premier institutions worldwide to set up "centers of excellence" to address specific issues in women's health.

The program's advisory committee selects a different women's health issue each year, with the goal of generating initiatives that will help enhance women's health through novel, integrated interdisciplinary strategies that improve education, prevention, diagnosis, treatment and access to care for women worldwide. Support is given to projects

that cultivate innovative partnerships with community-based organizations, academic research centers and health care institutions. In 1998, the Foundation committed US\$1 million to support five projects addressing young women's health issues in the U.S., Mexico and Hungary. In 1999, the Foundation has awarded another US\$1 million to support five projects in the U.S. that will develop strategies to reduce the incidence, morbidity and mortality of lung cancer in women.

MATH AND SCIENCE EDUCATION INITIATIVE

The Math and Science Education Initiative was established as part of the company's commitment to scientific excellence. Under this initiative, the Foundation supports programs that seek to improve the quality of math and science education and attract, educate and retain students in these fields.

Through the National Fellowship Program in Academic Medicine for Minority Medical Students, the Foundation provides 35 second- and third-year minority medical students with an opportunity to pursue academic research under the mentorship of a leading biomedical researcher.

The Foundation has an ongoing relationship with the National Science Resource Center, supporting the systemic reform of elementary science through the development of hands-on, inquiry-based teaching. To date, 20 school districts participate in the program.

In 1998, the Foundation instituted an unrestricted grants program in synthetic organic chemistry, targeted to the graduate level. In the first year, grants totaling US\$600,000 will be committed.

LOCAL COMMUNITY AND EMPLOYEE-DRIVEN INITIATIVES

In communities where Bristol-Myers Squibb offices, manufacturing facilities and research centers are located, the company strives to be a catalyst for positive change. The program touches a broad range of local needs and issues, including summer internships, enrichment programs, research fellowships and scholarships in the U.S. and abroad.

The Foundation encourages employee volunteerism and charitable contributions through cash awards and the Employee Matching Gifts Program.

RECOGNIZING THAT HIV/AIDS remains a staggering problem in sub-Saharan Africa,
where more than 80 percent of the world's HIV/AIDS deaths have occurred:

SEEING that the situation is particularly acute among women and children,
who suffer extraordinarily high infection rates:

UNDERSTANDING that the most effective way to combat HIV/AIDS in Africa is to partner
with Africans themselves to find the most appropriate strategies for them;

ACKNOWLEDGING that as a global health and personal care company, our mission is to *extend
and enhance human life* and our strengths lie in our science, our values and our leadership role:

FINDING inspiration in our company Pledge that, among other things, commits us to offer "a helping
hand for worthwhile causes" and to "policies and practices that fully embody the responsibility,
integrity and decency required of free enterprise if it is to merit and maintain the confidence of society."

BRISTOL-MYERS SQUIBB makes this Pledge to

SECURE THE FUTURE:

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS

WE PLEDGE to secure the future by establishing the Bristol-Myers Squibb HIV Research Institute.

The Institute will undertake medical research focusing on women and children
in Botswana, Lesotho, Namibia, South Africa and Swaziland, with the aim of enabling
innovative thinking, expanding investigational research on new therapies and making such
research more widely available. It will also build health research capacity through fellowship
exchanges between the five participating countries and the United States.

WE PLEDGE to secure the future by supporting the Bristol-Myers Squibb Foundation Community
Outreach and Education Fund. The Fund will address the serious psychological and social implications
for women and children in Botswana, Lesotho, Namibia, South Africa and Swaziland who are infected
with HIV or otherwise living with HIV/AIDS. It will initiate community-based programs that provide
education and outreach to women and children, as well as public health fellowships in the
five participating countries and the United States.

WE PLEDGE, above all, to secure the future by working with individuals, institutions and
governments in the participating countries and elsewhere to find practical approaches to address
HIV/AIDS. In so doing, we aim to offer hope and promise to women and children in need.



