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International Panel Update [1]

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PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

Dear

Thank you for participating in the recent Presidential Advisory Council meeting and sharing your views and concerns on international HIV/AIDS issues.

The reaction from the Council members has been quite favorable. My overall impression was also positive and I am glad to have had the opportunity to meet all of you. My one regret was that the numerous presentations did not allow sufficient time for questions and answers.

Nevertheless, the panel succeeded in raising the visibility and importance of global HIV issues for the Council members. This was our first attempt to examine these issues as a Council, and I am confident that we will be able to use the information that you provided us to guide future discussions on the role of the US in global HIV/AIDS activities.

In response to your concerns raised during our meeting, the Council passed the following recommendation to the President:

Because of the extraordinary number of vacancies in the US Agency for International Development (USAID) HIV/AIDS program and the potential impact of these vacancies on its effectiveness, the President should direct USAID to immediately fill the existing vacancies in the Division of HIV/AIDS with personnel who are expert in global AIDS issues. USAID should incorporate in its future AIDS programs greater emphasis on skills exchange between domestic AIDS groups and their counterparts in other nations and expand its AIDS efforts to include issues relative to care, treatment, and the protection of the human rights of those infected.

If you have any additional thoughts or issues to bring to our attention, please submit them directly to the Office of National AIDS Policy at (202)632-1090 or by fax (202)632-1096.

I look forward to continuing our collaboration.

Sincerely,

Robert Fogel
Chair, International Sub-Committee

Addresses for International Issues Update Panel

✓ Victor Barnes

US Agency for International Development
Office of Health and Nutrition
Room 1200, SA-1
Washington, DC 20523-181
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200 Independence Avenue SW
Room 736E
Washington, DC 20201
202-690-5560 fax#202-690-7560

✓ Stuart Burden

MacArthur Foundation
140 South Dearborn Street
Suite 1100
Chicago, Illinois 60603
312-920-6233

Paul Boneberg

✓ Global AIDS Action Network
1931 13th Street NW
Washington, DC 20009
202-667-6300 fax 202-483-1135

Eric Sawyer

✓ 543 Manhattan Avenue
New York, New York 10027
212-864-5672 212-316-0020

✓ Harold Phillips

National Minority AIDS Council
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Washington, DC ~~20036~~ 20009-4432
202-483-1124 fax#202-483-1127

Jack Killen

✓ National Institute of Allergy and Infectious Disease
National Institutes of Health
6003 Executive Boulevard
Bethesda, Maryland 20892
301-496-0545 fax 301-402-1506

✓ Cynthia E. Mariel
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Suite 600
Washington, DC 20006-1503
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Baltimore, Maryland 21205-1901
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✓ Debbi Birx, MD
Department of HIV Vaccine Development
Walter Reed Army Institute of Research
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Rockville, Maryland 20850
301-762-0089 fax 301-762-4177

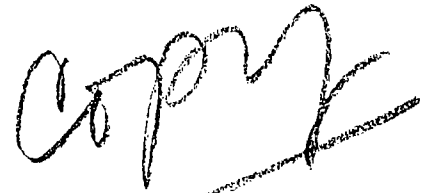
✓ Nancy Carter-Foster
US Department of State
OESIS - Room 4330
Washington, DC 20520
202-647-2435 fax 202-736-7336

✓ Lori Heise
Health and Development Policy Project
6930 Carroll Avenue
Takoma Park, Maryland 20912
301-270-1182 fax 301-270-2052

✓ Jairo Pedraza
GNP+
North American Representative
506 West 148th Street 1-B
New York, New York 10031
212-862-9833

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

Jack Killen, MD
National Institute of Allergy and Infectious Disease
National Institutes of Health
6003 Executive Boulevard
Bethesda, Maryland 20892



Dear Dr. Killen:

Thank you for participating in the recent Presidential Advisory Council meeting and sharing your views on international HIV/AIDS issues.

The reaction from the Council members has been quite favorable. My overall impression was also positive and I am glad to have had the opportunity to meet all of you. My one regret was that the numerous presentations did not allow sufficient time for questions and answers.

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10/16/96

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Chair, International Sub-Committee



August 9, 1996

The Honorable William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Co-chairs

David Harvey
AIDS POLICY CENTER FOR
CHILDREN, YOUTH AND
FAMILIES

Miguelina Maldonado
NATIONAL MINORITY AIDS
COUNCIL

Executive Committee

Callie Gass
NATIONAL AIDS FUND

Rose Gonzalez
AMERICAN NURSES
ASSOCIATION

Byron J. Harris
NATIONAL ALLIANCE OF
STATE AND TERRITORIAL
AIDS DIRECTORS

Christine Lubinski
AIDS ACTION COUNCIL

H. Alexander Robinson
AMERICAN CIVIL LIBERTIES
UNION

Jane Silver
AMERICAN FOUNDATION
FOR AIDS RESEARCH

Winnie Stachelberg
HUMAN RIGHTS CAMPAIGN

Dear Mr. President:

We are writing to express our concern that staff vacancies in the Agency for International Development Office of HIV/AIDS threaten to incapacitate US global AIDS programs.

As you know the World Health Organization estimates that by the year 2000, over 40 million people will have become infected with HIV worldwide--a 100 percent increase over the 20,000,000 infected during the first fifteen years of the pandemic. Ninety percent of these infections are occurring in the developing world, mainly through heterosexual transmission. Half of all new infections occur among women, especially those under the age of twenty-five. In some urban areas of the hardest-hit countries, up to 30 percent of the sexually-active population now lives with HIV. This an unprecedented world crisis.

We believe that AIDS activities outside the IS are of importance to America. Americans understand the horror of AIDS and the human suffering behind the WHO statistics. We have witnessed the devastation of this disease in our families, our communities, and our nation. If we can help prevent other peoples from undergoing this horror then we should do so.

In addition, Americans benefit from the international coordination of research, the sharing of prevention lessons from around the world, and the protection of the basic human rights of people living with HIV/AIDS.

Therefore we are troubled that many of the AIDS specific positions at the Agency for International Development--including the Director of the Office of AIDS, the Coordinator of NGO Programs, and the AIDS Policy Coordinator--will become vacant in the next several weeks. Soon a full 75 percent of the AIDS office positions will be empty. Further we have been informed by the agency that these positions may remain unfilled indefinitely.

It would be disastrous for US global AIDS programs to become leaderless and understaffed at this time. Three reasons stand out:

1. USAID is in the process of redesigning its core AIDS program--the AIDS technical Support Project which is the largest bilateral AIDS program in the world.

NORA

A coalition convened by
AIDS Action Council

1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

"A coalition of over 175 organizations responding to AIDS with resolve and action."

2. UNAIDS--the new joint and cosponsored AIDS program of the United Nations--was just brought into existence by the US and other countries at the beginning of this year. .3 Scientific advances on both care and prevention, including those reported at the recent International Conference on AIDS in Vancouver, need to be incorporated into US global AIDS programs.

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For over a decade the US has provided innovative leadership in response to the HIV pandemic such as in the creation of the Global Program on AIDS and more recently UNAIDS. This leadership has increasingly included lessons generated from our domestic AIDS response--to emphasize the inclusion of community based groups and people from affected communities including people with living with HIV. Much of the US vision was reflected in the 1994 Paris AIDS Summit Declaration which was signed on your behalf by Secretary Shalala. The seven global AIDS initiatives agreed to in this document are only now beginning.

Clearly Mr. President, now is not the time for USAID to allow its Office of HIV/AIDS to become vacant. Instead this is a time for US leadership to be expanded and for advances in care and prevention to be fully utilized. We urge that the vacant AIDS specific positions with USAID be filled immediately with personnel expert in global AIDS issues.

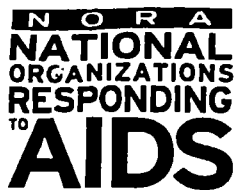
Thank you for your attention to this letter. We will contact Ms. Fleming in early September to discuss this matter further.

Sincerely,

Act-Up Golden Gate
Act-Up Los Angeles
Act-Up Philadelphia
AIDS Education Global Information System
AIDS National Interfaith Network
AIDS Network of the Tri-State Area
AIDS Policy Center for Children, Youth & Families
AIDS Project Los Angeles
AIDS Treatment News
Academy for Educational Development
American Public Health Association
American Red Cross
Association of Schools of Public Health
Children's Hospital of New Jersey
Cities Advocating Emergency AIDS Relief Coalition
Critical Path AIDS Project
Funders Concerned About AIDS

Gay Men's Health Crisis (NY)
Global AIDS Action Network
Housing Works, Inc.
Human Rights Campaign
International Christian AIDS Network
Mobilization Against AIDS
National AIDS Fund
National AIDS Interfaith Network
National Alliance of State and Territorial AIDS Directors
National Association of People With AIDS
National Council of Jewish WomenNational Catholic AIDS Network
National Episcopal AIDS Coalition
National Hemophilia Foundation
National Latino/a Lesbian & Gay Organization
National Lesbian & Gay Health Association
National Minority AIDS Council
National Ryan White Title IIIB Coalition
PWA Health Group (NY)
San Francisco AIDS Foundation
Union of American Hebrew Congregations

cc: Rep. Nancy Pelosi, U.S. House of Representatives
Sen. Patrick Leahy, U.S. House of Representatives
Mr. Timothy E. Wirth, Under Secretary for Global Affairs
Mr. J. Brian Atwood, Director, U.S. International Development
Cooperation Agency
Ms. Patsy Fleming, Director, Office of National AIDS Policy
Mr. Duff Gillespie, Deputy Assistant Administrator, USAID



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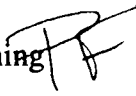
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Mr. Duff Gillespie, Deputy Assistant Administrator, USAID

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR PRESIDENTIAL ADVISORY COUNCIL MEMBERS

FROM: Patsy Fleming 
RE: USAID Management and Staffing
DATE: October 16, 1996

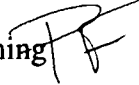
Yesterday I attended a meeting convened by Brian Atwood, Administrator of the U.S. Agency for International Development (USAID). He made a commitment that the agency would address the issues you raised in your resolution during the September Presidential Advisory Council meeting.

Administrator Atwood underscored the importance of the HIV/AIDS program and stated that it would continue to be an important priority for the Administration. He also focused on the staffing issue, noting that 9 of the 12 designated HIV/AIDS staff positions had already been filled. The remaining three positions, including that of Chief of the Division, are expected to be filled by the end of the year.

I wanted to inform you of this progress.

