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18 August, 2000

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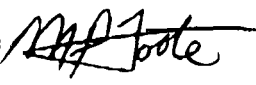
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Melvin P. Foote,
President & CEO

FROM: Melvin P. Foote 
TO: Ms. Sandra Thurman
Director, Office of National AIDS Policy - The White House
SUBJ: **CONFIRMATION OF SPEAKING ENGAGEMENT FOR CFA'S
HIV/AIDS FORUM ON AFRICA WEDNESDAY AUGUST 23, 2000**

The Constituency for Africa has been invited to organize a "Town Hall Meeting" on the critical issues concerning the HIV/AIDS Pandemic in Africa at the 22nd Annual National Training Conference of Blacks In Government (BIG). The conference dates are August 21-25, 2000 and the event will be held at the Marriott Wardman Park Hotel located at 2660 Woodley Road, N.W., Washington, D.C. **The date and time of CFA's forum at this conference is Wednesday, August 23rd from 1:00 p.m. to 5:00 p.m.**

For your information, BIG is a national membership organization comprised of African-American government employees at the federal, state and local government levels. BIG has more than 300 chapters located in every state and in several foreign countries, seeking to represent the interests of approximately 2.5 million African-American government employees and their families. BIG's mission is to promote excellence in government through equality of opportunity. BIG sponsors an annual national training conference for its membership and offers a wide variety of education and training workshops designed to enhance and/or develop skills in a wide variety of subjects that will benefit the public and private sector working environments.

The focus of CFA's forum will be to "Address the HIV/AIDS Pandemic in Africa and Discuss the Role of Blacks In Government". Accordingly, please review the attached program agenda and provide your comments as appropriate. Although, based on the order of the program, **you are scheduled to appear at 1:45 p.m.** you are welcome to participate in the entire program if your schedule allows. Also, please inform me if you will provide any hand-out materials for the audience. We are expecting up to three hundred to participate in some or all of the program's sessions.

In closing, I hope that you can accept this request to speak at CFA's event. My assistant, Mr. David J. Saunders will contact you no later than Monday afternoon to determine your availability for attending this program. I also wish to thank you in advance for your continued support and participation with CFA's ongoing advocacy initiatives.



18 August, 2000

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**CONSTITUENCY FOR AFRICA
PROPOSED TOWN HALL MEETING WITH
BLACKS IN GOVERNMENT'S AFRICA INITIATIVE**

Date of Event: Wednesday, 23rd August, 2000
Location: Marriott Wardman Park Hotel
Workshop Title: "Addressing the HIV/AIDS Pandemic in Africa
and the Role of Blacks In Government"

1:00: p.m. African Drummers and Dancers

1:15 p.m. - Opening Remarks -

Mr. Gerald R. Reed,
National President
Blacks In Government

1:20 p.m. - Moderator -

Mr. Melvin P. Foote,
President & CEO
Constituency for Africa

1:30 p.m. "The Children Affected by AIDS in Africa" Video

1:45 p.m. - Keynote Speaker -

Ms. Sandra L. Thurman, Director of the Office
of National AIDS Policy, The White House

2:00 p.m. - Questions and Answers -

2:15 p.m. *"Perspectives of African Diplomats on the HIV/AIDS Pandemic"*

H.E. Mamadou M. Seck, Ambassador of Senegal
H.E. Edith Ssempala, Ambassador of Uganda
H.E. Simbe V. Mubako, Ambassador of Zimbabwe
H.E. Koby Koomson, Ambassador of Ghana

2:35 p.m. - Questions and Answers -

- Panel Moderator: David J. Saunders, Program Coordinator, CFA -

2:50 p.m. *"The Impact of HIV/AIDS in Africa"*

Dr. Eugene McCray, National Center for HIV, STD and TB
Prevention, Centers for Disease Control and Prevention

Dr. Chinua Akukwe, Adjunct Professor
George Washington University School of Public Health

"Development Challenges Posed by AIDS in Africa"

Ms. Vivian Lowery-Derrick, Assistant Administrator
Africa Bureau, Agency for International Development

3:20 p.m. - Questions and Answers -

3:35 p.m. *"Legislative Update on AIDS Marshall Plan Trust Fund For Africa"*

Mr. Michael Riggs,
Legislative Assistant to Congresswoman Barbara Lee (D-CA)

3:50 p.m. - Questions and Answers -

4:05 p.m. *"AIDS in Africa ---A Shared Responsibility, an Enhanced Response"*

Dr. Debra Fraser-Howze
President/CEO,
National Black Leadership Commission on AIDS

Mr. Jerry Henderson,
Acting Executive Director
National Organization of Black County Officials

4:25 p.m. - Questions and Answers -

4:40 p.m. *"Where Do We Go From Here?"*

Mr. Gregg Reeves,
Executive Vice President
Blacks In Government

August 3, 2000
San Bernardino, Calif

Gains of the 13th Int'l AIDS Conference

by Melvin Foote and Chinua Akukwe

As the curtains drew on the 13th International HIV/AIDS Conference in Durban, South Africa last week, it became obvious that the AIDS landscape may never be the same for many reasons. We will highlight the ten major gains of this epoch Conference.

The conference may have broken the veil of silence about the disease in Africa. According to print and electronic media reports, HIV/AIDS became the major topic in many communities in South Africa, and across the continent. Citizens of South Africa reportedly spoke openly about the hitherto taboo subject of sex and its relationship to the spread of the virus. From now onwards, it is unlikely that a rational government in Africa can ignore the urgent need for national dialogue on HIV/AIDS.



Melvin Foote

A popular African government tasted the raw anger of its citizens. The harsh criticism that reportedly heralded the keynote address of the host head of state, South African President Mbeki, during the conference, and the swift, widespread bitterness regarding the perceived lack of action by the South African government on HIV/AIDS should serve as a wake up call to African governments.

The medical and development side effects of AIDS dominated the mainstream media of Western capitals during the weeklong conference. AIDS is now a legitimate, mainstream news item.

Perhaps, one of the most significant outcomes of the Conference is the firm consensus reached on the hitherto forbidden "T" alphabet in

HIV/AIDS advocacy. The "treatment" of HIV/AIDS no matter the continent, country or community of origin. For quite sometime, some experts considered it "irrational," "impractical," or "sheer fantasy" to talk about the need for the international community to provide life-saving drugs to AIDS patients in the hardest-hit countries. Now, the argument, is shifting to "When, Where and How" the international community can deliver lifesaving drugs to all AIDS patients, especially in Africa.

The multinational pharmaceutical companies are now falling all over themselves in their eagerness to provide cheap and affordable drugs for AIDS patients in developing countries. Although this development is a culmination of a long-term campaign, the graphic stories of the destructive effects of AIDS in Africa makes it prudent and palatable for global pharmaceutical companies to now do the right thing.

The scourge of HIV/AIDS is now recognized in all Western capitals as a fundamental threat to globalization and a tension-free world. The Clinton Administration had this past April declared HIV/AIDS a national security threat, the first time in modern memory that a disease warranted such a declaration. Shortly before the conference, Clinton signed an executive order increasing the accessibility, affordability, and procurement of cheaper anti-AIDS drugs. The U.S. House of Representatives, in a major shift of emphasis, recently voted to ante up the funding for international HIV/AIDS programs, increasing the White House 2001 budget request from \$244 million to \$286 million. U.S. Rep. Barbara Lee (D-Calif.), who last year introduced legislation in the House to establish a \$200 million per year program in Africa, has seen this legislation merged with that of the chairperson of the Committee on Banking and Financial Services, U.S. Rep. James A. Leach (R-Iowa), to establish a bi-partisan bill (H.R. 3519, the World Bank AIDS Prevention Trust Fund Act) which is being warmly received in Congress. Britain, France, and Germany are also pledging additional resources to AIDS programs in developing countries.

The international donor and relief agencies are now united in the

(Cont. on Page A-8)

...Int'l AIDS Conference

(Cont. From Page A-4)

global fight against AIDS. For example, the UNICEF leadership chose the venue of the Conference to unveil its annual Progress of Nations report, devoted to the global effects of AIDS on children and youth. On the eve of the conference, the World Bank made a pledge of \$500 million to fight the epidemic in Africa. Juan Somavia, the Director-General of the International Labor Organization (ILO), wrote a scathing commentary on the plight of children in the UNICEF report and called for a "global moral imperative" to assist them in this era of AIDS. In addition, the United States Agency for International Development (USAID) released a groundbreaking study on AIDS and orphanhood during the conference.

The growing numbers of AIDS orphans are now recognized as a major long-term threat to the stability of hardest-hit nations. According to USAID, by 2010 one in seven children under 15 in Sub-Saharan Africa will have lost a parent to AIDS. Other estimates project that during the same period AIDS will account for 40 million orphans, 95 percent of them in Africa. The extended family system in Africa is under severe strain because of the unprecedented numbers of orphans. Taking care of orphans in institutional settings are out of the question in Africa because of the hefty price tag--\$2,000 a year for each child. These children are likely to miss out on school, become surrogate parents to their younger siblings or coerced into early sexual activities.

The conference reestablished the primacy of clinical, biomedical, public health, and qualitative research. Experts presented groundbreaking studies in areas such as accelerated vaccine development, modified dose therapy for developing countries, a relatively cheap, simple drug treatment (using nevirapine) that significantly reduces maternal transmission, and the economic implications of the disease. According to studies presented during the conference, health experts in Africa and other developing regions face a major scientific dilemma on how to solve the problem of breast-feeding for HIV positive mothers. These mothers can transmit the virus to their infants even after receiving nevirapine at birth. However, bottle-feeding is impractical in poor countries, and infants can easily die of dirt-induced diarrhoea diseases.

Finally, the greatest legacy of the Durban conference is that the mobilization against HIV/AIDS will be equal part science and development. The science of AIDS will increasingly focus on the accelerated development of a vaccine. The development agenda will shift toward (a) ensuring access to lifesaving drugs, (b) strengthening the health care infrastructure of developing countries, (c) implementing comprehensive prevention programs, and (d) adopting multi-sectoral approaches to AIDS programs at community levels, where, anti poverty strategies, macroeconomic policies, democracy dividends, and social justice programs will become as important as pills. An energized army of activists will become as prominent as the star scientists and researchers. Political careers in developing countries may soar or fail depending on support for urgent remedial action on HIV/AIDS. In the final analysis, the global community will likely deploy formidable technical, financial, and human resources to stop the destructive effects of AIDS. That may be the ultimate legacy of the unprecedented gathering in Durban, South Africa.

Melvin Foote is the president & CEO of Constituency for Africa (CFA), Washington, D.C. CFA is a coalition of organizations and groups working to educate the American public about Africa and African issues.

Chinua Akukwe is the former Vice Chairman, National Council for International Health (NCIH), Washington, D.C., now known as the Global Health Council, and an adjunct associate professor at the George Washington University School of Public Health, Washington, D.C.



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Melvin P. Foote,
President & CEO

Special Enhancement Presentation (SEP)



Wednesday, August 23, 2000
1:00 PM — 5:00 PM

Delaware Suite B

BIG AFRICA INITIATIVE

MELVIN P. FOOTE

President and CEO Constituency for Africa (CFA)

BIG Moderator

Gregg Reeves, Executive Vice President

LOCATION: MARRIOTT WARMAN PARK HOTEL

2660 WOODLEY ROAD, N.W. - WASHINGTON, DC

MS. SANDRA THURMAN

*Mel knows that this
is a long shot, but we'll
try to do this if possible

PLEASE RSVP your intention to attend. THANK YOU

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Washington Post

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Colorado Supreme Court

Rev. Wyatt Tee Walker
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Amb. Terence Todman

Melvin P. Foote,
President & CEO

DM VA M2 SUNDAY, AUGUST 20, 2000 A5

Clinton Signs Bill Establishing Global Fund to Fight AIDS

Associated Press

LAKE PLACID, N.Y., Aug. 19—A week before his trip to Africa, President Clinton signed a bill today that sets up a global trust fund for AIDS patients that has been likened to a kind of Marshall Plan against the infectious disease—the leading cause of death on the African continent.

The measure, signed in Lake Placid, where Clinton was celebrating his 54th birthday with his family, creates a World Bank AIDS Trust Fund to provide grants for AIDS prevention, care and education to countries hardest hit by the disease.

It also authorizes funding for the administration's fiscal 2001 initiatives to fight HIV and AIDS worldwide and strengthens the U.S. response to the pandemic that killed 2.8 million people across the globe last year.

The bill, which was passed by Congress last month, includes \$300 million for the U.S. Agency for International Development to pay for education, voluntary testing and counseling, prevention of mother-to-child transmission and care for those living with HIV or AIDS.

"Fighting AIDS worldwide is not just the right thing to do, it's the smart thing. In our tightly connected world, infectious disease anywhere is a threat to public health everywhere," Clinton said in his weekly radio address. "AIDS threatens the economies of the poorest countries, the stability of friendly nations, the future of fragile democracies."

Clinton, who will travel to Nigeria and Tanzania, is directing Treasury Secretary Lawrence H. Summers to begin negotiations with the World Bank to set up the trust fund.

The trust fund "represents an extraordinary effort to move with urgency to address the horrific AIDS epidemic," said Rep. Jim Leach (R-Iowa), House sponsor of the bill. "It is our hope and expectation that the annual contribution from the U.S. will leverage enough contributions from other donors to increase several-fold the size of the trust fund."

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1-CFA-
3/3

February 9, 2000

TO: Sandy Thurman

CFA Board of Directors:

FROM: Melvin Foote

Hon. Ronald Dellums,
Chair
Healthcare International
Management Company

RE: CFA Town Meeting on AIDS in Africa at
NABCO National Meeting:

Hon. Jack Kemp,
Vice-Chair
Empower America

I am writing to see if you will be available to participate on a Town Meeting on HIV/AIDS, that CFA will be organizing during the annual meeting of the National Association of Black County Officials. Our Town Meeting will take place on Friday, March 3, from 12:30 p.m. to 2:30 p.m., in the Jefferson West room of the Washington Hilton Hotel. 400 people from around the country, are expected to participate.

I am still very much working on the program, but anticipate that Congresswomen Barbara Lee will be the keynote speaker, and that yourself, an African Ambassador, and perhaps one other expert, will make up our panel. The program will conclude with some specific discussion on how we want this group to follow-up with the legislation, and with programs.

Please advise soonest, if you will be able to participate.

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Columbia University

Amb. Andrew Young,
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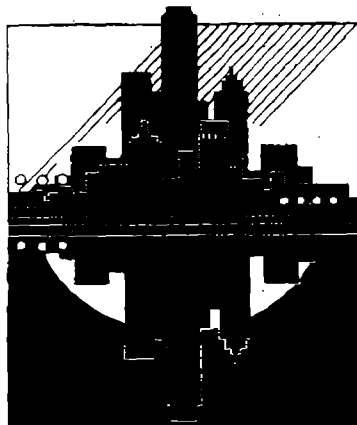
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"Enhancing County Government"

NABCO is committed to promoting and preserving the integrity of our county officials by expressing the importance of practicing a supreme level of ethics and professionalism as a public servant. NABCO is dedicated to winning the public trust and confidence in county government to preserve social justice, to affirm human dignity and to preserve the quality of life for the individual and the community. NABCO seeks to:

- **Promote** a democratic community that promotes the privileges and responsibilities of each member of the community.
- **Balance** the legislative policy formation process by coordinating the unique cultural, social and physical needs of each individual and the community.
- **Maintain** a unique organization that continually evaluates its mission and purpose and seeks to provide the most efficient and effective techniques and technology to promote effective stewardship of communities.
- **Sustain** the innate value of public service by promoting excellence in professional and personal management.



"Enhancing Local Government"



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e-mail: nabco@ami.net
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THE NATIONAL ASSOCIATION OF BLACK COUNTY OFFICIALS



"Enhancing Local Government"

What Is NABCO ?

The National Association of Black County Officials (NABCO), was founded in 1975 to provide elected and appointed black county officials with a forum to review, share and develop responses to local and national issues. NABCO interfaces with local and federal government agencies to advocate a minority view on issues of importance to the sustainability of minority and low-income communities.

NABCO

- Provides information to assist in problem resolution
- Assists officials in improving resources utilization
- Promotes sharing of knowledge and technology among minority county officials to improve government operations and efficiency

In 1982, in an effort to respond to the volume of issues and concerns affecting minority county officials and their constituents, the **National Organization of Black County Officials, Inc. (NOBCO)**, a non-profit educational institute was formed to meet the unique informational and programmatic needs of NABCO's membership. NOBCO provides contract services, conferences, publications, educational workshops and technical assistance through grants and contracts with many government agencies such as US Department of Housing (HUD), Department of Commerce/Economic Development, the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA).

NOBCO serves over 3000 minority county officials in forty-seven states by providing consulting expertise in health, environment, economic development, housing and international activities. The institute has provided leadership and management training to various countries including Bosnia, South Africa and Mexico.

NABCO established the **Business Round Table (BRT)** in 1987 to provide a network among leading professionals in private businesses interested in serving public entities. The BRT is an ideal forum for business professionals who represent majority and minority owned businesses to increase communication with NABCO's membership and promote partnerships. The BRT provides technical advice and assistance on a variety of issues concerning:

- Engineering
- Environmental Services
- Finance and Investments
- Insurance
- Real Estate
- Technology
- Telecommunications

NABCO is right for you if:

- You want to network with seasoned veterans, thinkers, action-oriented people committed to change and willing to assist you in fulfilling your role as a public servant or business professional.
- You want an organization dedicated to providing you with personalized service and key connections at all levels of government.
- You feel compelled to make a difference in your communities.
- You see public service as a road to equality.

Membership Application

NABCO Membership Categories:

— **Regular** - elected and appointed County Officials, who may vote and hold office within the association (\$100.00)

— **Associate** - Person having an interest in the goals of the association (Non-voting) (\$40.00)

NABCO Business Roundtable

— **Corporate I** - Individual/Small Business Owner (\$250.00)

— **Corporate II** - Corporation / Firm/Partnership (\$500.00)

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Sandy Thurman

From:

LP

Tel (202)371-0588

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Pages: _____, including this cover sheet

Date: _____

FYI

F A X T R A N S M I S S I O N

African AIDS Advocacy
w/the Global Council for Health and the Constituency for Africa
Africans for Africa - Mobilizing the fight for HIV/AIDS
(the discussion on the African AIDS Initiative)
June 13, 2000

Intent: To discuss positive methods for forging relations between private and public sectors to eradicate the AIDS pandemic in Africa.

Introduction by,

Mel Foote, President of the Constituency for Africa, welcomed the audience and relayed the message of intent for the program. He spoke about the current agenda of CFA with the primary focus of the organization now being to implement a realistic U.S. policy that would aid in the struggle against HIV/AIDS in Africa.

SPEAKERS:

Dr. Marsha Martin, a special assistant to the Secretary of Health, was the first panelist and began by stating that in reality, the U.S. is not adequately addressing the issue nor participating in the response because most affected areas are not being informed about HIV/AIDS.

