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[Issues] - Needle Exchange [1]

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001. table	re: Needle exchange (Personal) [partial] (1 page)	00/00/0000	b(6)

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FOLDER TITLE:

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RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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POSITIVE ACTION NETWORK

April 1, 1998

Donna Drops the Ball on Needle Exchange!

The six-month moratorium imposed against the use of federal funding for Needle Exchange programs ended yesterday. Secretary of Health and Human Services (HHS) Donna Shalala had the opportunity to do her job and lift the ban, but once again she failed to take action. She was busy doing something else.

Was Secretary Shalala calling the White House to announce her decision? No, she was not. Was she busy answering the avalanche of calls our previous Action Alert generated? No. Was she toiling at her desk developing the funding criteria and drafting the statement that would lift the ban? No, she wasn't doing that either.

Secretary Shalala was in Baltimore throwing out the first pitch at an Orioles game!

That's right. While 33 more American men, women, and children were becoming infected with HIV from contaminated injection equipment, the Secretary of HHS was playing baseball under a brilliant spring sky. Although the details are sketchy, one can only assume she throw a curve ball, just like the ones she has been throwing to the HIV community ever since the issue of needle exchange landed in her lap.

It's time for people living with and at risk for HIV to cry "*foul ball*" and start playing **HARD BALL!**

ACTION:

1. **Call Secretary Shalala at 202-690-7694.** Demand that she lift the ban on federal funding for needle exchange programs. Continued inaction on this critical HIV intervention strategy guarantees new infections. ***Remind the Secretary that failing to act equals complicity AND responsibility.*** (If her number is busy, call the general HHS phone line at 202-690-7000.)
2. **Fax Secretary Shalala at 202-690-6166** any personal experiences with IDU-related HIV infection or with Needle Exchange programs. Demand that she follow the science and lift the ban.
3. **Circulate this Action Alert** to as many people as possible and have them contact Secretary Shalala too.

Don't stop calling! Don't stop faxing! Don't give an inch until the ban is lifted!

For more information, please call Jean-Michel Breville, Assoc. Dir. of Policy, at 202-898-0414 ext. 103

ACTION ALERT



PEOPLE OF COLOR AGAINST AIDS NETWORK

March 25, 1998

607 19th Avenue East, Seattle, WA 98112-4008

Main (206) 322-7061

FAX (206) 322-7204

POCAAN@aol.com

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Mr. President:

The staff and Board of People of Color Against AIDS Network (POCAAN) is writing you on behalf of the over 82,000 people of color in the state of Washington, for whom we provided with HIV/AIDS prevention, education and treatment information and support services in 1997. Our populations are very concerned about the lack of action of Secretary of Health and Human Services Donna Shalala around federal funding for needle exchange programs.

As you know, the President's Advisory Council on HIV/AIDS recently called on your administration to take immediate action to make federal funds available for needle exchange programs. Positive federal action is long overdue and desperately needed. Two of the most prominent scientific organizations, the Institutes of Medicine, and the National Institutes of Health, have concluded that needle exchange programs do not increase, and may, in fact, decrease drug use in the communities they serve. It is of particular concern to us the statistics that reflect the potential of increase of HIV infection to communities of color and women when needle exchange programs are not in place.

More than half of new HIV infections in America are attributed to injection drug users, many of whom pass the infection on to their partners and their children. In 1996, federal officials estimated that 85% of new AIDS cases among heterosexuals, and 66% of those among women, were linked to injection drug use. Of these, approximately half occurred among African Americans and nearly a quarter more among Hispanics Americans. Clearly, communities of color and women have been dramatically impacted by the twin epidemics of substance abuse and HIV/AIDS.

Throughout Washington state, however, the story is different. The estimated level of HIV infection among injection drug users in King County is less than 3%. This is attributed to the early implementation of needle exchange programs in our county. This success was initiated in Tacoma, and has since been duplicated in Everett, Olympia, Spokane, Vancouver and Yakima. Recognition of needle exchange programs as an effective HIV prevention tool and collaborative efforts by public health officials, policy makers and community advocates, has been the key to the success of these programs. Cities that have waited to set up needle exchange programs, particularly in the East Coast and the South, have infection rates among injection drug users as high as 30%. Clearly, Washington's state response was not only the right one from a public health perspective, but also from the humane and moral one. Fortunately, our state has allowed scientific arguments, rather than political rhetoric, shape our response to the AIDS epidemic. It is time for our federal government to do the same.

POCAAN' Board of Directors and its staff and clients have asked me to strongly ask for your swift support of federal funding for needle exchange programs. Thank you for your attention to this very important matter. We look forward to hearing from you regarding this request. Please contact me at 206-322-7061 ext. 203 if you would like some more information on how this decision would directly affect communities of color.

Sincerely,

Lupe M. Lopez
Executive Director

Needle exchange programs save valuable lives and money

There are two key questions surrounding the debate on needle exchange programs (news story, April 29; editorial, April 30): Do they decrease HIV infection? Do they increase drug use?

The Institute of Medicine, the U.S. General Accounting Office, the Secretary of Health and Human Services, and President Clinton have provided clear answers. Each has said that scientific research clearly shows needle exchange programs reduce HIV infection and do not increase drug use.

Opponents of needle exchange programs (where a clean, non-HIV-infected needle is traded, one-for-one, for a used, possibly HIV-infected needle) like to cite two studies conducted in Canada as "evidence" that they do not work. According to the authors of those studies, critics of needle exchange programs "misinterpreted our research."

The Canadian researchers stated in a column in the April 9 New York Times that, based on their research, needle exchange programs reduce the spread of HIV and do not increase drug use.

In fact, they also point out that Canadian "local government acted on our research by expanding needle exchanges and adding related [treatment] services." They went on to call upon the Clinton administration and Congress to "provide the same kind of leadership in the United States."

Many studies, conducted in the United States and internationally, have found no evidence that needle exchange programs encourage drug use. Clear findings from this extensive research are what led the president to state recently that "the weight of the medical research" shows that needle exchange programs reduce HIV infection and do not increase drug use.

The president's statement follows earlier endorsement of needle exchange programs by such national organizations as the American Public Health Association, the American Bar Association, the National Medical Association, the National Alliance of State and Territorial AIDS Directors, the National Association of County and City Health

In my opinion

Matthew Murguia

Officers, the U.S. Conference of Mayors, and the Congressional Black and Hispanic caucuses.

Each of these organizations believes that needle exchange programs are a useful tool, along with treatment, in fighting the spread of HIV.

More than 100 needle exchange programs operate in the U.S., including programs in Washington, D.C., Baltimore and soon in Prince George's County, Md. These programs are saving lives, not to mention the \$140,000 in lifetime health care costs for a person with HIV disease.

The Alexandria Task Force on HIV has responded to this compelling information by calling for a dialogue on needle exchange programs. In Alexandria, 192 individuals had contracted HIV directly through injection drug use (as of last December).

The state of Virginia reported 3,908 individuals with HIV or AIDS, of which 31 percent of the HIV cases and 28.5 percent of the AIDS cases were directly connected to injection drug use. The need for such programs is clear.

The first public health priority in combating HIV and drug abuse should be to get abusers into treatment so they can get the help they need to stop using illegal drugs and avoid HIV infection. However, substance abuse treatment slots are in short supply, and there are scant signs of increased government funding for these services.

Needle exchange programs, while not a perfect substitute for drug abuse treatment, nonetheless have been proven effective in reducing HIV infection among injection

drug users. The decision to support or oppose such programs therefore becomes deeply moral and ethical.

Exchanging dirty needles for clean ones no more sends a message of condoning drug use than providing health care coverage for people who smoke endorses smoking. Yes, illicit drug use is a crime and smoking is not, but both can have devastating consequences on individuals and society.

Needle exchange programs send a message to drug abusers that their lives are valued and that society wants to prevent further HIV infection so that, hopefully, drug users can obtain treatment and eventually get off of drugs.

Drug abuse is a crime, and it should stay that way. But it is also a moral crime not to help prevent individuals from getting a deadly disease when we know how.

Matthew Murguia of Alexandria serves as a citizen-at-large member of the Alexandria Task Force on AIDS. The views expressed here are his own.

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Cummings could have been sentenced to as much as 10 years in prison for voluntary manslaughter. Prosecutors said Cummings plotted-

Prince William Hospital spokesman Cynda Triple said the rapid arrival of patients from Dominum prompted the facility to invoke its disaster plan for the first time since 1996 when a group of schoolchildren fell ill at the Manassas Regional Airport. The plan, intended to handle situations in which an unusually large number of patients arrive, was activated Tuesday afternoon, she said.

5/14/98

Editorial Page

Sheriff Fred W. Scoralick
NSA President
Poughkeepsie, New York

A.N. "Bubby" Moser, Jr.
Executive Director
Alexandria, Virginia



NATIONAL SHERIFFS' ASSOCIATION

1450 DUKE STREET • ALEXANDRIA, VIRGINIA 22314-3490

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April 17, 1998

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The Honorable William J. Clinton
The President of the United States
The White House

Dear Mr. President:

I am writing today because the National Sheriffs' Association (NSA) is deeply concerned about recent proposals to use federal funds to distribute clean needles to drug abusers. The National Sheriffs' Association adamantly opposes the use of taxpayer funds for any needle exchange programs for drug addicts.

Federal authorities should not condone drug abuse. It is a criminal activity. Supplying drug abusers with clean needles under the guise of preventing infectious disease is ludicrous. Drug abuse is a disease and addicts require proper treatment, not the ability to sustain their addiction through needle exchange. Under a federally funded and approved needle exchange program, the government would send the message to thousands of abusers that using drugs is okay as long as you have a clean needle. This is contrary to the overall drug control strategy and is counter to the efforts of the War on Drugs. In our view, the proper federal role is prevention and treatment, not distribution of hypodermic needles for the injection of illegal drugs.

We look forward to working with you to resolve this issue and commend you for your efforts to reduce drug abuse in America.

Sincerely,

Fred W. Scoralick
Fred W. Scoralick
President

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April 17, 1998

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The President of the United States
The White House
Washington, D. C. 20500

Dear President Clinton:

It has come to my attention through the Washington D. C. media that there is a possibility you are in support of the "needle exchange program".

This letter is merely to inform you that the Major Cities Chiefs Association has taken a position against the needle exchange program for the reasons that it runs counter to our initiatives to prevent drug addiction and drug users treatment. We feel that a position of strong law enforcement, coupled with prevention and adequate treatment is the best approach to reduce drug use in America. We also feel that the needle exchange program sends mixed messages, not only to the youth, but to those who may be tempted to use drugs or are currently experimenting with drug use.

We also feel that there is insufficient data that could predict what long-term ramifications would come from the needle exchange programs.

Therefore, Mr. President, we respectfully request that you reconsider the position of supporting the needle exchange program, or at least postpone your decision until more discussion and/or additional consideration can be given.

Thank you for any consideration you may give this letter.

Sincerely,

RUBEN B. ORTEGA,
Chairman,
Major Cities Chiefs Association

APR 21 1998

Calgary, Canada
Montreal, Canada
Toronto, Canada

**STATEMENT BY CONGRESSWOMAN ELEANOR HOLMES NORTON
PROTESTING CONGRESSIONAL AND ADMINISTRATION REFUSAL TO ALLOW
NEEDLE EXCHANGE PROGRAMS
CONGRESSIONAL BLACK CAUCUS PRESS CONFERENCE**

APRIL 24, 1998

We, who are African American Members of Congress, we of the Congressional Black Caucus, have every reason to be angry--and we are. Many Americans most at risk for AIDS, disproportionately black and Hispanic, have been callously and needlessly condemned to death. The refusal to fund needle exchange programs is a death sentence because we now know for sure that needle exchange has extraordinary life saving effects. In barring needle exchange, the forces of ignorance and political expediency within the Congress and the administration have won--for now.

Those led by Barry McCaffrey, the drug czar, who has little to show for his futile efforts, have triumphed over HHS Secretary Donna Shalala and the entire medical and scientific community. Yet we now have conclusive evidence that the one-for-one exchange of clean for dirty needle can markedly reduce the runaway spread of AIDS among black and Hispanic men, women and children.

All the studies tell the same life saving story. Among them are six federally funded investigations including the National Academy of Sciences (1995), the Centers for Disease Control (1995) and the GAO (1993). Needle exchange programs reduce HIV infections by at least one third and risk behavior by 80 percent. These same studies show that needle exchange programs neither increase nor promote drug use.

In the face of this compelling evidence, General Barry McCaffney has used brutal tactics within the Administration to subvert a decision to fund needle exchange programs that he must have learned in wars with real enemies. We put him on notice that he has now made a new enemy. He has started a new war with us, and we intend to fight back. If all that the General can bring to his drug war is the frenetic effort he has waged to stop what works, he should resign. I call for his resignation both because he has been ineffective in quelling the upsurge of deadly drugs and because his death dealing battle against needle exchange, steeped in ignorance, must not be tolerated in a federal official.

The AIDS epidemic among African Americans is one of the reasons the Congressional Black Caucus has made the drug menace our top priority. AIDS is the leading killer of black and Latino men and women, ages 25 to 44. More than half these deaths are needle-related. More than one third of all AIDS cases are needle drug users, their partners, and kids. Two thirds of AIDS in women and 50 percent of AIDS in children come from needle or needle chain transmissions. When General McCaffrey declares war on needles, the prisoners he takes are

people of color. The lives he sacrifices are the lives of people we represent.