THE WHITE HOUSE
WASHINGTON

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Harold Phillips
National Minority AIDS Council
1931 13th Street
Washington, DC 20009-4432

Jack Killen
National Institute of Allergy and Infectious Disease
National Institutes of Health
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Bethesda, Maryland 20892

Cynthia E. Mariel
National Council of International Health
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624 North Broadway Suite 125
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200 Independence Avenue SW
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Stuart Burden
MacArthur Foundation
140 South Dearborn Street
Suite 1100
Chicago, Illinois 60603

Paul Boneberg
Global AIDS Action Network
1931 13th Street NW
Washington, DC 20009

Eric Sawyer
543 Manhattan Avenue
New York, New York

DoD: HIV-1 Vaccine Development Activities

The Human Immunodeficiency Virus (HIV) poses a significant threat to U.S. military personnel. Exposure to HIV infected blood and body fluids is an anticipated consequence of international deployment, including peacekeeping missions, especially in less developed regions of the world where HIV is genetically heterogeneous and hyperendemic. Novel genetic variants of HIV, with unpredictable biological qualities, continue to emerge and will pose new challenges to HIV prevention and control. In response to this threat, the Department of Defense (DOD) supports research and development (R&D) to minimize the impact of HIV on U.S. military readiness by monitoring the spread of HIV infection in military forces around the world, and through the development of vaccines and other countermeasures to prevent infection and infection sequelae. As DOD lead agency, the U.S. Army Medical Research and Materiel Command (MRMC), through the Walter Reed Army Institute of Research (WRAIR) and its network of overseas laboratories, conducts product-oriented R&D with industry, academic, domestic and foreign government and international partners concerned with HIV/AIDS vaccine development.

Preclinical Development

Primarily through cooperative R&D with industry and extensive collaborations with the NIH, Division of AIDS, WRAIR is engaged in preclinical development of four primary candidate vaccine approaches and formulations: recombinant monomeric envelope gp120, oligomeric envelope ogp160, poxvirus vector expressing HIV protein, and inactivated whole HIV. Uniquely, all candidate strategies supported by DOD include viral antigens representing HIV genotypes B and E, since clinical development will take place through WRAIR's affiliate laboratory in the Kingdom of Thailand where both genotypes are prevalent. Monomeric gp120s are currently transitioning to full clinical development in Thailand.

Recent animal studies of ogp160 have provided new and encouraging data regarding the ability of this candidate to induce antibody responses qualitatively different than first-generation envelope products, including the ability to neutralize some primary isolates of HIV. Importantly, WRAIR researchers have discovered a characteristic genetic 'stop signal' putatively responsible for oligomeric conformation; thus providing an opportunity to safely produce (through recombinant engineering) sufficient quantities of ogp160 required for vaccine development.

Additional vaccine discovery projects are conducted by DOD-sponsored extramural investigators supported by a special one-time supplement from Congress in 1993. Projects include DNA vaccines, replicating vectors expressing HIV proteins, and novel subunit vaccine candidates.

WRAIR-sponsored preclinical development is augmented by molecular biology/epidemiology and animal models programs. Animal models personnel work in close collaboration with NIH (NIAID, NCRR) investigators. Scientists in the global molecular epidemiology program complement and integrate with the NIAID-sponsored HIV variation project and with WHO/UNAIDS Network for HIV Isolation and Characterization.

ERIC L. SAWYER
543 MANHATTAN AVENUE, NYC 10027 USA
TEL(212) 864-5672;FAX(212) 316-0020
E-Mail:esawyer@igc.apc.org

Summary of Remarks to Presidential Advisory Council:

During the Opening Ceremonies of the XI International Conference on AIDS in Vancouver Eric Sawyer gave one of the community representatives' addresses to the conference. In preparation for that speech, Eric consulted with many many people living with AIDS, as well as, staff and board members of numerous NGO/CBO/ASO(s) regarding their thoughts on the most significant issues, challenges and unmet needs for people living with AIDS in developing countries. Eric's address will attempt to share several of the universal issues identified by many individuals during this process. He will also attempt to offer some suggestions for action items to help overcome some of the challenges we face in the Global Fight against AIDS.

Much of Eric's remarks will deal with the issues of access to treatments for people living with AIDS in impoverished settings and with the lack of a mechanism for protecting people living with the virus against human rights abuses. Eric will provide some suggestions for action items by the administration and the Presidential Advisory Council. Mr. Sawyer will also offer some general comments about re-thinking the current approach to treatment research, public health protection and disease control in a global environment.

ERIC L. SAWYER
543 MANHATTAN AVENUE, NYC 10027 USA
TEL(212) 864-5672;FAX(212) 316-0020
E-Mail:esawyer@igc.apc.org

Biographical Summary:

Eric Sawyer is a 42 year old, openly gay male living with AIDS in the Harlem neighborhood of New York City. Eric has a BA in Psychology and a Master's Degree in Public Administration. Prior to retirement (on an HIV/AIDS disability pension) in December 1991, Eric worked for 14 years in public and corporate America for the City of Boulder, Colorado, American Standard Corporation, Citibank NA, and Towers Perrin, a management consulting firm.

Eric has been active in numerous AIDS organizations. Eric is one of the Founders members of ACT UP NY, founding the AIDS Housing, HIV/TR Co-infection and Global AIDS Action Committees. Eric also co-founded Housing Works, an ACT UP spin-off, not-for-profit organization that provides housing, supportive services, drug treatment and advocacy for more than 2,000 homeless and formerly homeless people living with HIV/AIDS.

Eric has been involved in International AIDS activities since 1990. He was one of the organizers of the grassroots movement to free the HIV positive Haitian Refugees from the Guantanamo Bay detention camp operated by the US government. Eric helped organize a civil disobedience at which former Presidential Candidate Rev. Jesse Jackson and Academy Award Winning Actress Susan Sarandon and Academy Award Winning Director Jonathan Demme were arrested with 40 religious and political leaders in protest of the Guantanamo Bay Camp. From 1993- 95 Eric helped the Haitian Women's Program secure funding for and lead the development of, both a case management and a housing assistance program to care for these HIV positive Haitian Refugees.

Eric has also served as the North American Representative to the Management Committee of and on the Board of Directors of, The Global Network of People Living with HIV/AIDS (GNP+).

Eric has organized and participated in several coalition press conferences and round table discussion sessions at the International AIDS Conferences in Amsterdam, Berlin and Japan. Eric was the only US representative to the NGO Community Liaison Committee and spoke at the Opening Ceremonies of the Vancouver Conference. He has spoken at several other national and international AIDS conferences in the USA, Mexico, Australia, Africa and Canada.

Eric has also participated in several strategic planning sessions for UN AIDS Programmes. This includes the WHO Preparatory Meeting for a Consultation on Long-term Travel Restrictions and HIV/AIDS; the Strategic Meeting on Vulnerable Populations, in preparation for the Paris Summit on AIDS. Eric also participated in the WHO/UNESCO AIDS Confronting Science Colloquium in conjunction with the Paris Summit. In May of 1996, Eric participated in the North American/ Europe Strategic Planning session for UNAIDS.

Eric has recently started The HIV/AIDS Human Rights Project to be run by a coalition of NGOs. The HIV/AIDS Human Rights Project - Board of Directors is Chaired by Academy Award Winner Susan Sarandon.

Cynthia E. Mariel is director of the National Council for International Health AIDS Program. She has a master's in health education with an emphasis on international AIDS. For the past five years Ms. Mariel has worked on global AIDS issues while based in the United States and Africa. Prior to her current position with NCIH, Ms. Mariel was director of AIDS prevention in Malawi for Project HOPE, a U.S.-based private voluntary organization. In addition, she worked for over two years with the HIV/AIDS Prevention in Africa Program of John Hopkins Universities' School of Hygiene and Public Health providing technical support to various HIV/AIDS projects in Africa.

CYNTHIA ELOINE MARIEL
32 Lee Avenue, #102
Takoma Park, Maryland 20912
Phone: (301) 891-1529

PROFILE

Health education specialist with program design and management expertise in international health, AIDS prevention, participatory development, qualitative research and cultural dynamics. Work experience in Malawi, Uganda and Cameroon with Project HOPE, Johns Hopkins University and the United States Agency for International Development (USAID). Master's degree in Health Education. Bachelor's degree in American Studies.

**PROFESSIONAL
EXPERIENCE****PROJECT HOPE: Malawi**

Program Director: January 1994 - April 1995

Designed and implemented a USAID funded AIDS prevention project in Malawi focused on community based and national level programs. Applied Paulo Freire's methodologies to AIDS prevention activities targeting the religious sector and involving Christian and Muslim populations. Initiated and co-designed a national AIDS song contest and radio campaign involving mobile recording units, multisectoral government support and broad organizational collaboration. Provided motivation and technical assistance resulting in the establishment of an organization composed of Malawians living positively with HIV/AIDS and working publicly for AIDS prevention and care. Coordinated AIDS prevention activities in partnership with the National AIDS Control Programme. Hired and supervised a staff of nine and managed program, fiscal, procurement and administrative operations.

JOHNS HOPKINS UNIVERSITY: Baltimore, MD

School of Hygiene and Public Health/Institute for International Programs

HIV/AIDS Prevention in Africa (HAPA) Support Program

Program Assistant: August 1991 - September 1993

Designed and directed a pilot AIDS prevention project in rural Cameroon utilizing traditional African dance and music to convey AIDS prevention messages. Assisted in the organization and implementation of a field workshop in Uganda on behavior change and program evaluation. Provided technical support to AIDS prevention programs in 7 African countries. Participated in international and domestic conferences related to AIDS prevention. Co-authored reports for USAID including publication of *Lessons & Legacies: The final report of a grants program for HIV/AIDS prevention in Africa*.

D.C. WOMEN'S COUNCIL ON AIDS: Washington, DC

Consultant: July - August 1991

Researched prison policies related to HIV/AIDS prevention. Met with health officials at Lorton Prison to discuss development of AIDS prevention programs for female inmates.

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

(CEDPA): Washington, DC

Consultant: March - April 1991

Analyzed questionnaire data and wrote evaluation report of workshop on population and family life education conducted in Nigeria. Provided editorial assistance for preparation of family life education training manual.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT: Uganda
Contractor: February - August 1990
 Represented USAID/Kampala in sector review of primary education in Uganda.
 Evaluated funding proposal and made recommendations for establishment of a women's small credit program. Authored strategy brief for the mission on the topic of women and development.

AMERICAN LUNG ASSOCIATION: Washington, DC
Assistant to the Director: November 1987 - January 1990
 Assisted director in executing program objectives for national government relations office working on health and environmental policies. Prepared correspondence and congressional testimony. Arranged meetings with U.S. senators and representatives.

POLICY EDUCATION PROJECT: Washington, DC
Assistant to the Director: May 1987 - February 1998
 Assisted director in organizing and administering educational trips to Central America targeting elected officials and influential persons shaping public policy.

EDUCATION

UNIVERSITY OF MARYLAND: College Park, MD
 Master of Arts in Health Education, 1996
 Conducted ethnographic interviews on culture and women's health in Uganda.
 Researched morbidity and mortality related to diabetes among low-income African American women. Studied and applied a cultural approach to community health and planned change. Thesis entitled, *AIDS Prevention in Africa: A case study focusing on culture and community participation in rural Cameroon.*

THE CENTRE FOR TRADITIONAL ACUPUNCTURE: Columbia, MD
 Graduate studies in acupuncture, April 1986 - May 1987

HAMLIN UNIVERSITY: St. Paul, MN
 Bachelor of Arts in American Studies, May 1975

PRESENTATIONS

Mariel, C., Kuppens, J., Carpenter, D., Banda, R., Phiri, F., & Yassin, M. (1995). *Utilizing participatory methods to mobilize the religious community for AIDS prevention in Malawi.* IXth International Conference on AIDS and STD in Africa. Uganda.

