

RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: Vince.Micone (Vince.Micone@justice.usdoj.gov@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME:23-OCT-1997 15:17:00.00

SUBJECT: Follow-up to Lunch

TO: Paul J. Yandura (Paul J. Yandura@eop [UNKNOWN])

READ:UNKNOWN

TEXT:

Paul,

It was great meeting you yesterday. I very much enjoyed lunch, and look forward to working with you on the World AIDS Day program and other activities.

Attached is our internal "after-action report" for last year's WAD. If it doesn't come through, please let me know and I'll fax (send number) over a copy.

The PHS Physician is responsible for Infectious Disease Programs at the BOP is Dr. Newton Kendig, 202-307-2867, x141.

I will give Pat Hawkins, the Whitman-Walker Assistant Exec. Director for External Affairs, your number about the HI/AIDS correctional programs. She's certainly an effective advocate in this area, and may provide you with some excellent thinking points.

Can I get a copy of the World Health Association's World AIDS Day publication from you? I can send a messenger over.

Thanks! Let me know how I can be of assistance!

Vince

begin 640 WAD96.TXT

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end===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

RFC-822-headers:

Received: from conversion.pmdf.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879)
id <01IP5FUVT2C000PEXT@PMDF.EOP.GOV> for yandura_p@al.eop.gov; Thu,
23 Oct 1997 15:19:36 -0400 (EDT)

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01IP5FUU5URK00PYQR@PMDF.EOP.GOV> for
yandura_p@al.eop.gov; Thu, 23 Oct 1997 15:19:33 -0400 (EDT)

Received: from wdcsun1.usdoj.gov ([149.101.1.100])
by STORM.EOP.GOV (PMDF V5.1-7 #6879)
with ESMTP id <01IP5FU6DEZE001NGI@STORM.EOP.GOV> for yandura_p@al.eop.gov;
Thu, 23 Oct 1997 15:19:01 -0400 (EDT)

Received: (from daemon@localhost) by wdcsun1.usdoj.gov (8.8.4/8.8.4)
id PAA00557 for <yandura_p@al.eop.gov>; Thu, 23 Oct 1997 15:16:42 -0400 (EDT)

Received: from intmail.usdoj.gov(10.222.3.6) by wdcsun1.usdoj.gov via smap
(V1.3) id sma000522; Thu Oct 23 15:16:24 1997

Received: by wt1 (1.39.111.2/16.2-WT4.1) id AA239494260; Thu,
23 Oct 1997 15:17:40 -0400

Received: by TELEMAIL; Thu, 23 Oct 1997 15:17:00 -0400

X-Mailer: Worldtalk (4.1.1-p1)/STREAM

===== END ATTACHMENT 1 =====

RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER@aol.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 7-MAY-1998 16:11:00.00

SUBJECT: Re: CUBA

TO: Daniel C. Montoya (Daniel C. Montoya@eop [UNKNOWN])

READ:UNKNOWN

TEXT:

Bob,

At your request, I am re-sending you the Cuba recommendation for reconsideration in June. (See below) Thanks for your continued interest. This was tabled at our December meeting. (We must also follow up with ONAP to see that this material is included in our meeting book.)

As you know, the main concern voiced by members of the Council which led to the tabling of this important recommendation, was whether or not it could be considered an "AIDS-specific" issue. In addition to the recent articles by myself & Jim Graham (see IAPAC Journal Vol 4. #1 - January 1998), I attach the enclosed 10-page AIDS-specific article from the American Association of World Health report; The Impact of the U.S. Embargo on Health & Nutrition in Cuba. (March, 1997) I call your attention particularly to pages 234 -- 239 ("HIV/AIDS & the U.S. Embargo"). [NOTE: Please inform me immediately if the attachment fails to be readable.]

I think you will see that this is definitely an AIDS-specific issue. Over 100 members of Congress (Rep & Dem) as well as the President are interested in easing humanitarian restrictions with respect to Cuba. It is important that we support the President when he is interested in doing the right thing. My recent trip to Cuba underscored to me how important to people with AIDS our advocacy can be! Recent changes in opinion among Cuban-Americans make this an ideal time for us to be pro-active!