Major points of speech:

- I. There is an urgent need to address issues of health around the world.
 - A. First, there is no cure for AIDS only limited resources for the prevention of HIV/AIDS.
 - B. **The leading cause of death among black women ages 25-44 is AIDS.**
- II. What do we (the US) need to do w/our internal AIDS policy?
 - A. We need to look at ourselves as participants in the global response; as well as participants in the response to the epidemic.
 - B. The U.S. needs to emulate successful strategies in the fight against AIDS that have been used elsewhere.
 - C. The US needs to determine what is applicable to countries with different resources, particularly those who do not have access to treatments and services.
 - D. As citizens, we need to encourage advocacy for U.S. participation in the global dialogue concerning AIDS.

Michael Riggs, asst. to Congresswomen Barbara Lee, discussed the need to support the AIDS Marshall Plan, which was introduced by Congresswoman Lee and merged bi-partisan support from Congressman James Leach.

Major points of speech:

- A. There is a dire need to respond to the global AIDS pandemic, especially in Africa.
 - A. The World Bank Aids Marshall Plan Trust Fund Act is a response to the emergency crisis.

B. The intent is to provide grants to NGO's (non-government organizations) and the African governments to implement successful strategies.

- a. In support of the Bill, Congresswoman Lee has pledged sincere commitment to the global aids epidemic.
- b. The Bill is not a World Bank program.
- c. The Bill is fully supported by the CBC
- d. Additionally, the Bill would allocate \$200 million a year for five years in funding.

Ambassador Seck of Senegal began his speech by acknowledging that Senegal was one of the first African countries to integrate STD's care into its plan of healthcare management.

I. Considering that 2/3 of all AIDS cases are located in Sub-Saharan Africa, **Senegal has one of the lowest AIDS percentages: 1.6%.**

- A. 95% of the Senegalese population is Muslim, hence practically all males are circumcised, which lowers the chance of infection.
- B. Senegal has a 67% condom utilization rate by men (1997).
- C. Also, there is little alcohol consumption, and usually women only have one sex partner.
- D. The price of condoms are low.

II. Ever since 1987 Senegal has practiced blood screening, furthermore, their National AIDS Program was established early in 1995.

- A. Thus, Senegal was one of the first to integrate STD(s) treatment into a formal health policy.
- C. And 99% of the sex workers know how to protect themselves from AIDS.
- B. Also, as part of the National AIDS Program, sex workers whom are legal are required to be registered and treated for STD's annually.

Ambassador Ssempala of Uganda, stated that "AIDS is a challenge because culturally it is not supposed to be discussed."

Major facts of her speech:

I. Sexism highly correlates with AIDS

- A. If women are unfaithful, it is grounds for divorce in Uganda.
- B. Women can only divorce men if there is **proof** that men have been unfaithful and abusive.
- C. Prostitution is still prevalent because they do not have other means to support themselves financially..

II. Uganda has the highest rate for orphans infected with AIDS, reported to be over million.

- A. Hence, it is imperative that we push to find a vaccine and urge leaders to participate also.

B. Participate by lobbying to have pharmaceutical companies to lower their drug prices.

Rhoi Wanglia, Director of the Ark Foundation, asks "how can African countries survive if the GDP (gross domestic product) for Sub-Saharan Africa is barely \$2 billion, which is equivalent to a town with 60,000 people?"

Part Two: Group Discussion

Breakout Session A:

The question was asked, "**How do we encourage African leaders to an adopt effective AIDS policy ?**". The group came to the following conclusions:

- Should find and support the most successful practices at the local level
- Encourage stable leadership
- Encourage the expansion of executive responsibility for the crisis, rather than having AIDS prioritized as a healthcare issue
- Support efforts for debt relief
- Foster bilateral dialogue among various agencies, sharing successful strategies
- Encourage regional activities
- Sensitize both national and local leaders to the actual realities of AIDS
- Promote a program that includes accountability of funds in an effort to discourage corruption
- Funnel allocation of funding to the grassroots level
- Since AIDS is a social, economic, healthcare and political issue, the responsibility to combat the disease should be taken from the Ministry of Health and addressed in the presidential cabinet

Breakout Session B:

With the theme as *advocacy* we wanted to identify goals and methods on how Africans based in the U.S. can affect African policies.

- First, the U.S. has a moral responsibility to respond to countries with AIDS.
- Although there are many African contributors in the US to the global AIDS epidemic (UNAIDS, AF Partnerships, CFA, etc.), we need to avoid duplication by finding out where the money is actually being spent.
- Rhoi*: there is a need to mobilize Africans to the Hill to lobby, as well as, obtain a steering committee that can allocate the information to Africans living here about AIDS in Africa and their duties as Africans in response to AIDS.
- Africans can lobby on the Hill for additional funding for global AIDS and treatment, since **Africans are the most effective advocates**.
- Have European and US groups collaborate mutually.
- Have embassies establish AIDS units to do advocacy with Africans in the U.S.
- African professionals can make contributions towards Africa and organize African professional organizations to establish a foundation to grow on (hence the reason for Ghana Health Foundation).
- Establish regional organizations for professionals and then organize African regionals (ex. Western, Eastern, Central, Southern and Northern)
- Fact: there are a reported 1-2 million Africans in the U.S., and we need to develop

strategies to mobilize these individuals collectively as a political entity.

-Africans can have a strong impact if they unite as one voice to impact the American government.

-Canada lends funding according to political commitment of African governments.

-However, the U.S. does not lend to foreign governments unless through the World Bank.

-There are 12 bills in Congress that have been introduced to provide aid to HIV/AIDS in Africa (to find out more search www.HIVnet.com).



FOR IMMEDIATE RELEASE
Constituency for Africa (CFA)
(202) 371-0588

CFA TO HOST DIALOGUE WITH ZIMBABWE RULING PARTY DELEGATION

The Constituency for Africa (CFA), will be hosting a dialogue with a senior-level delegation from the Zimbabwe African National Union (Patriotic Front), the ruling party in the country. The delegation which will be led by the ZANU-PF Party Chairman, the Hon. John Nkomo, is coming to the United States next week to counter what it perceives are unwarranted and biased attacks from the western media and by western governments, including the United States.

The dialogue will take place on Thursday, June 22nd, from 3:00 p.m. to 5:00 p.m., in the conference room of WorldSpace, at 2400 N Street, NW.

Recently, Zimbabwe President, Robert Mugabe and the ZANU-PF party have been under severe scrutiny over efforts to seize lands from white farmers for redistribution to black peasants. Criticism has also been lodged against the government for its involvement in the war in the Congo, for corruption of government officials and for undermining the democracy process in the country. Zimbabwe is also being criticized as not doing enough to combat the HIV/AIDS pandemic which is wreaking havoc among the population of the country.

The ZANU-PF delegation will be prepared to discuss all of this and to respond to direct questions from participants.

For more information and to register for the meeting, interested persons are asked to contact CFA at (202) 371-0588.

Washington Times

MONDAY, JUNE 19, 2000 ***

Prices may vary outside
metropolitan Washington area

2

Thursday

• John Nkomo of the Zimbabwe African National Union-Patriotic Front, who speaks to invited guests of the Constituency for Africa to defend Zimbabwe's confiscation of land from white farmers and attacks on the political opposition.

• To contact Embassy Row, call 202/636-3297, fax 202/832-7278 or e-mail morris@twtdmail.com.



O. CFA

August 7, 2000

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Melvin P. Foote
President & CEO

TO: Sandy Thurman

FROM: Mel Foote *mf*

Greetings! We are really putting together a dynamic "Town Hall Meeting on HIV/AIDS in Africa", for August 15th in Los Angeles. We sure hope that you will be able to join us. We are also working to add a statement to Cong. Harold Ford, Jr.'s keynote speech at the convention, on our HIV/AIDS plank.

On another note, I want to share with you CFA's strategy for mobilizing support for efforts to combat HIV/AIDS in Africa over the next several years. We certainly would appreciate any thoughts or ideas you will have on this strategy.

Finally, in preparation for your decision to participate, please have your staff to forward via courier, a copy of your bio and a photograph. All bio materials are being sent to Los Angeles overnight, for inclusion in the program

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DRAFT

A Strategy for CFA to Combat HIV/AIDS in Africa: 2000 - 2005

INTRODUCTION:

The Constituency for Africa's strategy for the period 2000 - 2005, is to focus it's attention and resources, laser-like on galvanizing public and private support to address the pandemic of HIV/AIDS now occurring in Africa, and threatening much of the world. Under the leadership of it's Chairman, the Hon. Ronald V. Dellums, CFA strategy revolves around public education about the disease; coalition building to marshall the necessary pressure for Congressional action; and direct action and intervention to ensure that the HIV/AIDS issue receives the highest level attention of policy-makers in the U.S., in Africa, and with governments around the world, with the private sector and in multi-lateral agencies and institutions.

CFA's approach to constituency-building will be to continue to cooperate and coordinate with as many organizations and groups as possible to achieve the mission. Programming suggestions and ideas from outside the organizational structure will be most welcomed.

CFA Public Education Center on HIV/AIDS in Africa

Perhaps, the most significant constraint in building the necessary public and private support in the United States to effectively combat HIV/AIDS in Africa, is to structure and sustain an educated and informed constituency to advocate in a bi-partisan manner for a more responsive U.S. policy. CFA will seek to build on it's 10 years of successful advocacy, by transforming the organization into an institution with a mandate to educate and inform the American public about the HIV/AIDS pandemic. As such CFA will maintain and operate a sophisticated and interactive information clearinghouse, utilizing state-of-the-art information technologies, with direct links into a varied mixture of local, regional, national and international organizations and institutions.

CFA Education and Outreach Program

CFA is well recognized throughout the Africa policy community, as an effective organization for mobilizing grassroots support for issues concerning Africa, both in Washington and

outside the beltway. The primary vehicle which CFA has pioneered for building grassroots support, is via a series of well orchestrated "Town Hall Meetings on Africa" convened in more than 30 cities over the past four years. CFA makes use of African Diplomats, administration officials, and other experts to engage citizens at the local level on African issues. Some of these meetings are organized as part of annual meetings and conventions of national and international organizations. For example, in 1997 CFA convened a Town Hall Meeting the week before the "Summit of Eight plus Russia", in Denver, Colorado, under the auspices of Mayor Wellington Webb. The purpose of that meeting was to build public support for the African Growth & Opportunity Act, which was then making it's way through the Congress. More than 600 people attended the Town Meeting, which also attracted the participation of 15 African Ambassadors. In 1998, CFA organized a Town Meeting at the annual convention of the NAACP in Atlanta, which attracted an all-star cast of speakers and more than 3,000 people from around the country.

CFA has also pioneered a series of meetings on African topics in Washington, D.C. during the Congressional Black Caucus week in September of each year. The series, now known as the "Ronald H. Brown African Affairs Series", is designed to ensure that the Congressional Black Caucus maintains a focus on issues concerning the African continent. The Ronald H. Brown Series brings together African Diplomats, leaders of non-governmental organizations with Africa focus, students and academicians, business leaders and general supporters of Africa visiting Washington for CBC activities. The Ron Brown Series concludes with the "Constituents of the Year" luncheon, which profiles the person or organization which has done stellar work on behalf of Africa during the preceding year.

CFA Strategy for Direct Policy-Level Intervention in Africa

Given the high-profiled nature of the CFA Board with former Congressman Ron Dellums as the Chairman, and former Republican Vice-Presidential Candidate, Jack Kemp as Vice-Chair, and with a membership which include the likes of former U.N. Ambassador, Andrew Young, former Mayor of New York City, the Hon. David N. Dinkins, former Assistant Secretary for African Affairs, the Hon. Herman Cohen, and the President of Africare, C. Payne Lucas, CFA envisions becoming more directly involved in encouraging African governments and institutions to make the HIV/AIDS pandemic the highest among national priorities. We believe that there is ample opportunities for this to be achieved through direct contact with African leaders at conferences and during country visits, and through a regular sharing of information and ideas.

CFA intends to take advantage of OAU annual meetings, the African/African-American Summits, and other similar forums to talk directly with African leadership about the HIV/AIDS pandemic.

CFA Strategy for Coalition-Building

Since inception in 1990, CFA has sought to build a nationwide coalition to support Africa and African development. Due to the lack of a focused issue in which to rally around, CFA coalition-building success could only be described as "loose-knit" at best. However, now, with CFA's primary focus being to address the "HIV/AIDS pandemic in Africa", the opportunity to build wide-spread support for a formal coalition-building process is now clearly at hand. CFA intends to muster the necessary energy to build a formal nationwide coalition to address the HIV/AIDS pandemic. Much of the groundwork for this coalition is already being built through a series of carefully orchestrated meetings and activities convened by CFA throughout this year. On August 15, CFA will convene a "Town Hall Meeting on HIV/AIDS in Africa", at the Democratic National Convention in Los Angeles. This meeting is part of a strategy which CFA has led to have the political parties to consider adding a plank on HIV/AIDS as part of their party platforms. More than 100 organizations and groups have already endorsed the CFA party platform intervention initiative.

Other CFA Strategies to be Explored

CFA Evaluation Program:

- assess status of policies affecting Africa
- assess value-added merits of implementation actions
- assess on an annual basis external and internal changes that will affect overall strategic plan of CFA

CFA Reports & Documents:

- Develop and write a book high-lighting CFA's advocacy work over the first 10 years, and best practices in addressing the HIV/AIDS pandemic in Africa
- CFA Quarterly Newsletter
- CFA Annual Report
- CFA Specific Focus Reports and Alerts

Prevention & Treatment Pilot Projects

- Assist African-based NGOs with Advocacy Development
- Assist U.S. based NGOs with Advocacy Development

Increase CFA's Capacity to Deliver Programs

- Recruit and retain a Senior Policy Analyst
- Recruit and retain a Senior Researcher
- Recruit and retain a Development Officer
- Recruit and retain a Communications Director
- Recruit and retain adequate support staff.



WEDNESDAY, AUGUST 2, 2000

R DM VA

The Washington Post

AN INDEPENDENT NEWSPAPER

Half a Foreign Policy

THE BUSH campaign's determination to bury the Republican Party's harsher wing has succeeded well in the area of foreign policy. For the past five years, congressional Republicans have boasted of their indifference to international issues, shortchanging the foreign policy budget, bottling up ambassadorial nominees and carping at administration efforts to deal with challenges from Kosovo to the Asian financial crisis. But Mr. Bush has surrounded himself with responsible internationalists, who feature prominently at this week's convention. On Monday night Colin Powell, a likely secretary of state in a Bush administration, delivered a big speech; yesterday featured Condoleezza Rice, a probable national security adviser; today brings Dick Cheney, Mr. Bush's running mate and a former defense secretary.

Mr. Bush has not merely recognized foreign policy's importance; he has resisted the temptation to make campaign promises that might come back to haunt him. In 1976 Jimmy Carter foolishly promised to pull troops out of South Korea; in 1980 Ronald Reagan incautiously pledged full recognition for Taiwan; in 1992 Bill Clinton denounced the Butchers of Beijing, only to climb down once in office. So far Mr. Bush has avoided such blunders.

Avoiding errors, however, is not the same as putting forward a convincing strategy. In campaign statements, and again in the new party platform, the Bush team has sidestepped hard choices, preferring to assault a caricature of the Clinton record. The platform charges that "the problems of Mexico have been ignored"; but the truth is that the Clinton administration came to Mexico's rescue during the peso crisis despite opposition from congressional Republicans, and that Mexico has since done well both politically and economically. The platform declares that the "arrogance, inconsistency, and unreliability of the adminis-

tration's diplomacy have undermined American alliances, alienated friends, and emboldened our adversaries." The administration has at times harmed U.S. interests by making threats it was unprepared to back up and with other fecklessness, but arrogance has emanated mainly from congressional Republicans, who think nothing of refusing to pay this country's debts to the United Nations or nixing international efforts like the Kyoto climate treaty.

The Bush team is least convincing on what it calls "soft" issues—challenges like AIDS, poverty and weak democratic institutions. The candidate has said that Africa "doesn't fit into the national strategic interests"; the platform scoffs that "if there is some limit to candidate Gore's new agenda for America as global social worker, he has yet to define it." But the idea that the United States should ignore the half of humanity that lives on less than \$2 a day undercuts Mr. Bush's claim to a moral foreign policy; it misses the threat to American interests posed by poverty-fueled problems such as terrorism and international crime; and it is just not realistic. The next president cannot remove a crisis like AIDS from the international agenda. Therefore he is going to need a policy toward it.

The platform promises that a Republican president "will set priorities and he will stick to them." The campaign will give Democrats a chance to ask what those priorities are precisely. Is Mr. Bush really indifferent to the prospect that India, China and Russia may soon have rates of HIV infection approaching Africa's? Does he have a plan to combat global warming? Would he promote democracy? The new Republican commitment to internationalism and U.S. leadership abroad is a welcome departure from the narrow-minded carping of the party's congressional leaders. But it is only a first step.

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Sandy Thurman

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*Congrats on your new appointment!
Also Thank,*

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P R E S S R E L E A S E

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August 18, 2000

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(202) 371-9017 fax

CFA HOLDS TOWN MEETING ON AIDS IN AFRICA AT DNC

"CFA GETS PLANK IN DEMOCRATIC PARTY PLATFORM"

The Washington, D.C. based Constituency for Africa, assembled an "all-star" cast of speakers to discuss the issue of HIV/AIDS in Africa, during the Democratic National Convention in Los Angeles this week. The Town Hall Meeting was the culmination of a successful three months CFA campaign to get the Democratic Party to adopt a plank in it's party platform -- committing an Al Gore administration to greatly expand U.S. efforts to address the global HIV/AIDS pandemic now devastating the African continent, and threatening human existence around the world.

Led by CFA's Chairman, former California Congressman Ron Dellums, luminaries on the program included African Ambassadors from Ghana, Zimbabwe, Uganda and Senegal, the Chairman of the Congressional Black Caucus, James Clyburn (D-SC), Rev. Jesse L. Jackson, White House AIDS Czar, Sandy Thurman, Ernest Green of "Little Rock Nine" fame and the Chairman of the African Development Foundation, former New York City Mayor, David N. Dinkins, Director of USAID's Africa Bureau, Vivian Lowery Derryck, and Congresswomen Barbara Lee (D-CA), who is the architect

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of the 5-year \$500 million dollar "AIDS Marshall Plan Trust Fund" legislation, which has now passed in the Congress and which will be signed into law by President Clinton next week.

Ron Dellums, who also is the Chair of the President's Council on HIV/AIDS", challenged America to stand up and lead the global effort to find solutions to the AIDS pandemic in Africa. Said Dellums, "HIV and AIDS knows no boundaries. If we don't draw a line in the sand and stop this highly infectious disease in Africa, we won't be able to stop it in India, Eastern Europe, the Caribbean or even here in the United States."

Rev. Jesse Jackson said that it's "Morally unacceptable for the United States to ignore the plight of the more than 6,000 people now dying daily on the continent from the complications of HIV/AIDS, and the more than 10 million AIDS orphans living in Africa!" He also lauded CFA's effort to build a nationwide coalition to advocate for a greatly expanded U.S. role in fighting AIDS in Africa.