Chirwa, I., Mariel, C., & Carpenter, D. (1995). *Utilizing music to encourage AIDS prevention and care in Malawi.* IXth International Conference on AIDS and STD in Africa. Uganda.

Carpenter, D., Chirwa, I., & Mariel, C. (1995). *The National AIDS Song Contest: Using music to sensitize and mobilize urban and rural populations in Malawi for AIDS prevention and care.* IXth International Conference on AIDS and STD in Africa. Uganda.

Kengmo, P., Metangmo, P.-M., Lurie, M. & Mariel, C. (1995). *Community-based AIDS education and prevention in nine Menoua Villages of West Cameroon.* The Third USAID HIV/AIDS Prevention Conference. Washington, DC.

Mariel, C., Kengmo, P., Lurie, M., & Metangmo, P.-M. (1993). *Project Ah Ta-Ah: Linking AIDS education and prevention, culture and participatory problem solving in village in rural Cameroon.* VIIIth International Conference on AIDS in Africa. Morocco.

Biographical Sketch

Philip K. Russell M.D.

Dr. Russell received his AB degree in biology from Johns Hopkins University in 1954 and MD from the University of Rochester in 1958. After an internship in medicine at North Carolina Memorial Hospital he entered the U.S. Army Medical Corps in 1959. He completed residency training in internal medicine at University Hospital, Baltimore and was board certified in 1965. During his military career he conducted research on a variety of infectious diseases and managed several vaccine development programs. Military assignments included several positions at Walter Reed Army Institute of Research including Chief, Department of Virus Diseases, Director, Division of Communicable Diseases, Deputy Director and Institute Director and Commandant. Overseas medical research assignments included Pakistan Medical Research Center, Lahore Pakistan, Chief of Virology at the SEATO Medical Research Laboratory, Bangkok, Thailand and Commander, U.S. Army Medical Research Team, Vietnam. Dr. Russell served as Commander of Fitzsimons Army Medical Center and Commander of the U.S. Army Medical Research and Development Command (1986-90) retiring as a Major General in 1990. Military awards include the Legion of Merit and Distinguished Service Medal. He is currently a Professor in the Department of International Health at the Johns Hopkins University School of Hygiene and Public Health. He has served on many national and international advisory groups including the Institute of Medicine Committee on Microbial Threats to Health, and the President's Advisory Committee on Human Radiation Experiments. Dr. Russell served as Special Advisor for the Children's Vaccine Initiative for four years and is now the President of the Albert B. Sabin Vaccine Foundation, Inc.

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NIAID: INTERNATIONAL RESEARCH AND HIV VACCINE DEVELOPMENT

The recent International AIDS Meeting in Vancouver highlighted the unrelenting spread of HIV throughout much of the developing world, where approximately 90 percent of all new infections are occurring. The development of a safe and effective vaccine is therefore of the highest priority to worldwide efforts to control this epidemic. The ideal vaccine for use in developing countries will be free of side serious side effects, inexpensive to manufacture, and easy to store and administer anywhere in the world. It would be effective against the numerous genetic subtypes of HIV found around the world and would provide protection that is life-long or at least sustainable for several years without the need for frequent vaccinations.

In spite of innumerable scientific, logistical and social obstacles, these goals can be achieved, but will require unprecedented collaboration between public and private sectors, between researchers in the US and developing countries and the affected populations. The NIAID has formulated a strategic plan to facilitate the discovery and development of a useful vaccine in the face of these formidable obstacles. This plan contains four basic programmatic goals:

1. Scientific inquiry that integrates fundamental research and empiric development to advance a broad front of critical knowledge and a variety of vaccine designs through laboratory, animal and clinical testing.
2. More and better defined partnerships with industry sponsors of vaccine development including fostering the development of vaccines that would be appropriate for use in developing countries.
3. Quick response with the necessary resources to fully exploit scientific developments that could accelerate vaccine development .
4. Development of the necessary research infrastructure, the epidemiologic information base and community linkages that will be required to evaluate the safety and efficacy of promising vaccine candidates in developing countries.

International research supported through research grants and more recently through the HIVNET (HIV Network for Prevention Trials) has been successful in preparing a network of field sites in Africa, Asia, and the Americas that are capable of testing HIV vaccines and other biomedical methods for preventing HIV transmission. Baseline studies at these international sites have demonstrated the ability to enroll and follow populations with high HIV seroincidence rates and to characterize the circulating HIV subtypes. Efficacy trials of mass treatment for sexually transmitted diseases (STDs) and topical vaginal microbicides for preventing HIV are underway at three African sites. A phase I trial of an HIV vaccine is planned to begin in Uganda in October of this year.

John Y. Killen, Jr., M.D.
August 29, 1996

Dr. Killen received his M.D. from Tufts University in 1975, and completed post-graduate training in internal medicine and medical oncology at Georgetown University in 1980. He is Board Certified in both specialties.

In 1980, he joined the staff of the National Cancer Institute, working in the Division of Cancer Treatment's Clinical Investigations Branch. His responsibilities there included implementation, evaluation, and supervision of clinical trials of cancer therapy conducted by the NCI's Cooperative Clinical Trials Groups. When he left the Cancer Institute in 1986, he was Deputy Branch Chief and Program Officer for the Cooperative Cancer Trials Program.

In 1986, he became Medical Director of the Whitman-Walker Clinic, the first and largest community-based organization providing AIDS-related services in the Washington, D.C. area. His responsibilities included supervision of metropolitan D.C.'s largest alternative HIV antibody testing facility, a diagnostic and referral clinic for persons infected with the human immunodeficiency virus, and Whitman-Walker's STD clinic. In addition, he served as the principal medical consultant to the various other gay and lesbian medical and social service Programs of the Clinic. He also held a faculty appointment of Assistant Professor at George Washington University where he was active in that Institution's AIDS research clinic.

In September, 1987, Dr. Killen joined the staff of the AIDS Program of the National Institute of Allergy and Infectious Diseases (NIAID) as the Assistant Director for Clinical Trials. His major responsibility was overseeing the establishment of the AIDS Clinical Trials Group. In March, 1988, he was appointed Deputy Director of the Division of AIDS, with responsibilities spanning pre-clinical and clinical therapeutics, vaccine research and development, epidemiology, and basic research on HIV infection. In June, 1993 he was named Acting Director of the Division following the resignation of the previous Director. In April, 1994 he was appointed Director of the Division of AIDS, where he oversees NIAID's support of basic biomedical, therapeutic and vaccine research on HIV.

August 28, 1996

Ms. LaHoma Smith Romocki
Office of National AIDS Policy
Executive Office of the President
750 17th Street, NW
Washington, DC 20503

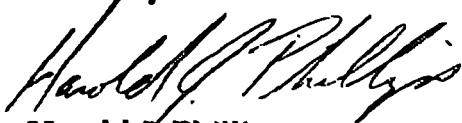
Dear LaHoma,

In response to your request, I am sending a synopsis of the issues I will be discussing at the September 9, 1996 meeting. If you need anything else please feel free to contact me. Although I will be out of town, I will be checking for messages.

One World One Hope - More than a Catchy Phrase

Those working in HIV, often speak of the devastating toll AIDS is exacting on communities of color. Two decades into this epidemic, we are still trying the same approaches to prevention. In the meantime, rates of infection are sky rocketing both in the U.S. and globally. There are various similarities between American communities of color grappling with HIV disease and people of color communities world wide who are fighting this same battle. We have a lot to learn from each other in both prevention and care of this disease. Yet, there is no financial support to facilitate this exchange between domestic and international non-governmental agencies who are on the front-lines of this pandemic. In essence, this is the ultimate peer education model that enhances the capacity of each participant. The sharing of information between NGOs about their communities, the barriers and the successes is a powerful and worthwhile model of information dissemination and training. During NMAC's South African Skills Building Conference, information on both prevention and care was exchanged. Domestic AIDS agencies have a lot to offer and both learn from our international colleagues, but the fiscal support and commitment of the U.S. government has to be there.

Sincerely,



Harold J. Phillips
Director, Technical Assistance

1931 13TH STREET, NW
WASHINGTON, DC
20009-4432
TEL 202-483-NMAC (6622)
FAX 202-483-1135
E-MAIL NMAC1@aol.com

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AIDS
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DIRECTOR, COMMUNITY
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WASHINGTON, DC
SUSAN PORTS
FAMILY HEALTH PROJECT
NEW YORK, NY

BENY PRIMA, MD
ADDICTION RESEARCH AND
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CRISTINA SARALEGUI
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Dr. Debbi Burkes / Dept. of HIV Vaccine Dev
13 Taft Court, Suite 200 / Walter Reed Army Inst. of Research
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~~Director of Infectious D~~
~~HIV/AIDS Programs~~
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U.S. Department of State
Washington, DC 20520
7 fax 736-7336

Lori Neiss
~~Co-Director of Health &~~
~~Development Policy Project~~
6930 Carroll Avenue
Suite 430

Takoma Park, MD 20912
301-270-1182 fax 301-270-2057

NOT 50 50 FAX 10:50 AM J JACOBSON/L Heise FAX NO. 301 270 2052 1. 1

The
Health &
Development
Policy Project

Advancing women's health
concerns and social justice
in foreign policy and
international development

FAX COVER PAGE

TO : LA HOMA SMITH ROMOCKI

FROM: LORI HEISE

DATE: 8-30-96

RE : BIO SKETCH

Transmitting 2 Pages (including cover sheet)

Message:

PLEASE SEE ATTACHED BIO SKETCH

6930 Carroll Avenue
Suite 430
Takoma Park, MD 20912
301-270-1182
fax 301-270-2052
E-Mail: hdpp@igc.apc.org

HDPP is a project of the
Tides Center

The Health & Development Policy Project

Advancing women's health
concerns and social justice
in foreign policy and
international development

Biosketch Lori Heise, Co-Director Health and Development Policy Project

Lori Heise is Co-Director of the Health and Development Policy Project (HDPP), a not-for-profit research and advocacy organization dedicated to integrating concern for gender and social justice into international health policy and practice.

For the past six years, Ms. Heise has worked to make women's empowerment an explicit part of the global HIV prevention strategy. She has served as an expert advisor to the World Health Organization on women and HIV and has advocated vigorously for increased research into female-controlled methods of HIV prevention.

In 1991, Ms. Heise organized—together with Dr. Christopher Elias of the Population Council—an international conference designed to build scientific consensus on the need for and feasibility of developing vaginal microbicides effective against STDs/HIV. Their jointly authored paper, "Expanding Women's Options for Preventing HIV Infection: The Development of Female-Controlled Microbicides," is widely cited as one of the most influential pieces written on this topic. In 1994, she helped co-convene WHAM (Women's Health Advocates on Microbicides), an international consortium of women's health groups dedicated to working collaboratively to ensure that women's needs and perspectives are integrated into all phases of the microbicide development process.

