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**Folder Title:**
[Issues] - Vaccine Initiative [2]

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# Clinton Presidential Records
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National Council for International Health

AIDSLink

### A new global priority

# Mobilizing for an AIDS Vaccine

By Sam Avrett, International AIDS Vaccine Initiative

In February 1997, in the United States "State of the Union" address, US President Bill Clinton referred to a national priority of making the U.S National Institutes of Health (NIH) a "powerful discovery engine" for a preventive HIV vaccine. On May 18, at the Morgan State University Commencement Address, President Clinton expanded this promise by announcing a new AIDS vaccine research center at the NIH and pledging to further mobilize the US pharmaceutical industry and, through the G7 Summit, other national governments to this effort.

This increased focus in the United States follows increasing international attention to the need for preventive HIV vaccines, heard at the XI International Conference on AIDS in Vancouver and through organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International AIDS Vaccine Initiative (IAVI).

What does this increased attention and effort toward HIV vaccine development really mean? Should developing an effective HIV vaccine be an international priority? What are the specific actions that need to be taken? And what are the implications for governments, industry, non-governmental health organizations, and affected communities?

The reason that HIV vaccine research and development must be an international priority for all governments, non-governmental agencies, and communities is that an HIV vaccine is both possible and necessary, and will not happen without international collaboration.

### Scientific data is promising

Scientific evidence, including protection of vaccinated monkeys from SIV, the examples of control or clearance of HIV from newborns, long-term nonprogressors, and exposed-but-uninfected individuals, and the immune responses seen by current HIV vaccine candidates, all suggests that an HIV vaccine is possible. The recent successes of protease inhibitors show that even very difficult scientific challenges can be overcome with sufficient resources and talent.

Worldwide, more than 8500 people become infected with HIV every day, 90% of whom live in developing countries. Studies in several countries have shown that behavior change interventions, condoms, and access to clean needles can dramatically reduce HIV infection rates. But these methods are far from perfect; even with high quality counseling and access to prevention interventions, infection rates often remain above 2 per 100 people per year in research cohorts in Asia, Africa, and the Americas. Furthermore, many people may never have access to such counseling and interventions. A vaccine must be added as a tool for prevention.

HIV vaccine research and development can best be accomplished through a vast collaboration of researchers at universities, companies, government laboratories and community-based trial sites throughout the world. Much of the worlds current effort is funded from the U.S. National Institutes of Health and a few multinational pharmaceutical companies. Smaller sources of support

Continued on page 6

## In this issue . . .



*NCIH Global AIDS Network Newsletter #45*

May/June 1997

# OFFICE OF NATIONAL AIDS POLICY
# EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street, N.W., 8th Floor
Washington, DC 20006

Phone: 202-632-1090
Fax: 202-632-1096

## FACSIMILE COVER SHEET

**TO:** Todd Summers

**FAX NUMBER:** 617-451-2011

**FROM:** Sarah/Sandy Thurman's Office

**DATE:** July 16

**PAGES INCLUDING COVER SHEET:** 4

**COMMENTS:**

Sorry for the short notice, Todd! I've included the entire letter that they had sent to me, explaining the event, the organization, and the talking points. NCIH Conference is Monday morning @ 9 AM... I'm assuming she'll need a Grande Latte to go along with that speech...

Thanks!
Sa

Washington, DC 20006-1503 USA
Tel: 202-833-5900 - Fax: 202-833-0075
E-mail: <ncihaids@ncihaids.org>

## FAX TRANSMITTAL

To: Sandra Thurman
Fax: 202-690-7560
At: National Office on AIDS
Tel: 202-632-1090
From: Helen Comman
Date: 7/8/97
Dept: NCIH AIDS Program
Pages: 3

## MEMORANDUM

Please see enclosed letter which outlines talking points for International Health Seminar on July 21, 1997.