CFA's President, Melvin P. Foote said that the organization will now turn it's attention to ensuring that the issue of HIV/AIDS in Africa is included in upcoming debates of the Presidential contenders. Said Foote, "We must now keep up the pressure on the political parties with this issue, and ensure all of the candidates view HIV/AIDS in Africa as a high priority".



declined w/ David

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Amb. Terence Todman

Melvin P. Foote
President & CEO

3 August, 2000

FROM: Melvin P. Foote *MPF*
TO: Ms. Sandra L. Thurman, White House AIDS Policy Czar
SUBJ: REQUEST FOR SPEAKING ENGAGEMENT FOR CFA

The Constituency for Africa has been invited to provide a workshop on the critical issues concerning the HIV/AIDS Pandemic in Africa at the 22nd Annual National Training Conference of Blacks In Government (BIG). The conference dates are August 21-25, 2000 and the event will be held at the Marriott Wardman Hotel located at 2660 Woodley Road, N.W., Washington, D.C. The date and time of CFA's workshop at this conference is Wednesday, August 23rd from 1:30 p.m. to 3:30 p.m.

BIG is a national membership organization comprised of African-American government employees at the federal, state and local government levels. BIG has more than 300 chapters located in every state and in several foreign countries, seeking to represent the interests of approximately 2.5 million African-American government employees and their families.

BIG's mission is to promote excellence in government through equality of opportunity. BIG sponsors an annual national training conference for its membership and offers a wide variety of education and training workshops designed to enhance and/or develop skills in a wide variety of subjects that will benefit the public and private sector working environments.

The focus of CFA's workshop will be to "Address the HIV/AIDS Pandemic in Africa and Discuss the Role of Blacks In Government". Please review the attached tentative agenda and provide me with your comments.

In closing, I hope that you can accept my request to participate. My assistant, Mr. David J. Saunders will contact you later this week to determine your availability for attending this program. I also wish to thank you in advance for your continued support and participation with CFA's ongoing advocacy initiatives.

**CONSTITUENCY FOR AFRICA
PROPOSED WORKSHOP ON BIG AFRICA INITIATIVE**

Date of Event: Wednesday, 23rd August, 2000
Location: Marriott Wardman Hotel
Room: To Be Determined
Workshop Title: "Addressing the HIV/AIDS Pandemic in Africa
and the Role of Blacks In Government"
Tentative Agenda: To Be Finalized by August 4, 2000

1:30 p.m. - Opening Remarks -

Mr. Gerald R. Reed,
National President
Blacks In Government

1:35 p.m. - Moderator -

Melvin P. Foote,
President & CEO
Constituency for Africa

1:40 p.m. - Tone Setter -

Congressman Donald M. Payne (D-NJ)
Member, African Affairs Sub-Committee

1:50 p.m. - Questions and Answers -

2:05 p.m. "The Impact of HIV/AIDS in Africa"

Dr. Helene Gayle, Director for the National Center for
HIV, STD and TB Prevention, Center for Disease Control
and Prevention, Atlanta, Georgia

OR

Ms. Sandra L. Thurman, Director of the Office of National
AIDS Policy, The White House

2:15 p.m. - Questions and Answers -

2:30 p.m. African Diplomatic Corps Roundtable Discussion

H.E. Mamadou M. Seck,
Ambassador of Senegal

H.E. Simbe V. Mubako,
Ambassador of Zimbabwe

H.E. Edith Ssempala,
Ambassador of Uganda

2:45 p.m. - Questions and Answers -

3:00 p.m. "AIDS in Africa ---A Shared Responsibility, an Enhanced Response"

Jerry Henderson,
Acting Executive Director
National Organization of Black County Officials

3:05 p.m. - Questions and Answers -

3:20 p.m. "Legislative Update on The AIDS Marshall Plan For Africa"

Michael Riggs,
Legislative Assistant to
Congresswoman Barbara Lee (D-CA)

3:25 p.m. - Closing Remarks -

Gregg Reeves,
Executive Vice President
Blacks In Government

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CLINTON'S VISIT TO NIGERIA: HIV/AIDS SHOULD BE AT THE TOP OF THE AGENDA

Authors:

Melvin Foote, President/CEO of the Constituency for Africa (CFA), a Washington, D.C. The Constituency for Africa is a coalition of organizations and groups working to educate the American public about Africa and African issues.

Chinua Akukwe, Adjunct Professor, George Washington University School of Public Health, Washington, DC, and Former Vice Chair, National Council for International Health, now known as the Global Health Council, Washington, DC.

As President Clinton begins a long awaited historic three-day visit to Nigeria beginning August 26, the focus of attention in this country and in Nigeria appears to be on two major issues: debt relief and the return to democratic rule. These two issues are very important.

Nigeria, Africa's most populous country (120 million), is groaning under an international debt estimated at \$31 billion, of which \$17 billion is owed to the Paris Club of creditor countries, and the rest to the London Club of mostly commercial banks. This debt accounts for nearly 75 percent of Nigeria's annual GDP, a major headache for the leadership of the country where the average citizen earns \$320 per year. Nigeria spends about \$1.5 billion or 4 percent of its GDP on debt servicing, three times its budgetary allocation for education, and nine times the country's outlay for healthcare. Nigeria's ability to achieve enough economic growth to cope with the mounting debt burden has been retarded by political and economic instability brought on and exacerbated by sustained interference in the democratic process by the military sector of the country. Absolute control of government by the military, the destruction of the legislature and undermining of the judiciary, compounded by usurpation after usurpation of corrupt military regimes by more corrupt military regimes, made Nigeria almost an international pariah state to the wealthy nations of the West. However, the return to civilian rule at all levels of government -local,

state, and national - in Nigeria since May 29, 1999, and the election of Olusegun Obasanjo, the only Nigeria former military leader to hand over power to a civilian government, has ended the international isolation of Nigeria and restored hope in the country's potential for stability and prosperity. Nigerians, after sixteen continuous years of military rule are now hungry for the so called "democracy dividends" of better sanitation, good roads, adequate healthcare, and basic development infrastructures. Immediate and sustained relief from the choking national debts will go a long way in putting Nigeria on the road to attaining the "democracy dividends."

However, we believe that in addition to the calls for debt relief and the celebration of democratic rule, Nigeria faces a formidable foe in the Human Immunodeficiency Virus (HIV) that leads to AIDS (Acquired Immune Deficiency Syndrome). According to the United Nations Agency on AIDS (UNAIDS), at least 2.7 million Nigerians live with HIV or are dying of AIDS, a prevalence rate of 5 percent. In some urban centers, the prevalence is more than 20 percent among pregnant women. Nigerians, ages 20 through 39 account for more than 70 percent of all infections. Heterosexual transmission accounts for 85% of all transmission, and more than 14% are due to unsafe blood transfusions. UNAIDS estimates that 1.7 million Nigerians have already died of AIDS, and nearly 1.4 million children are now orphans. By the year 2020, 75 million Nigerians may live with the HIV virus. These millions of Nigerians face uncertain future.

The effect of HIV/AIDS on the economic, healthcare, political, and social stability of Nigeria cannot be underestimated. For instance, national data in Nigeria suggest that civil service officials account for 20 percent of all persons with full-blown AIDS. The International Labor Organization, an arm of the United Nations, estimates that labor force of Nigeria will decline by between three and 9 percent by 2020 if the present trend of the infection continues. The surviving labor force will be younger, less educated, and have limited experience in governance. A typical civil servant in Nigeria is the major breadwinner of his/her immediate family and also has extended family responsibilities. Businesses in Nigeria will also likely spend more money on sick workers. Already in many African countries, teachers, medical personnel, legislators, and top-level bureaucrats are at the receiving end of this disease. Farmers, road transport drivers, and students are also at increased risk.

The healthcare system in Nigeria has been on steady decline for the last decade because of poor leadership, limited funding, the exodus of experienced medical personnel to Western and Middle East countries, and the high cost of care. In a country that rarely spends more than 3 percent of its national budget on health care, and operates mostly, poorly equipped hospitals and health centers, it is highly unlikely that the health system in Nigeria can withstand the strain of caring for terminally ill AIDS patients with multiple opportunistic infections. The Nigerian government reportedly set aside \$1million for AIDS control effort during this year. This is clearly too little for the task at hand. On a happier note, President Obasanjo has spoken publicly on HIV/AIDS, appointed a national policy council headed by himself, and another technical advisory committee headed by an experienced AIDS researcher. He has also agreed to host a meeting of African Heads of States next year, to focus on the HIV/AIDS pandemic

Nigeria's fragile polity burdened by deep ethnic jingoism, religious tensions, and internecine

struggle for national resources will be frayed at the edges by unchecked rampage of HIV/AIDS. This disease will likely drain scarce national financial resources and may lead to social upheavals. Perhaps, the biggest threat to a stable political environment in Nigeria is the specter of a rising incidence of HIV/AIDS in the Military. With a reported 10-15 percent infection rate, the Military High Command is unlikely to tolerate high numbers of "untreated" AIDS soldiers. Simply put, HIV/AIDS is a national security threat to Nigeria and its budding democracy. Every African country with a large standing army, face similar predicaments.

HIV/AIDS is also likely to exacerbate the grinding poverty in Nigeria, pushing it higher than the current levels of more than 50 percent. Advances in girl education may falter as girl-orphans are less likely to continue schooling. The extended family system, the social bedrock of most African societies, including Nigeria, may fail from the unprecedented burden of HIV/AIDS.

The President's visit to Nigeria should be an opportunity to refocus the international community on the grave threat of HIV/AIDS to the country's stability. With one in five Africans a Nigerian, an explosion of HIV/AIDS will not only destabilize Nigeria but will have far reaching repercussions for the whole of Africa. The basic elements of successful HIV/AIDS programs are known. The World Bank estimates that a credible national HIV/AIDS program will likely cost 1.5-2.0 percent of GDP.

President Clinton should encourage the Nigerian government to take adequate steps to checkmate the epidemic, and should avail the host government of specific resources from the United States. The recent signing of the bill setting up the \$500 million global trust fund for AIDS patients by the President is a step in the right direction. Equally important, is the appointment of Sandy Thurman, the White House Director of AIDS Policy, as the new Global Envoy for AIDS Cooperation. Furthermore, the Washington D.C. based Constituency for Africa (CFA), under the leadership of former California Congressman, Ron Dellums, is successfully building a formidable nationwide coalition of organizations, groups and key individuals to advocate and lobby for increased U.S. support for the efforts to combat HIV/AIDS in Africa. These major milestones should galvanize the United States government to respond quickly to the needs of hard-pressed African countries such as Nigeria. Working in close partnership with the international community led by the United States, the Nigeria government should implement a national HIV/AIDS policy with the following strategic thrusts:

- ☐ Assuring the highest level financial, technical, and political commitment from the Nigerian government;
- ☐ Involving the civil society and community representatives in all phases of policy formulation and implementation;
- ☐ Developing a national HIV/AIDS Strategic and Action Plan that allows for a multisectoral, comprehensive approach to the medical and development ramifications of HIV/AIDS;
- ☐ Providing clinical care to HIV/AIDS patients;
- ☐ Implementing credible information, education, and communication campaigns to prevent new infections, modify risky behaviors, and ensure that infected individuals do not transmit

the virus;

- ☐ Mobilizing the private sector to participate in local, state, and national HIV/AIDS programs;
- ☐ Promoting research in vaccine development, qualitative studies, and safer drug regimens;
- ☐ Improving the healthcare infrastructure.



Dear Friends,

CFA Board of Directors:

Hon. Ronald V. Dellums
Chairman

Hon. Jack Kemp
Vice-Chairman

Hon. David N. Dinkins
Columbia University

Amb. Andrew Young
GoodWorks, international

Judith Aidoo
The Aidoo Group

Don Barden
The Barden Companies

Noah Samara
WorldSpace, Inc.

C. Payne Lucas
Africare

Dr. Dorothy Height
National Council of Negro Women

Michael A. Brown
The Ronald H. Brown Foundation

Amb. Herman Cohen
Cohen and Woods International

Dr. Francis Deng
The Brookings Institution

Elliot S. Hall
The Ford Motor Company

Lauri J. Fitz-Pegado
Iridium, LLC

Judge Gregory K. Scott
Colorado Supreme Court

Rev. Wyatt Tee Walker
Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote
Executive Director

As we near the end of the second millennium, the Constituency for Africa (CFA), has been working hard to keep US-Africa relations as a priority for our civil, business and government leaders. Africa's natural wealth and human resources make it a continent that will be foolish to ignore in the third millennium.

As a fitting harbinger of the future, CFA has decided to hold its last Town Hall Meeting on Africa for 1999 in Africa in Libreville, Gabon. This round table discussion will take place in conjunction with the World Conference of Mayors Summit, which we hope will allow for increased networking opportunities and cross-fertilization of ideas.

The topics to be covered: health, education, infrastructure, youth, investment and trade, among others, are critical issues for African cities and nations, as well as for all those who work with Africa. I would like to personally invite you to come to Libreville, Gabon to take part in this meeting. Enclosed is information on the events and a registration form. If you have any questions, please do not hesitate to call.

Libreville is one of the nicest cities in sub-Saharan Africa and very good prices have been negotiated with the airlines that service the city. I look forward to seeing you there.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Mel. P. Foote', with a long, sweeping horizontal line extending to the right.

Melvin P. Foote
Executive Director

P.S. We hope that you will be able to join us in the final meeting on Africa of the millennium!

declined



March 22, 2000

CFA Board of Directors:

Hon. Ronald Dellums,
Chair
*Healthcare International
Management Company*

Hon. Jack Kemp,
Vice-Chair
Empower America

Hon. David N. Dinkins,
Chairman Emeritus
Columbia University

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The Ford Motor Company

Lauri J. Fitz-Pegado
Iridium, LLC

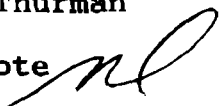
Judge Gregory K. Scott
Colorado Supreme Court

Rev. Wyatt Tee Walker
Baptist Church

Amb. Terence Todman

Melvin P. Foote,
President & CEO

TO: Sandy Thurman

FROM: Mel Foote 

FYI, I will be inviting you to a small dinner, next Wednesday, March 29th, to discuss WorldSpace's participation in efforts to combat HIV/AIDS in Africa. I hope your schedule will permit your attendance. It will be at 6:30 p.m., at the Monarch Hotel, on 25th & N Street. Again, a formal letter will be forthcoming, but I hope you will mark your schedule and plan to attend.

Constituency for Africa

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Washington DC 20037

<http://www.cfanet.org>

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Sandy Thurman

From:

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Fax (202)371-9017

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Date: _____

WHAT DO you Think?

FAX TRANSMISSION

293
3100
4/21/20

IMPRESSIONS AND RECOMMENDATIONS FOLLOWING CFA AFRICAN-AMERICAN LEADERSHIP MEETING ON A MARSHALL PLAN FOR AIDS IN AFRICA ON JANUARY 26, 2000.

Khafra Kamboon

Chairman, Emancipation Support Committee of Trinidad and Tobago

8 February 2000

I thought the CFA's well organized meeting on an AIDS Marshall Plan for Africa was a most valuable step in the development of a thrust to fight AIDS in Africa, led by Africans, in this case African-Americans. The introductory remarks of Mr Noah Samara set the right tone of recognition of the problem, concern and direct involvement in the solution. The CFA's chairman, Mr Ron Dellums, energised the meeting and focussed participants with devastating statistics, with logic, a program for the mobilization of financial resources and most importantly, a **call to action**. The recommendation for debt forgiveness to be tied to AIDS programs was a particularly vital one, of great significance not only to Africa but to other countries of the developing world. Congresswoman Barbara Lee was able to provide an update on the initiative at the level of Congress.

To judge from the positive contributions from the floor, the invited audience seemed to be an appropriate mixture of organizers, politically influential persons, African diplomats, political activists and persons already involved in AIDS programs.

The singleness of focus insisted on by Mr Dellums, concentrating collective effort on getting the U.S. Congress to act, was effective for the meeting as it avoided potential distractions in the short time span and drove the point home to everyone present that there was something definitive they could and should be doing.

RECOMMENDATION

In the follow up, I believe the CFA has the capacity to go further, without any let up on the advocacy for Congress to act, and should go further. Hand in hand with advocacy we need to develop organization structure for the direction and management of resources raised through advocacy. **Specifically I am recommending that the CFA take the initiative in the formation of a Global Committee of Africans to develop and play a critical role in the implementation of an action plan on all aspects of conquering the AIDS epidemic.**

The first step would be formation of a Working Group to steer the process. Within the meeting there was a core of people who would certainly have an interest in participation. A number of them are already active in the field. Though the CFA cannot be expected to do everything, it is well poised to be the catalyst and a leading force in this wider operation.

RATIONALE

The recommendation is based on the following concerns:

- Given the scale of AIDS in Africa and the multiplicity of factors involved in its containment, without a proper program for expenditure, billions of dollars can be sunk in Africa without making a dent on the spread of the epidemic.
- Conventional treatments at the level of medicines are excessively costly and require a social and institutional infrastructure which is largely non-existent. To create this infrastructure at national as well as supranational levels would require carefully elaborated strategy, the mobilization of skilled personnel and adequate financial resources.
- Even with a vastly improved infrastructure and cost reductions in the standard medicines, there would still be a need to search for alternative treatments both for greater medical effectiveness and greater cost effectiveness
- From all the reports presented most African countries, despite the gravity of the situation, do not have effective programs organized to counter the AIDS epidemic. The problem is only partially one of resources, though the lack of finance and expertise are real obstacles. The focus and attitudes necessary for solution are also lacking.
- There are tremendous challenges involved in getting viable programs organized at the country levels as well as at the continental level. The problems span the areas of politics, finance, availability of personnel with the right technical skills, culture, social relations, and the limitations in knowledge and treatment regimes for AIDS on a global scale.
- There is already a call for a declaration of an AIDS emergency in Africa. If there is no real concern for Africa, there is growing alarm at the threat the pandemic there can pose to other parts of this interconnected world. The next step will be the subtle and unsubtle imposition of programs on at least the hardest hit countries, programs that are likely to lack cultural sensitivity and meet limited success or fail because of the very manner of their introduction. They will also rob Africa and Africans of the role of taking necessary responsibility in our own affairs. Africans, whether from the continent or the diaspora, must be the ones to persuade the authorities in Africa to act in a manner befitting the urgency of the problem, and Africans must play a key role in shaping the programs which are implemented.

THE MANDATE

The Working Group is envisaged as the organizing core for the Global Committee of Africans with a mandate as follows:

- < To develop a global African perspective, short term and long-term strategy for fighting the AIDS epidemic, with the initial focus on the African continent
- < To build an organizational structure adequate to the formidable task

- < To mobilise material and technical resources. Part of the mobilization of resources will have to service the administration of the program.
- < To network and where feasible coordinate the activities of groups working in the field. This would include facilitating the sharing of products and experiences between groups, programs and countries. There is a tremendous inventory of audiovisual and print products isolated in various local programs which could help to shortcut and guide similar effort in other environments. Over the past decade and more many Africans in the West have had the opportunity to gain valuable experience facing challenges similar to those encountered by persons seeking to develop effective programs in Africa- cultural barriers, social values which negate aids prevention education, religious opposition, political vacillation, weak administrative structures, funding problems, organization deficiencies etc.
- < To provide guidance, material and moral assistance to NGO's involved in the battle against AIDS
- < To give advice to governments and funding agencies
- < To engage in direct actions where there is strategic advantage in doing so
- < To spearhead activity at levels where the profile of the CFA and the global organization which it forms would be an asset. For example, when it comes to shaping overall strategy and programs, such a group could interface most effectively with governments, inside and outside of Africa, the O.A.U. and international agencies.

