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Maggie Williams (Subject Files)
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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(1) National security classified information [(b)(1) of the FOIA]
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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

From the Managing Editor...

This issue of TA Newsletter examines the use of volunteers in our agencies. There is a myth that people of color don't volunteer. Guess what. We do! How many church bake sales, food, clothing and toy drives have you participated in during the last year? How many rides have you given people to the doctor or gone to the store to run errands for a sick neighbor? All of the "helping" that goes on in communities of color is really an unrecognized form of volunteerism which can be tapped by our AIDS Service Organizations in the form of long or short term projects. This issue also contains suggestions on how to use special event volunteers. Some of the suggestions offered there can be used when working with regular volunteers.

Our next issue will preview the **Fifth Annual National Skills Building Conference in Los Angeles, October 19 -22.** This event will be the largest Skills Building Conference ever and is sure to be spectacular. The conference is designed to enhance the effectiveness of front-line community based organizations and individuals responding to the needs of those living with HIV/AIDS and those at risk for HIV infection. You won't want to miss this valuable opportunity and TA Newsletter will tell you why in its Sept./Oct. issue.

Speaking of things you won't want to miss, the **Minority Executive Director's Leadership Forum, August 10 - 13, 1995,** in Palm Beach, FL and the **People of Color Living With HIV Leadership Forum, August 24 -27, 1995,** in Paulden, AZ. These two Regional Conferences sponsored by NMAC provide support to people of color involved in this epidemic. The Minority Executive Director's Forum provides an opportunity for executive directors to discuss their issues and network with one another. The POC Forum is designed for PLWA/HIV and teaches them how to become their own advocates, take care of themselves and learn from each other. For more information on these Leadership Forums, contact Jenny Gough at 202-483-6622.

Harold J. Phillips

NATIONAL MINORITY AIDS COUNCIL
1931 13TH STREET, NW
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TECHNICAL ASSISTANCE NEWSLETTER

If Only I Had A Few Extra Hands

By Harold Phillips

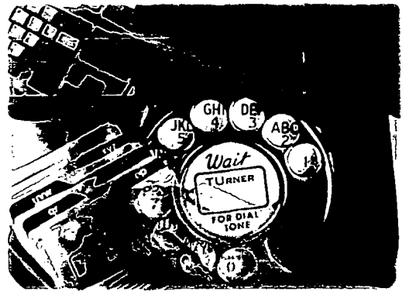
It's been more than a few years since the Beatle's sang, "I get by with a little help from my friends", but in today's climate of increasing demands for service and decreasing financial resources, agency "helpers" or volunteers will come to play an even greater role in the provision of services. This article will outline the necessary steps to create an effective volunteer program. Whether you have a large or small agency, volunteers can play a tremendous role in strengthening your capacity.

First there is a need to examine the issues or circumstances that are affecting the agency and its desire for volunteers. These may include;

- increased work load
- decrease staff burnout
- funding for volunteer coordinator

Each set of issues will be different for each agency. To obtain a true sense of the circumstances fueling the need for volunteers, talk to staff. It is best to obtain their input and assess their feelings about using volunteers. It is also a perfect opportunity to gauge their knowledge and comfort level regarding the use of volunteers.

All of this brings us to the next step. Once you begin the dialogue with staff, some of the barriers to using volunteers will emerge and may include:



- lack of staff skills regarding working with volunteers
- reluctance to place volunteers in key positions
- not enough time for follow-through, training and support

"Whether you have a large or small agency, volunteers can play a tremendous role in strengthening your capacity."

It is best to address these concerns initially with staff. The attitudes and reactions of the staff to the volunteer program will have a tremendous affect on the success or failure of your efforts. In most cases, staff should be trained on the appropriate use of volunteers. This will help ease tensions and help to ensure that the staff knows the roles and responsibilities of the volunteers and what is expected from them as staff in regard to the volunteers.

Just as you have goals for other aspects of your service delivery, there is a need to develop goals for your volunteer program. These goals should stem from your organization's mission statement and support the program activities of the organization. This piece of the program plan answers in very broad terms what you want volunteers to do. It might sound like this; *The volunteer program's mission is to assist in improving the lives of PLWA/HIV in the predominately Latin community by providing meals.* You should notice that goal does not specifically address

(continued on page 2)

NATIONAL MINORITY AIDS COUNCIL

JULY
AUGUST
1995

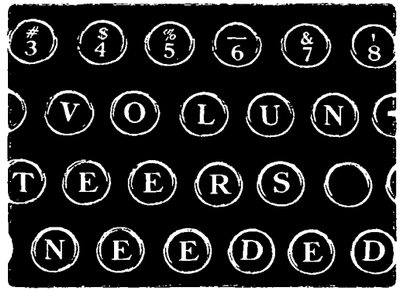
Harold Phillips is a technical assistance specialist for the National Minority AIDS Council. He specializes in improving the organizational capacity of minority CBO's

(If Only I Had a Few Extra Hands cont'd. from p.1)

how this is to happen or whether the volunteers will cook, chop, clean, or serve. It provides the framework for detailed job descriptions, volunteer functions and the program itself.

The next steps should be to develop internal systems to support and give guidance to the volunteers. These should include volunteer applications, systems to screen volunteers and assign tasks, volunteer job descriptions, volunteer manuals and the creation of mechanisms to make volunteers know their efforts are appreciated. Depending on the size of your budget or agency, you may also create a volunteer newsletter to keep volunteers connected to each other and the agency.

Look for ways to include volunteers in agency activities besides special events. A sample of potential volunteer functions include answering phones, stuffing envelopes, assembling safer sex kits, maintaining speakers bureau, providing office maintenance, offering transportation, being buddies, stocking food pantries, organizing clothing or toy drives. Some of these activities are ongoing throughout the year. Others are project oriented with a definite beginning and end. It may be easier in many cases to get volunteers to commit to these finite projects. Many project volunteers who help with finite projects come back with a little prodding if their volunteer experience was a good one.



"Make sure you take time out to show your appreciation for the work your volunteers do."

Tactics for outreach to potential volunteers can be creative and cost very little. Public service announcements on radio or television are free in most areas. Community bulletins or notes in newspapers are spaces where non-profits can advertise or announce an event for free. Check with your local newspaper. Setting up a table with flyers on volunteer opportunities at community events such as street festivals and fairs is an excellent way to raise the visibility of the agency and announce the volunteer program. Another way to help put a face on the agency for the community includes hosting a volunteer opportunity night. Once a month have a meeting for those interested in volunteering. This gives them a chance to meet you and ask questions about the work. You can also schedule speaking engagements to talk about the agency, HIV/AIDS and volunteer opportunities.

Several sororities and fraternities are service oriented and look for new volunteer opportunities. Talk with the local college or university's Greek council about arranging speaking engagements. In addition, many campus groups get involved in service projects. Look for natural matches, groups for people of color, gay/lesbian student associations, social justice organizations. Some high schools give credit to students for volunteering as interns; check with your local schools to find out more about this.

If you want volunteers who are a little older, look for religious communities which have social action committees or are very involved in community service. It seems that for every church that turns its back on this epidemic, I hear of at least two who are delivering a humane and compassionate response to those affected by this disease

Another source of volunteers that we often overlook are those who have retired or are on disability, particularly those living with AIDS/HIV. Many PLWAs on disability do so to reduce the amount of stress in their lives caused by the everyday strain of work. This

TECHNICAL ASSISTANCE

JULY/AUGUST 1995

T.A. provides technical assistance and information on subjects in organizational management, for people in communities of color who work with issues of HIV infection. The newsletter is published bi-monthly by the National Minority AIDS Council.

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Why Join NMAC?

NMAC is the only **national AIDS organization** dedicated solely and specifically to minority communities.

NMAC sponsors **award-winning conferences** including the *National Skills Building Conference*, *Our Place At The Table* and the *Prevention Summit*.

NMAC's TA department provides **unsurpassed technical assistance** and training to member CBOs.

NMAC's Public Policy department **protects your rights** on Capitol Hill.

NMAC's Treatment and Research department **advocates for better treatments** and treatment information in communities of color.

NMAC produces **national prevention education campaigns** directed at people of color living with HIV.

NMAC's membership of over 600 CBOs around the country provides members with **opportunities for networking and collaboration.**

NMAC produces **state-of-the-art technical assistance manuals** such as the "Strategic Planning Manual For AIDS Service Organizations" and the "Finance Manual."

NMAC's ongoing publications, **TA Newsletter and Update,** keep members updated on the latest events, issues and information in the fight against AIDS.

NMAC's Honorary Board Chair is Grammy award-winning artist, **Patti LaBelle**.

NMAC has created the, **"Women's Project"** to document and address the needs of women and families of color affected by HIV/AIDS.

NMAC is dedicated to using all of its resources on a national level to help develop leadership in minority communities to address issues of HIV/AIDS.

I WANT TO BE A LEADER IN THE FIGHT AGAINST HIV/AIDS!

By joining the National Minority AIDS Council, your organization becomes part of the powerful national voice of over 600 minority community based organizations fighting to win the war against AIDS. NMAC provides its members with representation on Capitol Hill, comprehensive technical assistance, innovative communications programs, a wide range of publications and a dedication to develop leadership within communities of color to address issues of HIV/AIDS infection. For more information contact the NMAC membership department.

NATIONAL MINORITY AIDS COUNCIL

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ Zip _____

Telephone ( ) _____

FAX ( ) _____

Enclosed is my membership contribution of $_____. *See fees at right.*

❑ Check Enclosed

❑ Please charge my credit card:
❑ MasterCard ❑ VISA

Account # _____

Expiration _____ Cardholder Name (Print) _____

Authorized Signature _____

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❑ For Community Based Organizations and National HIV/AIDS-Related Associations:

IF YOUR ANNUAL BUDGET IS:	YOUR ANNUAL MEMBERSHIP FEE IS:
less than $250,000	$ 125
$250,000 to $500,000	$ 250
$500,000 to $1,000,000	$ 500
$1,000,000 to $2,000,000	$ 750
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❑ Health Departments

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NMAC Board Member, Sandra McDonald, Receives $100,000 Award for Community Health Leadership

The Robert Wood Johnson Foundation named Sandra McDonald, an NMAC Board member and the Executive Director of Outreach, Inc. in Atlanta, as the recipient of a $100,000 award in its Community Health Leadership Program (CHLP) for 1994. Ms. McDonald was one of 10 recipients chosen from a national pool of nominations. The awards are given to individuals for their work in creating or enhancing health care programs serving communities whose needs have been ignored or unmet.

"I am thrilled and honored to receive this award," said Ms. McDonald. "As personally encouraging and satisfying this award is to me, it will mean so much to the people of Atlanta, who are desperately in need of new health care programs."

Ms. McDonald has already begun thinking about how to utilize the money. She is currently planning to open a free clinic near Outreach, Inc.'s newest satellite location. The clinic would be run on Saturday's, two to three times a month and would be designed to assist and be sensitive to the needs of local families. Ms. McDonald plans to provide a full-range of health care services. In addition to general medicine, HIV/AIDS testing and counseling and addiction treatment and counseling, the free clinic would also allow clients the opportunity to meet with specialists in many fields including Psychiatry and Internal Medicine.

"I want to create a health care forum where the family is viewed as a single unit," explained McDonald. "You can't treat someone who is addicted to drugs or who is HIV positive, without dealing with the effects of that individual's situation on the entire family. You need to take a wholistic approach to health care."

Another program McDonald is planning will focus on major issues affecting young, African American males, specifically HIV/AIDS, addiction and violence. Both programs will be fine-tuned through "rap sessions" with target audiences.

The deadline to nominate someone for a 1995 CHLP award is September 1. You can call (617) 426-9772 for further information. ■

NMAC Opens New Headquarters

The National Minority AIDS Council (NMAC) officially opened the doors to its new headquarters on June 1, 1995. The renovated brownstones are located at 1931 13th Street, NW in Washington DC's historic Shaw district. The buildings were burned out during the civil rights riots of the late 1960's and have stood abandoned until now. With this move, NMAC becomes the first national AIDS organization to own its own building.

The need for a new headquarters is, unfortunately, directly related to the rising number of AIDS cases in communities of color. The Shaw neighborhood was chosen for several reasons. It is currently undergoing an economic rebirth and is also a community filled with NMAC's constituents. In addition, Shaw's largely African American and Latino/a population has not avoided the particular devastation that AIDS has wrought on communities of color across the country

NMAC will celebrate the grand opening in the fall with a major special event appropriately entitled, "In Tribute." The event will honor the neighborhood and its history and celebrate its revitalization as well as memorialize those who have been lost to or are living with AIDS. The event will be held at the historic Lincoln Theatre.

"This is both an exciting and sobering moment for us," explained Paul Kawata, NMAC's Executive Director. "The new building signifies the strength and importance of NMAC as an organization and we hope the building will serve as a beacon of hope and empowerment for communities of color across the country. However, the move also signifies an acknowledgment on our part that the AIDS epidemic is not going away."

The move also means good business for NMAC. The annual savings for NMAC by paying a mortgage, rather than rent, will be nearly $10,000. In addition, the unused space in the new headquarters will be rented out to various AIDS/minority organizations at affordable rates and will generate additional income for NMAC.

"We hope the new headquarters will help to build the infrastructure of the movement," added Kawata. "The number of AIDS cases is continuing to rise, particularly in communities of color and among women and children. We all need to work together to put an end to this epidemic." ■

does not mean that they are adverse to volunteering occasionally. I would encourage you to reach out to this community as well as retired seniors who have skills and training.

Finally, make sure you take time out to show your appreciation for the work your volunteers do. A volunteer lunch, dinner, certificate, movie passes, happy hour, picnics are all ways to say "THANKS". This is important, as it affects the retention of volunteers and it often does not have to be an elaborate or expensive show of thanks. Save the expense of glamour until you have a million dollar budget! Then you can thank the people who helped you get there, including your volunteers.

Running a volunteer program takes planning, creativity and a little extra effort, but in the long run the benefits can make a world of difference. The reduction in staff work load, raising the visibility of the agency and just the completion of "back burner" projects will contribute to the overall health of you and your agency. ■

11 Steps to Effective Use of Event Volunteers

Volunteers are what make fundraising, outreach, and special events a success and cost-effective for your organization. Here are some things to remember for volunteer directors and event coordinators:

1. **Planning.** Staff tend to over-estimate the number of volunteers needed. Certainly you need to determine a comfortable cushion when estimating the need for support--considerations such as no-shows, late-comers, and emergencies must be taken into account. Plan for volunteers shifts of duty instead of just a "body count". Many volunteers will work several shifts or over a period of several days if you have an extended event. Require staff requesting volunteers to create a brief job description. Create a form to make this job easier. Include experienced volunteers in planning sessions--they've done the job before and know what works and what doesn't

2. **Recruit from new sources.** Many corporations and service organizations have groups of employees who lend their time for one-time events. Contact the human resource departments for information. Many send out E-mail announcements with contact information about your event. Consider computer bulletin board services, include a small announcement at the bottom of your fax cover sheets, and include a message on your voicemail.

3. **Educate.** Make sure volunteers are knowledgeable about your organization. They are ambassadors for your guests. People attending your function usually don't know the distinction between paid staff and volunteers. Everyone should know what's going on to answer questions and be able to steer people to an information area or staff member when needed. The best way to educate volunteers is to hold an orientation/training before your event. Give them a volunteer handbook when appropriate. Help them to see the big picture and why their role is vital to the success of your event.

4. **Who's who.** Always provide identification, such as name badges and/or accreditation. This helps identify who is a volunteer, what duty they perform, level of access to areas of your event. Security, medical personnel, information, monitors, backstage/green room and other volunteers should always have distinctive identification. Control this process closely.

5. **May I quote you?** Identify media/press staff or volunteers to everyone. Encourage volunteers to express their personal experience to the media--speaking as a volunteer, but have them refer all other questions to official press representatives. It is sometimes tempting when a microphone and video

(continued on page 4)

camera is pointed at a volunteer, for them to want to respond to every question. Set a guideline to avoid this situation. Give volunteers a basic fact sheet if appropriate.

6. **Check-in often.** No one likes to be left working alone or sweating over a decision with no one official to answer questions. Even when clear instructions are given for a volunteer assignment, go back and review the area to make sure your goals are understood. Always shift at least two volunteers for every job. Consider rotating volunteers for difficult or boring jobs. Bathroom, food and beverage breaks are needed by everyone.

7. **The right tool...** Make sure they have the supplies to get the job done. Nothing is more frustrating to volunteers who donate their time than to sit and wait for materials to begin helping. Always have back-up jobs ready in case the party invitations you need to mail haven't arrived on time from the printer. Have change in the cash-box, a safe ladder to hang the banner, or sunscreen for outdoor venues.

8. **Accessibility.** Inform volunteers about guests, other volunteers or staff with special needs. Information on accessibility issues for people in wheelchairs, people with AIDS complications, blind or deaf/hard of hearing persons will make everyone feel comfortable and welcome. Discuss at the orientation/training what is appropriate, how to offer assistance, how to handle a medical emergency, where to make a 911 call if needed.

9. **Care Team.** Create a Volunteer Support Center for larger events. This area could consist of volunteer check-in,information, emotional support, a secure place for belongings, food and beverages for breaks, a place to share a ride home, etc. Create a bulletin board for volunteer messages and "hot-list" volunteer needs for people who have extra time to give. Post announcements for future event volunteer needs and don't forget to have information on how to continue helping the organization in other volunteer roles. Turn a one-time volunteer into a valuable asset.

"Although most people are motivated by helping a good cause, give them a reason to come back and help again."

10. **Last minute details.** Don't forget yourself. Recruit a volunteer assistant to help you during the event. Make sure volunteers know exactly when and where they are to show-up. Put details on your office voicemail in case a volunteer loses the address or time. Remind staff that no one volunteers to do a bad job. Sometimes people don't understand instructions or get a job that isn't appropriate for them. Ask staff to be patient and calm--model this behavior. Identify all key people to volunteers, those who can over-ride any decision (such as the executive director or board president), or not (such as the executive director or board president).

11. **Have fun.** Although most people are motivated by helping a good cause, give them a reason to come back and help again. Make their time enjoyable. Play music during set-up and breakdown, offer a fun gift at the end of their shift, a autograph from a celebrity at your event, a souvenir of the event, give them a "100% Pure Volunteer" button, schedule a volunteer appreciation party for large functions. Hold a simple raffle with prizes for the volunteers who show-up on time or stay until clean-up is over. Follow-up with volunteers to tell them how much money was raised or how their efforts helped you reach your goal. Now, take a vacation. ■

NMAC's 1995 "Our Place At The Table" Conference and Congressional Dinner was a major success. Over 500 people attended the conference and dinner. Here are few pictures from the event.