Sarah -

NCIH National Council for International Health

1701 K Street NW, Suite 600, Washington, DC 20006-1503 ● Tel 202-833-5900, Fax 202-833-0075, Internet <ncih@ncih.org> <www.ncih.org>

July 8, 1997

Ms. Sandra Thurman
Office of National AIDS Policy
750 15th Street, NW
Suite 600
Washington, DC 20503

Dear Ms. Thurman:

We apologize for the misunderstanding of your acceptance to be moderator at our International Health Seminar, "AIDS Vaccine: History, Development and Ethics, the International Perspective". It was our understanding that your office had agreed to your participation and had asked for more information regarding the seminar. Please know that if needed we can make final changes to the program to accommodate you and your schedule. However, we would be delighted if you could give a brief opening presentation for the seminar.

The National Council for International Health has been in existence since 1989. Our mission is to improve global health by providing vigorous leadership and advocacy to increase private and public-sector commitment to international health issues. The NCIH Global AIDS Program, supported by USAID, is a unique alliance of more than 500 organizations from around the world, and sponsors several workshops and conferences each year relating to HIV/AIDS. The NCIH AIDS program in conjunction with the George Washington Center for International Health is proud to sponsor the seminar/discussion of AIDS vaccine development. We view this topic as vital to our mission and others who are working in the global AIDS epidemic.

Enclosed please find some "talking points" which may be helpful in the opening presentation. As previously stated, we would like your participation to be approximately 10 minutes and yet will understand if you would like to shorten the length of your presentation. Our original plans for calling the seminar on the AIDS Vaccine Initiative was to educate the NGO and PVO community on the development of an AIDS vaccine. Several activists and community development specialists were surprised and did not understand fully the significance or content of the President's announcement. It would be very helpful if you could describe this announcement as it relates to the international AIDS community work. It may be useful to add some background information which led up to the announcement as well as discuss future plans of the President's Office to complete the goal of developing an AIDS vaccine in ten years. For example this discussion may include:

**Background Information leading up to the Announcement:**

- December 3rd meeting with President Clinton, Vice President Al Gore, Chief of Staff Leon Pannetta, NIH Director Harold Varmus, Director of NIAID, Anthony Faucci, and Chief of Office of AIDS Research William Paul
- Presidential Advisory Council on HIV/AIDS recommendations in Spring of 1997

**President's Announcement:**

At a commencement address at Morgan State University in Baltimore on May 18, 1997, President Clinton called for the development of an AIDS Vaccine within a decade. Although we have seen new advances in the treatment of HIV/AIDS in the United States and other European Countries, we must not become complacent in searching for an AIDS vaccine. As stated by the President, "HIV is capable of mutating and becoming resistant to therapies, and could well become even more dangerous. AIDS will soon overtake tuberculosis and malaria as the leading infectious killer in the world"...

**Importance of AIDS Vaccine:**

More than 29 million people have been infected, 3 million in the last year alone, 95 percent of them in the poorest parts of our globe. It is in these parts, the developing world, where the AIDS vaccine will have the most profound affect in saving lives and ailing economies which are now being ravaged by the rapid infection rate of HIV/AIDS...

**Plan of Action: Can it be done in 10 years?**

- Immediate outcomes of the announcement-AIDS Vaccine Center (virtual center-who will head the center? National Cancer Institute/National Institute for Allergies and Infectious Diseases
- Increase in 1998 budget for the center and other activities (What may be the actual costs and is $10 million a realistic number?)
- Funding will not be appropriated from extramural research funds?
- Plans for development: primarily laboratory based and/or field based with vaccine trials?
- Office of National AIDS Policy plans of action to support the development of the AIDS Vaccine

**Commitment to AIDS Vaccine does not detract from other prevention and care initiatives:**

- Funding will not be appropriated from current prevention/care programs
- Vaccine development must be included in addition to any prevention/care efforts since in the developing world this may be the only realistic option

**Need for International collaboration and cooperation:**

- Explanation of what happened at the Denver Summit in prioritizing AIDS and the Development of an AIDS Vaccine
- Discussion of the need for increased funding from other economic powers
- Commitment of the President's Office to work collaboratively with other governments and UNAIDS office
- Develop wider understanding of the development of an AIDS vaccine domestically. As community-based organizers, NGOs and PVOs working internationally need to be aware of vaccine sites, vaccine trial ethics and how they might work collaboratively with researchers to develop protocols, identify populations, etc.