RECOMMENDATION

The Presidential Advisory Council on HIV/AIDS recommends that the President support efforts in Congress directed at amending the Embargo Authority in the Foreign Assistance Act of 1961 so that any such embargo shall not apply with respect to the export of any food, medicines, medical supplies, medical instruments, or medical equipment, or with respect to travel incident to the delivery of food, medicines, medical supplies, medical instruments, or medical equipment. The embargo of such supplies contributes to the suffering of persons with HIV/AIDS and other diseases and is contrary to international humanitarian principles by which the United States should abide.=====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

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7 May 1998 16:22:45 EDT
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with ESMTP id <01IWRB5GULSW0041JZ@PMDF.EOP.GOV> for Montoya_dc@a1.eop.gov;

Thu, 07 May 1998 16:22:08 -0400 (EDT)
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by STORM.EOP.GOV (PMDf V5.1-10 #22921)
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Thu, 07 May 1998 16:21:13 -0400 (EDT)
Received: from RAPANUIJER@aol.com by imo27.mx.aol.com (IMOV14.1)
id XALYa05149; Thu, 07 May 1998 16:11:58 -0400 (EDT)
X-Mailer: AOL 3.0 for Mac sub 84
===== END ATTACHMENT 1 =====

===== ATTACHMENT 2 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

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1. **Identify the main topic of the passage.**
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~~Date: APR 24 1968~~

Good	Very good	Excellent
100%	90%	80%
70%	60%	50%
40%	30%	20%
10%	0%	0%
None	None	None
Bad	Very bad	Terrible
100%	90%	80%
70%	60%	50%
40%	30%	20%
10%	0%	0%
None	None	None

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: control group (CG) and intervention group (IG). The CG received no intervention, while the IG received a 6-week intervention program. The outcome measures were measured at baseline, post-intervention, and follow-up.

1. *Pharmaceuticals*—The pharmaceutical industry is the largest and most profitable of the major industries in the United States. It is a highly competitive industry with a high degree of innovation. The industry is characterized by a high degree of concentration, with a few large firms dominating the market. The industry is also characterized by a high degree of regulation, with the Food and Drug Administration (FDA) overseeing the safety and efficacy of drugs. The industry is also characterized by a high degree of research and development, with a large portion of the industry's revenue being spent on R&D.

72-27-734

1. *Pharmaceutical Innovation and the Role of the State*
 2. *The Impact of Patent Law on Drug Development*
 3. *The Role of Government in Regulating Pharmaceuticals*
 4. *The Impact of Health Insurance on Drug Access*
 5. *The Role of the Pharmaceutical Industry in Public Health*

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Journal of Food and Medicine

The Impact of the

U.S. Embargo on

Health & Nutrition

in Cuba

Introduction

Since 1981, when the first HIV-positive cases were identified in Cuba, until January 1, 1993, the cumulative number of persons testing positive was 1,040, including 410 AIDS patients, 630 of whom have died. The average incubation time from HIV infection to full-blown AIDS is 10 years, and the average survival time from the onset of AIDS is 18 months.

The National AIDS Prevention and Management Commission was founded in 1985 by the Public Health Ministry, which the same year set up an epidemiological surveillance system and conducted campaigns in communities. By 1990, there were 2791 HIV test stations in primary laboratories in Cuba. By 1990, was in place by the governmental public health system to develop the National AIDS Prevention and Control Program, and in particular to launch the first National AIDS diagnostic lab and related equipment for the provincial clinical bases and 15 diagnostic centers in the country.

By mid-1990, a network included 15 diagnostic centers, 100 test stations, 1000 test kits, 1000 test kits (mostly in hospitals) and workers in tourism, the medical, marine, fishing and airlines industries (every year). Later, testing would be extended to pregnant women in their first trimester, hospitalized patients, outpatients and patients suffering from sexually transmitted diseases. In 1990, Cuban laboratories began producing their own diagnostic kits, and a year later, a domestically designed kit was introduced, using ELISA technology. According to the Ministry of Public Health, the Cuban AIDS strategy was based on four main programs:

- Serological screenings of large population groups.
- Epidemiological study of risk HIV-positive cases, with an attempt to identify partners at risk.
- Hospitalization of seropositive patients in a sanatorium, to offer specialized care, education and training, and to reduce the dissemination of HIV in the Cuban population.
- Development of an offensive policy in health education and promotion concerning AIDS.

