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AIDS Action

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www.aidsaction.org

Fax

To: Michael Iskowitz

From: Lisa Cox
Senior Legislative Representative

Fax: 456-2439

Pages: 2, including cover

Phone:

Date: 06/22/99

Re:

Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Michael, our international outline. Take care.

PROPOSED OUTLINE AAC PUBLICATION ON GLOBAL AIDS

1. Introduction (setting the stage for a call to action)
2. Overview of the global AIDS pandemic (global stats, regional stats, focus on specific populations, life expectancy, orphans, development impact, etc.)
3. Why should America care?
 1. Economic (need to nurture developing countries into full and healthy partners in the global economy)
 2. Military (growing need for military cooperation to deal with regional conflicts, yet key allies – Thailand, South Africa, etc. – have extensive HIV infection in their militaries)
 3. Security (geopolitically important countries such as China and Russia are experiencing dramatic increases in HIV infection; millions of AIDS orphans in Africa offer ideal recruiting pool for mercenary armies in an already-unstable region of the world)
 4. ***Most important reason – humanitarian (we are all brothers and sisters – more and more countries are embracing our democratic ideals and cannot be allowed to go down the tubes – etc.)***
- IV Americans are failing to show leadership in the global AIDS fight
 1. An overview of AIDS programs (USAID, CDC, DOD)
 2. Amount spent on global AIDS programs overall is shockingly inadequate (spending on AIDS care in the U.S., where 2% of HIV+ population lives, is more than 10 times greater than spending on AIDS programs of any kind in developing countries, where 95% of people with HIV live)
 3. U.S. lags behind other industrialized countries
5. A blueprint for American leadership on global AIDS
 1. U.S. funding for international AIDS programs must immediately be doubled – as but a first step in demonstrating American leadership (mention various Africa bills, including Barbara Lee bill re Marshall Plan) (emphasize the need not to rob other global health accounts to pay for AIDS)

2. Overall U.S. foreign assistance to poor countries should increase, with particular attention to the need to build meaningful health care infrastructures
3. U.S. should enhance/improve research into HIV vaccines and microbicides (mention AAC support for Pelosi bill)
4. Bring U.S. influence to bear on multi-lateral institutions to support sound and robust AIDS policies
5. Trade policies (?)

until it's over
AIDS ACTION

Facsimile Transmittal

To: Michael Iskowitz
Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, DC 20503
456-2439

From: Daniel Zingale, Executive Director (ext. 3011)

Date: October 6, 1999

Re: Senate supports increase of AIDS spending levels

Number of Pages (including cover sheet): 2

National News

Senate supports increase of AIDS spending levels

But bill may face presidential veto as Clinton says it fails to invest enough in education

by Rhonda Smith

AIDS advocates say they favor the U.S. Senate's version of a fiscal year 2000 appropriations bill for the departments of Labor, Health and Human Services, and Education over a preliminary version in the House. The Senate version, approved this week by the Senate appropriations committee, requests far more in federal funds for various AIDS programs. But President Clinton threatened Tuesday to veto the Senate's version of the Labor-HHS-Education bill if it arrives in its current form. Clinton said the bill fails to invest enough in key education initiatives.

"While its funding levels are better than those of the House version, the Senate bill still falls short of what we need to strengthen America's schools," Clinton said. "It does not guarantee a single dollar for our efforts to hire quality teachers and reduce class size in the early grades."

Clinton said the bill also cuts funding for education technology and doesn't provide enough funds for a program aimed at helping more students go to college, and after-school programs. He also said funding decreases proposed in the Senate bill could severely undermine state and local efforts to provide child welfare programs and services for people with disabilities. He said the bill also withholds critical aid to families taking care of elderly or ill relatives, and falls short of meeting public health priorities in preventive and mental health.

FY2000 runs from Oct. 1, 1999, to Sept. 30, 2001. The House passed a stopgap measure Tuesday to keep federal agencies operating another three weeks while Clinton and Republican lawmakers reach agreement on spending priorities.

The Senate Appropriations Committee approved its version of the Labor-HHS-Education bill Tuesday. The House Appropriations Subcommittee approved its version late last week, and the full committee was scheduled to hammer out its final version of the bill Thursday, Sept. 30.

"We still don't have a clear picture of how much Congress and the president will agree on spending overall," said Daniel Zingale, executive director of AIDS Action. "There are still a large number of uncertainties about the overall pot of money for discretionary spending and that, in large part, will determine our fate."

The difference in the bills for AIDS funding is about \$91 million. The Senate bill calls for a \$199 million increase in FY2000 for the Ryan White CARE Act, which would boost funding to a total of \$1.610 billion. In comparison, the House version requests a \$108 million increase, which would put the final total at \$1.519 billion.

"This is the most lopsided difference," Zingale said. "The Ryan White numbers on the Senate side are nearly twice what they are on the House side."

Both the House and Senate proposals call for increases larger than Clinton asked for. The president's budget requested a \$99.2 million increase in Ryan White CARE Act funds, which would boost spending from \$1.411 bil-

lion in fiscal 1999 to \$1.510 billion.

The Log Cabin Republicans issued a statement Monday noting that the House advanced a spending measure that would increase funding for AIDS treatment and services millions of dollars above Clinton's budget request.

"The Republican Congress has acted wisely and prudently, and has preserved health care priorities for people with HIV/AIDS amidst budget conflicts," said James Driscoll, Log Cabin's national AIDS policy adviser. "In addition, Congress put in a 9 percent increase for AIDS research programs at the National Institutes of Health, while President Clinton only requested a 2 percent increase. This shows Chairman Porter's far-sighted leadership in crafting a sound federal AIDS strategy."

John E. Porter (R-Ill.) is chair of the House Labor-HHS-Education Appropriations Subcommittee.

But Zingale said the House version of the spending bill fails to provide leadership in the fight against AIDS, in particular in providing funding for HIV prevention and substance abuse prevention and treatment programs.

Separate from Ryan White funding, the Senate bill requests \$131 million in additional funds for Substance Abuse Prevention and Treatment block grants, which would bring federal spending for that program up to \$1.716 billion. The House version calls for no increase in funding levels over the fiscal 1999 amount of \$1.585 billion.

"The biggest disappointment is the failure by the House to request fund increases for HIV prevention programs," said Terje Anderson, a spokesperson for the National Association for People With AIDS.

Clinton's budget request called for a \$9.5 million increase in spending for HIV prevention programs, but the Senate bill requests only \$5 million more and the House bill calls for no increase. The Senate request would boost spending on HIV prevention initiatives, coordinated by the U.S. Centers for Disease Control and Prevention, to \$662.8 million. In fiscal year 1999, total spending for such programs was \$657.8 million.

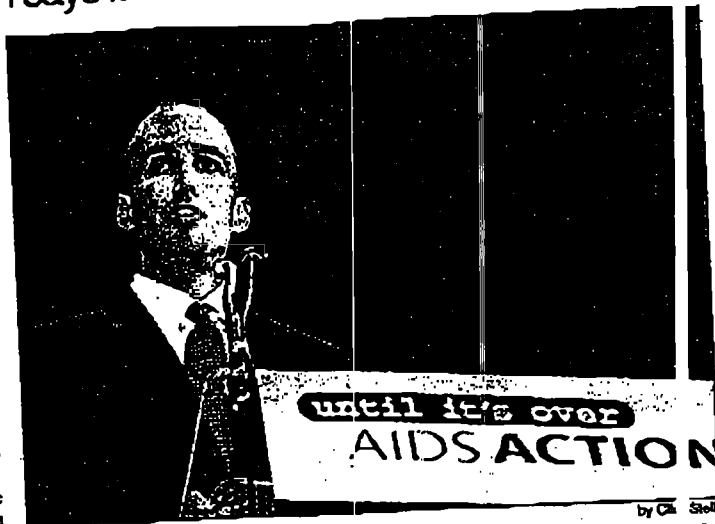
"Funds for prevention have remained relatively flat over the last several years," Anderson said, "and we continue to see huge unmet needs related to HIV prevention efforts in this country. The failure to keep pace with that need is troubling."

Alarming cuts

Federal officials estimate that 40,000 new HIV infections occur in the United States annually, several AIDS advocates said. African Americans and Latinos increasingly are more at risk, Anderson said — especially Gay men of color, injection drug users, and women.

Winnie Stachelberg, political director of the Human Rights Campaign, called the House's lack of new proposed funds for HIV prevention "particularly alarming."

"We continue to have a real failure on behalf of public policymakers about the need for prevention efforts that address the growing HIV epidemic," she said.



Daniel Zingale, executive director of AIDS Action, says the House version of the spending bill, which calls for about half as much in increased AIDS spending as the Senate version, shows a lack of leadership in the fight against AIDS.

Another area of concern is the Housing Opportunities for People with AIDS program (HOPWA). An appropriations bill in the House for the departments of Veterans Affairs-Housing and Urban Development calls for no increase in funding for such programs in FY2000. The Senate version of this bill calls for a \$7 million increase in funding over the fiscal 1999 level of \$225 million.

Rep. Nancy Pelosi (D-Calif.), a member of the House Labor-HHS-Education Appropriations Subcommittee, voted against the spending plan last week. She described it as "full of gimmicks and advance funding that would necessitate devastating cuts next year."

"This year the subcommittee heard testimony that there are waiting lines at 10 state AIDS Drug Assistance Programs, and there are more people living with AIDS than ever before," Pelosi said. "This bill provides desperately needed increases in Ryan White CARE programs, although additional funding will be needed in ADAP and other Titles of the CARE Act."

ADAP funds are used specifically for purchasing drugs related to treating HIV/AIDS for people with low incomes. Clinton's budget request asked for a \$35 million increase. The House bill calls for a \$39 million increase, while the Senate version of the bill requests a \$75 million increase, to \$536 million. Total funding for ADAP initiatives in fiscal year 1999 was \$461 million.

Pelosi said the House bill also fails to address the critical need for additional targeted funding for an AIDS initiative spearheaded by the Congressional Black Caucus in 1998. The CBC secured \$156 million in additional funds for this initiative last year and requested \$349 million in fiscal year 2000 for similar HIV/AIDS programs geared toward African Americans and other communities of color.

The Clinton administration has requested \$171 million in funding for the CBC initiative in fiscal year 2000. Currently, neither the House nor Senate

versions of the Labor-HHS-Education bill contains specific funding for this initiative. A spokesperson for Rep. Jackson Jr. (D-Ill.), a member of the CBC involved in the funding negotiations, said the general sense of the Caucus is that the appropriation will ultimately provide funding but will be for less than \$171 million.

"This increase is woefully inadequate to eliminate the health disparities and meet the needs identified by the CDC for targeted funding to African American, Latino, Asian and Pacific Islander, and Native American communities severely impacted by HIV/AIDS," said Muelina Maldonado, public policy director at the National Minority AIDS Council.

"In an era of unprecedented economic prosperity and a budget surplus, it is unconscionable to fail to target needed resources to address the growing HIV/AIDS emergency in communities of color," she said.

Anderson at NAPWA and other AIDS activists also lauded ongoing negotiations to boost funding for international AIDS initiatives. In July, the Clinton administration proposed increasing federal spending on the fight against AIDS in Africa by an unprecedented \$100 million in fiscal year 2000.

Various AIDS organizations have been supporting the president's call for \$100 million in additional funding as a first step in stemming the spread of AIDS in other countries, Anderson said. Recent discussions between House and Senate members of the Foreign Operations Committee have resulted in a proposal to increase the funding level to \$190 million.

"As a world power, we have a duty to address the global pandemic and acknowledge that HIV/AIDS has no borders," said Maldonado at NMAC. "In addition to Africa, I would hope that in the future we also address similar issues related to the Caribbean, Mexico, and Central and South America because we also have people who are immigrants and migrate between these regions and the U.S." ▼

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WE/PA ★ ★ ★

WEDNESDAY, MARCH 22, 2000

WSJ.com

New Managed-Care Chief Faces a Tough Operation

By MITCHEL BENSON

Staff Reporter of THE WALL STREET JOURNAL

SACRAMENTO—What could possibly have possessed Daniel Zingale to accept—no, not merely accept but actively lobby for—the job of running the state's new Department of Managed Care?