Ms. Heise has published widely on the topic of female controlled methods and has served on several NIH panels to review research proposal related to women and HIV. She has made presentations on microbicides at the VI International Conference on HIV in Berlin, the AIDS in Thailand conference, the Fourth World Conference on Women, the World Health Organization, USAID's conference of HIV Prevention, and the Women and HIV Conference recently held in Washington D.C. Her articles on women and HIV appear in AIDS, Social Science and Medicine, and the Journal of Law Medicine and Ethics.

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301-270-1182
fax 301-270-2052
E-Mail: hdpp@lgc.apc.org

THE WHITE HOUSE

WASHINGTON

AUG 21 1996

Dear Colleague:

Thank you for accepting the invitation to participate on the international issues panel for the upcoming meeting of the Presidential Advisory Council on HIV/AIDS. Bob Fogel, Chair of the International Subcommittee, will serve as facilitator for the session on Monday, September 9, at the Bethesda Marriott Hotel, from 9:00 to 11:00 a.m. We are looking forward to a productive discussion.

This is the first time that the Presidential Advisory Council will focus on global HIV/AIDS issues. The Council is a diverse group of AIDS activists and experts with varying levels of knowledge about international AIDS. They will be expecting to hear clear, straightforward information about what's working and what's not working with U.S. funded programs overseas as well as how we can improve upon and expand these activities.

In planning your presentation, please follow these guidelines:

Time: 5-7 minutes

Contents: Self introduction; Highlight key activities for your agency/organization;
Explain major problems/issues that need attention

Conclusion: Actions needed (by the Council, by the Administration, etc.)

Please send along a bio as well as a synopsis of your presentation no later than August 28. This one-page document should include the major problems or issues requiring attention and or action by the Council or Administration. This information cannot be placed in the briefing books for the Council members unless we receive it by August 28.

AUG 21 1996

You may forward that one page and any other information, i.e. fact sheets, articles or documents to supplement your presentation to LaHoma Smith Romocki, 750 17th Street NW Suite 600, Washington, DC 20503 or by fax (202)632-1096. She can also be reached by telephone at (202)632-1090.

Again, thank you for your participation in this effort. I look forward to seeing you on September 9.

Sincerely,

A handwritten signature in dark ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a large loop at the end of the last name.

Patricia S. Fleming
Director
Office of National AIDS Policy

List of invited participants

Victor Barnes, US Agency for International Development
Elaine Daniels - National Office of HIV/AIDS Policy, HHS
Phil Russell - Rockefeller International Vaccine Initiative
Eric Sawyer - Consultant
Paul Boneberg - Global AIDS Action Network
Jairo Pedraza - Global Network of People Living with AIDS
Cynthia Muriel - National Council on International Health
Lori Heiss - Health and Development Policy Project
Stuart Burden - Mac Arthur Foundation
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Debbi Burkes - Department of Defense
Nancy Carter-Foster - Department of State

15-Aug-1996 01:09pm

TO: Lahoma Romocki

FROM: Jeffrey Levi
AIDS Policy Council

SUBJECT: RE: Tel/con Bob Fogel

The agency people should get a cover memo from Patsy advising them of the invite; the entire group can certainly get a letter from Scott or Bob on Advisory Council letterhead (we have it in the computer) with their RSVP to you. So, it's fine to draft something for Bob and get it to him -- you don't need to wait for me. Let him fight for more time if he wants to -- but I doubt he'll get it. Are these other people good?

----- BOTTOM -----

You have reached the bottom of the document

...Press RETURN

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JOHNS HOPKINS
UNIVERSITY

School of Hygiene and Public Health

241 Hampton House / 624 N. Broadway
Baltimore MD 21205-1901
(410) 955-1624 / FAX (410) 550-6898

Division of Vaccine Sciences

August 26, 1996

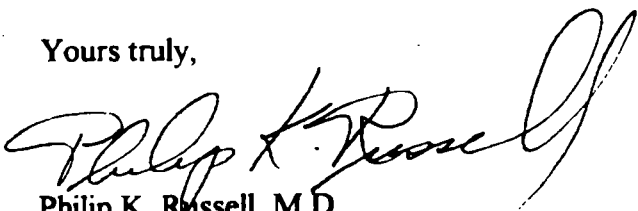
Ms Lahoma S. Romocki
Office of National AIDS Policy
Executive Office of the President
Suite 600
750 17th Street, N.W.
Washington, DC 20503
fax: 202 632-1096

Dear Ms Romocki,

Attached are a synopsis of my September 9 presentation and a biographical sketch as requested.

I look forward to the meeting.

Yours truly,

A handwritten signature in black ink, appearing to read "Philip K. Russell". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Philip K. Russell M.D.
Professor, Department of International Health

School of Hygiene and Public Health

241 Hampton House / 624 N. Broadway
Baltimore MD 21205-1901
(410) 955-1624 / FAX (410) 550-6898

Division of Vaccine Sciences

August 26, 1996

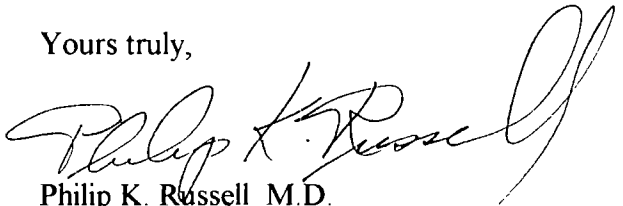
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Philip K. Russell M.D.
Professor, Department of International Health

DIVISION OF AIDS
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES
NATIONAL INSTITUTES OF HEALTH

Office of the Director
~~XXXXXXXXXXXX~~

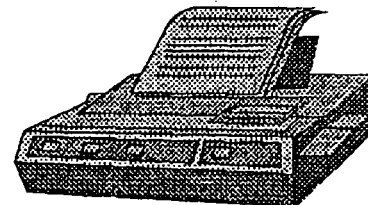
6003 Executive Blvd.
Bethesda, Maryland 20892
Phone: 301-496-0545
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301.402.1506

FACSIMILE TRANSMISSION

DATE: 8/28/96

TO: L A Homa Romocki



FAX: 202-632-1096

COMMENTS: HAVE ENCLOSED JACK'S BIOSKETCH. SPOKE WITH
HIM AND HE WOULD BE GLAD TO PARTICIPATE. WILL SEND
YOU THE REQUESTED SYNOPSIS TOMORROW. THANKS FOR THE
"DEAR COLLEAGUE" LETTER - it helps pulling this together.

Parde

NUMBER OF PAGES: 2 (including this transmission sheet)

FROM: MARDE HEILMAN



FACSIMILE TRANSMITTAL HEADER SHEET

**DEPARTMENT OF HIV VACCINE DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH**

13 TAFT COURT, SUITE 200
ROCKVILLE, MARYLAND 20850
PHONE: (301) 762-0089
FAX: (301) 762-4177

TO: *La Horra Smith Romocki*DATE: *30 Aug 96*FROM: *Deborah Bieri, DOD*TIME: *1500hrs*NUMBER OF PAGES TO FOLLOW: *3*

REMARKS:

*My apologies about being late.
One page into sheet + bio enclosed.*

*Do you want audio only - or audio + visual
for the presentation in the 9th*

Albi

DoD: HIV-1 Vaccine Development Activities

The Human Immunodeficiency Virus (HIV) poses a significant threat to U.S. military personnel. Exposure to HIV infected blood and body fluids is an anticipated consequence of international deployment, including peacekeeping missions, especially in less developed regions of the world where HIV is genetically heterogeneous and hyperendemic. Novel genetic variants of HIV, with unpredictable biological qualities, continue to emerge and will pose new challenges to HIV prevention and control. In response to this threat, the Department of Defense (DOD) supports research and development (R&D) to minimize the impact of HIV on U.S. military readiness by monitoring the spread of HIV infection in military forces around the world, and through the development of vaccines and other countermeasures to prevent infection and infection sequelae. As DOD lead agency, the U.S. Army Medical Research and Materiel Command (MRMC), through the Walter Reed Army Institute of Research (WRAIR) and its network of overseas laboratories, conducts product-oriented R&D with industry, academic, domestic and foreign government and international partners concerned with HIV/AIDS vaccine development.

Preclinical Development

Primarily through cooperative R&D with industry and extensive collaborations with the NIH, Division of AIDS, WRAIR is engaged in preclinical development of four primary candidate vaccine approaches and formulations: recombinant monomeric envelope gp120, oligomeric envelope ogp160, poxvirus vector expressing HIV protein, and inactivated whole HIV. Uniquely, all candidate strategies supported by DOD include viral antigens representing HIV genotypes B and E, since clinical development will take place through WRAIR's affiliate laboratory in the Kingdom of Thailand where both genotypes are prevalent. Monomeric gp120s are currently transitioning to full clinical development in Thailand.

Recent animal studies of ogp160 have provided new and encouraging data regarding the ability of this candidate to induce antibody responses qualitatively different than first-generation envelope products, including the ability to neutralize some primary isolates of HIV. Importantly, WRAIR researchers have discovered a characteristic genetic 'stop signal' putatively responsible for oligomeric conformation; thus providing an opportunity to safely produce (through recombinant engineering) sufficient quantities of ogp160 required for vaccine development.

Additional vaccine discovery projects are conducted by DOD-sponsored extramural investigators supported by a special one-time supplement from Congress in 1993. Projects include DNA vaccines, replicating vectors expressing HIV proteins, and novel subunit vaccine candidates.

WRAIR-sponsored preclinical development is augmented by molecular biology/epidemiology and animal models programs. Animal models personnel work in close collaboration with NIH (NIAID, NCRR) investigators. Scientists in the global molecular epidemiology program complement and integrate with the NIAID-sponsored HIV variation project and with WHO/UNAIDS Network for HIV Isolation and Characterization.

FF

Principal Investigator/Program Director (Last, first, middle): _____

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Photocopy this page or follow this format for each person.

NAME Deborah L. Birx, M.D.		POSITION TITLE Director, Division of Retrovirology	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Houghton College	B.S.	1976	Physical Chemistry
Pennsylvania State University	M.S.	1980	
Hershey Medical School, Pennsylvania	M.D.	1980	Medicine

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

1980-81	Internship, Categorical Medicine, Walter Reed Army Medical Center
1980-85	Teaching Fellow, Uniformed Services University of the Health Sciences
1981-83	Residency, Internal Medicine, Walter Reed Army Medical Center
1983-85	Fellowship, Allergy/Clinical Immunology, Walter Reed Army Medical Center
1985-89	Assistant Chief, Allergy/Immunology Service, Walter Reed Army Medical Center
1985-present	Assistant Professor of Medicine, Uniformed Services University of the Health Sciences
1986-89	Investigator, Cellular Immunology, Walter Reed Army Institute of Research
1986-present	Assistant Professor of Pediatrics, Uniformed Services University of the Health Sciences
1989-present	Consultant, Allergy Immunology Svc, Walter Reed Army Medical Center
1989-94	Assistant Chief, Department of Retroviral Research, Walter Reed Army Institute of Research
1994-95	Chief, Department of Immune Regulation and Therapy, Walter Reed Army Institute of Research
1995-1996	Laboratory Director, HIV-1 Vaccine Development, Walter Reed Army Institute of Research
1996-present	Director, Division of Retrovirology, Walter Reed Army Institute of Research

SELECTED PUBLICATIONS

Michael NL, Davis K, Loomis-Price LD, VanCott TC, Burke DS, Redfield R, and Birx DL.
V3 seroreactivity and sequence variation: tracking the emergence of V3 genotypic variation in HIV-1-infected patients, *JAIDS*. 1996;10:121-129.