Perhaps the most controversial of these programs has been the sanatorial care for HIV-positive patients, which originally obliged seropositive Cubans to live the rest of their lives in these institutions. Organized like small communities, the sanatoriums are made up of apartment complexes and small houses, plus infirmary, offices, and other patient facilities.

In 1993, the sanatorium policy underwent changes. Until then, patients were permitted daily visits but only allowed to return to their families and communities on the weekends. That year, an outpatient program was begun. Under the reform, all patients at all times in the provincial sanatorium for extended diagnosis and treatment, psychological counseling,

THE UNWAIVING PROGRAM

The Johns Hopkins Hospital is the national reference center for clinical management of HIV and AIDS. The hospital provides the highest level of care for HIV and AIDS patients when necessary and for those who are unable to receive care elsewhere. The hospital also provides the highest level of care for those who are unable to receive care elsewhere.

Other Johns Hopkins programs directly related to the prevention, diagnosis, treatment and research concerning AIDS are the National Reference Laboratory for HIV, the National Immunodeficiency Center, the National Blood Bank System and the Center for Genetic Engineering and Biotechnology.

CUDA AIDS Statistics

(FROM JANUARY 1, 1985 TO JANUARY 31, 1986)

	Number	%
TOTAL HIV POSITIVE	1,200	
Men	847	70.6
Women	353	29.4
Gay or Bisexual (male)	620	43.3 of total 1,200
Gay or Bisexual (female)	10	0.8 of total 1,200
Unknown	170	14.2 of total 1,200
WHERE HIV ACQUIRED		
Cuba	242	20.2
The Americas	35	2.9
Africa	167	13.9
Europe	10	0.8
Unknown	170	14.2
MODE OF TRANSMISSION		
Homosexual	520	43.3
Gay or Bisexual	604	50.3
Blood Products	9	0.8

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THE HIV/AIDS PROGRAM

HIV-Related Cases by Region and Sex

Province	Female		Male		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
Pinar del Rio	34	10.29	74	18.63	112	14.42
La Habana	10	2.51	33	8.16	43	5.00
City of Havana	134	10.84	179	14.97	313	12.41
Matanzas	9	2.88	24	7.62	33	4.67
Vila Clara	51	11.54	129	25.68	179	10.18
Cienfuegos	15	7.54	24	11.83	39	9.62
Sancti Spiritus	25	10.85	10	5.15	35	11.00
Colonias Avila	10	4.88	18	8.25	28	5.62
Camaguey	7	1.50	20	5.18	27	3.37
Las Tunas	7	2.58	15	5.53	22	4.86
Holguin	10	1.63	17	3.02	27	2.49
Granma	12	2.74	19	4.24	31	3.40
Sancti de Cruz	9	1.52	25	5.51	34	5.06
Cuanjivama	13	4.71	15	5.39	28	5.05
Isla de la Juventud	3	17.40	3	17.08	6	7.24
National	353	6.18	647	13.42	1,000	10.42

Source: Epidemiology Department, Havana AIDS Sanatorium, 1993

HIV, AIDS and the U.S. Embargo

On the basis of on-site visits to the Havana AIDS sanatorium and the Pedro Kouri Institute of Tropical Medicine, interviews with specialists and scientists, bibliographic materials, and statistical data, it can be concluded that prevention, diagnosis, treatment and research involving HIV/AIDS have been negatively impacted by the U.S. embargo. Specifically, by restrictions on exports from U.S. companies and their foreign subsidiaries; limitations on exports of U.S. commodities or patented items, including on exports that would contribute to Cuban biotechnology research and industry; and travel restrictions leading to reduced access to scientific information and fewer opportunities for scientific exchange. The families of AIDS patients have also been negatively affected by limitations on travel (see chapter on Family Relations and Humanitarian Emergencies).

During the economic crisis of the nineties, economic efforts to prevent HIV/AIDS have been considerably hindered. A significant contributing situation, exacerbated by the embargo, continues to be general

THE HIV/AIDS PROGRAM

made through third parties in 1995 that cost \$200 more the average wholesale price due to much higher shipping fees.