(From left to right) **Representative Jerrold Nadler (D-NY), Paul Kawata,** NMAC's Executive Director and **Senator Frank Lautenberg (D-NJ).**

Miguelina Maldonado, NMAC's Director of Government Relations and Policy addresses the crowd at the "Our Place" reception as NAPWA's **Cornelius Baker,** looks on.

The Congressional dinner's mistress of ceremonies, **Dr. Rovenia Brock,** of Black Entertainment Television and **Moisés Agosto,** NMAC's Director of Research and Treatment Advocacy.

Congresswoman Carrie Meek (D-FL) delivered an entertaining and empowering address at the Congressional Dinner.

(From left to right) **Carlos Velez, Patricia Fleming,** National AIDS Policy Director and NMAC Advisory Board member **Steven Trujillo.**

Free AIDS

May 9, 1996

Dear Member:

The Research and Treatment Advocacy Department of the National Minority AIDS Council wants to make sure that you receive the correct information about accessing and using protease inhibitors. The purpose of this mailing is to provide you with this information.

For the first time in the history of this epidemic we are starting to see some light at the end of the tunnel. New powerful treatments have been approved, and the possibility of living longer with HIV infection is beginning to surface.

Protease inhibitors, a new class of anti-HIV drugs, have proven to be effective in decreasing viral load and increasing CD4 cell counts. When HIV takes over a cell to reproduce, there are couple of steps the virus has to follow in order to be able to replicate. Nucleoside analogues, like AZT, ddI, ddC, d4T and 3TC, inhibit one of those steps. When any of those steps are not completed, the virus can't replicate properly. Protease inhibitors target another step, different from the one that is targeted by the nucleoside analogues. When nucleoside analogues and protease inhibitors are combined, the drugs attack two different stages, making even more difficult for HIV to reproduce.

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In order to get the full benefit from these drugs, patients must be informed about the correct way to use these medications. Protease inhibitors can be very effective in treating HIV infection, but a problem that can occur is the development of resistance and cross resistance. Development of resistance happens when the virus inside the body finds a way to survive the drug. Cross resistance means that once you develop resistance to one protease inhibitor, you may develop resistance to all protease inhibitors. When cross resistance occurs, your options become limited.

The information you are receiving is about the three FDA approved protease inhibitors. They are: Invirase™(saquinavir), Novir™ (ritonavir) and Crixivan™ (indinavir). A doctor can prescribe them. In the case of Crixivan™(indinavir), there are some particular steps one must to follow. A separate information sheet is included in this package with more detailed information about how to access Crixivan™ (indinavir). If you are interested in Crixivan™ (indinavir), we encourage people to act quickly. There is a temporary supply shortage of Crixivan™ (indinavir). Prescriptions for it might be halted once all the current supply is prescribed. This temporary shortage of Crixivan™ (indinavir) will end sometime during the fall of 1996. If you have any questions please don't hesitate to call Moisés Agosto at 202-483-6622.

Sincerely,

Paul Kawata
Executive Director

Moisés Agosto
Director of Research and Treatment Advocacy

Action Alert

PROTEASE INHIBITOR CRIXIVAN (INDINAVIR SULFATE) APPROVED BY FDA

The U.S. Food and Drug Administration (FDA) approved a new protease inhibitor Crixivan, the first anti-HIV drug developed by Merck's AIDS research program. Crixivan disables the protease enzyme that enables HIV to replicate. Crixivan can be taken alone or in combination with other anti-HIV drugs such as AZT or 3TC.

Is Crixivan Effective? Yes!

- Clinical trials have demonstrated that Crixivan treatment results in higher CD4 cell counts and reduced amounts of HIV in the blood. Crixivan is also generally well tolerated.

How much will Crixivan Cost?

- Crixivan will wholesale for $4,380 per year or $12 per day. This is less expensive than the other protease inhibitors, Invirase (saquinavir) and Norvir (ritonavir).

How to get Crixivan:

- Crixivan is not available in drugstores at this time. Merck is building new production facilities, and must limit the initial distribution of Crixivan to ensure that all those who start Crixivan therapy will be able to continue the therapy uninterrupted. The new facilities will not be operational until sometime after October of this year.

- Until then, Crixivan will be available through STADTLANDERS, a mail order service. STADTLANDERS will start to fill prescriptions on March 25, 1996.

- To get Crixivan, physicians must fax prescriptions and an enrollment form to STADTLANDERS at **fax 1 800 238 1549**

- To get information about Crixivan, assistance with insurance coverage or patient assistance programs, call STADTLANDERS at **1 800 927 8888**, which will be operational on Monday, March 18th.

Why Time is of the Essence:

- THE LIMITED SUPPLY OF CRIXIVAN WILL BE DISTRIBUTED ON A FIRST COME, FIRST SERVE BASIS.

- DOCTORS MUST CONTACT STADTLANDERS, NOT PATIENTS.

- If your drug plan decides not to cover the cost of Crixivan, Merck will also not pay for your prescription.

- If your drug plan is undecided, Merck may accept you into their patient assistance program if you meet the income eligibility requirements. Once you are enrolled in this program, you are always covered by Merck, regardless of the decision your other drug plan makes about Crixivan coverage.

- Patients must speak to their physicians about starting and maintaining Crixivan therapy. Therapy must not be interrupted.

For more information contact
Moisés Agosto or
Richard Ehara
Research and Treatment Advocacy Department

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009
T: 202.483.6622 F: 202.483.1135

NATIONAL MINORITY AIDS COUNCIL

Treatment Alert

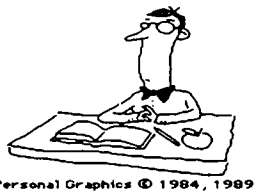
Volume 1
Issue 2
May 1996
English/Español

PROTEASE INHIBITORS

How To Use Them The Right Way

Treatment News and Information for Communities of Color

HOW TO USE PROTEASE INHIBITORS THE RIGHT WAY



by Moisés Agosto

This issue of NMAC's Treatment Alert focuses exclusively on protease inhibitors and the best way to use them, to maximize their benefit. We encourage you to read this carefully and to distribute copies to people living with HIV who are taking or considering protease inhibitors.

Treating HIV infection

People living with HIV who are considering treatment must always be informed about their options. To treat HIV infection, doctors use drugs called antiretrovirals. These drugs delay the production of the virus inside your body in different ways. The main goal of these drugs is to decrease the amount of virus in your blood and to increase the number of T4 cells for a long time.

What kind of treatments are available?

There are two kinds of drugs used to treat HIV infection. The first kind are the nucleoside analogues: AZT or Retrovir™, ddI or Videx™, ddC or HIVID™, D4T or Zerit™ and 3TC or Epivir™. The second and the newest kind are the protease inhibitors. The names of the protease inhibitors that are approved are saquinavir or Invirase™, ritonavir or Norvir™ and indinavir or Crixivan™. Notice that each of these drugs have two names. One is the generic name and the other is the brand(™) name.

What are protease inhibitors?

Protease inhibitors are a new class of drugs that are used to treat HIV infection. People living with HIV have the option of using three protease inhibitors currently available with a prescription from your doctor. They are Invirase™ (saquinavir), Norvir™ (ritonavir) and Crixivan™ (indinavir). In order to get benefit from the use of these new protease inhibitors, people living with HIV must look for information and be aware of a few things:

How can Protease Inhibitors improve my health?

Protease inhibitors slow the replication of HIV in your body. So far, the use of protease inhibitors in combination with other drugs like AZT, ddC, 3TC, D4T or ddI may significantly reduce the amount of virus in your blood and give you a remarkable increase of T4 cells. If your T4 cells have a significant increase and the amount of virus is reduced considerable. Your health may improve.

What is the best way to use Protease Inhibitors?

To make sure your body gets the full benefit from protease inhibitors, you must be aware of the things you can do to help your body better absorb these drugs.

☞ Take Invirase™(saquinavir) within two hours of a full meal or substantial snack.

☞ Take Norvir™(ritonavir) with a full meal that is high in

fat and protein.

Take Crixivan™(indinavir) on an empty stomach, one hour before or two hours after meals with a large glass of water. Drink at least 48 ounces of liquids daily to maintain hydration. You can take your Crixivan™ with a lite meal, low in fat, if you need to. A lite meal might be plain toast with juice or skim milk.

As with the other HIV drugs, you may develop resistance to protease inhibitors. Developing resistance means that the virus in your body finds a way to protect itself from the drug, and the drug will not be effective. The problem with protease inhibitors is that once you develop resistance to one of them, you may develop resistance to the others. You want the full benefit from protease inhibitors and you don't want any of them to stop working. There are things you can do to prevent the development of resistance.

- 

  Take protease inhibitors in combination with one or two other kinds of anti-HIV drugs. Don't do combination therapy with two protease inhibitors, we still don't have enough information to support the use of two protease inhibitors at the same time. Figure out with your doctor, or by yourself with the help of treatment advocates, which combination works better for you.

- 

  Take the full dose prescribed by your doctor every day.

- 

  If the side effects are intolerable **don't** reduce dose or don't skip a dose, or don't take it every other day. The best thing to do is to stop the drug altogether. Talk to your doctor about starting again.

- 

  Don't take drug holidays. You must not skip a dose. If you want the full benefit, you have to be good and keep taking the drug every day. Remember once you have resistance to one of the protease inhibitors, you may not benefit from the others.

- 

  If you miss a dose by more than 3 to 4 hours wait until the next scheduled dose. **Don't** double the next dose. But if you miss a dose by less than 2 hours go ahead and take the next dose at the regular time.

What are the side effects and how long do they last?

Side effects are changes that happen to you when you take a medication and your body reacts to it. Examples of side effects are: nausea, fever, rash, diarrhea and constipation. Because each individual's body reacts differently to the new

drug, you may experience side effects or you may not. Side effects may last for a short time or a long time, until your body gets used to the drug. Some people tolerate drugs better than others. You have to understand that if the benefit of the drug improves your health significantly you must let your body go through side effects for a while and you must talk to your doctor about how he/she can minimize the side effects so that you can keep taking the medication.

• When taking Invirase™(saquinavir), the most common side effects are: diarrhea, stomach discomfort and nausea. These side effects have been seen in very few people.

• When taking Norvir™(ritonavir), the most common side effects are: nausea, vomiting, weakness, diarrhea, tingling sensation or numbness around lips, hands or feet. Norvir™ side effects may disappear two to three weeks after the first day you start treatment. The optimal recommended dose is 600mg twice a day or 6 capsules in the morning with full breakfast and 6 capsules twelve hours later with full meal. To make it easier, some doctors may start the first day with 3 capsules in the morning and three capsules twelve hours later. During the second and the third day take 4 capsules in the morning and 4 capsules twelve hours later. The fourth day take 5 capsules in the morning and 5 capsules twelve hours later and every day after 6 capsules in the morning and 6 capsules twelve hours later. If the side effects are intolerable, **don't** reduce the dose or take it every other day. The best thing to do to avoid developing resistance during intolerable side effects is to stop the drug altogether, wait several days to clear it out of your system, and start all over again at optimal recommended dose.

• When taking Crixivan™(indinavir) the most common side effects are: nausea, abdominal pain, headache, diarrhea, vomiting, weakness/fatigue,

trouble sleeping, dizziness, rash, sore throat, flank pain, taste changes, acid regurgitation, back pain, blood in the urine or kidney stones. **To avoid kidney stones you must drink at least 48 ounces of liquids daily to maintain hydration.** As well as with Invirase™ (saquinavir) the side effects occur in very few people.

Can I use protease inhibitors with other drugs I am taking for other conditions?

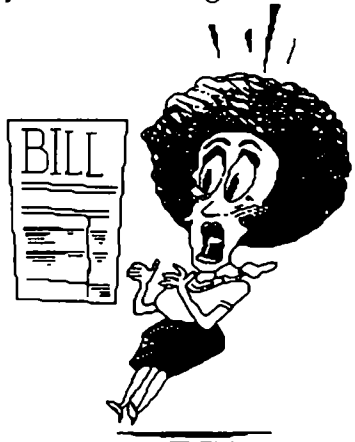
A drug interraction ocurrs when two or more drugs affect each other by increasing or decreasing the amount of the drugs in your body. As a result one of the drugs may stop working or make you sick. You have to be very careful and make sure that you and your doctor talk about all the medications you are taking and how they affect each other.

• When taking Invirase™ (saquinavir) you must not take the antibiotics rifampin and rifabutin. Both drugs reduce the amount of Invirase™(saquinavir) in your body.

• When taking Norvir™ (ritonavir) you must eliminate the use of certain medications that can produce life threatening drug interactions. These are the names of the medications you **must not** take while you are taking Norvir™ (ritonavir)

Demerol™
Darvon™
Enkaid™
Rythmol™
Mycobutin™
Vascor™
Seldane™
Wellbutrin™
Xanax™
Tranxene™
Valium™
ProSom™

Feldene™
Cordarone™
Tambocor™
quinidine
(generic name)
Hismanal™
Propulsid™
Clozaril™



DON'T TAKE

Delmane™
Versed™
Halcion™
Ambien™

The medications you can use instead of the above medications are:

Tylenol™	(to treat pain)
Percodan™	(to treat pain)
Biaxin™	(to prevent and treat MAI or MAC)
Myambutol™	(to treat MAI or MAC)
Claritin™	(to treat congestion, cold and allergies)
Prozac™	(to treat depression)
Norpramin™	(to treat depression)
Restoril™	(to treat anxiety)
Ativan™	(to treat anxiety)

• When taking Crixivan™ (Indinavir), it is recommended that you avoid taking:

Seldane™	
Hismanal™	
cisapride	(generic name)
triazolam	(" ")
midazolam	(" ")
Rifadin™	

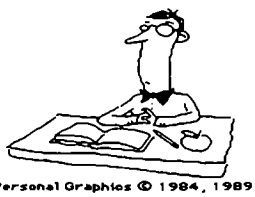
With rifabutin and ketaconazole your doctor must adjust the dose or use potential alternatives like clarithromycin instead of rifabutin and other anti-fungals instead of ketaconazole. If you are taking ddI you must take it at least one hour apart from Crixivan™

• Remember that when taking any of these new protease inhibitors you must talk to your doctor about all the prescribed or over the counter medications you actually take.

• When you decide to take a protease inhibitor you must be sure that you are able to use it the right way as explained. Remember that if you don't, you are missing a great opportunity to improve your health and live longer. Protease inhibitors are a very powerful and effective class of drug that, when used correctly, may extend your life. If used incorrectly, they may limit your options for survival.

• If you have any questions please call Moisés Agosto, Department of Research and Treatment Advocacy of the National Minority AIDS Council at 202-483-6622.

CUAL ES LA MANERA CORRECTA DE USAR "PROTEASE INHIBITORS"



por Moisés Agosto

El presente número del "Alerta sobre tratamientos" de NMAC se concentrará exclusivamente en "protease inhibitors"o inhibidores de la enzima de proteasa y el mejor modo de usarlos para obtener el máximo beneficio. Sugerimos que leas este artículo cuidadosamente, hagas copias y lo distribuyas a personas viviendo con el VIH que están tomando estos medicamentos o que están considerando tratamiento con los "protease inhibitors."

Tratamiento para la infección con VIH

Toda persona infectada con el virus del VIH que está considerando tratamiento debe tener información sobre las opciones de tratamientos disponibles. Para tratar la infección con el VIH, los médicos usan los medicamentos conocidos como antiretrovirales. Estos medicamentos retrazan la producción de virus dentro de tu cuerpo. La función principal de estos medicamentos es la de disminuir la cantidad de virus en tu sangre y aumentar la cantidad de células T4 por un período de tiempo considerable.

¿Cuáles tratamientos están disponibles?

Para tratar la infección con VIH se utilizan dos clases de medicamentos. La primera son los nucleósidos análogos: AZT o Retrovir™, ddI o Videx™, ddC o Hivid™, D4T o Zerit™ y 3TC o Epivir™. La segunda y la más reciente son los inhibidores de la enzima de proteasa. Los nombres de los aprobados más recientemente son:

saquinavir o Invirase™, ritonavir o Norvir™ y indinavir o Crixivan™. Observa que cada uno de estos medicamentos tienen dos nombres. Uno es el nombre genérico y el otro es el nombre de marca(™).

¿Qué son los "protease inhibitors" o inhibidores de la enzima de proteasa?

Los "protease inhibitors" son una nueva clase de medicamentos que se usan para tratar la infección con VIH. A través de una prescripción médica las personas viviendo con VIH pueden tener acceso a tres "protease inhibitors". Estos son Invirase™ (saquinavir), Novir™ (ritonavir) y Crixivan™ (indinavir). Para obtener el máximo beneficio de estos nuevos medicamentos hay que informarse y estar al tanto de varias cosas:

¿Cómo los "protease inhibitors" pueden mejorar mi salud?

Los " protease inhibitors" retrazan la reproducción del VIH en tu cuerpo. El uso de los "protease inhibitors" en combinación con otros medicamentos como el AZT, ddC,ddI, 3TC y D4T, pueden reducir la cantidad de virus en la sangre y generar incrementos significativos de células T4. Si tus células T4 aumentan y la cantidad de virus en la sangre se reduce tienes buenas posibilidades de mejorar tu salud.

¿Cuál es la manera correcta de usar "protease inhibitors"?

Para obtener el mayor beneficio de los "protease inhibitors" debes estar al tanto de ciertas intrucciones que ayudarán a tu cuerpo a absorber mejor el medicamento.

☞ Debes tomar Invirase™ (saquinavir) con una comida completa alta en grasas y proteínas.

Debes tomar Norvir™ (ritonavir) con una comida completa, alta en grasas y proteínas.

Debes tomar Crixivan™ (indinavir)™ con el estómago vacío, una hora antes o dos horas después de comer con un vaso grande de agua. Debes beber , al menos, 48 onzas de líquido diariamente. Puedes tomar Crixivan™ con una comida liviana, baja en grasas si necesitases comer. Una comida liviana puede ser tostadas con jugo o leche descremada.