In the coming months, Mr. Zingale's task will be to assemble from scratch a start-up agency whose jurisdiction—managed health care—is one of the most contentious issues on the state's political radar screen. (About two-thirds of all Californians are enrolled in managed-care plans today, and recent public-opinion surveys show health care among the top three concerns for California voters.) That means the 39-year-old will need to get his department up and running while the “under construction” sign is still posted.

But Mr. Zingale, a longtime activist who has spent the past three years in Washington, D.C., battling the federal government over AIDS policy, says he sought the job because he knew it would be “a big challenge. And I like that. This was a job that would be exciting for me to have. And I wanted it.” And now he's got it.

Consider that one of his first duties probably will be to slap the state's health-maintenance organizations with a special one-time, \$11 million assessment to help pay for his new department. His unenviable list of tasks also includes making appointments—quickly—to two advisory panels and hiring 131 employees, many of them high-level, at a time when the private sector is offering fat salaries, lucrative stock options and other attractive benefits that state government just can't match.

Then there's the more than two dozen new managed-care laws, all passed last year, whose implementation he and his department must monitor, enforce and help explain to consumers. “This guy has probably the most difficult job in the administration, because of all the expectations that his new department will be the panacea,” says Jamie Court, advocacy director for the nonprofit Foundation for Taxpayer and Consumer Rights in Santa Monica.

At the same time, Mr. Zingale can't ignore this year's legislative battles over managed care. While last year's bills had a mostly consumer focus—they require

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Managed-Care Redux

Less than a year after Gov. Gray Davis signed more than two dozen bills affecting managed-care health coverage, many of them mandating coverage for more services, lawmakers are back again this year asking for more changes and mandates. Here are some of the new managed-care bills before the Legislature today.

Binding Arbitration: AB1751, SB1934

AB1751 would prohibit mandatory binding arbitration clauses in health-plan contracts; plans and enrollees could agree to arbitrate after a dispute arises. SB1934 would ensure that individuals who go to binding arbitration can recover the same damages that would be otherwise available in court.

Infertility Coverage: SB1630

would require all health plans to offer treatment for infertility with no lifetime caps or other limits on the costs of that treatment.

Social Anxiety Disorder: SB1456

would require health-care service plans to cover medically necessary treatment of social anxiety disorder.

Pharmacies and Drugs: SB1922

would prohibit health plans from charging different copayments based on the pharmacy used, in effect precluding plans from charging a lower copay for mail-order drugs.

Physician collective bargaining: SB2007

would give groups of independent, competing physician coalitions an exemption from federal antitrust law so they could bargain collectively with health plans.

Uninsured Children: SB2020

would require health-care service plans to offer either a comprehensive children's health plan to families with incomes of greater than 250% of federal poverty level, or pay a 1.12% annual tax on total revenues.

Managed-Care Chief's Tough Operation

Continued From Page CA1

HMOs to cover a wide range of new services and treatments—the bulk of this year's docket has a more corporate orientation. Different special interests are fighting among themselves over issues that are a step removed from the typical consumer's needs and wants.

Among the battles raging this session: Doctors are fighting the health plans for certain collective-bargaining rights that would include an exemption from federal antitrust laws; the state's pharmacists are fighting the health plans over lower-cost, mail-order prescriptions; the senior-citizen lobby is fighting pharmaceutical manufacturers over legislation designed to bring down prescription-drug prices; and the state's trial lawyers and certain consumer advocates are fighting health plans to eliminate mandatory binding-arbitration clauses in health-plan contracts.

"We have a new regulator with virtually no staff at hand, faced with implementing about 25 new bills" from the previous session, says Walter Zelman, president and chief executive of the 36-member California Association of Health Plans. "Reason suggests a go-slow, 'Let's see how this has worked' approach. And then to see a new host of managed-care reform bills? We were very disappointed."

More Work Ahead

And there may be even more legislative changes in the works. Assemblyman Martin Gallegos (D., Montebello), who wrote the legislation creating the Department of Managed Care, says that while consumer interests were largely addressed last year, that doesn't mean there isn't more work for lawmakers. "The many issues still outstanding are critical to the fiscal integrity of the health-care system," says Mr. Gallegos, a licensed chiropractor who is chairman of the Assembly Health Committee.

Among those outstanding financial issues, Mr. Gallegos adds, is Gov. Gray Davis's budget for the Office of Patient Advocate, which Mr. Gallegos has described as the "crown jewel" of the legislation that created the Department of Managed Care.

Gov. Davis has yet to appoint the first patient advocate, whose duties will include helping consumers with complaints; issuing an annual HMO quality-of-care "report card"; and recommending enforcement actions to the department against health plans. Mr. Gallegos and other lawmakers already are promising to boost what they see as a meager \$681,000 budget for the office for the 2000-2001 fiscal year.

For comparison, lawmakers and consumer advocates point to the California Public Utilities Commission's Office of Ratepayer Advocate, which is operating this year on an \$11.9 million budget.

Enter Mr. Zingale, who is lowering himself gingerly and yet deliberately into this bubbling cauldron of politics and policy.

In Mr. Zingale's first interview since Gov. Davis appointed him in December to the \$118,199-a-year post, the Sacramento native insists he is fully aware of the chal-

lenge ahead. "To some extent," he says, "you have to build the plane while flying the plane. That's a tricky act, but either way we'll make it work."

To be fair, Mr. Zingale, a onetime chief of staff to then-state Controller Gray Davis, doesn't even have a Department of Managed Care to direct just yet. Under Mr. Gallegos's bill, the department comes into existence either on July 1 or when Gov. Davis signs an executive order creating it, whichever comes first. That order is expected next month—or at least that's when Mr. Zingale has asked lawmakers for permission to begin spending money.

Until then, HMOs will remain regulated by the Department of Corporations, as they have been since the 1980s. The department lost that role last year because of concerns by lawmakers, consumer advocates

and others that it was ill-equipped, underfunded and, under previous administrations, lethargic in enforcing the law and fighting for consumers. (Mr. Zingale will inherit 190 workers from the corporations department.)



Daniel Zingale

That said, Mr. Zingale declines to discuss any of the pending legislation this year, deferring to the still-in-power Department of Corporations. As for the spending levels Gov. Davis has proposed for the department and the Office of Patient Advocate, Mr. Zingale says, "I feel like the governor's budget is right on."

He describes as "fair and constructive" the criticism that the nonpartisan Legislative Analyst's Office leveled last month at the governor's budget for the Department of Managed Care. The analyst's office recommended that lawmakers withhold the entire budget for the department for this year and next, until the Davis administration provides more specifics on how the money will be spent. Mr. Zingale says he intends to have much of that detail ready when he faces lawmakers April 10 at a budget-committee hearing. His presentation will include two innovative ideas:

- **Consumer Resources Center:** The center will be a "large department," Mr. Zingale says, that will offer patients guidance in their problems with HMOs, including laying out consumer rights and responsibilities with their respective plans.

- **Plan-Provider Relations Office:** a unit to solicit and review "constructive ideas" from health plans and providers.

Both initiatives, he says, are aimed at helping Mr. Zingale and his new department tackle what he thinks is the most serious problem they'll face. "Californians have lost faith in managed care," he says, and one of his primary goals for the department is "restoring that faith, beginning the process of restoring that faith."

In addition, Mr. Zingale wants to assert a new emphasis on preventive care—which, in the long run, he says, will result in healthier Californians and a financially stronger health-care system. And, in a nod to cooperation, he wants to instigate an approach he calls "preventive regulation." Mr. Zingale says he'd like to avoid "getting into situations where we're penalizing HMOs for their treatment of consumers. I'd rather, on the front end, find ways to improve the quality of preventive care and health care before we have to enforce the law." This is where Mr. Zingale's Plan-Provider Relations Office—which solicits ideas from health plans—comes into play.

Such talk brings smiles to the faces of industry leaders like Mr. Zelman. But it raises concerns for consumer advocates like Mr. Court. "If this department doesn't confront the HMOs with a heavy hammer early on," warns Mr. Court, "then it's going to set the wrong tone. This industry has to hear alarm bells, not dinner chimes."

Despite such concerns, Mr. Court—like most everyone else—came away from a recent introductory luncheon with Mr. Zingale "pleasantly surprised."

"He seems to be very pure of heart and anxious to have an impact," says Mr. Court. "He will either last about two hours, or he will make that impact and see his blood pressure rise considerably."

Sandy Thurman, a federal health official who knows Mr. Zingale from his days in Washington, predicts that his advocacy background will be both a blessing and a curse. Advocates-turned-appointees have "a greater sense of urgency to get through the muck, and much less patience with getting bogged down in the bureaucracy," says Ms. Thurman, who was herself a health-care advocate until her appointment in 1997 as director of the White House Office of National AIDS Policy.

At times, he'll feel like "he's on the inside of a Waring blender, on the puree speed," says Ms. Thurman. "He's got a great challenge ahead of him. But I'd bet on him anyway" to succeed—if he takes her advice. "Start to buy Advil in bottles of 500," she says, and "develop an even thicker skin than he already has."

Mr. Court and Sen. Jackie Speier (D., Daly City), chairwoman of the Senate Insurance Committee, also agree that the key to Mr. Zingale's success will be his ability to surround himself with top-flight deputies. "He's going to need the best and the brightest to make it work," says Ms. Speier, "and I don't know if government can afford the best and the brightest."

The thriving economy notwithstanding, Mr. Zingale says he is having no trouble finding qualified candidates—many of whom he says are calling him first—for the high-level jobs that he'll need to fill initially. At the same time, he adds, "No one is coming to work for the new Department of Managed Care with the delusion that this is going to be an easy task. The people who are approaching us ... know that this is going to be a tough job."

until it's over **AIDS ACTION**

May 16, 2000

Ms. Sandra Thurman
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy,

I wanted to take this opportunity to update you on a number of important activities going on at AIDS Action. We are currently: preparing to welcome our new executive director; pushing for Ryan White CARE Act reauthorization; elevating International AIDS issues on the National level; getting ready to launch our National HIV Testing Campaign; working on our Prevention Leadership Forum for Women of Color; and fighting for adequate appropriations levels for federal AIDS programs for FY2001. It is your crucial support that makes this vital policy and advocacy work possible.

Senate AID to Lead AIDS Action

Jamie Fox, executive director of the Democratic Senatorial Campaign Committee, was just named executive director of AIDS Action. Although Jamie will not leave his post at the DSCC until the end of the election cycle in November, he is already gearing up for the challenges he'll face in his new job. As a member of our Foundation Board for the past two years, Jamie is quite familiar with the work of AIDS Action. Jamie, named by Roll Call as one of Capitol Hill's most influential staffers, plans to further the mission of AIDS Action by pursuing continued federal funding, health care coverage for people with HIV and AIDS, privacy for medical records, increased care for minority communities and global efforts to fight the disease, particularly in Africa. He will succeed Daniel Zingale, who left in January to serve as director of California's new Department of Managed Care. In the interim, I will remain as acting executive director.

Ryan White CARE Act Reauthorization

There are currently 35 Senate cosponsors for S.2311, the Ryan White CARE Act Amendments of 2000. In our visits and calls to Senate staff we estimate another 10+ offices are on the verge of cosponsoring the legislation. As you know, our goal is to gather at least 61 cosponsors for the Senate bill. This will demonstrate wide bipartisan support for the legislation and will help in the effort to bring this issue to the Senate floor for passage.

On the House side, we have been meeting with Representative Tom Coburn's (R-OK) staff regarding his draft bill on Ryan White reauthorization. AIDS Action has been expressing concern over a number of provisions in the legislation including a shift to the use of HIV cases instead of AIDS cases as a basis for determining the funding formula for jurisdictions. We have also been meeting with staff from the Democratic side of the aisle in an attempt to broker a bill that will be bipartisan when it is introduced. We are at a critical juncture in negotiations with both sides and we are cautiously optimistic that these negotiations will bear fruit in the next couple of weeks.