Bristol-Myers Squibb Company

Extending and enhancing human life™



THE SECRETARY-GENERAL

30 April 1999

Dear Mr. Heimbold,

The magnitude of the AIDS crisis - particularly in Africa - makes partnerships between the public and private sectors critical if we are to make significant headway in developing effective therapies and helping people in need. Through its initiative, "Secure the Future: Care and Support for Women and Children with HIV/AIDS", Bristol-Myers Squibb is providing a remarkable instance of leadership in creating and sustaining such partnerships. The United Nations, and in particular UNAIDS, is proud to be a part of this historic effort.

I am of course impressed by the generous financial support offered by Bristol-Myers Squibb in this effort, but even more so by the initiative's guiding philosophy, which recognizes the problem of AIDS in Africa as a multidimensional crisis requiring bold and innovative action on a variety of fronts and in partnership with local organizations. I note that "Secure the Future" promises advances on the scientific front, while also supporting a variety of community programmes that can sustain and reinforce the progress gained in the laboratory and elsewhere on the research front.

The fight against HIV/AIDS in Africa has been intense and often overwhelming, with many organizations and individuals - most notably the victims themselves - struggling against near-impossible obstacles. All of us fighting against this terrible epidemic have renewed hope that real progress can be made in the foreseeable future. We look forward to working with you to get this critical programme off the ground.

Yours sincerely,

A handwritten signature in black ink, appearing to read "K. Annan".

Kofi A. Annan

Mr. Charles A. Heimbold, Jr.
Chairman and Chief Executive Officer
Bristol-Myers Squibb Company
New York



Texas Children's Hospital



BAYLOR
COLLEGE OF
MEDICINE

NEWS
RELEASE

Located in the Texas Medical Center

Public Relations
MC 4-4495
P. O. Box 300630
Houston, Texas 77230-0630
Tel: 713/770-2118

One Baylor Plaza
Houston, Texas 77030
713/798-4712

B.J. Almond
(713) 798-4712
Contact: balmond@bcm.tmc.edu

**Baylor College of Medicine and Texas Children's Hospital awarded
\$2.5 million by Bristol-Myers Squibb to train AIDS specialists in Africa
Embargoed for Noon CDT Thursday, May 6, 1999**

HOUSTON--Health-care workers in the region of the world hardest hit by AIDS can benefit from the expertise of HIV experts at Baylor College of Medicine and Texas Children's Hospital in Houston, thanks to a \$2.5 million grant from Bristol-Myers Squibb Company.

The Baylor-Texas Children's Hospital team of AIDS specialists will use the five-year grant to establish a Southern African AIDS Education and Clinical Research Initiative.

"Our goal is to provide physicians and nurses from Southern African countries with basic information and skills to prevent and treat HIV infection," said principal investigator Dr. Mark Kline, a professor of pediatrics at Baylor and a pediatrician at Texas Children's Hospital. "But we also need to help them acquire the knowledge they will need to find creative solutions to AIDS in underdeveloped countries, which lack many of the medications and sophisticated equipment used in the United States."

Kline's team of AIDS experts has experience providing HIV education to health-care workers in Romania and Mexico. They will:

- * Develop an annual series of educational meetings about

--over--

AIDS to be held for health-care professionals in Southern African countries. These professionals will, in turn, help train others at their home sites;

- * Host 10 to 15 African physicians per year for training in HIV clinical care and research at Baylor and Texas Children's Hospital;

- * Develop research collaborations between African and U.S. clinicians and scientists and initiate pilot clinical research projects; and

- * Select approximately six promising young U.S. pediatric and infectious-disease trainees per year for first-hand AIDS education and training experiences in Southern Africa.

The Southern African AIDS Education and Clinical Research Initiative at Baylor and Texas Children's Hospital is part of Bristol-Myers Squibb's landmark effort to address the problem of AIDS where the disease has the greatest impact. The drug company has committed \$100 million over the next five years to AIDS research and community outreach focused on women and children in the countries of South Africa, Botswana, Namibia, Lesotho, and Swaziland.