CRITICAL CONSIDERATIONS

The Working Group needs to be formed as soon as possible and it needs to be action-oriented. Planning and organizing on the scale needed to present a credible long term program for utilizing major injections of finance will take considerable time. Developing an adequate organization structure will also take time. The body will not have the luxury of sequencing planning, organizing and taking action. The urgency of the problem and the manner in which financial and other resources are likely to become available dictate the need for simultaneous advocacy, organization building, planning and implementation.

Though the US Congress is the principal target of advocacy by the group which met in Washington, private corporations and other agencies will definitely respond to the challenge of the proposed Marshall Plan and some of them will have a quicker response time. It means that mechanisms must be put in place immediately to influence the direction of whatever resources are made available.

The Working Group should therefore from its inception include persons with relevant expertise and experience; persons with knowledge of the African situation, the best existing information sources and analyses; persons with political influence, communication skills and persons directly involved in ongoing programs or with the knowledge of and ability to work with organizations which are so involved.

The Working Group should pay particular attention to persuading the OAU to make a serious public commitment to this African emergency and to play a frontline role in implementing solutions. The OAU can and should be a major force in influencing individual African governments to give the problem the focus it needs. The weight of the OAU should also be mobilized to ensure that programs to deal with AIDS in Africa are shaped by African needs, authenticity and interests.

There is another factor which makes the prominent involvement of the OAU and African governments critical - the psychological. There is a grave danger that both in the projection of the crisis in Africa and in the publicity about efforts to address it, the already battered international image of Africa and Africans can suffer further. The world and most certainly Africans do not need another dramatic media vision of a prostrate Africa crying out for salvation from others and dependent on their charity. One of the most promising aspects of the Washington meeting was that it brought together African leadership to deal with African problems. That in itself is a positive statement. It is critical that the political leadership in Africa demonstrate their leadership in the movement to rid the continent of the crippling plague of AIDS in a way that the world recognises Africans are taking responsibility for solving African problems. Assistance from other sources must be an adjunct to our efforts, no matter what the quantum is.

On the whole the committee must specifically address the question of media in relation to the AIDS crisis in Africa. Very much thought has to go into how we are able to shape the image of our people that emerges in the reporting. We have to mobilize and orient our own writers, seek to positively influence others, keep a close and critical media watch and challenge in whatever way we can demeaning opinions and slants in the news.

The process of concept elaboration, organization development must be seen as dynamic, interactive and continuous. Flexibility must be a principle of organization so that methods of operation will allow new strategies and forms to evolve.

AIDS AND THE AFRICAN CHILD

We can no longer hold up the argument that public and private lives are separate entities. HIV/AIDS is not merely a personal medical issue. It pervades all aspects of our lives in the economic, military and social sectors; and we must now make it a political issue. In Africa, the family, which is the primary unit of the social fabric holding society and state together is being increasingly dismantled and destroyed by the HIV/AIDS pandemic. And we know that when the family unit breaks down, children are left the most vulnerable. The devastation wreaked by this unprecedented plague on humanity is such that even the extended family system which has traditionally been a safety net in Africa cannot cope with it. This article will hopefully outline some of the basic threats that children face with the onslaught of HIV/AIDS in Africa, what US policy towards Africa is doing to address this pandemic, and what everyone can do to help stop the spread of HIV/AIDS in Africa.

To date, it is estimated that more than 16.3 million Africans have died from AIDS. By the end of 2000, there will be an estimated 13 million children worldwide orphaned by the HIV/AIDS crisis, more than 90% of whom will be African children. HIV/AIDS is spread in Africa mainly through heterosexual relations and most susceptible to it are those of the reproductive age group of 15-49. The devastating consequences of this is that African countries are losing their most productive people at all levels in the public sector including the agricultural, administrative, business, academic, military, and labor sectors, increasingly crippling these countries. In Zimbabwe for instance, up to 25% of the population has HIV/AIDS, and in South Africa over 3 million people are infected. Because of the lack of adequate welfare systems and health care services in most African countries, in some homes affected by HIV/AIDS, what we find is aging, and usually ailing grandparents left to look after young children. In others where there is no extended family, the older children, many of whom are still in primary school assume the role of heads of these families and are left to look after and provide for their younger siblings.

These children will have suffered the trauma of watching their parents become ill and die of AIDS, and some of them will be HIV positive themselves, destined to follow their parents to an early grave. In the meantime they will experience a decline and loss of access to their daily nutritional needs, family nurturing, education and health care. This situation almost always causes these young families of orphans to lose their homes as well as whatever inheritance they may have had, often separating these children from each other, even though they only have each other left in the world. Living on the mean streets will force these children, more likely the girls to seek employment to feed themselves and their siblings, exposing them to exploitation, physical and sexual abuse, and in turn a renewed threat of HIV infection. Those that don't succumb to HIV/AIDS may die of exposure to other diseases such as Malaria, Cholera and Dysentery and a general lack of basic hygiene such as clean drinking water. Other surviving children may turn to theft in order to feed themselves and their siblings which puts them at risk of being killed or imprisoned for crimes they had little option but to commit in order to simply survive another few days. In times of conflict, these children are also vulnerable to manipulation, often lured and turned into child soldiers or killing machines by anyone who shows them an ounce of care in the form of money, food, shelter or affection.

These children are the victims of a disease that is not of their doing. We cannot allow their lives to become as doomed as those of their dead parents. There is an urgent need and we have a moral obligation to rescue these children from their plight through food and healthcare provisions, orphanages and schools to provide them with hope and opportunities for better lives. We must also prevent the creation of yet more orphans estimated to reach 40 million by 2010, by recognizing the HIV/AIDS threat to the family, and bolstering the efforts of African governments to address the pandemic. The very survival of the African Continent is at stake and we must take action now!

Unfortunately, as of yet, there is no clearly defined US policy towards Africa on HIV/AIDS. It is still in its formative stages. In July 1999, the US government committed \$100 million to help Africa. The Clinton administration has recently set aside \$10 million to aid orphans left behind by HIV/AIDS worldwide. At the United Nations, in January Vice- President Al Gore Chaired a meeting of the Security Council focusing for the very first time on a health issue and called for an increase in America's commitment to fighting HIV/AIDS in Africa. To that effect, President Clinton announced a pledge of \$100 million for the fight against HIV/AIDS worldwide. Small steps have been taken to address the scourge of HIV/AIDS in Africa, but we must understand that whatever has been done, and whatever is being done is woefully inadequate. It is just not enough!

Former Congressman Ronald V. Dellums has called for an AIDS Marshall Plan for Africa, proposing an unprecedented commitment from governments, United Nations agencies, corporations and everyday people to form an effective public-private partnership that can marshal the massive resources needed to address what the United Nations is calling "the worst infectious disease catastrophe in the history of modern medicine". Congresswoman Barbara Lee along with 70 co-sponsors has introduced legislation in Congress to support this plan in the form of a bill, H.R. 2765. If passed, this bill would secure \$200 million a year for the next five years for a fund to create "a program to provide assistance for HIV/AIDS research, prevention and treatment activities in Africa".

Mr. Dellums is Chairman of the Constituency for Africa (CFA), a non-profit organization whose mission is to educate the U.S. public about Africa and African issues, and to strengthen ties and cooperation between and among American and African organizations, groups and companies. To that end, CFA holds between 10 and 12 Town Hall Meetings across America every year, as well as sponsors the annual Ronald H. Brown African Affairs Series in Washington, D.C. during the annual Congressional Black Caucus legislative meetings and other activities. According to Mr. Melvin P. Foote, President & CEO of CFA, "the organization has made the fight against the HIV/AIDS crisis in Africa its top priority for the next five years." To that end, in January, CFA held a national leadership meeting of government agencies, international organizations, corporations, businesses, associations and individuals, led by Mr. Dellums to publicize the AIDS Marshall Plan for Africa as well as develop collaborative strategies amongst the participants.

Everyone can do something to help prevent the spread of HIV/AIDS in Africa. If you would like to help in anyway here are a few things you can do to help:

- ▶ **Join CFA and support our mission.** Write a check today that will be used to fund groups working on this issue in the United States and Africa. Contact CFA's clearinghouse at (202) 371-0588 for more information and to arrange special town meetings with expert speakers

and guests. CFA can provide organizational assistance throughout your project.

- ▶ **Contact Legislators.** Call your Congresswoman and Congressman. Talk to them and try to meet with them to lobby on behalf of H.R. 2765, the AIDS Marshall Plan for Africa. Although the bill has 70 sponsors it requires 218 sponsors to go ahead. Urge your congressional representative to support and sponsor the bill.
- ▶ **Contact the Media.** Write letters to newspaper and magazine editors. Make calls to radio and television talk shows.
- ▶ **Educate and Advocate.** Get information and pass it on. Start in your community with social, religious, business and other groups. Contact CFA and other experts and hold seminars, workshops and town hall meetings.
- ▶ **Volunteer.** Seek other organizations, experts and groups working on behalf of Africa. Get involved, donate funds, time and energy.

Other organizations working on HIV/AIDS in Africa include:

Africare
AIDS Action
AIDS 2000 Africa
African Aids Institute
National Council of Churches
Minority Task Force on AIDS
OIC International, Incorporated
African-American Institute (AIA)
African Development Foundation (ADF)
United Nations Programme on HIV/AIDS (UNAIDS)
African-American AIDS Policy and Training Institute
The National Black Leadership Commission on AIDS, Inc. (BLCA)
National Association for the Advancement of Colored People (NAACP)

Constituency for Africa

2400 N Street, N.W., Suite #510

Washington DC 20037

<http://www.cfanet.org>

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Sandy Thurman

From:

me

Tel (202)371-0588

Fax (202)371-9017

Pages: _____, including this cover sheet

Date: _____

WHAT DO YOU THINK?

NEC/B

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DO NOT
HOLD

IMPRESSIONS AND RECOMMENDATIONS FOLLOWING CFA AFRICAN-AMERICAN LEADERSHIP MEETING ON A MARSHALL PLAN FOR AIDS IN AFRICA ON JANUARY 26, 2000.

Khafra Kambon

Chairman, Emancipation Support Committee of Trinidad and Tobago

8 February 2000

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CRITICAL CONSIDERATIONS

The Working Group needs to be formed as soon as possible and it needs to be action-oriented. Planning and organizing on the scale needed to present a credible long term program for utilizing major injections of finance will take considerable time. Developing an adequate organization structure will also take time. The body will not have the luxury of sequencing planning, organizing and taking action. The urgency of the problem and the manner in which financial and other resources are likely to become available dictate the need for simultaneous advocacy, organization building, planning and implementation.

Though the US Congress is the principal target of advocacy by the group which met in Washington, private corporations and other agencies will definitely respond to the challenge of the proposed Marshall Plan and some of them will have a quicker response time. It means that mechanisms must be put in place immediately to influence the direction of whatever resources are made available.

The Working Group should therefore from its inception include persons with relevant expertise and experience; persons with knowledge of the African situation, the best existing information sources and analyses; persons with political influence, communication skills and persons directly involved in ongoing programs or with the knowledge of and ability to work with organizations which are so involved.

The Working Group should pay particular attention to persuading the OAU to make a serious public commitment to this African emergency and to play a frontline role in implementing solutions. The OAU can and should be a major force in influencing individual African governments to give the problem the focus it needs. The weight of the OAU should also be mobilized to ensure that programs to deal with AIDS in Africa are shaped by African needs, authenticity and interests.

There is another factor which makes the prominent involvement of the OAU and African governments critical - the psychological. There is a grave danger that both in the projection of the crisis in Africa and in the publicity about efforts to address it, the already battered international image of Africa and Africans can suffer further. The world and most certainly Africans do not need another dramatic media vision of a prostrate Africa crying out for salvation from others and dependent on their charity. One of the most promising aspects of the Washington meeting was that it brought together African leadership to deal with African problems. That in itself is a positive statement. It is critical that the political leadership in Africa demonstrate their leadership in the movement to rid the continent of the crippling plague of AIDS in a way that the world recognises Africans are taking responsibility for solving African problems. Assistance from other sources must be an adjunct to our efforts, no matter what the quantum is.

On the whole the committee must specifically address the question of media in relation to the AIDS crisis in Africa. Very much thought has to go into how we are able to shape the image of our people that emerges in the reporting. We have to mobilize and orient our own writers, seek to positively influence others, keep a close and critical media watch and challenge in whatever way we can demeaning opinions and slants in the news.

The process of concept elaboration, organization development must be seen as dynamic, interactive and continuous. Flexibility must be a principle of organization so that methods of operation will allow new strategies and forms to evolve.

AIDS AND THE AFRICAN CHILD

We can no longer hold up the argument that public and private lives are separate entities. HIV/AIDS is not merely a personal medical issue. It pervades all aspects of our lives in the economic, military and social sectors; and we must now make it a political issue. In Africa, the family, which is the primary unit of the social fabric holding society and state together is being increasingly dismantled and destroyed by the HIV/AIDS pandemic. And we know that when the family unit breaks down, children are left the most vulnerable. The devastation wreaked by this unprecedented plague on humanity is such that even the extended family system which has traditionally been a safety net in Africa cannot cope with it. This article will hopefully outline some of the basic threats that children face with the onslaught of HIV/AIDS in Africa, what US policy towards Africa is doing to address this pandemic, and what everyone can do to help stop the spread of HIV/AIDS in Africa.

To date, it is estimated that more than 16.3 million Africans have died from AIDS. By the end of 2000, there will be an estimated 13 million children worldwide orphaned by the HIV/AIDS crisis, more than 90% of whom will be African children. HIV/AIDS is spread in Africa mainly through heterosexual relations and most susceptible to it are those of the reproductive age group of 15-49. The devastating consequences of this is that African countries are losing their most productive people at all levels in the public sector including the agricultural, administrative, business, academic, military, and labor sectors, increasingly crippling these countries. In Zimbabwe for instance, up to 25% of the population has HIV/AIDS, and in South Africa over 3 million people are infected. Because of the lack of adequate welfare systems and health care services in most African countries, in some homes affected by HIV/AIDS, what we find is aging, and usually ailing grandparents left to look after young children. In others where there is no extended family, the older children, many of whom are still in primary school assume the role of heads of these families and are left to look after and provide for their younger siblings.

These children will have suffered the trauma of watching their parents become ill and die of AIDS, and some of them will be HIV positive themselves, destined to follow their parents to an early grave. In the meantime they will experience a decline and loss of access to their daily nutritional needs, family nurturing, education and health care. This situation almost always causes these young families of orphans to lose their homes as well as whatever inheritance they may have had, often separating these children from each other, even though they only have each other left in the world. Living on the mean streets will force these children, more likely the girls to seek employment to feed themselves and their siblings, exposing them to exploitation, physical and sexual abuse, and in turn a renewed threat of HIV infection. Those that don't succumb to HIV/AIDS may die of exposure to other diseases such as Malaria, Cholera and Dysentery and a general lack of basic hygiene such as clean drinking water. Other surviving children may turn to theft in order to feed themselves and their siblings which puts them at risk of being killed or imprisoned for crimes they had little option but to commit in order to simply survive another few days. In times of conflict, these children are also vulnerable to manipulation, often lured and turned into child soldiers or killing machines by anyone who shows them an ounce of care in the form of money, food, shelter or affection.

These children are the victims of a disease that is not of their doing. We cannot allow their lives to become as doomed as those of their dead parents. There is an urgent need and we have a moral obligation to rescue these children from their plight through food and healthcare provisions, orphanages and schools to provide them with hope and opportunities for better lives. We must also prevent the creation of yet more orphans estimated to reach 40 million by 2010, by recognizing the HIV/AIDS threat to the family, and bolstering the efforts of African governments to address the pandemic. The very survival of the African Continent is at stake and we must take action now!

Unfortunately, as of yet, there is no clearly defined US policy towards Africa on HIV/AIDS. It is still in its formative stages. In July 1999, the US government committed \$100 million to help Africa. The Clinton administration has recently set aside \$10 million to aid orphans left behind by HIV/AIDS worldwide. At the United Nations, in January Vice- President Al Gore Chaired a meeting of the Security Council focusing for the very first time on a health issue and called for an increase in America's commitment to fighting HIV/AIDS in Africa. To that effect, President Clinton announced a pledge of \$100 million for the fight against HIV/AIDS worldwide. Small steps have been taken to address the scourge of HIV/AIDS in Africa, but we must understand that whatever has been done, and whatever is being done is woefully inadequate. It is just not enough!

Former Congressman Ronald V. Dellums has called for an AIDS Marshall Plan for Africa, proposing an unprecedented commitment from governments, United Nations agencies, corporations and everyday people to form an effective public-private partnership that can marshal the massive resources needed to address what the United Nations is calling "the worst infectious disease catastrophe in the history of modern medicine". Congresswoman Barbara Lee along with 70 co-sponsors has introduced legislation in Congress to support this plan in the form of a bill, H.R. 2765. If passed, this bill would secure \$200 million a year for the next five years for a fund to create "a program to provide assistance for HIV/AIDS research, prevention and treatment activities in Africa".

Mr. Dellums is Chairman of the Constituency for Africa (CFA), a non-profit organization whose mission is to educate the U.S. public about Africa and African issues, and to strengthen ties and cooperation between and among American and African organizations, groups and companies. To that end, CFA holds between 10 and 12 Town Hall Meetings across America every year, as well as sponsors the annual Ronald H. Brown African Affairs Series in Washington, D.C. during the annual Congressional Black Caucus legislative meetings and other activities. According to Mr. Melvin P. Foote, President & CEO of CFA, "the organization has made the fight against the HIV/AIDS crisis in Africa its top priority for the next five years." To that end, in January, CFA held a national leadership meeting of government agencies, international organizations, corporations, businesses, associations and individuals, led by Mr. Dellums to publicize the AIDS Marshall Plan for Africa as well as develop collaborative strategies amongst the participants.

Everyone can do something to help prevent the spread of HIV/AIDS in Africa. If you would like to help in anyway here are a few things you can do to help:

- ▶ **Join CFA and support our mission.** Write a check today that will be used to fund groups working on this issue in the United States and Africa. Contact CFA's clearinghouse at (202) 371-0588 for more information and to arrange special town meetings with expert speakers

and guests. CFA can provide organizational assistance throughout your project.

- ▶ **Contact Legislators.** Call your Congresswoman and Congressman. Talk to them and try to meet with them to lobby on behalf of H.R. 2765, the AIDS Marshall Plan for Africa. Although the bill has 70 sponsors it requires 218 sponsors to go ahead. Urge your congressional representative to support and sponsor the bill.
- ▶ **Contact the Media.** Write letters to newspaper and magazine editors. Make calls to radio and television talk shows.
- ▶ **Educate and Advocate.** Get information and pass it on. Start in your community with social, religious, business and other groups. Contact CFA and other experts and hold seminars, workshops and town hall meetings.
- ▶ **Volunteer.** Seek other organizations, experts and groups working on behalf of Africa. Get involved, donate funds, time and energy.

