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Congressional Black Caucus

Of the Congress of the United States

1711 Longworth HOB - Washington, DC 20515 - Ph (202) 225-1790. Fx (202) 225-5517

Congressional Black Caucus

Honorable James Clyburn,
Chairman, CBC
Honorable Donna Christian-Christensen,
Chairman, CBC Health Braintrust

MEMBERS

By Seniority in the
US House of Representatives

John Conyers, Jr., MI - '65
Maxine Waters, CA - '91
Eva Clayton, NC - '92
James Clyburn, SC - '93
Alcee Hastings, FL - '93
Eddie Bernice Johnson, TX - '93
Carrie P. Meek, FL - '93
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Elijah Cummings, MD - '96
Donna Christian-Christensen, VI - '97
Danny K. Davis, IL - '97
Carolyn Cheeks Kilpatrick, MI - '97
Barbara Lee, CA - '98

Contact: Monique Clendinen
(202) 225 - 1790

August 23,2000

428586

The Honorable William Jefferson Clinton
President
The United States of America
1600 Pennsylvania Avenue, N.W.
Washington, D.C 20500

6 2 438

Dear Mr. President:

It has come to our attention that the $100 million funding investment outlined in the Life Initiative to address the global AIDS pandemic in Africa, does not include any funds for drug treatment, intervention and prevention. In light of the clear nexus between drug abuse and HIV/AIDS, we see this as a major omission.

During the recent HIV/AIDS conference in Durban, South Africa, many of the African Health Ministers voiced their concern about the increased use of drugs throughout their nations. Their recognition and highlighting of this as a problem, makes it imperative that any funding provided by the Department of Health and Human Services for primary prevention, include programs targeted to addressing drug abuse and related problems in Sub-Saharan Africa. We believe that this is an oversight that can be easily corrected.

In the years since the onset of this epidemic, we have learned much to guide our efforts. We know that drug use is often a contributing pre-cursor to HIV. We also know, that unsafe drug injecting practices provide an early entry point for the virus. This knowledge must be applied to the Life Initiative, if it is to be successful. It is important that our global assistance builds upon the knowledge that we have gained in our national fight against HIV/AIDS in the United States.

We ask for a timely response to this request, and as always, we stand ready to be of assistance in determining how best to correct this oversight.

Sincerely,

Donna M. Christensen
Member of Congress

Maxine Waters
Member of Congress

Barbara Lee
Member of Congress

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H-HN-1776

90 37

0 - CBC

THE WHITE HOUSE
CORRESPONDENCE TRACKING WORKSHEET

ID# 421621
PAGE 1

DATE RECEIVED: 07/03/2000

NAME OF CORRESPONDENT: THE HONORABLE DONNA CHRISTENSEN

SUBJECT: WRITES TO REQUEST THE PRESIDENT TO DIRECT OMB AND AGENCIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO FULL INCORPORATE THE CBC MINORITY HIV/AIDS INITIATIVE INTO THE BUDGET THAT IS DEVELOPING FOR FY 2002

		ACTION		DISPOSITION		
ROUTE TO: OFFICE/AGENCY	**(STAFF NAME)**	**ACTION CODE**	**DATE YY/MM/DD**	**TYPE RESP**	**C D**	**COMPLETED YY/MM/DD**
LEGISLATIVE AFFAIRS	CHARLES "CHUCK" BRAIN	ORG	2000/07/03			

ACTION COMMENTS

OMB

ACTION COMMENTS:

ACTION COMMENTS:

ACTION COMMENTS:

COMMENTS BATCH #421620 cc: HHS, AIDS Policy

ADDITIONAL CORRESPONDENTS: 0 **MEDIA:** LETTER **INDIVIDUAL CODES:**

REPORT CODES: **USER CODES:**

ACTION CODES:
A - APPROPRIATE ACTION
C - COMMENT/RECOMMENDETION
D - DRAFT RESPONSE
F - FURNISH FACT SHEET
I - INFO COPY/NO ACT NECCESSARY
R - DIRECT REPLY W/ COPY
S - FOR SIGNATURE

DISPOSITION CODES:
A - ANSWERED
B - NON-SEPC-REFERRAL
C - COMPLETED
S - SUSPENDED

OUTGOING CORRESPONDENCE:
TYPE RESP = INITIALS OF SIGNER
CODE = A
COMPLETED = DATE OF OUTGOING

REFER QUESTIONS AND ROUTING UPDATES TO RECORDS MANAGEMENT (ROOM 72, OEOB) EXT-62590
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS MANAGEMENT.