Al igual que con los otros medicamentos para el VIH tu puedes desarrollar resistencia a los "protease inhibitors". Desarrollar resistencia significa que el virus en tu cuerpo encuentra la manera de protegerse del medicamento, lo que hace que el medicamento deje de ser efectivo. El problema con los "protease inhibitors" es que una vez que tu desarrollas resistencia a uno de ellos estás en alto riesgo de haber desarrollado resistencia a los otros. Tu deseas obtener el máximo beneficio de estos medicamentos y tu no deseas que ninguno de ellos deje de trabajar. Para prevenir el desarrollo prematuro de resistencia debes seguir las siguientes intrucciones:

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  Debes tomar los "protease inhibitors" en combinación con uno o dos medicamentos para tratar el VIH. Debes de informarte sobre que combinación es mejor para ti.

- 

  Debes tomar la dosis óptima recomendada por tu médico.

- 

  Si no puedes tolerar los efectos secundarios se recomienda que **no** reduzcas la dosis o la tomes de manera alternada. Lo que se recomienda es que dejes de tomar el medicamento por varios días. Luego debes consultar con tu médico cuando es el mejor momento para empezar tratamiento nuevamente. De esta manera evitarás desarrollar resistencia.

- 

  No debes dejar de tomar tus medicamentos. Ni tan siquiera por unos días. Para obtener el máximo beneficio debes de tomarte el medicamento todos los días, tal y como tu médico te explique. Recuerda que si desarrollas resistencia no vas a poder usar los otros "protease inhibitors" en el mercado.

- 

  Si se te olvida una dosis espera hasta la próxima vez que te toque tomar el medicamento. **No** puedes duplicar la próxima dosis. Si se te olvida tomar el medicamento 3 o 4 horas después de la hora que te tocaba puedes tomar el medicamento y luego volverlo a tomar a la hora correcta.

¿Cuáles son los efectos secundarios y por cuanto tiempo duran?

Los efectos secundarios son cambios que te ocurren cuando tomas un medicamento y tu cuerpo tiene una reacción. Ejemplos de efectos secundarios son: nausea, fiebre, rash, diarrea y extreñimiento. Cada cuerpo reacciona de manera diferente a un medicamento nuevo, por lo tanto tu puedes desarrollar efectos secundarios o no. Los efectos secundarios pueden durar por un largo período de tiempo o por un corto tiempo, hasta que tu cuerpo se acostumbre al medicamento. Tienes que entender que si el beneficio que te da el medicamento mejora tu salud debes de continuar tomando el medicamento y pasar por los efectos secundarios.

- Los efectos secundarios más comunes cuando tomas Invirase™ (saquinavir) son: diarrea, malestar estomacal y nausea. Estos efectos secundarios se han presentado en muy pocas personas.

- Los efectos secundarios más comunes cuando tomas Norvir™ (ritonavir) son: nausea, vómito, fatiga, diarrea, adormecimiento de los labios, las manos y los pies. Los efectos secundarios de Norvir™ generalmente desaparecen de dos a tres semanas depués de haber comenzado tratamiento. La dosis optima es de 600mg dos veces al día o 6 cápsulas en la mañana, con un desayuno completo y 6 cápsulas 12 horas después con una comida completa. Para facilitar la tolerancia de los efectos secundarios, se recomienda que se comience el primer día con 3 cápsulas en la mañana y tres cápsulas 12 horas más tarde. El segundo y el tercer día se recomienda 4 cápsulas en la mañana y 4 cápsulas 12 horas más tarde. El cuarto día se recomienda 5 cápsulas en la mañana y 5 cápsulas 12 horas más tarde. Del quinto día en adelante se recomienda 6 cápsulas en la mañana y 6 cápsulas 12 horas más tarde. Recuerda que

si no puedes tolerar los efectos secundarios se recomienda que **no** reduzcas la dosis o la tomes de manera alternada. Lo que se recomienda es que dejes de tomar el medicamento por varios días. Luego debes consultar con tu médico cuando es el mejor momento para empezar tratamiento nuevamente. De esta manera evitarás desarrollar resistencia.

• Los efectos secundarios más comunes cuando tomas Crixivan™ (indinavir) son: nausea, dolor abdominal, dolor de cabeza, diarrea, vómito, flojera/fatiga, insomnia, sabor en la boca, acidéz, dolor de espalda, sangre en la orina o piedra en los riñones. Para evitar piedra en los riñones debes beber, al menos 48 onzas de líquido diariamente. Al igual que con Invirase™ (saquinavir) los efectos secundarios ocurren en pocas personas.

¿Puedo tomar los "protease inhibitors" con otros medicamentos que uso para otras condiciones?

Una interacción de medicamentos ocurre cuando dos o más medicamentos se afectan uno al otro, incrementando o disminuyendo la cantidad de medicamento en tu cuerpo. Como resultado un medicamento puede dejar de trabajar o enfermarte. Tienes que ser bien cuidadoso y asegurarte de que tu le dejes saber a tu médico sobre todos los medicamentos que tomas y como se afectan entre ellos.

• Cuando tomas Invirase (saquinavir) no puedes tomar los antibióticos rifampin y rifabutina. Ambos medicamentos reducen la cantidad de Invirase™(saquinavir) en tu cuerpo.

• Cuando tomas Norvir™ (ritonavir) debes eliminar ciertos medicamentos que te pueden producir interacciones de medicamentos mortales. Estos son los nombres de los medicamentos que no debes tomar mientras tomas Norvir™ (ritonavir)

Demerol™
Feldene™
Darvon™
Cordarone™
Enkaid™
Tambocor™
Rythmol™
quinidine (generic name)
Mycobutin™
Vascor™
Hismanal™
Seldane™
Propulsid™
Wellbutrin™
Clozaril™
Xanax™
Tranxene™
Valium™
ProSom™
Delmane™
Versed™
Halcion™
Ambien™

¡ELIMINA ESTOS MEDICAMENTOS!

Los medicamentos que puedes usar como alternativos a los mencionados anteriormente son:

Tylenol™	(para el dolor)
Percodan™	(para el dolor)
Biaxin™	(para prevenir y tratar MAI o MAC)
Myambutol™	(para tratar MAI o MAC)
Claritin™	(para la congestion, refriado y alergias)
Prozac™	(para la depresión)
Norpramin™	(para la depresión)
Restoril™	(para la ansiedad)
Ativan™	(para la ansiedad)

• Cuando tomas Crixivan™ (indinavir) se recomienda que no tomes:

terfenadine	(nombre genérico)
astemizole	(" ")
cisapride	(" ")
triazolam	(" ")
midazolam	(" ")
rifabutin	(" ")
ketaconazole	(" ")
rifampin	(" ")

Si tomas rifabutina y ketaconazole, tu médico debe ajustar la dosis de cada uno de ellos o utilizar medicamentos alternativos como claritromicina en vez de rifabutina y otros anti-hongos en vez de ketaconazole.

• Recuerda que cuando estés tomando alguno de estos medicamentos llamados "protease inhibitors" debes de informarle a tu médico sobre cualquier medicamento que tomes aun si lo compraste sin receta.

• Cuando decidas tomar "protease inhibitors" debes de estar seguro que puedes usarlos de manera correcta, tal y como se te ha explicado en este artículo. Recuerda que si no lo haces correctamente, estás perdiendo la oportunidad de mejorar tu salud y vivir por más largo tiempo. Los "protease inhibitors" son medicamentos bien efectivos que cuando se usan correctamente te pueden extender la vida. Si los usas incorrectamente, te pueden limitar las opciones de tratamiento y el vivir por más largo tiempo.

• Si tienes más preguntas puedes llamar a Moisés Agosto al Departamento de Investigación científica y Tratamientos del " National Minority AIDS Council" al 202-483-6622.

Free AIDS

THE TARRANCE GROUP

Research for Decisions in Politics and Public Affairs

MEMORANDUM

TO: HUMAN RIGHTS CAMPAIGN FUND

FROM: DAVE SACKETT: THE TARRANCE GROUP
CELINDA LAKE: LAKE RESEARCH

RE: KEY FINDINGS FROM A NATIONAL SURVEY OF VOTER ATTITUDES

DATE: FEBRUARY 28, 1995

The Tarrance Group and Lake Research are pleased to present the Human Rights Campaign Fund with the key findings from the first ever, bi-partisan survey of national voter attitudes on AIDS funding. These findings are drawn from telephone interviews with N=800 registered voters throughout the nation. Responses to this survey were gathered February 25-26, 1995. The confidence interval associated with a sample of this type is ± 3.5%.

KEY FINDINGS

- A vast majority of American voters believe that federal funding for the care of AIDS patients should be exempt from the budget axe. Half of the sample was asked whether they would increase, keep the same or reduce federal funding for the "Ryan White Act, named for the young boy who died of AIDS, which is federal funding for health care." The other half had to determine funding in the same manner for simply "federal funding for care for AIDS patients." The difference in wording did not substantially affect the results overall:

	Ryan White Act	Care for AIDS patients
Keep same	39%	42%
Increase	33%	34%
Reduce	15%	13%

In fact, a majority of voters in every region of the country and of virtually all demographic subgroups believe that this funding should either be increased or remain at current levels. Republican men are driving the idea that this program should not be considered sacrosanct by Congress. While almost half (48%) think that funding for the Ryan White Act should be increased or kept the same, one-third (33%) state that funding should be reduced. Without mentioning Ryan White, two-thirds (66%) of GOP men want to keep funding at or above current levels, while only 23% think it should be reduced. Over 70% of GOP women feel funding should be at or above current levels.

Among religious Fundamentalist/Pentecostals (63% increase or keep the same) and "very active" religious persons (63%), a majority assert that federal funding for this type of program should remain at or above current levels.

- **Members of Congress should also take note of the fact that a majority (56%) of American voters assert that they would be less likely to vote for their Congressperson if that member voted against continuing federal funding for care for AIDS patients.** A strong majority of voters in every region of the country, except for the Mountain States region, would be less likely to support their Congressperson because of this one vote. In fact, a plurality of voters in every key demographic and ideological subgroup would be less likely to support their member of Congress after knowing about this.

On the other hand, a mere 14% of the electorate indicate that they would be more likely to support their Member of Congress due to this vote. Even among deficit hawk Perot voters, 44% would be less likely to support a Congressperson who cut off funding for care for AIDS patients - over 20 points higher than the support that member would gain with this group (23% more likely). Overall, a member of Congress who voted to cut this program would lose more support than they would gain with every single subgroup of voters.

The intensity of the negative is well over 60% among voters under the age of 45, as well as with working women, Catholics, and those who know or work with someone who is gay or lesbian.

- **American voters are more likely to indicate that the government is doing "too little" in dealing with the AIDS crisis, than feel its efforts are adequate or excessive.** Fully 45% of American voters regard the government as not doing enough about this problem, while just 31% think the government is doing "about the right amount" and a mere 14% say they are doing "too much."

A plurality of voters in every region of the country state that the government is doing too little in combatting the AIDS crisis. This sentiment tends to be stronger in the Northeast (51%) and Central Plains (49%) regions of the country.

In addition, this view is not solely ideologically driven. While Democrats and Independents (58% and 43%, respectively) are indeed more likely to believe that the government is doing too little, this is also the view of fully 35% of Republicans, while another 35% think the government's efforts are at the right level. Furthermore, even in these budget-conscious times, less than one-quarter (24%) of Republicans indicate that the government is doing "too much" in the fight against AIDS.

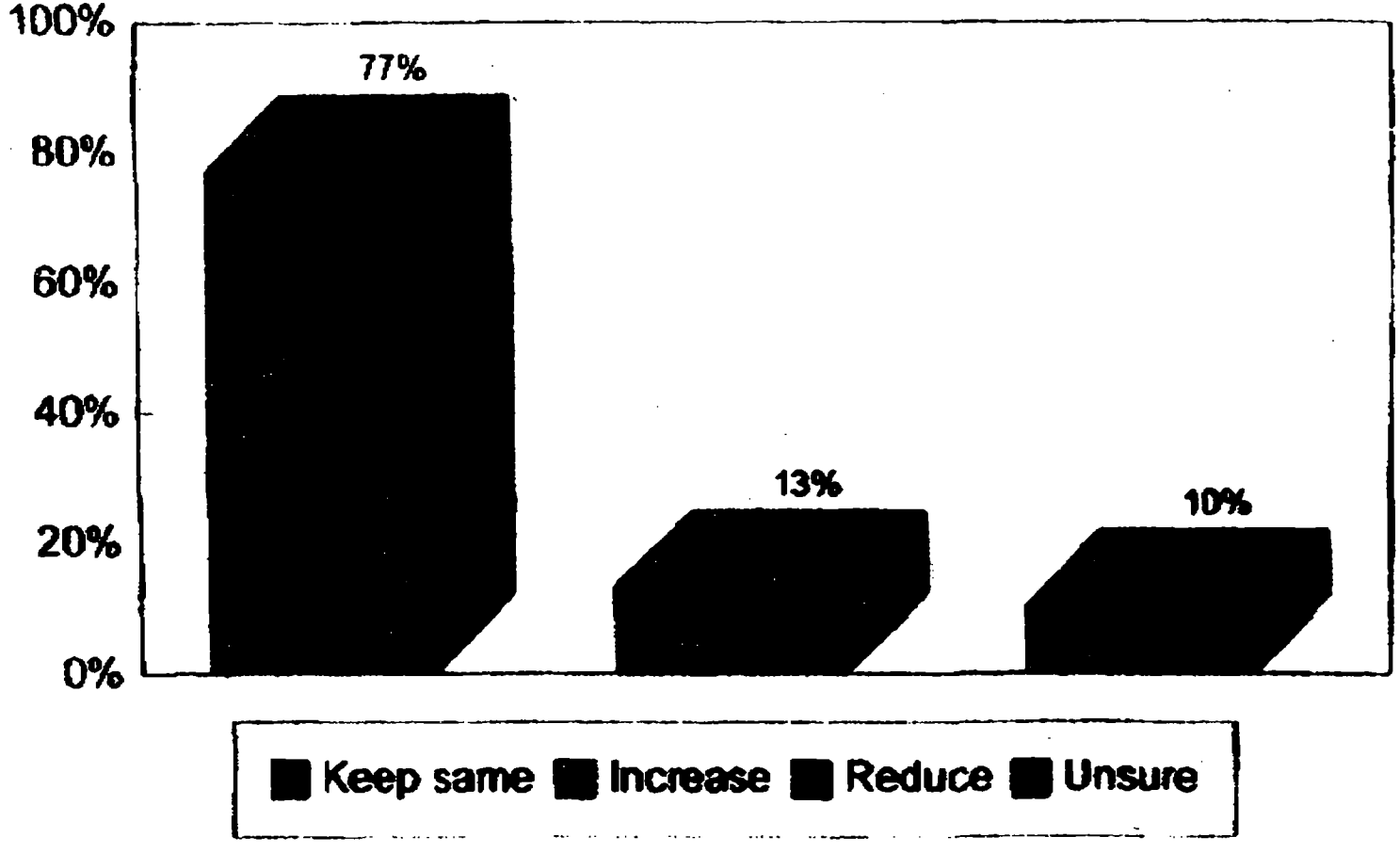
One should also note that Republicans are split on this issue along both generational and gender lines. Fully 41% of Republican women think the government is doing too little (compared to 30% of GOP men), while younger Republicans (42%) are also more likely to think the government's efforts in this crisis are inadequate than their older counterparts (30%).

Overall, younger voters are more likely to call for government action in the face of this crisis than those over the age of 45. Fully 55% of voters under the age of 35 and 52% of 35-44 year olds indicate that the government is doing too little, compared to 42% of 45-64 year olds and just 33% of seniors.

Notably, voters of all education levels also feel that the government's actions are currently inadequate. In addition, a plurality of Perot voters and those of every religious subgroup also think the government is doing too little. Furthermore, a majority (53%) of the 48% of American voters who work with or know someone who is gay or lesbian indicate that the government's efforts are inadequate.