International Initiatives

AIDS Action was the most visible advocacy organization commenting on recent measures intended to slow the epidemic in Africa. Having issued a press release urging the President to sign an executive order making AIDS drugs more affordable to developing countries, AIDS Action was

well positioned to make our voice heard when the press needed reaction to the President's bold move. AIDS Action worked successfully to get our comments in the New York Times, Associated Press, Dallas Morning News, Seattle Gay News, Kaiser Daily HIV/AIDS Report, the respected BNA Health Care Daily Report, ABC News Radio and elsewhere.

This week AIDS Action was again featured in an Associated Press story about House passage of The World Bank AIDS Marshall Plan Trust Fund Act. AIDS Action applauded the bipartisan move, and encouraged legislators to get involved in one of the most important global issues of our time.

National HIV Testing Campaign

AIDS Action will host our National HIV Testing Campaign launch and Prevention Leadership Forum on Women of Color on Thursday, June 22 in Chicago. This event is an important step towards preventing new HIV infections, specifically in youth and women of color – women represent the fastest growing group of new HIV infections in the United States.

It is estimated that as many as 1/3 of Americans who are HIV infected are not aware of their status. Educating Americans about the need to get tested for HIV is critical to stemming the rising tide of HIV infections across the nation, particularly in communities hardest hit by the epidemic, including communities of color and young people. The intersection of new treatment and new testing technologies creates a window of opportunity to reinvigorate new leadership around HIV testing and counseling.

AIDS Action will launch a National HIV Testing Campaign comprised of public service announcements designed to encourage voluntary HIV testing and counseling among the American public. The ads, which feature an HIV-positive African-American woman doing prevention education with youth, de-stigmatize HIV testing and further promote an individual's knowledge of their status. The message is that HIV testing is a tool that allows individuals to make informed decisions about staying uninfected, getting treatment if they are infected and protecting others from HIV transmission. This important campaign is critical to stemming the tide of new infections.

Prevention Leadership Forum on Women of Color

The Women of Color Prevention Forum will bring together experts at community-based organizations, government agencies, advocacy organizations and women of color in a dialogue focusing on HIV prevention among women of color. The meeting will specifically focus on the ability of women of color to accurately assess their risk for HIV disease and how well the prevention messages currently available to them are working. In just over a decade, the proportion of all AIDS cases reported in the US among adult and adolescent women more than tripled, from 7% in 1985 to 23% in 1998. Almost two-thirds (62%) of all women reported with AIDS were African American and 10% were Latina. The outcome from the meeting will be the production of a technical assistance manual that will help women and community-based organizations that serve them to assess risk for HIV and provide improved HIV prevention messages that target more closely the needs of women of color.

Thank you for your continued dedication to making AIDS Action's vital policy and advocacy programs successful. I look forward to working with you on these and many other exciting projects throughout the coming months to ensure that we can continue to fight AIDS until it's over.

Best regards,

A handwritten signature in black ink, appearing to read 'Claudia French', with a stylized flourish at the end.

Claudia French
Acting Executive Director

until it's over

AIDS ACTION

FY2001 APPROPRIATIONS

Last week, the House Appropriations subcommittee marked-up the Labor, HHS FY01 Appropriations bill, as did the Senate Appropriations full committee. The full House Appropriations committee mark-up is scheduled for Wednesday, May 24. Our funding chart is attached, and also can be found on the web at www.aidsaction.org.

House Mark-up

AIDS Action joins Chairman Porter and Representative Obey in denouncing the allocation for this bill as too low. The resources aren't there to adequately address all of our public health concerns and the other priorities that this bill funds. It also makes the end game strategy more perilous because these are unrealistically low numbers (the President's budget is roughly \$4-6 billion more than the Congress on this bill alone). In fact, late last week the President threatened to veto the current House and Senate versions of the bill.

With that in mind, HIV/AIDS programs did relatively well in the House. The House mark-up matched the President's request on HIV prevention, substance abuse treatment and prevention block grant and NIH research (overall number, not Office of AIDS Research specific). The House added more than \$5 million to the President's request for the Ryan White CARE Act (Title 3, AETC's and Dental were above the President's request). This news is tempered by the fact that AIDS Action told the President his prevention funding request was too low to begin with, so we will work with both the House and Senate committees to increase that funding level. But \$40 million is more than we have had for prevention in the previous two years. The minority AIDS initiative piece and the international (life) initiative piece are still uncertain.

Senate Mark-up

The good news - HIV prevention finally got a meaningful increase to begin the new century. The Senate allocated a \$67 million increase over FY00 for HIV prevention, which is an important step in realizing the CDC's goal of halving new infections by the year 2004.

The bad news - the Ryan White CARE Act was relatively flat-funded. The Senate awarded the entire CARE Act a \$55.3 million increase over FY00 levels, almost \$75 million less than the House's mark-up. It is not unusual for the Senate to settle on different priorities in order to have different versions from which to go to conference on.

Similar news - the Senate bill is at the President's funding request for substance abuse treatment and prevention block grant. The minority aids initiative piece and the international (life) initiative component are still unclear at this time. The NIH research account continues to garner wide, bipartisan support.

End Game: Resolution of the House and Senate Bills

The two bills now provide a sketch for the resolution and our message to the congressional leadership and the administration - keep the Senate prevention number, the House care numbers, and both bills increases for substance abuse treatment and prevention block grant that more realistically meet the need. We also will push to maintain a priority for the minority aids initiative and the international (life) initiative. The resolution of the two bills is still far away, and will likely look very different in the end than where it was last week.

FY 2001 Appropriations Levels for Federal AIDS Programs

(As of May 11, 2000; Increases or decreases from previous year are shown in parentheses)

PROGRAM	FY 2000 FINAL	FY 2001 President's Budget Request 2/7/00	FY 2001 HIV/AIDS Need	House Action L, HHS 5/10/00	Senate Action L, HHS 5/11/00
CDC: Prevention	\$695.3m (+\$37.5m)	\$735.3m (+\$40.0m)	\$985.3m (+\$290.0m)	\$734.4m (+\$39.1m)	\$762.4m (+\$67.1m)
HRSA: Ryan White CARE Act Total	\$1,594.8m (+\$183.7m)	\$1,719.8m (+\$125.0m)	\$1,931.4m (+\$336.6m)	\$1,725.0m (+\$130.2m)	\$1,650.1m (+\$55.3m)
<i>Title I</i>	\$546.6m (+\$41.5m)	\$586.6m (+\$40.0m)	\$635.6m (+\$89.0m)	\$586.6m (+\$40.0m)	\$556.5m (+\$9.9m)
<i>Title II: Care Services</i>	\$296.1m (+\$19.2m)	\$310.1m (+\$14.0m)	\$341.1m (+\$45.0m)	\$310.1m (+\$14.0m)	\$296.1m (+\$0m)
<i>Title II: ADAP</i>	\$528.0m (+\$67.0m)	\$554.0m (+\$26.0m)	\$658.0m (+\$130.0m)	\$554.0m (+\$26.0m)	\$538.0m (+\$10.0m)
<i>Title III</i>	\$138.4m (+\$44.1m)	\$171.4m (+\$33.0m)	\$184.4m (+\$46.0m)	\$173.9m (+\$35.5m)	\$166.4m (+\$28.0m)
<i>Title IV</i>	\$51.0m (+\$5.0m)	\$60.0m (+\$9.0m)	\$70.0m (+\$19.0m)	\$60.0m (+\$9.0m)	\$58.4m (+\$7.4m)
<i>Part F: AETCs</i>	\$26.7m (+\$6.7m)	\$29.2m (+\$2.5m)	\$30.3m (+\$3.6m)	\$31.6m (+\$4.9m)	\$26.7m (+\$0m)
<i>Part F: Dental Reimbursement</i>	\$8.0m (+\$0.2m)	\$8.5m (+\$0.5m)	\$12.0m (+\$4.0m)	\$9.0m (+\$1.0m)	\$8.0m (+\$0m)
NIH: AIDS Research	\$2,006.0m (+\$207.6m)	\$2,111.0m (+\$105.0m)	\$2,329.0m (+\$323.0m)	\$1.02b NIH increase overall; OAR increase uncertain	\$2.7b NIH increase overall; OAR increase uncertain
SAMHSA (Substance Abuse Prevention & Treatment Blockgrant)	\$1,600.8m (+\$15.8m)	\$1,631.0m (+\$30.2m)	\$2,000.8m (+\$400.0m)	\$1,631.0m (+\$30.2m)	\$1,631.0m (+\$30.2m)
HUD: HOPWA	\$232.0m (+\$7.0m)	\$260.0m (+\$28.0m)	\$292.0m (+\$60.0m)	Mark-Up is scheduled for Tuesday, May 23	Mark-Up is tentatively scheduled for Mid-June

SPECIAL INTERESTS

Judy Sarasohn

DSCC Director to Head AIDS Action

It's usually hard for most politicians to leave the field after a heavy campaign season, but **Jamie Fox**, executive director of the Democratic Senatorial Campaign Committee, will step down from his job after the November elections and head up AIDS Action.

He will succeed **Daniel Zingale** as executive director of AIDS Action. Zingale left in January for California to be director of the state's new Department of Managed Care. **Claudia French** is acting head of AIDS Action.

AIDS Action is a national network of 3,200 AIDS service groups formed to help nearly 1 million HIV-positive people. The organization focuses solely on federal policy for improved HIV/AIDS care and services, medical research and prevention.

"I've worked in politics and government all my life. Sometimes you need to do something different," Fox said in an interview yesterday. "Being 45, I've seen a number of friends die from this disease. The epidemic is far from over, though its face may be changing."

He says the group will pursue continued federal funding, health care coverage for people with HIV or AIDS, privacy for medical records, increased care for minority communities and global efforts to fight the disease, particularly in Africa.

Fox, who has been on the group's Foundation Board for the past two years, has been on leave from his job as chief of staff to Sen. Robert G. Torricelli (N.J.), who is chairman of the DSCC, to work for the campaign committee. He previously worked for Torricelli in the House; for Sen. Frank R. Lautenberg (D-N.J.) as district director; and for then-Gov. Jim Florio (D-N.J.) as deputy chief of staff.

"Jamie's years of experience and political skills will give millions of Americans affected by HIV and AIDS extraordinary representation among Washington decision-makers," said a joint statement of **John M. Gonzalez**, chair of the Foundation Board, and **Terry Stone**, chair of the group's Council Board.

Fox noted that AIDS Action is bipartisan.

NARAL's Michelman to Go on Leave

Kate Michelman, president of the National Abortion and Reproductive Rights Action League, is taking a three-month medical leave "to concentrate on an intensive program of physical therapy." Her written statement did not explain further and a spokeswoman declined further comment.

"I will return in August to continue campaigning vigorously to elect a pro-choice president and key pro-choice Senate and House incumbents and candidates around the country," Michelman said in the release.

Alice Travis Germond, NARAL's executive vice president, will assume presidential responsibilities during Michelman's leave.

Holland & Knight Forms 'Alliance'

The law firm of **Holland & Knight** and the

government affairs shop **American Continental Group** have formed a "strategic alliance."

This will give the firms' clients national capability in public law and lobbying, said **Richard M. Gold**, head of **Holland & Knight's** Public Law Group in Washington. He previously was a special assistant to EPA Administrator Carol M. Browner and an aide to former senator Lloyd Bentsen (D-Tex.).

Holland & Knight's Public Law Group has nearly 100 lawyers, including **Robert L. Rhodes Jr.** and former representatives **Gerry E. Sikorski** (D-Minn.) and **Thomas Railsback** (R-Ill.).

American Continental has about 10 professionals, including principals **Peter Terpeluk Jr.**, currently co-chair of the National Republican Senatorial Committee and finance chair of the Republican Governors Association; **Shawn H. Smeallie**, former special assistant for legislative affairs to President George Bush; and **David A. Metzner**.

Paul Joins Oil Pipelines Group

Raymond Paul, an aide to former senator **J. Bennett Johnston** (a lobbyist himself now) and more recently legislative representative at the Institute of Electrical and Electronics Engineers, has joined the Association of Oil Pipe Lines as director of public affairs, coordinating government and public relations. The trade group represents common carrier crude and product petroleum pipelines.