Other organizations working on HIV/AIDS in Africa include:

Africare
AIDS Action
AIDS 2000 Africa
African Aids Institute
National Council of Churches
Minority Task Force on AIDS
OIC International, Incorporated
African-American Institute (AIA)
African Development Foundation (ADF)
United Nations Programme on HIV/AIDS (UNAIDS)
African-American AIDS Policy and Training Institute
The National Black Leadership Commission on AIDS, Inc. (BLCA)
National Association for the Advancement of Colored People (NAACP)

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PERSPECTIVE

Epidemic Catastrophe—AIDS in Africa

Black American Leaders Propose a Program to Combat HIV/AIDS Which Is More Destructive to Many African Societies Than a Major War

by Carole Henderson Tyson

The worst infectious disease catastrophe since the bubonic plague—one of the largest health crises in the history of the world—this is how the HIV/AIDS epidemic in Africa is being described by officials of international aid programs. Yet even these characterizations may actually understate the enormity of what Africa is facing. The infamous Black Death, which killed one-third of the population of fourteenth century Europe, swept through communities quickly, carrying off the elderly and feeble first. AIDS is much crueler. It has cut down those in the prime of their lives who form the backbone of the continent's labor force and who are responsible for nurturing its next generation. AIDS kills its victims slowly, wasting away both their bodies and the resources of their families and communities.

AIDS is now the leading cause of death in Africa for adults between the ages of 15 and 49. The following statistics from the World Health Organization and UNAIDS, the Joint United Nations Programme leading the international effort to deal with HIV/AIDS in Africa, reveal the extent of this catastrophe:

- Home to only 10 percent of the world's population, Africa contains nearly two-thirds of the world's HIV/AIDS-infected population and three quarters of HIV/AIDS deaths to date. Of the 16.3 million people who have died from this virus worldwide, more than 11 million have been Africans.
- 21 million Africans are currently infected; as many as 6,000 individuals contract the disease each day. Ninety percent contract the disease through heterosexual sex. Most infected Africans do not know they have the virus.
- 95 percent of Africans infected with HIV live in abject poverty, with no hope of obtaining today's expensive "cocktail" of drug therapies used in the western world to extend patients' lives.
- About 87 percent of the world's HIV-infected children live in Africa.
- Africa has nearly 7.8 million orphans as a result of the epidemic. By 2001, the number of orphans will reach 13 million. Without intervention, in a decade, 40 million African children will be left without parents.

- In the most heavily affected countries, AIDS has reduced average life expectancy by 10 to 17 years. In Zimbabwe, it has lowered it by 20 years.
- In Zimbabwe and Botswana, over 25 percent of the adult population is infected with HIV.

Crippling Grip on Sub-Saharan Africa

Why has this scourge struck Africa with such brutal force when it seems to be under control in western countries?

First, the virus may have originated in Africa, where more strains of the virus are found than anywhere else in the world. But this is perhaps the least important reason for the virus's grip on sub-Saharan Africa. Much of the social and economic situation that has fostered this epidemic can be attributed to the residual effects of colonialism and racism: poverty, illiteracy, urbanization, population displacement, wars, mistrust and cynicism about government, social disintegration, government apathy and corruption, and the low status of women. Poverty is perhaps the most important factor. In the parts of sub-Saharan Africa most afflicted, the poverty rate is above 50 percent. Among those living with AIDS, the poverty rate reaches a staggering 95 percent.

Social disintegration also has played a large role. While many African societies were traditionally polygamous, these relationships were within the context of a family and confined to a particular community. But the displacement of populations, urbanization, and the congregation of men in mining camps, especially in southern Africa, have produced a mixing of people that has allowed the virus to spread quickly from one place to another. Prolonged worker absences from home have led to the inevitable disintegration of family relationships as men turn to other sexual partners. When they return home, they spread the virus contracted from casual relationships to their wives.

Millions of Orphans

The powerlessness of women in traditional African society has also furthered the progress of the epidemic. Women are usually unable to govern the terms of sex, including whether their partner uses a condom. Women generally cannot inherit property, leaving them destitute and dependent on others when their husbands die or leave them. These conditions often force women into sexual subservience or prostitution, with little control over their lives.

AIDS

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Another problem complicating education about the disease is the cynicism and mistrust engendered by generations of racist colonial rule followed by corrupt and incompetent bureaucracies. Because of this mistrust, many Africans in the less affected northern and western parts of Africa still deny that there is an AIDS problem. The nature of the virus makes such denial possible because of the long period between initial infection and visible symptoms and eventual death. Fela, the Nigerian international music star, died from AIDS. He refused to believe there was an AIDS epidemic and openly dismissed efforts to have Africans protect themselves by using condoms as a western plot to keep the black population down.

The governments of some African countries also bear a considerable portion of the responsibility for the reason the disease goes unchecked. Even in Zimbabwe, where a quarter of the adults are infected with HIV, the government remains more interested in spending its scarce resources on an unpopular and devastating military intervention in the Democratic Republic of Congo than in helping stem the epidemic. In a sad twist of medical irony, the very pharmaceutical companies which create medications to treat this sickness are not making those medications easily available to the sick and suffering in this unprecedented crisis of death and tragedy.

The epidemic has created millions of orphans. Many of these children have lost not only both parents but other members of their extended families. Without families, they face the sad circumstances that make it likely that they too will have shortened lives—greater poverty, social stigma, physical and sexual abuse, and emotional trauma. Some have hypothesized that these orphans pose a threat of increased criminal activity since they will be subjected to all the forces that lead to criminal behavior without familial nurturing or social constraints.

Furthermore, there will be a devastating effect on the already fragile economic status of families and communities as they deplete their scarce resources to care for the sick and their survivors. At the macro-economic level, key southern African industries could lose the core of their trained workers. For example, between 20 and 30 percent of South African gold mine workers are reported to be infected with HIV. Throughout the continent, the decimation of the most vigorous workers in rural populations is likely to produce famine and send even more immigrants into already overcrowded cities, further stretching the thin social and economic fabric. With the uncertain social, economic, and political climate produced by this epidemic, foreign investors are unlikely to invest in African businesses or relocate their operations to African countries. The epidemic will also surely take a heavy toll on tourism.

Education, Condoms, Testing

While we do not know how to cure this disease or vaccinate against it, we do know how to prevent people from

becoming infected. We also know that there are various treatments for the disease that are allowing people in the West, at least, to lead relatively normal lives and extend their life expectancy. Yoweri Museveni, the president of Uganda, has led a concerted effort to educate the public, distribute condoms, offer voluntary testing, and assist affected persons. This campaign has resulted in the first sustained decline in the rate of HIV infection in Africa. The success in Uganda shows that when there is the political will along with sufficient financial resources and interest from abroad, the rate of infection can be slowed.

Despite the abdication of responsibility by some African leaders and bureaucracies, local volunteers throughout Africa are banding together in heroic efforts to provide home-based care for AIDS victims and their families. Most of these volunteers have few tangible resources themselves, but they give what they have of themselves to comfort their friends and neighbors. Many Africans see a heartening resurgence of traditional cultural patterns in which families and communities assumed a larger share of social responsibility than did the state. Ironically, AIDS is producing a social cohesion across ethnic boundaries in some affected communities that has been absent for too long. Although it is unlikely that these efforts can develop fully without a substantial infusion of outside resources, they can provide the structure and strategies for better funded national and international programs for caring for infected persons and their families.

Many Africans are beginning to understand how the traditional powerlessness and underclass status of women has worsened the effects of the epidemic. Yet African women in many areas are leading the efforts to educate other women about the use of condoms and to encourage them to assert their right to protect themselves. Efforts are also underway to permit women to inherit property so that they can support themselves and their children.

A crisis of this magnitude cannot be solved by Africans alone. The Joint United Nations UNAIDS program has formed the International Partnership Against AIDS in Africa, which works with African states to encourage visible and sustained political support for the effort to combat AIDS. The program also helps them develop joint plans of action, sponsors the redirection and mobilization of resources at all levels, and provides technical resources and assistance to strengthen national and regional technical capability. UNAIDS also issued a call to action to help the orphans of AIDS.

African Americans are also actively pursuing ways to help stem the epidemic. The Constituency for Africa (CFA), an organization formed in 1990 to organize U.S. support, has advanced the idea of an AIDS Marshall Plan for Africa. Former Democratic congressman Ron Dellums, who represented Oakland and Berkeley, California, chairs the CFA and has led efforts by the organization to raise awareness of the seriousness of the problem and to motivate Americans to support this initiative. On August 5, 1999, Dellums' successor, Rep. Barbara Lee, and 43 cosponsors introduced HR 2765, the AIDS Marshall Plan Fund for

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AIDS

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Africa Act. The bill proposes spending \$1 billion between 2001 and 2005 to assist African countries in combating the spread of the disease, caring for the sick, and finding new treatments, a vaccine, or even a cure. The bill's sponsors hope that this money will be used to leverage large contributions from other wealthy countries.

Last month, Vice President Al Gore chaired a UN Security Council meeting on the AIDS crisis in Africa. At that meeting, he announced that the United States was initiating a new \$150 million program to combat the African AIDS epidemic. The program will dedicate \$50 million to vaccine research and allocate the remaining \$100 million to educational campaigns, prevention of mother-to-child transmission, care for AIDS orphans, and other prevention and treatment assistance. Gore called on other governments to see the epidemic as a threat to the peace and security of Africa. The U.S. Ambassador to the UN, Richard Holbrooke, has been unceasing in his efforts to bring visibility and resources to this epidemic.

Preventing the utter destruction of Africa by the AIDS epidemic will require the commitment of tremendous economic resources over a long period of time. Africans simply do not have these resources. But the developed countries in Europe and North America do. Currently, the United States is enjoying the longest economic expansion in its history, with budget surpluses predicted not only for the federal government but for many of the states. In this time of affluence, it would be no less than criminal to let Africans die by the millions when we have the means to rescue them. At the UN Security Council meeting last month, Vice President Al Gore laid out the challenge: "We have the knowledge, the compassion, and the means to make a difference. We must acknowledge our moral duty, and accept our great and grave responsibility to succeed." ■

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HIV/AIDS: The Need for Urgent Action

by
Chinua Akukwe

The 1999 United Nations Joint Program of HIV/AIDS (UNAIDS) on the Human Immunodeficiency Virus (HIV), a retrovirus that causes the fatal clinical condition known as Acquired Immuno-deficiency Syndrome (AIDS), reports that more than 33.6 million people worldwide are now living with the deadly HIV infection. Although, Africa represents only 10% of the global population, the continent accounts for 70% of all global HIV infection; more than 80% of all 1999 AIDS deaths occurred in Africa; at least nine out of 10 new global HIV infections among children occurred in Africa, and they also account for 91% of all worldwide childhood fatalities from the disease; African children account for 95% of all AIDS orphans in the world; and most of the HIV/AIDS victims in Africa will die within the next ten years. The soon-to-die will join the already 14 million Africans who have perished since the beginning of the epidemic.

Effects of AIDS on Africa

HIV/AIDS should and must be viewed from a developmental standpoint. HIV/AIDS should not be seen as a medical problem but as a developmental problem with medical consequences. If focus is placed solely on the medical consequences while the overarching developmental issues are ignored, the result will be disastrous. The paradigm of HIV/AIDS as a developmental problem is beginning to take root because the effect of this rampaging epidemic is incalculable.

- The infection hits the economic engine of the African society: young men and women with promising careers and small children;

- The infection continues to wipe out gains made in the life expectancy of hard hit countries such as Zimbabwe and South Africa;
- The precarious economic circumstances of rural Africans are under strain from the rising numbers of orphans with little state or local government support;
- Public and private sector efforts to reduce levels of poverty suffer major setbacks from the devastating economic consequences of the infection;
- Africa will be reduced to a spectator in the ongoing globalization phenomenon as it grapples with the short and long term effects of the infection; and

HIV/AIDS should be viewed as a developmental problem with medical consequences . . .

- The infection works against hard won gains in primary and secondary school education as extended families pull orphans from schools or send surviving children to the cities to fend for themselves;
- Young girls and women face tremendous challenges when their parents are either hobbled by AIDS or die, as they must fend for their siblings by working as housemaids or sex workers;
- The private and the public sectors are reeling from sickness and death of its brightest workers afflicted with HIV infection;
- Governments at all levels are increasingly forced to make tough choices on how to redirect meager resources to HIV treatment;
- A new generation of Africans could grow up in this century believing that no matter what they do, they may never live to adulthood.

In view of the impact of the HIV infection, it is necessary to ask why the plight of Africans is only attracting tepid response from the international community? Why are the African governments and their leadership so slow to respond to the biggest crisis in their jurisdiction? Why is the global community not coordinating an international effort to save the children of Africa or the young men and women from the deadly jaws of HIV/AIDS? Why should two levels of HIV clinical management exist today: one for the Western world, and another for developing countries? Why can't the multinationals and conglomerates with multiple

business interests in Africa play a major role in global efforts to end the menace of this terrible disease?

To develop answers to these questions, it is important to review the current response to the HIV epidemic in Africa. The UNAIDS and the World Bank have developed detailed documents on how to combat the epidemic in Africa. The WHO and other United Nations agencies continued to develop technical and financial resources for fighting the epidemic. A recent international summit on Africa in Washington, DC addressed the HIV epidemic. The Constituency for Africa in Washington, DC is promoting an AIDS Marshall Plan for Africa. Congresswoman Barbara Lee introduced legislation (H.R. 2765) in 1999 for massive US HIV/AIDS assistance to Africa. The UN Security Council in January 2000 held an unprecedented meeting on Africa, with HIV/AIDS as a major focus of the participants. The World Bank and other African countries held a conference in Zambia in 1999, where unfortunately, African heads of state, including that of the host country, stayed away.

Despite these efforts, there are basic strategic issues that will affect the impact of any global effort to stem the tide of HIV infection in Africa. These issues are complex and require major technical and fiscal investments which the global community appears unwilling to address.

Risk Factors of HIV/AIDS

In 1999, the UNAIDS estimated that 23.3 million Africans live with the HIV infection. The death toll is staggering: about 5,500 funerals every day for known AIDS victims in Africa; this year, more than 2,400 citizens of Zimbabwe will be dying every week from AIDS, creating large numbers of orphans. The death toll does not include those that died after a "brief illness or a heart attack" since many families in African will go to great lengths to conceal the cause of death of their kith and kin.

Africa has the highest percentage of HIV-positive women in the world. The major mode of HIV transmission in Africa is via the heterosexual route. Most

of the infected women acquired their infection through heterosexual practices, and are likely to bear children, and possibly infect their new born babies. At least 90% of the 500,000 children born with HIV or infected through breastfeeding in 1999 are in Africa. Most of the women became infected by their husbands. African teenage girls are engaging in early sexual activity, often coerced by older males. The gender inequities that exist in many African societies also unwittingly contribute to high rates of female HIV infection. For example, wives may not refuse the sexual advances of their husbands even when they are aware of their high risk status. Wives are often faithful, but fearful. They may also be blamed for

Cultural and Social Factors

In addition to having the highest rate of HIV, Africa also has the highest rates of other STDs and TB. According to the World Health Organization, at least 65 million Sub-Saharan Africans live with STDs. HIV infection is common among individuals with high rates of sexually transmitted diseases (STDs) such as gonorrhea, chlamydia, and syphilis. TB patients are particularly vulnerable to HIV infection developing into full-blown AIDS.

Africa is home to very poor communities. Many Africans are totally isolated from the prevailing macroeconomic or microeconomic systems that are es-

The gender inequities that exist in many African societies also unwittingly contribute to high rates of female HIV infection.

the death of their high risk husband and banished to a life of ostracism and poverty.

Males all over the world are often the initiators of sex acts. In male dominated societies such as those in Africa and India, the subordinate role of women is putting them and their children at risk of HIV infection. For example, a woman may put her marriage in jeopardy if she insists on the use of condoms by her husband. For women in polygamous relationships, refusal to play by the rules may mean loss of material comfort for her and her children. Another fallout of the male dominated society in Africa is the need for husbands and boyfriends to move from one location to another looking for gainful employments. Truck drivers, mine workers, seasonal farmhands, and petty traders often spend long months separated from loved ones.

Whenever there is concentrated activity for people that leave their loved ones behind, the first industry that crops up is the sex trade. Migrant workers in Africa have some of the highest reservoir levels of HIV/AIDS. This is also seen in Russia where workers from the Baltic states are now looking for work. Many take casual sexual partners,

poused in their national capitals or the global financial districts. As stated by the President of the World Bank recently, James Wolfensohn at the UN Security Council meeting on Africa, the road to the elimination of AIDS leads through the eradication of global poverty.

With a price tag of between \$10,000 and \$15,000 dollars, the triple "cocktail" therapy that is extending lives in the Western world, is only a fairy tale to Africans living with HIV/AIDS since no African government can foot the bill for comprehensive AIDS treatment. For pregnant women in Africa, the lack of access to AZT, the prophylactic anti-retroviral drug for reducing perinatal infection in industrialized societies is heart breaking: AZT can cut perinatal transmission of HIV by half for infected pregnant women who avoid breast-feeding after child birth.

Africa has the largest concentration of refugees fleeing community and national conflicts. Some of these conflicts have lasted for decades and involve savage attacks and reprisals with unimaginable atrocities. Rape is a common choice of retribution and instant justice.



Children as young as 12 years are known to have been sexual victims of conflict. During the Rwanda crisis, the rates of infection among adult refugees increased sixfold during the conflict.

The low grade but high impact war is still ongoing in many African communities, school systems, and religious denominations. The battle lines are sharply drawn. Like the proverbial fight of the elephants, the grass is constantly trampled and destroyed.

This situation is further complicated by widespread disinterest in the use of condoms by African men. Many Africans do not believe that they are in danger from the epidemic because of the following misconceptions about the disease:

- HIV/AIDS is a Western contraception and a grand conspiracy;
- HIV/AIDS is a homosexual disease;
- HIV/AIDS is not as devastating as grinding poverty; and
- Death is preordained and nothing can change personal destiny.

Africa governments did not respond decisively during the early phases of the HIV epidemic. Many African countries laboring under harsh economic conditions and cultural conflicts with powerful conservatives did not want to spend precious national dollars on HIV infection. The constant threat of armed insurrections and wars kept many African governments busy in the expensive international arms market with precious little revenues left for combating the effects of HIV/AIDS. Finally, many African governments with undemocratic or autocratic claim to power did not have the moral authority to launch serious widespread national programs on HIV/AIDS. Many governments dutifully completed their National AIDS Plan and attended international conferences. However, only few countries such as Uganda, Tanzania, and Senegal launched any serious HIV grassroots effort at community levels.

In addition, many high risk African communities were slow to respond to the epidemic. These communities contend with powerful cultural practices that in-

hibit effective community response to the pandemic. These practices include gender inequities, taboos on open discussion about sex, and belief on preordained destiny in life. Most African communities also lack the technical or fiscal resources needed to prevent or contain the epidemic.

The Africa-based non governmental organizations (NGOs) are also struggling with HIV/AIDS question. The NGOs lack technical, fiscal, and fund-raising skills. They also suffer from political interference and intimidation in some countries.

Developing and Implementing Effective Global Response

The situation in Africa is so grave that thoughts of futility cannot be dismissed. However, for Africa to escape the clutches of HIV/AIDS, the international community must act decisively and quickly to coordinate a global response against the disease. This global response must resemble a war operation since more people die of AIDS in Africa than from bullets and machete. The coalition against Bosnia assembled quickly and Western democracies reportedly spent between \$10 and \$15 billion to prosecute the Bosnia war. If there is the will, the struggle to contain HIV/AIDS in Africa will succeed.