AIDS

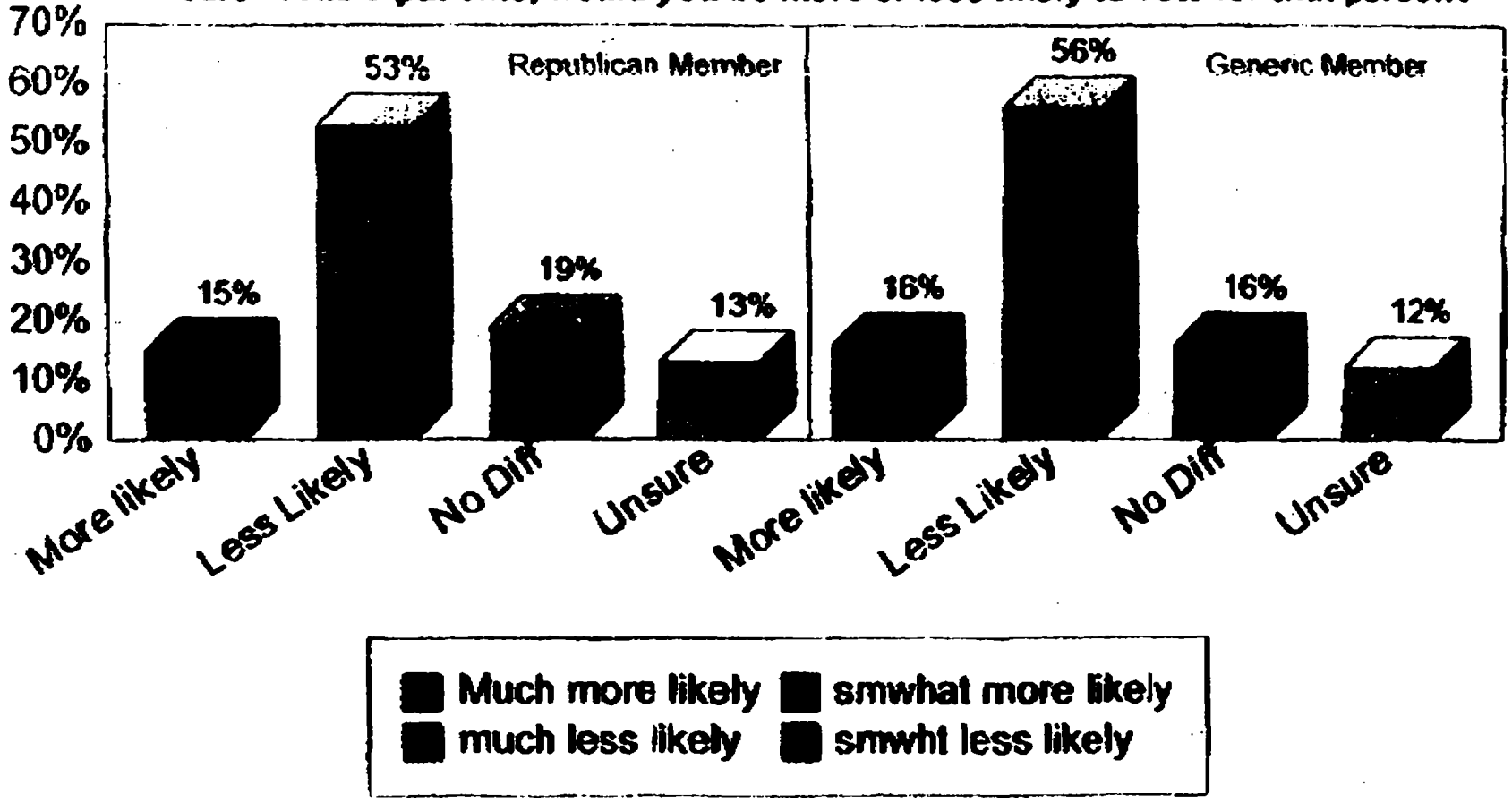
Three-Fourths of Voters Support Maintaining or Increasing Federal Funds for the Care of Patients With AIDS



AIDS

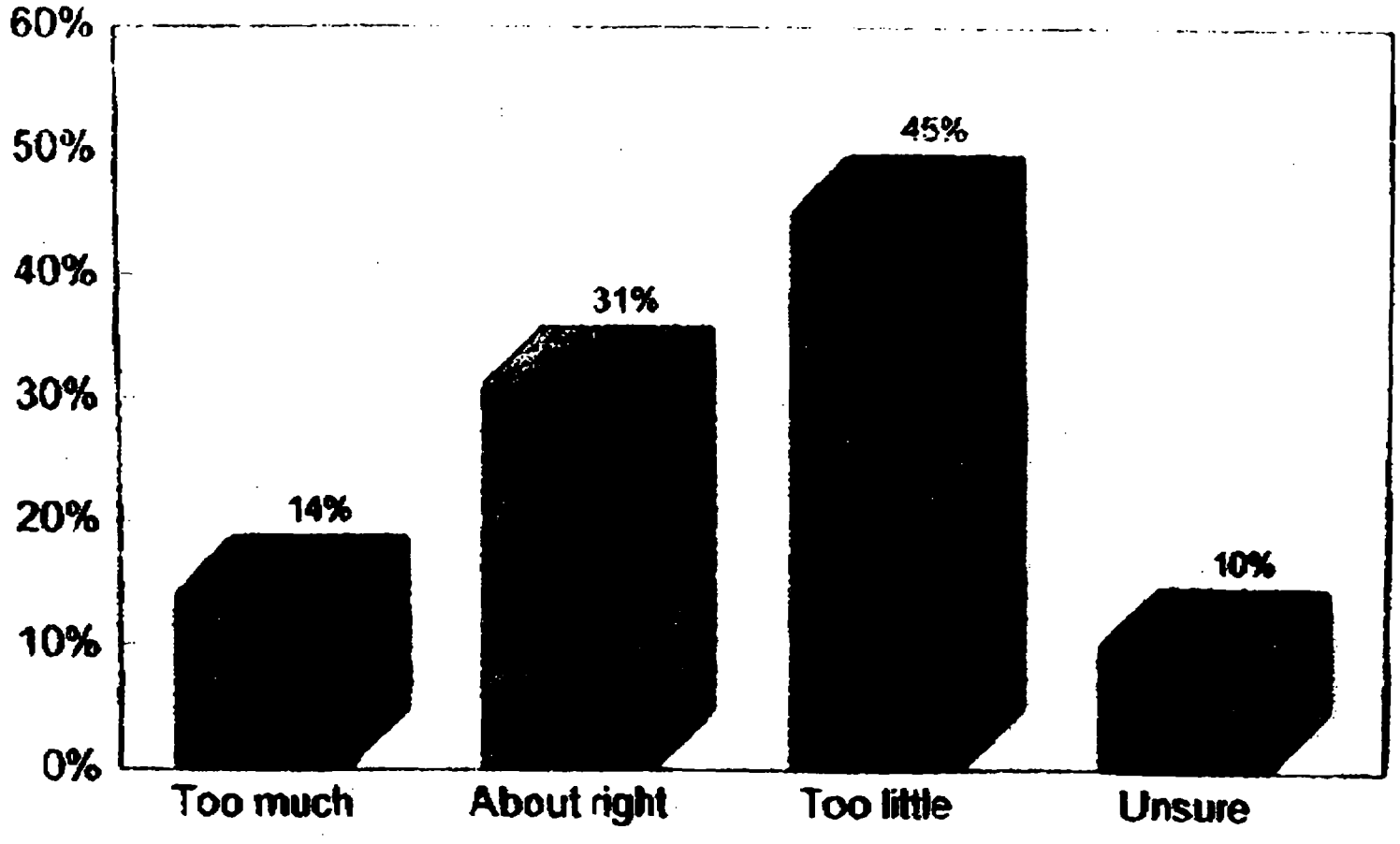
A Majority of Voters Are Less Likely to Vote for a Congressional Candidate Who Opposes Funding for AIDS

If a (Republican) Member of Congress voted against continuing federal funding for care of AIDS patients, would you be more or less likely to vote for that person?



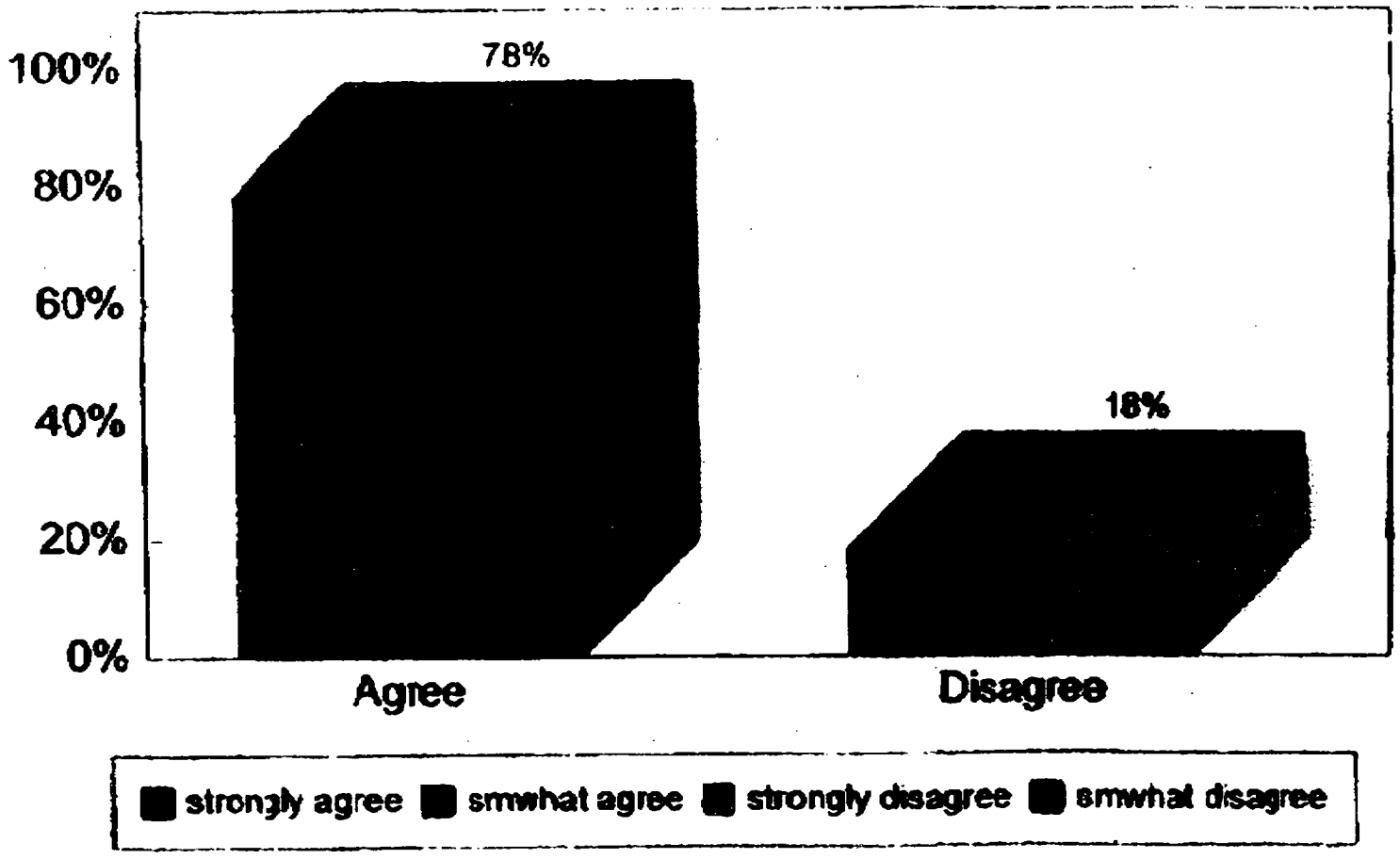
AIDS

Nearly Half Believe the Government Is Doing Too Little in Dealing With the AIDS Crisis



AIDS

Voters Overwhelmingly Agree That "This is No Time to Retreat on the AIDS Crisis"



File AIDS

AIDS ACTION NETWORK

INFORMATION

1875 Connecticut Avenue, NW • Suite 700 • Washington, D.C. 20009
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SOME FACTS ABOUT WOMEN AND AIDS

January 18, 1995

THE PERCENTAGE OF AIDS CASES AMONG WOMEN IS INCREASING FASTER THAN AMONG MEN

Over 50,000 women have been diagnosed with AIDS in the United States, and over 100,000 are estimated to be HIV infected. Women are currently 13% of people with AIDS and the numbers are rising. The rate of AIDS in women increased by 9.1% from 1991 to 1992 in women, compared to a 3.4% increase overall, and continues to increase at a higher rate among women.

AIDS IS THE NUMBER FOUR KILLER OF ALL U.S. WOMEN BETWEEN THE AGES OF 25 AND 44

In 1992 it became the number two killer of African-American women between the ages of 25 and 44. It is the primary cause of death of women in this age group in the following nine cities: Washington, DC; Baltimore, MD; New York City, NY; Newark, NJ; Chicago, IL; West Palm Beach, FL; Miami, FL; Fort Lauderdale, FL; and Los Angeles, CA.

THREE-FOURTHS OF WOMEN WITH AIDS ARE WOMEN OF COLOR

Over half of all women with AIDS in the United States are African-American, and over twenty percent are Hispanic. The rate of AIDS among African-American women is fifteen times greater than that for white women; the rate among Hispanic women is six times greater.

WOMEN DIE FASTER THAN MEN FROM AIDS

A recent study published in the Journal of the American Medical Association found that women die 33% faster than men from AIDS, even though the disease progressed at the same rate among women and men. Although the study did not investigate the reasons for this differential, it is widely assumed to be at least partly attributable to the lack of access to quality health care for women, and the lack of education and understanding of HIV infection in women among their care providers.

AIDS IS AN ECONOMIC ISSUE FOR WOMEN

Because women are at an economic disadvantage in our country, they are less likely to be able to afford access to quality health care, and if they are employed, their jobs are less likely to provide them with health insurance. One third of American women did not receive basic preventative services in 1992, and one in seven failed to get treatment for an illness when needed, according to a survey prepared by the Commonwealth Fund. In addition, they are more likely to be economically dependent on a male partner, which puts women at a disadvantage when trying to negotiate safer sex.

HETEROSEXUAL TRANSMISSION CONTINUES TO RISE

In 1993, almost 40% of reported new cases of AIDS among women were contracted through heterosexual intercourse, and the percentage is continuing to increase. Although transmission through injection drug use is still the primary mode of transmission for women, heterosexual transmission is increasing at a higher rate.

In heterosexual intercourse, women are much more at risk for infection than men. A woman's chance of becoming infected through sex with an HIV infected man was twenty times greater than a man's risk of infection by having sex with an HIV infected woman. Adolescents and young adults, women, African-Americans, and Hispanics are at the highest risk of having heterosexually acquired AIDS.

WOMEN GET AIDS WHILE USING DRUGS

Some 47% of reported AIDS cases among women in 1993 were acquired through injection drug use. Almost half of the cases of heterosexual transmission are in women who are partners with men who inject drugs.

A recent study published in the New England Journal of Medicine found that almost 30% of women surveyed who use crack and trade sex for drugs are HIV infected -- a rate of HIV infection as high as that among homosexual men.

YOUNG WOMEN ARE AT HIGH RISK

The female to male ratio among adolescents and young adults with AIDS is much lower than in the general population; in adults it is approximately 8 men to 1 woman; among adolescents, it is less than 3 males to 1 female. In 1993 29% of new AIDS cases among 13-25 year olds were female, more than double the percentage among all age groups. Over half of all reported AIDS cases in young women between the ages of 13 and 24 were reported within the past three years (since September 1991).

The National Institutes of Health estimate that one out of every four people newly infected with HIV between 1987 and 1991 was younger than 22. Worldwide, women between the ages of 15 and 25 make up about 70% of the 3,000 women a day who become infected with HIV and of the 500 women a day who die of AIDS, according to a report by the United Nations Development Programme.

BY THE YEAR 2000, OVER ONE HALF OF ALL PEOPLE WITH AIDS WORLDWIDE WILL BE WOMEN

By the year 2000, more than half of the newly-infected adults worldwide will be women, and the number of cases of women with HIV in the US is expected to continue to rise at a faster rate than that of men. According to the World Health Organization, two women are infected with HIV every minute.

WOMEN HAVE SPECIFIC HIV/AIDS PREVENTION, CARE AND RESEARCH NEEDS

People who care about women with or at risk for HIV/AIDS need to advocate for:

- increased outreach and HIV prevention education targeted specifically to women and their care providers;
- care services that take into account the needs of women who are often caring for ill children and/or partners as well; and
- greater research both on what HIV infection does in women's bodies, and on women-controlled HIV prevention methods like microbicides.

To get involved, contact your local AIDS community based organization (to find the one nearest you call 1-800-458-5231), The National Women and HIV/AIDS Project (202-289-4349) or the Center for Women Policy Studies (202-872-1770).

Except where noted, all statistics are from the Centers for Disease Control and Prevention.

AAWH

AMERICAN ASSOCIATION FOR WORLD HEALTH
1129 20th St., NW, Suite 400 • Washington, DC 20036 • Telephone 202-466-5883

file AIDS

Ann Stock - Capitol
We discussed this
last year - mag
& Radio pay OK to do
again. Thanks!
E

August 1, 1994

Maggie Williams
Chief of Staff to the First Lady
The White House
1600 Pennsylvania Avenue
Washington, DC

Dear Ms. Williams:

Last year you were very helpful in facilitating the annual dimming of the White House lights to commemorate World AIDS Day. The lights were dimmed for 15 minutes beginning at 7:45 p.m. (EST). We would like to continue with this tradition and ask for your assistance in confirming this year's commemoration. This visual demonstration reflects the commitment of our country's leaders to the fight against the AIDS pandemic and pays tribute to those infected and affected by HIV/AIDS and to those who have died of AIDS.

Our 1994 World AIDS Day resource booklet will be distributed to communities, individuals, and other organizations throughout the country introducing this year's theme for World AIDS Day, **"AIDS and Families: Protect and Care For the Ones We Love,"** suggesting various activities that communities can coordinate for World AIDS Day, as well as providing the most current information and statistics regarding HIV/AIDS in the United States and globally. The national observance serves as a crucial linkage of all communities by joining villages, towns, and cities across the country in their efforts to stop the spread of HIV/AIDS.

Enclosed is a copy of the text that will appear in the 1994 resource booklet describing this special observance. Because we are scheduled to go to print next week, we request consent as soon as possible. I will call you on Wednesday, August 2, to confirm the language and dimming of the lights.

We anticipate that this will be the most successful and visible World AIDS Day in our history. Please call me if I may be of help in any way.

Your continued support is greatly appreciated.

With warmest regards,

Richard L. Wittenberg
President & Chief Executive Officer

RLW:jm

Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton (partial) (1 page)	08/17/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 9475

FOLDER TITLE:
AIDS [Acquired Immunodeficiency Syndrome]

2013-0359-S
ry1365

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: WEDNESDAY, AUGUST 17, 1994
WORKING DRAFT #3

Lead Advance for Children's Event:
Kirk Hanlin
1-800-528-7528 **WHCA# 4108**
202/244-5784 **home**

Scheduling Desk: **Julie Hopper**
202-456-7561 **office**
202-456-2317 **fax**
202-387-6842 **home**
1-800-528-7528 **WHCA #4096**

PREV RON The White House

8:30 am

(b)(6)

[001]

9:40 am **DEPART** The White House South Portico
EN ROUTE Capitol Hill
[Drive Time: 15 minutes]
Travelling w/HRC:
- Kelly Craighead
- Neel Lattimore or Karen Finney
- Melanne Verveer
- WH Photographer

9:55 am **ARRIVE** Russell Bldg

NOTE: Kirk Hanlin will meet HRC curbside.

Greeters: TBD

9:55 am **PROCEED** to hold
Room: tbd

10:00 am-
11:15 am **CHILDREN'S EVENT**
Senate Caucus Room??????
HRC's Holding Room: tbd
Phone: 202/

Fax: 202/
OPEN PRESS

PARTICIPANTS: Approx. 100 expected to attend
[See briefing book for further info]

Congressional Members Expected to Attend:
-- Sen. Christopher Dodd [D-CT]
-- Sen. Donald Riegle [D-MI]

-- Cong. Robert Matsui [t]
-- Cong. Richard Gephardt [t]

FORMAT:

-- Sen. Christopher Dodd gives brief welcoming remarks

-- Five Children will give their stories or read their letters. Congressional members will also tell their personal stories.
Sequence: Children will alternate with members.