Executives Move Up and Around

Thomas G. Goodwin has been named executive vice president of the **Hawthorn Group**, a public affairs and PR shop based in Alexandria. Goodwin had been an executive at **Porter Novelli** and, before that, **Powell Tate**. At Hawthorn, he will specialize in health care, telecommunications and dot-com company issues.

Veteran local CBS journalist **Kent Jarrell**, most recently senior vice president of crisis and litigation support for **Weber/McGinn**, has joined **APCO Worldwide** as senior vice president in its public affairs practice, specializing in litigation communications.

Jeffrey M. Sandman and **Paul DePonte**, who at **Nelson Public Relations** managed the release last year of the Institute of Medicine's study on medical errors, have formed their own shop, **Hyde Park Communications**.

Full-Service Net PR Firm Launched

Getpress.com has launched what it calls the first full-service Internet public relations firm. **Constance N. Hubbell**, chief executive of **getpress.com** and the owner of a traditional PR firm, the **Hubbell Group**, says the new venture will conduct most of its business with clients via its Web site. **Getpress.com** is a client of **Verner, Lipfert, Bernhard, McPherson and Hand's** newly formed Internet Ventures Group, which used its connections to link **Getpress** with potential clients.

THURSDAY, MAR. 4, 2000

The Washington Post

ROLL CALL

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Fox Leaving DSCC at End of Election Cycle

By Stacey Zolt

Jamie Fox, executive director of the Democratic Senatorial Campaign Committee, announced Wednesday he will leave the DSCC in November to become executive director of AIDS Action, an HIV/AIDS federal policy network.

While Fox will not take over the nonprofit until the end of the election cycle, he will spend some of his remaining months at the DSCC traveling to AIDS interest groups across the country and meeting with various officials to "set an agenda" for AIDS Action.

"I just think that it's a very challenging position," Fox said of his decision. "I think that after a number of years working—involved in politics in the political front, in the legislative front—that it's time for me to give back."

Fox, 45, had planned to move back home to New Jersey at the close of the election cycle, and had been cultivating contacts there in hopes of moving into the private sector. But he was ultimately persuaded that AIDS Action was his best move.

"Clearly the AIDS epidemic ... is something I've been very involved with for a long time," said Fox, who has served on the AIDS Action board for two years. "And I think the face of AIDS is changing. That is, it's going beyond gay males to people of color mainly, [with] Africa and Asia being massive epidemics."

"I think it's a good opportunity for him," DSCC Chairman Robert Torricelli (N.J.) said, adding that he believes it is to the DSCC's benefit that Fox already has landed a job for after the cycle and will not be distracted by a job search.

"After leading the DSCC for an entire cy-

cle, I don't think anyone could stay in that position for more than two years," the chairman said. "It is the ultimate burnout job."

Fox said he does not plan any DSCC staff changes as a result of his decision, but added that senior staff will increase their roles to help if necessary.

Fox is a longtime aide to Torricelli. Before coming over to the committee in May 1999, Fox served as chief of staff to Torricelli in both the House and the Senate. He served as deputy chief of staff to New Jer-

'AIDS Action could not have chosen a more effective leader,' said Senate Minority Leader Tom Daschle.

sey Gov. Jim Florio (D) from 1990 to 1994.

"Jamie Fox has been an invaluable leadership staff member," Senate Minority Leader Tom Daschle (D-S.D.) said in a prepared statement. "His public service, dedication and commitment to improving the lives of all human beings will only continue in his new endeavor. ... AIDS Action could not have chosen a more effective leader."

Fox, who accepted the position last week, will succeed Daniel Zingale, who resigned from the post in January 1999 to serve as director of California's Department of Managed Care. Acting Director Claudia French will continue in the post until Fox takes over in November.

"But I would like to spend the time between now and then obviously meeting with

the staff and hearing some suggestions they have," said Fox. "[As well as] meeting with Members of Congress, meeting with constituency groups, meeting with some ministers, the NAACP, people in international affairs from other nonprofits and going around and getting as many opportunities as I can to meet people from across the country that are on the front lines in battling this epidemic."

AIDS Action, as a network, represents 3,200 national AIDS service organizations. Fox said he plans to visit many of these groups to see their operations up close.

"We have very strong staff here and I have no intention of not fulfilling my obligations here," Fox said of the DSCC. "I have no doubt that I will continue to be able to run this organization and to reach out to a number of people and set an agenda for when I do take over in November."

Fox said between now and his Nov. 13 start date at AIDS Action he will reach out to Democratic and Republican incumbents to build support for his leadership of the group.

AIDS Action, a nonpartisan entity, honored Sen. Jim Jeffords (R-Vt.) with a Leadership Award in 1999. Fox said he will be in contact with Jeffords and other Republicans who have demonstrated support for the AIDS community.

"I'd like to try to make it more of a bipartisan issue. I do not see the epidemic as a Democratic or Republican issue. It is a national, if not international, issue that needs to be addressed," he said.

Fox is the third Torricelli staffer to join the AIDS Action team. Steven Fisher and Chris Seidel also moved from Torricelli's office to the nonprofit. Both have since moved on to other positions.

The Washington Blade

National News

AIDS Action hires leader

Democratic official to take over in November

by Rhonda Smith

The openly gay executive director of the Democratic Senatorial Campaign Committee was selected May 3 to take over as the new executive director of AIDS Action, one of the most influential AIDS lobbying entities in the country.

As head of the DSCC, James P. Fox, 45, oversees the committee's daily operations on Capitol Hill and is in charge of political, legislative, and related matters for 33 Senate races nationwide. Fox has often been included in the newspaper *Roll Call's* "Fabulous Fifty" list of the most powerful staff members on Capitol Hill.

After spending the bulk of his career working in congressional staff positions on Capitol Hill and helping to get Democrats elected to Congress, Fox says a priority for him at AIDS Action will be speaking out frequently about the impact of AIDS among communities of color.

The "changing face of HIV infection" must be discussed more, said Fox, and he plans to work more closely with African American leaders, in particular, to address the impact of AIDS on that community. Fox noted that black women from ages 25 to 44 represent the largest-growing population of HIV infections in the United States.

At the same time, Fox said he also plans to continue addressing the HIV/AIDS needs of white gay men and others.

"Just because you expand the number of people who need to be represented does not mean you leave anyone behind," he said. "It means the organization's agenda and responsibilities increase."



by Clint Steib

Jamie Fox will take the helm at AIDS Action in November.

Fox, who is scheduled to begin working at AIDS Action on Nov. 13, said other priorities at AIDS Action will remain a focus — making sure that people with HIV/AIDS have adequate health insurance and coverage for prescription drugs, and advocating for HIV prevention programs and privacy protection in general.

Founded in 1984, AIDS Action is a national advocacy group that represents 3,200 AIDS service organizations across the country.

Claudia French will remain AIDS Action's interim executive director until Fox begins working there. She took over the helm after Daniel Zingale resigned in January to become director of California's new Department of Managed Care.

Fox took a leave of absence as chief of staff for U.S. Sen. Robert J. Torricelli (D-N.J.) to serve as executive director of the Democratic Senatorial Campaign Committee.

"Rather than losing Jamie, I'm gaining his expertise as an advocate for all of us concerned about the continuing dangers of the epidemic," Torricelli said. "Jamie will bring to AIDS Action unprecedented levels of leadership, one of our most powerful weapons in the war on AIDS."

Fox, a New Jersey native, spent the past 20 years working in various staff positions for Torricelli as well as with former Gov.

Jim Florio (D-N.J.) and U.S. Sen. Frank Lautenberg (D-N.J.).

He and Torricelli are longtime friends. In 1982, for example, Fox was Torricelli's driver when the senator first sought a congressional seat.

Fox earned a political science degree at Villanova University in 1977 and in 1991 studied issues related to state and local government at Harvard University's John F. Kennedy School of Government. He has served on AIDS Action's Foundation Board for the past two years.

"Jamie's years of experience and political skills will give millions of Americans affected by HIV and AIDS extraordinary representation among Washington decision-makers," said John M. Gonzalez, chair of AIDS Action's Foundation Board, and

Terry Stone, chair of the organization's council board, in a joint statement.

They also said Fox's "commitment to an improved fight against HIV in communities of color will help ensure fairness in treatment and prevention programs."

"On the political side, he's obviously a heavy hitter," said AIDS activist Phil Wilson, executive director of the Los Angeles-based African American AIDS Policy and Training Institute, a black HIV think tank founded in 1999. "Strategically, I think AIDS Action is positioning itself to be a more classic lobbying organization, where the skills they're looking for are not subject-specific but are rooted in relationships."

AIDS Action and most organizations like it traditionally hired directors who had experience working on AIDS issues, Wilson said. But this seems to have become less important over time.

"That job these days is successful or not, really, depending on the executive director's ability to get in to see people and to have his or her telephone calls returned," Wilson said. "If that is the case, then hiring [Fox] is totally a good thing."

Terje Anderson, executive director of the National Association for People with AIDS, said he has not met Fox but is looking forward to working with him. He also said Fox's prior experience on Capitol Hill should be an asset.

"For all of us, it's a question of how effectively you lead an AIDS organization without getting sucked into turf battles with other organizations," he said, "not being too territorial, and having a sense of how to work collaboratively with other people."

Fox said his Capitol Hill experience would be an asset in his new position.

"There's not been enough outreach to people who want to be of assistance in fighting HIV and AIDS, and that's one of the things I intend to do, is work with different constituencies to ensure the message is delivered properly," he said, "and to increase funding and prevention and knowledge about HIV and AIDS." ▽

FOR IMMEDIATE RELEASE:
Wednesday, May 3, 2000

CONTACT: DENIS J. DISON
202-530-8030, ext. 3065

Top Congressional Staffer to Lead AIDS Action

Torricelli Chief of Staff Jamie Fox Named as Executive Director

WASHINGTON, DC--AIDS Action announced today that James P. Fox, chief of staff to Senator Robert Torricelli (D-NJ) and executive director of the Democratic Senatorial Campaign Committee (DSCC), will take the helm as the organization's next executive director in the fall.

Fox, named by Roll Call as one of Capitol Hill's most influential staffers, plans to lead an aggressive policy agenda of reinvigorated HIV prevention, assured medical privacy, and a dynamic response to the changing face of the epidemic both in the U.S. and across the globe.

"I have long been haunted by the nation's forgotten populations affected by HIV and AIDS," said Fox, who has spent twenty years working on behalf of New Jersey's and the nation's most vulnerable men, women and children. "This is a unique and special opportunity to make a difference for those who have been left behind in the fight against HIV and AIDS."

Fox, who has taken a leave of absence from his role as Torricelli's chief of staff to serve at the DSCC, has been Torricelli's top aide since 1994. Prior to Torricelli's election to the Senate, Fox served as his chief of staff in the House of Representatives from 1994 to 1996 and served as Torricelli's district director from 1983 to 1987. He has served on AIDS Action's Foundation Board for the last two years.

"Rather than losing Jamie, I'm gaining his expertise as an advocate for all of us concerned about the continuing dangers of the epidemic," said Torricelli. "Jamie will bring to AIDS Action unprecedented levels of leadership, one of our most powerful weapons in the war on AIDS."

With the exception of a one-year stint as Senator Frank Lautenberg's (D-NJ) state director, Fox also spent six years in the New Jersey State House, including service as deputy chief of staff to Governor James Florio (D-NJ).

In addition to his inclusion on Roll Call's "Fabulous Fifty" top Hill staffers list, the Capitol Hill weekly also listed Fox as a "Staffer to Watch." He has also been the subject of profiles in National Journal and Campaigns and Elections.

"Jamie's years of experience and political skills will give millions of Americans affected by HIV and AIDS extraordinary representation among Washington decision-makers," said John M. Gonzalez, chair of AIDS Action's Foundation Board, and Terry Stone, Chair of AIDS Action's Council Board, in a joint statement. "Jamie's commitment to an improved fight against HIV in communities of color will help ensure fairness in treatment and prevention programs."

