FOIA Number: 2018-0764-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19403

FolderID:

Folder Title:
Events - 12/1998 - President's Advisory Council on HIV/AIDS / Clinton Meeting

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	5	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Council member list and biographies (Personal) (4 pages)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19403

FOLDER TITLE:
Events - 12/1998 - President's Advisory Council on HIV/AIDS / Clinton Meeting

2018-0764-F
jm2150

RESTRICTION CODES

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

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

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

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

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

B Vent – 12/90
PACHA/Clinton
Meeting

December 17, 1998

MEETING WITH THE
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

QUESTIONS AND ANSWERS

Q: People with HIV/AIDS often become eligible for Medicaid (unless they meet a separate Medicaid criteria) once they have reached a certain level of disability, far after new HIV/AIDS treatments would be helpful. How are you going to help increase access to treatment?

A: Assuring that people with HIV/AIDS have access to cutting edge treatments is a difficult and an important challenge. Both the Vice President and I are committed to taking steps to address this important issue.

- Sandy Thurman has set up an internal task force to develop solutions to this problem.
- We have fought for and succeeded in getting significant increases in the AIDS Drug Assistance Program -- $175 million (61 percent) increase in FY99 -- and the Ryan White CARE Act overall -- $271 million (23 percent) increase in FY99 and 266 percent since FY93. These programs have proven effective at helping many people with HIV/AIDS get the treatment and care they need.
- We also strongly supported the Jeffords-Kennedy legislation, which helps people with disabilities, including people with HIV/AIDS, buy into Medicaid when they return to work. This legislation also includes a demonstration program that allows states to develop their own definition of disability for Medicaid that could help people with HIV get Medicaid earlier. I hope you'll continue to work with us to get legislation like this passed in the coming year.
- HCF has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. HCF has assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the importance of this issue and promise you that the Vice President and I will stay on top of this issue and move this issue forward.

PACHA
Dec. 1998

Q: The Council would like to recommend a new national "get tested" campaign to encourage people at risk to seek HIV counseling and testing services. Will you support that request?

Background: The Council is concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30 percent of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection.

A: I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

Q: Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?

Background: The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. The Council is also interested in more interagency collaboration to assure that a wider range of agencies are committed to HIV/AIDS and that these efforts are better coordinated.

A: I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the

position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

Q: While we have had great success in AIDS funding with your leadership, the Council is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?

A: We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB and throughout the White House are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

SELECTED HIV/AIDS INVESTMENTS	FY99	Increase from FY98	Increase from FY93
Ryan White CARE Act	**$1.4 billion**	**23%**	**266%**
AIDS Drug Assistance	*$461 million*	*61%*	*787%**
HIV Prevention (CDC)	**$657 million**	**5%**	**34%**
AIDS Research (NIH)	**$1.8 billion**	**12%**	**67%**
Vaccine Research	*$200 million*	*33%*	*145%*
Housing (HUD)	**$225 million**	**10%**	**125%**
International (USAID)	**$131 million****	**8%**	**64%**

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

THE WHITE HOUSE

WASHINGTON

December 17, 1998

MEETING WITH THE
PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

DATE:	December 18, 1998
LOCATION:	Cabinet Room
BRIEFING TIME:	5:15 pm to 5:45 pm
EVENT:	5:45 pm to 6:15 pm
FROM:	Bruce Reed/Chris Jennings/Sandy Thurman

I. PURPOSE

You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress in addressing the AIDS epidemic.

II. BACKGROUND

The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. The Council recognizes your commitment to improving HIV/AIDS care, research, and prevention. They support recent efforts to highlight international efforts to fight HIV/AIDS, the new initiative on HIV/AIDS in minority communities, and increases in research investments. However, the Council has been publicly critical of the Administration in some areas, particularly the Administration's commitment to HIV prevention. This meeting provides an opportunity for you to personally reaffirm your commitment to the Council and your seriousness about the issue.