- Ratto S, Sitz KV, Scherer AM, Loomis LD, Cox JH, Redfield RR, and Birx DL. CD4+ T-lymphocyte lines developed from HIV-1 seropositive patients recognize different epitopes within the V3 loop. *J of AIDS and Human Retro*. 1996;11:128-136.
- Kaminski RW, Loomis L, Levi M, Amselem S, Kersey K, VanCott T, Yogev A, Friedman D, Smith G, Wahren B, Redfield R, Birx D, and Lowell GH. HIV peptide and protein antibody responses elicited by immunization with rgp160 formulated with proteosomes, alum and/or submicron emulsions. *Vaccine Research* 1995;4:189-206.
- VanCott TC, Bethke FR, Burke DS, Redfield RR, and Birx DL. Lack of induction of antibodies specific for conserved, discontinuous epitopes of HIV-1 envelope glycoprotein by candidate AIDS vaccines. *J of Immunology* 1995;155:4100-4110.
- VanCott TC, Polonis VR, Loomis LD, Michael NL, Redfield RR, and Birx DL. Differential role of V3-specific antibodies in neutralization of primary versus laboratory-adapted isolates of HIV type 1. *AIDS Res and Human Retro* 1995;11:1379-1391.
- Michael NL, Chang G, d'Arcy LA, Tseng CJ, Birx DL, and Sheppard HW. Functional characterization of human immunodeficiency virus type 1 *nef* genes in patients with divergent rates of disease progression. *J Virology* 1995;69:6758-6769.
- VanCott TC, Veit SCD, Kalyanaraman V, Earl P, and Birx DL. Characterization of a soluble, oligomeric HIV-1 gp160 protein as a potential immunogen. *Journal of Immunological Methods* 1995;183:103-117.
- Ratto S, Sitz KV, Scherer AM, Manca F, Loomis LD, Cox JH, Redfield RR, and Birx DL. Establishment and characterization of human immunodeficiency virus type 1 (HIV-1) envelope-specific CD4+ T-lymphocyte lines from HIV-1 seropositive patients. *J Infectious Disease* 1995;171:1420-30.
- Michael NL, Chang G, d'Arcy LA, Ehrenberg PK, Mariani R, Busch MP, Birx DL, and Schwartz DH. Defective accessory genes in a human immunodeficiency virus type 1-infected long-term survivor lacking recoverable virus. *J Virology* 1995;69:4228-4236.
- Artenstein AW, VanCott TC, Mascola JR, Carr JK, Hegerich PA, Gaywee J, Sanders-Buell E, Robb ML, Dayhoff DE, Thitivichianlert S, Nitayaphan S, McNeil JG, Birx DL, Michael RA, Bur DS, and McCutchan FE. Dual infection with HIV-1 of distinct envelope (env) subtypes in humans. *J Infectious Disease* 1995;171:805-10.
- Michael NL, Mo T, Merzouki A, O'Shaughnessy M, Oster C, Burke DS, Redfield RR, Birx DL, and Cassol SA. HIV-1 cellular RNA load and splicing patterns predict disease progression in a longitudinally studied cohort, *J. Virol* 1995;69:1868-1877.

Office of HIV/AIDS Policy

Office of the Assistant Secretary for Health
U.S. Public Health Service/DHHS
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel. (202) 690-5560



Room 736-E
Fax. (202) 690-6584

☒ Room 736-E
Fax. (202) 690-7560

**Deliver to: Lahoma Smith Romocki
c/o Ms. Patricia Fleming**

Fax: 202-632-1096
Tel: 202-632--1090

(home) - 410 - 796-0622

From: Elaine M. Daniels, M.D., Ph.D.
Date: August 28, 1996

This fax contains 4 pages + cover
If transmission problems occur, please call Ms. Shellie Abramson at
the number above _____

Comments: Lahoma

Biosketch and synopsis of talk follow. I have also included a copy of
the Joint Declaration so that it can be made available to the Council.

Elaine

IMPORTANT INFORMATION FROM THE NATIONAL MINORITY AIDS COUNCIL

To: *LA Homa*

Organization: *Office of National AIDS Policy*

Fax: *632-1096*

Phone:

From: *Harold Phillips*

Pages Including Cover Sheet: *3*

Comments:

IF TRANSMISSION PROBLEMS OCCUR, PLEASE CALL (202) 483-1124

National Minority AIDS Council,
1931 13th Street, NW • Washington, DC 20009-4432
202-483-NMAC Fax 202-483-1127

*I hope this is
what you need.*

*Please mail the packet of
info to me directly.*

Thank you

*Leave me a
message
if you need
anything else.*

I will be checking in.

Division of AIDS

**National Institute of Allergy and Infectious Diseases
National Institutes of Health**

Date: *August 29, 1996*

To: *Lahoma Remocki*

Fax #: *202-632-1096*

**Office of the Director
6003 Executive Blvd.
Bethesda, MD 20892
Phone: 301-496-0545
FAX: 301-402-1505**

From: *Carole Heilman / Jack Kilen*

Number of Pages: *2* (including this transmission sheet)

Comments:

Per fax yesterday.

**National Council for International Health**

1701 K Street, NW - Suite 600

Washington, DC 20006-1503 USA

Tel: 202-833-5900 - Fax: 202-833-0075

E-mail: <ncih@ncih.org>

FAX TRANSMITTAL

To: Lathoma S. Kornocki
At: Office of National AIDS Policy
From: Cynthia K. Mariel
Dept: NCIH AIDS Program

Fax: 202-632-1096
Tel: _____
Date: 4 Sept 1996
Ext: _____ Pages: 4

MEMORANDUM

Lathoma,

The following pages contain a brief bio on myself in addition to my resume. I will pass out a written copy of my comments at the meeting on September 9. Thank you for your efforts!

Cynthia E. Mariel is director of the National Council for International Health AIDS Program. She has a master's in health education with an emphasis on international AIDS. For the past five years Ms. Mariel has worked on global AIDS issues while based in the United States and Africa. Prior to her current position with NCIH, Ms. Mariel was director of AIDS prevention in Malawi for Project HOPE, a U.S.-based private voluntary organization. In addition, she worked for over two years with the HIV/AIDS Prevention in Africa Program of John Hopkins Universities' School of Hygiene and Public Health providing technical support to various HIV/AIDS projects in Africa.

CYNTHIA ELOINE MARIEL

32 Lee Avenue, #102

Takoma Park, Maryland 20912

Phone: (301) 891-1529

PROFILE

Health education specialist with program design and management expertise in international health, AIDS prevention, participatory development, qualitative research and cultural dynamics. Work experience in Malawi, Uganda and Cameroon with Project HOPE, Johns Hopkins University and the United States Agency for International Development (USAID). Master's degree in Health Education. Bachelor's degree in American Studies.

**PROFESSIONAL
EXPERIENCE****PROJECT HOPE: Malawi****Program Director:** January 1994 - April 1995

Designed and implemented a USAID funded AIDS prevention project in Malawi focused on community based and national level programs. Applied Paulo Freire's methodologies to AIDS prevention activities targeting the religious sector and involving Christian and Muslim populations. Initiated and co-designed a national AIDS song contest and radio campaign involving mobile recording units, multisectoral government support and broad organizational collaboration. Provided motivation and technical assistance resulting in the establishment of an organization composed of Malawians living positively with HIV/AIDS and working publicly for AIDS prevention and care. Coordinated AIDS prevention activities in partnership with the National AIDS Control Programme. Hired and supervised a staff of nine and managed program, fiscal, procurement and administrative operations.

JOHNS HOPKINS UNIVERSITY: Baltimore, MD**School of Hygiene and Public Health/Institute for International Programs****HIV/AIDS Prevention in Africa (HAPA) Support Program****Program Assistant:** August 1991 - September 1993

Designed and directed a pilot AIDS prevention project in rural Cameroon utilizing traditional African dance and music to convey AIDS prevention messages. Assisted in the organization and implementation of a field workshop in Uganda on behavior change and program evaluation. Provided technical support to AIDS prevention programs in 7 African countries. Participated in international and domestic conferences related to AIDS prevention. Co-authored reports for USAID including publication of *Lessons & Legacies: The final report of a grants program for HIV/AIDS prevention in Africa*.

D.C. WOMEN'S COUNCIL ON AIDS: Washington, DC**Consultant:** July - August 1991

Researched prison policies related to HIV/AIDS prevention. Met with health officials at Lorton Prison to discuss development of AIDS prevention programs for female inmates.

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES**(CEDPA): Washington, DC****Consultant:** March - April 1991

Analyzed questionnaire data and wrote evaluation report of workshop on population and family life education conducted in Nigeria. Provided editorial assistance for preparation of family life education training manual.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT: Uganda
Contractor: February - August 1990
Represented USAID/Kampala in sector review of primary education in Uganda.
Evaluated funding proposal and made recommendations for establishment of a women's small credit program. Authored strategy brief for the mission on the topic of women and development.

AMERICAN LUNG ASSOCIATION: Washington, DC
Assistant to the Director: November 1987 - January 1990
Assisted director in executing program objectives for national government relations office working on health and environmental policies. Prepared correspondence and congressional testimony. Arranged meetings with U.S. senators and representatives.

POLICY EDUCATION PROJECT: Washington, DC
Assistant to the Director: May 1987 - February 1998
Assisted director in organizing and administering educational trips to Central America targeting elected officials and influential persons shaping public policy.

EDUCATION

UNIVERSITY OF MARYLAND: College Park, MD
Master of Arts in Health Education, 1996
Conducted ethnographic interviews on culture and women's health in Uganda.
Researched morbidity and mortality related to diabetes among low-income African American women. Studied and applied a cultural approach to community health and planned change. Thesis entitled, *AIDS Prevention in Africa: A case study focusing on culture and community participation in rural Cameroon.*

THE CENTRE FOR TRADITIONAL ACUPUNCTURE: Columbia, MD
Graduate studies in acupuncture, April 1986 - May 1987

HAMLIN UNIVERSITY: St. Paul, MN
Bachelor of Arts in American Studies, May 1975

PRESENTATIONS

Mariel, C., Kuppens, J., Carpenter, D., Banda, R., Phiri, F., & Yassin, M. (1995). *Utilizing participatory methods to mobilize the religious community for AIDS prevention in Malawi.* IXth International Conference on AIDS and STD in Africa. Uganda.

Chirwa, I., Mariel, C., & Carpenter, D. (1995). *Utilizing music to encourage AIDS prevention and care in Malawi.* IXth International Conference on AIDS and STD in Africa. Uganda.