DONNA M. CHRISTIAN-CHRISTENSEN
DELEGATE, VIRGIN ISLANDS

COMMITTEE ON RESOURCES
MEMBER, SUBCOMMITTEE ON NATIONAL PARKS AND PUBLIC LANDS
MEMBER, SUBCOMMITTEE ON WATER AND POWER

COMMITTEE ON SMALL BUSINESS
RANKING MEMBER, SUBCOMMITTEE ON RURAL ENTERPRISES

MEMBER, CONGRESSIONAL BLACK CAUCUS
MEMBER, CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES
MEMBER, CONGRESSIONAL TRAVEL AND TOURISM CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515–5501

PLEASE RESPOND TO:

WASHINGTON OFFICE
☐ 1711 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-1790
FAX (202) 225-5517

DISTRICT OFFICES
☐ VITRACO MALL, BLDG. 2—SUITE 3
ST. THOMAS, VIRGIN ISLANDS 00802
(340) 774-4408
FAX (340) 774-8033

☐ SUNNY ISLE SHOPPING CENTER
SUITE #3 MINI MALL
P.O. BOX 5980
ST. CROIX, VIRGIN ISLANDS 00823
(340) 778-5900
FAX (340) 778-5111

☐ 109 ENIGHED CONTANT
OLD HILLTOP BUILDING
ST. JOHN, VIRGIN ISLANDS 00831
(340) 776-6209

June 28, 2000

421621

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

As Chairman of the Congressional Black Caucus (CBC) Health Braintrust, I am writing to request that you direct the Office of Management and Budget and agencies of the Department of Health and Human Services (DHHS) to fully incorporate the CBC Minority HIV/AIDS Initiative into the budget that your Administration is developing for Fiscal Year 2002. This CBC Initiative is absolutely essential to effectively address the HIV/AIDS crisis, and thus, must be included as a natural component in the development of agency commitment base budgets for future fiscal years.

The absorption of the CBC Initiative in the ongoing budget development process is paramount, if we are truly going to address the HIV/AIDS epidemic in both the short and long-term goals. The Centers for Disease Control and Prevention (CDC) reports indicate that for 1999, African Americans accounted for 47% of the AIDS cases reported among adults and adolescents, Hispanics 19%, Asian Americans/Asian Pacific Islanders 0.8%, and American Indians/Alaskan Natives 0.5%.

In regard to HIV, of the estimated 40,000 new infections each year, African Americans represent sixty-four percent. In 1997, HIV was the leading cause of death among African Americans between 25-44 years of age, and the second leading cause of death in African American women in this age group. In January of this year, the CDC reported for the first time, that more African American and Hispanic men were diagnosed with AIDS than white gay men. It is against this backdrop of escalating pain and human suffering, that this critical request is made.

These alarming statistics and the health burden that they reflect, confirm the critical need to incorporate the CBC Initiative as a natural component of the DHHS commitment base. Also, the intent of this request is consistent with your October 28, 1998 declaration, that HIV/AIDS is "a severe and ongoing crisis in African Communities." Furthermore, HIV/AIDS' ravaging toll on the African American community warrants this requested action.

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We look forward to your favorable response to this request.

Sincerely,

Donna M. Christian-Christensen
Chairman, Chair, CBC Health Braintrust

cc. Secretary Donna Shalala

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS
CHAIR

CAMPAIGN FINANCE REFORM
TASK FORCE
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SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION

www.house.gov/clyburn/
E-mail: jclyburn@mail.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515–4006

June 24, 1999

The Honorable Albert Gore
Vice President of the United States
The White House
Washington, DC 20501

Dear Mr. Vice President:

On behalf of the Congressional Black Caucus (CBC), I am writing with regards to your ongoing efforts in South Africa.

As you know for the past two Congresses, the CBC has made addressing the crisis of AIDS in minority communities a top priority. We applaud your efforts to strengthen U.S.-South Africa ties through the Gore-Mbeki Commission, and we are well aware of your efforts to focus attention on the fight against AIDS in South Africa. You have brought senior-level U.S. health officials with you on your trips to Cape Town, and when the Commission met in Washington, South African health officials had access to America's top minds in the fight against AIDS.