"HIV is particularly devastating to women and children in these countries," Kline said. "More than half of all adults infected with the AIDS virus are women, and more than 1,000 infants are newly infected with HIV every day. In sub-Saharan Africa alone, nearly 8 million children have become HIV/AIDS orphans."

Of the 34 million people in the world infected with HIV, an estimated 70 percent live in sub-Saharan Africa, where more than 80 percent of HIV/AIDS-related deaths have occurred.

#



MOREHOUSE SCHOOL OF MEDICINE

5/3/99 16:57 PM

FOR IMMEDIATE RELEASE

CONTACT: Mr. Ted Easler

VP for Institutional Advancement
(404) 752-1730

May 6, 1999

Morehouse School of Medicine Joins Bristol-Myers Squibb's SECURE THE FUTURE To Fight HIV/AIDS in Southern Africa

To Provide Fellowships for African Public Health Professionals

ATLANTA, May 6 — Extending its commitment to improve the public health from neighborhoods in the Southern U.S. to communities in Southern Africa, the Morehouse School of Medicine today announced its participation in Bristol-Myers Squibb Company's SECURE THE FUTURE, a \$100 million initiative to combat HIV/AIDS in the region where the disease has taken the most lives.

"We at Morehouse School of Medicine are dedicated to applying our resources, our energy, our knowledge and our talent to saving the lives of people — from Savannah to Soweto — who have contracted the HIV virus or who are at risk of doing so," said Dr. Louis W. Sullivan, president of Morehouse School of Medicine and former secretary of Health and Human Services. "Thus, I am extremely proud that we are joining this outstanding, urgently-needed effort."

As a partner in SECURE THE FUTURE, the Morehouse School of Medicine will work with the Bristol-Myers Squibb Foundation Community Outreach and Education Fund to help community-based organizations and health care providers better serve women and children with HIV/AIDS in South Africa, Botswana, Lesotho, Namibia and Swaziland.

Specifically, the Morehouse School of Medicine will host 25 fellowships for Southern African public health professionals. They will travel to Atlanta to study community-based public health, and then apply the knowledge and hands-on experience they gain at Morehouse School of Medicine to address the problems caused by HIV/AIDS in their countries. The

Morehouse School of Medicine Joins Bristol-Myers Squibb's SECURE THE FUTURE program is administered by the National School of Public Health at the Medical University of Southern Africa (MEDUNSA).

"I believe the community focus of our teaching and training will prove invaluable to the fellows," Dr. Sullivan said. "And I hope that the skills, techniques and support we provide them will prove equally invaluable to the communities they will serve when their fellowships end."

As part of this exchange, 25 American public health professionals will receive fellowships to go to MEDUNSA and work to improve the effectiveness of community-based organizations in Southern Africa.

Noting that Bristol-Myers Squibb is making the largest commitment of any corporation in history to fight HIV/AIDS, Dr. Sullivan called SECURE THE FUTURE, "a model of good corporate citizenship. And it is a model for how the private sector can partner with academic and research institutions, community-based organizations, health care providers and the public sector to tackle a public health crisis of mammoth proportions.

"But what matters most is not just the unprecedented generosity behind SECURE THE FUTURE — it is the unequaled focus on making the greatest difference in saving people's lives," Dr. Sullivan commented.

The Morehouse School of Medicine is a historically black institution whose mission is to recruit and train minority and other students as physicians and biomedical scientists committed to the primary health care needs of the medically underserved. Established in 1975, it became independent of Morehouse College in 1981. With the exception of his four years as secretary of health and human services, Dr. Sullivan has been president of the Morehouse School of Medicine since its founding.



MOREHOUSE SCHOOL OF MEDICINE

5/3/99 15:43 PM

Statement of The Honorable Louis W. Sullivan, M.D.