-- Sen. Christopher Dodd intros HRC

-- HRC gives remarks from toast lecturn

-- Program concludes, depart room

Staff Contact: Julia Moffett 456-5609
Event Contact: Melanie Modlin 543-4357
or Barb Grochala

11:25 am **DEPART** Capitol Hill
EN ROUTE The White House
[Drive Time: 10 minutes]

11:35 am **ARRIVE** The White House South Portico

12:00 pm-
1:00 pm **LUNCH**

12:50 pm-
1:10 pm **PRIVATE MEETING**
Oval Office
CLOSED PRESS

PARTICIPANTS:
- The President
- HRC
- Dr. C. Everett Koop
- Melanne Verveer

FORMAT:
- Informal meeting

Staff Contact: Melanne Verveer 456-2538

tba
pm **PVT MTG** w/Maggie Williams & Patti Solis
Residence

tba
pm **PVT MTG** w/Maggie Williams
Residence

2:00 pm-
5:00 pm **OFFICE/PHONE TIME**

RON The White House

WEATHER FORECAST FOR WASHINGTON, DC:
- Partly cloudy to cloudy skies with a chance of rainshowers and thunderstorms. Low temperature 66. High temperature 84.

WASHINGTON, DC EVENTS:
KENNEDY CENTER:
- Miss Saigon
- Shear Madness

WOLFTRAP:
- The Righteous Brothers

White House Text- World AIDS Day 1994

Join our nation's capitol in a unified observance of World AIDS Day
On December 1, the lights of the White House will be dimmed for fifteen minutes from 7:45 to 8:00 p.m. (eastern standard time) to commemorate World AIDS Day and to offer a tribute to those infected and affected by HIV/AIDS. Villages, towns, and cities across the country are encouraged to join the White House in dimming their lights as a visual demonstration expressing the worldwide commitment to stop the spread of HIV/AIDS.

17 Aug 94

To: Stock / Capricia

Fr: Evelyn May

As discussed —

If you need more information
Contact is Richard Wittenberg
American Assoc of World Health
466-5883

FLD AIDS

THE WHITE HOUSE

WASHINGTON

November 28, 1994

MEMORANDUM FOR MAGGIE WILLIAMS, JACK QUINN, AND SKILA HARRIS

FROM: Carol Rasco

SUBJECT: World AIDS Day Events

As you know, this Thursday, December 1, is World AIDS Day. The President will be meeting with a small group of teenagers living with HIV/AIDS and will be issuing a proclamation commemorating the day.

The following is a list of additional activities that might be of interest to the Vice President, the First Lady or Mrs. Gore, if they would like to take part in the day:

Grandma's House is a DC-based group that provides homes for infants with HIV and children orphaned by HIV and AIDS. We could arrange a tour of one such facility and an opportunity to meet the staff and children.

The Lincoln Middle School (16th and Irving Sts.), the Child Welfare League, and the World Health Organization are holding a press conference at 9 a.m. to release a new guide for parents who are dying with AIDS. From 10-to-12 a.m. these groups are hosting a performance of the Everyday Theater and conducting Q&A with kids in the school. AT noon, the school is having a reception at Very Special Arts. At 6 p.m. a parent awareness class will be conducted for parents of return to school kids.

Atlanta Mayor Campbell is co-hosting a teleconference on AIDS and Business with the CDC and the Nation's Bank.

From 7-9 a.m., Food and Friends is preparing meals for delivery to people living with AIDS. Any of your principals could help in that preparation and we could even pitch it to the morning news shows.

The Whitman-Walker Clinic provides support group services for people living with HIV/AIDS and for family members and survivors of people with AIDS. We could arrange a meeting with members of such groups and their facilitators to talk about the value of mental health services like this for families coping with AIDS.

St. Thomas Episcopal Church is conducting a healing service at 12:15.

The Sasha Bruce Youthworks group is having a peer discussion on AIDS at 4:30 p.m.

Family and Medical Counseling Services is conducting an AIDS education seminar at the Greater Southeast Hospital.

A group of long-term survivors will discuss their experiences from 6 to 10 p.m. at One Judiciary Square.

The Northern Virginia HIV/AIDS Education and Advocacy Group is holding a red ribbon ceremony at the Cora Kelly Recreation Center at 7 p.m. at 25 West Reed Avenue in Alexandria VA.

Food and Friends needs volunteer drivers for meal assembly from 9 a.m. to 11 a.m. and for delivery of meals between 11 a.m. and 2 p.m.

Parts of the NAMES quilt are on display at 19 locations in the DC area. Many of them are in government buildings (including the OEOB).

Lincoln Middle School (16th and Irvings Sts.), the Child Welfare League, and the World Health Organization are holding a press conference at 9 a.m. to release a new guide for parents who are dying with AIDS. From 10-to-12 a.m. these groups are hosting a performance of the Everyday Theater and conducting Q&A with kids in the school. AT noon, the school is having a reception at Very Special Arts. At 6 p.m. a parent awareness class will be conducted for parents of return to school kids.

The list has been developed by the Office of National AIDS Policy. Your staff should contact either Richard Sorian or Jeff Levi (632-1090) for more details on any of these activities.

We would also be happy to help prepare any arrangements for media coverage as appropriate. Thank you for your consideration and cooperation in putting together the White House's participation in the day.

File Aids

Document No. _____

WHITE HOUSE STAFFING MEMORANDUM

DATE: 11/21/94 ACTION/CONCURRENCE/COMMENT DUE BY: ----

SUBJECT: DECLARATION TO BE ISSUED AT PARIS AIDS SUMMIT

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	McGINTY	☐	☐
PANETTA	☐	☑	MYERS	☐	☑
McLARTY	☐	☐	QUINN	☐	☑
ICKES	☐	☐	RASCO	☐	☑
BOWLES	☐	☐	RUBIN	☐	☐
RIVLIN	☐	☑	SEGAL	☐	☐
BAGGETT	☐	☐	STEPHANOPOULOS	☐	☑
EMANUEL	☐	☐	TYSON	☐	☐
GEARAN	☐	☑	VARNEY	☐	☐
GERGEN	☐	☐	WEBSTER	☐	☐
GIBBONS	☐	☐	WILLIAMS	☐	☑
GRIFFIN	☐	☑	_____	☐	☐
HALE	☐	☐	_____	☐	☐
HERMAN	☐	☑	_____	☐	☐
LAKE	☐	☑	_____	☐	☐
LINDSEY	☐	☐	_____	☐	☐
MIKVA	☐	☑	_____	☐	☐

REMARKS: The attached text will be issued next week at the Paris AIDS summit. While not legally binding,

RESPONSE: the attached declaration will be widely disseminated. If you have questions, concerns, etc., let me know or coordinate with Carol Rasco or Patsy Fleming, who can be reached at 632-1090.

JOHN D. PODESTA
Assistant to the President
and Staff Secretary
Ext. 2702

USG accepted language from 10/26-27 Paris meeting

We, the Heads of Government of Representatives of the 42 States assembled in Paris on 1 December 1994:

I. Mindful

(I).1. that the AIDS pandemic, by virtue of its magnitude, constitutes a threat to humanity,

(I).2. that its spread is affecting all societies,

(I).3. that it is hindering the social and economic development of, in particular, the worst affected countries and increasing the disparities within and between countries,

(I).4. that poverty and discrimination are contributing factors in the spread of the pandemic,

(I).5. that HIV/AIDS inflicts irreparable damage on families and communities,

(I).6. that it concerns all people without distinction but that women, children and youth are becoming infected at an increasing rate,

(I).7. that the pandemic not only causes physical and emotional suffering but is often used as a justification for violation of human rights,

Mindful also

(I).8. that obstacles of all kinds, i.e. cultural, legal, economic and political, are hampering information, prevention, care and support efforts;

(I).9. that HIV/AIDS prevention and care and support strategies are inseparable, and that they are integral components of an effective and comprehensive approach to combat the pandemic,

(I).10. that new local, national and international forms of solidarity are emerging, in particular those involving people living with HIV/AIDS and community-based organizations,

II. Solemnly declare

(II).1. our obligation as political leaders to make HIV/AIDS a priority,

(II).2. our obligation to act with compassion and solidarity, both within our societies and internationally, vis-a-vis those with HIV/AIDS or at risk of becoming infected,

(II).3. our determination to ensure that persons with HIV/AIDS are able to realize the full and equal enjoyment of their fundamental rights and freedoms without ~~distinction~~ discrimination and under all circumstances,

(II).4. our determination to fight against poverty, stigmatization and discrimination,

(II).5. our determination to mobilize all of society - the public and private sectors, community-based organizations and people living with HIV/AIDS - in a spirit of true partnership,

(II).6. our appreciation and support for the activities and work carried out by multilateral, intergovernmental, nongovernmental and community-based organizations, and our recognition of their important role in combatting the pandemic,

(II).7. our conviction that only more vigorous and better coordinated action worldwide, such as that to be undertaken by the joint and cosponsored programme on HIV/AIDS, sustained over the long term, can halt the pandemic and lead to a world free from AIDS,

III. We undertake in our national policies to

(III).1. protect and promote the rights of individuals, in particular those living with or most vulnerable to HIV/AIDS, through the legal and social environment,

(III).2. fully involve nongovernmental and community-based organizations as well as people living with HIV/AIDS in the formulation and implementation of public policies,

(III).3. safeguard equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare,

(III).4. strengthen the following range of essential approaches for the prevention of HIV/AIDS:

a. promotion of and access to various culturally acceptable prevention strategies and products, including condoms and treatment of sexually transmitted diseases,

b. promotion of appropriate prevention education, including sex and gender education, for youth in school and out of school,

c. improvement of women's status, education and living conditions,

d. specific risk-reduction activities for and in collaboration with the most vulnerable populations, including those that exhibit high-risk sexual behavior and migrants,

e. blood safety,

(III).5. strengthen primary health care as a basis for prevention and care, and ensure equitable access to comprehensive care,

(III).6. make available necessary resources to better combat the pandemic, including adequate support for community-based and nongovernmental organizations working with vulnerable populations,

(IV). We are resolved to step up international cooperation through the following measures and initiatives. We shall do so by providing our commitment and support to the development of the new UN joint and cosponsored programme on HIV/AIDS, as the appropriate framework to reinforce partnerships between all involved and give guidance and leadership in the fight against HIV/AIDS. The scope of each initiative will be further defined and developed in the context of the joint and cosponsored programme and other appropriate fora:

(IV).1. Support an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organizations, in order to ensure their full involvement in our common response to HIV/AIDS at all - national, regional and global - levels. This initiative will, in particular, stimulate the creation of supportive political, legal and social environments.

(IV).2. Promote global collaboration for research on HIV/AIDS by supporting national and international partnerships between the public and private sectors, in order to speed up the development of prevention and treatment technologies, including vaccines and microbicides, and to take appropriate measures to help ensure their accessibility in developing countries. This collaborative effort should include related social and behavioural research.

provide

(IV).3. Strengthen international collaboration for blood safety with a view to coordinating technical information, proposing standards for good manufacturing practices of all blood products and fostering the establishment and implementation of cooperation partnerships to ensure blood safety in all countries.

(IV).4. Encourage a global care initiative so as to reinforce the national capability of countries, especially those in greatest need, to ensure access to comprehensive care and social support services including essential drugs and preventive methods.

(IV).5. To mobilize local, national and international organizations assisting as part of their regular activities children and youth, including orphans, at risk or affected by HIV/AIDS, in order to encourage a global partnership to reduce the impact of the HIV/AIDS pandemic upon the world's children and youth.

(IV).6. Support initiatives to reduce the vulnerability of women to HIV/AIDS by encouraging national and international efforts aimed at: raising the status of women and eliminating adverse social, economic and cultural factors; empowering women through participation in all decision-making and implementation processes which concern them; and establishing linkages and strengthening networks that promote women's rights,

(IV).7. Strengthen national and international mechanisms, including the use of an advisory council and national and regional networks, to provide leadership, advocacy and guidance on human rights and ethics related to HIV/AIDS, in order to ensure that non-discrimination, human rights and ethical principles form an integral part of the response to the HIV/AIDS pandemic.

We urge all countries and the international community to provide the resources necessary for these measures and initiatives mentioned above.

We call upon all nations, the future joint and cosponsored United Nations Programme on HIV/AIDS and its six member organizations and other bodies to take all steps possible to implement the above Declaration in coordination with other multilateral and bilateral aid programmes and nongovernmental organizations.

cc to MAW of letter to Ricki Seidman inviting Pres. + HRC to AIDS Action Awards Cert.

File
AIDS

AIDS
Action
foundation

PHOTOCOPY
PRESERVATION

Daniel T. Bross
Administrator

1875 Connecticut Ave NW
Suite 700
Washington DC 20009
Fax 202 986 1345
Tel 202 986 1300

AIDS Action

December 7, 1993

President Bill Clinton
The White House
Washington, DC

Dear President Clinton:

I am writing to thank you for your eloquent and moving speech presented on World AIDS Day at Georgetown Medical Center.

Unmistakable in your remarks was your commitment to increasing AIDS awareness and, ultimately, to eradicating this raging epidemic. The wealth of activities your Administration participated in throughout this World AIDS Day stand in stark contrast to the absence of a national voice and presence on past World AIDS Days. Moreover, your sensitive handling of the AIDS activist who interrupted you -- allowing and encouraging him to speak -- demonstrated a level of compassion, caring and connectedness to the issue that we have long awaited.

In your speech you acknowledged the AIDS-related accomplishments of your Administration thus far -- increased funding for AIDS research and the Ryan White CARE Act, the appointment of a National AIDS Policy Coordinator, and the directive to every federal office to provide its employees with AIDS education -- and they have been significant. You also acknowledged that you can do much more, which until we find a cure, will sadly always be true.

Again, thank you for your inspiring remarks on World AIDS Day and for your continued pledge to fighting this epidemic. We look forward to continued collaboration with you and senior members of the Administration toward meeting the needs of people with HIV and AIDS.

Sincerely,

Daniel T. Bross
Executive Director

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

AIDS Action Foundation Board of Directors*

Timothy Boggs (Chair)
Time Warner
Washington, DC

Leonard Bloom
Los Angeles, CA

Thomas G. Dunlap
DIFFA (Design Industries Foundation For AIDS)
New York, NY

Alvan Fisher, M.D.
Providence, RI

Donald Hense
Whitman-Walker Clinic
Washington, DC

Stephen Hourahan (Secretary)
Newport, RI

Lili Rundback
Mothers' Voices
Bethlehem, PA

Riley Temple
Halprin, Temple & Goodman
Washington, DC

* AIDS Action Foundation's Board of Directors includes three people who are living with HIV/AIDS.

AIDS Action Council Board of Directors*

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Joseph E. Seagram and Sons
New York, NY

Mario Cooper (Chair Elect)
Porter/Novelli
Washington, DC

Birch Bayh
Bayh, Connaughton, Fensterheim & Malone, P.C.
Washington, DC

Mary Boland
National Pediatric HIV Center
Children's Hospital of New Jersey
Newark, NJ

Charles Bremer
National Black Caucus of State Legislators
Washington, DC

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San Francisco, CA

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AIDS Action Committee
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Gay Men's Health Crisis
New York, NY

Anne Hill
National Urban League
New York, NY

David Hollander
Morrison & Foerster
New York, NY

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HIV Care
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U.S. Wheat Associates
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Washington, DC

Douglas Nelson
AIDS Resource Center of Wisconsin
Milwaukee, WI

Jim Pruitt
Activist
Miami, FL

Steve Rabin
Porter/Novelli
Washington, DC

AIDS Action Council Board of Directors
(continued)

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Gay Men's Health Crisis
New York, NY

Jewel Thais-Williams
Catch One
Los Angeles, CA

Anne Wexler
The Wexler Group
Washington, DC

David Wexler
Rosenfeld, Meyer & Susman
Beverly Hills, CA

Phill Wilson
AIDS Project Los Angeles
Hollywood, CA

Pedro Zamora
Body Positive Resource Center
Miami, FL

* AIDS Action Council's Board of Directors includes six people who are living with HIV/AIDS.

AIDS Action

Profile

- AIDS advocates founded AIDS Action Council in 1984 as the Washington voice of organizations that serve people with HIV/AIDS.
- AIDS Action is the only national lobbying organization dedicated solely to shaping fair and effective AIDS policy.
- AIDS Action supports and promotes:
  - implementation of a nationally coordinated plan to fight AIDS
  - speedy development of urgently needed AIDS treatments
  - increased federal funding for AIDS programs
  - nationwide and targeted AIDS prevention counseling
  - widely available confidential HIV testing and counseling
  - antidiscrimination protections for people with HIV
- AIDS Action represents over 1000 community-based AIDS service providers.
- AIDS Action has won yearly, record-levelincreases in the federal AIDS budget.
- AIDS Action led successful battles to pass the Ryan White CARE Act and the Americans with Disabilities Act.
- AIDS Action convenes the coalition National Organizations Responding to AIDS (NORA), comprised of 150 groups including the American Public Health Association, the American Red Cross, the National Gay and Lesbian Task Force, Planned Parenthood Federation, AFL-CIO, & the American Bar Association.
- AIDS Action's staff of twenty includes lobbyists, policy analysts, grassroots organizers and communications experts.
- AIDS Action's $2.0 million 1994 budget is raised through membership dues from organizations and individuals, foundation grants, and benefit events. AIDS Action is a non-profit organization registered as a 501(c)(4) with the Internal Revenue Service. It works in concert with the AIDS Action Foundation, a 501(c)(3) organization.
- The New York Times has called AIDS Action Council "among the country's most powerful advocacy groups."

AIDS ACTION
Recent Accomplishments

• Won large increases in the federal budget for AIDS programs each year. In FY 94 won record levels of funding for AIDS programs across the board, amounting to a 28% increase.

• Increased federal funding for tuberculosis prevention and treatment.

• Worked with the AIDS community to make prevention of HIV transmission and care and treatment of HIV-infected people a major issue of the 1992 Presidential campaign.

• Focused national attention on the deficiencies of the federal AIDS prevention effort with its 1991 report, *Good Intentions.*

• Pushed through Congress the fully authorized $156 million federal program to provide housing to people with HIV and their families (AHOA/AIDS Housing Opportunities Act also known as HOPWA/Housing for People with AIDS).

• Successfully advocated for better coordinated AIDS research efforts through passage of the 1993 National Institutes of Health Revitalization Act which brings more visibility and focus to the NIH Office of AIDS Research.

• Established AIDS Action's Health Care Reform Leadership Project to ensure that the needs of people living with HIV/AIDS are represented in national health care reform.

• Provided testimony on a wide variety of issues, including health care reform, drug pricing and AIDS housing, before Congress and before national commissions and advisory committees.

• Worked with the Clinton transition team to educate members on the full range of AIDS policy concerns.

• Positioned AIDS Action as lead organizer of AIDSWatch '93 and '94.

• Secured funding for upcoming HIV vaccine conference.

• Increased the visibility and agenda of NORA, National Organizations Responding to AIDS.