While testing diagnosis involving a battery of confirmatory tests and protection of the blood supply have been threatened by the U.S. embargo in the extent that shortages of European suppliers with U.S. companies have suddenly cut off parts and equipment supplies of reagents, and plastic modules for the lab work, and over the long run promised to make this process significantly more expensive than ever. In addition, the embargo has disrupted the supply of reagents such as FVIII, FIX, and FVIII/FIX concentrates used in laboratory blood work to follow the progress of the disease in patients. In particular, the laboratories faced sudden shortages of the reagents used immediately with the patient and extended making it impossible to carry out the lab work. Cases and lab tests for specific T-lymphocytes. Other pharmaceuticals regularly used in the AIDS program, with similar impact on continuing treatment, have been cut off. Examples include AZT, Zalcitabine, and 3TC. Siphon 4R ACT.

According to Dr. Kiser, key equipment for diagnosis and follow-up has also been impossible to purchase at various times. Specifically in enzyme immunoassays for HIV as an example that comes from the U.S. from which this equipment is used to measure T-lymphocytes. Dr. Kiser stated that the embargo has prevented the importation of certain medical equipment in the Netherlands in 1992 and was also by the Center for International Trade and Commerce prevented his company from selling to Cuba.

Maintaining healthy life styles and the most effective treatment for HIV-positive and AIDS patients is an issue that has not been sufficiently responsive to the embargo. First, the economic situation generated by the embargo and second, existing free-trade specific regulations.

At the time of the embargo, the general conditions of patients were nutrition and the availability of the medical program since 1990. At the center, the patients receive a diet rich in calories (about 2,000 daily) and protein, free of charge, and it is estimated that each resident costs the health system about \$15,000 per year. The nutritional situation outside the institutions, exacerbated by the embargo (as a major source of nutrition), is so difficult that it has been cited by residents as one reason they have not opted to remain their families through the out-patient program.

Medications for HIV/AIDS Patients

Ensuring Cuban AIDS patients access to medicines is the most critical need of the U.S. embargo

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THE HIV/AIDS PROGRAM

Dr. Pérez ordered the following medicines, purchased by MEDICUBA and made available with the following conditions: (1) MEDICUBA is not directly available to Cuba:

1. Acyclovir (Zovirax) by Pfizer, FDA approved Nov. 1, 1988. This drug is used against herpesvirus, a parasite which can attack the eyes, mouth, nose, heart, liver, brain and the nervous system; in AIDS, tumors may form within the brain. Autopsy studies through 1990 showed that 24.3% of Cuban AIDS patients suffered from herpesvirus at the time of death.

2. Foscarnet (Foscavir) by Pfizer, FDA approved Nov. 1, 1988. This drug is used against cytomegalovirus, which can produce congenital insufficiency, and herpesvirus, which destroys the cells and leaves scar tissue, causing loss of vision. Autopsy studies through 1990 showed that 24.3% of AIDS patients suffered from CMV disseminated at the time of their death.

In the case of both these Pfizer medications, Dr. Pérez personally approached the Pfizer representative and medical medical meeting and was told that the company could not sell in Cuba because of the company's restrictions. Since then, MEDICUBA has not only sporadically been able to purchase foscarnet, because prices quoted by intermediaries have been out of range, but never have they been able to order acyclovir. Both have come into Cuba in small amounts for donations, according to Dr. Pérez.¹⁷

3. Zalcitabine (ddC) by Burroughs-Wellcome, FDA approved June 23, 1988. This drug is used against cytomegalovirus, which can produce congenital insufficiency, and herpesvirus, which destroys the cells and leaves scar tissue, causing loss of vision. Autopsy studies through 1990 showed that 24.3% of AIDS patients suffered from CMV disseminated at the time of their death. This medication is extremely unavailable to Cuba because of high prices quoted through intermediaries. Small amounts have come through donation.¹⁸