Fox, who will take the helm at AIDS Action in November after fulfilling the obligations of his current job, succeeds Daniel Zingale, who left in January to serve as director of California's new Department of Managed Care. In the interim, Claudia French will remain as acting executive director of the organization.

STATEMENTS ON FOX FOLLOW

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AIDS Action is the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based organizations that serve them.

Statements on Jamie Fox

"Jamie Fox has been an invaluable Leadership staff member. His public service, dedication and commitment to improving the lives of all human beings will only continue in his new endeavor. Jamie's insight, experience and deep understanding of the inner workings of Washington will only add to AIDS Action experienced team. AIDS Action could have not chosen a more effective leader."

-- Senator Tom Daschle, Senate Minority Leader

"AIDS Action is a better place today for selecting Jamie. He has been extremely effective as Senator Torricelli's Chief of Staff and at the Senate Campaign Committee, and I know that AIDS Action will benefit from his experience and influence in the halls of Congress."

-- Rep. Dick Gephardt, House Minority Leader

"Those fighting to conquer AIDS have won a victory for all of us by securing Jamie's services. I look forward to working with him in the future."

--Senator Edward Kennedy

"For results in Washington, count on Jamie Fox. AIDS ACTION will gain a dedicated fighter who gets results."

--Senator Barbara Boxer

"Jamie succeeds where others might not through perseverance and a commitment to results that is without parallel."

-- Senator Patty Murray

"Jamie's work over the last two decades is the definition of effectiveness. His ability to work with Democrats and Republicans illustrate that he is truly a consummate professional."

-- Mike Torpey, Chief of Staff, Governor Christine Todd Whitman

"Jamie is a true New Jersey success story. AIDS Action could have no more influential nor effective leader to get its message heard."

-- Rep. Donald Payne

"AIDS Action can expect a bright future with Jamie's involvement. While he can be a very spirited partisan, his best fights have always been for people in need and the fight against AIDS is one of the most important battles yet to be won."

-- Rep. Rodney Frelinghuysen

"There is no better advocate on your behalf than Jamie Fox. New Jersey's loss is AIDS Action's gain."

-- Rep. Frank LoBiondo

National News

Senate takes easy first step in CARE Act renewal

House process likely to be more complicated

by Kai Wright

The Ryan White CARE Act, the primary vehicle for federal funding of AIDS programs around the country, passed the first hurdle in its five-year reauthorization process this week when a Senate committee approved the program through 2005.

Without controversy or fanfare, the Senate Health, Education, Labor and Pensions committee agreed by voice vote to reauthorize the CARE Act on April 12, sending it on to the full Senate.

AIDS policy advocates said following the meeting that they are pleased with the way the process has unfolded in the Senate. AIDS Action's Jeff Jacobs, director of government affairs, said most minor "technical" concerns his organization had about the reauthorization bill were ironed out before the committee vote. He said supporters are now focused on generating 60 cosponsors for the bill to ensure its smooth and quick passage. By Senate rules, 60 votes can block any attempt to filibuster or stall movement on a bill.

One "technical" debate involved a provision in the reauthorization bill that would

create new grants for "emerging communities" — or cities with more than 1,000 and less than 2,000 living AIDS cases during the last five years. Annual funding for those grants would be equivalent to 50 percent of all newly appropriated money for treatment programs outside of the 51 areas currently designated as in "emergency" conditions.

Jacobs said that currently, seven cities would qualify as "emerging communities." But AIDS Action wants the "emerging communities" definition expanded to include cities with more than 500 cases in the last five years — increasing the number of cities competing for the grants to around 30. Jacobs said that, while the seven cities that would qualify under the more restrictive definition certainly need heightened attention, those cities that an expanded definition would benefit also need help.

While the only debate in the Senate process involves these sorts of technical differences of opinion, the reauthorization bill in the House promises to present a much more conceptual, and potentially heated, battle. Rep. Tom Coburn (R-Okla.)

chairs the subcommittee from which the bill will originate, and thus is responsible for drafting and introducing it. Coburn has long locked horns with AIDS activists and lobbyists over his insistence that AIDS has wrongly been treated differently than other communicable diseases. He believes that the different treatment has frustrated the effort to fight the disease.

In testimony before the Senate Health, Education, Labor and Pensions committee last month, Coburn urged senators to include language in their reauthorization bill mandating that states create partner notification programs and test all women giving birth. The Senate bill does not include that language, but Coburn is likely to push for it in the House bill. Many AIDS activists have resisted mandatory partner notification and testing programs.

Jacobs, however, said this week that Coburn is working with AIDS lobbyists to sort out differences. He said he expects that ultimately the House bill, which has not yet been introduced, will allow states the option of using funds to create partner notification programs but not mandate it.

"Some of Rep. Coburn's historic positions have been moderated," Jacobs said.

"We're pleased that Rep. Coburn has been working with us."

Coburn is also expected to include language that would, as of 2004, shift the criterion for how federal dollars are appropriated from the number of AIDS cases in a region to the number of HIV cases in a region. In recent years, public health officials and AIDS activists alike have begun to agree that they must begin tracking the epidemic using HIV cases in order to get an accurate snapshot of how bad things are. But there has been little agreement about how or when to do that — or, ultimately, if the benefit of tracking HIV cases outweighs the risks of breaching patients' privacy when doing so. Coburn's expected language shifting the federal formula to one based on HIV would force that ongoing debate, leaving all states with the uncomfortable choice of tracking HIV cases or losing federal funding.

"Obviously, the House is more problematic," Jacobs said, "but we are confident that we can get it done."

Congress must reauthorize the CARE Act by the end of the fiscal year in order to appropriate federal AIDS dollars next year. ▼

The New York Times

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THURSDAY, MAY 11, 2000

Clinton Tries To Expedite AIDS Drugs Into Africa

By NEIL A. LEWIS

WASHINGTON, May 10 — President Clinton, in the face of strong opposition from the United States pharmaceutical industry, issued an executive order today to make AIDS drugs available far more cheaply throughout sub-Saharan Africa.

The order declares that the United States government will not seek to interfere with countries in that region that may violate American patent law in order to provide AIDS drugs at lower prices. The language of the executive order is nearly identical to an amendment that was deleted at the behest of the drug industry from an African trade bill that Congress is considering this week.

The order issued by President Clinton essentially extended to most of Africa a special arrangement provided last year to South Africa.

"This order is intended to help stop the spread of this devastating disease by making H.I.V./AIDS-related drugs and medical technologies more accessible and affordable in sub-Saharan African countries," Charlene Barshefsky, the United States trade representative, said today. She said she believed it struck a balance between fighting the disease and maintaining the integrity of patents.

In practice, officials said, that means that Washington will not object if African countries move to greatly reduce the price of AIDS drugs, either by licensing local companies to produce generic versions or importing the drugs from third countries where they are available at lower cost.

Both practices may be challenged under United States patent laws. But Senator Dianne Feinstein, the California Democrat who had co-sponsored the amendment that was deleted from the Africa trade bill, said the two practices were "fully consistent with World Trade Organization rules, which allow countries flexibility in addressing public health concerns." Senator Feinstein said that the deletion of the amendment she

***African countries
will be free to try to
cut the price of drugs
that fight AIDS.***

sponsored with Senator Russell D. Feingold, a Wisconsin Democrat, threatened to impede the fight against AIDS in Africa.

She said that some 34 million people in sub-Saharan Africa have been infected with the disease since its onset and nearly 12 million have died. "The fatalities in sub-Saharan Africa represent 83 percent of the world's total H.I.V./AIDS-related deaths," she said.

Alan F. Holmer, the president of the Pharmaceutical Research and Manufacturers of America, the principal trade group for the drug industry, said the executive order set a troubling precedent.

Mr. Holmer said that he agreed there was a great need to fight the disease vigorously and he welcomed the sections of the executive order that call for increased education and improvement of public health services. "However, the approach taken by the President's executive order sets an undesirable and inappropriate precedent by adopting a discriminatory approach to intellectual property laws and focusing exclusively on pharmaceuticals," he said.

Industry officials said that they believed it was wrong to carve out an exception for one disease and one region. "If Africa today, why not Asia tomorrow or even the United States," said one official.

Jeff Jacobs, the director of government affairs of AIDS Action, a major lobbying group, today praised Mr. Clinton for his executive order. "The best medicines to fight AIDS are outrageously expensive," he said. "Almost nobody in the developing countries can afford these therapies, yet that is where the epidemic is raging. Americans can be proud of their president today."

The compromise version of the trade bill was approved by the House last week and is expected to win final passage in the Senate, possibly Thursday. It gives African and Caribbean countries broad new trading privileges by expanding duty-free access to American markets.

The Senate majority leader, Trent Lott, a Mississippi Republican, suggested to reporters on Tuesday that he disapproved of any plan to substitute the dropped Feinstein-Feingold amendment with an executive order.

"There seems to be a pattern now of him doing executive orders that exceed what he should be doing," Mr. Lott said. "That should be done legislatively. He doesn't make the laws. And so I would hope that he would be careful about doing that."

Clinton order will make AIDS drugs cheaper for parts of Africa

05/11/2000

New York Times News Service

WASHINGTON - President Clinton, in the face of strong opposition from the U.S. pharmaceutical industry, issued an executive order Wednesday making AIDS drugs available far more cheaply throughout sub-Saharan Africa.

The order declares that the U.S. government will not interfere with countries in that region that violate U.S. patent law in order to provide AIDS drugs at lower prices. The language in the executive order is nearly identical to an amendment that was deleted at the behest of the drug industry from a trade bill on Africa that Congress is considering this week.

"This order is intended to help stop the spread of this devastating disease by making HIV/AIDS-related drugs and medical technologies more accessible and affordable in sub-Saharan African countries," said U.S. Trade Representative Charlene Barshefsky.

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House OKs Africa AIDS Victim Fund

By Jim Abrams

Associated Press Writer

Monday, May 15, 2000; 7:16 p.m. EDT

WASHINGTON — The House moved Monday to set up a "Marshall Plan" for AIDS-devastated Africa. The action comes days after both the White House and major drug companies took steps to ensure access to cheaper drugs for the continent's exploding AIDS-stricken population.

The disease kills 6,000 people a day in Africa, has orphaned some 15 percent of children in the worst affected cities, and by some estimates will lower life expectancy in sub-Saharan Africa from 59 in the early 1990s to 45 by 2015.

The House bill, passed by voice vote, directs the Treasury Secretary to negotiate the creation of a trust fund in the World Bank to gather public and private funding to combat the spread of HIV and AIDS in sub-Saharan Africa, which has 10 percent of the world's population but 70 percent of the world's AIDS cases.

The bill is "one of the most important health care initiatives in modern times," said Banking Committee Chairman Jim Leach, R-Iowa, a co-sponsor. "Any sense of historical perspective requires that Congress recognize that it is quite likely that no issue in the world is more consequential."

"The survival of a continent is at stake," said co-sponsor Rep. Barbara Lee, D-Calif. "AIDS is decimating the continent and leaving behind millions of orphans in its wake. By the year 2010 the number of orphans in Africa will equal the number of children in America's public schools."

The bill, named after the Marshall Plan under which the

United States helped Europe rebuild after World War II, authorizes U.S. contributions of \$100 million a year for five years with the aim of using that as a springboard to bring in up to \$1 billion a year from international donors.

The World Bank would administer programs dealing with AIDS prevention, education, treatment and care.

Debrework Zewdie, who coordinates HIV/AIDS activities for the World Bank, said the money will not be enough but it would "send a very strong signal to other governments. ... This is a huge epidemic which requires huge amounts of resources."

"America is clearly stepping up to the plate," said Claudia French of the advocacy group AIDS Action. "While most experts believe it will take more than \$5 billion to slow the epidemic in Africa, we are excited about this down payment."

U.S. attention to the AIDS crisis took on a new dimension recently when the administration declared it a national security threat that could destabilize fragile democracies and crush economic progress for whole continents.

Last week President Clinton issued an executive order making it clear that the U.S. government would not stand in the way of efforts of African countries to produce or import less expensive AIDS drugs.