Nor do we come only out of compassion. Needle drug users often are desperate people who prey upon people in communities where they live in order to finance their habits. We strongly believe they must be punished for crimes against the people we also represent. We know, however, that needle exchange programs offer the only way to reach many of these addicts and to get them into treatment. We also believe that needle exchange should not be done in isolation but that needle exchange should be part of comprehensive programs that include prevention and treatment.

The "compromise" to allow needle exchange with no funding is a sham and an insult. More than 50 cities already are using needle exchange. They do not need permission. They need help. It is the vital federal funding that is missing. Here in the nation's capital the Whitman Walker Clinic and other private efforts were exchanging 4,000 needles a week in 1997. Even during its financial crisis the city decided that \$200,000 in funding annually at 10 cents a needle was minuscule compared with \$120,000, the average lifetime cost of care for HIV infected/AIDS individual.

We will not stand for demagoging an issue of life and death for our community, whether from within the administration or on the floor of Congress. We know whose lives are at stake when needles are forbidden. AIDS is increasing more rapidly among drug users than any other group, and blacks are four times more likely to die from needle-injected AIDS than from a drug overdose.

General McCaffrey complained that needle exchange sends the wrong message. We get his "drop dead" message to our community loud and clear. Unless he is willing to reconsider and acknowledge the overwhelming scientific evidence, I hope he gets my message to leave the administration and take his destructive tactics with him. We call upon the President to respond to the evidence and save lives. We call upon the administration to respond to the American people, two thirds of whom support needle exchange.

The law says that needle exchange is barred unless the HHS Secretary "determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs." That condition has been more than met.

MAXINE WATERSMEMBER OF CONGRESS
35TH DISTRICT, CALIFORNIA

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FAX (213) 757-9506For Immediate Release
April 24, 1998Contact:
Donna Crews
202-225-2201**STATEMENT BY REP. MAXINE WATERS**
OPPOSING NEEDLE EXCHANGE FUNDING DECISION
April 24, 1998

I was shocked by the announcement earlier this week that the Clinton Administration will not lift the ban on the use of federal funding for needle exchange. In making this decision they have chosen to put politics ahead of science and sound public policy.

The Congressional Black Caucus calls on the President to reverse this wrongheaded decision.

It is inconceivable to me how the Administration can justify this decision after making a finding that needle exchange is effective in decreasing the incidence of HIV and does not encourage drug use.

It is a tragedy to decide to continue the ban of the use of federal funds for needle exchange programs.

And it is tragedy that means our communities will continue to suffer the devastating consequences of this misguided policy.

The statistics speak for themselves:

- * 33 Americans are infected each day with AIDS because of injection drug use.

- * AIDS infection through IV drug use is a major problem: tainted needles account for 75% of all new AIDS infections among women and children, and for 40% of new AIDS infections overall.

- * This decision is particularly devastating to the African American and minority communities.

- * Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of the total cases in women. This is compared to 9% for white men and 43% of white women.

* As we all know minorities are disproportionately affected by HIV/AIDS. While overall AIDS deaths have declined, AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44. And today's newspapers report the rate of new HIV infection continues unabated.

The Congressional Black Caucus is committed to fighting the scourge of HIV/AIDS and drugs. We absolutely see no contradiction between supporting needle exchange and working to rid drugs from our communities. We are serious about our job and willing to take the steps necessary to really deal with the challenges we face.

What particularly disgusts me about the Administration's decision is, according to press reports, the Administration was going to announce a lifting of the funding ban up to the last minute.

But the political heat was apparently too much for the White House. It is bad enough that the Republicans exerted political pressure on the White House not to lift the ban. But it is outrageous that the Drug Czar, General Barry McCaffrey, undermined the original Administration position.

His contention that federal support for needle exchange would undermine the war on drugs is ridiculous. Evidently he is afraid that the Administration can be attacked for not being tough enough against drug trafficking and cutting drug addiction.

If the Drug Czar had embraced the approach of the Congressional Black Caucus in our all out fight against the scourge of drugs, he would have nothing to fear and wouldn't be making life and death decisions based on political considerations. There is not one Republican in the House who would dare call me or the Congressional Black Caucus soft on drugs.

The Congressional Black Caucus put the fight against the scourge of drugs as our number one priority. For a year and a half Members of the CBC have attended every meeting, testified in front of every committee, spoken at every rally that targeted drug harm reduction and attacking the drug trade. We joined with the Republicans in fighting for the Drug Free Communities Act, because I would join any Member who was serious in fighting drug addiction and drug trafficking. For the Members of the Congressional Black Caucus, there is no cause more important.

I cannot say that I am happy with Barry McCaffrey in my year and a half as Chair of the CBC. I have tried very hard to work with the Drug Czar, but I have found him to be contradictory, dictatorial, and limited in his understanding of this problem. And unfortunately, he completely lacks the ability to listen.

The Drug Czar's skirmish on drugs has done precious little to seriously address the needs of our communities. We found little help last year in fighting for crucial programs to fund drug courts, drug treatment programs, and the kind of prevention programs that target low-income and minority communities. The Drug Czar and White House refused to address our call to fight drug trafficking in our trade treaties during the fast track debate. This shameful refusal to fund needle exchange comes in this context.

The Members of the Congressional Black Caucus will join all those who continue to speak out about this issue. We call on the President to take immediate action to prevent the unnecessary loss of lives. This is a shameful decision and should be reversed.

until it's over
AIDS ACTION

FAX TRANSMISSION COVER SHEET

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Albert Wynn, MD - '93
Bennie G. Thompson, MS - '93
Chaka Fattah, PA - '95
Sheila Jackson Lee, TX - '95
Jesse Jackson, Jr., IL - '95
Juanita Millender-McDonald, CA - '96
Elijah Cummings, MD - '96
Julia M. Carson, IN - '97
Donna Christian-Green, VI - '97
Danny K. Davis, IL - '97
Harold E. Ford, Jr., TN - '97
Carolyn Kilpatrick, MI - '97

U.S. Senate

Carol Moseley-Braun, IL - '93

Congressional Black Caucus

Congress of the United States

2344 Rayburn Building • Washington, DC 20515 • (202) 225-2201

April 24, 1998

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton:

As Members of the Congressional Black Caucus, we write you to convey our deep disappointment in your decision to maintain the ban on the use of federal funding for needle exchange programs. This decision flies in the face of scientific proof that needle exchange programs reduce the transmission of HIV without encouraging drug use. To confirm what many of the major public health institutions have found, including the NIH, and then turn around and continue to deny desperately needed funding to localities is shameful. We ask you to reconsider your position.

The reality is that African American, and other minorities, will suffer most from this decision. Minorities are disproportionately affected by HIV/AIDS. While the number of overall AIDS deaths has declined, AIDS is still the number one killer of African Americans and Latinos between the ages of 24 and 55 years of age. Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of total cases in women.

As you know, freeing our families and communities from drugs is a top priority of the Congressional Black Caucus. The African American community has suffered greatly from the scourge of drugs. Needle exchange programs do not encourage drug

use, and in fact, these programs often provide direct linkages to drug treatment and counseling as well as medical services. We believe General Barry McCaffrey is wrong in his belief that funding needle exchange programs would send the wrong message about the Administration's commitment to fighting drugs. It reflects his lack of understanding of the fight against drugs in our communities.

We understand that this issue is very contentious and that your decision to lift the ban on the use of federal dollars for needle exchange would have invited criticism. But it is our strongly felt position that there are times that difficult positions must be taken in order to provide leadership on the critical issues we face.

Sincerely,

Melanie Waters Melanie Waters

Dannys Davis Dannys Davis

Earl S. Hilliard Gregory W. Meek

Tom Hill

Philly Jackson Zee

Carolyn C. Kipstad

Will L. Hixson

Tom Jefferson

Corrine Brown

Carrie P Meek

B. Myself

Elmer Norton

James L. Hester

James M. C. Brown

Earl J. Hilliard

THE TARRANCE GROUP *Lake Sosin Snell & Associates*

Date: April 29, 1997

To: The Human Rights Campaign

From: Lori Gudermuth
The Tarrance Group (R)

Celinda Lake, Jennifer Sosin and Dana Stanley
Lake Sosin Snell & Associates (D)

Re: **AMERICANS SUPPORT NEEDLE EXCHANGE**

A new national poll by the Tarrance Group (R) and Lake Sosin Snell & Associates (D) shows that a majority (55%) of the American public favors needle exchange programs:

Some local communities have adopted "needle exchange" programs as a way to curb the spread of AIDS and HIV. "Needle exchange" programs allow drug users to trade in USED needles for CLEAN needles. Generally speaking, do you FAVOR or OPPOSE these kinds of "needle exchange" programs?

[FOLLOW-UP:] Is that STRONGLY (favor/oppose), or SOMEWHAT (favor/oppose)?

<i>strongly favor</i>	32	55
<i>somewhat favor</i>	23	
<i>somewhat oppose</i>	9	
<i>strongly oppose</i>	29	37
<i>(don't know)</i>	8	

Republicans are split evenly on this issue (45% favor, 48% oppose, 7% don't know), and moderate-liberal Republicans favor needle exchange by 17 percentage points (57% favor, 40% oppose, 3% don't know). Strong majorities of both independents (58% favor, 33% oppose, 9% don't know) and Democrats (64% favor, 29% oppose, 7% don't know) are in favor. Needle exchange also finds support in every region of the country: 60%-32% in the Northeast, 49%-44% in the Midwest, 51%-40% in the South, and 64%-30% in the West.

This memorandum reports the findings from a national survey of 1,000 adults who indicated they are registered to vote, conducted April 8-10, 1997, by The Tarrance Group and Lake Sosin Snell & Associates. The overall margin of error is ± 3.1 percent.

201 NORTH UNION, SUITE 410
ALEXANDRIA, VA 22314
703/684-6688

1730 Rhode Island, Suite 400
Washington, DC 20036
202/778-9066

THE TARRANCE GROUP**Lake Sosin Snell & Associates**

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1730 Rhode Island, Suite 400
Washington, DC 20036
202/776-9066

News Release

EMBARGOED UNTIL:

9:00 a.m. E.T.

Tuesday, March 26, 1996

2400 SAND HILL ROAD

MENLO PARK

CALIFORNIA 94025



1 (800) 656-4KFF
 For further information contact:
 Matt James or
 Tina Hoff
 Tel 415 854-9400
 Fax 415 854-4800

AMERICANS SUPPORT STRONG MEASURES TO PREVENT SPREAD OF AIDS: INCLUDING SEX EDUCATION, CONDOMS IN THE SCHOOLS, CLEAN NEEDLES, AND MORE CONDOM ADS ON TV

Parents Most Worried About Spread of AIDS Among Youth; The Number One Thing Parents Say They Need Help With Is Talking With Children About AIDS Prevention

Washington, D.C. -- To help fight the spread of AIDS, Americans today support a range of sometimes controversial efforts -- more condom ads on television, depictions of safe sex in the entertainment media, providing condoms and AIDS education in the schools, distributing clean needles to IV drug users, among others -- according to the latest public knowledge and attitude survey by the Kaiser Family Foundation. Americans are also grappling with AIDS at home. The number one thing parents say they need is help talking with their children about AIDS prevention.

Virtually all Americans (95%) think AIDS information should be provided in the schools, including 69% who think children should start receiving AIDS education at the latest by age 12; seven out of ten Americans (72%) think the major television networks should accept condom advertisements; two-thirds (66%) favor providing clean needles to IV drug users; and 63% say there should be more references to condom use in movies and television. However, when asked whether they thought high schools should provide condoms or just information about AIDS to teens, Americans were almost evenly divided: 49% say just AIDS/HIV information and 46% say making condoms available should be the priority. Support for AIDS prevention measures persists across demographic groups.

Eight out of ten (77%) parents with children under 21 years of age say they are concerned about their child getting AIDS, including 53% who say they are very concerned. When asked about the information they want most about AIDS, five out of ten parents (49%) say they need more information about "what to discuss with children about prevention." Getting information about where to go for help if exposed to the AIDS virus was the number two information need, picked by 12% of parents.

As part of the Kaiser Family Foundation's AIDS Public Information Project, announced at a press conference today in Washington, D.C., the Kaiser Family Foundation has produced a guide for parents on how to talk with their children about AIDS/HIV. *Talking With Your Kids About AIDS* is available free-of-charge to parents and others through the Kaiser Family Foundation's publication request line at 1 (800) 656-4KFF. Ask for the AIDS Public Information Kit.