4. Didanosine (ddI) by Burroughs-Wellcome, FDA approved March 11, 1989. This drug is used against cytomegalovirus, which can produce congenital insufficiency, and herpesvirus, which destroys the cells and leaves scar tissue, causing loss of vision. Autopsy studies through 1990 showed that 24.3% of AIDS patients suffered from CMV disseminated at the time of their death. This medication is extremely unavailable to Cuba because of high prices quoted through intermediaries. Small amounts have come through donation.¹⁹

The case of ddI is illustrative. Approved by the FDA in early 1989, it took several months for Cuban importers to locate suppliers willing to sell even small amounts to Cuba at a cost which Dr. Pérez calls "astronomical." He stated that the importer was directly responsible for at least six deaths in 1989. In a total of 176 patients in Cuba at the time, ddI was the only approved medication. He stated that the cost of the drug was \$100 per patient, and that he had to pay \$100 per patient for nearly a decade and was one of those waiting for

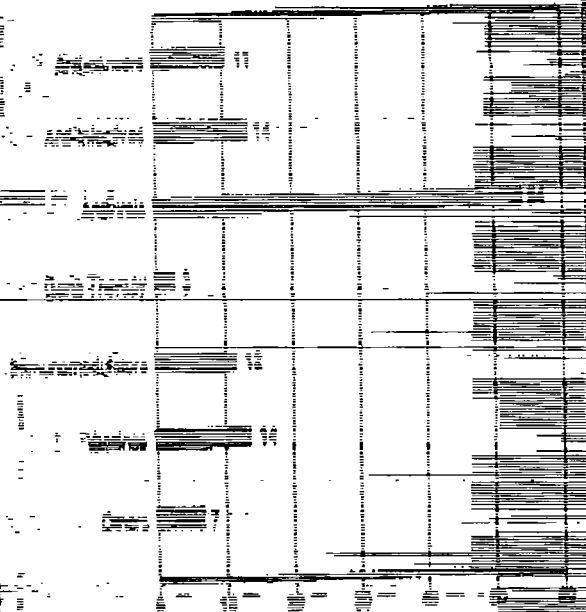
Continuing Program

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also three of them by manufacturers outside the United States, and two outside embargo restrictions (two of the three are jointly patented with U.S. firms).

Dr. Perez says that Cuban specialists are particularly interested in the progress of a new type of drug called zalcitabine developed by at least four U.S. pharmaceutical corporations. He says that the U.S. government will send an AIDS research ship this year, and that the 310 Cuban U.S. companies will spend on it.

Time to Market of AIDS Medicines/Drugs in Development



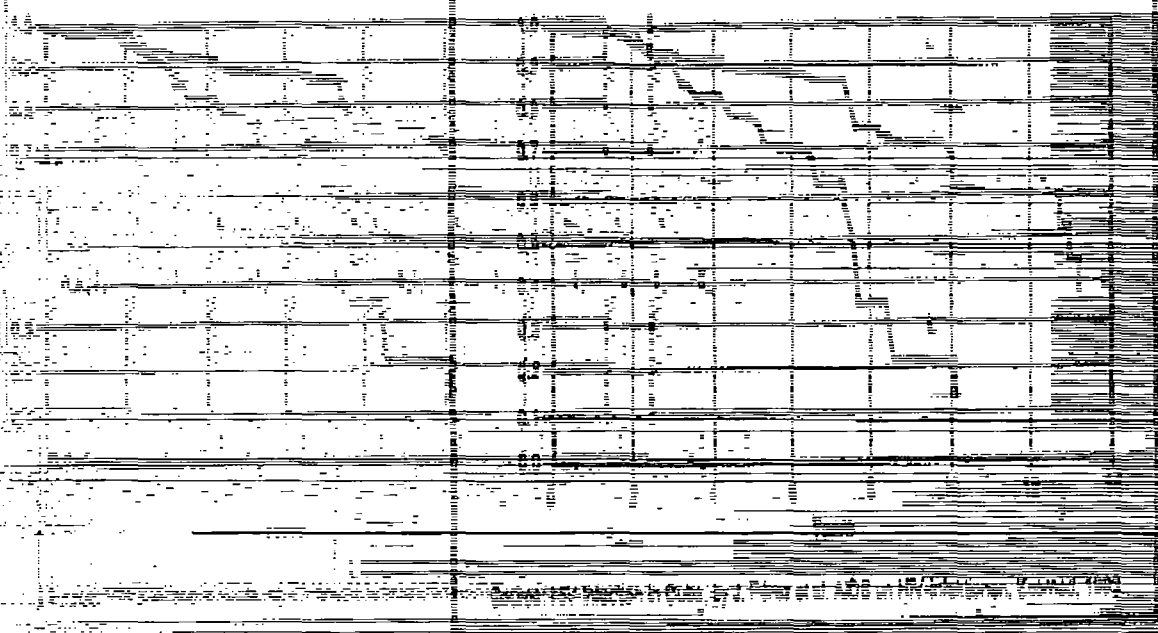
Source: U.S. Department of Health and Human Services, 1988 survey.