President, Morehouse School of Medicine

May 6, 1999

I am honored to announce today that the Morehouse School of Medicine is joining Bristol-Myers Squibb Company's SECURE THE FUTURE initiative to fight HIV/AIDS in Southern Africa where the disease is taking an unspeakable human toll.

SECURE THE FUTURE is the largest corporate commitment to fight HIV/AIDS in history. It is a model of good corporate citizenship. And it is a model for how the private sector can partner with academic and research institutions, community-based organizations, health care providers and the public sector to tackle a public health crisis of mammoth proportions.

But what matters most is not just the unprecedented generosity behind SECURE THE FUTURE – it is the unequalled focus on making the greatest difference in saving people's lives.

That is because it targets the region of the world where HIV/AIDS is taking the lives of eight of every 10 people who die of AIDS; and it combines a needed commitment to research with an innovative community-based outreach and education effort that will impact the most people.

This initiative touches me deeply. In my work as a physician, teacher and public health advocate, I have seen the rise of HIV/AIDS and sought to stop the horrific tragedies that lie in its wake. Indeed, fighting HIV/AIDS was at the top of my agenda throughout my tenure as secretary of health and human services.

This project also deeply touches the institution I have served for most of the past two-and-half decades, the Morehouse School of Medicine. Our mission is to recruit and train minority and other students to serve the primary health care needs of the medically underserved. Too often, that means preventing and treating HIV/AIDS. In the United States, HIV/AIDS has disproportionately hit the African American community; on a global scale, HIV/AIDS has disproportionately hit people living in Southern Africa.

Thus, we at Morehouse School of Medicine are dedicated to applying our resources, our energy, our knowledge and our talent to saving the lives of people – from Savannah to Soweto – who have contracted the HIV virus or who are at risk of

doing so.

We are delighted that SECURE THE FUTURE will provide 25 African public health professionals with fellowships to study community-based public health at the Morehouse School of Medicine.

I believe the community focus of our teaching and training will prove invaluable to the fellows. And I hope that the skills, techniques and support we provide them will prove equally invaluable to the communities they will serve when their fellowships end.

I am also pleased that 25 American public health professionals will receive fellowships to go to the Medical University of Southern Africa, MEDUNSA, to work with community-based organizations and improve their effectiveness. It is my hope that Morehouse School of Medicine students and graduates will participate in this exchange in large numbers, for I know how much they have to contribute.

In addition, we will provide guidance to the Bristol Myers-Squibb Foundation Community Outreach and Education Fund to improve the often dismal prospects for women and children dependent on others for financial and medical support.

It is a privilege to work not only with Bristol-Myers Squibb to SECURE THE FUTURE, but with so many other fine institutions: UNAIDS, the Harvard AIDS Institute, Baylor College of Medicine, Texas Children's Hospital, MEDUNSA, and other African schools of medicine.

South African President Nelson Mandela has said:

AIDS kills those on whom society relies to grow crops, work in the mines and factories, run the schools and hospitals and govern countries. . . . It creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children.

At a time when this vital region of the world is experiencing a renaissance, HIV/AIDS has already taken 11.5 million human lives and threatens to undermine the enormous social and economic progress made in recent years.

All of us who have the resources, the knowledge and the skills to fight HIV/AIDS have a moral responsibility to take action. Bristol-Myers Squibb's SECURE THE FUTURE project provides the means. And so I am extremely proud that Morehouse School of Medicine is a part of this outstanding, urgently-needed effort.

###

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



FOR ADDITIONAL INFORMATION

U.S.