Carpenter, D., Chirwa, I., & Mariel, C. (1995). *The National AIDS Song Contest: Using music to sensitize and mobilize urban and rural populations in Malawi for AIDS prevention and care.* IXth International Conference on AIDS and STD in Africa. Uganda.

Kengmo, P., Metangmo, P.-M., Lurie, M. & Mariel, C. (1995). *Community-based AIDS education and prevention in nine Menoua Villages of West Cameroon.* The Third USAID HIV/AIDS Prevention Conference. Washington, DC.

Mariel, C., Kengmo, P., Lurie, M., & Metangmo, P.-M. (1993). *Project Ah Ta-Ah: Linking AIDS education and prevention, culture and participatory problem solving in village in rural Cameroon.* VIIIth International Conference on AIDS in Africa. Morocco.

GAAN Global AIDS Action Network

1931 13th Street N.W. Washington D.C. 20009 202-667-6300 202-483-1135-Fax globalaids@aol.com

To: Patsy Fleming
National AIDS Policy Coordinator

From: Paul Boneberg
Global AIDS Action Network (GAAN)

RE: Description and Outline Per Your Request

Date: September 4, 1996

Per your request below is a description of GAAN and outline of our remarks on Monday.

GAAN, the Global AIDS Action Network, is a small educational organization. Its mission is to provide information on global AIDS issues to American AIDS groups. GAAN believes that the American AIDS community has a responsibility to be informed and involved in international AIDS efforts, and exists to facilitate that involvement.

Currently GAAN serves as co-chair of the International Issues Working Group of the NORA (National Organizations Responding to AIDS) Coalition. We also serve as North American point group for the International Council of AIDS Service Organizations (ICASO), the world's only global AIDS NGO network.

GAAN is governed by a board of directors. Its Program Director is Paul Boneberg, a longtime AIDS activist.

Key points in remarks to President's HIV/AIDS Advisory Council

- US interests relative to the global AIDS pandemic.
- Responsibility of American AIDS movement to be involved.
- Perspective on global response to the pandemic.
- Points of concern among numerous groups relative to US global AIDS programs.
- Recommendations as to actions by the administration.
- Recommendations as to actions by the Council.



United States Department of State

Washington, D.C. 20520

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages 2

To	Latham Romack	From	Miner Carter-Foster
Dept/Agency	ONAP	Phone #	647-2435
Fax #	632-1096	Fax #	736-7336

NSN 7540-01-317-7300

5099-101

GENERAL SERVICES ADMINISTRATION

NANCY CARTER-FOSTER

Ms. Carter-Foster is the Director of the Department of State's Emerging Infectious Diseases and HIV/AIDS Program in the Bureau of Oceans and International Environmental and Scientific Affairs. Ms. Carter-Foster has extensive experience in international negotiations, international population and women's issues, as well as health, environmental issues, international trade and management. As the Department's Coordinator for Population Affairs, she supported the establishment of an HIV/AIDS component to the Department's international foreign affairs infrastructure, promoting greater priority and international attention to addressing the disease and its implications for international health and economic development. She is responsible for having the HIV/AIDS issue put on the agenda in bilateral and international fora, and is presently coordinating the Federal Government's international effort to establish a global early warning and response network to combat the challenge of emerging infectious diseases.

Ms. Carter-Foster has been a foreign affairs advisor to Majority Whip of the U.S. House of Representatives, Cong. Wm. Gray, and was the U.S. Chief Negotiator on international population issues for the UN World Conference on Population, on population, the roles and status of women, and international health issues in the UN Conference on Environment and Development (UNCED) and in a myriad of other bilateral and multilateral fora.

Ms. Carter-Foster will address the panel on new and on-going international initiatives on emerging infectious diseases and HIV/AIDS around the world.



FACSIMILE TRANSMITTAL HEADER SHEET

**DEPARTMENT OF HIV VACCINE DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH**

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ROCKVILLE, MARYLAND 20850
PHONE: (301) 762-0089
FAX: (301) 762-4177

TO: *La Horra Smith Romocki*

DATE: *30 Aug 96*

FROM: *Deborah Bieri, DOD*

TIME: *1500hrs*

NUMBER OF PAGES TO FOLLOW: *3*

REMARKS:

*My apologies about being late.
One page into sheet + bio enclosed.*

*Do you want audio only - or audio + visual
for the presentation on the 9th*

Debbi

JOHNS HOPKINS

U N I V E R S I T Y

School of Hygiene and Public Health

241 Hampton House / 624 N. Broadway
Baltimore MD 21205-1901
(410) 955-1624 / FAX (410) 550-6898

Division of Vaccine Sciences

August 26, 1996

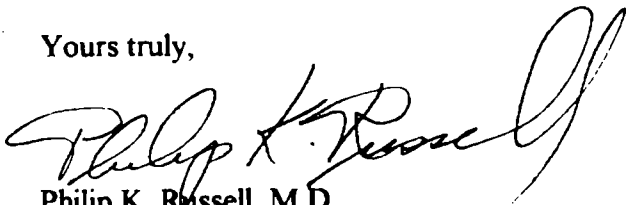
Ms Lahoma S. Romocki
Office of National AIDS Policy
Executive Office of the President
Suite 600
750 17th Street, N.W.
Washington, DC 20503
fax: 202 632-1096

Dear Ms Romocki,

Attached are a synopsis of my September 9 presentation and a biographical sketch as requested.

I look forward to the meeting.

Yours truly,

A handwritten signature in black ink, appearing to read "Philip K. Russell". The signature is fluid and cursive, with a large, sweeping "P" and "R".

Philip K. Russell M.D.
Professor, Department of International Health

Biographical Sketch

Philip K. Russell M.D.

Dr. Russell received his AB degree in biology from Johns Hopkins University in 1954 and MD from the University of Rochester in 1958. After an internship in medicine at North Carolina Memorial Hospital he entered the U.S. Army Medical Corps in 1959. He completed residency training in internal medicine at University Hospital, Baltimore and was board certified in 1965. During his military career he conducted research on a variety of infectious diseases and managed several vaccine development programs. Military assignments included several positions at Walter Reed Army Institute of Research including Chief, Department of Virus Diseases, Director, Division of Communicable Diseases, Deputy Director and Institute Director and Commandant. Overseas medical research assignments included Pakistan Medical Research Center, Lahore Pakistan, Chief of Virology at the SEATO Medical Research Laboratory, Bangkok, Thailand and Commander, U.S. Army Medical Research Team, Vietnam. Dr. Russell served as Commander of Fitzsimons Army Medical Center and Commander of the U.S. Army Medical Research and Development Command (1986-90) retiring as a Major General in 1990. Military awards include the Legion of Merit and Distinguished Service Medal. He is currently a Professor in the Department of International Health at the Johns Hopkins University School of Hygiene and Public Health. He has served on many national and international advisory groups including the Institute of Medicine Committee on Microbial Threats to Health, and the President's Advisory Committee on Human Radiation Experiments. Dr. Russell served as Special Advisor for the Children's Vaccine Initiative for four years and is now the President of the Albert B. Sabin Vaccine Foundation, Inc.

FAX TRANSMISSION
ERIC L. SAWYER
543 MANHATTAN AVENUE
NY, NY 10027 USA
TEL: (212) 864-5672
FAX: (212) 316-0020
e-mail: esawyer@lgc.apc.org

TO: La Kema Smith Romock,

From: Eric Sawyer

Date: 8/29/96

RE: Bio + Summary of Remarks

Here is a summary of my remarks
a copy of my bio for speaking
engagements.

If you want to shorten

the bio feel free to do so.

Thanks and I'm sorry

I misunderstood. I was

madly trying to finish my
speech thinking that
was what you wanted.

ERIC L. SAWYER
543 MANHATTAN AVENUE, NYC 10027 USA
TEL(212) 864-5672;FAX(212) 316-0020
E-Mail:esawyer@igc.apc.org

Biographical Summary:

Eric Sawyer is a 42 year old, openly gay male living with AIDS in the Harlem neighborhood of New York City. Eric has a BA in Psychology and a Master's Degree in Public Administration. Prior to retirement (on an HIV/AIDS disability pension) in December 1991, Eric worked for 14 years in public and corporate America for the City of Boulder, Colorado, American Standard Corporation, Citibank NA, and Towers Perrin, a management consulting firm.

Eric has been active in numerous AIDS organizations. Eric is one of the Founders members of ACT UP NY, founding the AIDS Housing, HIV/TB Co-infection and Global AIDS Action Committees. Eric also co-founded Housing Works, an ACT UP spin-off, not-for-profit organization that provides housing, supportive services, drug treatment and advocacy for more than 2,000 homeless and formerly homeless people living with HIV/AIDS.

Eric has been involved in International AIDS activities since 1990. He was one of the organizers of the grassroots movement to free the HIV positive Haitian Refugees from the Guantanamo Bay detention camp operated by the US government. Eric helped organize a civil disobedience at which former Presidential Candidate Rev. Jesse Jackson and Academy Award Winning Actress Susan Sarandon and Academy Award Winning Director Jonathan Demme were arrested with 40 religious and political leaders in protest of the Guantanamo Bay Camp. From 1993- 95 Eric helped the Haitian Women's Program secure funding for and lead the development of, both a case management and a housing assistance program to care for these HIV positive Haitian Refugees.

Eric has also served as the North American Representative to the Management Committee of and on the Board of Directors of, The Global Network of People Living with HIV/AIDS (GNP+).

Eric has organized and participated in several coalition press conferences and round table discussion sessions at the International AIDS Conferences in Amsterdam, Berlin and Japan. Eric was the only US representative to the NGO Community Liaison Committee and spoke at the Opening Ceremonies of the Vancouver Conference. He has spoken at several other national and international AIDS conferences in the USA, Mexico, Australia, Africa and Canada.

Eric has also participated in several strategic planning sessions for UN AIDS Programmes. This includes the WHO Preparatory Meeting for a Consultation on Long-term Travel Restrictions and HIV/AIDS; the Strategic Meeting on Vulnerable Populations, in preparation for the Paris Summit on AIDS. Eric also participated in the WHO/UNESCO AIDS Confronting Science Colloquium in conjunction with the Paris Summit. In May of 1996, Eric participated in the North American/ Europe Strategic Planning session for UNAIDS.

Eric has recently started The HIV/AIDS Human Rights Project to be run by a coalition of NGOs. The HIV/AIDS Human Rights Project - Board of Directors is Chaired by Academy Award Winner Susan Sarandon.

ERIC L. SAWYER
543 MANHATTAN AVENUE, NYC 10027 USA
TEL(212) 864-5672;FAX(212) 316-0020
E-Mail:esawyer@igc.apc.org

Summary of Remarks to Presidential Advisory Council:

During the Opening Ceremonies of the XI International Conference on AIDS in Vancouver Eric Sawyer gave one of the community representatives' addresses to the conference. In preparation for that speech, Eric consulted with many people living with AIDS, as well as, staff and board members of numerous NGO/CBO/ASO(s) regarding their thoughts on the most significant issues, challenges and unmet needs for people living with AIDS in developing countries. Eric's address will attempt to share several of the universal issues identified by many individuals during this process. He will also attempt to offer some suggestions for action items to help overcome some of the challenges we face in the Global Fight against AIDS.