As disturbing as Cuban reluctance to increase its U.S.-manufactured drug is the embargo provision aimed at the Cuban pharmaceutical industry's capability for domestically producing key AIDS-fighting medications such as interferon. (See chapter on Vaccine and Biotechnology). Research, Development and Production. Dr. Perez notes that studies carried on in Cuba indicate the potential effects of interferon, both in prolonging the incubation period for seropositive

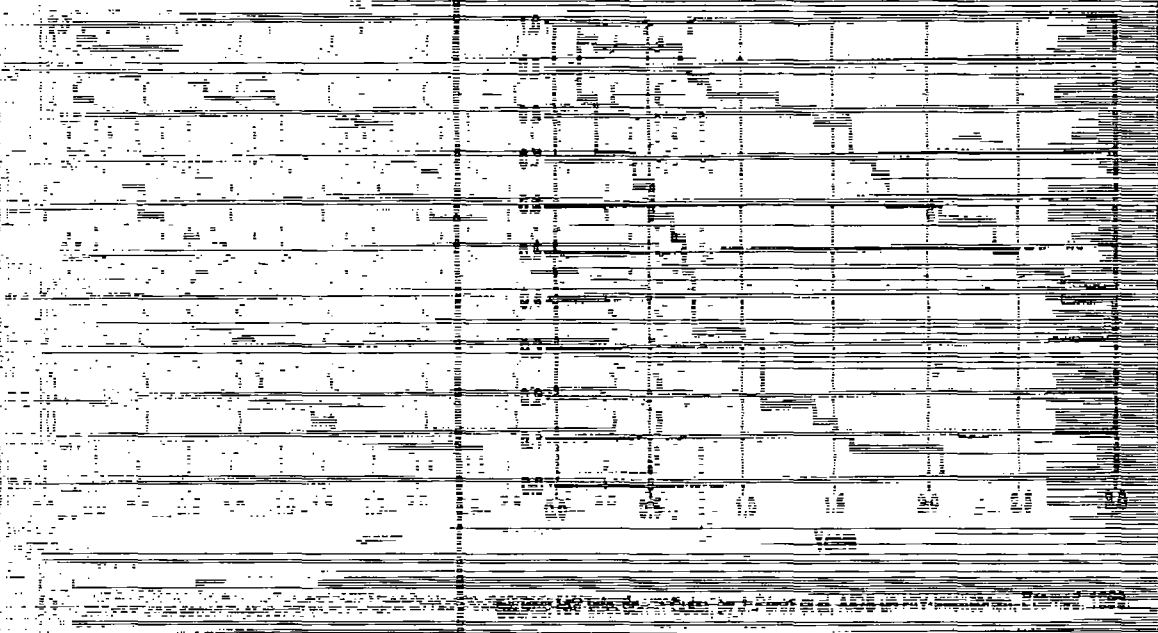
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THE HIV/AIDS PROGRAM

Comparison of Two Kaplan-Meier Curves for Survival Time
Data, 1/1/94 - 12/31/99



Comparison of Two Kaplan-Meier Curves for Survival Time
Data, 1/1/94 - 12/31/99



Source: HIV Infection in Cuba, by J. Perez et al, AIDS in HIV Infection, February 1999

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11.5. Scientific research to attract a critical scientific workforce sponsored by the Pedro Pablo Kuczynski Institute for Freedom, Medicine and the Market, AIDS Prevention and Control Program in Havana, and the Committee for International AIDS Research, and the Center for HIV Research and Prevention of the University of Havana.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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SUBJECT: Re: AIDS and South Africa

TO: Thomas_M._Rosshirt (Thomas_M._Rosshirt@ovp.eop.gov [ovp])

READ:UNKNOWN

CC: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP [OPD])

READ:UNKNOWN

CC: montoya_dc (montoya_dc@a1.eop.gov [UNKNOWN])

READ:UNKNOWN

TEXT:

Tom,

Since you have not had the opportunity to respond to my voice mail, I thought that I would send you a copy of the draft letter.