Your willingness to pioneer this new instrument of foreign relations -- and make such a substantial personal investment in the U.S.-South African relationship -- has brought far more help to the South African people's fight against AIDS than they would have had otherwise.

That is why we in the CBC are concerned with the recent characterizations of your conversations with President Mbeki and your position on trade sanctions against South Africa -- characterizations that are entirely out of line with your record.

We know you are committed to a viable U.S.-South Africa relationship and that you are committed to helping those who are suffering of those with AIDS. We urge you to continue a flexible approach toward resolving our trade differences with South Africa over the Medicines Act.

I would be grateful if you could give a brief update on your efforts on this matter. Thank you for your consideration.

Sincerely,

Rep. James E. Clyburn
Chairman, Congresional Black Caucus

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(843) 662–8474 FAX

2106 MT. PLEASANT STREET
CHARLESTON, SC 29405
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(843) 965–5581 FAX

401 LONGSTREET
KINGSTREE, SC 29556
(843) 354–7484
(843) 354–3004 FAX

437 AMELIA STREET
ORANGEBURG, SC 29115
(803) 533–1000
1ST & 3RD MONDAYS

21 NORTH MAIN STREET
SUMTER, SC 29150
(803) 773–3371, EXT. 271
2ND & 4TH MONDAYS

THE VICE PRESIDENT
WASHINGTON

June 25, 1999

The Honorable James E. Clyburn
Chairman, Congressional Black Caucus
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter on behalf of the Congressional Black Caucus inquiring into the issue of affordable AIDS medicines in South Africa. I share with the Caucus an abiding interest and affection for the people of South Africa and of Africa as a whole, and I am happy to bring you abreast of developments in our efforts to resolve our differences with South Africa over trade in pharmaceuticals.

I want you to know from the start that I support South Africa's efforts to enhance health care for its people -- including efforts to engage in compulsory licensing and parallel importing of pharmaceuticals -- so long as they are done in a way consistent with international agreements.

As you know all too well, AIDS has reached epidemic proportions in South Africa. More than three million South Africans are HIV positive, and the virus is spreading at an astonishing, horrifying speed – infecting more than a thousand people a day. AIDS is tearing apart communities and wiping out families, turning wives into widows and children into orphans. At the current pace, more than 2.5 million South African children will lose both parents to AIDS in the next ten years. And the financial means to battle the crisis is itself a casualty; South Africa's economic growth is slowed by 1 percent each year due to the impact of HIV/AIDS.

That is why I put the issue of AIDS at the top of my agenda during my trip to Cape Town last February for a session of the U.S.-South Africa Binational Commission. Then-Deputy President Thabo Mbeki and I had a lengthy discussion on the crisis. He has launched an important campaign of awareness and prevention, but he knows he needs to provide effective treatment to those for whom prevention is no longer an option.

In 1997, in an effort to enhance health care for all South Africans, the National Assembly passed amendments to the Medicines Act that granted the government broad, but unspecified authority to provide more affordable drugs to its people. Out of concern that this new law might be used in ways that violate patent rights, more than 40 pharmaceutical firms -- about one third from South Africa, one third from Europe, and one third from the U.S. -- challenged the law in

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South African courts, claiming the law violates the South African Constitution. After more than a year, that case is still pending.

Clearly, there is a global consensus on the need to protect intellectual property. That is why the 134 nations of the WTO concluded the WTO/TRIPS (Trade-Related Aspects of Intellectual Property Rights) agreement to establish international standards for intellectual property protection.

The Administration has shared its own concerns with South Africa over the more vague provisions of the Medicines Act. We have asked the Government of South Africa to clarify the actions it would take under the Act, and assure us the actions would comply with international agreements and not undermine legal protections for patent holders.

Under her independent authority mandated by Congress, the United States Trade Representative named South Africa to the "watch list" during her Special 301 Annual Review in 1998. Naming a country to the "watch list" -- the lowest designation in the review -- triggers no sanctions or threat of sanctions, but calls for bilateral efforts to resolve the issue. It is also important to note that naming South Africa to the watch list was not done solely in response to pharmaceuticals, but extended to other issues, including protections for computer software, CDs, and other intellectual property.

As you may know, the pharmaceutical industry recommended this year that South Africa be elevated two levels to the designation "Priority Foreign Country." Such a designation would have required the Government of South Africa to resolve this issue to the USTR's satisfaction within a set time, or face trade sanctions. I believe that such an action would have undercut our cooperative efforts to resolve this issue with South Africa, and I urged the USTR to reject the industry recommendation. In the end, USTR maintained South Africa on the "watch list," where it had been the previous year.