Please note these are only ideas and we urge you to change them as you wish. Again thank you in advance for your participation and we look forward to seeing you on July 21st. If you have any questions, please do not hesitate to contact us at (202) 833-5900 ext. 210.

Sincerely,

Helen Corrman
NCIH AIDS Program Officer

Ron Mac Innis
NCIH AIDS Program Officer

AIDS vaccine

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

'97 MAY 16 AM10:39

MAY 15 1997

**MEMORANDUM FOR THE PRESIDENT**

**FROM:** Donna E. Shalala

**SUBJECT:** AIDS Vaccine Development

Recent advances in biomedical research supported by the National Institutes of Health (NIH) have created new opportunities and encouragement in our search for an effective vaccine against HIV infection. These advances are a direct result of our sustained investment in both basic scientific research and clinical investigation in the area of HIV/AIDS. This era of important scientific progress and renewed hope for the possibility of an AIDS vaccine provides a unique opportunity for you to consider ways to further this critical scientific endeavor.

To sustain this progress and capitalize on new scientific opportunities, we have increased the NIH budget for AIDS vaccine research by 33.6 percent over the past two years to nearly $150 million in the fiscal year 1998 proposed budget. For now, the funding level is sufficient to maintain the ongoing momentum. Further increases are anticipated in the coming fiscal years. Recently, NIH also established a new NIH AIDS Vaccine Research Committee, chaired by Nobel Laureate Dr. David Baltimore, to provide leadership and guidance to an intensified comprehensive search for an AIDS vaccine.

A safe and effective AIDS vaccine is a global public health imperative. More than 29 million men, women, and children around the world have been infected with HIV. More than 3 million of these infections occurred in just the past year, with nearly 95% in the poorest parts of the world. Without an effective vaccine, AIDS will soon overtake tuberculosis and malaria as the leading infectious cause of death in the world. Even in the U.S., where new and effective anti-HIV therapies are available, complacency is not an option. HIV is capable of mutating and becoming resistant to therapies, and could well become even more dangerous. Only a truly effective preventive anti-HIV vaccine can limit and eventually eliminate the threat of AIDS.

I envision several options to demonstrate a strong Presidential commitment to this priority over several years that will serve to galvanize the worldwide scientific community, renew the commitment of the pharmaceutical industry to AIDS vaccine development, and restate the unwavering commitment of the United States to develop a preventive vaccine:

1. **U.S. Proposal for a Global AIDS Vaccine Research Initiative at Denver Summit.** The United States has proposed that the leaders of the eight major industrialized nations, meeting at the Denver Summit in June, agree to support a worldwide AIDS vaccine research initiative. This proposal has been discussed by the representatives who are organizing the Summit agenda, and proposed language for the final Summit Communique has been prepared and approved by the "Sherpas."

The proposal calls for the eight participating nations to make a political commitment to provide, in their own countries, the investments necessary to accelerate research toward the development of an HIV/AIDS vaccine as a scientific and public health priority. In the Communique, the nations also will pledge to work together to enhance international scientific cooperation and collaboration in this global initiative, and to work with the Joint United National Program on AIDS (UNAIDS) to address the legal and ethical issues related to vaccine testing.

To facilitate this scientific collaboration, our proposal also calls for meetings of key scientists from the nations participating in the Summit and from other nations integral to AIDS vaccine development. These meetings would take place in concert with that of the NIH AIDS Vaccine Research Committee, chaired by Dr. David Baltimore. This joint group will discuss research progress, identify scientific gaps and opportunities, design collaborative programs aimed at utilizing the unique scientific and clinical resources of each participant, and share scientific information related to the development of AIDS vaccine candidates for worldwide use. At the recommendation of the "Sherpas," the Director of NIH has written to his counterparts in the eight nations to seek their support and collaboration in this initiative.

2. **White House Briefing by Key Scientists on Progress towards a Vaccine.** The report of a year-long evaluation by more than 100 eminent scientists, known as the Levine Report, called for a reinvigorated and restructured NIH AIDS vaccine research program. The NIH has taken a number of steps to make AIDS vaccine research a top priority, including the initiation of studies to test a new vaccine strategy. You could invite the key scientists to brief you at the White House or at NIH regarding research progress and prospects for the future. If current research leads to a promising vaccine candidate for large-scale clinical testing, additional resources will be necessary to support clinical trials in the U.S. and at international sites.