Last Thursday, five major pharmaceutical companies, responding to complaints that new effective AIDS treatments are beyond the reach of millions of Africans with the disease because of high costs, agreed to make substantial cuts in the price of AIDS drugs for Africa and other developing countries.

The bill number is H.R. 3519.

On the Net: Legislative information: <http://thomas.loc.gov>

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House approves funds to combat AIDS in Africa

By JIM ABRAMS
Associated Press Writer

May 16, 2000
Web posted at: 9:58 a.m. EDT (1358 GMT)

WASHINGTON (AP) -- The House has approved funds to combat the devastation of AIDS in Africa, the center of what the Surgeon General says will soon become the worst infectious disease epidemic ever.

The voice vote Monday to create a World Bank-run trust fund to address the scourge of HIV and AIDS in sub-Saharan Africa comes amid increased awareness of the threat AIDS poses to the world's political and economic well-being.

The administration recently said it now regards the world AIDS epidemic to be of a proportion sufficient to threaten national security. With fragile democracies and struggling economies in developing nations at risk, "AIDS is a national security issue," Secretary of State Madeleine Albright said.

"The world confronts one of the most serious and urgent public health challenges in the history of mankind," said Banking Committee Chairman Jim Leach, R-Iowa, co-sponsor of the bill with Rep. Barbara Lee, D-Calif. Soon to surpass both the bubonic plague of the 1300s and the influenza epidemic of 1918-1919 in deadliness, "the global AIDS epidemic might fairly be described as a disease of Biblical proportions," he said.

Leach and others cited disastrous statistics: sub-Saharan Africa accounts for 10 percent of the world population but 80 percent of the worldwide deaths of more than 16 million. Every day another 6,000 Africans die of AIDS.

The life expectancy in southern Africa, which stood at 59 in the early 1990s, is expected to drop to 45 by 2015. The World Bank says the impending deaths of up to 25 percent of adults in some countries could destroy economies.

"The survival of a continent is at stake," said Lee. "AIDS is decimating the continent and leaving behind millions of orphans in its wake. By the year 2010 the number of orphans in Africa will equal the number of children in America's public schools."

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The bill, named after the Marshall Plan under which the United States helped Europe rebuild after World War II, authorizes U.S. contributions of \$100 million a year for five years to the World Bank trust fund, with the aim of leveraging that to produce up to \$1 billion a year from international donors.

The World Bank would administer programs dealing with AIDS prevention, education, treatment and care.

World Bank HIV/AIDS coordinator Debrework Zewdie said the bill would send a strong signal to other governments and give a sense of solidarity to African nations. "This is the time," she said. "Otherwise it will be too late for all of us."

Claudia French of the advocacy group AIDS Action applauded the House bill, which now goes to the Senate with the strong support of the administration. "America is clearly stepping up to the plate," she said. "While most experts believe it will take more than \$5 billion to slow the epidemic in Africa, we are excited about this down payment."

The African AIDS crisis was also the focus of attention last week when President Clinton issued an executive order making clear that the U.S. government would not stand in the way of African nations seeking access to less expensive or generic AIDS drugs.

Also last week five major pharmaceutical companies agreed to make substantial cuts in the price of AIDS drugs for Africa and other developing countries. They were responding to criticisms that while new AIDS treatments have prolonged the lives of HIV and AIDS victims in the West, they are far too expensive to help the millions of sufferers in Africa and Asia.

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Wednesday, May 17, 2000

APPROPRIATIONS: Labor-HHS Bills Move Through House, Senate Committees

A \$342 billion FY2001 labor-HHS spending bill that funds federal HIV/AIDS initiatives moved through the House Appropriations labor, health and human services and education subcommittee last week, although some said the bill's "low discretionary allocation ensures long-term trouble," the *National Journal* reports. The spending plan would allocate \$1.7 billion to the Ryan White AIDS program, an increase of \$130 million over FY2000 funding and \$6 million more than the administration had requested. The House bill also includes \$18.8 billion for the NIH, a \$1 billion increase over FY2000 funding levels (Ghent, *National Journal*, 5/10). Calling it a "positive first step" in the appropriations process, AIDS Action Deputy Director of Government Affairs Julio Abreu said that the measure "doesn't go far enough" in addressing AIDS prevention initiatives. Abreu said that the subcommittee largely matched the administration's budget request, even though "we know that this still isn't enough to put a real dent in the rate of new infections. With nearly one million people living with HIV in America, we know that we'll need a serious investment in health care and social services that these numbers do not reflect." AIDS Action had requested an increase of \$100 million in the CDC's HIV prevention budget, but the administration forwarded to Congress a request for only a \$40 million increase (AIDS Action release, 5/10). Rep. David Obey (D-Wis.) said the House spending bill undercuts the president's request by \$1.1 billion for health programs, \$1.7 billion for labor programs and \$3 billion for education, "condemn[ing] it to another trip on the road to futility" (*National Journal*, 5/10).

Senate Side

Under the Senate version of the Labor-HHS budget bill that cleared the Appropriations Committee last week, the Ryan White AIDS program would receive \$1.65 billion, \$55 million more than FY2000 spending levels but \$69.5 million short of the amount requested by the president. NIH would receive \$20.5 billion, an increase of \$2.7 billion over FY2000 and \$1.7 billion more than the White House proposed. President Clinton issued a veto threat Thursday, asserting that while the Senate version of the bill has "more acceptable" overall funding levels than the House version, it makes other unacceptable cuts in areas such as AIDS prevention and treatment (Ghent, *National Journal*, 5/11). AIDS Action's Abreu applauded the Senate bill for its \$67 million boost in funding for the CDC's HIV prevention programs but criticized the bill for "flat-funding other vital HIV/AIDS programs." The Senate bill would increase Ryan White CARE Act Title I monies -- funds slated for cities with the highest concentrations of AIDS cases -- by less than 2%, and Title II dollars earmarked for health care in rural areas and smaller cities would not be increased. Noting that the Senate bill does not match the president's request for Ryan White funding, Abreu said, "CARE Act numbers like these are unacceptable to us. The House at least matched the president's request, and we know we need more than that to support the community based organizations who fight this battle on the front lines" (AIDS Action release, 5/11). ([Back to Contents](#))

The Boy Next Door

ENCORE Ten years ago, Ryan White succumbed to AIDS after a lengthy struggle that moved the nation. by Nancy Sidewater

RYAN WHITE NEVER INTENDED TO BE famous. He was not a glamorous leading man. He was not a magical basketball star. He was just a small-town kid with hemophilia who contracted HIV from a blood transfusion—and forever changed the face of AIDS. ♦ On April 8, 1990, after a five-year battle, the 18-year-old White died of

AIDS-related complications. An honor student, he first gained national attention in August 1985, when the school board in his hometown of Kokomo, Ind., barred him from attending classes, forcing White to complete the seventh grade from his bedroom, over the phone. His family was harassed and threatened. A bullet was once fired through their living room window.

During the yearlong court battle that ended in his reinstatement, White became a household name. "His life and death was a huge eye-opening education for the public who

had never dealt with anyone living or dying from HIV or AIDS. Everyone now knew someone with AIDS, and that was Ryan," says Scott Seomin, a media director for the Gay and Lesbian Alliance Against Defamation. The Whites moved to nearby Cicero, where Ryan was finally welcomed into a community.

Along with his newfound acceptance came life as a cause célèbre. Invited by Elton John to Disneyland, he was also flown to California to visit Michael Jackson's Neverland ranch. There was even an ABC TV movie in 1989 called



RYAN'S HOPE White became the poster child for AIDS tolerance; (right) his funeral in 1990

The Ryan White Story. But, despite the notoriety, it was White's sad struggle—and untimely demise—that impressed upon America the need for education, and taught a nation that it was the illness that was frightening, not those who were suffering from it.

His funeral was attended by more than 1,500 mourners and broadcast live on CNN. Pallbearers included Phil Donahue, L.A. Raiders linebacker Howie Long, and John. Jackson sat next to Ryan's mother

and sister. First Lady Barbara Bush was there, as was Indiana governor Evan Bayh, who ordered the state's flags to be flown at half-mast. The Cicero school choir sang "That's What Friends Are For" and John performed "Skyline Pigeon."

Soon after his death, Congress passed the Ryan White CARE Act, which provides federal funding for treatment and education to those affected by HIV. Last year, White's mother, Jeanne (who created the now-defunct Ryan White Foundation in 1990), was appointed the national spokesperson for the Ryan White Project at AIDS Action, an advocacy group that lobbies for AIDS service organizations nationwide. "Time has shown us it doesn't matter if you're rich or poor, black or white," she says. "It's everybody's disease, and now we know it is." ■

time capsule / april 8, 1990

AT THE MOVIES, a decade before she would get \$20 million for *Erin Brockovich*, Julia Roberts (right) becomes America's favorite trashy dresser in *Pretty Woman*. **ON TV**, 35 million Americans watch the ABC premiere of David Lynch's eerie cult hit *Twin Peaks*. **IN**



MUSIC, fueled by the popularity of her ballad "Nothing Compares 2 U," bald Irish lass Sinéad O'Connor catches fire on the *Billboard* charts. **IN THE NEWS**, Farm Aid IV officials report that the benefit—featuring Bonnie Raitt, Willie Nelson, and Neil Young—has raised more than \$1 million.

Ryan's Hope

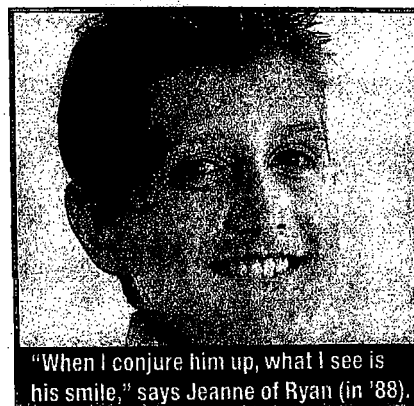
Ten years after her son's death, Jeanne White shuts down his foundation but carries on the fight against AIDS

Jeanne White will never forget that heady day in 1991 when, after clearing out her office from its cramped quarters in the basement of her Cicero, Ind., home, she crossed the threshold of an elegant business suite in downtown Indianapolis. Within were two full-time employees, 10 volunteers, an executive director—even some new, donated furniture. “My hopes were flying then,” she says wistfully. “We were going to become a national organization focusing on the education and prevention of AIDS.”

Today, that dream is gone. On a warm late-winter afternoon in her yellow house overlooking Cicero's Morse Lake, she and her surviving child, Andrea, 26, are packing up

the CDs, books and boxes that constitute the last vestiges of the Ryan White Foundation.

In the late 1980s, the story of Ryan White, a bright-eyed young hemophiliac who contracted AIDS through tainted blood products and became the victim of vicious persecution in his hometown of Kokomo, Ind., served as a heartbreaking wake-up call to the nation. His plight also attracted the attention of celebrities, including Michael Jackson, who bought Ryan a 1989 red Mustang and entertained him at his Neverland ranch, and Elton John, a friend who loaned Jeanne the down payment for her house in Cicero. When Ryan died on April 8, 1990, at age 18, the foundation that bore



“When I conjure him up, what I see is his smile,” says Jeanne of Ryan (in '88).

his name became one of the first galvanizing forces in the fight against AIDS.

But AIDS donations nationwide have declined 21 percent in the past two years, and the White Foundation has seen its contributions dwindle from a high of \$300,000 in 1997 to just \$100,000 last year. Jeanne will soon merge what remains of her foundation into AIDS Action, becoming a staff spokeswoman for the \$2.2 million umbrella organization, which numbers among its 3,200 members groups



“Ryan used to say, ‘Let’s make AIDS a disease and not a dirty word,’” says Jeanne (in her Florida living room). “That’s still true today.”

● sequel

such as Gay Men's Health Crisis and AIDS Project Los Angeles.

The White Foundation's demise may be partly attributable to its location in Indianapolis, where AIDS incidence is lower than in many other major cities. But other factors were also at work. "There was a notion that we were being bank-rolled by all these famous people Ryan knew before he passed away," says former board member Kathy Harrison. "But they were Ryan's friends, not the foundation's."