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to treatment for indigent persons with HIV who under current law must wait until they reach a level of disability to qualify for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively through a Medicaid section 1115 waiver. However, the Administration has worked extremely hard to expand access to promising HIV/AIDS therapies by supporting substantial increases in the AIDS Drug Assistance Program and advocating passage of the Jeffords-Kennedy legislation (which includes a demonstration program that would allow states to define disability,

substantially increasing access to Medicaid by persons who would become disabled but for care). Support of this legislation by the Council and the AIDS community would be very beneficial. [Council presenter: Thomas Henderson]

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your ongoing leadership on this issue, but has some concern about the 18 months it has taken so far to find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that its progress on vaccine research has not been hampered by this vacancy and that filling the position is a top priority for NIH Director Dr. Varmus. [Council presenter: Helen Miramontes]

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not know they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration through the budget process. [Council presenter: Alexander Robinson]

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on ensuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS. Finally, you can also announce the release of $479 million in Ryan White Title I grants (FY1999) to 50 metropolitan areas that are most heavily impacted by HIV/AIDS; these grants include extra funds for minorities that are part of your recently announced initiative on HIV/AIDS in racial and ethnic minorities. [Council presenters: Regina Aragón and Mike Isbell]

In your closing remarks, you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

-- Other initiatives including an enforceable patient bill of rights; the Jeffords-Kennedy legislation that allows people with disabilities -- including people with AIDS -- to stay in or return to work; and substantial increases in research funding at the NIH.

III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
YOU
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

IV. PRESS PLAN

Pool still photographers at the top of meeting; single print reporter thereafter. Verbatim transcript to be provided to press following meeting.

Hatfield cannot join us because he is not feeling well

V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.
-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (**YOU** will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

VII. ATTACHMENTS

-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

* USAID funding
* OMB

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Council member list and biographies (Personal) (4 pages)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19403

FOLDER TITLE:
Events - 12/1998 - President's Advisory Council on HIV/AIDS / Clinton Meeting

2018-0764-F
jm2150

RESTRICTION CODES

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

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

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

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

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

December 17, 1998

MEETING WITH THE
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

QUESTIONS AND ANSWERS

Q: People with HIV/AIDS often become eligible for Medicaid (unless they meet a separate Medicaid criteria) once they have reached a certain level of disability, far after new HIV/AIDS treatments would be helpful. How are you going to help increase access to treatment?

A: Assuring that people with HIV/AIDS have access to cutting edge treatments is a difficult and an important challenge. Both the Vice President and I are committed to taking steps to address this important issue.

- Sandy Thurman has set up an internal task force to develop solutions to this problem.
- We have fought for and succeeded in getting significant increases in the AIDS Drug Assistance Program -- $175 million (61 percent) increase in FY99 -- and the Ryan White CARE Act overall -- $271 million (23 percent) increase in FY99 and 266 percent since FY93. These programs have proven effective at helping many people with HIV/AIDS get the treatment and care they need.
- We also strongly supported the Jeffords-Kennedy legislation, which helps people with disabilities, including people with HIV/AIDS, buy into Medicaid when they return to work. This legislation also includes a demonstration program that allows states to develop their own definition of disability for Medicaid that could help people with HIV get Medicaid earlier. I hope you'll continue to work with us to get legislation like this passed in the coming year.
- HCF has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. HCF has assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the importance of this issue and promise you that the Vice President and I will stay on top of this issue and move this issue forward.

Q: **The Council would like to recommend a new national "get tested" campaign to encourage people at risk to seek HIV counseling and testing services. Will you support that request?**

Background: The Council is concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30 percent of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection.

A: I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

Q: **Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?**

Background: The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. The Council is also interested in more interagency collaboration to assure that a wider range of agencies are committed to HIV/AIDS and that these efforts are better coordinated.

A: I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and

that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

Q: **While we have had great success in AIDS funding with your leadership, the Council is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?**

A: We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB and throughout the White House are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

SELECTED HIV/AIDS INVESTMENTS	FY99	Increase from FY98	Increase from FY93
Ryan White CARE Act	**$1.4 billion**	**23%**	**266%**
AIDS Drug Assistance	*$461 million*	*61%*	*787%**
HIV Prevention (CDC)	**$657 million**	**5%**	**34%**
AIDS Research (NIH)	**$1.8 billion**	**12%**	**67%**
Vaccine Research	*$200 million*	*33%*	*145%*
Housing (HUD)	**$225 million**	**10%**	**125%**
International (USAID)	**$131 million****	**8%**	**64%**

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

PRESIDENT WILLIAM J. CLINTON
MEETING WITH THE
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS
DECEMBER 18, 1998

Talking Points

- Thank you for all of the good work that you have been doing.