The letter originates from the Consumer Project on Technology, which is directed by James (Jamie) Love and is under the Center for Study of Responsive Law started by Ralph Nader in 1968.

An initial list of signatures appears at the bottom of the letter. Signatures are to be accepted through June 30.

I continue to update Daniel Montoya on the issue. Since it is an extremely complicated issue, please feel free to contact me if you would like more background.

Jason Taylor Wright, MSFS, MA
International Health Officer
Office of International and Refugee Health
Department of Health and Human Services
(301) 443-7246 phone

(301) 443-6288 fax

jwright@osophs.dhhs.gov

Reply Separator

Subject: AIDS and South Africa

Author: Thomas_M._Rosshirt@ovp.eop.gov at INTERNET

Date: 5/19/99 4:22 PM

Jason:

I've heard you're on top of the issue of AIDS, Africa, and the cost of pharmaceuticals. Do you know anything about the group releasing the petition, and whether the petition has been released yet? thanks.

Tom

Sign-on letter to Vice President Gore regarding his opposition to African access to essential medicines

** Over the past three years public health groups have repeatedly petitioned Vice President Gore (co-chair of the US/South Africa Binational Commission) and US trade organizations to stop pressuring South Africa and other developing countries over to access to medicines.

** The disputes involve complex intellectual property and trade matters. In essence, the US government is demanding that South Africa, India, Thailand and many other countries not enact provisions in WTO/TRIPS rules on intellectual property that would lower drug prices. The US position is that WTO rules regarding protection of patent rights are not high enough.

** Africa is suffering from a mind boggling public health emergency. According to the US Surgeon General, in nine south African nations, 20% to 26% of people between the ages of 15 and 49 are infected with HIV/AIDS. The disease is also widespread and growing in Thailand, India and other parts of the world, and is associated also with new epidemics in tuberculosis, meningitis and other diseases. Public health authorities believe this is creating new treatment resistance strains of infectious illnesses.

** So far all efforts to change US policy have failed. On April 30, 1999, Vice President Gore authorized the USTR to issue a sweeping new review of South Africa policies on compulsory licensing, parallel imports and approval of generic drugs such as Taxol. Among other things, the US government is officially punishing South African for permitting its public health officials to speak out on trade and intellectual property issues in the World Health Organization.

** Public health groups now are trying to reach a broader audience. We are asking for signatures on the following letter to the Vice President. We hope we can raise enough public awareness in this issue that the Vice President will be forced to change US policy. Please help circulate this important letter.

James Love <love@cpotech.org> 202.387.8030

<http://www.cpotech.org>

If you are willing to sign, please send the following information to James Love by mail <love@cpotech.org> or by fax 202.234.5176.

Yes, include my name:

Name:

Title (optional):

Affiliation (optional):

City, State, Country:

(For more info, see <http://www.cpotech.org/ip/health/sa> signatures will be accepted through June 30, 1999)

<-----the sign-on letter to Vice President Gore----->

Dear Vice President Gore,

We are writing to express opposition to trade pressures you are bringing against the people of South Africa over their struggle to obtain access to essential medicines.

The White House dispute with South Africa concerns three basic points.

1. The South Africa government has indicated it wants to use compulsory licensing of medical patents to produce cheaper copies of HIV drugs and other essential medicines. This is of course legal under the WTO/TRIPS agreement, subject to Article 31 safeguards.

2. The South Africa government wants to authorize "parallel imports"

of pharmaceuticals, so that it can buy drugs in the United States, Europe or elsewhere, in order to get the best world price. As you know, parallel importing of pharmaceuticals is legal under Article 6 of the WTO/TRIPS agreement, and is a common practice in Europe.