PROPOSED PROGRAM FOR AIDS ACTION FOUNDATION LEADERSHIP AWARDS

6:30 - 7:30 p.m.	Reception
7:15 p.m.	Bars begin to close; guests are asked to move into the theater for the awards ceremony.
7:30 p.m.	All bars are closed
7:45 p.m.	Final call for guests to enter the theater
7:55 p.m.	Doors close
8:00 p.m.	Program begins; Program host welcomes guests
8:10 p.m.	Program host introduces Award Ceremony Chair (s)
8:11 p.m.	Event Chair (s) gives remarks
8:20 p.m.:	Event chair (s) introduce Tim Boggs, Chairman of AIDS Action Foundation
8:21 p.m.	Tim Boggs gives remarks
8:30 p.m.	Tim Boggs introduces awards presenters

AWARDS ARE PRESENTED

I.	8:35 P.M.	ADVOCACY AWARD
II.	8:40 - 8:45 P.M.	ACCEPTANCE SPEECH
III.	8:50 P.M.	MEDIA AWARD
IV.	8:55 - 9:00 P.M.	ACCEPTANCE SPEECH
V.	9:05 P.M.	PUBIC POLICY
VI.	9:10 - 9:15 P.M.	ACCEPTANCE SPEECH
VII.	9:20 P.M.	VOLUNTEERISM AWARD
VIII.	9:25 - 9:30 P.M.	ACCEPTANCE SPEECH
IX.	9:35 P.M.	THE JIM PEWETT AWARD
X.	9:40 - 9:45 P.M.	ACCEPTANCE SPEECH

9:50 P.M. AWARDS CEREMONY CONCLUDES

The Shakespeare Theatre

Michael Kahn
Artistic Director

Jessica L. Andrews
Managing Director

Mailing Address:
301 East Capitol St., S.E.
Washington, D.C. 20003

(202) 547-3230
Fax (202) 547-0226
TT (202) 638-3863

Theatre Address:
450 7th St., N.W.
Washington, D.C. 20004

The Lansburgh Theatre
Information Sheet

Theatre Address: 450 7th St., NW
Washington, DC 20004

Loading Dock: 425 8th St., NW
Washington, DC 20004

24 ft. straight trucks
normal semi but not hi-boy

Dimensions: All of the following are approximate.

Lobby - 38' x 57'
2,166 sq. ft.

House - 447 seats
30 standing room

Proscenium - 20' high
36'wide

Stage House - 66' wide
37' deep

apron depth - 9'(to plaster line)
depth (pro to back wall) - 38' 6"
depth (pro to last pipe) - 33'
Depth (edge of stage to last pipe) - 42'

linesets - 30 pipes, 1'centers
lineset #1 - 3' US of plaster line
last pipe to wall - 5'6"

Amenities:

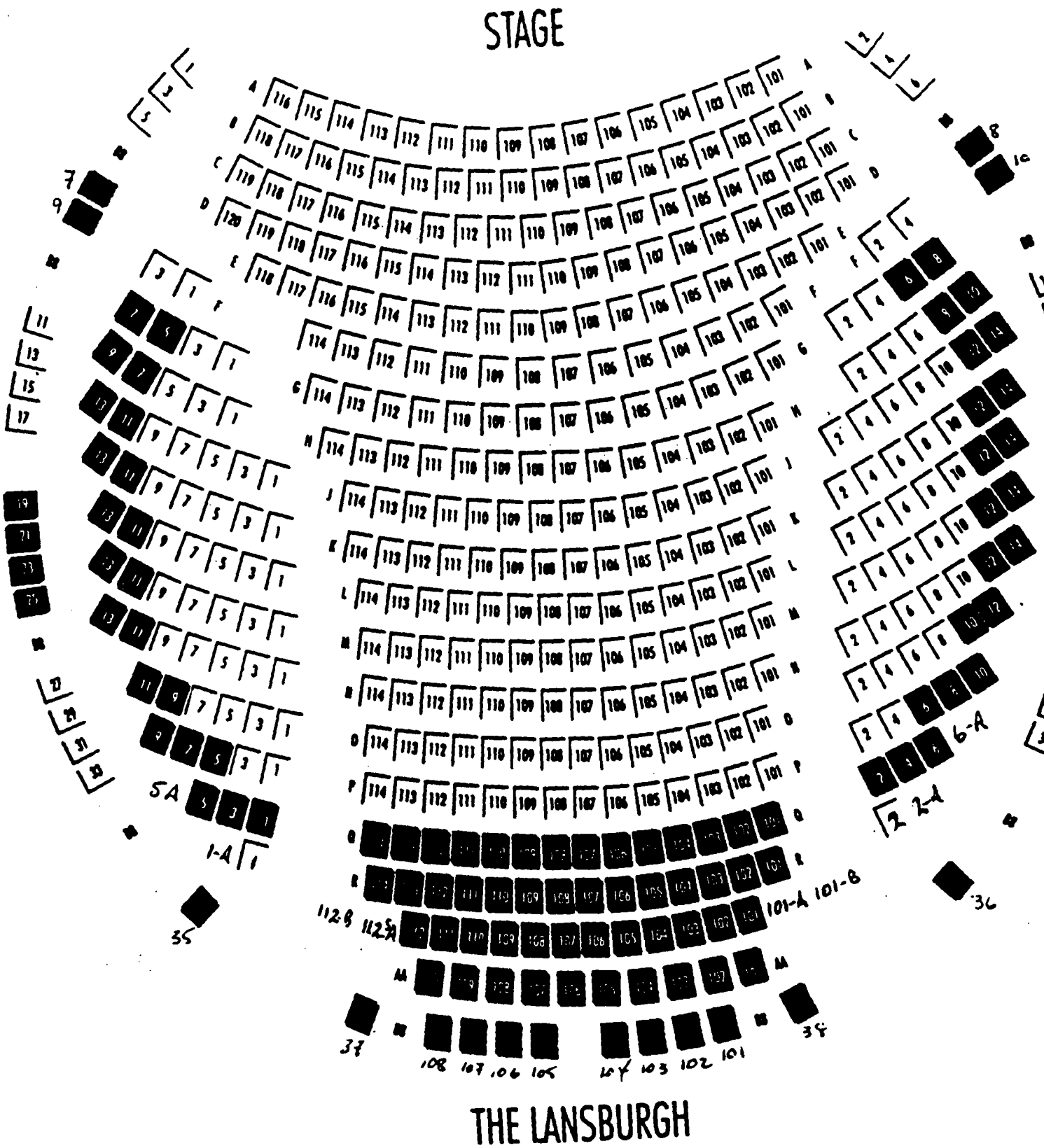
In-building parking (100 cars). Surface lots adjacent.

Coat check facility.

Concession area.

Infra-red sound system
for hearing impaired also compatible with hearing aids with T-switch;
for visually impaired, audio description when available.

Wheel chair accessible for both audience and performers.


STAGE
THE LANSBURGH

March 19, 1994

Ms. Ricki Seidman
Director of Scheduling and Advance
for the President of the United States
West Wing, Ground Floor
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Seidman:

This year, AIDS Action Foundation will host our annual AIDS Action National Leadership Awards Ceremony in Washington, D.C. We would be honored if the President and First Lady would participate in the awards ceremony.

The President is invited to participate in any capacity deemed appropriate; it is our understanding that he may be interested in presenting our award for Community Service to the Robert Tisch family. We are willing and eager to work with you and other Administration officials to determine an appropriate role for the President in the awards ceremony.

We hope that the following information will provide you with some background information about AIDS Action Foundation, The National Leadership Awards and the logistics of the event itself.

AIDS ACTION

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

The AIDS Action Foundation, a 501 (c)(3) organization, works in concert with AIDS Action Council, which represents over 1,000 community-based AIDS service providers nationwide. The Council is the only national lobbying organization dedicated solely to shaping fair and effective AIDS policy. This year, the combined efforts of both organizations is focused on ensuring a place at the table for people with HIV/AIDS in the unfolding health care reform debate. Members of our staff worked with the Clinton campaign and members of the transition team on the full range of AIDS policy issues. Further, since January 1993, we have worked closely with members of the Administration to ensure that, through partnership, our national AIDS policies are informed and effective. A copy of our most recent annual report is attached.

THE NATIONAL LEADERSHIP AWARDS

The annual National Leadership Awards are given to groups and/or individuals who have shown leadership, commitment and courage in the battle against AIDS. Awards are presented in five categories: (1) Advocacy; (2) Media; (3) Public Policy; and (4) Community Service and (5) The Jim Pewett Award. Past award recipients include The Honorable Maxine Waters, The Honorable Jim McDermott, George Strait of ABC News, USA Today, Rob Hershman and Gary Barton, and the late Jim Pewett. Last year, approximately 350 people attended the Leadership Awards ceremony, and this year we anticipate between 450 to 500 people.

1994 LEADERSHIP AWARD RECIPIENTS

Honorees are selected by board members of the Council and Foundation. This year, the following individuals have been selected and invited to receive Leadership Awards:

ADVOCACY AWARD: **MOTHERS' VOICES**

Mothers' Voices is an HIV/AIDS awareness program that mobilizes the hearts and voices of the greatest resources of our country - our nation's families and friends of people infected with HIV.
Presenting this award will be Pedro Zamora, a Cuban-American living with AIDS, a national spokesperson featured in MTV's "The Real World," and board member of AIDS Action Council.

MEDIA AWARD: **JONATHAN DEMME AND EDWARD SAXON**

Jonathan Demme and Edward Saxon for their poignant and honest movie PHILADELPHIA.

PUBLIC POLICY AWARD: **CONGRESSWOMAN NANCY PELOSI**

Nancy Pelosi has been an outspoken leader in the promotion of HIV prevention and reform efforts in the Congress. Her tireless work to stop the spread of HIV/AIDS has moved the country towards HIV prevention responsive to community needs and more effective for communities at risk.

COMMUNITY SERVICE AWARD: **THE ROBERT TISCH FAMILY**

This year, the AIDS Action Community Service Award will be presented to the Tisch family for their unwavering and invaluable work and support on behalf of people living with AIDS and HIV.

Joan Tisch has served as a devoted Board Member and volunteer with the Gay Men's Health Crisis for many years. Her son, Steve Tisch, is Chair of AIDS Projects Los Angeles.
The Tisch family has donated countless hours of work and their full suport to the fight against AIDS.

JIM PEWETT AWARD: **RANDY SHILTS AND JEFFREY SCHMALZ**

Jim Pewett served as a member of the board of directors of the AIDS Action Foundation from 1988 - 1994. He worked tirelessly on behalf of this organization and for people with AIDS. Jim passed away on January 26 of this year.

This very special award will be award posthumously to Jeffrey Schmaltz, a writer for The New York Times, and Randy Shilts, author of And The Band Played On and Conduct Unbecoming, for their leadership abilities and commitment to raising our nation's consciousness.

DATES AND LOCATIONS UNDER CONSIDERATION

At this time, the Foundation is considering several dates for the Leadership Awards. They are as follows:

1) Monday, May 9th, 1994
2) Monday, June 13th, 1994
3) Tuesday, June 14th, 1994

We have attached a very preliminary schedule for the evening for your review.

The venue that we will use for the Leadership Awards is the Shakespeare Theater, located at 450 7th Street, N.W. This is a fully equipped theater with a stage door that enters from the street and a private room which may be used as a holding room directly behind the stage entrance. Additional information about the Shakespeare Theater is attached for your review.

Our contact for the AIDS Action Foundation Leadership Awards is Hannah Spillman. She will be contacting your office by Monday, March 14, regarding this request. In the meantime, please do not hesitate to contact her at (202) 986-1300, extension 15, or Dan Bross at (202) 986-1300, extension 11.

In closing, we would like to add our sincere and heartfelt thanks to the Administration of your work on behalf of all the people living with HIV/AIDS. The work that we are doing together benefits a nation at risk, and helps us move closer to the day that we may live together in a world without AIDS.

Sincerely yours,

Tim Boggs
Chairman
AIDS Action Foundation

Daniel T. Bross
Administrator
AIDS Action Foundation

CC:

Mrs. Anne Wexler

Mr. Rahm Emanuel, Special Assistant to the President

Ms. Joan Baggett, White House Political Director

Mr. Joe Valasquez, Deputy White House Political Director

Ms. Alexis Herman, Office of Public Liaisin

Ms. Doris Matsui, Office of Public Liaison

Mr. David Wilhelm, Chairman, Democratic National Committee

Mr. Steve Hill, Office of Pulbic Liaison

Mr. Thomas "Mack" McLarty, White House Chief of Staff

Mr. Mark Middleton, Deputy White House Chief of Staff

The Honorable Donna Shalala, Secretary of Health and Human Services

Ms. Ann Stock, White House Social Secretary

Ms. Margaret Williams, Chief of Staff, Office of the First Lady

Ms. Melane Verveer, Office of the First Lady

Mr. Keith Boykin, White House Communications Office

Mr. Ira Magaziner, Director, Health Care Task Force

Mr. Donald Sweitzer, Political Director, Democratic National Committee

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AID ATLANTA • AIDS ACTION BALTIMORE, INC. • AIDS ACTION COMMITTEE OF MASSACHUSETTS • AIDS CHAPLAINCY PROGRAM • AIDS COMMISSION OF GREATER CLEVELAND • AIDS COMMUNITY SERVICES OF WESTERN NEW YORK • AIDS COUNCIL OF GREATER KANSAS CITY • AIDS COUNCIL OF NORTHEASTERN NY • AIDS FOUNDATION OF CHICAGO • AIDS FOUNDATION SAN DIEGO • AIDS HEALTHCARE FOUNDATION • AIDS HELP INC. • AIDS HOUSING COUNCIL OF GREATER CLEVELAND • AIDS HOUSING OF WASHINGTON • AIDS MENTAL HEALTH PROJECT/GREENWICH HOUSE INC. • AIDS OUTREACH CENTER • AIDS PROJECT LOS ANGELES • AIDS PROJECT NEW HAVEN • AIDS PROJECT OF CONTRA COSTA • AIDS PROJECT WORCESTER • AIDS RESOURCE CENTER OF WISCONSIN, INC. • AIDS RESOURCE CENTER, INC. • AIDS SERVICES CENTER LEHIGH VALLEY • AIDS SERVICES OF DALLAS • AIDS TREATMENT NEWS • AIDS WALK ORANGE COUNTY • AIDS WORK • ALASKA NATIVE HEALTH BOARD, INC. • ALASKAN AIDS ASSISTANCE ASSOCIATION • ALL SAINTS ACS SERVICE CENTER • AMERICAN RED CROSS, CENTRAL IOWA CHAPTER • AMERICAN SYMPHONY ORCHESTRA LEAGUE • ATLANTA CHAPTER OF NAPWA • BAY AREA BLACK CONSORTIUM • BAY AREA PHYSICIANS FOR HUMAN RIGHTS • BEING ALIVE/PEOPLE WITH AIDS COALITION • BERKS AIDS NETWORK • BIRMINGHAM AIDS OUTREACH • BOSTON AIDS CONSORTIUM • BOULDER CO. HEALTH DEPARTMENT • BOULDER COUNTY AIDS PROJECT • BROADWAY CARES/EQUITY FIGHTS AIDS • BROOKHAVEN HOUSE, INC. • CALIFORNIA ASSOCIATION OF AIDS AGENCIES • CARING FOR BABIES WITH AIDS • CASCADE AIDS PROJECT/OREGON AIDS HOTLINE • CEDAR AIDS SUPPORT SYSTEM • CHARLESTON AIDS NETWORK • CHICAGO HEALTH OUTREACH, INC. • CHICAGO HOUSE & SOCIAL SERVICES AGENCY, INC. • CHICKEN SOUP BRIGADE • CHILDREN'S HOSPITAL OF N.J. - AIDS PROGRAM • CHILDREN'S IMMUNE DISEASE • CITY OF ANGELS HOSPICE FOUNDATION, INC. • COLLIER AIDS RESOURCE AND EDUCATION SERVICES • COLORADO AIDS PROJECT • COMMUNITY AIDS RESPONSE TO INCREASE GRANTS • COMMUNITY FAMILY PLANNING COUNCIL • COMMUNITY HEALTH TRUST, INC. • COMMUNITY PEDIATRICS AND ADOLESCENT MEDICINE • COMMUNITY RESEARCH INITIATIVE OF NEW ENGLAND • COMMUNITY RESEARCH INITIATIVE ON AIDS • CONNECTICUT AIDS CONSORTIUM • CONNECTICUT AIDS RESIDENCE PROGRAM • CONTINUUM HIV CBY SERVICES • CRISIS CENTER • CROWN'S HOUSE COMPASSION • DELAWARE VALLEY AIDS GAY FAITH ADVOCATES • DEPT. OF PUBLIC HEALTH, DIV. OF DISEASE CONTROL • DESERT AIDS PROJECT • DESIGN INDUSTRIES FOUNDATION FOR AIDS • DOLORES TAFFET COMMUNITY CENTER • FRANCISCAN CENTER AIDS OUTREACH • FROM ALL WALKS OF LIFE - AIDSWALK • FRIENDS CONCERNED ABOUT AIDS • GAY MEN'S HEALTH CRISIS, INC. • GEORGIA DEPARTMENT OF HUMAN RESOURCES • GOD'S LOVE WE DELIVER • GOOD SAMARITAN PROJECT • GRAND RAPIDS AIDS RESOURCE CENTER • GREATER HOUSTON AIDS ALLIANCE • HEALTH CRISIS NETWORK • HEALTH EDUCATION RESOURCES ORGANIZATION INC. • HEMOPHILIA FOUNDATION OF MICHIGAN • HIV ATLANTA TASK FORCE • HOWARD BROWN MEMORIAL, INC. • HUDSON COUNTY OFFICE ON AIDS • INNER CITY AIDS NETWORK • INNER FAITH SYSTEMS • INSTITUTE OF GOVERNMENT & PUBLIC AFFAIRS • INTERNATIONAL CHILD AIDS FOUNDATION • JERUSALEM HOUSE, INC. • KANCKAKEE PEOPLE WITH AIDS COALITION • LANCASTER AIDS PROJECT • LIVING AIDS SERVICES • LEGAL AID FOUNDATION OF LOS ANGELES • LIFE FOUNDATION • LONG BEACH AIDS NETWORK • LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. • MAINE AIDS ALLIANCE • METROPOLITAN CHICAGO HEALTH CARE COUNCIL • MICHIGAN DEPARTMENT OF PUBLIC HEALTH • MINNESOTA AIDS PROJECT • MOST HOLY REDEEMER AIDS SUPPORT GROUP • MOUNTAIN STATE AIDS NETWORK • MOUNTAIN STATES REGIONAL HEMOPHILIA CENTER • NASHVILLE AIDS • NATIONAL CONFERENCE OF BLACK MAYORS, INC. • NATIONAL TASK FORCE ON AIDS PREVENTION • NECHAMA: LOS ANGELES JEWISH COMMUNITY AIDS PROGRAM • NEW MEXICO AIDS SERVICES • NEW MEXICO ASSOCIATION OF PEOPLE LIVING WITH AIDS • NEW ERRORS AIDS TASK FORCE • NEW YORK AIDS COALITION • NIGHTHOUSE AIDS FOUNDATION • NY DEPARTMENT OF HEALTH AIDS INSTITUTE • OHIO DEPARTMENT OF HEALTH, AIDS ACTIVITIES UNIT • OPEN HAND MIAMI • PEDIATRIC AIDS DEMONSTRATION PROJECT • PEOPLE OF COLOR AGAINST AIDS NETWORK • PEOPLE WITH AIDS COALITION • PERSAD CENTER • PHILADELPHIA HEALTH MANAGEMENT CORPORATION • PHOTOGRAPHERS AND FRIENDS UNITED AGAINST AIDS • PRESBYTERY OF GEORGIA • PROCEED, INC. • PROJECT OPEN HAND • PROTECTION AND ADVOCACY SYSTEM • PROVIDENCETOWN AIDS SUPPORT GROUP • PWA COALITION OF ORGE COUNTY • SAN FRANCISCO AIDS FOUNDATION • SANTA CRUZ AIDS PROJECT • SEATTLE AIDS SUPPORT GROUP • SIERRA ANCILLARY CARE CORP. • SMARTY PROJECT • SOUTH CAROLINA AIDS ASSISTANCE NETWORK (SCAN) • SOUTHWEST AIDS COMMITTEE, INC. • SOUTHWEST REGIONAL AIDS RESOURCE & CONSULTATION CENTER • ST. JOSEPH'S MERCY HEALTH CORP. • TALLAHASSEE AIDS SUPPORT SERVICES • TAMPA AIDS NETWORK TARZANA TREATMENT CENTER, INC. • TEXAS AIDS NETWORK • THE AIDS PROJECT • THE FOUNDATION FOR CHILDREN WITH AIDS • THE KAPOSI NETWORK TUSCUMBIA AIDS CRISIS TASKFORCE • UNION OF AMERICAN HEBREW CONGREGATIONS • UNION OF PAN-ASIAN COMMUNITIES • UNITED MIGRANT OPPORTUNITY SERVICES • VICTOR SERVICES AGENCY • VISITING NURSE ASSOCIATION, INC. • VISUAL AIDS/ART WITHOUT ART • VOLUNTARIOS EN ACCION PARA EL SIDA • WE THE PEOPLE • WINTERGREEN HEALTH CLINIC/AIDS PROGRAM WISCONSIN AIDS/HIV PROGRAM • ACT UP/PHILADELPHIA • ACTION AIDS, INC. •