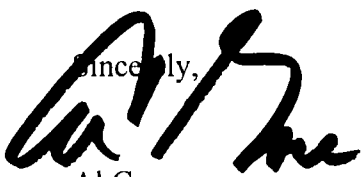
In my meeting with then-Deputy President Mbeki here in Washington in August of last year, he and I agreed to seek a solution that addressed the need to bring better health care to South Africans and, at the same time, account for the legitimate interests of manufacturers. I proposed to then-Deputy President Mbeki that -- to speed the availability of lower-cost pharmaceuticals in South Africa -- we work toward a resolution within a framework that included parallel importing and compulsory licensing, consistent with international agreements.

Our efforts to resolve the issue have been slowed by the ongoing litigation, but my view is the same now as it was then: I support South Africa's effort to provide AIDS drugs at reduced prices through compulsory licensing and parallel importing, so long as they are carried out in a way that is consistent with international agreements.

During our meeting in Cape Town in February of this year, then-Deputy President Mbeki and I again reviewed the issue and agreed to continue our efforts to resolve our differences. I am confident that we will reach a mutually satisfactory agreement.

Meanwhile, I thank you for your support of the U.S.-South Africa friendship, and for the commitment of the Congressional Black Caucus to confront the growing crisis of AIDS in Africa.

Sincerely,



Al Gore

0-CBC

MEMORANDUM

TO: **Robert (Ben) Johnson**
Janet Murgia
Broderick Johnson
Sandy Thurman
Richard Socarides

FROM: **Minyon Moore**

DATE: **June 29, 1999**

RE: **SOUTH AFRICAN AIDS CRISIS**

Please find attached correspondence from the CBC and Vice President Gore regarding the AID's Crisis in Africa. You will also note another letter to the President that is circulating to the CBC members for signature.

Please call x 67910 if you have any questions.

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS
CHAIR

CAMPAIGN FINANCE REFORM
TASK FORCE
CO-CHAIR

COMMITTEE:
APPROPRIATIONS

SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515–4006

June 24, 1999

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Vice President of the United States
The White House
Washington, DC 20501

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That is why we in the CBC are concerned with the recent characterizations of your conversations with President Mbeki and your position on trade sanctions against South Africa -- characterizations that are entirely out of line with your record.

We know you are committed to a viable U.S.-South Africa relationship and that you are committed to helping those who are suffering of those with AIDS. We urge you to continue a flexible approach toward resolving our trade differences with South Africa over the Medicines Act.

I would be grateful if you could give a brief update on your efforts on this matter. Thank you for your consideration.

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Chairman, Congresional Black Caucus

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Washington, DC 20515–4006
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(202) 225–2313 Fax

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(843) 365–6581 Fax

401 Lonnie Walker
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437 Amelia Street
Orangeburg, SC 29115
(803) 533–1000
1st & 3rd Mondays

21 North Main Street
Sumter, SC 29150
(803) 773–3271, Ext. 271
2nd & 4th Mondays

THE VICE PRESIDENT
WASHINGTON

June 25, 1999

The Honorable James E. Clyburn
Chairman, Congressional Black Caucus
U.S. House of Representatives
Washington, DC 20515

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Meanwhile, I thank you for your support of the U.S.-South Africa friendship, and for the commitment of the Congressional Black Caucus to confront the growing crisis of AIDS in Africa.

Sincerely,

Al Gore

June 29, 1999

President Bill Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Mr. President:

We appreciate your leadership in supporting debt relief for poverty reduction at the G-7 Summit, and we are pleased by the announcement of a new initiative, the Cologne Debt Initiative, to provide substantial debt relief to poor countries.

We strongly support the decision of the G-7 countries to promote poverty alleviation and provide faster, broader and deeper debt relief to heavily indebted poor countries. We also support the decision to require the countries that receive debt relief to use the savings for HIV/AIDS prevention, health care, child survival and education programs.

Now it is important that Congress, the Administration and the G-7 countries work together to ensure that the debt relief that was promised by the Cologne Debt Initiative is realized and that impoverished people actually benefit from debt relief.