BAYLOR COLLEGE OF MEDICINE

Mr. B.J. Almond
Media Relations
T: 713-798-4710
F: 713-798-3692
Pager: 800-514-3204
balmond@bcm.tmc.edu

BRISTOL-MYERS SQUIBB

Mr. Jon Weisberg
Public Affairs
T: 212-546-4343
F: 212-605-9606
jon.weisberg@bms.com

HARVARD AIDS INSTITUTE

Mr. Michael Broder
Communications
T: 617-432-4400
F: 617-432-4545
mbroder@hsph.harvard.edu

MOREHOUSE SCHOOL OF MEDICINE

Atlanta, Georgia
Mr. Ted Easler
Public Relations
T: 404-752-1734
tedeasler@msm.com

AFRICA

BRISTOL-MYERS SQUIBB

Public Affairs
Thabi Nyide
T: 2711-456-6444
F: 2711-456-6584
tnyide@usccmail.bms.com

MEDICAL RESEARCH COUNCIL

Ms. Michelle Galloway
T: 2721-938-0911

MEDICAL UNIVERSITY OF SOUTH AFRICA

Dean, National School of Public Health
Dr. Alan Herman
deborah@eni.net
aherman@mcd4330.medunsa.ac.za

SIMEKA TWS COMMUNICATIONS for BMS

Ms. Phangisile Mtshali
T: 2711-726-5161
F: 2711-726-1819
Cell: 2783-253-3534
phangisilem@stws.adcorp.co.za

UNAIDS

Geneva, Switzerland
Ms. Anne Winter
Media Relations
T: 412-2-791-4577
F: 412-2-791-4898
Cell: 41-79-213-4312
wintera@unaids.org

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



CHARLES A. HEIMBOLD, JR.
CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER
BRISTOL-MYERS SQUIBB COMPANY

Charles A. Heimbold, Jr., is Chairman and Chief Executive Officer of Bristol-Myers Squibb, one of the largest diversified health and personal care companies in the world.

Mr. Heimbold has spent most of his career at Bristol-Myers Squibb. He first joined Bristol-Myer's legal department in June 1963, and a few years later he was appointed Director of Corporate Development. He was named Vice President, Planning and Development, in 1973 and was promoted to Senior Vice President in 1981. Mr. Heimbold was named President of the Health Care Group in May 1984 and of the Consumer Products Group in 1989. He was elected Executive Vice President and a Director of the company in 1989 and became President in 1992. On January 1, 1994, he was named Chief Executive Officer and became Chairman of the Board in May 1995.

Before joining the company, Mr. Heimbold was with the New York law firm of Milbank, Tweed, Hadley & McCloy. He served as a destroyer officer in the U.S. Navy from 1954 to 1957.

Because of his strong commitment to education, he is associated with a number of important institutions. He serves as Chairman of the Board of Overseers of the Law School of the University of Pennsylvania, as well as a trustee of the University of Pennsylvania and the American Museum of Natural History. He is a past trustee of Sarah Lawrence College and assisted his alma mater, Villanova University, in its recent capital drive.

Other activities to which Mr. Heimbold devotes his time include serving on the Board of Directors of the Mobil Corporation and as Chairman of the Board of Directors of Phoenix House, a nonprofit agency devoted to drug abuse treatment for adults and children. Mr. Heimbold is a Director and Past Chairman of the Board of Directors of the Pharmaceutical Research and Manufacturers of America, the industry association which represents the country's leading research based pharmaceutical and biotechnology companies. He is also a member of the Commonwealth Fund Commission on Women's Health.

Mr. Heimbold is strongly committed to creating a strong partnership between the business community and government. To this end, he is active in The Business Roundtable, The Business Council and the Council on Foreign Relations.

A graduate of Villanova University and the University of Pennsylvania Law School, he also received a Master of Laws degree from New York University and completed an international program at the Hague Academy of International Law. In May 1998, he received an Honorary Doctor of Humane Letters from Villanova University.

He and his wife, Monika, live in Riverside, Connecticut, where they have raised a daughter and three sons.

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



KENNETH E. WEG
VICE CHAIRMAN
BRISTOL-MYERS SQUIBB COMPANY

Kenneth E. Weg assumed his current position as a member of the Office of the Chairman of Bristol-Myers Squibb in December 1998. In this role, he serves with Charles A. Heimbald, Jr., Chairman and Chief Executive Officer for the company, on leadership development, general oversight of the Worldwide Medicines Group, and other business matters that are the responsibility of the Chief Executive Officer.