AIDS *Action*

council

ANNUAL REPORT

Clinton Presidential Records
Digital Records Marker

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This marker identifies the place of a publication.

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File AIDS

THE WHITE HOUSE

WASHINGTON

January 25, 1994

MEMORANDUM FOR MAGGIE WILLIAMS
EVELYN LIEBERMAN

FROM JOHN PAUL GURROLA
DIRECTOR OF COMMUNICATIONS
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Article in AIDS Project Los Angeles' news letter

Attached, is an article, a re-traction and a letter of apology from APLA.

The original article is very critical of the President's speech from World AIDS Day. I felt that the article was very unfair, as it left out a complete paragraph of the President's speech.

They eventually agreed with me and wrote the retraction and the letter of apology.

I submit it to you for your review.

Thanks.

Citizens and Neighborhood Networks

AIDS PROJECT LOS ANGELES

January 19, 1993

Kristine Gebbie, RN
Office of the National AIDS Policy Coordinator
750 17th St. NW
Washington, DC 20503

Dear Kristine:

A recent opinion piece in APLA's client publication, "Positive Living," had some critical remarks about President Clinton's World AIDS Day speech. John Gurrola faxed me a transcript of the President's comments which cast serious doubt on the integrity of the opinion presented. On behalf of the Public Policy Department, I have written a rebuttal that clarifies the President's comments and shows them in what I believe is a more responsible light. The rebuttal will appear in the next issue of "Positive Living," which will be published next week on January 25th. I look forward to welcoming the First Lady to APLA later that week for our Commitment to Life event.

Sincerely,

Christopher Kush
Public Policy Department
AIDS Project Los Angeles

THINKING POSITIVE

And now, this message. . .

When President Clinton spoke about AIDS at Georgetown Medical Center on World AIDS Day, his speech was interrupted by a 19-year-old man in the audience.

"Talk is cheap and we need action!" the man shouted. Addressing Clinton as "Slick Willie," the man went on to say: "The Republicans were right! We should have never trusted you! You are doing nothing while we die!"

The *Los Angeles Times* reported Clinton's response to the outburst in the following day's edition: "Clinton, appearing unruffled by the disturbance, responded: 'That's OK. It's all right. I don't take it personally. . . . I'd rather have that man in here screaming at me than have him give up altogether.' "

From reading the *Times* report,one gets the impression that Clinton is a man of grace and humility, who treats even his harshest critics with respect.

Don't believe everything that you read.

The same day I read the report on Clinton's remarks in the *Times*, I read a transcript of the speech provided by Reuters and the Federal Information Systems Corporation.

According to Reuters, how the president *really* responded to the outburst was much different. What follows is what the president reportedly said immediately after the heckler said "We never should have trusted you."

> "Look, last night —let me change the subject a minute, and get back to that. Last night I went to see 'Schindler's List.' We had a special showing of it for the Holocaust museum, and it's not going to be a highly advertised movie, and it's coming out around Christmas time, and it will be tough for people to see then. I implore every one of you to go see it. It is an astonishing thing. 'Schindler's List.' It's about a non-Jew who as a member of the Nazi party saved over 1,000 Jews by his personal efforts in World War II from the Holocaust. . . ."

That the president did not also turn toward the camera, raise two thumbs and say: "Schindler's List. Rated R. Now playing at a theater near you!" was surprising. Eventually, Clinton struggled out of the rhetorical ditch he had swerved into, and uttered the humble remarks to his critic that were widely reported.

The plug, however, was only temporarily baffling. All the pieces seemed to fall into place that weekend, when Clinton appeared at a glitzy Hollywood fund-raising event that raised oodles of money for the Democratic Party. There, Clinton had an opportunity to repeat his plug directly to "Schindler's List" director Steven Spielberg.

Slick Willie, indeed.

Oh, I almost forgot: "Wayne's World 2": It's an astonishing thing. Go. ✚

—PAUL SERCHIA

APLA NEWS

James Loyce named APLA executive director

James Loyce has been named as the new executive director of AIDS Project Los Angeles, replacing Leonard Bloom, who has been running the organization for the past two years.

"James Loyce is an exceptional choice for APLA and for people with HIV and AIDS," said Board Chair Steve Tisch. "His knowledge of the disease, his compassion and his management expertise will all serve our organization and our clients well."

Prior to coming to APLA, Loyce was associate director of San Francisco's Department of Public Health AIDS Office, managing a budget of $50 million and a staff of 120.

"The challenges of AIDS will be formidable over the next decade, and I'm looking forward to meeting them with APLA," said Loyce. "This position gives me the opportunity to absorb the culture and spirit of APLA, and those who have battled AIDS from the start."

James Loyce with APLA staff member Sharon Aronoff

The search for a new executive director was conducted over a number of months by an executive search committee and the firm of Korn/Ferry International.

"Loyce was APLA's first

➢ 3

AIDS PROJECT LOS ANGELES

POSITIVE LIVING Vol. 3, No. 1

Published monthly by the Communications Department of AIDS Project Los Angeles.
1313 N. Vine St., L.A. 90028
(213) 993-1362 FAX (213) 993-1592

Editor
Paul Serchia

Contributors:
Frank Carothers, Frank Devlin, Glenn Gaylord, Peter George, Carl Higgins, Reggie Ige, Grace Kaino, Bill Katz, Lee E. Klosinski, Eric Krigger, Lauren Llewellyn, Martin Majchrowicz, Kevin Mitchell, Ann Murdy, Victoria Rierdan, Suren Seropian, Rebecca Solomon, Bonnie Toman, Kevin Walker, Jim Walters

Contributions welcome. To subscribe, see Page 12.

THINKING POSITIVE

Michael is missing

So a major Hollywood studio finally got around to making a big-budget movie about AIDS, presenting mainstream American movie-goers with a much-belated opportunity to experience empathy for people with this lousy disease.

And what does the screenwriter for the movie do? He makes the guy with AIDS a *lawyer*.

Don't worry: I'm not going to bore you with a column of bitching about "Philadelphia," the movie —Larry Kramer, among others, have beat me to the punch. Besides, I liked "Philadelphia."

But I would like to kvetch a little about "Philadelphia," the soundtrack.

Midway into "Philadelphia" is a scene featuring the late Michael Callen and the Flirtations performing "Mr. Sandman." It's a glorious moment that passes all too quickly.

After seeing "Philadelphia," I went directly to a music store to pick up the soundtrack. I just assumed that the soundtrack would include the bit by Callen, who died of AIDS just a few days after the movie opened in L.A..

Well, it doesn't, Flirt fans. Instead, the soundtrack features a lot of music from the movie that I don't even recall.

Yeah, yeah, yeah, I *do* recall hearing Bruce Springsteen, Neil Young and Maria What's-her-name, the opera singer. Those performers figure prominently in "Philadelphia," and their songs are dutifully included on the soundtrack.

But . . . Peter Gabriel? Sade? The Spin Doctors? Did I miss something? Are their songs picked up in radio waves transmitted through Mary Steenburgen's fillings in her big courtroom scenes?

I should point out that Callen and the Flirtations *are* given "special thanks" by producers Jonathan Demme and Gary Goetzman in the soundtrack liner notes, along with "the gang at Buffa's" and 14 other individuals or groups of people. If you're the sort of person who wades through fine print on compact disc sleeves, you would get the notion that a classy act like Callen was somehow associated with the "Philadelphia" project —although the nature of his association would have remained a mystery.

Anyhow, if Charles Manson songs can be removed from a Guns 'n Roses album, the technology must exist to restore a Flirtations track to the "Philadelphia" album. I am hopeful that Epic Soundtrax will toss a bone to Flirtations fans, and include "Mr. Sandman" in future pressings of the "Philadelphia" disc.

I am also hopeful that, while they're at it, they'll correct the misspelling of Callen's name in the liner notes. ✚

—PAUL SERCHIA

LETTERS TO THE EDITOR

Give Clinton credit

In the January 1994 issue of *POSITIVE LIVING*, Paul Serchia criticized President Clinton's recent remarks to a heckler on World AIDS Day.

President Clinton responded to the angry man with a lengthy description of the movie "Schindler's List," which Serchia took to be nothing less than a commercial plug for the movie. A further review of the transcript shows that the president's remarks were more eloquent than Serchia gave him credit for:

The president said, "The reason I ask you to go see the movie is you will see portrait after portrait after portrait of the painful difference between people who have no hope and have no rage left and people who still have hope and still have rage. I'd rather that man be in here screaming at me than having given up altogether."

In a political arena full of competing concerns, we must keep a critical eye on the president's commitment to fighting AIDS. However, we must also support and encourage the president when he does something positive.

To hear the president not only sympathize with rage over the AIDS epidemic, but publicly defend it, represents a more profound commitment to fighting AIDS than we have previously seen from the White House. The president's recent comments are worthy of praise, not ridicule. ✚

CHRISTOPHER KUSH,
Public Policy Department,
AIDS Project Los Angeles.

It was not my intent to inaccurately report President Clinton's commitment to fighting AIDS. The supplementary remarks by the president quoted in Kush's letter give readers a more complete picture of what was on the president's mind on World AIDS Day. —PAUL SERCHIA

POSITIVE LIVING Vol. 3, No. 2
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Contributing photographers
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Other contributors
Frank Carothers, Frank Devlin, Glenn Gaylord, Carl Higgins, Grace Kaino, Lauren Llewellyn, Kevin Mitchell, Lauren Rossini, Suren Seropian, Rebecca Solomon, Kevin Walker, Jim Walters
To subscribe, see Page 16.

File AIDS

AIDS PROJECT LOS ANGELES

1313 N. Vine Street
Los Angeles
California 90028
213.962.1600
Fax 213.993.1598

24 January 1994

Ms. Maggie Williams
Chief of Staff to The First Lady
The White House

Dear Maggie:

Thanks for returning my call. Please find enclosed the scripts for the public service announcements. We are particularly anxious to find a way to mobilize the AIDS affected community around Health Care Reform. To that end, the script that speaks to Health Care Reform is of particular interest to us. Of course we are willing to modify the script in any fashion the First Lady would require to make it more comfortable for her.

As I mentioned to you on the phone, the entire process will take no more than five minutes and can happen backstage immediately prior to the First Lady's appearance on stage.

As to the possibility of meeting with PWA's, this too can be arranged to occur at the amphitheater. Should time not permit a meeting, perhaps a photo opportunity can be arranged.

Again thank you for your assistance. It has been a pleasure speaking with you and I'm sure this event will be spectacular! I look forward to speaking with you in the next day or so. I can be reached at 213.993.1352 or at my home 213.666.1051.

Sincerely,

Phill Wilson

P.S. I will be in Washington from 5-8 February and I would appreciate an opportunity to meet with you should your schedule permit. My assistant, Troy Fernandez will call your office next week to confirm.

Public Service Announcement #1: HEALTH CARE AND AIDS

I am committed to reforming health care in our country. Our health care programs have been hard hit by AIDS. HIV has spread at a devastating rate into our neighborhoods, our work places, our schools and our families. Together we can prevent the further spread of HIV. We must learn the facts and continue to support community organizations. Together we must develop an understanding of HIV and a compassion for those living with AIDS. I am committed to health care without discrimination or exclusion. We have to make a change now. Together we can make a commitment to life.

Public Service Announcement #2: AIDS IN OUR SOCIETY

HIV is spreading through our society. It's not stopping to choose a skin color, income, age, or sexual preference. HIV does not discriminate. We are all affected and together we must share the responsibility in preventing the further spread of HIV. Together we must learn the facts. Find out about the many services available in your community. Talk to your kids, your parents, your friends. Spread compassion, not HIV.

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Public Service Announcements #3: AIDS PROJECT LOS ANGELES

In my commitment to health care in our country, I have an obligation to those in need of assistance. The rapid spread of HIV has affected every community. Thankfully, there are community organizations such as AIDS Project Los Angeles. APLA provides AIDS education, as well as support and assistance for those living with the virus, their families and friends. We are all responsible for knowing the facts in preventing the further spread of HIV. Together we can make a commitment to life.

AIDS
PROJECT
LOS ANGELES

1313 N. Vine Street
Los Angeles
California 90028
213.962.1600
Fax 213.993.1598

File
Aids
Project

MEMORANDUM

To : Maggie Williams
Chief of Staff to Hillary Clinton

From: Phill Wilson PD
Director of Public Policy
AIDS Project Los Angeles (APLA)

Re : Commitment to Life VII

In order to maximize the impact of Mrs. Clinton's participation at the 7th Commitment to Life Gala in Los Angeles, we propose that Mrs. Clinton engage in an additional activity directly with People with AIDS. It would be unfortunate if Mrs. Clinton attended an AIDS event in Los Angeles and did not have an opportunity to meet People with AIDS (PWAs).

One possibility is to convene a small group of PWAs facilitated by APLA, to discuss the effects Health Care Reform will have on their lives. This dialogue would reinforce the human face of AIDS, and we believe, focus the real meaning of Commitment to Life.

As we head into what promises to be an extremely contentious debate over Health Care Reform, it would be very helpful to mobilize those communities most impacted by the outcome of that debate. This meeting could be very helpful to that end.

We can shape this and time it to your needs. Please call me at your earliest convenience at 213.993.1352, so that we can discuss this further.

Thank you for your consideration.

AIDS
PROJECT
LOS ANGELES

1313 N. Vine Street
Los Angeles
California 90028
213.962.1600
Fax 213.993.1598

January 14, 1994

COPY

Hilliary Rodham Clinton
The First Lady
The White House
1600 Pennsylvania Avenue
Washington, DC. 20500

Dear Mrs. Clinton:

Congratulations on receiving the AIDS Project Los Angeles' Commitment To Life Award. APLA is committed to positively impacting the lives of people affected and at risk of HIV and AIDS. APLA raises the awareness of AIDS prevention through many means, including public service announcements. We would like to feature you in three thirty-second public service announcements aimed at raising AIDS awareness.

We are prepared to tape the public service announcements backstage during the Commitment To Life Benefit on January 27 at the Universal Amphitheater. A production team will be set up, and a teleprompter will be available. The production will take no more than ten minutes.

The attached preliminary scripts touch upon three issues important to people affected by HIV.

The first script covers health care reform and its positive effects for people living with HIV. Universal health care is a goal both the Administration and APLA share. This public service announcement will help move forward the debate on the 1993 American Health Security Act to its successful passage, and increase support of the HIV and AIDS community.

The second script encourages people to learn the facts and talk about HIV to their families. AIDS does not discriminate, and the responsibility of ending the spread of HIV is one we all share. Your participation will lend a powerful voice to raising awareness about AIDS in our society.

Continuing the Administration's clarion call for service, the third script encourages citizens to support community organizations such as APLA.

We greatly appreciate your consideration and look forward to your response.

Sincerely,

Phill Wilson
Director of Public Policy

Public Service Announcement #1: HEALTH CARE AND AIDS

I am committed to reforming health care in our country. Our health care programs have been hard hit by AIDS. HIV has spread at a devastating rate into our neighborhoods, our work places, our schools and our families. Together we can prevent the further spread of HIV. We must learn the facts and continue to support community organizations. Together we must develop an understanding of HIV and a compassion for those living with AIDS. I am committed to health care without discrimination or exclusion. We have to make a change now. Together we can make a commitment to life.