3. The South African government has approved generic versions of Taxol, a US government invention for treating cancer.

As co-chairman of the US/South Africa Binational Commission (BNC) you have authorized a wide range of trade pressures against South Africa, much of which is documented in a February 5, 1999 report to the Congress by the US Department of State. (See <http://www.cptech.org/ip/health/sa/stdept-feb51999.html>.)

Despite increasing criticism of the US bilateral pressures on South Africa, here and internationally, your office has authorized new trade pressures against South Africa on April 30, 1999. (See: <http://www.cptech.org/ip/health/sa/sa301-ap99.html>.)

The April 30, 1999 announcement of a Special 301 out-of-cycle review of trade pressures against South Africa ignored every shred of information that has been provided to your office by public health groups. Indeed, this most recent announcement is basically a recycled version of the February 16, 1999 submissions by the Pharmaceutical Research and Manufactures Association (PhRMA), the trade association that represents giant drug companies like Bristol-Myers Squibb, Glaxo, Pfizer, and Johnson and Johnson that are trying to stop South Africa from implementing policies to cut costs for pharmaceuticals in South Africa.

It is shocking that the US government is adapting such an aggressive trade policy on behalf of US pharmaceutical companies, when all of sub-Saharan Africa is confronted with a public health crisis of historical dimensions. The US Surgeon General, Dr. David Satcher, recently wrote in the Journal of the America Medical Association that "HIV/AIDS can be likened to the plague that decimated the population of Europe in the 14th century." Dr. Satcher says that "in many southern African countries, HIV/AIDS has become an unprecedented emergency, with 20% to 26% of people between the ages of 15 and 49 infected."

This is a here-and-now emergency. It is not a hypothetical or potential emergency. These people will die without access to pharmaceutical drugs.

Your response to this emergency should be to find ways to save lives. But look what you are doing.

** You are aggressively seeking the repeal of legislation in South Africa that would permit that country to do what nations in Europe do, use parallel imports to buy drugs at the best world price. South Africa wants to use market forces to cut drug costs. You are pushing to protect pharmaceutical companies from global competition, thereby forcing the South Africa people to pay premiums to buy drugs.

** You are punishing South Africa for even speaking out in favor of compulsory licensing of HIV/AIDS and other essential medicines. The April 30, 1999 report on South Africa complains that:

During the past year, South African representatives have led a faction

of nations in the World Health Organization (WHO) in calling for a reduction in the level of protection provided for pharmaceuticals in TRIPS.

In fact, everything South Africa is seeking to do is legal under the WTO/TRIPS agreement, so this and countless other statements by US government officials are bald lies. But regardless, the exercise of free speech in international forums is an astonishing basis for trade sanctions. As an elected official, indeed, as a human, how would you act if 20 percent of all sexually active young people in the United States were infected with a fatal disease, and a foreign country was trying to prevent you from purchasing drugs on the global market to save money, and was preventing you from licensing firms to manufacture life saving medicines? Would you simply show up at the World Health Assembly and docilely applaud the actions of that country? Even if that foreign country was engaged in a relentless public relations campaign to label every legal action as a form of piracy or lawlessness? At what point would you have the guts to tell the world the truth, and to speak out on behalf of millions of infected young men and women?

** You are punishing South Africa for giving approval to generic versions of Taxol, a cancer drug that was invented by the US government. There are aspects of the US government complaint about Taxol that are absurd, on technical grounds, such as the insistence that South Africa extend longer periods of data exclusivity than are required in the United States. But the larger issue is more basic. Why on earth should Vice President Al Gore or any other US government employee seek to prevent global competition for Taxol, a life saving cancer drug that was invented and developed by the US National

Institutes of Health? Taxol was in NIH sponsored Phase III trials before the Bush Administration gave BMS exclusive rights to use NIH research for drug approvals. What is the moral basis for extending the BMS monopoly on Taxol in a country that is so poor?

As the Vice President of the United States you are in a position to do much good or much harm in the world. US voters will soon be asked to determine if you should be the next President of the United States. Please explain why they should choose you.

Sincerely,

James Love

Director

Consumer Project on Technology

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Access to Essential Drugs

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