Mr. Weg's latest position caps a distinguished career in the pharmaceutical industry that spans over 30 years, including his most recent role as President of Bristol-Myers Squibb's Worldwide Medicines Group. First appointed to lead the worldwide pharmaceuticals business in 1989, he successfully managed the company's pharmaceutical operations through a time of dramatic change in the pharmaceutical industry and its world markets. Under his leadership, the business experienced significant achievements in the life cycle and sales growth of important products such as *Capoten*, *Pravachol*, *Glucophage*, *Plavix* and *Avapro*, for cardiovascular and metabolics diseases, *TAXOL* and *Paraplatin* for cancer, *Zerit* and *VIDEX* for HIV disease, and *BuSpar* and *Serzone* for mood disorders. During this same period, Mr. Weg expanded the company's pharmaceutical presence and market share in new and established international markets, and oversaw a widespread initiative to expand and enhance the company's Pharmaceutical Research Institute.

Mr. Weg first joined what was then Bristol-Myers Company in 1969 as Director, Long Range Planning, for the Bristol-Myers' International Division, and subsequently held various positions of increased responsibility in several worldwide markets. He joined Squibb Corporation in 1987 as Group Vice President and President, Squibb International. One year later, he was appointed President of the newly formed Squibb Pharmaceutical Group. Following the merger of Bristol-Myers Company and Squibb Corporation in 1989, Mr. Weg oversaw operations for the company's domestic and international pharmaceutical business before his promotion in 1993 to President, Pharmaceutical Group. On May 2, 1995, he was elected to the Board of Directors and named an Executive Vice President of the Company. In November 1996, Mr. Weg also assumed responsibility for the Company's consumer medicines operations when it was merged with worldwide pharmaceutical into one organization. His earlier career experience in the industry includes positions with Merck & Co., Inc.

Mr. Weg has been active in numerous philanthropic, civic and pharmaceutical industry organizations throughout his career. Among his current roles is Trustee of the Princeton Medical Center, Trustee of the Fox Chase Cancer Center and Trustee for the University of Medicine and Dentistry in New Jersey. He also serves on the Foundation for New Jersey Public Broadcasting, Inc., is a member of the Philadelphia Museum of Art Corporate Executive Committee, and served as co-chair of New Jersey Governor Christie Whitman's "Save the Dome" campaign, which raised private sector monies to restore the gold dome atop the historic New Jersey State House.

Mr. Weg graduated from Dartmouth College in 1960 with a bachelor's degree in English Literature. He received his Master of Business Administration degree from Columbia University in 1962. Mr. Weg was born in Philadelphia, Pennsylvania on July 30, 1938. He and his wife, Carol, reside in Princeton, New Jersey.

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



LOUIS W. SULLIVAN, M.D.
PRESIDENT
MOREHOUSE SCHOOL OF MEDICINE

Louis W. Sullivan, M.D., was sworn in as U.S. Secretary of Health and Human Services (HHS) on March 10, 1989, and served as Secretary throughout President George Bush's administration. Since January 1993, he has been President of Morehouse School of Medicine in Atlanta.

As Secretary of HHS, Dr. Sullivan administered the federal agency responsible for the major health, welfare, food and drug safety, medical research and income security programs serving the American people.

Dr. Sullivan went to HHS from Morehouse School of Medicine, an institution at which he played a founding role. In 1975, the dream of a medical school began when Dr. Sullivan became the founding dean and director of the Medical Education Program at Morehouse College. Three years later, the School of Medicine at Morehouse College admitted its first 24 students when it opened as a two-year program in the basic medical sciences.

In 1981, Dr. Sullivan served as the first Dean and President when the School of Medicine became independent from Morehouse College. The school of Medicine was fully accredited as a four-year medical school in April 1985 and awarded M.D. degrees to its first 16 graduates in May 1985.