-- more --

WASHINGTON OFFICE: 1450 G STREET NW, SUITE 250 WASHINGTON, DC 20005 202 347-5270 FAX 202 347-5274

THE TARRANCE GROUP

Lake Sosin Snell & Associates

Date: April 29, 1997

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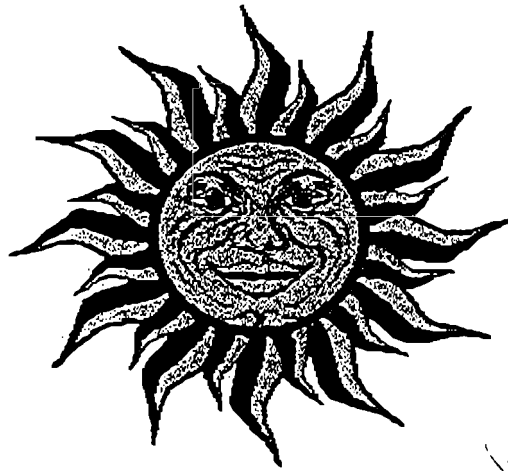
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202/776-9066

Mark Nickis*change to funding - enclosing*

Michael E. Iskowitz
 policy and strategy architect
 (202)265-1603
 (202)265-0672 (fax)
 MEIskowitz@aol.com

Name

Sandy dearest

Fax Number

Pages

encl + 5

Comments

Facts missed by the Exon -

- *Q & children will die*
- *only 1 in 10 in need of treatment can get it*
(hardest for ♀, particularly pregnant ♀)

"Whatever you can do, or dream you can, begin it. Boldness has genius, power, and magic in it." - GOETHE -

those who talk about treatment as a defense, really push for opps, jail - everything but treatment

*257
140*

10

YEARS

NATIONAL AIDS FUND

Leaders in the Fight Against AIDS.

FAX COVER SHEET

TO:	Sandy Thurman	
FAX:	456-2439	
FROM:	BJ Stiles	
DATE:	April 23, 1998	
RE:	Satellites	
TOTAL PAGES (INCLUDING COVER SHEET)		3

☐ URGENT☒ FOR REVIEW ONLY☐ PLEASE REPLY

COMMENTS:

FYI

2855-2447

Below is an outline of a proposed four part satellite session. Please forward to my office any and all information necessary in order to complete this request. My name and address are as follows: **Marsha A. Martin, D.S.W. Special Assistant to the Secretary**

**US Department of Health and Human Services
200 Independence Avenue, SW — Rm 605 F
Washington, D.C. 20120
1-202-690-5400 FAX 1-202-690-7098**

**ON-SITE SATELLITE SESSION: Hosted by US Department of Health and Human Services
GLOBAL LEADERSHIP NETWORK AND DIALOGUE ON HIV/AIDS AND WOMEN**

As we enter a new era in the HIV/AIDS epidemic, an era with new knowledge, new clinical strategies and interventions, renewed hope and new opportunities for care and treatment, the experiences of women living with HIV/AIDS must be a fully integrated part of the global HIV/AIDS agenda and response to the epidemic. This four part satellite session has as its goal the establishment of a formal network of individuals and organizations working with women infected and affected by HIV/AIDS. The Global Leadership Network and Dialogue will work with US and international HIV/AIDS organizations in order to provide a coordinated response.

Part I - 7:45 AM - 8:45 AM Tuesday June 30, 1998

Women and HIV/AIDS: An Update

Review and assessment of HIV (and other STDs) and TB incidence, prevalence, demographics and determinants of transmission and risk factors; impact on social well being and economic development will be presented

Part II - 7:45 AM - 8:45 AM Wednesday July 1, 1998

Women and HIV/AIDS: Public Health Interventions

Discussion of prevention strategies and messages; counseling and testing issues; identification (including definition) of continuum of care and treatment service

Part III - 7:45 AM - 8:45 AM Thursday July 2, 1998

Women and HIV/AIDS: Clinical Strategies and Community Interventions

Presentation and discussion of a broad range of clinical interventions and therapies specifically designed to treat women across the life cycle; community support systems will be highlighted

Part IV - 6:15 PM - 8:00 PM Thursday July 2, 1998

Women and HIV/AIDS: Building the Bridge over the Gap

Review, summary and planning session with recommendations for next steps

26/2/98 Marsha A Martin

April 16, 1998

12th World AIDS
Conference Center
June 28-July 3 1998

Marsha A. Martin, DSW
US Department of Health and Human Services
200 Independence Ave, SW, Rm 605F
Washington DC 20120
USA

Fax No. 001-202-690-7098

Dear Dr. Martin:

On behalf of the 12th World AIDS Conference, I am pleased to reconfirm that your proposed satellite programme entitled «Global Leadership Network and Dialogue on HIV/AIDS and Women» has been approved by the Executive Committee.

Your satellite is scheduled in four sessions. All sessions will be held at Palexpo in Room D in the Conference Center at the following times:

- 1) «Women and HIV/AIDS : An Update » on Tuesday, June 30 from 07 :45 until 08 :45;
- 2) «Women and HIV/AIDS : Public Health Interventions » on Wednesday, July 1 from 07 :45 until 08 :45 ;
- 3) «Women and HIV/AIDS : Clinical Strategies and Community Interventions » on Thursday, July 2 from 07 :45 until 08 :45 ; and
- 4) «Women and HIV/AIDS : Building the Bridge over the Gap » on Thursday, July 2 from 18 :30 until 20 :00.

Benefits of approved satellites include a listing in the Conference's *Advance Programme* and the *Conference Workbook*. The Conference will grant rights to the US Department of Health and Human Services to use the official Conference Logo for the sole purpose of advertising the satellite.

Your contact for further information pertaining to logistics is Alexandra Glauser at Congrax tel: (41) 22 761-16-57 ; fax : (41) 22 761-16-64.

The Conference welcomes the inclusion of your satellite as a complement to the official programme, and looks forward to your participation.

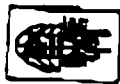
Sincerely,

Carole Leach-Lemans

Carole Leach-Lemans
External Relations Manager

Cc : Anette Lifors, Congrax

12th World AIDS Conference, 84 rue des Eaux-Vives, CH-1209 Geneva, Switzerland
Phone: (41 22) 737 33 44 Fax: (41 99) 700 36 11 E-mail: info@aidc98.ch



Below is an outline of a proposed four part satellite session. Please forward to my office any and all information necessary in order to complete this request. My name and address are as follows: **Marsha A. Martin, D.S.W. Special Assistant to the Secretary**

**US Department of Health and Human Services
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Washington, D.C. 20120
1-202-690-5400 FAX 1-202-690-7098**

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— 8:45 AM - 9:45 AM Wednesday July 1, 1998

Author: "Hammond; Terry P." <tdh0@cdc.gov> at INTERNET

Date: 4/27/98 4:32 PM

Priority: Normal

CC: Deborah Von Zinkernagel at -OPHS_DC

TO: "de Peyster; Frances L." <fldl@cdc.gov> at INTERNET

CC: "Ward; John" <jww4@cdc.gov> at INTERNET,

"Fleming; Patricia" <plfl@cdc.gov> at INTERNET,

"Gayle; Helene D. (Temp. Abidjan)" <hdg@cdc.gov> at INTERNET, "Margolies-Seiler; Eva Z"

<eaml@cdc.gov> at INTERNET

CC: "Golan; Kay" <ksg0@cdc.gov> at INTERNET, "de Peyster; Frances L."

<fldl@cdc.gov> at INTERNET

Subject: RE: Sandy Thurman is requesting help on a Q&A regarding inje

Francie:

We will forward your request to the author of the article for an official response---but in general, there are so many things wrong with that statement, I don't know where to start.

First, the 6% refers to the percentage of HIV diagnoses among only 13-to-24 year-olds that are directly related to injecting drug use, not to all adults and adolescents. The correct percentage related directly to IDU overall was 18%. → Sandy, Rob Tanssen says there is a big % of cases as

Second, this report represents HIV diagnoses, not HIV incidence (or new infections), so you cannot compare these numbers to the estimates for incidence. Just because someone is diagnosed with HIV this year does not mean they were infected this year.

Third, the estimate of 1/2 of new infections refers to IDU, their sexual partners, and their children---not to IDU alone.

Fourth, this study only includes the 25 states with HIV reporting, so we know it grossly underrepresents the number of HIV diagnoses nationally.

Moreover, people not yet tested in a confidential test site would not be included in these figures at all.

So, the answer is you can't compare this study to the estimated HIV incidence in the U.S. population.

Pat and John--- please let Francie know if you concur with this response--- or provide more accurate/precise language. Thanks.

> -----Original Message-----

> From: Nunnally, Tammy

> Sent: Monday, April 27, 1998 4:15 PM

> To: Hammond, Terry P.

> Subject: FW: Sandy Thurman is requesting help on a Q&A regarding injection drug users and recent CDC HIV Surveillance data

>

>

> -----Original Message-----

> From: de Peyster, Frances L.

> Sent: Monday, April 27, 1998 4:13 PM

> To: Nunnally, Tammy

> Subject: FW: Sandy Thurman is requesting help on a Q&A regarding injection drug users and recent CDC H

>

>

>

NIR = no identified risk. The HIV Surveillance system is a passive system, often lab-based, that requires leg work to go back to IDs + determine risk categories. So, HIV reporting systems can't be accurately used to assess trends among transmission risk categories. I will get a more sophisticated answer tomorrow.

- D

Doccor

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the Secretary**

**Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201**

APR 20 1998

MEMORANDUM TO THE SECRETARY**SUBJECT: Review of Scientific Data on Needle Exchange Programs**

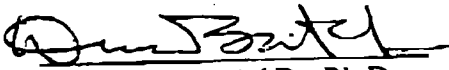
At your request, we have reviewed the scientific studies on the effectiveness of syringe and needle exchange programs. Attached is our review. It includes:

- o Appendix A: The Department's February 1997 Report to Congress
- o Appendix B: Recent data analysis completed since February 1997
- o Appendix C: Summary document reviewing the scientific literature by outcome measures of interest
- o Appendix D: Data summary specifically addressing the criteria established by Congress as conditions for federal funding for needle exchange programs

After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs. In addition, when properly structured, needle exchange programs can provide a unique opportunity for communities to reach out to the active drug injecting population and provide for the referral and retention of individuals in local drug treatment and counseling programs and other important health services.

Therefore, based on the scientific data, we strongly recommend that you certify that needle exchange programs are effective in reducing the transmission of HIV and do not encourage the use of illegal drugs.

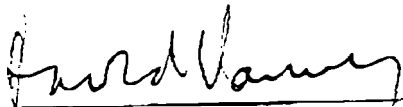
Page 2 - The Secretary



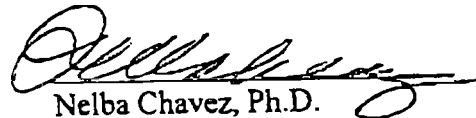
David Satcher, M.D., Ph.D.
Assistant Secretary for Health
Surgeon General



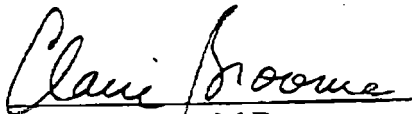
Margaret Hamburg, M.D.
Assistant Secretary for
Planning and Evaluation



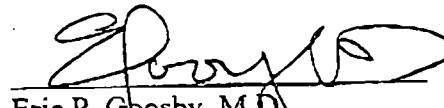
Harold Varmus, M.D.
Director
National Institutes of Health



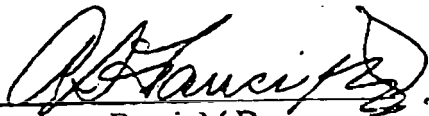
Nelba Chavez, Ph.D.
Administrator
Substance Abuse and Mental Health
Services Administration



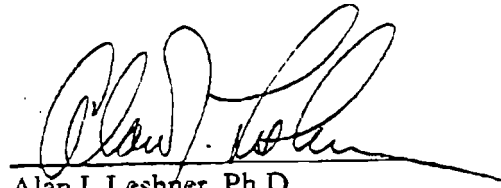
Claire Broome, M.D.
Acting Director
Centers for Disease Control and Prevention



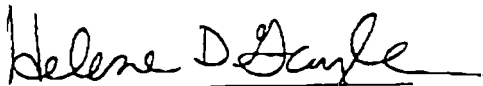
Eric P. Goosby, M.D.
Director
Office of HIV/AIDS Policy



Anthony Fauci, M.D.
Director
National Institute of Allergy and
Infectious Diseases



Alan I. Leshner, Ph.D.
Director
National Institute on Drug Abuse



Helene Gayle, M.D., M.P.H.
Director
National Center for HIV, STD and
TB Prevention, CDC

APR. 23. 1998 11:56AM
MR. WICKER WICKER.011

NO. 892 P. 3/6

002

HLC

105TH CONGRESS
2D SESSION

H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Mr. WICKER (for himself, Mr. HASTERT, Mr. BARR of Georgia, and Mr. DELAY) introduced the following bill; which was referred to the Committee on _____

A BILL

To establish a prohibition regarding illegal drugs and the distribution of hypodermic needles.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

April 22, 1998

APR. 23. 1998 11:57AM MICHAEL ISKOWITZ (WICKER.011)

NO. 892 P. 4/6

003

2

1 **SECTION 1. PROHIBITION REGARDING ILLEGAL DRUGS**
2 **AND DISTRIBUTION OF HYPODERMIC NEE-**
3 **DLES.**

4 Part B of title II of the Public Health Service Act
5 (42 U.S.C. 238 et seq.) is amended by adding at the end
6 the following section:

7 **"PROHIBITION REGARDING ILLEGAL DRUGS AND**
8 **DISTRIBUTION OF HYPODERMIC NEEDLES**

9 **"SEC. 247. Notwithstanding any other provision of**
10 **law, none of the amounts made available under any Fed-**
11 **eral law for any fiscal year may be expended, directly or**
12 **indirectly, to carry out any program of distributing sterile**
13 **needles or syringes for the hypodermic injection of any ille-**
14 **gal drug."**

15 **SEC. 2. CONFORMING AMENDMENT.**

16 **Section 506 of Public Law 105-78 is repealed.**

April 22, 1998

APR. 23. 1998 11:57AM

NO. 892 P. 5/6

004



NEWS

From U.S. Congressman

ROGER WICKER

205 CANNON HOUSE OFFICE BUILDING • WASHINGTON, D.C. 20615 • (202) 225-4306

IMMEDIATE RELEASE

**REP. WICKER SAYS BILL WILL IMPOSE PERMANENT BAN
ON FEDERAL FUNDING FOR NEEDLE EXCHANGE PROGRAMS**
Restricting legislation introduced Wednesday

WASHINGTON, DC--U. S. Rep. Roger F. Wicker (R-Miss.) joined with three House colleagues to introduce legislation to permanently ban federal funding of needle exchange programs for drug addicts.