Public Service Announcement #2: AIDS IN OUR SOCIETY

HIV is spreading through our society. It's not stopping to choose a skin color, income, age, or sexual preference. HIV does not discriminate. We are all affected and together we must share the responsibility in preventing the further spread of HIV. Together we must learn the facts. Find out about the many services available in your community. Talk to your kids, your parents, your friends. Spread compassion, not HIV.

Public Service Announcements #3: AIDS PROJECT LOS ANGELES

In my commitment to health care in our country, I have an obligation to those in need of assistance. The rapid spread of HIV has affected every community. Thankfully, there are community organizations such as AIDS Project Los Angeles. APLA provides AIDS education, as well as support and assistance for those living with the virus, their families and friends. We are all responsible for knowing the facts in preventing the further spread of HIV. Together we can make a commitment to life.

AIDS
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14 January 1993

Ms. Maggie Williams
Special Assistant to the President
Chief of Staff to the First Lady

VIA FACSIMILE

Dear Maggie:

Please find a copy of the letter mailed to the First Lady requesting her participation in three Public Service Announcements while attending AIDS Project Los Angeles' Commitment to Life Benefit, 27 January 1994. I spoke with Mario Cooper, last night, he feels that this is a great idea and suggested that I contact you directly.

As mentioned in my letter, the total production time will take all of ten minutes and we will handle all logistics (clearing them with your office, of course).

I believe that these psa's will not only benefit people affected by HIV/AIDS, but will be helpful to the Administration in the following ways:

a. they can be used to help mobilize people to support Health Care Reform

b. they will be useful in the process of rebuilding the coalition that elected President Clinton in 1992

If I can answer any question you may have, please do not hesitate to give me a call. I look forward to speaking with you in the near future and working with your office with Commitment to Life.

Sincerely,

Phill Wilson

Phill Wilson

AIDS Research Funding Update

■ **S.1. Signed into law:** — After months of lobbying, the NIH Revitalization Act of 1993 (S.1) was signed by President Clinton the week of June 7. The bill contains provisions which dramatically enhance the authority and mandate of the Office of AIDS Research, by: 1) providing for a director, appointed by the Secretary, HHS; 2) establishing and advisory council to advise the director; 3) mandating a transinstitute, strategic plan for AIDS Research; 4) providing for a consolidated, bypass budget, submitted directly to the president; and 5) creating a discretionary fund, to be used by the director to fund emerging research opportunities or emergency research needs.

■ **President Clinton requests substantial increase for AIDS research funding** — House subcommittee meets President's mark: In his FY94 budget, President Clinton proposed a $227 million (21%) increase in AIDS Research funding at the NIH, for a total $1.3 billion. This bill passed the House by a vote of 305 to 124. If approved by the Senate this will be the largest dollar increase for AIDS research ever.

■ **The Senate is expected to markup early in September** — it is critical that before then, Senators hear the message: 1) Protect the House marks on research and prevention, and 2) find more money for Ryan White CARE programs. Now is the time to write letters and schedule district visits. (The Senate goes home for the first week in July and the last three weeks of August.) Particularly if you live in an appropriator's state (but even if you don't), write to your Senator, or write to: Chairman Tom Harkin, Subcommittee on Labor/HHS/Education, US Senate, Washington, DC 20510. ■

This update was written by Derek Hodel from the AIDS Action Council.

July 1993

NMAC Update

NATIONAL MINORITY AIDS COUNCIL
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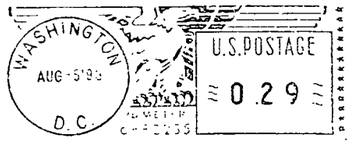
IN THIS ISSUE:



Ms. Margaret Williams
The White House - Office of the First Lady
1600 Pennsylvania Ave, NW
Washington , DC 20500

NATIONAL MINORITY AIDS COUNCIL

File AIDS

NMAC Update
July 1993

Report on the IX International Conference on AIDS

■ **...This conference was one of the most critical for the future of AIDS research worldwide.**

On June 7,1993, approximately 14,000 delegates representing 166 nations participated in the IX International Conference on AIDS in Berlin, Germany. It was clear that this conference was one of the most critical for the future of AIDS research worldwide. The conference served as a catalyst that has forced the AIDS community to reevaluate AIDS research strategies and to take a closer look at the drug development process. The new scientific data presented in Berlin not only dampered, but crumbled the previous knowledge that had been attained through years of research. More questions than answers came out of the conference, and the treatment options for those living with HIV/AIDS seem to be limited.

Although our frustrations were intensified by the news from the conference presenters, it provided those of us on the frontline with a reality check. We now have no doubt that there is a need for new approaches to finding a cure. In this issue we take a look at Pathogenesis and early treatment, the Concorde study, antiretroviral therapy and the guidelines developed by an independent panel of experts at the National Institutes of Health as a result of the conference.

Pathogenesis and early treatment

Pathogenesis is the term used to describe disease progression. Dr. Anthony Fauci of the National Institute of Allergy and Infectious Diseases (NIAID) gave a presentation on the pathogenesis of HIV infection at the first plenary session in Berlin. Dr. Fauci described HIV replication as a constant disease process. HIV actively replicates throughout the course of infection, even in the early stages when little viral activity can be detected in the blood. Researchers had believed that lack of viral activity in the blood of HIV infected, but asymptomatic individuals meant the virus was latent during this period. Due to sophisticated investigation techniques, we know that following primary infection, HIV is widely disseminated during the acute

Continued on next page

viremic phase. After this early viremic phase, the lymphoid tissue is heavily seeded with virus which continually replicates even during the period of prolonged clinical latency. At this point very little viral activity can be detected in the blood and infected individuals remain without symptoms with CD4+ cell counts falling slowly. It is in advanced stages of HIV infection when considerable viral activity can be detected in the blood. Dr Fauci expressed the importance of researchers designing therapeutic strategies which focus on suppression of viral replication at earlier stages of HIV infection.

Concorde Study Results

The Concorde was designed in 1988 as a double-blind, placebo-controlled study to evaluate the effectiveness of zidovudine in asymptomatic HIV infection. The study had 1,749 participants randomized in two groups: one received AZT and the other received placebo. The results show that AZT had the clear biological effect of slowing disease progression for 12-18 months and boosting CD4+ cells. However, these effects did not translate into clinical benefit. After three years of follow-up, 92 percent of the people that took AZT were alive, compared with 93 percent of the people that did not take AZT. The discrepancy between short-term effects and long-term outcome casts doubt on the value of using changes in CD4+ cell counts over time as a predictive measure of the effects of antiretroviral therapy.

Antiretroviral Therapies Review

During the plenary session on Tuesday morning, Dr. Joep Lange, from the Global Programme on AIDS in Geneva, summarized the body of knowledge regarding currently available antiretroviral therapy. During his review, he made the following observations:

- AZT is better than a placebo
- AZT is better than ddC
- AZT is better than ddI for initial therapy
- ddI is better than AZT for people who have already been exposed to AZT
- ddC is equivalent or possibly better than ddI in AZT intolerant patients with advanced disease.

The initial excitement over "convergent" therapy must be tempered because recent laboratory studies demonstrate in vitro resistance to the three-drug combination.

ACTG 155

During his presentation, Dr. Lange reported that, based on the data from the AIDS Clinical Trials Group Trial (ACTG) 155, combination therapy shows no survival advantage when compared with AZT or ddC alone. Early evidence of beneficial effects on CD4+ cell count was perceived for the subgroup of patients with more than 150 CD4+ cells/mm3. For patients with less than 50 CD4+ cells/mm3, combination therapy showed no clinical benefit; and, for those with CD4+ count between 50-150/mm3, monotherapy and combination therapy seemed to have the same effects.

Other Compounds

Dr. Lange's presentation also included information on current drugs in development including d4T, 3TC and the NNRTIs. He stated that AZT resistance may be reversed with drug combinations that include NNRTIs and that 3TC was the most promising for combination therapy with AZT. Dr. Lange mentioned that the initial excitement over "convergent" therapy must be tempered because more recent laboratory studies have been able to demonstrate in vitro resistance to the three-drug combination.

July 1993

NMAC Update

Update reports on public policy issues and information on subjects in organizational management, for people in communities of color who work with issues of HIV infection. The newsletter is published bimonthly by the National Minority AIDS Council.

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AIDS Activists Target Basic Research

TAG Report Exposes Scientific Obstacles and Recommends Reforms

The New York-based Treatment Action Group (TAG) released an in depth report on the state of basic research in AIDS. TAG member Gregg Gonsalves interviewed more than 50 prominent American AIDS researchers and synthesized their remarks into the first comprehensive overview of US research into the pathogenesis of HIV disease.

TAG's 35-page report, *Basic Research on HIV Infection: A Report from the Front*, identifies the top scientific priorities in AIDS research, focusing on key questions about HIV and the body's immune system response. Gonsalves proposes integration of basic and clinical research to speed scientific progress. The report also details bureaucratic and administrative obstacles to progress, and suggests innovative solutions for future program design.

"If we are ever to have a cure or a preventive vaccine," said Gonsalves, "we need a much clearer picture of how HIV destroys the immune system. We know lots about what it does in the test tube and very little about what it does in the bodies of infected persons."

Many researchers interviewed by Gonsalves were demoralized by financial and bureaucratic obstacles to progress. Only 10 percent of proposed AIDS research grants receive funding from the NIH. Even those researchers that receive grants must spend half their time in pursuit of funding. The nation's top immunologists are not involved in AIDS research. The peer review system often rewards cautious test-tube-based research rather than approving riskier, more innovative approaches. Finally, there is no system to provide basic researchers with access to tissue and blood samples or animal models which all agree are necessary for making future progress.

The TAG report recommends 16 steps to resolve these bureaucratic obstacles.

The Treatment Action Group (TAG) fights to find a cure for AIDS and to ensure that all people living with HIV receive the necessary treatment, care, and information they need to save their lives. TAG focuses on the AIDS research effort, both private and public, the drug development process, and our nation's health care delivery systems. TAG is committed to working for and with all communities affected by HIV.

For more information, contact TAG at 147 Second Avenue, Suite 601, New York, NY 10003 or call at 212-260-0330. ■

"We need a much clearer picture of how HIV destroys the immune system. We know lots about what it does in the test tube and very little about what it does in the bodies of infected persons."

ACTION ALERT

Confirmation of Dr. Elders as U.S. Surgeon General

We are writing to request your assistance in supporting the nomination of M. Joycelyn Elders M.D., as U.S. Surgeon General. Dr. Elders has been nom-inated to succeed Surgeon General Antonio Novella.

The Elder confirmation hearing is scheduled for Friday, July 16 before the Senate Labor and Human Resources Committee. Dr. Elders, who is currently the Director of the Arkansas Health Department is an outspoken advocate for candid talk about AIDS, condom distribution programs in schools, comprehensive health education, and access to care for the medically underserved. NMAC strongly supports the Elder nomination because she is an advocate for sound health policies that are critical to the fight against AIDS.

A powerful conservative coalition headed by Concerned Women for America, the country's largest women's group has planned a strategy to oppose the nomination. In a press conference yesterday, Andrea Shelton of the Traditional Values Coalition accused Elders of "blood-stained ideas and "twisted priorities." At the same press conference, Concerned Women for America called Elders a "radical who preaches that teeenagers should have a love affair with a condom." *On issue after issue the campaign against Dr. Elders seeks to distort and politicize complex health challenges faced by public health officials across America.*

The Elders nomination has been characterized as a national referendum on the far right's ideological agenda. If the conservative coalition is allowed to frame the debate around this nomination, this debate will be a vindictive campaign that distorts Elder's record on issues ranging from comprehensive health education, to school based clinics, condom distribution and reproductive health. Elders is a highly qualified nominee and the discussion should be about her qualifications for the position.

Action Needed

Your help in securing the nomination is critical. Please write and call (202) 225-3121 your members of the United States Senate to stress your support for the Elders nomination. A sample letter and talking points is provided on the other side of this document. Also please fax your letters to Senator Edward Kennedy at (202)224-2417. He is compiling a list of supporters.

Also, please participate if possible in other activities including writing op-ed letters to newspapers and writing press releases.

(While the confirmation hearings are scheduled for July 16 - the actual vote on the nomination which takes place on the Senate floor could take place two weeks later so please do not stop your efforts until the nomination is secured.)

Membership – Senate Committee on Labor and Human Resources

DEMOCRATS	
Edward Kennedy	Massachusetts
Claiborne Pell	Rhode Island
Howard Metzenbaum	Ohio
Chris Dodd	Connecticut
Paul Simon	Illinois
Tom Harkin	Iowa
Barbara Mikulski	Maryland
Jeff Bigamin	New Mexican
Paul Wellstone	Minnesota
Harris Wollford	Pennsylvania
REPUBLICANS	
Nancy Kassebaum	Kansas
Jim Jeffords	Vermont
Dan Coats	Indiana
Judd Gregg	New Hampshire
Strom Thurmond	South Carolina
Orrin Hatch	Utah
Dave Durenbudger	Minnesota

Target List of Senators for Jocelyn Elders Nomination

Democrats	*Republicans*
Dennis DeConcini (AZ)	Nancy Kassebaum (KS)
Bob Graham (FL)	Jim Jeffords (VT)
Jim Exon (NE)	Dave Durenberger (MN)
Robert Byrd (WV)	John Danforth (MO)
Jim Sasser (TN)	Mark Hatfield (OR)
Richard Shelby (AL)	Hank Brown (CO)
John Breaux (LA)	John Chaffee (RI)
J. Bennett Johnston (LA)	William Cohen (ME)
Sam Nunn (GA)	Alfonse D'Amato (NY)
Harlan Matthews (TN)	Bob Packwood (OR)
Ernest Hollings (SC)	
Howell Heflin (AL)	

The panel emphasized that the choice to accept or decline antiretroviral therapy ultimately rests with the patient.

panel recommends continued observation and clinical and immunological monitoring (measurement of CD4+ cell counts) every six months.

- For patients without symptoms whose CD4+ T cell counts are between 200 to 500/mm3 and who are stable over time, the panel recommends consideration of the following two options: (1) initiation of antiretroviral therapy; (2) continued observation and monitoring for clinical or laboratory evidence of deterioration at which point antiretroviral therapy should be initiated.
- For patients with CD4+ T cell counts between 200 to 500/mm3 with symptoms related to HIV disease, the panel recommends starting antiretroviral therapy.

When choosing an initial antiretroviral therapy, consider the following:

- Use AZT as first-line therapy in patients who have received no prior antiretroviral therapy. The recommended dose is 600 mg/day in divided doses.
- The recommendation to initiate therapy with AZT applies to patients with or without symptoms with CD4+ T cell counts between 200 to 500/mm3 or below 200/mm3, or to patients with severe AIDS-Related Complex or AIDS regardless of their CD4+ T cell counts.
- Combination therapy with AZT and ddI or AZT and ddC also may be considered, although clinical trials have not conclusively demonstrated clinical benefit to date.

On changing initial therapy in patients who are tolerating an initial antiretroviral therapy:

- In patients tolerating an initial therapy, the panel recommends continuing AZT for those who appear to be stable with CD4+ T cell counts above 300/mm3.
- For patients who have CD4+ T cell counts below 300/mm3, the panel recommends consideration of two options: (1) continuing AZT or (2) changing to ddI.

The panel notes that the strongest data supporting a change in therapy to ddI was seen in patients who had been on AZT for four months or longer (median duration of 13 months prior to AZT).

For patients who are intolerant to AZT or who experience progression of disease despite AZT therapy:

- In patients with CD4+ T cell counts between 200 to 500/mm3 and 50 to 200/mm3 who are intolerant of AZT, the panel recommends switching to ddI monotherapy. For patients with CD4+ T cell counts of less than 50/mm3, the panel recommends switching to ddI or ddC monotherapy. Another option is discontinuing antiretroviral therapy.
- For patients with CD4+ T cell counts between 200 to 500/mm3 and 50 to 200/mm3 who show signs of clinical progression, the panel recommends initiating an alternative antiretroviral regimen. Options include monotherapy, with ddI, for example or initiation of combination therapy by adding a second agent, either ddI or ddC.
- For patients with CD4+ T cell counts below 50/mm3 and who have evidence of disease progression, the panel recommends switching to an alternative monotherapy, either ddI or ddC.

Other options include combination therapy.

- For patients with CD4+ T cell counts above 500/mm3 who are taking AZT but experience intolerance, the panel recommends discontinuation of therapy.

In writing the recommendations, the panel emphasized that the choice to accept or decline antiretroviral therapy ultimately rests with the patient. Moreover, early intervention does not involve merely giving these drugs to stable HIV infected patients who have not developed symptoms, but also includes primary medical care, including management of the patient's overall health status and providing emotional and psychological support.

The scientific and clinical data presented in Berlin on HIV antiretroviral therapy and the preliminary recommendations provided by an independant panel of experts are not the definite answer on HIV antiretroviral therapy. The information presented in this report needs be taken as a point of reference when is time to make antiretroviral treatment decisions. ■

HIV Therapy Guidelines Issued after Berlin Conference

The scientific and clinical data presented in Berlin on HIV antiretroviral therapy generated a great amount of confusion among doctors, health care providers and people living with HIV/AIDS. Therefore, an independent panel of experts, convened by NIAID, has released preliminary recommendations regarding the use of antiretroviral drugs in the care of adults infected with HIV. Final recommendations will be submitted in July to a peer-reviewed medical journal for publication.

The panel's recommendations are not Federal or NIAID policy. Rather, the recommendations serve to guide health care providers treating adults with early, intermediate and late stages of HIV disease in using the antiretroviral drugs AZT, ddI and ddC.

During the two-day state-of-the-art conference held June 23rd and 24th at NIAID, 18 panel members heard presentations from more than 30 investigators and clinicians involved in HIV research worldwide, as well as members of the HIV-infected community and the public. Data from 14 published studies was presented: AIDS Clinical Trial Group (ACTG) trials 016, 019, 114, 116A, 116B/117, 118 and 155; Community Program for Clinical Research on AIDS (CPCRA) 002; the Concorde Study; the Veterans Administration Study; Burroughs Wellcome Study 020; the Alpha Trial; the Bristol Myers Squibb Trial A1454-010 and several unpublished studies. Additional scientific presentations focused on HIV's resistance to drugs, how different strains of HIV influence the course of disease and markers of disease progression.

The recommendations for patients who have never before received antiretroviral therapy are the following:

- For patients without symptoms whose CD4+ T cell counts are above or equal to 500/mm3, the

Continued on page 6

An independent panel of experts, convened by NIAID, released preliminary recommendations regarding the use of antiretroviral drugs for adults infected with HIV.