Not that celebrities had lost interest in the Whites or in Jeanne's work. Jackson recently bought from the foundation all 2,500 remaining copies of *Ryan White: My Own Story* for \$2.50 each, and John helped pay for Andrea's college education. But they never provided the bulk of the organization's funding, directing much of their financial support instead to larger, more established groups such as John's own Elton John AIDS Foundation, which has contributed nearly \$22 million to various AIDS causes worldwide. "The world can't support all these not-for-profits," says Jeanne White, now 52. But as much as she laments the loss of her own organization,



"Being with those people," Elton John (with Jeanne at Ryan's deathbed in 1990) told ABC recently, "taught me a lot about humility, forgiveness, strength, character, decency."

she is more distressed by the general decline in AIDS support. "A lot of groups are having a hard time because the consensus is that AIDS is over, that we have a good treatment," she says. "People are looking elsewhere to send their dollars."

In fact, though various treatments such as protease inhibitors have proved effective at arresting and

sometimes even reversing the devastation caused by AIDS, the number of cases in the U.S. rose from 155,619 at the time of Ryan's death to 781,344 in 1999. Almost more disturbing is the fact that for the last five years fully half of the approximately 55,000 new cases of HIV infection reported annually—most contracted sexually—involve people



"I am going to live forever and accomplish everything I need to," says Melissa Milne (left) with friend Sunny Tallaferro.



"Health," says Terrence Owens (volunteering in D.C.), "is my No. 1 priority."

● sequel

under the age of 25, suggesting that AIDS is more than ever a disease of the young and that AIDS awareness programs are failing to reach one of their most important target audiences. "[Young people] believe, 'I am invincible and will never die,'" says former talk show host Phil Donahue, who helped start Ryan's foundation and was one of its major supporters up until the end. "But this is a disaster, and it is getting worse."

No one understands that better than Doug Stubblefield, 25, of San Francisco, who was diagnosed with AIDS nearly two years ago. Stubblefield admits that he failed to practice safe sex, even after an uncle who was gay died of the disease. "It was a rough couple of years after I came out, and if I had a role model or someone I could turn to, it would have made all the difference in the world," says Stubblefield, who now volunteers for Bay Area Young Positives, an AIDS-awareness group. "But I do think I've changed the direction of a few friends who were being promiscuous. They saw that what happened to me could easily happen to them."



CYNTHIA JOHNSON
"You're a strong woman," one senator told White (testifying on Capitol Hill March 2).

Terrence Owens, 22, of Washington, D.C., became infected while a college student in Virginia. "A lot of people still think AIDS is an older, gay man's disease," says Owens, a youth coordinator for a gay service group focusing on the African-American community. "But kids are extremely at risk because of what they're doing." And Melissa Milne, 18, a senior at California's Las Lomas High School who contracted the disease through a blood transfusion as a newborn, often speaks to youngsters about taking safe-sex precautions, even giving them a taste of her medication

("they think it's disgusting") as a warning. "A lot of kids have sex because they don't believe it can happen to them," she says.

For White, that kind of youthful nonchalance signals an imperative. Though part of her longs to move to Florida with her husband, Roy Ginder, 45—an auto-body repairman she married in 1992—to finish the renovation of their three-bedroom retirement home, she is resolved to spend many a long day around the country and on Capitol Hill. There, in her new capacity as an AIDS Action spokeswoman, she will lobby for a \$125 million increase in funding for next year over the \$1.6 billion appropriation for the Ryan White Care Act, a bill that provides support and treatment for thousands of AIDS patients nationwide and that was first passed just four months after her son's death. "If we relax on this disease, there is going to be a volcano of infections," she says. "We can't say that our kids are not important or that there's no need. It has been 10 years since Ryan died. We can't stop now."

- Susan Schindehette
- Giovanna Breu in Chicago



"Jeanne has never stopped. Her commitment has never wavered," says Phil Donahue of White (with husband Ginder near their Florida home).



For information about the Ryan White Care Act, go to www.people.com or AOL (Keyword: People)

PHOTOGRAPHS BY BEN VAN HOOK

until it's over
AIDS ACTION

September 10, 1999

Honorable Christopher Bond
Chairman, Senate Veterans Affairs, HUD, and Independent Agencies Appropriations Subcommittee
127 Dirksen Senate Office Building
Washington, DC 20510

Honorable Barbara A. Mikulski
Senate Veteran Affairs, HUD, and Independent Agencies Appropriations Subcommittee
134 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Bond and Ranking Member Mikulski:

On behalf of AIDS Action, the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based organizations (cbo's) that serve them, I urge you to fund the Housing Opportunities for People with AIDS (HOPWA) program at a level that more accurately reflects the current need. In the past, your Subcommittee has been strongly committed to this small but vital program.

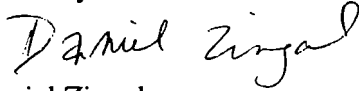
The Administration is calling for a modest \$15 million increase over FY99 levels. Since FY '95, the number of metropolitan areas and states qualifying for HOPWA formula grants has increased significantly, and the number of people living with HIV and AIDS has never been higher. Yet in that same time period, HOPWA funding has remained relatively flat. As you know, the HIV/AIDS community, including our cbo network, has determined that the increased demand for HOPWA services will require \$60 million. In fact, on Wednesday, September 8, the House voted to reverse a \$10 million cut to the HOPWA program that had been passed by the full committee. This vote underscores the bipartisan support for this crucial program.

People living with HIV/AIDS and their families rely on HOPWA dollars to provide them with desperately needed housing. Without stable housing, many people with HIV disease will die prematurely because it is virtually impossible to link them to care services and life-sustaining treatments without a stable place to live.

HOPWA is the only federal housing program that provides cities and states hardest-hit by the AIDS epidemic with the resources to address the critical housing crisis facing people living with HIV/AIDS in their communities. The housing provided by HOPWA dollars not only allows people to improve the quality of their lives and access life-extending care, it actually reduces unnecessary hospitalizations and reduces the use of emergency health care services by an estimated \$47,000 per person per year.

I urge you to continue the standing commitment of the Subcommittee to the HOPWA program, and to the thousands of people living with HIV and AIDS that utilize this housing. We request that you build upon the momentum of yesterday's House vote and appropriate the necessary funding to sustain HOPWA. Thank you for your consideration of our views.

Sincerely,

A handwritten signature in black ink that reads "Daniel Zingale". The signature is written in a cursive, flowing style.

Daniel Zingale
Executive Director

cc: Daniel Mendelson, Associate Director, Health and Personnel, Office of Management and Budget
Sandra Thurman, Director, Office of National AIDS Policy

until it's over AIDS ACTION

September 10, 1999

Honorable Arlen Specter
Chairman, Senate Labor, HHS, Education, and Related Agencies Appropriations Subcommittee
186 Dirksen Senate Office Building
Washington, DC 20510

Honorable John Edward Porter
Chairman, House Labor, HHS, Education, and Related Agencies Appropriations Subcommittee
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Specter and Porter:

On behalf of AIDS Action, the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based organizations that serve them, **I join you in calling for increased Fiscal Year 2000 funding levels** in order to responsibly address the many public health concerns that face our nation. AIDS Action supports your efforts to raise discretionary spending caps for FY 2000. Current levels are unable to accommodate the growing need for HIV/AIDS prevention, care, substance abuse treatment, and research. Your advocacy efforts are critical in ensuring that Congress maintain its commitment to public health and, in particular, to people living with HIV/AIDS.

As you begin to mark-up the Labor, Health and Human Services, and Education bill, we urge you to fund a balanced, comprehensive approach to the HIV/AIDS epidemic in the spirit of your efforts in the last fiscal year's bill, which saw increases for the entire HIV/AIDS portfolio. The decreased availability of discretionary spending that accompanies the balanced-budget law of 1997 will certainly pose a problem for appropriators in the FY 2000 appropriations process. It is absolutely critical that public health programs are not pitted against each other, nor against other vital programs within the Labor, HHS appropriations bill.

Drastic cuts to the Labor-HHS-Education appropriations bill for FY 2000 will devastate our ability to deal with the AIDS epidemic. According to the latest data from the Centers for Disease Control and Prevention, there was a 50% drop in the rate of decline of AIDS deaths from 1997 to 1998, confirming the weaknesses of current AIDS treatments and lack of adequate health care access. In the House, appropriators have allocated \$78.1 billion for programs falling under Labor-HHS-Education appropriations bill - **\$10 billion** less than FY 1999. The Senate has appropriated \$80.3 billion for the Labor-HHS-Education bill - **\$8 billion** less than FY 1999. It is imperative that the allocation for this bill be increased before it moves forward; failure to prioritize the public health agenda will set a damaging precedent for future funding levels.

AIDS Action applauds your efforts to establish responsible funding levels to support our core public health programs. The HIV/AIDS epidemic continues to demand strong federal leadership. We commend your longstanding support for AIDS prevention, care, research, and housing and urge you to give the highest priority to addressing this impending crisis.

Sincerely,

A handwritten signature in cursive script that reads "Daniel Zingale".

Daniel Zingale
Executive Director

cc: Honorable Tom Harkin, Ranking Member, Senate Labor, HHS Appropriations Subcommittee
Honorable David Obey, Ranking Member, House Labor, HHS Appropriations Subcommittee
Daniel Mendelson, Associate Director, Health and Personnel, Office of Management and Budget
Sandra Thurman, Director, Office of National AIDS Policy

AIDS Action

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Phone: 202/530-8030
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www.aidsaction.org

Fax

To: Ms. Sandy Thurman
Director
Office of National AIDS Policy

From: AIDS Action
202-530-8031

Fax: 456-2439

Pages: 3, including cover

Phone:

Date: February 4, 2000

Re: FY2001 HIV Prevention Budget

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Acknowledge

until it's over**AIDS ACTION**

February 4, 2000

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

Dear Mr. President:

The undersigned organizations would like to express our disappointment at your Fiscal Year 2001 HIV prevention budget outlined in your State of the Union address, which included a small but insufficient increase in HIV prevention funding. For the past several years, we have urged your Administration to end flat HIV prevention funding in order to make a dent in the 40,000 new infections that occur each year.

The FY2001 budget proposal includes a \$10 million increase in prevention funding, an amount that falls short of what we consider necessary for any meaningful new investment in HIV prevention. This year's budget increase is only slightly more than last year's increase that did not meet the need for HIV prevention activities throughout the country.

We were encouraged to learn in the January 3rd *U.S. News and World Report* that there was a plan to increase the federal investment in HIV prevention by \$100 million, sending an important and much-needed message that America's leadership will not tolerate the 40,000 new HIV infections each year, half of which are among young people. We were excited at the prospect of having more resources available to focus on ameliorating these new infections. Indeed, in a recent Harris poll, Americans favor spending a higher proportion of all health care dollars on prevention and health promotion by a margin of 46% to 23%. Over 90% of respondents claimed HIV/AIDS prevention as very important.

Given the increased burden on our community based organizations and health departments because fewer people with AIDS are dying, anything less than this substantial federal commitment would leave state and local governments to grapple with a public health crisis. The Centers for Disease Control and Prevention (CDC) recently released new data indicating that the decline in AIDS deaths is slowing down, highlighting the need for an increased investment in HIV prevention, especially among women and young gay men in communities of color. The CDC reports that AIDS remains the leading cause of death for African-Americans between the ages of 25 and 44.

However, more is needed if we are to combat this ever-evolving epidemic and take full advantage of the medical advances and risk reduction models proven to work. For example, the CDC estimates that there are over 300,000 Americans living with HIV who do not know their status. Our efforts to encourage people living with HIV to know their

status and seek treatment and our strategies to prevent new infections must be targeted to reach specific populations. Such targeted efforts will require a substantial investment if we are to realize the highest return for our efforts.

In the coming year, HIV will continue to infect nearly 3 young people (<25 years old) every hour of every day, as well as an increasing number of women and minorities. This is an incalculable loss to our nation's future. Yet these new infections could be prevented through community-based HIV strategies of proven effectiveness with the necessary resources.