The bill was prompted by statements made Monday by Health and Human Services Secretary Donna Shalala. The Secretary did not immediately lift the moratorium on federal support for needle exchanges, but she endorsed the activity as an effective means of drug treatment. Secretary Shalala retains the authority to release federal funds if evidence shows the practice does not increase drug usage or the spread of AIDS.

The legislation would permanently prevent federal funding for this program in the future, Rep. Wicker said. He was joined by Reps. Tom Delay (R-TX), J. Dennis Hastert (R-Ill.) and Rep. Bob Barr (R-GA). The legislation reads: "None of the amounts made available under any federal law for any fiscal year may be expended directly or indirectly to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

Wicker is one of the authors of the current Congressional ban and a member of the Speaker's Task Force on a Drug-Free America. "This should not be a partisan issue. Our leaders in Washington should be speaking with a clear, unified voice and the message should be that illegal drug use is wrong. Allowing federal tax dollars to be spent for needle exchanges undermines that message," he said.

"I asked Drug Czar Barry McCaffrey about this issue at a recent hearing on Capitol Hill. He said he was 'unpersuaded' by claims from needle exchange advocates that this is an effective method of drug treatment and he said further study was needed," Rep. Wicker said.

APR. 23. 1998 11:57AM

NO. 892 P. 6/6

003

Needle exchange programs put communities at risk for increased criminal behavior by drug addicts, and could expose children and the general population to accidental contact with discarded needles on playgrounds, parks, and other public use areas, he said.

"This Administration says it is interested in the health and well-being of our children, yet its message to the nation on needle exchange puts children in peril. I worry that Secretary Shalala's endorsement of the program could encourage teenage drug users to continue on a path toward long-term addiction. The last thing we should be doing for at-risk 16 and 17 year-olds is giving them free needles."

4/22/98

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the Secretary**

**Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201**

APR 20 1998

MEMORANDUM TO THE SECRETARY**SUBJECT: Review of Scientific Data on Needle Exchange Programs**

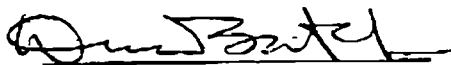
At your request, we have reviewed the scientific studies on the effectiveness of syringe and needle exchange programs. Attached is our review. It includes:

- o Appendix A: The Department's February 1997 Report to Congress
- o Appendix B: Recent data analysis completed since February 1997
- o Appendix C: Summary document reviewing the scientific literature by outcome measures of interest
- o Appendix D: Data summary specifically addressing the criteria established by Congress as conditions for federal funding for needle exchange programs

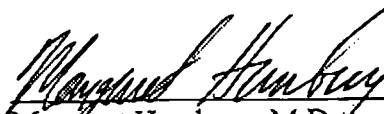
After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs. In addition, when properly structured, needle exchange programs can provide a unique opportunity for communities to reach out to the active drug injecting population and provide for the referral and retention of individuals in local drug treatment and counseling programs and other important health services.

Therefore, based on the scientific data, we strongly recommend that you certify that needle exchange programs are effective in reducing the transmission of HIV and do not encourage the use of illegal drugs.

Page 2 - The Secretary



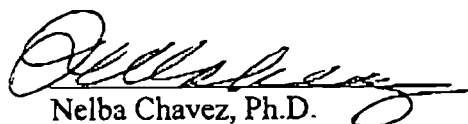
David Satcher, M.D., Ph.D.
Assistant Secretary for Health
Surgeon General



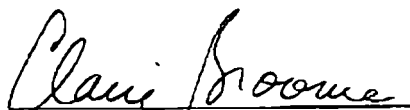
Margaret Hamburg, M.D.
Assistant Secretary for
Planning and Evaluation



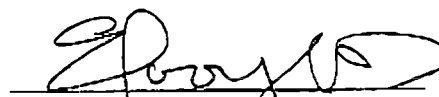
Harold Varmus, M.D.
Director
National Institutes of Health



Nelba Chavez, Ph.D.
Administrator
Substance Abuse and Mental Health
Services Administration



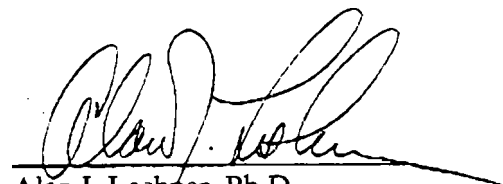
Claire Broome, M.D.
Acting Director
Centers for Disease Control and Prevention



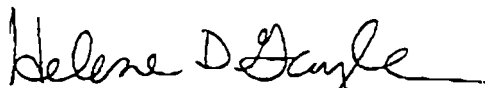
Eric P. Goosby, M.D.
Director
Office of HIV/AIDS Policy



Anthony Fauci, M.D.
Director
National Institute of Allergy and
Infectious Diseases



Alan I. Leshner, Ph.D.
Director
National Institute on Drug Abuse



Helene Gayle, M.D., M.P.H.
Director
National Center for HIV, STD and
TB Prevention, CDC

CRITERIA	ESTIMATE OF ELIGIBLE PROGRAMS
Currently Operating Needle Exchange Programs	110-120 programs
Articulated by Congress - A program for preventing HIV transmission is operating in the community; - The State or local health office has determined that an exchange project is likely to be an effective component of such a prevention program; - The exchange project provides referrals for treatment of drug abuse and for other appropriate health and social services; - Such project provides information on reducing the risk of transmission of HIV; - The project complies with established standards for the disposal of hazardous medical waste; and - The State or local health officer agrees that, as needs are identified by the Secretary, the officer will collaborate with federally supported programs of research and evaluation that relate to exchange projects.	90-100 programs <i>NB: Only six cities receive HIV prevention funding directly; the remainder would have to go through State authorities for approval</i>
Additional Criteria Under Consideration programs must comply with State and local legal requirements or waivers	50-60 programs
States or localities requesting reprogramming of FY98 funds must be those most severely impacted by injection drug-related AIDS in families and children (over 25% of most recent total AIDS cases related to injection drug use)	10-15 programs <i>(estimated number of States or localities that are likely to complete a reprogramming process during FY98)</i>

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Ten Reasons To Allow Federal Funding for Needle Exchange

It saves lives

Cost effective

Science supports it

All leading public health associations support it

Public supports it

Cost effective

Press supports it

Critical impact on racial disparity in AIDS epidemic

Pathway to drug treatment and medical care for hard-core users

Notwithstanding any other provision of this Act, no funds appropriated under this Act may be used to carry out any program of distributing sterile needle for the hypodermic injection of any illegal drugs unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

Further, should the Secretary make such a determination, no funds appropriated under this Act may be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drugs unless the chief public health officer of the State or of the political subdivision proposing to use Federal funds for such a program determines that such an expenditure is a necessary component of the comprehensive HIV prevention plan for the jurisdiction and that entities expending funds for this activity provide referrals for the treatment of intravenous drug abuse and for other appropriate health and social services.

FOLLOW-UP TO NEEDLE EXCHANGE DECISION

This provides a list of options to address concerns raised as a result of the needle exchange decision.

Reinforce the Administration's Commitment to Prevention

- Increase funding for HIV prevention at CDC, which received no increase in the FY99 budget (except for a \$5 million earmark from the \$30 race and health line at CDC) - amended budget request? supplemental?
- Increase funding for drug treatment - amended budget request? supplemental?
- Publish scientific report provided to Secretary
- ONAP creates public-private partnership to help support local NEPs

Tell AIDS advocates that HHS scientists will be able to support needle exchange

- NIH and CDC scientists can provide technical support as local communities make decisions about needle exchange
- HHS can prepare technical assistance capacity, materials, and peer support for needle exchange programs (particularly to help them integrate with drug treatment and other health care service providers)

Move the focus of attention to more productive areas

- Radio address or event to coincide with the anniversary of the President's HIV vaccine announcement (May 18)
- Find events related to other issues

Support retention of Secretary's authority to lift ban

Needle Exchange Talking Points

Strong scientific evidence makes clear that needle exchange programs reduce the transmission of HIV and do not encourage drug use.

Dr. Harold Varmus, director of the National Institutes of Health (NIH), has sent a report to Secretary Shalala which analyzes all of the available data on needle exchange. His report, supported by Dr. Satcher, Dr. Fauci, and others concludes that needle exchange programs are effective in reducing the spread of HIV without increasing illegal drug use.

The review by Dr. Varmus reaffirms similar conclusions drawn by the American Medical Association, the Academy of Pediatrics, the Association of State Health Officials, the National Academy of Sciences, the Institute of Medicine, and a host of other medical and public health organizations.

The Department's action does not create a national needle exchange program. It simply allows state and local health departments to employ this HIV prevention strategy -- if they so chose.

All states, and a few major cities (8), receive federal funding for HIV prevention programs. The federal government does not dictate the nature of these programs. Each one is different and all are designed to meet the particular needs of the state or locality. States or localities with a high incidence of HIV resulting from drug use are the areas most likely to consider making needle exchange one component of a comprehensive HIV prevention effort.

There is no new money that accompanies this announcement.

Drug treatment remains our most effective weapon in the battle against drug use.

Needle exchange programs should never be thought of as a substitute for drug treatment -- they are nothing of the sort. However, unfortunately less than 1/3 of IV drug users are currently receiving the treatment they need. Needle exchange programs can help to keep drugs users and their families HIV free until they enter treatment. In accordance with criteria established by the Secretary of HHS, and the Congress, no needle exchange program will be authorized to use federal funds unless they are linked to drug treatment opportunities.

Women and children are hardest hit by the twin epidemics of AIDS and drugs, and will receive a special focus from those who chose to implement needle exchange programs.

MEMORANDUM

To: Bruce Reed
From: Sandy Thurman
Date: February 18, 1998
Re: Needle Exchange

In light of the fact that we are having a deputies meeting on needle exchange I thought I might give you an update.

Hill Action Since Congress Reconvened: Since the Congress returned to Washington, there have been a few interesting developments on the issue of needle exchange that merit mentioning.

(1). Many have worried for quite some time that the issue of needle exchange would complicate the confirmation of Dr. Satcher. While Senator Ashcroft did mention needle exchange briefly on the Senate floor, it seemed fairly clear that the issue did not resonate with other Members, the press, or the public. It did not take Ashcroft long to drop discussion of needle exchange in favor of the ethics of the AZT trials in Africa. Thankfully Dr. Satcher has now been confirmed.

(2). The Health Subcommittee of the House Commerce Committee held a hearing last week on HIV prevention. During the hearing, Dr. Coburn asked a panel of his witnesses (the World Health Organization and county, city, and state health officials) if they believed that needle exchange was an effective public health strategy. They initially commented that they had been asked to testify on the issues of HIV testing and reporting, not needle exchange. However, when he pushed them to answer -- they all stated that scientific evidence had demonstrated that needle exchange programs are effective. This was particularly interesting given that these health officials were chosen by Coburn because "they are independent thinkers who are not in the pocket of the AIDS community". In fact, these witnesses disagree with the community on issues of testing and reporting.

(3). Secretary Shalala received a letter (February 9) from the Chairs on the Congressional Black and Hispanic Caucuses calling on her to "make an immediate determination" on the efficacy of needle exchange programs given the "ample scientific data". The letter also states that "33 American men, women, and children are infected by HIV each day that would not be" -- if needle exchanged programs were implemented -- a disproportionate number of whom are Black and Latino. [see attached letter]

(4). Over the past week, there has been an extensive back and forth between the Congressional Republican Leadership and the Administration on the topic of drugs, and, to our knowledge, the issue of needle exchange has not even been mentioned.

HHS: It is my understanding that Secretary Shalala is now prepared to certify that, after extensive analysis, scientific data demonstrates that needle exchange programs reduce the HIV transmission and do not encourage the use of drugs. The AIDS community believes that it was first

told by HHS that the strategy was to preserve the Secretary's authority and let the Congress get out of town. They were then told, to just wait until Dr. Satcher is confirmed. Having now done both -- they are again seeking clarity on the Secretary's strategy. If there is ever a "good time" for the Secretary to make such a determination -- I believe it might be sooner than later for several reasons.

(1). If she acts before the end of February, she could do so while Dr. Satcher is in South Africa and therefore prevent this from being perceived as his first official act.