3. **Announcement of New NIH AIDS Vaccine Laboratory.** We are in the process of establishing a dedicated intramural HIV vaccine research and development center on the NIH campus, a major new initiative capitalizing on remarkable advances in immunology not previously applied to vaccine development. You could announce

this initiative with the leadership of the NIH AIDS vaccine research program in attendance. In addition, you could visit one of several university-based vaccine labs supported by NIH throughout the country.

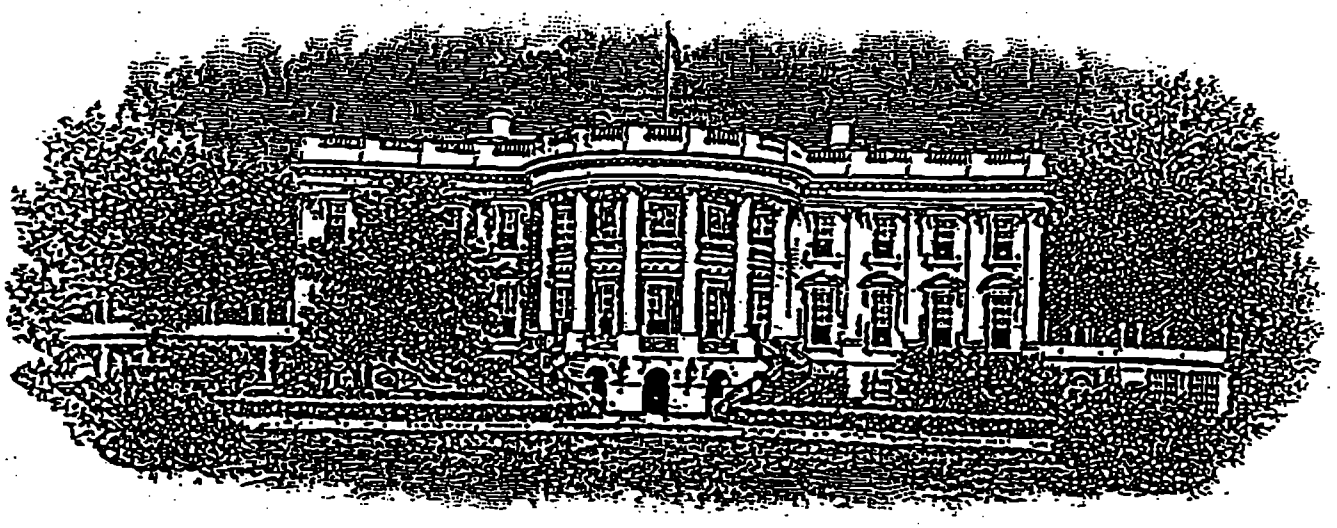
4. **Announcement of Awards for New NIH AIDS Vaccine Innovation Grants.** NIH has recently established a new funding mechanism, the "Innovation Grant Program for Approaches in AIDS Vaccine Research." In September 1997, NIH will award grants totaling $6 million for this new program to encourage novel research in AIDS vaccines. You could announce these grants with those scientists on hand.

5. **White House Meeting to Challenge Industry.** Another option would be to convene a meeting at the White House, to follow-up a meeting held by the Vice President last year, bringing together leading government scientists and CEOs of vaccine manufacturers, to seek solutions to important but complex concerns that have deterred the sustained participation of these companies in HIV vaccine development, such as cost of development, potential market, and legal liability issues.

6. **Presidential Address.** This is an opportune moment for you to deliver a major address on our continuing national commitment to ending the AIDS epidemic with the ultimate goal of developing a preventive vaccine. This could be the focus of one of your upcoming speeches or it could be done in conjunction with the announcement of new initiatives. A good site for such an address could be the National Institutes of Health campus in Bethesda, MD.

I look forward to working with you on these initiatives to speed the pace of progress toward the development of a safe and effective AIDS vaccine. Although no one can predict when such a vaccine may be developed, your efforts would constitute a real legacy to the U.S. and to the world.