We are especially concerned about the structural adjustment reforms that have been imposed as a condition for debt relief in the past. Under the HIPC Initiative of the International Monetary Fund (IMF), countries were required to adopt structural adjustment programs and implement them over a six-year period. These programs usually required painful cuts in health care, education and other social services. Most poor countries were unable to implement the fiscal reforms required by the IMF. As a result, only Uganda and Bolivia actually received debt relief under the HIPC Initiative.

If the Cologne Debt Initiative is to result in real benefits for the impoverished people of heavily indebted poor countries, we must make certain that these countries receive debt relief as quickly as possible. The inability of these countries to complete painful structural adjustment programs should not be an impediment to their ability to receive debt relief.

HIV/AIDS treatment and prevention efforts in Sub-Saharan Africa are complicated by poverty. Most Africans lack access to the most basic health care services, and only the wealthiest people in Africa can afford HIV/AIDS medications and advancements in treatment therapies. Furthermore, high illiteracy rates combined with low levels of education funding have made prevention efforts more difficult.

The tremendous debt burden on African countries has exacerbated the HIV/AIDS crisis by forcing governments to cut funding for health care services and public education in order to make payments on their debts. In Zambia, Niger, Mozambique and Uganda, government spending on debt service payments is greater than government spending on health and education combined. Tanzania spends four times as much money on debt payments as it does on health and education combined. It is increasingly difficult for African countries to provide care and treatment for the victims of HIV/AIDS and stop the spread of this devastating disease while continuing to service their debts.

Debt relief is essential to enable Sub-Saharan African poor countries to provide health care, education and other vital social services to their impoverished populations, and an "AIDS-Factor" will allow those countries that are most severely impacted by the HIV/AIDS crisis to receive additional debt relief above and beyond what they would otherwise receive. We look forward to learning of your plans to alleviate the suffering that debts and HIV/AIDS together have imposed upon the peoples of Sub-Saharan Africa.

Sincerely,

6 - CBC

Congressional Black Caucus

Of the Congress of the United States

1711 Longworth HOB - Washington, DC 20515 - Ph (202) 225-1790. Fx (202) 225-5517

August 23,2000

428586

The Honorable William Jefferson Clinton
President
The United States of America
1600 Pennsylvania Avenue, N.W.
Washington, D.C 20500

6 2 4 38

Dear Mr. President:

It has come to our attention that the $100 million funding investment outlined in the Life Initiative to address the global AIDS pandemic in Africa, does not include any funds for drug treatment, intervention and prevention. In light of the clear nexus between drug abuse and HIV/AIDS, we see this as a major omission.

During the recent HIV/AIDS conference in Durban, South Africa, many of the African Health Ministers voiced their concern about the increased use of drugs throughout their nations. Their recognition and highlighting of this as a problem, makes it imperative that any funding provided by the Department of Health and Human Services for primary prevention, include programs targeted to addressing drug abuse and related problems in Sub-Saharan Africa. We believe that this is an oversight that can be easily corrected.

In the years since the onset of this epidemic, we have learned much to guide our efforts. We know that drug use is often a contributing pre-cursor to HIV. We also know, that unsafe drug injecting practices provide an early entry point for the virus. This knowledge must be applied to the Life Initiative, if it is to be successful. It is important that our global assistance builds upon the knowledge that we have gained in our national fight against HIV/AIDS in the United States.

We ask for a timely response to this request, and as always, we stand ready to be of assistance in determining how best to correct this oversight.

Sincerely,

Donna M. Christensen
Member of Congress

Maxine Waters
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Congressional Black Caucus

Honorable James Clyburn,
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Contact: Monique Clendinen
(202) 225 - 1790

SEP - 5 2000

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H.R.1776

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Q - CBC

DONNA M. CHRISTIAN-CHRISTENSEN
DELEGATE, VIRGIN ISLANDS

COMMITTEE ON RESOURCES
MEMBER, SUBCOMMITTEE ON NATIONAL PARKS AND PUBLIC LANDS
MEMBER, SUBCOMMITTEE ON WATER AND POWER

COMMITTEE ON SMALL BUSINESS
RANKING MEMBER, SUBCOMMITTEE ON RURAL ENTERPRISES

MEMBER, CONGRESSIONAL BLACK CAUCUS
MEMBER, CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES
MEMBER, CONGRESSIONAL TRAVEL AND TOURISM CAUCUS

Congress of the United States
House of Representatives
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TO: The Hon. William Jefferson Clinton FAX: 456-1121
President of the United States