(2). Given that the moratorium on funding extends through March 31st, acting sooner rather than later allows the Secretary to certify the science without changing the status of federal funding of needle exchange programs -- ie. If with the Secretary's certification, no funds could be used for needle exchange. This time before the moratorium lapses provides ample opportunity to gage public reaction, a trial balloon if you will. The White House could allow HHS to carry the water. The medical and public health groups could work with the Congress and the media in strong support of the Secretary's action. And at the end of the day, if the issue heats up (which seems unlikely) and Congress wants to extend the moratorium or ban federal funding -- we could then seek to reach a compromise or simply have an up or down vote. If we loose, at least it will be clear that the Administration followed the science -- and it was the Congress who played politics with public health.

(3). The President's Advisory Council on HIV and AIDS is due to return to Washington on March 15th. They too believe they were told to wait until the Congress left town for the Secretary to act, and then until after Dr. Satcher was confirmed. As you recall, at their last meeting a resolution was proposed calling for Secretary Shalala's resignation for not "following the science on needle exchange". We asked that the resolution be withdrawn. They agreed to table the consideration of the resolution until the March meeting to give the Secretary the additional time she needed. In addition, some members have threatened to resign from the Council if this issue has not been resolved. They will have extremely harsh words when they return.

ONDCP: I have heard that General McCaffrey gave the President a letter indicating his opposition to needle exchange when they were on their way to Philadelphia last week (I have been not yet seen a copy of the letter). While I am not convinced that the letter was given in the spirit of fostering open an honest debate based on the merits of the science, I feel certain the Dr. Varmus and Secretary Shalala are more than capable of adequately countering his arguments or addressing any concerns that the General might have expressed.

Press: There continues to be quite a bit of press interest in needle exchange. The Lancet recently published an editorial in favor of needle exchange. That means that now *every* major science and medical publication *and* every major science and medical organization supports needle exchange. Our insistence that we are continuing to analyze and collect data makes us appear

TALKING POINTS ON NEEDLE EXCHANGE

Q: What does the Administration plan to do about lifting the ban on federal funding of needle exchange programs?

A: We firmly believe that we must do everything possible to address the twin epidemics of HIV and substance abuse. We have overwhelming evidence that needle exchange programs reduce the rate of HIV transmission. However, there is still considerable discussion with regard to their impact on drug use. The Administration has been consistent in its belief that any decision on federal involvement in needle exchange programs must be based on science, not politics or public opinion. We are continuing to work with Congress, the research community, and AIDS advocacy groups to protect the waiver authority of Secretary Shalala to decide this issue on the basis of public health.

Q: Do you believe local communities ought to be able to spend federal money for needle exchange programs to help prevent the spread of AIDS?

A: Many local communities and some states have chosen to support needle exchange programs as one component of a broader HIV prevention strategy. As you know, the Congress has restricted the use of federal funds to support needle exchange until the data is clear that it reduces the spread of HIV without increasing injection drug use.

HHS has been carefully reviewing the data on this. Although this review is yet ongoing, I understand the body of evidence is growing in support of needle exchange as a useful prevention strategy. We must continue to work with both the public health leadership and our colleagues in Congress to ensure their support for effective HIV prevention strategies.

TALKING POINTS ON NEEDLE EXCHANGE

Injection drug use plays a major role in continuing the spread of the AIDS epidemic.

- 1/3 of all AIDS cases to date are associated with injection drug use
- injection drug use is the leading factor for current spread of the epidemic in the United States, including among women and children

The science supports the efficacy of needle exchange in reducing the transmission of HIV without promoting illegal drug use.

- there have been 3 major reviews (NIH, CDC, NAS) of over 100 programs
- these reviews report overwhelming evidence that needle exchange programs can have a positive impact on curbing the spread of HIV among users, their partners, and children
- found no evidence that needle exchange programs increase drug use by program participants or in the communities in which programs are located
- Yale University study, for example, estimated a 33 percent reduction in new HIV infections in the New Haven, Connecticut program

Local communities and public health officials should be supported if they decide to utilize needle exchange programs in AIDS prevention campaigns.

- needle exchange will be available to--not imposed upon--local communities as part of comprehensive HIV prevention strategies
- mayors and city councils, including those in Boston, San Francisco, New York, Los Angeles and New Haven, have approved needle exchange programs

Needle exchange programs will provide a pathway to medical and drug treatment as well as addiction recovery services.

- they should be closely linked to drug treatment, HIV counseling and testing, and prevention education
- the hope offered by the new AIDS treatments can be used as a powerful incentive to program users to get off and stay off illegal drugs

Needle exchange programs have been endorsed as a component of comprehensive HIV prevention strategies by numerous national organizations, including:

- American Medical Association
- National Association of County and City Health Officials
- American Public Health Association
- American Nurses Association
- Association of State and Territorial Health Officers
- National Alliance of State and Territorial AIDS Directors
- United States Conference of Mayors

Capsule quotation from report by Secretary Shalala to Congress:

“Needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them.”

*** Background Note**

I believe that the Administration and Congress should follow the science on needle exchange, which supports their use as part of a comprehensive HIV prevention strategy. However, neither Congress nor the Office of National Drug Control Policy are on the program at this point. A premature decision to lift the ban on the use of federal funds for needle exchange could be counterproductive at this point (as happened with the gays in the military and HIV immigration restriction issues). We need to do our homework with Congress and other members of the Administration for this to work.

BRIEFING PAPER ON NEEDLE EXCHANGE

Prepared for the Vice President

April 19, 1998

Current Status

Secretary Shalala, after consultation with the President this morning, has decided to complete the certifications required by Congress to release the restriction on federal funding for needle exchange programs. The Secretary will provide Congress with the certification and outline the criteria she will establish for any use of federal funds. This applies only to HIV prevention block grant funds going to States and 8 cities.

Criteria for Funding

HHS will build on the six criteria recommended by Congress in report language for the FY98 Labor/HHS appropriations bill, emphasizing areas most impacted by injection drug-related HIV/AIDS (particularly with women of childbearing age). In addition, HHS will require that any needle exchange programs must be consistent with state and local laws or waivers.

Roll-Out Strategy

HHS will provide confidential briefings to the press this evening, embargoed until tomorrow morning. A press conference will be held tomorrow morning, at which the Secretary will announce her intention to provide the necessary certifications to Congress and the conditions under which HHS will allow funds to be used. She will be joined by Dr. Varmus and other eminent scientists to underscore that the determination, as mandated by Congress, has been based on the science. Her decision will be based on a new report from Dr. Varmus, which will have been made available to the press.

Talking Points

Decision based on science

Congress and the Administration both believe that decisions on issues like this should be based on the best available science. Secretary Shalala has done that, with the support of pre-eminent scientists like Dr. Harold Varmus, David Satcher, and Tony Fauci.

This is about local decision making, not a federal needle exchange program

Congress determined that States and cities should have the right to use their existing federal HIV prevention funds for needle exchange programs once the Secretary completed an analysis of the scientific data. Now that she has completed her review, the decision will still be with local and State officials. This is about local decision making, not a federal needle exchange program.

Drug treatment remains our most effective weapon

Needle exchange programs should never be thought of as a substitute for drug treatment. On the contrary, Congress and the Secretary have insisted that any needle exchange program funded with federal dollars must be tightly integrated with drug treatment and other health care services.

Women and children are hardest hit by the twin epidemics of AIDS and drugs

Women and children suffer disproportionately from the ravages of drugs and AIDS. More than 70% of HIV infections among women and 75% among children are related to injection drug use. The HHS criteria emphasize the importance of addressing their needs.

My home number is 212/228-2677. I put my work number on the fact sheet. I made citations to published reports or studies by name and year because I don't have the full citations here at home. If you need more, its gonna have to wait until monday.

NEW YORK CITY SYRINGE EXCHANGE PROGRAMS

There are currently 9 NY State Dep't of Health authorized syringe exchange programs operating in New York City. There are also NEPs in Mount Vernon, Buffalo and Rochester.

EPIDEMIOLOGY

The reported number of drug related AIDS cases in New York (55,746) is more than two times that of the state with the next highest caseload (California: 19,272). (CDC, numbers through 1996).

A 3 year independent evaluation of New York State SEPs was conducted by Beth Israel Medical Center. This study used saliva-based HIV testing of SEP participants over time. The study found that injectors using SEPs had a lower rate of HIV infection (1-2% annually) compared with injectors not using SEPs (4-7% annually)(DesJarlais, Paone et al, 1995). This reduction in the infection rate was coupled with ethnographic data that SEP participants showed a greater ability to practice HIV risk reduction (reduced syringe reuse, borrowing or purchasing of used syringes) over time (Paone, 1995).

Since then, further data indicates that the estimated 47% HIV seroprevalence among New York City drug injectors has been reduced to between 20 and 30% (DesJarlais, 1995). Dr. Lester Wright (Medical Director, NY State Dep't of Corrections) cites a reduced HIVinfection rate among new inmates from 24% to 17%, which he attributed to NY state SEPs. (Report to NYS AIDS Advisory Council, 1996).

BRIDGE TO DRUG TREATMENT

Each program provides an estimated 1 to 2 referrals to drug treatment for each day of NX service delivery, totalling approximately 200 per month. Each program also provides on-site counselling for people considering treatment. 6 programs offer on-site treatment-on-demand in the form of adjunctive acupuncture therapy. Several programs also provide escort service to programs, as well as street outreach teams which can provide referrals and escort off-site.

In order to receive authorization, all syringe exchange programs are required to demonstrate substantial linkages and relationships with local drug treatment facilities and other health and AIDS service organizations. In the case of every program, the active participation of one or several drug treatment programs has been pivotal in developing outreach services.

The primary obstacle to providing more substance abuse treatment support is a lack of resources. SEPs in New York State are created, developed and staffed almost completely by people in recovery. Having lived it themselves, no one else is so well equipped to confront the devastation of addiction or to offer support to people who are struggling with addiction.

AIDS CARE

In spite of success in reducing the rate of infection, it is still likely that one out of every 4 injectors in New York City is HIV positive. The reverse is also true: with drug injection as the source of infection for 50% of the current AIDS caseload in New York City, the majority of people seeking AIDS care are likely to be injectors. New York SEPs all provide forms of support for people living with AIDS, through primary care, education, case management, counselling or referrals.

The ability to provide support and access to health care for HIV+ injectors is another requirement for authorization of SEPs in New York State.

OUTREACH

New York City SEPs reached approximately 20,000 injectors in 1997 and exchanged 2.6 million syringes. They also got more than a thousand people into detox and as many into other forms of treatment.

New York State has several different outreach models. Virtually all programs rely heavily on the support of volunteers, and many programs encourage participants to join in service delivery as volunteers. Peer education is the preferred model for virtually all programs, stressing the positive role which each member of HIV infected/affected communities can play. Programs vary in size and scope, depending on the community in which they are located.

There are six programs which operate out of permanent storefront locations. Virtually every program also has some form of street based community outreach. Three programs have extensive van outreach (the largest SEP, New York Harm Reduction Educators, serves 7,000 people a year entirely from 2 large vans).

One program, CityWide Outreach, goes directly into Single-Room-Occupancy hotels which house People With AIDS and provides direct SEP, counselling and health screening services to people at their homes.

LEGAL ISSUES

Although a prescription is required for lawful possession of syringes, the Health Commissioner of New York State has the power to designate classes of people who may also lawfully possess syringes. In 1992, Title X, NYCRR Section 80.135 was enacted, allowing enrolled syringe exchange participants to lawfully possess and exchange syringes. Participants are issued ID cards, which contain their unique identifying code.

MEMORANDUM

To: Bruce Reed
From: Sandy Thurman
Date: March 9, 1998
Re: Needle Exchange

This memorandum is designed to provide an update on issues surrounding the current ban on federal funding for needle exchange programs.

More data has been reported

Studies in Baltimore and Seattle continue to indicate both that needle exchange programs decrease the rate of HIV transmission and that participants who receive their referrals to drug treatment through these programs have a better retention rate than others.

Congressional Republicans appear to be losing interest in the issue

Satcher nomination

Many have worried for quite some time that the issue of needle exchange would complicate the confirmation of Dr. Satcher. While Senator Ashcroft did mention needle exchange briefly on the Senate floor, it seemed fairly clear that the issue did not resonate with other Members, the press, or the public. It did not take Ashcroft long to drop discussion of needle exchange in favor of the ethics of the AZT trials in Africa. Thankfully Dr. Satcher has now been confirmed.

Coburn amendment

The Health Subcommittee of the House Commerce Committee held a hearing last week on HIV prevention. During the hearing, Dr. Coburn asked a panel of his witnesses (the World Health Organization and county, city, and state health officials) if they believed that needle exchange was an effective public health strategy. They initially commented that they had been asked to testify on the issues of HIV testing and reporting, not needle exchange. However, when he pushed them to answer -- they all stated that scientific evidence had demonstrated that needle exchange programs are effective. This was particularly interesting given that these health officials were chosen by Coburn because "they are independent thinkers who are not in the pocket of the AIDS community". In fact, these witnesses disagree with the community on issues of testing and reporting.

Gingrich, Hasert

Recently, Reps. Gingrich and Hasert (who offered the Coburn amendment) held a press conference on the Administration's drug policy and did not mention needle exchange.

Congressional Democrats Voice Support for Needle Exchange Programs

Congressional Black and Hispanic Caucuses

The Congressional Black and Hispanic Caucuses have writted the President to express their support for needle exchange programs. Their support is based on concern over the disproportionate impact of HIV on blacks and latinos arising from injection drug use.