Strategic Principles for Global Coalition

To mobilize the proposed coalition on HIV/AIDS in Africa, it is important to state three strategic principles that should guide these efforts:

- The global community must commit to end any form of dichotomy on the use of proven antiretroviral therapies between industrialized countries and developing ones (no individual or family should be denied proven therapy because of geographical location or socio economic status);
- The public, private, and civil societies in Africa should partici-

pate as equal partners in this process; and

- HIV/AIDS should be treated as a development emergency that will benefit from immediate investments in health care, education, economic reforms, legal reforms, and social justice.

Operational Principles

The African continent will benefit from a global effort that:

- Promotes the primary prevention of HIV infection;
- Enhances secondary prevention among those already infected; and
- Provides social and economic relief to families and communities affected by HIV/AIDS.

This global effort should build on the current public/private sector initiatives of UNAIDS, the World Bank, the governments and organized private sector of industrialized nations, global professional organizations, and Africans in the diaspora. The global effort should not be dominated by any bureaucracy, should focus on key strategic and operation principles, must develop a sustainability plan for target communities, and must deliberately involve the civil society with grassroots credentials in African countries.

Primary Prevention of AIDS in Africa

Primary prevention represents the systematic attempt to prevent the initial infection of any African. Primary prevention initiatives should include the following actions:

- Enforcing the human rights of children against coerced sex, rape, physical and sexual violence, and forced conscription into wars in all African countries;



- Ensuring that children have rights to shelter, education, health care, and public safety;
 - Protecting female teenagers from sexual predation by adults, especially by relatives, family friends and teachers;
 - Ending gender inequities;
 - Promoting abstinence in HIV prevention;
 - Involving parents, organization and community-based organizations in the design, implementation, monitoring, and evaluation of primary prevention programs;
 - Using the media to promote healthy behavior and risk reduction activities;
 - Winning the war on HIV vaccine; and
 - Mobilizing citizens and young people ending poverty in Africa since the epidemic thrives in poverty-ridden environments.
- All patients who have advanced or symptomatic HIV disease should receive aggressive anti-retroviral therapy;
 - The initiation of therapy in an asymptomatic person is more complex and involves consideration of multiple virologic, immunologic, and psychosocial factors. In general, persons with less than 500 CD4+ T cells per mm should be offered therapy.;
 - Persons who have greater than 500 CD4+ T cells per mm can be observed or offered therapy;
 - Once the decision to initiate anti-retroviral therapy has been made, treatment should be aggressive with the goal of maximal viral suppression; and
 - In general, a protease inhibitor and two non-nucleoside reverse transcriptase inhibitors should be used initially. Other regimens may be utilized but are considered less than optimal.

The guideline is clear on what should be offered a known HIV/AIDS client. Any global effort to contain HIV/AIDS in Africa should reflect the letter and spirit of the CDC guideline, at least until local studies prove otherwise. The provision of AZT to HIV positive pregnant women is another major plank of an aggressive secondary prevention of the infection.

A strong secondary prevention program must have a comprehensive surveillance component to monitor both the clinical progress and risk reduction activities of infected individuals. The role of NGOs and community-based organizations are crucial in any serious effort to provide support to Africans living with HIV/AIDS because of limited funds available to government institutions.

Role of African Governments and Civil Society

Africans must take charge of local and community efforts to contain the spread of HIV infection. It is the ultimate responsibility of African governments to provide leadership in the global effort on HIV/AIDS in Africa. Civil societies in Africa and families that live in high risk communities should work closely with local, state, and national governments in Africa to articulate population-based HIV policies. The civil societies must hold Africa governments to high standards of accountability on the management of HIV programs.

On a happy note, some African governments are currently responding to the challenge as shown by the various meetings, continental resolutions, presidential statements, and community mobilizations. The continental resolutions include the Dakar Declaration (UNDP 1994) on an African network on ethics, law, and HIV and the Abidjan Declaration (UNDP 1997) on the leadership roles of African mayors and municipal leaders in mobilizing their communities against STDs and AIDS. However, at this time, African governments must move from rhetoric to concrete action. These steps may include:

- Increasing their expenditure on health care (Africa spent about 2.9% of its gross domestic product on health care in the period 1990-95 compared with 6.7% for Latin America and the Caribbean);
- The political leadership must speak out against the destructive effects of the epidemic;

Aggressive Secondary Prevention

The strategy here is very simple: control the viral load and opportunistic infections in all known HIV infected individuals by providing them with available drugs and take comprehensive steps to ensure that they do not infect other people. This approach is fraught with medical uncertainties as noted in the landmark 1998 *Centers for Disease Control and Prevention (CDC) Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*. The guideline carefully reviewed the pitfalls of aggressive antiretroviral therapy, and noted inconsistencies/gray areas. However, the guideline clearly underscored the following clinical regimen:



Declined w/ Maryamu

*Aminu
May 10*

May 7, 2000

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Colorado Supreme Court

Rev. Wyatt Tee Walker
Canadian Baptist Church

Amb. Terence Todman

Melvin P. Foote,
President & CEO

TO:

Sandy Thurman

FROM:

Ron Dellums
Chairman

Ron Dellums

RE:

AIDS in Africa and the DNC 2000 Platform:

The Constituency for Africa (CFA), is in the process of rolling out it's strategy to impact the platform of the Democratic Party, for the 2000 Presidential Campaign. We are proposing that "HIV/AIDS in Africa", be included as a plank in the Democratic Party's platform of issues.

I am writing to invite you to an important meeting of Africa-focused NGOs, African-American leaders, African Diplomats and other African experts, to discuss our proposal and to agree on a strategy to ensure this issue is included in the Democratic Party Platform this year. Our meeting will take place on Tuesday, May 16th, from 3 p.m. to 5 p.m., in the 8th Floor conference room at WorldSpace, at 2400 N Street, NW. Dr. Ron Walters from the University of Maryland, will serve as the moderator for this meeting.

Please confirm at your earliest opportunity with Ms. Maryamu Aminu, at CFA at (202) 371-0588 or by fax at (202) 371-9017.

In addition to the party platform strategy, we also want to share with you information on "Town Hall Meetings on Africa", which CFA is in the process of planning for both the Republican and Democratic National Conventions.

My friend, like never before in history, "It is time for Africa"! Hope you can join us for a most important meeting on May 16th.

2400 N Street, N.W. • Suite 510 • Washington, D.C. 20037

(202) 371-0588 • Fax (202) 371-9017

<http://www.cfanet.org>

E-mail: cfanet@cfanet.org

Constituency for Africa

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Washington DC 20037

<http://www.cfanet.org>

E-mail: cfanet@cfanet.org

To:

Sandy Thurman

From:

Me

Tel (202)371-0588

Fax (202)371-9017

Pages: ____, including this cover sheet

Date: _____

Full

FAX TRANSMISSION



March 14, 2000

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Rev. Wyatt Tee Walker
Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote
Executive Director

Hon. William Jefferson Clinton
President of the United States

Dear Mr. President:

Greetings and best wishes from our Chairman, the Honorable Ron Dellums.

I hope on your upcoming visit to India, that you will raise the issue of the HIV/AIDS pandemic as one of the highest priorities. While we are all stunned and shocked at the magnitude of the epidemic thus far in Africa, projections for India and the sub-Asian continent, are equally as dire.

The United States must set the example that will make the HIV/AIDS pandemic such a moral issue that the entire world will feel compelled to respond.

Best wishes for a safe and fruitful journey.

Sincerely,

Melvin P. Foote
President

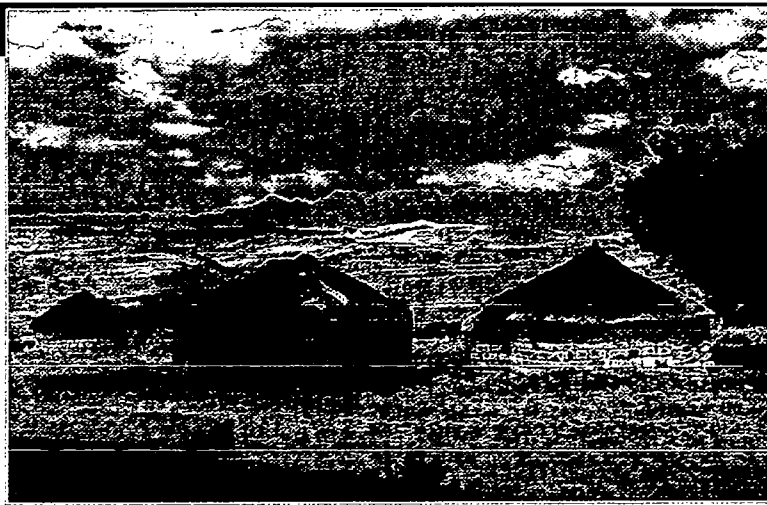
CONSTITUENCY FOR AFRICA

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CFA's President/CEO, **Melvin P. Foote**, is a seasoned Africanist who served many years in Africa. Since his return to the US in 1984, he has been at the forefront of efforts to secure a solid base of support for Africa in this country.



CONSTITUENCY FOR AFRICA

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www.cfanet.org

prepared with the assistance of
The World Against Racism Foundation
www.endracism.org

Constituency For Africa



"The United Nations has deemed
this epidemic the worst health
crisis since the Bubonic Plague."

-United Nations



AIDS Marshall Plan for Africa

The Hon. Ronald V. Dellums
Chairman of the Board of Directors

Melvin P. Foote
President/CEO

HIV/AIDS IN AFRICA. "ONE OF THE LARGEST HEALTH CRISES IN THE HISTORY OF THE WORLD"

A human tragedy of monumental proportions is underway in Africa, threatening the very survival of the continent. With just 10 percent of the world's population, Africa now accounts for almost 90 percent of the world's HIV/AIDS cases. To date, of the 14,000,000 individuals worldwide who have died from HIV/AIDS, 11,000,000 of those individuals were from African countries. Of the 33,400,000 individuals worldwide currently infected with the HIV/AIDS virus, 22,500,000 of those individuals live in Sub-Saharan Africa, according to the World Health Organization.

A recent White House report referred to the HIV/AIDS pandemic in Africa as "...one of the largest health crises in the history of the world." A United Nations document described the crisis as "...the worst infectious disease catastrophe since the bubonic plague." The statistics are daunting. Eighty-seven percent of the world's HIV-infected children live in Africa. To date, Africa is caring for 7.8 million AIDS-related orphans, a number expected to mushroom to 40 million within the next decade. These figures are all the more disturbing given Africa's status as a member of the "developing" world.

If Africa is to survive this nightmarish catastrophe, advocates and allies outside her borders must come to her aid. Please review the information outlined in this pamphlet and get involved and help. All of us can do our part and advocate on behalf of Africa, regardless of our station in life. Remember, what better advocates are there for Africa than those of us who share so many common bonds, dreams, and hopes for the future?



CFA AND THE AIDS MARSHALL PLAN FOR AFRICA

Led by former Congressman Ronald Dellums, the Constituency for Africa (CFA) is playing a major role in the effort to end the scourge of HIV/AIDS in Africa. Now serving as CFA's Chairman of the Board, Mr. Dellums has called for an AIDS Marshall Plan for Africa. Following his initiative, on August 5, 1999, Congresswoman Barbara Lee, Democrat, (9th District, California), and 43 co-sponsors in the U.S. House of Representatives introduced H.R. 2765, the "AIDS Marshall Plan Fund for Africa Act." The proposed legislation would establish a fund to create "a program to provide assistance for HIV/AIDS research, prevention, and treatment activities in Africa." It would include one billion dollars (fiscal years 2001 through 2005) which could be leveraged to raise additional funds from other sources including the G-7 Nations.

This legislation would help to establish the United States as a world leader in the fight against HIV/AIDS in Africa. It is critical that this bill be enacted into law; we must make it happen. Lobby your congressmen and congresswomen and urge them to approve this much-needed legislation. We must get involved now and we must be persistent. (See, "What You Can Do To Help.")

TIME IS RUNNING OUT

Considering the statistics above, it is obvious that Africa needs help. Women, men, children, and babies are dying each day by the hundreds, by the thousands. We cannot wait for the media and the public to focus on this crisis which, in reality, has aroused

little or no interest in this country. If Africa is going to survive, we must take responsibility, we must inform the public, and we must get the US Congress to act. We must lead the effort to save Africa for this generation and for those to come.

WHAT YOU CAN DO TO HELP

Follow the steps outlined below.

- **Join CFA and Support Our Mission.** Write a check today that will be used to fund groups working on this issue in the US and in Africa. Contact CFA's Clearinghouse for information and to arrange special town meetings with expert speakers and guests. CFA can provide organizational assistance throughout your project.
- **Contact Legislators.** Call your congresswoman and congressman. Lobby on behalf of H.R. 2765, the "AIDS Marshall Plan Fund for Africa."
- **Contact the Media.** Write letters to newspaper editors. Make calls to radio and television talk shows.
- **Educate and Advocate.** Get information and pass it on. Start in your community with social, religious, business, and other groups. Contact CFA and other experts and hold seminars, workshops, and town hall meetings.
- **Volunteer.** Seek out organizations, experts, and groups working on behalf of Africa. Get involved, donate funds, time, and energy.



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CONSTITUENCY FOR AFRICA



AIDS MARSHALL PLAN FOR AFRICA

The Hon. Ronald V. Dellums
Chairman of the Board of
Directors

Melvin P. Foote
Executive Director

***"AIDS in Africa is the worst
infectious disease catastrophe in
the history of modern medicine."***
- Vice President Al Gore

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Constituency for Africa

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Sandy Thurman

From:

Me

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Fax (202)371-9017

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Coalition for U.S. Policy to Conquer HIV/AIDS in Africa



Ronald V. Dellums
Convener

Dr. Ron Walters
Facilitator

Nathaniel Fields
Co-Facilitator

Melvin P. Foote
President, CFA
cfanet@cfanet.org

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Washington, DC 20037

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Kay (Karen) Hixson
Consultant
kayhixson@email.mn.com
310.410.9891
310.410.9877 (fax)



adopt a strong plank in support of a major effort to combat the global HIV/AIDS pandemic that is now devastating Africa.

The 2000 Democratic and Republican platforms are prime vehicles for focusing the nation and the world on combating HIV/AIDS in Africa. Their bold leadership can generate an enduring public policy on Africa and anchor a global strategy to address the HIV/AIDS pandemic. The United States is in a key position to make a real difference in the future of the continent.

It would be irresponsible to forego this opportunity to raise a red flag with a solution-oriented focus. Therefore, the **Coalition for U.S. Policy to Conquer HIV/AIDS in Africa**, has taken the initiative to call on each party to adopt a plank in their 2000 platform that recognizes the global HIV/AIDS pandemic and endorses an aggressive U.S. policy to defeat it, beginning in Africa. The Coalition is an alliance of Africa-focused organizations convened by former Congressman Ronald V. Dellums, Chair of CFA.

The HIV/AIDS crisis is the most threatening issue Africa faces. More than 6000 people die daily. In just a few years, there will be 40 million AIDS orphans. Governmental, educational and economic systems are crumbling as the African work force

*"The world has
become a
global
community.
Political
borders will
not contain
HIV/AIDS. It
can not be
discounted as
someone else's
problem."*

Ronald V. Dellums
Chair, CFA



Town Hall Meetings

U.S. Policy and Africa's Promise: The Global Challenge of HIV/AIDS

- 2000 Democratic National Convention, August 15, 2000, Los Angeles, CA
- 2000 Republican National Convention, Date pending, Philadelphia, PA

—from professionals to laborers—perishes from AIDS at an increasingly rapid rate. The HIV/AIDS pandemic can destroy the continent and engulf much of the world if we do not pursue an all out offensive. Africa is where we must draw the line in the sand if we are to curtail an impending global catastrophe.

ABOUT CFA

The Constituency for Africa began in 1990 when a group of concerned Africanists, interested citizens and Africa-focused organizations de-

veloped a strategy to build organized support for Africa in the United States. CFA was charged with educating the U.S. public about Africa and U.S. policy on Africa; mobilizing an activist constituency for Africa; and fostering cooperation among a broad-based coalition of American, African and international organizations, and individuals committed to the progress and empowerment of Africa and African people.

CFA's reputation is built on its Town Hall Meeting strategy. These fo-

rum have been held in 25 cities over the last five years, attracting nearly 10,000 participants, most of whom gathered materials to disseminate to their local organizations and colleagues. Business, trade, investment, human rights, culture, governance, media, democracy and the HIV/AIDS pandemic have been discussed and debated at these meetings.

CFA also founded and sponsors the annual Ronald H. Brown African Affairs Series held in conjunction with the Congressional Black Caucus Legislative Weekend each September. More than 1000 concerned individuals and organizational representatives attend each year to get information and build links to tackle African and American issues.

CFA is chaired by the Honorable Ronald V. Dellums, former Member of Congress and Chair of the Presidents Council on HIV/AIDS. CFA's president is long time Africanist Melvin Foote.

HIV/AIDS in Africa

- AIDS is now the leading cause of death for adults between 15 - 49.
- Most infected Africans do not know they have the disease.
- Life expectancy has been reduced by as much as 20 years.
- 95% of Africans infected with AIDS live in abject poverty.
- By finding the solution in Africa, the impending HIV/AIDS crises in Asia, Eastern Europe and India can be contained.

It's a war we can win. Education, prevention and treatment will stop the pandemic.



Town Hall Meetings

"U.S. Policy and Africa's Promise: The Global Challenge of HIV/AIDS"



at the
2000 Democratic and Republican National Conventions



Ronald V. Dellums
Chair

Malvin P. Foote
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Kay (Karen) Hixon
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310.410.9877 (fax)

**2000 Democratic National Convention Town Hall Meeting
August 15, 2000
Los Angeles, CA**

A UNIQUE WINDOW OF OPPORTUNITY: ACT ON BEHALF OF AFRICA

With the presidential election on the horizon, it is particularly important to have a forum in which the presidential candidates, key leaders, advocates and activists can engage in frank discussions on US policy on Africa. CFA, in partnership with other Africa-focused organizations, will facilitate this vital interaction by sponsoring custom-designed Town Hall Meetings at the 2000 Democratic and Republican National Conventions. The primary focus will be the global HIV/AIDS pandemic.

The 2000 Democratic and Republican Conventions are prime vehicles for focusing the nation and the world on combating HIV/AIDS in Africa. A strong presence of the Africa advocacy community along with a well defined strategy and a "road map for action" can generate an enduring US public policy on Africa and anchor a global strategy to address the HIV/AIDS pandemic. It would be irresponsible to forego this opportunity to raise a red flag with a solution-oriented focus. Therefore CFA and its

partners have stepped forward to present this opportunity to act.

As strong advocates for Africa, it is our duty to educate our public policy makers on the urgency of the HIV/AIDS pandemic and insist upon immediate and significant action.

WHY FOCUS ON HIV/AIDS?

The HIV/AIDS crises is the most threatening issue Africa faces. More than 6000 people die daily. In just a few years, there will be 40 million AIDS orphans. Governmental, educational and economic systems are crumbling as the African work force—from professionals to laborers—perishes from AIDS at an increasingly rapid rate. The HIV/AIDS pandemic can destroy the continent and engulf much of the world if we do not pursue an all out offensive. Africa is where we must draw the line in the sand if we are to curtail an impending global catastrophe.

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"The world has become a global community. Political borders will not contain HIV/AIDS. It can not be discounted as someone else's problem."