FROM: Donna M. Christian-Christensen
Member of Congress

Sandy Thurman

DATE: September 20, 2000

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202-225-1790

Congress of the United States

Washington, DC 20515

September 20, 2000

CC: Jack Lew
Chris Jennings

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President

As members of the Congressional Black Caucus, we are writing to request that you intensify the Administration's efforts to address HIV/AIDS and other health disparities in the African American community and other communities of color. Our request is consistent with your October 28, 1998 declaration that HIV/AIDS is "a severe and ongoing crisis in African American communities" and with your Initiative to Eliminate Health Disparities. Data from the Centers for Disease Control and Prevention confirms that funding for the HIV/AIDS Minority Initiative, the REACH program, Offices of Minority Health, Office of Research on Minority Health, and targeted Chronic Diseases programs must be included among the programs that you designate for high priority funding in the appropriations measure that you enact for FY 2001.

According to the Centers for Disease Control and Prevention, for the period January 1999 to December 1999, Blacks accounted for 47% of AIDS cases reported among adults and adolescents, Hispanics 19%, Asian Americans/Asian Pacific Islander 0.8%, and American Indian/Alaska Natives 0.4%. With regard to HIV, of the estimated 40,000 new infections each year, African Americans represent 64%. This disease remains the leading cause of death for Black men 25-44 years of age, and the second leading cause of death in Black women in this age group. In January of this year, the CDC reported for the first time that more Black and Hispanic men were diagnosed with AIDS than white gay men. It is against this backdrop of escalating pain and human suffering that we ask that you provide $539.4 million for the CBC Minority HIV/AIDS Initiative, in the FY 2001 enacted Labor-HHS-Ed appropriations measure.

With regard to the broader health disparities, from cardiovascular diseases, to infant mortality, to cancer, to diabetes, the disproportionate health burden continues. According to the Assistant Secretary for Health and U.S. Surgeon General, while for the nation, the infant mortality rate is down, that among African Americans is still more than double that for whites, and that for American Indians and Alaska Natives almost doubles that of whites. Cardiovascular diseases remain the leading cause of death across populations.

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Hispanics are almost twice as likely to die from diabetes as non-Hispanic whites, and the rate of diabetes for American Indians and Alaska Natives is more than twice that for whites. Vietnamese women suffer from cervical cancer at nearly five times the rate of white women. And, African American women have a higher death rate from breast cancer despite having a mammography screen rate that is higher than that for white women. According to the American Cancer Society, Black men have the highest mortality rates of colon and rectum, lung and bronchus, and prostate cancer. And, Black men are more than twice as likely to die of prostate cancer than men of other racial and ethnic groups.

To intensify the nation's efforts to more effectively address health disparities, we request that you provide the following:

- $539.4 million for the CBC Minority HIV/AIDS Initiative to improve and expand prevention activities, increase access to care and treatment, intensify infrastructure development and capacity building, strengthen technical assistance; and expand outreach and education;
- $150 million for the CDC REACH Initiative program to address health disparities at the community-base level;
- $78 million for the Office of Minority Health to carry out the full scope of its mission including strengthening, expanding and intensifying its activities to respond to the health disparities crisis in communities of color;
- $235 million for the Office of Research on Minority Health to adequately address the health disparities crisis by expanding and intensifying emphasis on biomedical, basic, environmental, genome, behavioral, and clinical research, and research training in health disparities; and elevate the Office to a "Center" in accordance with HR 3250 and HR 2391; and
- Within the CDC's Chronic Disease & Health Promotion program, provide an increase of +$25 million for diabetes, +$25 million for cardiovascular diseases, +$10 million for prostate cancer, +$12 million for colorectal cancer, and +$20 million for breast and cervical cancer screening.

Community Health Centers and Health Professions Training are also among the health and related programs that are important to improving the health of vulnerable populations.

Working together, we have contributed greatly to the betterment of America for generations to come. In this new era of opportunities and challenges, it is even more crucial that we join forces as "One Nation" to conquer HIV/AIDS and to eliminate health disparities. We request that you include the amounts requested above in the appropriations measure that you sign into law for fiscal year 2001. They must be included among your programs deserving priority funding. These investments in health and human capital are ones that our nation must not forego. Again, we thank you for your leadership and commitment, and we look forward to working closely with you to make this funding request a reality in FY 2001.

Sincerely,