Gephardt Support

Rep. Gephardt recently released a letter offering his support of needle exchange programs.

Public Continues to Support Needle Exchange Programs

Three public opinion polls (Tarance, Harris, and the Kaiser Family Foundation) all show strong support for needle exchange programs. Negative polling data have been released, but imply a choice between needle exchange and drug treatment that renders the results spurious. Even the Family Research Council dropped questions on needle exchange from their most recent poll on "hot button" drug issues.

HHS

It is my understanding that Secretary Shalala is now prepared to certify that, after extensive analysis, scientific data demonstrates that needle exchange programs reduce the HIV transmission and do not encourage the use the use of drugs. The AIDS community believes that it was first told by HHS that the strategy was to preserve the Secretary's authority and let the Congress get out of town. They were then told, to just wait until Dr. Satcher is confirmed. Having now done both -- they are again seeking clarity on the Secretary's strategy. If there is ever a "good time" for the Secretary to make such a determination, I believe it is sooner rather than.

Given that the moratorium on funding extends through March 31st, acting sooner rather than later allows the Secretary to certify the science without changing the status of federal funding of needle exchange programs. This time before the moratorium lapses provides ample opportunity to gauge public reaction, a trial balloon if you will. The White House could allow HHS to carry the water. The medical and public health groups could work with the Congress and the media in strong support of the Secretary's action. And at the end of the day, if the issue heats up (which seems unlikely) and Congress wants to extend the moratorium or ban federal funding, we could then seek to reach a compromise or simply have an up or down vote. If we loose, at least it will be clear that the Administration followed the science -- and it was the Congress who played politics with public health.

ONDCP

I understand that General McCaffrey gave the President a letter indicating his opposition to needle exchange. He argues that in order to stop the spread of HIV, we must focus on drug treatment instead of needle exchange. This is not about needle exchange versus treatment; it is about saving lives until those who need drug treatment can get it. There are currently 1.5 million drug users and only 115,000 methadone slots. The General also has expressed concern that drug treatment funds should not be used for needle exchange programs. We agree: funding should come from HIV prevention funds, not drug treatment.

There is also concern that Administrative support for needle exchange sends a message that it is soft on drugs. This is the same baseless argument used to hold up HIV prevention funding, when it was argued that information about safer sex would promote homosexuality.

President's Advisory Council on HIV/AIDS

The President's Advisory Council on HIV and AIDS is due to return to Washington on March 15th. They believe the Administration told them that no action would occur until Congress left town, and then were told that action would be help up until after Dr. Satcher was confirmed. As you recall, at their last meeting, a resolution was proposed calling for Secretary Shalala's resignation for not "following the science on needle exchange." We managed to have the resolution withdrawn. They agreed to table consideration of the resolution until the March meeting to give the Secretary additional time. They are extremely upset with the Administration and are planning on holding a press conference and blasting us for inaction on needle exchange, as well as publicly calling for the Secretary to resign. In addition, some members have threatened to resign from the Council if this issue has not been resolved to their satisfaction.

Press

There continues to be quite a bit of press interest in needle exchange. *The Lancet* recently published an editorial in favor of needle exchange. That means that now *every* major science and medical publication *and* every major science and medical organization supports needle exchange.

FOR IMMEDIATE RELEASE
May 5, 1998 (10:37am)

Contacts: (ONAP) (202) 255-2447/632-1090
(ONDCP) (202) 395-6618

**DRUG CZAR AND AIDS CZAR AGREE THAT
PUBLIC HEALTH POLICY MUST BE
BASED ON SOUND SCIENCE**

(Washington, D.C.) – Barry R. McCaffrey, Director of the Office of National Drug Control Policy, and Sandra L. Thurman, Director of the Office of National AIDS Policy, issued the following joint statement:

Today, America is struggling with not just one epidemic, but with two. Tragically, the twin epidemics of AIDS and drugs are linked and impose devastating costs on individuals, families, and on our society as a whole. Together, we share a strong commitment to improving lives and to saving lives by promoting public health policies that are based on sound science.

We agree that drug treatment is the most effective tool not only in reducing the use of drugs but in reducing the sharing of needles, both of which contribute to the spread of HIV. Unfortunately, despite a 33 percent increase in federal spending since fiscal year 1993, drug treatment is only available for half of those in immediate need. We are strongly united in our desire to do everything that we can to expand the availability of drug treatment for all those in need, and to prevent the further spread of HIV among injecting drug users and people with whom they have sexual contact.

As for needle exchange, Congress has limited the use of Federal funds for sterile needle and syringe exchange projects until (1) the Secretary of Health and Human Services determines that exchange projects are effective in preventing the spread of HIV and do not encourage the use of illegal drugs; and (2) the project is operated in accordance with criteria established by the Secretary for preventing the spread of HIV and for ensuring that the project does not encourage the use of illegal drugs. The Office of National Drug Control Policy and the Office of National AIDS Policy remain dedicated to working with Secretary Shalala, and to supporting her efforts to ensure that public health policy is guided by sound science.

FOLLOW-UP TO NEEDLE EXCHANGE DECISION

This provides a list of options to address concerns raised as a result of the needle exchange decision.

Reinforce the Administration's Commitment to Prevention

- Increase funding for HIV prevention at CDC, which received no increase in the FY99 budget (except for a \$5 million earmark from the \$30 race and health line at CDC) - amended budget request? supplemental?
- Increase funding for drug treatment - amended budget request? supplemental?
- Publish scientific report provided to Secretary
- ONAP creates public-private partnership to help support local NEPs

Tell AIDS advocates that HHS scientists will be able to support needle exchange

- NIH and CDC scientists can provide technical support as local communities make decisions about needle exchange
- HHS can prepare technical assistance capacity, materials, and peer support for needle exchange programs (particularly to help them integrate with drug treatment and other health care service providers)

Move the focus of attention to more productive areas

- Radio address or event to coincide with the anniversary of the President's HIV vaccine announcement (May 18)
- Find events related to other issues

Support retention of Secretary's authority to lift ban

FOR INTERNAL USE ONLY—NOT FOR ATTRIBUTION OR QUOTATION**Needle Exchange Questions and Answers
Draft -- April 18, 1998, 7:49 p.m.**

Q: What are you announcing today?

A: That the Secretary of Health and Human Services, after consulting with her scientific advisers, has determined that the scientific evidence exists to show that needle exchange programs reduce the risk of HIV infection, and do not encourage the use of illegal drugs.

Q: If the science is there, why aren't you releasing federal funds for needle exchange programs?

A: The Administration has decided that the best course at this time is to have local communities use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use.

Q: The Administration has made this decision. Was it the President's decision? You're part of the Administration – do you agree with the decision?

A: It was an Administration decision.

Q: Do the scientific results you're announcing today meet the test Congress set up on the release of funds?

A: Yes.

Q: Does Congress need to act, either to release funds or to ban the use of them for needle exchange programs?

A: We will work with Congress to present the strong scientific evidence which demonstrates that needle exchange programs, when part of a comprehensive HIV prevention strategy, can reduce the incidence of HIV transmission and not encourage the use of illegal drugs. As I have previously said, local communities will not be permitted to use federal funds for needle exchange programs, so I do not expect this is an issue on which Congress must act.

Q: Why did it take so long?

A: It was imperative that we be exceedingly careful in our analysis of the science. And that is what we have done. Congress established a very stringent test in this area, and appropriately so. This is not an easy issue. It involves two major epidemics and we need to be certain of the evidence. I am very proud of this team of scientists standing behind me. In the last few months, they have gone over the scientific research with a fine toothed comb and they have reached a very clear determination: Needle exchange programs can be an effective public health intervention to reduce the spread of HIV without increasing drug use.

Q: Why are you taking this action?

A: Because the science is there. Communities around the country need to know that under certain conditions needle exchange programs can reduce HIV transmission and do not encourage illegal drug use. The report from the government's senior scientific advisers affirms those findings.

Second, injection drug use has played an increasing role in the spread of HIV and AIDS, accounting for more than 60% of AIDS cases in certain areas in 1995. To date, nearly 40% of the 652,000 cases of AIDS reported in the U.S. have been linked to injection drug use. More than 70% of HIV infections among women of childbearing age are related either directly or indirectly to injection drug use. And more than 75 percent of babies diagnosed with HIV/AIDS were infected as a direct or indirect result of injection drug use by a parent.

Q: Did political concerns delay this decision?

A: Absolutely not. From the beginning of this effort, it has been about three things: science, science, and science. The charge I gave my Department's scientists was to make sure the data were there and that they were accurate. They and I are very confident with these results.

Q: Did political pressure from AIDS groups force this decision?

A: Absolutely not. It is the job of scientists to examine the science. It is the job of public leaders to follow the science. It is the job of advocates to push us all to do our jobs, do them well, and, whenever possible, do them quickly. I understand the urgency of this issue but it was our job to make sure the science was there before we acted.

Q: What effect did the threat by the President's Advisory Council to seek your resignation have on your decision?

A: None at all. It is the job of scientists to examine the science. It is the job of public leaders to follow the science. It is the job of advocates to push us all to do our jobs, do them well, and, whenever possible, do them quickly. I understand the urgency of this issue but it was our job to make sure the science was there before we acted.

Q: Does General McCaffrey agree with your decision?

A: [I have spoken with General McCaffrey about the results of this scientific review, and he is aware of the Department's findings.] I will let him speak for himself. But let me say, very clearly, General McCaffrey and I are in absolute agreement on the necessity to reduce drug use in this country, especially among teenagers. No one should doubt that illegal drugs are wrong and that they can kill you. He and I also agree that we need to maintain and increase the funding available for drug treatment. Those concerns were important to me as I considered these issues.

Under the law passed by Congress, it is the responsibility of the Secretary of Health and Human Services to determine whether the scientific research findings meet the standard established by the Congress. All of the senior scientific advisers of the Department agree that the science-based standards have been met.

Q: General McCaffrey has made his opposition to needle exchange programs very clear. Does this mean the Administration is divided?

A: This is not a political decision. The Congress asked us to apply a very stringent scientific test and to answer two questions. First, do needle exchange programs reduce the transmission of HIV? Second, do such programs encourage the use of illegal drugs? Some of the best scientific minds in the country have pored over the data and have concluded that both of these tests have been met. That is the basis for our decision today.

Q: But General McCaffrey says that needle exchange programs will attract drug users and other undesirables to areas that implement needle exchange programs. Is this true?

A: Congress has made clear that needle exchange programs must not encourage drug use, and, after studying this issue thoroughly, we have determined that needle exchanges meet this test whether and, if so, local communities have their own needle exchange programs and how they operate them is a local decision.

Q: Won't this send a message to young people that drugs -- especially dangerous injectible drugs like heroin -- are okay?

A: Absolutely not. Injectible drug use is illegal, unhealthy and wrong. It is clearly a major health problem as well as a law enforcement concern. That's why the entire Federal government is sending a unified message to young people and to people of any age. Drugs put your future at risk. They can kill you. And they can infect you with HIV.

I am very proud of this Administration's record on fighting the drug epidemic. We have sharply increased the availability of drug treatment. We have worked in partnership with communities to fight drugs in and around schools. We have worked with state and local governments to put 100,000 more police officers on the streets and we have doubled the number of border guards. We will continue to fight drug use in this country and to offer drug treatment to those who are addicted so that they can stop using drugs.

The goal of needle exchange programs is to be part of a comprehensive HIV prevention strategy that can provide an entry into drug treatment programs.

Q: Do you expect there to be a needle exchange program in every community?

A: Absolutely not. The AIDS epidemic is different in every community and the response to the epidemic must vary to meet local needs. And the most important component of any prevention effort is community support.

Q: Why did you restrict yourself to studies of U.S. programs? Is there any evidence that other studies showed different results?

A: While our primary focus was on the evaluation of U.S.-based programs, we did examine relevant findings in studies performed in other countries (i.e., Canada). The NIH Consensus Conference Report issued last April included several studies conducted in several other countries. It's important to recognize, however, that the AIDS epidemic is different in every country. We were asked by the Congress to evaluate the effectiveness of needle exchange programs to fight the epidemic in this country.

Q: What is your response to the new study by the Office of National Drug Control Policy of the needle exchange program in Vancouver, Canada?

A. We have examined the research on both the Vancouver and Montreal needle exchange programs very carefully. There are several important factors to take into account. First, the drug epidemic in both of those cities is very different from those in American cities. It is dominated by the frequent injection of cocaine. Users of injectible cocaine average 10 to 15 injections every day compared with 3 to 5 times a day for heroin users. Cocaine users are more sexually active during drug use and have more sexually transmitted diseases. Nevertheless, more recent data from both cities indicate that the rate of HIV transmission among drug users who remain in needle exchange programs is two-thirds lower (4.9% versus 18.6%) than those who drop out of needle exchange programs.

Also, in a recent Op-Ed in the New York Times, the authors of the Canadian studies said that the rise in drug use experienced in Vancouver and Montreal was caused by an epidemic of injecting of cocaine in those two cities and a failure to link the programs to drug treatment. The science shows that successful needle exchange programs are linked to drug treatment through mandatory referrals.

Q: What is new since February of 1997 that leads you to certify that needle exchange programs are effective and don't encourage drug use?