- Over the past six years, we have made a lot of progress, and I appreciate your recognition of that. Together, we have steered resources toward research, prevention and treatment efforts that have made an incredible difference in the lives of so many.

- We all know there is much more to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my administration.

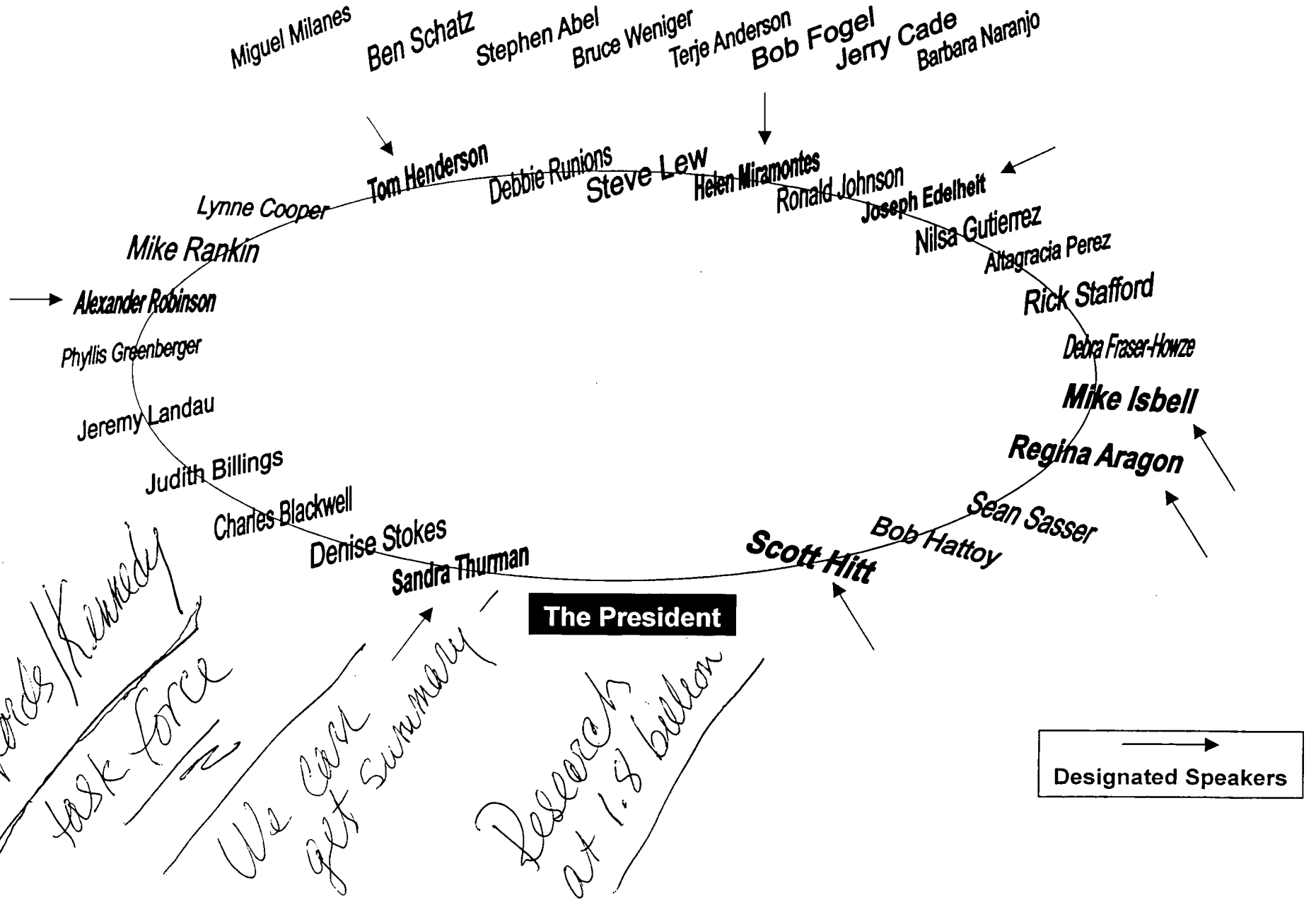
- I am pleased that today we are releasing $479 million in grants under Title I of the Ryan White CARE Act. We fought hard for this funding that will help provide critical health care and supportive services for people living with HIV/AIDS all over the country.