# THE WHITE HOUSE



Christopher C. Jennings
Deputy Assistant to the President for Health Policy
216 Old Executive Office Building
Washington, DC 20502
phone: (202) 456-5560
fax: (202) 456-5557

**Facsimile Transmission Cover Sheet**

**To:** Sandy Thurman

**Fax Number:** 632-1096

**Telephone Number:**

**Pages (Including Cover):** 4

**Comments:** Secretary Shalala's memo...

NAPWA

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

May 21, 1997

The President
The White House
Washington, DC 20500

Dear Mr. President:

I am writing on behalf of the National Association of People with AIDS (NAPWA), to commend you on the announcement of a rational initiative to develop a protective vaccine against the Human Immunodeficiency Virus (HIV) in the next ten years. NAPWA salutes your commitment to making this a serious national priority.

As the national voice of people living with HIV, NAPWA represents the needs of countless thousands of Americans who face the day-to-day challenges of living with HIV disease. We remain committed to working for a cure for AIDS. We have never strayed from our responsibility, however, to promote and support effective HIV prevention and education. For millions of people at-risk for HIV infection across the globe, the simple knowledge that the greatest nation on earth will lead the effort to develop a preventive vaccine is very powerful.

We applaud your leadership and the leadership of Vice President Gore. In announcing this initiative, NAPWA strongly urges you to renew your commitment to maintaining and expanding HIV/AIDS Housing, Prevention, Research, Medicaid and Medicare and CARE Act services.

Sincerely,

A. Cornelius Baker

A. Cornelius Baker
Executive Director

*1413 K Street, N.W.,*
*Washington D.C. 20005*
*Phone: (202) 898-0414*
*FAX: (202) 898-0435*

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

The Executive Director

President William J. Clinton
The White House
Washington, D.C.

*Reference:* exr

20 May 1997

Mr President,

Your extraordinary leadership in setting the goal for the development of an AIDS vaccine in the next ten years merits sincere praise. For too long, the research agenda has been turned on its head, with ninety percent of research funds in AIDS going towards cures and only ten percent to vaccines. Important as the new developments in therapy are in reducing the suffering and prolonging lives of people living with HIV/AIDS in the few countries where treatment is possible and affordable, they are doing nothing to halt the relentless march of this disease in Africa, Asia, Latin America and Eastern Europe.

For a vaccine to be brought to the parts of the world where the disease is having its greatest impact, the countries of the industrialized world and the developing world will need to work closely together. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has a Vaccine Advisory Committee, which is chaired by Dr Barry Bloom of the Albert Einstein College of Medicine in New York, and includes representatives from several industrialized and developing countries. UNAIDS and its Committee have as their mission to promote and facilitate the scientific, ethical, legal, and practical involvement of developing countries in vaccine research and testing.

Mr President, we pledge UNAIDS to work with you, Secretary Shalala, the National Institutes of Health and other U.S. institutions in the forefront of this crusade against AIDS. A vaccine which effectively addresses a virus which is devastating the world, must be tested and proven in the most affected countries in accordance with the highest standards of science and ethics.

Again, Mr President, I should like to congratulate you for your bold step forward. By directing the scientific community to leap beyond the tested borders of biology in the 21st century, you do much to ensure your own place in the history of our planet.

Please accept, Mr President, the assurance of my highest consideration.

Peter Piot

20, avenue Appia • CH 1211 Geneva 27 • Switzerland • Tel: (+4122)791.4510 • Fax: (+4122)791.4179 • e-mail UNAIDS@WHO.CH

CAEAR
CITIES ADVOCATING
EMERGENCY AIDS RELIEF

May 19, 1997

The Honorable William Jefferson Clinton
President
The White House
Washington, DC 20510

Dear Mr. President:

The Cities Advocating Emergency AIDS Relief (CAEAR) Coalition commends you on the announcement of a ten year federal initiative to develop a vaccine for the Human Immunodeficiency Virus (HIV). We salute your use of the Presidency to keep issues related to the worldwide AIDS pandemic at the forefront.