Much of Eric's remarks will deal with the issues of access to treatments for people living with AIDS in impoverished settings and with the lack of a mechanism for protecting people living with the virus against human rights abuses. Eric will provide some suggestions for action items by the administration and the Presidential Advisory Council. Mr. Sawyer will also offer some general comments about re-thinking the current approach to treatment research, public health protection and disease control in a global environment.

THE WHITE HOUSE

WASHINGTON

August 21, 1996

Dear Friends:

Today, President Clinton signed into law the Health Insurance Portability and Accountability Act of 1996, an important new law protecting the health care coverage of millions of Americans. This bipartisan legislation, sponsored by Senators Kennedy and Kassebaum, is a critical first step toward repairing what's wrong with our health care system.

There are several significant provisions in the Kennedy-Kassebaum bill for people living with HIV/AIDS. They include:

- **Portability of Benefits.** People who move from one job to another will be able to keep their health benefits even if their new employer does not offer coverage.
- **Guaranteed Issue.** Insurers will be required to sell policies to anyone who wants one without regard to their health status.
- **Pre-existing Medical Conditions.** Insurers can no longer exclude coverage of treatment of pre-existing medical conditions if a worker moves from one job to another. Exclusions are limited to a maximum of 12 months and that period is reduced by one month for every month a person was covered in their old job.
- **Viatical Settlements.** As of Jan. 1, 1997, a person who is within 24 months of death can sell their life insurance death benefit to a viatical settlement company without paying taxes on the benefit.
- **Self-Insured.** Individuals who buy their own insurance will be able to deduct a larger portion of their premiums from their taxes. The current 30 percent deduction will grow to 80 percent in 2002.

These are meaningful new benefits for all Americans and, especially, people living with HIV and AIDS. The President is determined to continue to fight for meaningful health care reforms that will improve access to and affordability of health care coverage in this country.

Sincerely,

Patricia S. Fleming
National AIDS Policy Director

8] Fr : GlobalAIDS@aol.com at INTERNET /16/96 5:20PM (7531 bytes: 149 ln)
To: abdoulaye.diaaw@andadak.gn.apc.org at INTERNET, aidsleads@igc.apc.org at
INTERNET, aimlge@igc.apc.org at INTERNET, kablikat@mozcom.com at INTERNET,
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dgray-felder@rockfound.org at INTERNET, ehopkins@ix.netcom.com at INTERNET,
JHuntLight@aol.com at INTERNET, icaso@web.apc.org at INTERNET, iow@gn.apc.org
at INTERNET, lghlrc@igc.apc.org at INTERNET, intaids@hivnet.org at INTERNET
cc: helen.miramontes at S/N-CHS
Subject: RE: US Groups Respond To USAID AIDS Program Staff Reductions
----- Message Contents -----
To: AIDS Activists Concerned With Global AIDS Issues and Programs

From: Paul Boneberg
Global AIDS Action Network (GAAN)

RE: US Groups Respond To USAID AIDS Program Staff Reductions

Date: August 16, 1996

Friends and Colleagues--

As you know 75% of the staff positions at USAID's AIDS program office are
going vacant and may remain vacant indefinitely. This obviously has a
debilitating effect on the programs. Five actions have occurred in response:

1. Thirty-eight organizations--including many leading national AIDS
groups--sent a strong letter of concern to the President (attached). This
done by the International Issues Working Group of the NORA Coalition and is
perhaps the strongest statement on global AIDS issues ever made by the US
AIDS movement.

2. A similar letter to the President was also sent by over 25 members of the
National Council for International Health.

3. The sign on letter to the President that was circulated in Vancouver was
delivered to the White House.

4. A number of members of Congress (led by Rep. Pelosi) sent a letter of
concern to USAID about these vacancies and the AIDS program in general.
Although only 18 members signed they include many of the leaders on AIDS,
foreign affairs, or both. Signers were--Senators Boxer, Feinstein, Kennedy,
and Leahy; Representatives Pelosi, Yates, Torres, Lowey, McDermott, Frank,
Studds, Ackerman, Morela, Fasio, Waxman, Woolsey, Berman, Lantos.

5. The Presidential Advisory Council on HIV/AIDS has scheduled its first
panel on global AIDS issues at its September meeting.

If your organization wants to be involved and has not been so far--let us
know. More updates to follow--.

August 9, 1996

President William J. Clinton
The White House
Washington, DC

Mr. President:

We are writing to express our concern that staff vacancies in the Agency for

International Development Office of HIV/AIDS threaten to incapacitate US global AIDS programs.

As you know the World Health Organization estimates that by the year 2000, over 40 million people will have become infected with HIV worldwide--a 100% increase over the 20,000,000 infected during the first fifteen years of the pandemic. Ninety percent of these infections are occurring in the developing world, mainly through heterosexual transmission. Half of all new infections occur among women, especially those under the age of twenty-five. In some urban areas of the hardest-hit countries, up to 30% of the sexually-active population now lives with HIV. This is an unprecedented world crisis.

We believe that AIDS activities outside the US are of importance to America. Americans understand the horror of AIDS and the human suffering behind the WHO statistics. We have witnessed the devastation of this disease in our families, our communities, and our nation. If we can help prevent other peoples from undergoing this horror then we should do so.

In addition, Americans benefit from the international coordination of research, the sharing of prevention lessons from around the world, and the protection of the basic human rights of people living with HIV/AIDS.

Therefore we are troubled that many of the AIDS specific positions at the Agency for International Development--including the Director of the Office of AIDS, the Coordinator of NGO Programs, and the AIDS Policy Coordinator--will become vacant in the next several weeks. Soon a full 75% of the AIDS office positions will be empty. Further we have been informed by the agency that these positions may remain unfilled indefinitely.

It would be disastrous for US global AIDS programs to become leaderless and understaffed at this time. Three reasons stand out:

1. USAID is in the process of redesigning its core AIDS program--the AIDS Technical Support Project which is the largest bilateral AIDS program in the world.
2. UNAIDS--the new joint and cosponsored AIDS program of the United Nations--was just brought into existence by the US and other countries at the beginning of this year.
3. Scientific advances on both care and prevention, including those reported at the recent International Conference on AIDS in Vancouver, need to be incorporated into US global AIDS programs.

For over a decade the US has provided innovative leadership in response to the HIV pandemic such as in the creation of the Global Program on AIDS and more recently UNAIDS. This leadership has increasingly included lessons generated from our domestic AIDS response--to emphasize the inclusion of community based groups and people from affected communities including people with living with HIV. Much of the US vision was reflected in the 1994 Paris AIDS Summit Declaration which was signed on your behalf by Secretary Shalala. The seven global AIDS initiatives agreed to in this document are only now beginning.

Clearly Mr. President, now is not the time for USAID to allow its Office of HIV/AIDS to become vacant. Instead this is a time for US leadership to be expanded and for advances in care and prevention to be fully utilized. We urge that the vacant AIDS specific positions with USAID be filled immediately with personnel expert in global AIDS issues.

Thank you for your attention to this letter.

AIDS Action Council
Academy for Educational Development
AIDS National Interfaith Network
AIDS Network of the Tri-State Area
AIDS Policy Center for Children, Youth, and Families
American Public Health Association
African Red Cross

Association of Schools of Public Health
 Children's Hospital of New Jersey
 Cities Advocating Emergency AIDS Relief Coalition
 Concerned About AIDS
 Global AIDS Action Network
 Housing Works, Inc.
 Human Rights Campaign
 National AIDS Fund
 National Alliance of State and Territorial AIDS Directors
 National Association of People With AIDS
 National Council of Jewish Women
 National Catholic AIDS Network
 National Episcopal AIDS Coalition
 National Hemophilia Association
 National Latino/a Lesbian and Gay Organization
 National Minority AIDS Council
 National Ryan White Tittle IIIB Coalition
 Union of American Hebrew Congregations
 CT-UP Golden Gate
 CT-UP-Los Angeles
 CT-UP Philadelphia
 IDS Education Global Information System (AEGIS)
 IDS Project Los Angeles
 IDS Treatment News
 Critical Path AIDS Project
 Gay Men's Health Crisis-NY
 International Christian AIDS Network
 Mobilization Against AIDS
 WA Health Group (NY)
 San Francisco AIDS Foundation

[1] From: stahlhofer@who.ch at INTERNET 5/7/96 4:06PM (7021 bytes: 131 ln)
To: intaids@hivnet.org at INTERNET
bcc: helen.miramontes at S/N-CHS
Subject: ICASO Statement to UN Commission on Human Rights

----- Message Contents -----

Recently, UNAIDS invited Patrick Levy, on behalf of ICASO, to address the UN Commission on Human Rights during its 52nd session in Geneva. The Commission discussed HIV/AIDS under item 9. Please find below his statement.

Best regards,

Marcus Stahlhofer
Associate Human Rights Adviser
UNAIDS

STATEMENT OF THE INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANIZATIONS (ICASO) AT THE UNITED NATIONS COMMISSION FOR PREVENTION OF DISCRIMINATION AND PROTECTION OF MINORITIES, GENEVA, APRIL 1996

Item 9 of the agenda

*Migrants + immigrants
receive no education or treatment
and are at great risk.*

Every minute of every day, 5 people become newly infected with HIV. This means that by the end of our brief intervention, at least 25 people will become HIV+. These are men, women, children, co-workers, friends and relatives, migrant and mobile populations, including international civil servants on duty travel, people you and I know. You must realize, that HIV has already successfully penetrated the border of every nation on our planet.

ICASO, the International Council of Aids Service Organizations, together with the "Migrants Network of the European Project" and all the networks fighting against AIDS in the world, wish to express their concerns about the acute problem of HIV/AIDS amongst mobile populations all over the world.

But before we continue, we wish to express our frustration at the lack of adequate and serious attention being paid to the issue of HIV and AIDS by this Commission. This was painfully evident last week when Dr. Piot of the new UNAIDS Programme's appeal to participants to wear the red ribbon as a symbol of solidarity was tragically ignored by all but a few conscientious, alert delegates. For people living with HIV, this was a very sad testimony to the lack of support for this fundamental human rights issue.

Let me now return to the urgent needs of mobile populations. Migrants, immigrants and refugees already live a marginalized existence. At worst, they are the victims of hate by extreme right wing groups, at best, they gain only indifferent acceptance and tolerance. In the last few years, they have become politically controversial and a matter of intensive debate inflaming public opinion.

From continent to continent, migration of rural people to urban sites, movement of truck drivers, militaries, sex workers and seasonal migration increase individuals vulnerability of exposure to the rapid spread of HIV. Why is this so? These are people on the move often with little resources and no access to information, health care and support regarding how to avoid being infected. Unfortunately, there is no cooperation between countries sending migrants and countries receiving them, with each country avoiding responsibility for migrants.

Theoretically, in most of developed countries, migrants who are HIV+ are entitled to facilities accessible to citizens and residents. In reality, however, due to bureaucracy and discrimination, HIV+ migrants often do not receive authorization necessary to allow them treatment. For example, cases were reported in France where persons died before they obtained their certificates permitting the treatment.