Born in Atlanta, Dr. Sullivan received a bachelor of science degree, *magna cum laude*, from Morehouse College and earned his medical degree, *cum laude*, from Boston University. His internship and medical residency were at New York Hospital-Cornell Medical Center. He is certified in internal medicine and hematology.

Dr. Sullivan's academic appointments included service as instructor of medicine at Harvard Medical School (1963-64) and as assistant professor of medicine (1964-66) at Seton Hall College of Medicine, the predecessor of the New Jersey College of Medicine. In 1966, Dr. Sullivan became co-director of hematology at Boston University Medical Center and founded the Boston University Hematology Service at Boston City Hospital in 1967. He served on the faculty of Boston University School of Medicine from 1966 to 1975.

A member of the numerous medical organizations including the American Medical Association and the National Medical Association, Dr. Sullivan was the founding President of the Association of Minority Health Professions Schools. He is a former member of the Joint Committee on Health Policy of the Association of American Universities and the national Association of Land Grant Colleges and Universities.

Dr. Sullivan's wife, Ginger, is an attorney. They have three children, Paul, Shanta and Halsted.

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



PETER PIOT, M.D.
EXECUTIVE DIRECTOR
UNAIDS

Peter Piot was appointed Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Assistant-Secretary-General of the United Nations on 12 December 1994.

Dr. Piot joined UNAIDS from a position as Director of the Division of Research and Intervention Development at the Global Programme on AIDS of the World Health Organization. Dr. Piot had previously served from 1980 to 1992 as Professor of Microbiology and Head of the Department of Infection and Immunity at the Institute of Tropical Medicine in Antwerp, Belgium. During this period, he also launched and expanded a series of collaborative projects in Burundi, Côte d'Ivoire, Kenya, Tanzania and Zaire, including Project SIDA in Kinshasa, Zaire, which was the first international HIV/AIDS project to be established in the developing world.

Dr. Piot was Associate Professor of Public Health at the Free University of Brussels from 1989 to 1992, and Associate Professor of Microbiology at the University of Nairobi from 1986 to 1987. From 1978 to 1979, he was Senior Fellow at the University of Washington in Seattle, where he carried out research on infectious diseases. During an investigation into an outbreak of haemorrhagic fever in northern Zaire in 1976, he became co-discoverer of the Ebola virus. He served as the President of the International AIDS Society from 1991 to 1994. Prior to joining UNAIDS, he was editor of *AIDS*, the leading scientific journal in its field.

Dr. Piot qualified as a Doctor of Medicine at the University of Ghent in 1974 and received a Doctorate in Microbiology from the University of Antwerp in 1980. He has received many awards for scientific achievement and public service, and has published over 500 articles and 14 books, mostly on issues related to AIDS, sexually transmitted diseases and women's reproductive health. He was awarded a baronetcy by H.M. King Albert II of Belgium in 1995. Dr. Piot was born in Leuven, Belgium in 1949.

SECURE THE FUTURE

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS



GRACE MNGUNI

COMMUNITY LIAISON OFFICER, FRIENDS FOR LIFE

Grace Mnguni is a community liaison officer for Friends for Life, a volunteer organization based in South Africa, dedicated to community outreach, education, care and support for people with HIV/AIDS. Friends for Life is a non-governmental, non-discriminatory organization offering emotional and practical support to the broad spectrum of people who are infected with HIV/AIDS. All services are free of charge. Ms. Mnguni's responsibilities with Friends for Life include counseling, and developing and running workshops, training programs, and awareness and prevention programs. She is also responsible for marketing for the organization.

After attending a seminar on HIV/AIDS in 1991, Ms. Mnguni immediately was inspired to become an advocate for people who suffer from the disease. With no formal training but a desire to help those in need, she approached Professor Ruben Sher, one of the panelists at the seminar, who at the time worked at Hillbrow Hospital in Johannesburg, South Africa.