The CAEAR Coalition represents the federal policy and appropriations interests of the 49 U.S. epicenters of the AIDS epidemic that receive funding through Title I of the Ryan White CARE Act. We are people living with HIV and AIDS, medical providers, support service providers, and health planners who are on the front lines of the U.S. AIDS epidemic. We acknowledge the importance of a targeted initiative for vaccine development and recognize that a vaccine is critical to preventing new infections in youth and adults at risk for infection. We trust that the leadership of the United States in this initiative will have a ripple effect in governments and communities around the world--encouraging them to increase their efforts to end this devastating pandemic.

As consumers and providers of CARE services for people living with HIV, we ask that you continue to use the Presidency as a bully pulpit to keep the issues of people living with HIV in the hearts and minds of the American people. CARE programs will continue to need significant increases in support from the federal government as more people live longer with HIV disease. Medical care, housing, substance use treatment, mental health treatment, transportation, nutrition, and of course new antiretroviral drug therapies continue to be critical to the quality of life and survival of people living with HIV. Your ongoing support for increased funding for CARE programs is paramount to our success in filling these needs.

Thank you for your leadership and the leadership of Vice President Gore. We encourage you to continue to clearly articulate your commitment to ending this epidemic while caring for those living with HIV. The CAEAR Coalition looks forward to working with you to realize the goal of this laudable initiative.

**The CAEAR Coalition**
1413 K Street N.W., Suite 700
Washington, D.C. 20005
202 789 3565
202 789 4277 fax

CAEAR
CITIES ADVOCATING EMERGENCY AIDS RELIEF

1413 K Street, NW, Suite 700
Washington, D.C. 20005
(202) 789-3565 Fax (202) 789-4277

**FACSIMILE COVER SHEET**

| | |
|---|---|
| **TO:** | Debra Von Zinkernagel |
| **FAX#:** | 202.690.7560 |
| **FROM:** | H. Alexander Robinson |
| **TELEPHONE#:** | (202) 789-3565 |
| **DATE:** | May 23, 1997 |

**__2__Pages (including this cover).**

## Note:

This was a sign-on letter. Let me know if you need the signature pages and I will try to get those to you.

AIDS Action

# FAX TRANSMISSION COVER SHEET

**TO:** Sandy Thurman
ONAP

**FAX #:** 632-1096

**FROM:** Kurt Schade, Communications, ext. 3060

**DATE:** 9705.21

**RE:** DEVELOPMENT OF AIDS VACCINE

**NUMBER OF PAGES (including cover):** 2

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Copy to follow via U.S. Mail.

Copy Daniel & return

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

**If you experience difficulty in receiving this fax, please call 202/986-1300.**

AIDS Action Council

May 20, 1997

The Honorable Bill Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20515

Dear Mr. President:

On behalf of the 1,400 community-based organizations AIDS Action Council represents, I would like to take this opportunity to applaud your call this past Sunday, May 18, to make the development of an AIDS vaccine a "new national goal for science." By likening your challenge to find an AIDS vaccine within the next decade to President John F. Kennedy's call to put an American on the moon, you have reminded the country, indeed, the world, that much remains to be done before this terrible epidemic is truly over.

Mr. President, AIDS Action Council recognizes your leadership in the fight against this dread disease. Sixteen years into the AIDS epidemic, the AIDS community is enjoying the new hope that promising AIDS drug therapies represent. Thousands of people living with HIV and AIDS are benefiting from state-of-the-art care, which has contributed to an historic decline in AIDS deaths in the United States. History will record these two advancements, as well as your AIDS vaccine announcement last Sunday, as a part of your legacy on AIDS.

AIDS Action Council urges you to expand that legacy by continuing to make funding for AIDS research, care, prevention, and housing a budgetary priority in fiscal year 1998 and beyond. Research to find more effective treatments, a vaccine, and a cure must continue to be a priority. All Americans living with HIV and AIDS must have access to the health care and the social services they need to stay alive and healthy. Every weapon at our disposal, including needle exchange programs, must be put to good use to curb the further spread of HIV. And no individual living with HIV disease should want for adequate, stable housing. AIDS Action Council is anxious to work with you to ensure that this era of hope – raised to a new level by your call to re-energize our nation's search for an AIDS vaccine – touches the life of every American living with, and affected by, HIV and AIDS.