- A. Several recent findings have strengthened the conclusion that needle exchange programs do not encourage the use of illegal drugs. They include:
- In March, 1997, the National Institutes of Health published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. That report concluded that needle exchange programs "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV." The panel also concluded that the preponderance of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.
 - An October 1997, study of needle exchange programs in Baltimore, Maryland, (Brooner et al., Abstract presented to the American Public Health Association, October 1997) reported that needle exchange programs that are closely linked to or integrated with drug treatment programs actually reduce the incidence of drug use with high levels of retention in drug treatment. A 1998 NIH Consensus Conference report on the effectiveness of treatment for heroin addiction found that drug treatment programs can assist heroin users in halting their drug use.

Q: How many needle exchange programs are operating in the United States?

A. According to the latest data reported to the CDC, needle exchange programs are operating in 28 states and one U.S. territory.

Q: Will the government continue to fund research into the effectiveness of needle exchange programs?

A. Scientific agencies regularly review their research portfolio to determine which studies need to be continued or extended and which studies can or should be terminated. All of the federally-funded evaluations of needle exchange programs will be evaluated as part of that process and decisions will be made on a case-by-case basis.

Q: Will the Alaska needle exchange program evaluation be terminated?

A. The Alaska program looks at a very specific question – whether over the counter sales of needles is more or less effective than a needle exchange program. There are two kinds of interventions and they need to be evaluated. NIH has built in specific safeguards to make sure this demonstration is conducted in an ethical manner.

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456-2530

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Needle Exchange Questions and Answers
Draft — April 18, 1998, 7:49 p.m.

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- A** That the Secretary of Health and Human Services, after consulting with her scientific advisers, has determined that the scientific evidence exists to show that needle exchange programs reduce the risk of HIV infection, and do not encourage the use of illegal drugs.
- C If the science is there, why aren't you releasing federal funds for needle exchange programs?**
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- Q The Administration has made this decision. Was it the President's decision? You're part of the Administration — do you agree with the decision?**
- A** It was an Administration decision.
- Q Do the scientific results you're announcing today meet the test Congress set up on the release of funds?**
- A** Yes.
- Q Does Congress need to act, either to release funds or to ban the use of them for needle exchange programs?**
- A** We will work with Congress to present the strong scientific evidence which demonstrates that needle exchange programs, when part of a comprehensive HIV prevention strategy, can reduce the incidence of HIV transmission and not encourage the use of illegal drugs. As I have previously said, local communities will not be permitted to use federal funds for needle exchange programs, so I do not expect this is an issue on which Congress must act.

MEMORANDUM

This memorandum is designed to provide an update on issues surrounding the current ban on federal funding for needle exchange programs.

More studies have been reported that support needle exchange

Studies in Baltimore and Seattle continue to strongly support previous evidence that needle exchange programs decrease the rate of HIV transmission and that participants who receive their referrals to drug treatment through these programs have a better retention rate than others. HHS has reviewed new data (which are impressive) and should walk you through it at the appropriate time. If the Secretary exercises her authority, new and better data would accompany such an announcement.

Congressional Republicans appear to be losing interest in the issue

Satcher nomination

Many have worried for quite some time that the issue of needle exchange would complicate the confirmation of Dr. Satcher. While Senator Ashcroft did mention needle exchange briefly on the Senate floor, it seemed fairly clear that the issue did not resonate with other Members, the press, or the public. It did not take Ashcroft long to drop discussion of needle exchange in favor of the ethics of the AZT trials in Africa. Thankfully Dr. Satcher has now been confirmed.

Coburn hearing backfires

The Health Subcommittee of the House Commerce Committee held a hearing last month on HIV prevention. During the hearing, Rep. Ganske (R-IA) asked a panel of witnesses (the World Health Organization and county, city, and state health officials) if they believed that needle exchange was an effective public health strategy. They all stated that scientific evidence has demonstrated that needle exchange programs are effective. This was particularly interesting given that these health officials were chosen by Coburn because "they are independent thinkers who are not in the pocket of the AIDS community." In fact, these witnesses disagree with the community on issues of testing and reporting.

Gingrich, Hastert

Recently, Reps. Gingrich and Hastert held a press conference to criticize the Administration's drug policy and did not mention needle exchange, despite the fact that Hastert is the Member who offered the amendment to ban federal funding of needle exchange and is the one who is most vehement about the issue.

Congressional Democrats Voice Support for Needle Exchange Programs

Congressional Black and Hispanic Caucuses

The Congressional Black and Hispanic Caucuses have written the Secretary to express their support for needle exchange programs. Their support is based on concern over the disproportionate impact of HIV on blacks and Latinos arising from injection drug use.

Gephardt Releases Support Letter

Rep. Gephardt recently released a letter to Secretary Shalala offering his support of needle exchange programs and calling on her to exercise her authority prior to March 31 when the moratorium on funding expires.

Public Continues to Support Needle Exchange Programs

Three public opinion polls (Tarance, Harris, and the Kaiser Family Foundation) all show strong support for needle exchange programs (55%, 71%, and 66% respectively). Negative polling data have been released, but imply a choice between needle exchange and drug treatment that renders the results spurious. Even the Family Research Council dropped questions on needle exchange from their most recent poll on "hot button" drug issues.

There also continues to be quite a bit of press interest in needle exchange. *The Lancet* recently published an editorial in favor of needle exchange. That means that now *every* major science and medical publication *and* organization supports needle exchange.

Police Offer Support

Police chiefs of New Haven and San Francisco, sites for two of the largest programs, have offered their written support of needle exchange programs in their cities. We believe that a national association of Black police chiefs is about to release a statement of support as well.

Everyone agrees that needle exchange is no substitute for drug treatment

It is understood that General McCaffrey gave the President a letter indicating his opposition to needle exchange. He argues that in order to stop the spread of HIV, we must focus on drug treatment instead of needle exchange. This is not about needle exchange versus treatment; it is about saving lives until those who need drug treatment can get it. There are currently 1.5 million hard core drug users and only 115,000 methadone slots. The General also has expressed concern that drug treatment funds should not be used for needle exchange programs. We agree: if state and local health officials are given the flexibility to use federal funds for needle exchange, this should apply to their HIV prevention funding, not their drug treatment money.

Needle Exchange Does Not Promote Drug Use

There is also concern that Administrative support for needle exchange would send a message that it is soft on drugs. This is the now discounted now discounted argument that was used to hold up

HIV prevention funding, when it was contended that information about safer sex would promote homosexuality or that condom availability would encourage teenage sexual activity.

President's Advisory Council on HIV/AIDS Considering Press Action Criticizing Administration

The President's Advisory Council on HIV and AIDS is due to return to Washington on March 15th. They believe the Administration told them that no action would occur until Congress left town, and then were told that action would be held up until after Dr. Satcher was confirmed. As you recall, at their last meeting, a resolution was proposed calling for Secretary Shalala's resignation for not "following the science on needle exchange." We managed to have the resolution withdrawn. They agreed to table consideration of the resolution until the March meeting to give the Secretary additional time. They are extremely upset with the Administration and are planning on holding a press conference, blasting us for inaction on needle exchange and publicly calling for the Secretary to resign. In addition, some members have threatened to resign from the Council if this issue has not been resolved to their satisfaction.

Recommendation

It is my understanding that HHS is in a position where it could certify the science after review of new data. The AIDS community believes that it was first told by HHS that the strategy was to preserve the Secretary's authority and let the Congress get out of town. They were then told, to just wait until Dr. Satcher is confirmed. Having now done both -- they are again seeking clarity on the Secretary's strategy. If there is ever a "good time" for the Secretary to make such a determination, I believe it is now.

Given that the moratorium on funding extends through March 31st, acting sooner rather than later allows the Secretary to certify the science without changing the status of federal funding of needle exchange programs. This time before the moratorium lapses provides ample opportunity to gauge public reaction, a trial balloon if you will. The White House could allow HHS to carry the water. Medical and public health groups could work with the Congress and the media in strong support of the Secretary's action. And at the end of the day, if the issue heats up (which seems unlikely) and Congress wants to extend the moratorium or ban federal funding, we could then seek to reach a compromise or simply have an up or down vote. If we lose, at least it will be clear that the Administration followed the science -- and it was the Congress who played politics with public health.

National Organizations Supporting Needle Exchange

AIDS Policy Center for Children, Youth & Families
AIDS Action Council
AIDS Legal Referral Panel
AIDS National Interfaith Network
American Public Health Association
American Academy of Pediatrics
American Foundation for AIDS Research
American Bar Association
American Medical Association
American Psychiatric Association
American Nurses Association
American Civil Liberties Union
American Psychological Association
American Society of Addictive Medicine
American Pharmaceutical Association
Association of Schools of Public Health
Association of State and Territorial Health Officials
Association of Nurses in AIDS Care
Center for Women Policy Studies
Cities Advocating Emergency AIDS Relief
Committee for Children
Gay and Lesbian Medical Association
Harm Reduction Coalition
Human Rights Campaign
Legal Action Center
Mother's Voices United to End AIDS
National Native American AIDS Prevention Center
National Association of People with AIDS
National AIDS Treatment Advocacy Project
National Minority AIDS Council
National Latino/a Lesbian and Gay Organization
National Women's Law Center
National Black Caucus of State Legislators
National Alliance of State and Territorial Health Directors
National Association of County and City Health Officials
National Catholic AIDS Network

National Organizations Supporting Needle Exchange (cont.)

National Council for International Health
National AIDS Fund
National Association of Social Workers
National Black Police Association
National Urban League
National Urban Coalition
National Black Nurses Association
New York Academy of Medicine
North American Syringe Exchange Network
People of Color Against AIDS Coalition
Project Inform
The Drug Policy Foundation
The Honorable Xavier Becerra (D-CA), Chair, Congressional Hispanic Caucus
The Honorable Maxine Waters (D-CA), Chair, Congressional Black Caucus
Title II Community AIDS National Network
United States Conference of Mayors
United Church of Christ, AIDS/HIV Network Leadership Team
Women's AIDS Network

**Since the Congress directed the
Secretary of Health and Human Services
to analyze the scientific data on
the effectiveness of needle exchange programs,**

17,556

**American children, women, and men have become
HIV infected and could have been saved.**

Every day, this senseless tragedy grows.

[Count began September 1996 and is updated daily on this website]

The Academy of Pediatrics, American Medical Association,
American Nurses Association, American Public Health Association,
Association of State and Territorial Health Officers,
Association of Schools of Public Health,
National Academy of Sciences,
National Association of City and County Health Officials,
and many others, have all said that the scientific facts are in.

**Until drug treatment is available for all who need it,
needle exchange programs prevent the spread of HIV
without increasing the use of drugs.**

**Call 690-5000
and ask Secretary Shalala
to take a stand for science and save lives now!**

AIDS Advisers Want Shalala Fired

.c The Associated Press

WASHINGTON (AP) - President Clinton's top AIDS advisers are preparing to vote on a resolution calling for the ouster of his health secretary in a growing battle over needle exchanges.

A congressional moratorium on the federal funding of needle exchanges expired Tuesday. That means communities could use federal health money to give drug addicts clean needles as soon as Health and Human Services Secretary Donna Shalala certifies that such programs help stop the AIDS virus without increasing drug use.

Scientific consensus is that they do, but Shalala is still considering the issue.

Members of the Presidential Advisory Council on AIDS, which just two weeks ago unanimously expressed no confidence in the administration's commitment to fight AIDS, now is signaling more frustration. Members drafted a resolution calling for Shalala's resignation; the full council will vote on it next week.

The draft, obtained by The Associated Press, cites a "pattern of inaction, misrepresentation ... and broken promises" that has "seriously eroded the secretary's and the administration's credibility on all AIDS prevention and related public health matters."

The council says 33 Americans every day catch the deadly virus through tainted needles.

Shalala's office had no immediate comment.

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NEWS

THE WASHINGTON POST



Every day, men, women and children are needlessly infected with HIV because of tainted needles.

The American Medical Association, the National Institutes of Health, the President's own AIDS Advisory Council and 71 percent of the American people agree: Needle exchange programs reduce HIV infection and don't increase drug use. President Clinton, Vice President Gore and Secretary Shalala should act now to allow federal funds to be used by local communities to remove HIV-tainted needles from our streets.

Needle exchange saves lives.

For more information call 202-986-1300 or go to www.aidsaction.org

until it's over™
AIDS ACTION

THE NEW YORK TIMES **OP-ED** THURSDAY, APRIL 9, 1998

The New York Times

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The Politics of Needles and AIDS

By Julie Bruneau and
Martin T. Schechter

Debate has started up again in Washington about whether the Government should renew its ban on subsidies for needle-exchange programs, which advocates say can help stop the spread of AIDS. In a letter to Congress, Barry McCaffrey, who is in charge of national drug policy, cited two Canadian studies to show that needle-exchange plans have failed to reduce the spread of H.I.V., the virus that causes AIDS, and may even have worsened the problem. Congressional leaders have cited these studies to make the same argument.

As the authors of the Canadian studies, we must point out that these offi-

cials have misinterpreted our research. True, we found that addicts who took part in needle exchange programs in Vancouver and Montreal had higher H.I.V. infection rates than addicts who did not. That's not surprising. Because these programs are in inner-city neighborhoods, they

Canadian findings are distorted.

serve users who are at greatest risk of infection. Those who didn't accept free needles often didn't need them since they could afford to buy syringes in drugstores. They also were less likely to engage in the riskiest activities.