- You've made a number of good suggestions, and I'm going to ask Sandy to help us move forward on them.

- You have a lot of friends and advocates here - the First Lady, the Vice President, Mrs. Gore, Secretaries Shalala and Cuomo, and certainly Sandy - who have done a tremendous amount to increase awareness of AIDS. I want you to know that we will always be committed to the fight.

- Together, we will fight until the day when we beat this epidemic both here at home and around the world.

Meeting with the Presidential Advisory Council on HIV/AIDS
December 18, 1998



PRESIDENT WILLIAM J. CLINTON
MEETING WITH THE
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS
DECEMBER 18, 1998

Talking Points

- Thank you for all of the good work that you have been doing.

- Over the past six years, we have made a lot of progress, and I appreciate your recognition of that. Together, we have steered resources toward research, prevention and treatment efforts that have made an incredible difference in the lives of so many.

- We all know there is much more to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my administration.

- I am pleased that today we are releasing $479 million in grants under Title I of the Ryan White CARE Act. We fought hard for this funding that will help provide critical health care and supportive services for people living with HIV/AIDS all over the country.

- You've made a number of good suggestions, and I'm going to ask Sandy to help us move forward on them.

- You have a lot of friends and advocates here - the First Lady, the Vice President, Mrs. Gore, Secretaries Shalala and Cuomo, and certainly Sandy - who have done a tremendous amount to increase awareness of AIDS. I want you to know that we will always be committed to the fight.

- Together, we will fight until the day when we beat this epidemic both here at home and around the world.

Comments for 12/18 Meeting with President Clinton

Mr. President, this Council, members of the community at-large and indeed your administration has struggled with the challenge of preventing new HIV infections. Reaching agreement on the most effective ways of preventing new HIV infections has been very difficult .

We have made progress in our efforts to include local community members in shaping our prevention programs, but there is much more to do. Today we want to raise two issues with you. One of them you will immediately recognize. The other is new and we believe offers an exciting opportunity.

First, on the issue of needle exchange programs. Without rehashing the history which we are sure you are familiar with, we want to ask for your support of a request we have made of Secretary Shalala. We have asked that HHS provide the Council, ONAP and other important agencies of the federal government with a summary of the scientific information that supports the need for these important programs. This would be an important first step in fulfilling the Administration's commitment to assist communities that want to institute these programs locally.

Our second recommendation relates to prevention. Despite the new therapies and the efforts to find a vaccinee, a cure is not in sight, and preventing new infections is the only real answer. This problem is especially critical for African Americans and other people of color, where the severe and ongoing HIV health crisis has created a public health emergency.

One reason why stemming the tide of new infections has been so elusive is the fact that so many people living with HIV do not know it. As a person who has thrived for the past 17 years despite the fact that I am living with HIV, I understand the importance of knowing one's status. It has offered me the opportunity to seek treatment for HIV early, an it has made me

more aware of protecting myself and others from HIV infection.

That is why your Council is recommending that the White House Office of National AIDS Policy be directed to undertake a bold national media campaign to promote voluntary HIV testing.

We are very excited about this recommendation. The CDC has begun to develop a strategy to determine how to get the message to young people at risk for HIV infection. With the leadership of the White House, a campaign modeled on ONDCP's National Youth Anti-Drug Media Campaign would raise awareness about the continuing threat that HIV poses, while lessening the stigma of testing. Since the media messages can be targeted to populations at risk, it will encourage those individuals to seek testing.

Our recommendation is that ONAP work with the CDC and national advertisers and media concerns to develop this public–private partnership. We think this is the kind of effort consistent with your legacy of an activist government that leverages private sector resources to achieve important national goals. It would also enhance your commitment to ending racial and ethnic disparities in health.

Finally, we think this campaign will demonstrate important leadership on a central and sometimes controversial issue. Some members of Congress and others in the community have called for misguided measures such as mandatory HIV testing, and mandatory contact tracing and mandatory partner notification. Like us, they are concerned that too many people living with HIV don't know it and are at risk of unknowingly infecting others. The proposed campaign will demonstrate your Administration's sound public health approach to this challenge.

Mr. President, we hope you will seriously consider undertaking this campaign.