For everyone at risk for HIV, we need a new generation of prevention efforts. We look forward to a refocusing of resources in the FY2001 budget for HIV prevention that can be captured before the formal release of your budget on Monday, February 7th.

Thank you for your consideration.

Sincerely,

AIDS Action

AIDS Alliance for Children, Youth & Families

AIDS Legal Referral Panel

American Nurses Association

Center for Women Policy Studies

National Council of La Raza

North American Syringe Exchange Network

Planned Parenthood Federation of America, Inc.

Urban Coalition for HIV/AIDS Prevention Services

Chicago Department of Public Health

Houston Department of Health and Human Services

Los Angeles County Office of AIDS Programs and Policy

New York City Department of Health

Philadelphia Department of Health

San Francisco Department of Health

cc: Honorable Donna Shalala
Mr. Dan Mendelson
Ms. Sandy Thurman
Dr. Helene Gayle

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AIDS ACTION

February 4, 2000

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

Dear Mr. President:

The undersigned organizations would like to express our disappointment at your Fiscal Year 2001 HIV prevention budget outlined in your State of the Union address, which included a small but insufficient increase in HIV prevention funding. For the past several years, we have urged your Administration to end flat HIV prevention funding in order to make a dent in the 40,000 new infections that occur each year.

The FY2001 budget proposal includes a \$50 million increase in prevention funding, an amount that falls short of what we consider necessary for any meaningful new investments in HIV prevention. This year's budget increase is only slightly more than last year's increase that did not meet the need for HIV prevention activities throughout the country.

We were encouraged to learn in the January 3rd *U.S. News and World Report* that there was a plan to increase the federal investment in HIV prevention by \$100 million --- sending an important and much-needed message that America's leadership will no longer tolerate the 40,000 new HIV infections each year, half of which are among young people. We were excited at the prospect of having more resources available to focus on ameliorating these new infections. In fact, in a recent Harris poll, Americans favored spending a higher proportion of all health care dollars on prevention and health promotion by a margin of 46% to 23%. Over 90% of respondents claimed HIV/AIDS prevention as very important.

Given the increased burden on our community based organizations and health departments because fewer people with AIDS are dying, anything less than this substantial federal commitment would expose state and local governments to grapple with a public health crisis. The Centers for Disease Control and Prevention (CDC) recently released new data indicating that the decline in AIDS deaths is slowing down, highlighting the need for an increased investment in HIV prevention, especially among women and young gay men in communities of color. The CDC reports that AIDS remains the leading cause of death for African-Americans between the ages of 25 and 44.

However, more is needed if we are to combat this ever-evolving epidemic and take full advantage of the medical advances and risk reduction models proven to work. For example, the CDC estimates that there are over 300,000 Americans living with HIV who do not know their status. Our efforts to encourage people living with HIV to know their

status and seek treatment and our strategies to prevent new infections must be targeted to reach specific populations. Such targeted efforts will require a substantial investment if we are to realize the highest return for our efforts.

In the coming year, HIV will continue to infect nearly 3 young people (<25 years old) every hour of every day, as well as an increasing number of women and minorities. This is an incalculable loss to our nation's future. Yet these new infections could be prevented through community-based HIV strategies of proven effectiveness with the necessary resources.

For everyone at risk for HIV, we need a new generation of prevention efforts. We look forward to a refocusing of resources in the FY2001 budget for HIV prevention that may be captured before the formal release of your budget on Monday, February 7th.

Thank you for your consideration.

Sincerely,

AIDS Action
AIDS Alliance for Children, Youth & Families
AIDS Legal Referral Panel
American Nurses Association
Center for Women Policy Studies
National Council of La Raza
North American Syringe Exchange Network
Planned Parenthood Federation of America, Inc.
Urban Coalition for HIV/AIDS Prevention Services:
Chicago Department of Public Health
Houston Department of Health and Human Services
Los Angeles County Office of AIDS Programs and Policy
New York City Department of Health
Philadelphia Department of Health
San Francisco Department of Health

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FOR IMMEDIATE RELEASE
December 1, 1998

CONTACT: STEVEN FISHER
202-986-1300, ext. 3065

AIDS Action Statement on White House Orphan Initiative

Statement by Daniel Zingale
Executive Director, AIDS Action
December 1, 1998

The failure of America to respond to the AIDS crisis in developing nations is not a failure of any individual institution or leader. Our failure is everyone's failure: Congress, the White House, the pharmaceutical industry and, indeed, the AIDS advocacy community itself. America has a moral responsibility to do more about the AIDS holocaust in Africa. We have to do more to ensure better drug assistance and fairer pricing, do more for HIV prevention and do more for the development of a vaccine. The best way to reverse our failing grade is for all of us to get down to work.

With today's initiative, the President adds leadership on the global pandemic to the leadership he has demonstrated on AIDS research and care issues. We hope today's action will encourage all Americans concerned about AIDS to do more in fighting the epidemic worldwide.

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AIDS Action is the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based organizations that serve them.

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AIDS ACTION

August 16, 1999

Department of Housing and Urban Development
Office of HIV/AIDS Housing
Director David Vos – 7214
DEH, 451 Seventh St. SW
Washington, D.C. 20410

Dear Director Vos:

On behalf of AIDS Action, the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based service organization that serve them, I am writing to express our strong opposition to New York City's (NYC) proposed Housing Opportunities for People With AIDS (HOPWA) "Swap" scheme. As you know, the "Swap" would allow NYC to use federal HOPWA funds where they are now required to use NYC funds. We oppose the "Swap" scheme for the following reasons:

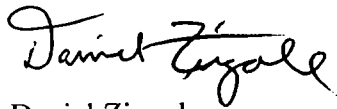
- **New York City's HOPWA "Swap" establishes a dangerous precedent nationwide.** AIDS Action is very concerned regarding the potential nationwide effect of approval of the NYC "Swap." Jurisdictions around the country may use the precedent set by the "Swap" to devise their own schemes to save money. By turning down the "Swap" HUD can prevent abuse of the current regulations and not be in a position where new regulations are required. The regulations as currently written allow jurisdictions the flexibility to address the unique local needs of HIV infected individuals (e.g., services and housing) and any nationwide change in regulation due to NYC "SWAP" would punish both NYC as well as other eligible jurisdictions.
- **The SWAP is in violation of current HOPWA regulations.** HOPWA regulations require HOPWA funds to be leveraged with other funding. The "Swap" does the opposite – it uses HOPWA funds to leverage NYC dollars, which will then go to support other City needs, not AIDS services. Our understanding of the regulations is that the City is supposed to use City and State funds to leverage HOPWA funds (i.e., expand the reach of HOPWA funds). Moreover, AIDS Action is also alarmed that NYC is not planning to use the savings from the "Swap" to address the growing needs of HIV-infected low and moderate-income individuals living in New York City.
- **Citizen participation in HOPWA will be radically minimized.** The "Swap" cancels out citizen participation as required in the HOPWA regulations. From our perspective, this scheme prevents the grantee from incorporating citizen comments into the consolidated plan despite the fact that they may still comment. AIDS Action believes this violates HOPWA regulations (section 91.105) which call for the "encouragement" of citizen participation in the development of the consolidated plan. We are hopeful that HUD interprets citizen

participation in a manner that allows for meaningful citizen participation where the public has the opportunity to influence New York City's consolidated plan.

AIDS Action urges the Department of Housing and Urban Development to reject New York City's "Swap" scheme as soon as possible. We also request that you do not approve the "Swap" in the out years of the budget but instead fully reject New York City's "Swap" scheme.

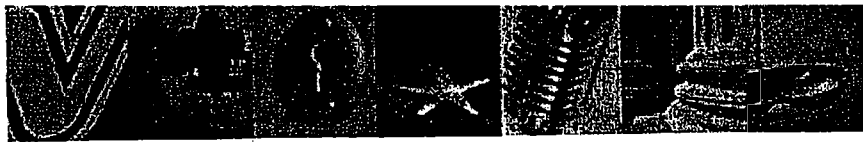
As you know, for many years AIDS Action has advocated on behalf of the HOPWA program and the Department of Housing and Urban Development. We pledge to continue that advocacy and work to improve the program and acquire additional appropriations when possible. Thank you for your consideration of our views.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Zingale". The signature is fluid and cursive, with the first name "Daniel" and last name "Zingale" clearly distinguishable.

Daniel Zingale
Executive Director

cc: Vice President Albert Gore
Andrew Cuomo, Secretary of the Department of Housing and Urban Development
Sandra Thurman, Director of the Office of National AIDS Policy



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FY 2001 Appropriations Levels for Federal AIDS Programs Updated September 19, 2000

(Increases or decreases from previous year are shown in parentheses)

PROGRAM	FY 2000 FINAL	FY 2001 President's Budget Request 2/7/00	FY 2001 HIV/AIDS Need	House Action L, HHS 5/10/00	Senate Action L, HHS 5/11/00 VA, HUD 9/13/00
CDC: Prevention	\$695.3m (+\$37.5m)	\$735.3m (+\$40.0m)	\$985.3m (+\$290.0m)	\$734.4m (+\$39.1m)	\$762.4m (+\$67.1m)
HRSA: Ryan White CARE Act Total	\$1,594.8m (+\$183.7m)	\$1,719.8m (+\$125.0m)	\$1,931.4m (+\$336.6m)	\$1,725.0m (+\$130.2m)	\$1,650.1m (+\$55.3m)
<i>Title I</i>	\$546.6m (+\$41.5m)	\$586.6m (+\$40.0m)	\$635.6m (+\$89.0m)	\$586.6m (+\$40.0m)	\$556.5m (+\$9.9m)
<i>Title II: Care Services</i>	\$296.1m (+\$19.2m)	\$310.1m (+\$14.0m)	\$341.1m (+\$45.0m)	\$310.1m (+\$14.0m)	\$296.1m (+\$0m)
<i>Title II: ADAP</i>	\$528.0m (+\$67m)	\$554.0m (+\$26.0m)	\$658.0m (+\$130.0m)	\$554.0m (+\$26.0m)	\$538.0m (+\$10.0m)
<i>Title III</i>	\$138.4m (+\$44.1m)	\$171.4m (+\$33.0m)	\$184.4m (+\$46.0m)	\$173.9m (+\$35.5m)	\$166.4m (+\$28.0m)
<i>Title IV</i>	\$51.0m (+\$5.0m)	\$60.0m (+\$9.0m)	\$70.0m (+\$19.0m)	\$60.0m (+\$9.0m)	\$58.4m (+\$7.4m)
<i>Part F: AETCs</i>	\$26.7m (+\$6.7m)	\$29.2m (+\$2.5m)	\$30.3m (+\$3.6m)	\$31.6m (+\$4.9m)	\$26.7m (+\$0m)
<i>Part F: Dental Reimbursement</i>	\$8.0m (+\$0.2m)	\$8.5m (+\$0.5m)	\$12.0m (+\$4.0m)	\$9.0m (+\$1.0m)	\$8.0m (+\$0m)
NIH: AIDS Research	\$2,006.0m (+\$207.6m)	\$2,111.0m (+\$105.0m)	\$2,329.0m (+\$323.0m)	\$1.02b NIH increase overall; OAR increase uncertain	\$2.7b NIH increase overall; OAR increase uncertain
SAMHSA (Substance Abuse Prevention & Treatment Blockgrant)	\$1,600.8m (+\$15.8m)	\$1,631.0m (+\$30.2m)	\$2,000.8m (+\$400.0m)	\$1,631.0m (+\$30.2m)	\$1,631.0m (+\$30.2m)
HUD: HOPWA	\$232.0m (+\$7.0m)	\$260.0m (+\$28.0m)	\$292.0m (+\$60.0m)	\$250.0m (+18.0m)	\$232.0m (+\$0m)

FY2000 HIV/AIDS SPENDING FOR MINORITY POPULATIONS

In the FY2001 Presidential Budget proposal, the minority AIDS initiative is flat-funded.

For FY2000, HHS will spend approximately \$245 million (\$80M over FY99) to enhance the

<http://www.aidsaction.org/policy/approps/fy2001.html>

9/21/00