Ronald V. Dellums
Chair, CFA

HIV/AIDS in Africa

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CFA is chaired by the Honorable Ronald V. Dellums, former Member of Congress and Chair of the Presidents Council on HIV/AIDS. CFA's president is long time Africanist Melvin Foote.

TOWN HALL MEETINGS ENJOY WIDESPREAD SUPPORT

Supporters include (partial list): African Development Foundation ... African Diplomatic Corps ... Africare ... ARK Foundation of Africa ... Congressman James Clyburn, Chair,

Congressional Black Caucus ... DC-Dakar/US Africa Sister Cities ... Ford Foundation ... Congresswoman Barbara Lee, Africa Subcommittee ... NAACP ...

Sponsors include (partial list): Barden Corporation International ... Bristol-Meyar Squibb ... Chevron ... Chrysler Corporation ... Coca-Cola ... Ford Motor Company ... Healthcare International Management Company ... and WorldSpace, Inc.

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- The Honorable Gregory Scott
- Reverend Wyatt Tee Walker,
Canaan Baptist Church of Christ
- Michael Brown, The Ronald H. Brown Foundation
- Ambassador Herman Cohen,
Cohen and Woods International
- C. Payne Lucas, Africare
- Dr. Dorothy Height, National Council of Negro Women
- Noah Samara, WorldSpace, Inc.
- Ambassador Terence Todman

CFA is a 501 (c)3 nonprofit corporation.



CFA Board of Directors:

June 5th, 2000

Hon. Ronald Dellums,
Chair
*Healthcare International
Management Company*

MEMORANDUM

Hon. Jack Kemp,
Vice-Chair
Empower America

**TO: ALL INDIVIDUALS, GROUPS, ORGANIZATIONS AND
COMMUNITIES CONCERNED ABOUT AFRICA**

Hon. David N. Dinkins,
Chairman Emeritus
Columbia University

FROM: RONALD V. DELLUMS, *son*
CHAIRMAN OF THE BOARD

Amb. Andrew Young,
Chairman Emeritus
GoodWorks International

**RE: CONSTITUENCY FOR AFRICA'S "CALL TO ACTION" FOR AN
AFRICA PLANK IN THE DNC AND RNC 2000 PLATFORMS**

Judith Aidoo
The Aidoo Group

Don Barden
The Barden Companies

Noah Samara
WorldSpace, Inc.

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Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote,
President & CEO

I write you today as Americans with Africa's true interest at heart. The Constituency for Africa's 'Coalition for U.S Policy to Conquer HIV/AIDS in Africa' has drafted an "Africa Plank" for consideration in the Republican and Democratic Party Platforms for the 2000 elections. The Plank's main focus is America's commitment to combating the HIV/AIDS pandemic in Africa, but it will also reflect America's concern for other critical issues facing Africa today. We are seeking the support of all Americans for the Africa Plank as follows:

Because America values democracy, free trade and civil stability, the HIV/AIDS crisis has become a national security issue. The United States should work towards the eradication of HIV/AIDS in Africa.

There is an urgent need to arrest the current HIV/AIDS pandemic in Africa, where:

- **Two thirds of the world's HIV/AIDS cases are located;**
- **More than 11 million people have died;**
- **22 million adults are now infected;**
- **The percentage of the population infected with HIV/AIDS is as high as 26% in some countries;**
- **Almost 6,000 people die each day and where the life expectancy rate will drop by as much as 20 years in the most affected country by 2010;**
- **The HIV/AIDS Holocaust has left behind more than 13 million orphans;**
- **9 out of 10 of the world's HIV/AIDS orphans live in Africa.**

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Therefore, it is a moral imperative that we increase funding for education, prevention, research and treatment.

More than ever before, Africa needs its "Marshall Plan" now.

Over the next two months, the Democratic and Republican Parties will be holding hearings across America to determine which issues will be selected to make up their Presidential Platforms. The Coalition is making the utmost effort to impact on both Platforms with the Africa Plank by convening Town Hall Meetings on Africa at the Republican and Democratic National Conventions and contacting their delegates before hand. But ultimately, the determining factor for whether Africa, or indeed any other issue is considered and selected for the Platform is the volume and persistence of voices supporting that issue across America.

"CALL TO ACTION"

With only two months to go before the announcement of the Democratic and Republican Parties' Platforms, time is of the essence. CFA urges you to:

- join our Coalition for U.S Policy to Conquer HIV/AIDS in Africa.
- adopt HIV/AIDS in Africa as your political concern in the 2000 Presidential elections.
- publicize and advocate for the Africa Plank at any political, social, religious, occupational etc, organization to which you belong.
- support the Africa Plank personally and politically through your vote and your organization's outreach measures.
- Contact your political representatives in the State and Federal Houses of Representatives and Senates, and your state delegates from both parties to their National Conventions and demand the inclusion of the Africa Plank in their Party's platform.
- adopt whatever strategies and tactics that have proven to be effective to meeting your organization's goals in the past to push this effort forward.
- exploit all resources whether human, organizational, financial, political or otherwise available to your organization in order to push the Africa Plank forward.
- make all the necessary moves, exploit all your connections and use all the leverage systems available to you in order to get Africa onto the political agenda of the Republican and Democratic Parties for the 2000 Elections.



**CFA/2000 Democratic National Convention
Town Hall Meeting
"Expression of Interest"**

PLEASE PRINT CLEARLY

Organization name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____ Other point of contact: _____

Contact Name: _____ Title: _____

- ☐ Yes, you can list my organization as a supporter/endorser of the CFA/DNC Town Hall Meeting. My organization's name should appear as shown below.

(print clearly) _____

Signature: _____ Date: _____

- ☐ I would like to discuss CFA/DNC Town Hall Meeting partnership opportunities. Please contact me.

For additional information, contact:

Constituency for Africa	202.371.0588
Karen (Kay) Hixson & Associates	310.410.9891

PLEASE COMPLETE AND FAX THIS FORM TO CFA. 202.371.9017

Co s t u e c y o A r c a

O-CFA

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Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote
Executive Director

September 22nd, 2000

Vice-President Al Gore
Democratic National Campaign
2410 Charlotte Avenue
Nashville, TN 37203

Dear Vice President Gore;

**Talking Points on the HIV/AIDS Pandemic in Africa for the Upcoming
Presidential Debates**

I am writing to you as the Chairman of the Constituency for Africa and the 'Coalition for U.S Policy to Conquer HIV/AIDS in Africa', to express our pleasure in the inclusion of the 'Africa Plank' in the Democratic Party's platform for the 2000 Presidential Elections. We appreciate the courage and leadership that you have shown in highlighting this issue at the United Nations this past January, and reinforcing your commitment to the issue with executive action.

Following up on our efforts to marshal support for the 'Africa Plank', we would like to continue to seek your support and that of leading Democrats for a positive American policy with respect to the HIV/AIDS pandemic in Africa. We urge you to continue to address the HIV/AIDS pandemic in Africa in the context of this election season. The upcoming presidential debates between yourself and Governor George W. Bush present an excellent opportunity to bring the HIV/AIDS pandemic in Africa to the fore of American policy agenda.

TALKING POINTS

It is important and urgent that the HIV/AIDS pandemic in Africa be addressed in the presidential debates for the following reasons:

The Dimensions of the Disease

Although Africa represents only 10% of the global population, the continent accounts for more than 70% of all HIV/AIDS cases, 90% of all HIV/AIDS-related deaths, and

95% of all orphans created by the disease. To date, an estimated 11 million Africans have died from the disease and at least 25 million Africans are living with HIV. Some African states have more than a 20% prevalence rate of HIV/AIDS, and life expectancy has been lowered by up to 20 years. Worldwide, 23 million people have died from HIV/AIDS and 34 million are currently infected or suffering from the disease. These figures show HIV/AIDS to be a threat to the entire global human family. It has only manifested itself most dramatically and profoundly in Africa. It is therefore not only a moral imperative but a matter of mutual self-interest and self-preservation that we address the HIV/AIDS pandemic in Africa.

The Global Consequences of Ignoring the HIV/AIDS Pandemic in Africa

HIV/AIDS does not respect age, race, or borders. We now live in a global village where interdependence means increased movement of populations and individuals within and between countries and therefore mutual vulnerability to a wide variety of threats, of which diseases are very prominent part. If HIV/AIDS is not addressed in Africa, it will have consequences within U.S. borders and the world at large. Africa is only the current epicenter of the disease. Without a committed and sustained effort to combat it, the epicenter could move to India, Asia, Eastern Europe, China and Central America, from where alarming statistics are beginning to emerge. It is fair to say that nobody is safe until everyone is safe.

The Threat to U.S. National Security

HIV/AIDS cuts people down in the youth and prime of their lives, thereby:

- a) destroying the fabric of the family life by taking the lives of the parents and creating orphans, leaving them in the care of elderly grandparents, and very uncertain futures. Quite often these largely under-aged children are forced to drop out of school to work and care for siblings, making them vulnerable to all kinds of societal abuse.
- b) affecting the infrastructure and economies and reducing the productivity of states in Africa. For example, the GNP of Tanzania is expected to drop by up to 20% in the next few years as a direct result of HIV/AIDS, killing of large percentages of its teachers, doctors, nurses, civil servants, armies and people in the private sector. In that context, American business investments and relationships are threatened by HIV/AIDS.

The HIV/AIDS pandemic should be viewed as an early-warning signal of the domestic threat to America in the future. In the U.S., 400,000 people have died and another 700,000-900,000 people are currently living with HIV/AIDS. Furthermore, while minority racial and ethnic groups account for only 25% of the U.S. population, they account for more than 50% of all AIDS cases, especially the women, whom represent the fastest growing segment of the infected population in this country. Also, 42% of all new infections are African American and 28% are Latino communities. These alarming figures also have the potential to create political tensions in the U.S. over concerns as to why minorities are more vulnerable to the devastating effects of the disease in America's population.

It is therefore also fair to say that because HIV/AIDS is a threat to American core values of health and well-being, family life, free trade, democracy and political stability, and to our African friends and allies, it is a threat to America's national security. Like every other threat to our national security, immediate action to combat it is required.

A Holistic Approach to Addressing the HIV/AIDS Pandemic

Medication and small grants will not solve the HIV/AIDS pandemic in Africa. It is necessary to have the right infrastructure in place to enable the various healthcare delivery systems to provide relief to sufferers as well as enable programs of prevention, treatment and research to combat the disease. This will require education and training for Africans, technology transfer and technical assistance to Africa. Most important of all, debt relief is essential for African countries which are spending up to 35% of their GNP on debt servicing, to enable their governments to use these resources to effectively fund and implement programs to combat HIV/AIDS. In effect, the infrastructure needed to effectively address the magnitude of the HIV/AIDS pandemic will also serve to develop Africa and enable the continent to take its rightful place in this new era of globalization.

It is from this perspective that the 'Coalition to conquer HIV/AIDS in Africa' formulated the 'Africa Plank' as follows:

Because America values democracy, free trade and civil stability, the HIV/AIDS crisis has become a national security issue. The United States should work towards the eradication of HIV/AIDS in Africa.

There is an urgent need to arrest the current HIV/AIDS pandemic in Africa, where:

- Two thirds of the world's HIV/AIDS cases are located;
- More than 11 million people have died;
- 22 million adults are now infected;
- The percentage of the population infected with HIV/AIDS is as high as 26% in some countries;
- Almost 6,000 people die each day and where the life expectancy rate will drop by as much as 20 years in the most affected country by 2010;
- The HIV/AIDS Holocaust has left behind more than 13 million orphans;
- 9 out of 10 of the world's HIV/AIDS orphans live in Africa.

Therefore, it is a moral imperative that we increase funding for education, prevention, research and treatment.

More than ever before, Africa needs its "Marshall Plan" now.

The war against HIV/AIDS is one that we can all win, but we must take immediate and urgent action **NOW**. Africa is where we must draw the line in the sand. The U.S. must assume the leadership role in the global and sustained strategy required to combat the HIV/AIDS pandemic threatening the global human family. Once again, Vice President Gore, we commend your courage

and your efforts to combat this disease affecting all of humankind. We also urge you and the Democratic Party to include this urgent and compelling issue in the upcoming October 2000 presidential debates, and to continue this dialogue beyond the 2000 Elections.

Yours sincerely,



Ronald V. Dellums
Chairman

cc: Senator Joe Lieberman
Hon. James Clyburn (Chairman, Congressional Black Caucus)
Hon. Barabara Lee
Hon. Leon Fuerth
Hon. Bill Daley
Reverend Jesse Jackson
Hon. Kweisi Mfume
Ms. Donna Brazile

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Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote
Executive Director

Dear Governor Bush;

Talking Points on the HIV/AIDS Pandemic in Africa for the Upcoming Presidential Debates

I am writing to you as the Chairman of the Constituency for Africa and the 'Coalition for U.S Policy to Conquer HIV/AIDS in Africa', in the hope that you will address the issue of the HIV/AIDS pandemic in Africa in the context of this election season.

Following up on our efforts to get an 'Africa Plank' in the Republican Party's presidential platform, we would like to continue to seek your support and that of leading Republicans for a positive American policy with respect to the HIV/AIDS pandemic in Africa. We urge you to address this important issue and would like to learn more about the Party's perspective on the matter. We feel that the upcoming presidential debates between yourself and Vice-President Al Gore present an excellent opportunity to bring the HIV/AIDS pandemic in Africa to the fore of American policy agenda.

TALKING POINTS

It is important and urgent that the HIV/AIDS pandemic in Africa be addressed in the presidential debates for the following reasons:

The Dimensions of the Disease

Although Africa represents only 10% of the global population, the continent accounts for more than 70% of all HIV/AIDS cases, 90% of all HIV/AIDS-related deaths, and 95% of all orphans created by the disease. To date, an estimated 11 million Africans have died from the disease and at least 25 million Africans are living with HIV.

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The Global Consequences of Ignoring the HIV/AIDS Pandemic in Africa

HIV/AIDS does not respect age, race, or borders. We now live in a global village where interdependence means increased movement of populations and individuals within and between countries and therefore mutual vulnerability to a wide variety of threats, of which diseases are very prominent part. If HIV/AIDS is not addressed in Africa, it will have consequences within U.S. borders and the world at large. Africa is only the current epicenter of the disease. Without a committed and sustained effort to combat it, the epicenter could move to India, Asia, Eastern Europe, China and Central America, from where alarming statistics are beginning to emerge. It is fair to say that nobody is safe until everyone is safe.

The Threat to U.S. National Security

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b) affecting the infrastructure and economies and reducing the productivity of states in Africa. For example, the GNP of Tanzania is expected to drop by up to 20% in the next few years as a direct result of HIV/AIDS, killing of large percentages of its teachers, doctors, nurses, civil servants, armies and people in the private sector. In that context, American business investments and relationships are threatened by HIV/AIDS.

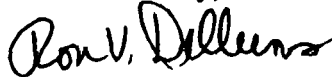
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A Holistic Approach to Addressing the HIV/AIDS Pandemic

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The war against HIV/AIDS is one that we can all win, but we must take immediate and urgent action **NOW**. Africa is where we must draw the line in the sand. The U.S. must assume the leadership role in the global and sustained strategy required to combat the HIV/AIDS pandemic threatening the global human family. Governor Bush, we strongly urge the Republican Party to address this urgent and compelling issue in the upcoming October 2000 presidential debates, and continue this dialogue beyond the 2000 Elections.

Yours sincerely,



Ronald V. Dellums
Chairman

cc: Hon. Richard Cheney
Gen. Colin Powell (Rtd)
Hon. Condoleezza Rice
Hon. Jack Kemp
Hon. Bill Bennett
Hon. Jesse Helms
Hon. Trent Lott
Hon. James Leach
Hon. Ed Royce
Hon. J.C. Watts



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Rev. Wyatt Tee Walker
Canaan Baptist Church

Amb. Terence Todman

Melvin P. Foote,
President & CEO

DRAFT OF QUESTIONS
FOR

OCTOBER 2000 PRESIDENTIAL DEBATES

- #1. Do you agree that the HIV/AIDS pandemic in Africa is a threat to U.S. national security?
- #2. What level of commitment and resources would your administration invest in combating the HIV/AIDS pandemic in Africa?
- #3. Should addressing the HIV/AIDS pandemic in Africa be a priority for U.S. foreign policy?
- #4. Should America lead a global effort to combat the HIV/AIDS pandemic in Africa?
- #5. Do you feel that debt forgiveness and a comprehensive development approach are necessary components of a U.S.-led global effort to combat the HIV/AIDS pandemic in Africa?
- #6. Would you agree that without debt forgiveness African governments cannot effectively participate in a global partnership to conquer the HIV/AIDS pandemic on the continent?

Constituency for Africa

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Sandy Thurman

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Melvin P. Foote,
President & CEO

An overview of the 2000 Ronald H. Brown African Affairs Series' events follows:

PRESS BREAKFAST - *"Moving Towards Peace and Reconciliation: Strategies for African Nations in the New Millennium"*. CFA, in collaboration with The Freedom Forum and the African Correspondents Association, held groundbreaking discussions with Africa-focused journalists on their challenges and successes in reporting on such sensitive issues as Land Reform, Debt Relief and Border Conflicts.

SCIENCE AND TECHNOLOGY TRANSFER FORUM - *"The Potential for American Technology to Impact on Trade, Investment and Development in Sub-Saharan Africa"*. This forum, jointly sponsored by CFA, Rainbow/PUSH Coalition, and Southall Walker International, was comprised of business and technology-based organizations to explore the prospects for promoting greater technology transfer to the continent of Africa. Subject matter experts in a variety of innovative technology enterprises gathered to interact with representatives of the U.S. government and members of the African Diplomatic Corps and the Congressional Black Caucus.

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HIV/AIDS ADVOCACY ROUNDTABLE - *"Reconciling the Agendas for Combating the Domestic Epidemic of HIV/AIDS in the United States and the International Pandemic of HIV/AIDS in Africa"*. Under the dynamic leadership of its Chairman, the Hon. Ronald V. Dellums, CFA has emerged as a lead agent in the campaign to build U.S. support for efforts to combat the HIV/AIDS pandemic in Africa. This high-level exchange featured insights from medical health practitioners and key leaders in the field as they discussed the possibilities of reconciling the African and American agendas for combating the HIV/AIDS crises.

DOING BUSINESS IN AFRICA FORUM - *"U.S.-African Economic Partnership for Small Business: A Mandate for Trade and Investment"*. Building upon the recent passage of the Africa Growth and Opportunity Act (AGOA), this event was held with the aim of equipping the American small and minority business community with relevant information to propel them into active involvement in trade and investment opportunities within the African market. CFA and the U.S. Small Business Administration (SBA) jointly sponsored this timely discussion.

ANNUAL FOREIGN AFFAIRS BRAINTRUST FORUM - *"U.S. Policy Towards Africa - From Rhetoric to Remedy: Mission Possible"*. CFA, in cooperation with Congressman Donald M. Payne (D-NJ) and the House International Relations Committee, conducted this event in which Dr. Susan Rice was the keynote speaker and the Hon. Ibrahim Gambari and Ambassador Andy Young were among the featured guests. Members of the African Diplomatic Corps, representatives from various non-governmental organizations and other government agencies and members of the Congressional Black Caucus also participated. With the forum's widely publicized aim of providing an honest and unbiased analysis and review of the problems and challenges facing Africa, it continually succeeds at attracting a large audience.