Also, needle-exchange programs must be tailored to local conditions. For example, in Montreal and Vancouver, cocaine injection is a major source of H.I.V. transmission. Some users inject the drug up to 40 times a

day. At that rate, we have calculated that the two cities we studied would each need 10 million clean needles a year to prevent the re-use of syringes. Currently, the Vancouver program exchanges two million syringes annually, and Montreal, half a million.

A study conducted last year and published in *The Lancet*, the British medical journal, found that in 29 cities worldwide where programs are in place, H.I.V. infection dropped by an average of 5.8 percent a year among drug users. In 51 cities that had no needle-exchange plans, drug-related infection rose by 5.9 percent a year. Clearly these efforts can work.

But clean needles are only part of the solution. A comprehensive approach that includes needle exchange, health care, treatment, social support and counseling is also needed. In Canada, local governments acted on our research by expanding needle exchanges and adding related services. We hope the Clinton Administration and Congress will provide the same kind of leadership in the United States. □

Julie Bruneau is an assistant professor of psychiatry at the University of Montreal. Martin T. Schechter is a professor of epidemiology at the University of British Columbia.

Public Health Policy Should be Decided by Public Health Officials

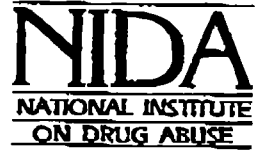
- For more than a year, when it came to the issue of needle exchange, the Administration has always said -- the responsible approach to making complex public health decisions is to "let science drive" and "let state and local public health officials decide".
- Research demonstrates that needle exchange programs reduce HIV transmission and do not increase the use of drugs. That being the case, this is clearly a public health issue, not a public safety issue. Misconstruing the nature of this problem will only exacerbate the spread of HIV -- particularly among women and children.
- The mainstream position on this issue is the position the Administration-Senate position. This position is held by all mainstream health, public health, and elected official organizations, and is supported by a strong majority of Americans. The opposition is coming from a few right wing drug control organizations and the Family Research Council. It is their position that is "fringe" in this case.
- Turning public health authority over to public safety officials is a bad precedent that could be inappropriately used against other disenfranchised communities by the right wing.

For example, homosexuality and a woman's right to chose are also big issues for the Family Research Council -- issues they would gladly turn over to law enforcement. After all, perhaps the police could intervene before a woman "kills" her unborn child. Further, gay men with AIDS had to have broken the law in many states in order to get infected. If states gather the names of such individuals, should they now be turned over to the police so they can be stopped before they violate the law again?

- Public safety officials already have strained relationships in communities of color in many urban centers. Putting them in the middle of this issue will only make matters worse. In fact, the notion that they should be involved at all could easily be perceived as "racist" in its own right.
- It is public health officials, working with professionals who are in the best position to reach out to those addicted to drugs and to help them remain HIV negative and become drug free. The viability of this intervention is seriously compromised by making it a law enforcement issue.
- In the end, if public health officials do not find an effective way to deal with the dual epidemics of AIDS and drugs, many will die. Not of an overdose but of AIDS. Many will be women and children -- and most could have been saved.



National Institutes of Health
National Institute on Drug Abuse
Division of Epidemiology & Prevention Research
Community Research Branch
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Rockville, Maryland 20857



FACSIMILE MESSAGE COVER SHEET

Date: 10/22/97

Following are 3 pages including this cover. If any part of this message is received poorly or missing please call us immediately on the number listed below.

TO Name: Sandy Thurman
Organization: Office on AIDS
FAX: (202) 632-1096
Phone: (202) 632-1096

FROM Name: Rich Needle
FAX: (301) 480-4544
Phone: (301) 443-6720

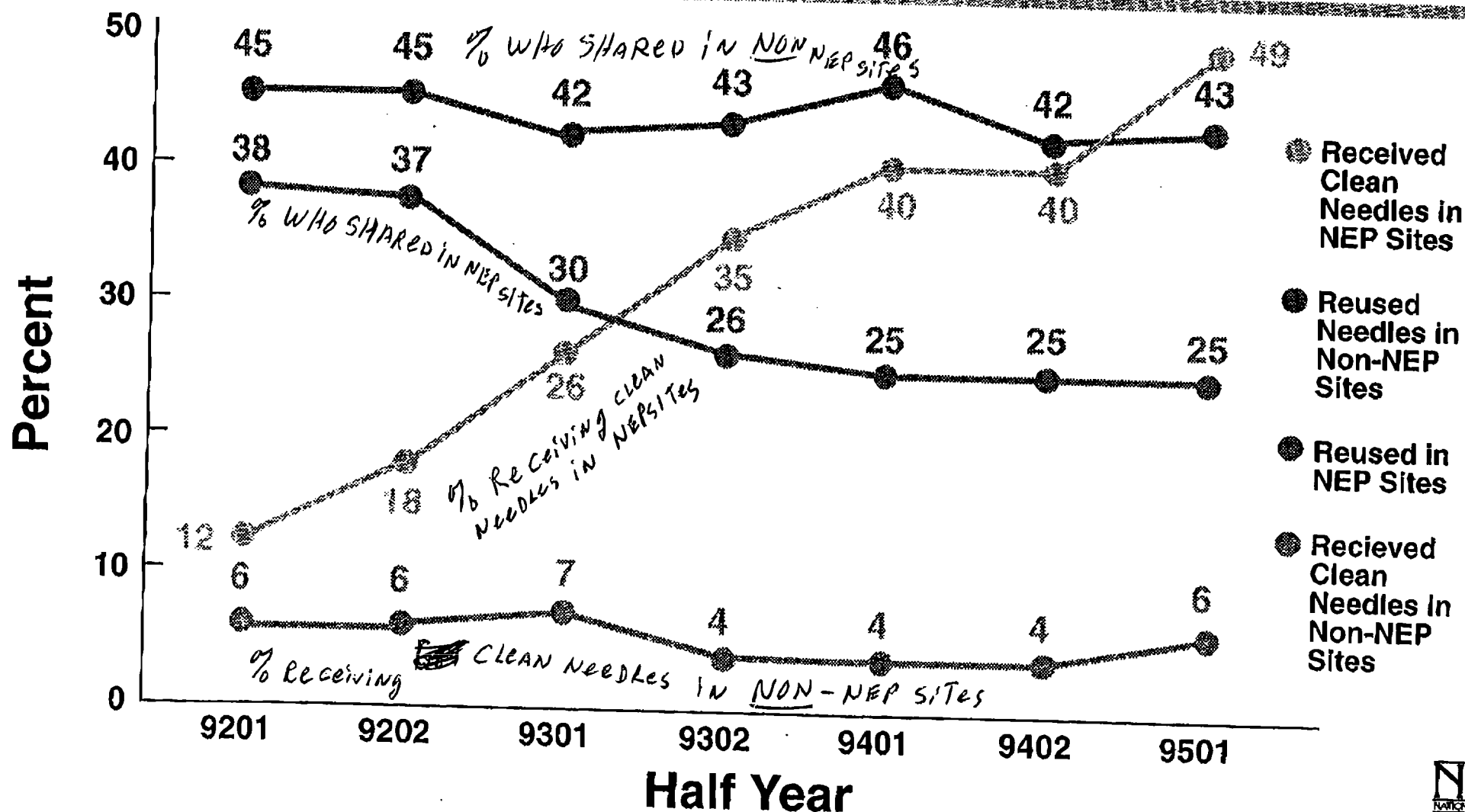
Comments: Per our conversation. Hope this is useful.

Needles

The data depicted in the enclosed figure was collected from out-of-treatment drug injectors in 22 cities in the continental United States and Puerto Rico as part of the National Institute on Drug Abuse Collaborative Agreement for AIDS Community-Based Outreach/Intervention Research Program. A total of 15,662 injectors were interviewed upon their enrollment into the intervention program to gather information on their HIV risk behaviors.

The enclosed figure shows substantial reductions over time in the proportion (i.e., percentage) of injectors who report reusing/sharing needles/syringes in sites where Needle Exchange Programs (NEP) were introduced compared to sites where no NEPs were introduced. That is, in sites with no NEPs the proportion of injectors who reused/shared needles remained constant over time at about 45%. Whereas, as needle availability increased in NEP sites, the proportion of injectors who reused needles/syringes decreased and eventually stabilized at around 25%.

Communities with Outreach or Outreach Plus Needle Exchange Programs (U.S.): Multiperson Reuse of Needles and/or Received Clean Needles



NEEDLE EXCHANGE

WHAT NEEDLE EXCHANGE PROGRAMS ARE	Needle exchange programs are about - public health workers getting dirty needle off the street and away from kids - exchanging those contaminated needles for clean ones - reducing the spread of HIV and helping get drug users into treatment
GOAL OF NEPs	Goal of needle exchange programs is to stop HIV and to provide a bridge to drug treatment. Needle exchange is the beginning of the process to stop the dual epidemics of HIV and drug abuse - it is not the end, it's a means to an end.
HOW DO YOU FEEL?	I am disappointed, not defeated. - long history - had our share of disappointments - the Administration took a big step forward in certifying the scientific merit of NEPs
SCIENCE LEADS POLITICS	Particularly in the context of AIDS the politics have always lagged behind sound science - examples: - prevention messages promoting homosexuality - condom availability promoting sexual activity - needle exchange promoting drug use This has also been true for other public health issues: - this was just another example - like tobacco, the fight can be long and emotionally charged - politics have often lagged behind science - in the end, once the dialogue begins science always wins
McCAFFREY	General McCaffrey has his opinion, but - Dr. Shalala, Dr. Varmus, Dr. Satcher, and Dr. Fauci are all of one mind on the science - so did the American Medical Association, American Public Health Association, American Academy of Pediatrics
RACE	I am very encouraged that the President has begun the conversation on race relations in this country - recent civil rights meeting at the White House - needle exchange was on the agenda because AIDS is raging in communities of color - 65% of new infections are people of color

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RACE LEADERS WANT DRUG TREATMENT AND NEPs	Leaders from communities of color have been telling us for years that the solution to drug abuse was more aggressive drug treatment - only one treatment slot for every 10 drug users in need of treatment - these same leaders have told us that until we get there, needle exchange programs save lives
NO MIXED MESSAGE TO KIDS	Needle exchange programs don't send a mixed message to kids - doesn't encourage drug use any more than giving out matches encourages smoking - (b)(6) - drug prevention among youth is important - treatment for those who are addicted is important - needle exchange programs are important [001]
WHAT WE'VE LEARNED FROM DEBATE	What we've learned from the debate: - people don't understand addiction - therefore don't understand why needle exchange programs help stop drug use, not encourage it - need to continue our outreach on drug use and AIDS - need to help America understand more about addiction - need to explain how NEPs are a bridge to treatment (Baltimore study)
CHILDREN	IV drug use causes over 75% of pediatric AIDS cases in this country - if we want to stop pediatric AIDS in this country, we need needle exchange programs and treatment
VANCOUVER	The study has been misinterpreted and misused - the scientists that did the Vancouver study argued (in a New York Times op-ed) that their science was being misused - there was a higher rate of HIV among NEP participants because the programs were effectively targeting hard-core drug users who were already at risk - the public health experts in Vancouver credit their NEP for keeping the high HIV rate from going even higher - they also argued that their biggest problem was the lack of drug treatment

MISCELLANEOUS

LEGACY	14 years ago when I started this work on AIDS, the debate was about condoms - similar debate about public health versus politics and moralizing - We won that debate and today we can all celebrate the fact that the rate of new HIV infections are declining the the gay community. - we proved our point then and I'm confident we will prove the point again when politics catches up with science
AIDS STILL A PRIORITY	The President continues to make the fight against HIV/AIDS a top priority. Since he took office: • funding for care and treatment for people living with HIV/AIDS has more than tripled and funding for research has increased by 50% • drug assistance programs that provide promising new therapies to people with HIV/AIDS have increased by more than 450% • a new vaccine research center is being built at the National Institutes of Health to focus on the President's goal of finding an AIDS vaccine within 10 years • drug approval at the Food and Drug Administration has been accelerated to record times

SUPREME COURT CASE - BRAGDON v. ABBOT

ADMIN'S REACTION	We are very pleased that the Court affirmed that people living with HIV, even if they are not yet symptomatic, are considered disabled. The Solicitor General had filed a "friend of the court" brief in this case, supporting the argument of Ms. Abbott that she was wrongfully denied routine dental services because she was HIV-positive. We argued that she was disabled and protected by the Americans With Disabilities Act.
IMPACT ON OTHER DISABILITIES	While we will need some time to fully review the decision, it certainly reinforces the intent of the ADA to provide broad protections to all Americans with disabilities against discrimination.
ARE ALL PEOPLE WITH HIV NOW PROTECTED BY ADA?	The Court decision focused on this specific case, which focused on whether or not a woman with HIV was impaired in a major life function (a test for the applicability of the ADA). In this case, her lawyers argued that the major life function that was impaired was reproduction. The courts agreed. In addition, there were several statements in the majority opinion that seem to indicate the likelihood of broader applicability--but that wasn't decided because it wasn't part of this case. I think that all people with HIV are disabled and protected by ADA. It seems only logical that having a terminal illness would disrupt just about everything in your life--including an ability to plan for the future!