In 1991, Ms. Mnguni began training as an HIV/AIDS counselor at Hillbrow Hospital, where she worked with patients in a number of clinical trials, and subsequently learned about HIV/AIDS treatment, counseling for testing, education and community support. As an independent counselor to HIV/AIDS patients, she developed special nutritional plans for patients unable to afford certain foods and unaware of their dietary needs.

In 1992, Ms. Mnguni joined Friends for Life as a volunteer, the first Black member of the organization. She began soliciting corporations for food donations, eventually developing a food bank satellite that provided food to patients at Hillbrow and Johannesburg Hospitals.

In 1997, Ms. Mnguni single-handedly opened the Alex Drop-In Centre in 1997 in Alexandra Township, South Africa. She recruited local volunteers and trained them to treat and counsel patients. To staff the Centre, which currently has four full-time employees, Ms. Mnguni embarked on a fundraising crusade, generating nearly R150,000 (US \$25,000) from organizations including AIDS Foundation 1997/1998/1999 and the Anglo American Chairman's Fund, in addition to her own contributions.

After the success of the Alex Centre, Ms. Mnguni opened a second such centre, in Witbank, South Africa. She again raised more than R150 000 from such sources as the Department of Health in Mpumalanga and Liberty Life. She recently opened a third center, in Durban. Ms. Mnguni was granted a tender by the National Department of Health in 1998 to pilot the project in Alex and Kwa-Zulu Natal in the Howick area.

Ms. Mnguni has won many awards for her innovative community service and pioneering advocacy for HIV/AIDS patients. In 1995, she was chosen as the Soul Citizen of the year by the Soul City television drama. She was selected as the 1996 Sowetan Community Builder of the Year and used her award money to open the Alex Drop-In Centre. In 1997, she was chosen community worker of the month by City Press/Naspers.

Ms. Mnguni has studied with the Institute of Personnel Management. Recently, she has become interested in developing training modules for patient care, and is currently considering writing a book about South Africa. Ms. Mnguni resides in Johannesburg and Witbank, South Africa. She is 30 years old.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

THE BRIDGE

June 2nd, 1997

NEWS

Hydroxyurea offers an important, lower-cost alternative to other ARTs. HU salvage therapy is shown to be of benefit in clinical trials.

See page 2 for details.



● PROGRAMME CHANGES

A daily update on the entire Conference schedule.

Page 3

● SCIENCE

IL-2 plus ART improves immune function.

Page 3

● FEATURE

Complex dosing regimens make it difficult to stick with drug cocktails. Research is needed to simplify regimens to avoid dangerous resistance and to make life easier for the people following them.

Page 4-5

● SOUTH

Children orphaned by AIDS and their advocates continue the struggle to be heard.

Page 6

● COMMUNITY

PWA lounge offers a quiet sanctuary for people living with HIV.

Page 8



Dominic Vuichard from the Conference's community office poses in the tranquil setting of the PWA Lounge. The lounge has been central to allowing delegates taking drug cocktails to adhere to the regimens. With refrigerators, a varied food supply, and support, adherence becomes much easier. Feature story: page 4.

Pascal Frautschi

Plenary

'AZT's 10th anniversary' sparks hard questions

Triple therapy for the world's 2.3 million people living with AIDS is not a utopian vision, claims Jorge Belloqui of Brazil. He suggests just shifting a portion of military budgets into official aid to developing countries. The US military budget of CHF460

billion, Russia's CHF175 billion, and Japan's CHF75 billion compare starkly with the CHF28 billion Belloqui estimates would provide triple therapy to every person with AIDS.

"If we brought all the developed countries up to Switzerland's aid level,

the official aid budget would increase by CHF65 billion yearly. Bring it up to Canada's level, and we're talking about CHF110 billion more a year," he says.

see page 2

The Potent RT Inhibitor For Any Combination

Please see Representative at the Boehringer Ingelheim/Roxane Laboratories booth for US or European VIRAMUNE Prescribing Information.