CFA'S ANNUAL "CONSTITUENT OF THE YEAR" AWARDS LUNCHEON - Immediately following the Foreign Affairs Braintrust, CFA hosted its annual luncheon which drew members of Congress, African diplomats, high-ranking government officials, corporate leaders and leaders of Africa-focused non-governmental organizations. The award seeks to recognize individuals and groups whom have made extraordinary contributions and efforts in support of Africa. The recipients of this year's awards were President William Jefferson Clinton and Congresswoman Maxine Waters (D-CA).

CFA's overall goal with the Ronald H. Brown African Affairs Series 2000 was to provide firsthand information, insights and interaction for its constituency on critical issues and concerns affecting the Continent of Africa. CFA is a not-for-profit advocacy organization whose overall mission is to mobilize and foster increased cooperation and coordination among a broad-based coalition of American, African and international organizations, institutions, and individuals committed to the progress and empowerment of Africa and African peoples. For more information on the Annual Ronald H. Brown African Affairs Series contact CFA at Tel: (202) 371-0588; Fax: (202) 371-9017; or E-mail: cfanet@cfanet.org.



CONSTITUENCY FOR AFRICA

PRESS RELEASE

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Melvin P. Foote,
President & CEO

CONSTITUENCY FOR AFRICA HOST RONALD H. BROWN AFRICAN AFFAIRS SERIES "CONSTITUENT OF THE YEAR" AWARD LUNCHEON

September 25, 2000. The Constituency for Africa (CFA) closed out its highly successful annual Ronald H. Brown African Affairs Series during the 30th Annual Congressional Black Caucus (CBC) Legislative Conference in Washington, D.C. with its prestigious "Constituent of the Year" Award on September 15, 2000. CFA's award luncheon drew members of Congress, African diplomats, high-ranking government officials, corporate leaders and leaders of Africa-focused non-governmental organizations (NGOs). The award seeks to recognize individuals and groups whom have made extraordinary contributions and efforts in support of Africa. The recipients of this year's awards were President William Jefferson Clinton and Congresswoman Maxine Waters (D-CA).

CFA honored President William Jefferson Clinton with its "Africa Legacy Award". He was recognized for his foreign policy that leaves us with a proud legacy of unprecedented focus on sub-Saharan Africa. No other U.S. President has ever mobilized the combined resources of the American government to reshape U.S.-Africa relations as he has accomplished during his tenure in office. As a result of his visionary leadership, many sub-Saharan African nations are recognizing that economic, social and political reform can alleviate poverty, generate economic growth, and create a more stable and prosperous future for their citizens.

Significant achievements in the Clinton Administration's efforts to strengthen economic relations with Africa included the late Secretary of Commerce Ron Brown's historic trip to South Africa in 1993 and the subsequent establishment of an Africa Trade and Investment Policy in 1998. President Clinton improved upon these bold initiatives with his own historic visits to Africa in 1997 and 2000. Most importantly, the successful passage of the African Growth and Opportunity Act (AGOA) in 2000 and the establishment of the Africa Economic Partnership Initiative provided President Clinton with an enhanced ability to implement strategic trade alliances with several African nations.

As President Clinton's Administration finally draws to a close, he leaves us with the knowledge that the United States will continue to build upon his trailblazing U.S.-Africa policies, which will continue to be felt long after he has left public office.

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CFA is extremely proud to award President Clinton with the first "Africa Legacy" Award and congratulates him on not only doing a fantastic job of bringing Africa's social, economic and political issues and concerns to the forefront of U.S. foreign policy initiatives, but especially because of his continued effort to expand upon his personal belief and commitment to the people of Africa. He shall always be remembered for his bold decision to reach out to African leaders in a gesture of sincere compassion and hope for the future of American and African partnerships. This is his legacy for Africa's future.

CFA also honored Congresswoman Maxine Waters (D-CA) with its "Trailblazer Award" at the luncheon. She was cited for her well-deserved reputation as one of the most influential and powerful women in American politics today. She has also gained the respect of many of her colleagues as a fearless and outspoken advocate for women, children, people of color and poor people. In 1997-1998, Congresswoman Waters served a two-year term as the Chairperson of the 39-member Congressional Black Caucus (CBC). In this capacity, she formulated a comprehensive "Agenda for Black America" – an agenda for justice, equality and fairness – which successfully outlined the CBC's legislative and programmatic priorities.

CFA Chairman, the Honorable Ronald V. Dellums stated that Congresswoman Waters was also a pioneer in raising the visibility of the CBC's call for action concerning the HIV/AIDS epidemic affecting African-Americans. He also praised her victorious efforts to win passage of a momentous Debt Relief Amendment to the Foreign Operations Appropriations legislation for fiscal year 2001. Her relentless actions proved instrumental in obtaining increased funding for debt relief appropriations by \$155.6 million in order to fully fund the Clinton Administration's request of \$225 million for debt relief for the world's poorest countries. Both of these noteworthy actions serve to further validate her selection by CFA as a true champion of the poorest and most vulnerable members of the global community.

The Constituency for Africa began in 1990 when a group of concerned Africanists, interested American citizens, and Africa-focused organizations developed a strategy to build organized support for Africa in the United States. CFA was charged with educating the U.S. public about Africa and U.S. policy on Africa; mobilizing an activist constituency for Africa; and fostering cooperation among a broad-based coalition of American, African and international organizations, institutions, and individuals committed to the progress and empowerment of Africa and African peoples. CFA's reputation is built on its Town Hall Meeting (THM) strategy. These forums have been held in thirty cities over the past five years, attracting nearly 12,000 participants who gather materials to disseminate to their local organizations and colleagues. Business, trade, investment, human rights, culture, governance, media, democracy, the HIV/AIDS pandemic have been discussed and debated at these meetings.

CFA's overall goal with its "Constituent of the Year" Award program is to acknowledge the achievements and accomplishments of exemplary individuals or organizations on behalf of African and African people. Previous awards have gone to Ronald H. Brown posthumously; Congress members Phil Crane, Charles Rangel, Jim McDermott and Barbara Lee; and Bristol Meyers Squibb. For more information on the Ronald H. Brown African Affairs Series or the "Constituent of the Year" Award contact CFA at Tel: (202) 371-0588; Fax: (202) 371-9017; and E-mail: cfanet@cfanet.org.

Constituency for Africa

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Melvin P. Foote,
President & CEO

DRAFT OF QUESTIONS
FOR
OCTOBER 2000 PRESIDENTIAL DEBATES

- #1. Do you agree that the HIV/AIDS pandemic in Africa is a threat to U.S. national security?
- #2. What level of commitment and resources would your administration invest in combating the HIV/AIDS pandemic in Africa?
- #3. Should addressing the HIV/AIDS pandemic in Africa be a priority for U.S. foreign policy?
- #4. Should America lead a global effort to combat the HIV/AIDS pandemic in Africa?
- #5. Do you feel that debt forgiveness and a comprehensive development approach are necessary components of a U.S.-led global effort to combat the HIV/AIDS pandemic in Africa?
- #6. Would you agree that without debt forgiveness African governments cannot effectively participate in a global partnership to conquer the HIV/AIDS pandemic on the continent?

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Amb. Terence Todman

Melvin P. Foote
Executive Director

September 22nd, 2000

Vice-President Al Gore
Democratic National Campaign
2410 Charlotte Avenue
Nashville, TN 37203

Dear Vice President Gore;

**Talking Points on the HIV/AIDS Pandemic in Africa for the Upcoming
Presidential Debates**

I am writing to you as the Chairman of the Constituency for Africa and the 'Coalition for U.S Policy to Conquer HIV/AIDS in Africa', to express our pleasure in the inclusion of the 'Africa Plank' in the Democratic Party's platform for the 2000 Presidential Elections. We appreciate the courage and leadership that you have shown in highlighting this issue at the United Nations this past January, and reinforcing your commitment to the issue with executive action.

Following up on our efforts to marshal support for the 'Africa Plank', we would like to continue to seek your support and that of leading Democrats for a positive American policy with respect to the HIV/AIDS pandemic in Africa. We urge you to continue to address the HIV/AIDS pandemic in Africa in the context of this election season. The upcoming presidential debates between yourself and Governor George W. Bush present an excellent opportunity to bring the HIV/AIDS pandemic in Africa to the fore of American policy agenda.

TALKING POINTS

It is important and urgent that the HIV/AIDS pandemic in Africa be addressed in the presidential debates for the following reasons:

The Dimensions of the Disease

Although Africa represents only 10% of the global population, the continent accounts for more than 70% of all HIV/AIDS cases, 90% of all HIV/AIDS-related deaths, and

95% of all orphans created by the disease. To date, an estimated 11 million Africans have died from the disease and at least 25 million Africans are living with HIV. Some African states have more than a 20% prevalence rate of HIV/AIDS, and life expectancy has been lowered by up to 20 years. Worldwide, 23 million people have died from HIV/AIDS and 34 million are currently infected or suffering from the disease. These figures show HIV/AIDS to be a threat to the entire global human family. It has only manifested itself most dramatically and profoundly in Africa. It is therefore not only a moral imperative but a matter of mutual self-interest and self-preservation that we address the HIV/AIDS pandemic in Africa.

The Global Consequences of Ignoring the HIV/AIDS Pandemic in Africa

HIV/AIDS does not respect age, race, or borders. We now live in a global village where interdependence means increased movement of populations and individuals within and between countries and therefore mutual vulnerability to a wide variety of threats, of which diseases are very prominent part. If HIV/AIDS is not addressed in Africa, it will have consequences within U.S. borders and the world at large. Africa is only the current epicenter of the disease. Without a committed and sustained effort to combat it, the epicenter could move to India, Asia, Eastern Europe, China and Central America, from where alarming statistics are beginning to emerge. It is fair to say that nobody is safe until everyone is safe.

The Threat to U.S. National Security

HIV/AIDS cuts people down in the youth and prime of their lives, thereby:

- a) destroying the fabric of the family life by taking the lives of the parents and creating orphans, leaving them in the care of elderly grandparents, and very uncertain futures. Quite often these largely under-aged children are forced to drop out of school to work and care for siblings, making them vulnerable to all kinds of societal abuse.
- b) affecting the infrastructure and economies and reducing the productivity of states in Africa. For example, the GNP of Tanzania is expected to drop by up to 20% in the next few years as a direct result of HIV/AIDS, killing of large percentages of its teachers, doctors, nurses, civil servants, armies and people in the private sector. In that context, American business investments and relationships are threatened by HIV/AIDS.

The HIV/AIDS pandemic should be viewed as an early-warning signal of the domestic threat to America in the future. In the U.S., 400,000 people have died and another 700,000-900,000 people are currently living with HIV/AIDS. Furthermore, while minority racial and ethnic groups account for only 25% of the U.S. population, they account for more than 50% of all AIDS cases, especially the women, whom represent the fastest growing segment of the infected population in this country. Also, 42% of all new infections are African American and 28% are Latino communities. These alarming figures also have the potential to create political tensions in the U.S. over concerns as to why minorities are more vulnerable to the devastating effects of the disease in America's population.

It is therefore also fair to say that because HIV/AIDS is a threat to American core values of health and well-being, family life, free trade, democracy and political stability, and to our African friends and allies, it is a threat to America's national security. Like every other threat to our national security, immediate action to combat it is required.

A Holistic Approach to Addressing the HIV/AIDS Pandemic

Medication and small grants will not solve the HIV/AIDS pandemic in Africa. It is necessary to have the right infrastructure in place to enable the various healthcare delivery systems to provide relief to sufferers as well as enable programs of prevention, treatment and research to combat the disease. This will require education and training for Africans, technology transfer and technical assistance to Africa. Most important of all, debt relief is essential for African countries which are spending up to 35% of their GNP on debt servicing, to enable their governments to use these resources to effectively fund and implement programs to combat HIV/AIDS. In effect, the infrastructure needed to effectively address the magnitude of the HIV/AIDS pandemic will also serve to develop Africa and enable the continent to take its rightful place in this new era of globalization.

It is from this perspective that the 'Coalition to conquer HIV/AIDS in Africa' formulated the 'Africa Plank' as follows:

Because America values democracy, free trade and civil stability, the HIV/AIDS crisis has become a national security issue. The United States should work towards the eradication of HIV/AIDS in Africa.

There is an urgent need to arrest the current HIV/AIDS pandemic in Africa, where:

- Two thirds of the world's HIV/AIDS cases are located;
- More than 11 million people have died;
- 22 million adults are now infected;
- The percentage of the population infected with HIV/AIDS is as high as 26% in some countries;
- Almost 6,000 people die each day and where the life expectancy rate will drop by as much as 20 years in the most affected country by 2010;
- The HIV/AIDS Holocaust has left behind more than 13 million orphans;
- 9 out of 10 of the world's HIV/AIDS orphans live in Africa.

Therefore, it is a moral imperative that we increase funding for education, prevention, research and treatment.

More than ever before, Africa needs its "Marshall Plan" now.

The war against HIV/AIDS is one that we can all win, but we must take immediate and urgent action NOW. Africa is where we must draw the line in the sand. The U.S. must assume the leadership role in the global and sustained strategy required to combat the HIV/AIDS pandemic threatening the global human family. Once again, Vice President Gore, we commend your courage

and your efforts to combat this disease affecting all of humankind. We also urge you and the Democratic Party to include this urgent and compelling issue in the upcoming October 2000 presidential debates, and to continue this dialogue beyond the 2000 Elections.

Yours sincerely,



Ronald V. Dellums
Chairman

cc: Senator Joe Lieberman
Hon. James Clyburn (Chairman, Congressional Black Caucus)
Hon. Barabara Lee
Hon. Leon Fuerth
Hon. Bill Daley
Reverend Jesse Jackson
Hon. Kweisi Mfume
Ms. Donna Brazile

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Amb. Terence Todman

Melvin P. Foote
Executive Director

September 22nd, 2000

Governor George W. Bush
Bush for President Inc.
301 Congress Avenue
Suite 200
Austin, TX 78701

Dear Governor Bush;

**Talking Points on the HIV/AIDS Pandemic in Africa for the Upcoming
Presidential Debates**

I am writing to you as the Chairman of the Constituency for Africa and the 'Coalition for U.S Policy to Conquer HIV/AIDS in Africa', in the hope that you will address the issue of the HIV/AIDS pandemic in Africa in the context of this election season.

Following up on our efforts to get an 'Africa Plank' in the Republican Party's presidential platform, we would like to continue to seek your support and that of leading Republicans for a positive American policy with respect to the HIV/AIDS pandemic in Africa. We urge you to address this important issue and would like to learn more about the Party's perspective on the matter. We feel that the upcoming presidential debates between yourself and Vice-President Al Gore present an excellent opportunity to bring the HIV/AIDS pandemic in Africa to the fore of American policy agenda.

TALKING POINTS

It is important and urgent that the HIV/AIDS pandemic in Africa be addressed in the presidential debates for the following reasons:

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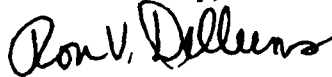
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The war against HIV/AIDS is one that we can all win, but we must take immediate and urgent action **NOW**. Africa is where we must draw the line in the sand. The U.S. must assume the leadership role in the global and sustained strategy required to combat the HIV/AIDS pandemic threatening the global human family. Governor Bush, we strongly urge the Republican Party to address this urgent and compelling issue in the upcoming October 2000 presidential debates, and continue this dialogue beyond the 2000 Elections.

Yours sincerely,



Ronald V. Dellums
Chairman

cc: Hon. Richard Cheney
Gen. Colin Powell (Rtd)
Hon. Condoleezza Rice
Hon. Jack Kemp
Hon. Bill Bennett
Hon. Jesse Helms
Hon. Trent Lott
Hon. James Leach
Hon. Ed Royce
Hon. J.C. Watts

Constituency for Africa^{✓0}

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Oct. 5, 2000

**CONSTITUENCY FOR AFRICA**

PRESS RELEASE

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Melvin P. Foote,
President & CEO

CFA HOSTS TOWN HALL MEETING ON HIV/AIDS **AT NATIONAL BLACK CHILD DEVELOPMENT** **INSTITUTE CONFERENCE**

The Constituency for Africa (CFA), a leading Washington, D.C.-based education and advocacy organization, is convening a Town Hall Meeting on HIV/AIDS in conjunction with the 30th Annual Conference of the National Black Child Development Institute (NBCDI). The theme for the Town Hall Meeting is "*Our Children in a Global World: Making the Connections*". The forum will be held on Friday, October 13, 2000 from 8:30 a.m. to 10:30 a.m. in the International Ballroom of the Hilton Washington and Towers Hotel. More than 500 NBCDI members nationwide are expected to attend this forum.

C. Payne Lucas, President of Africare, will be the keynote speaker for this event. Founded in 1971, Africare has provided more than \$300 million dollars to support agricultural development, water, healthcare and environmental projects in over 30 African countries. Also participating in the Town Hall Meeting will be African Ambassadors from Zimbabwe, Kenya and Uganda.

HIV/AIDS now claims more than 6,000 lives a day in Africa, and accounts for nearly 10 million orphans. The HIV/AIDS pandemic is only now sweeping across Africa, and yet, the number of AIDS orphans is expected to exceed 40 million in the next 10 years, creating horrendous social conditions in African metropolitan areas. CFA's President, Melvin P. Foote, says his organization is working to educate Americans about the HIV/AIDS pandemic in Africa, and to build the necessary political will among policy-makers, to generate an appropriate financial and technical response to this unprecedented challenge to global security.

CFA's Chairman is former California Congressman Ronald V. Dellums, who also serves as the Chair of the President's Advisory Council on HIV/AIDS. Dellums is credited with providing the vision for the AIDS Marshall Plan Trust Fund bill which was co-sponsored in Congress by his successor, Congresswoman Barbara Lee (D-CA), and Congressman James Leach (R-IA), which was signed into law by President Bill Clinton in August 2000. The AIDS Marshall Plan Trust Fund legislation provides \$300 million in grants through the World Bank to hard-hit African countries

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to assist them in efforts to combat the HIV/AIDS pandemic devastating their populations.

Evelyn K. Moore, President of NBCDI, is optimistic that the Town Hall Meeting will help sensitize and galvanize members of her organization to address the impact of HIV/AIDS on children of African descent around the world. "It is painfully evident as we view our brothers and sisters across the globe, that we unfortunately share many of the same struggles as we strive to nurture and protect our children. Too many in the African-American community are under-informed about the impact that HIV/AIDS is having on Black children globally. It is imperative for us to understand that simultaneously addressing the domestic and international HIV/AIDS crises is not a mutually exclusive exercise. With our theme this year, we seek to share ideas and develop solutions for children of African descent wherever they may live."

The National Black Child Development Institute, founded in 1970, exists to improve and protect the quality of life for African-American children and families. NBCDI provides a national voice on children's issues in the areas of early care and education, elementary and secondary education, child welfare and health, while affiliate chapters provide direct services at the community level.

CFA is a not-for-profit advocacy organization whose overall mission is to mobilize and foster increased cooperation and coordination among a broad-based coalition of American, African and international organizations and individuals committed to the progress and empowerment of Africa and African peoples. CFA hosts and co-sponsors numerous events nationwide in an effort to heighten public awareness about issues and concerns affecting the African continent.

For more information on the Constituency for Africa (CFA), call at Tel: (202) 371-0588; Fax: (202) 371-9017 or E-mail: cfanet@cfanet.org.