With regard to travel restrictions, it must be noted that in more than 50 countries travel restrictions continue to be applied against people living with HIV/AIDS. This includes countries all over the world, including Europe, Asia and Latin America.

Even in countries claiming to advocate for human rights, they frequently ban HIV+ people from entering their borders, such as the USA.

In some countries, mandatory testing is conducted only on groups considered to be "high risk. When someone, who is HIV+ is refused access to a country, the official reason is rarely his HIV status. Therefore it is difficult to prove the discrimination. Such travel restrictions include the deportation of HIV positive persons (for example Filipinos from Taiwan or Koreans from Japan).

With regard to travel restrictions, we believe that a just and efficacious travel and immigration policy should not exclude people because of their HIV status, particularly since HIV is already present in every country.

We therefore insist that all delegations representing countries with HIV-related travel restrictions in this room should understand that it is more effective, in terms of protecting both their population and migrants and avoiding associated health care costs, to provide comprehensive care and prevention programs, including culturally-sensitive HIV/AIDS education and information in all languages.

Furthermore, Non Governmental Organizations and people living with HIV/AIDS do, and must, continue to play an essential role in the implementation of care and prevention programs and should be provided adequate resources and support to do so.

Similarly, we appeal to all Human Rights NGOs to take up the issue of HIV/AIDS specific human rights violations to strengthen our struggle and join in our fight remembering that HIV/AIDS is a disease affecting us all.

We need to strengthen the ethical and legal response in order to face the virus effectively. We ask the Commission to highlight to everyone, everywhere, that the only way to stop the virus is through education towards more responsible behavior and to abandon discriminatory policies which perpetuate the stigma and foster the conspiracy of silence.

Thank you, Mr. Chairperson.

Dorothy Odhiambo and Patrick Levy,
ICASO Representatives

Dorothy Odhiambo
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FAX: (312) 236-2321

To: *Lahoma*

Date: *8/21/96*

Fax #: *202632-1096*

Pages: *12*

From: *Bob Fogel*

Subject: *INT'L UPDATE*

COMMENTS:

SOME PAPERS FOR BACKGROUND FOR COUNCIL
BRIEFING BOOK. Thanks Bob
(USE ALL OR SOME)

This is a rush, please deliver immediately

If you do not receive all pages, please call the number listed below as soon as possible
(312) 236-5207

The attached materials are intended only for the use of the above named addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

**NATIONAL COUNCIL FOR INTERNATIONAL HEALTH
AIDS PROGRAM**

**1701 K Street N.W., Suite 800
Washington, D.C. 20006**

August 2, 1996

Dear Colleagues:

As you may be aware, a crucial period of transition is now underway within the HIV/AIDS Division of the Office of Health and Nutrition, Bureau for Global Programs, of the United States Agency for International Development (USAID). This potentially threatens global AIDS priorities, programs and funding initiated by the United States. We feel strongly that organizations, institutions and individuals concerned about global AIDS efforts must be alerted to this situation and encouraged to actively address the following issues:

- Several key positions within the HIV/AIDS Division, including that of Division Chief, will become vacant during the next few weeks.
- As a result, 75 percent of the staff positions within the HIV/AIDS Division will be vacant, reducing the staff to only three or four people out of the 1995 level of 13 staff. We have been informed by the agency that these vacant positions may remain unfilled indefinitely.
- A similar scenario of staff vacancies within AIDS program management is beginning to occur among USAID missions abroad.

The NCIH AIDS Program is drafting a sign-on letter to President Clinton requesting immediate action to fill vacancies in the HIV/AIDS Division with professionals who possess global AIDS expertise and who understand communities most affected by the disease. Without sufficient staff who are experienced and committed to a broad global AIDS vision, the response by the United States to the pandemic is seriously hampered.

As a respected U.S.-based organization responding globally to the AIDS pandemic, your signature on this letter is crucial. Presenting a united front will assure that, at this time of great promise in HIV/AIDS prevention and treatment, AIDS is not sidelined.

Please join with the National Council for International Health (NCIH) AIDS Program and your colleagues to support action on this by signing the attached letter. A draft copy of the sign-on letter is included in this fax. If your organization would like to sign on to the letter, please fax back the attached form to the NCIH AIDS Program (fax # 202-833-0075) with the appropriate name, signature and contact information of the person authorized to do so. If you have any questions, feel free to call me at (202) 833-5900 ext. 209. The deadline to respond to the sign-on letter is Wednesday, August 7, 1996.

Sincerely,

**Cynthia E. Mariele
Director, NCIH AIDS Program**

EXECUTIVE OFFICE OF THE PRESIDENT

14-Aug-1996 12:16pm

TO: Multiple recipients of list

FROM: tap-drugs

SUBJECT: ACT UP Speech at AIDS Conference text

This is the text of the speech Eric Sawyer, one of ACT UP/NY's founding members and founder of Housing Works, made to the 15,000 people attending the International AIDS conference in Vancouver this July.

Remarks at the Opening Ceremony of the International AIDS Conference in Vancouver July 7th. by Eric Sawyer, ACT UP New York

Thank you for your kind words of introduction. And thank you to the IAS, to the Five Co-sponsoring Organizations and to the conference organizers.

Distinguished guests, I am going to be very blunt. I'm here to sound a wake up call to everyone attending this conference. I am afraid that you all will miss the real message from this conference. I speak especially to the media, who have started the spin that the "the cure is here, let's dance." If you think the cure is here, Think Again. The cure is not here.

The fact that the protease - combination-drug treatments are showing a lot of promise in the blood tests of the very few people who can get them, does not mean that the cure is here. Yes the preliminary results from these hugely expensive combination treatments look great. But we are a long way from a cure, even for the rich who can afford the treatments. And we are no closer to a cure for the majority of people living with AIDS on this planet than we were ten years ago. Most PWAS can't get aspirins.

Are you listening yet? The headlines that PWAS want you to write from this conference would read: "Human Rights Violations and Genocide continue to kill millions of impoverished people with AIDS". That is the truth about AIDS in 1996.

The truth is, genocide continues against poor people with AIDS, especially those from developing countries, by AIDS Profiteers who are more concerned about maximizing profits than saving lives. Drug Companies are killing people by charging excessive prices. This limits access to treatments. The greed of AIDS Profiteers is killing impoverished people with AIDS.

The truth is, the governments of the world are killing people with AIDS, because they think public health is isolating their rich often white populations from the diseases of the poor by instituting

immigration barriers instead of providing health care to the sick. Governments are killing poor people in developing countries because they are providing only a tiny amount of AIDS funding which is limited to prevention efforts and does not pay for AIDS care.

The truth is, Hatred of the poor and of the disenfranchised communities continues to allow discrimination, stigmatization, violence and even the murder of people living with AIDS to remain unchecked. People with AIDS do not have any protection against Human Rights Violations.

I hope that I've gotten your attention. Because People with AIDS need access to treatments, not false hope. People with AIDS need their Human Rights to be protected. People with AIDS also, need a new global initiative to get treatments into developing countries.

To the drug companies people with AIDS say it's time to drop you prices. Drug Companies should consider developing a two tier pricing system that allows reasonable profits to be made from the rich. But, AIDS treatments must also be made available to the poor everywhere, at cost or at very minimal levels of profit.

And if you drug companies don't make this shift voluntarily we will advocate for governmental regulations to mandate this and fight to have your patents taken away from you. Remember tetracycline in W.W.II. If drug companies don't respond we should fight for taxing the profits of Pharmaceutical to pay for treatments for the poor.

To the development agencies, UNAIDS and USAID PWAs say "we need a Global Initiative to get treatments to poor people, especially in developing countries. You must form a partnership between people with AIDS, drug companies, the business community at large and governments to get treatments and prophylactics for TB, PCP and diarrhea diseases, the primary killers of people with AIDS.

We are not talking about huge amounts of money, like we in the north are paying for the Protease three drug cocktails. Peter Piot told me TB Prophylaxis costs \$15 per person per year in Uganda. Community Prescription Services says generic bactrium is purchased by some governmental programs in the US for \$32 per person per year. NTZ is being studied by WHO for treatment of Diarrhea, including crypto-sporidium. It is produced in one ton batches and should be priced similarly to the TB Prophylaxis. Thus, for less than \$60 per year we can save a persons life. We have a moral obligation to humanity to make these treatments available to everyone.

During the community forum, a working group to continue cooperative work towards global access to treatments was formed. This process must be nurtured and supported, drug companies and governments must join this group to help get drugs into developing countries.

To the researchers, PWAs say re-think the way that research is conducted on treatments against HIV and the Opportunistic Infections of AIDS. We must take advantage of the revolutionary new laboratory tests, including viral load testing. We must start methodological research of Off -Patent use of a host of safe drugs that might treat HIV or it's OI's. A series of 10 week efficacy studies should be sufficient.

Similarly, we must start sanctioning, funding and evaluating the

benefit of indigenous, alternative and holistic treatments. Some of these treatments are providing some anecdotal benefit for the treatment of opportunistic infections and against HIV many are cheap and plentiful.

To the governments of the world PWAs say you must quite lying. Our governments lie to us when they sign meaningless statements like the Paris Summit Declarations and the G-7 Statement promising to do something for AIDS. Government promises don't save lives, but government actions and funding for AIDS Programs can. Bill Clinton if you care about PWAs ask Congress for 3 billion dollars for International AIDS Programs instead of 130 million dollars.

We must also broaden global AIDS programs away from the prevention only priority for AIDS funding because it is undermining prevention efforts. HIV/AIDS programs must include prevention, human rights and treatment components. This is necessary because effective prevention efforts both target HIV infected individuals with prevention education and use self-identified HIV-infected individuals as prevention educators. HIV infected individuals need an incentive, like access to treatments and care to encourage their participation. HIV infected individuals also need protection from persecution that often accompanies disclosure of HIV infections. Prevention efforts that lack accompanying treatment and human rights components are undermining prevention efforts.

We must also broaden our approach to treatment and prevention efforts to include the greater participation of infected community members, tribal leaders and traditional healers.

During the Community Forum a second working group was also started to initiate a network of cooperative actions by AIDS Service Organizations and by Human Rights Organizations around HIV/AIDS Human Rights Violations. And in the United States Academy Award Winning Actress Susan Sarandon and I started The HIV/AIDS Human Rights Project to raise money and media attention to the many Human Rights abuses that are occurring around the world.

But the communities impacted by AIDS can't do it alone. It's time for society to share the commitment to making a difference - not in the politics of AIDS, but in the lives of tens of millions of people living with the virus.

It is time for the media to stop talking about a cure that does not exist.

It's time we start talking about global access to health care; not about donor fatigue and diminishing resources.

It's time we start talking about protecting the human rights of people with AIDS; not about imposing more immigration restriction that deny more people with AIDS from health care.

It's time we all learn to work together, whether we work to fight AIDS through an Agency Program, an NGO, a government, a health care provider or a private business. For any one of us to make a difference we must all work as one team in this global fight.

But before this can happen we must end the genocide. Before this can happen we must end the greed. Because: GREED = Death, end the greed.

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