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

Best Regards,

Daniel Zingale

Daniel Zingale
Executive Director

cc The Honorable Donna Shalala
Sandra Thurman, Director, Office of National AIDS Policy

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

The Executive Director

President William J. Clinton
The White House
Washington, D.C.

*Reference:* exr

20 May 1997

Mr President,

Your extraordinary leadership in setting the goal for the development of an AIDS vaccine in the next ten years merits sincere praise. For too long, the research agenda has been turned on its head, with ninety percent of research funds in AIDS going towards cures and only ten percent to vaccines. Important as the new developments in therapy are in reducing the suffering and prolonging lives of people living with HIV/AIDS in the few countries where treatment is possible and affordable, they are doing nothing to halt the relentless march of this disease in Africa, Asia, Latin America and Eastern Europe.

For a vaccine to be brought to the parts of the world where the disease is having its greatest impact, the countries of the industrialized world and the developing world will need to work closely together. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has a Vaccine Advisory Committee, which is chaired by Dr Barry Bloom of the Albert Einstein College of Medicine in New York, and includes representatives from several industrialized and developing countries. UNAIDS and its Committee have as their mission to promote and facilitate the scientific, ethical, legal, and practical involvement of developing countries in vaccine research and testing.

Mr President, we pledge UNAIDS to work with you, Secretary Shalala, the National Institutes of Health and other U.S. institutions in the forefront of this crusade against AIDS. A vaccine which effectively addresses a virus which is devastating the world, must be tested and proven in the most affected countries in accordance with the highest standards of science and ethics.

Again, Mr President, I should like to congratulate you for your bold step forward. By directing the scientific community to leap beyond the tested borders of biology in the 21st century, you do much to ensure your own place in the history of our planet.

Please accept, Mr President, the assurance of my highest consideration.

Peter Piot

... mail: UNAIDS@WHO.CH

CAeAR
CITIES ADVOCATING
EMERGENCY AIDS RELIEF

May 19, 1997

The Honorable William Jefferson Clinton
President
The White House
Washington, DC 20510

Dear Mr. President:

The Cities Advocating Emergency AIDS Relief (CAEAR) Coalition commends you on the announcement of a ten year federal initiative to develop a vaccine for the Human Immunodeficiency Virus (HIV). We salute your use of the Presidency to keep issues related to the worldwide AIDS pandemic at the forefront.

The CAEAR Coalition represents the federal policy and appropriations interests of the 49 U.S. epicenters of the AIDS epidemic that receive funding through Title I of the Ryan White CARE Act. We are people living with HIV and AIDS, medical providers, support service providers, and health planners who are on the front lines of the U.S. AIDS epidemic. We acknowledge the importance of a targeted initiative for vaccine development and recognize that a vaccine is critical to preventing new infections in youth and adults at risk for infection. We trust that the leadership of the United States in this initiative will have a ripple effect in governments and communities around the world--encouraging them to increase their efforts to end this devastating pandemic.

As consumers and providers of CARE services for people living with HIV, we ask that you continue to use the Presidency as a bully pulpit to keep the issues of people living with HIV in the hearts and minds of the American people. CARE programs will continue to need significant increases in support from the federal government as more people live longer with HIV disease. Medical care, housing, substance use treatment, mental health treatment, transportation, nutrition, and of course new antiretroviral drug therapies continue to be critical to the quality of life and survival of people living with HIV. Your ongoing support for increased funding for CARE programs is paramount to our success in filling these needs.

Thank you for your leadership and the leadership of Vice President Gore. We encourage you to continue to clearly articulate your commitment to ending this epidemic while caring for those living with HIV. The CAEAR Coalition looks forward to working with you to realize the goal of this laudable initiative.

**The CAEAR Coalition**
1413 K Street N.W., Suite 700
Washington, D.C. 20005

202 789 3565
202 789 4277 fax

Sincerely,

| | |
|---|---|
| Judy Moore-Nichols | K.C., EMA |
| Jerry Walker | Portland, OR EMA |
| Andrea Seamed | Santa Rosa, California |
| | Los Angeles, CA |
| | N Hollywood CA Co-Chair RAC |
| Suzi Rodriguez | Vice Chair CAEAR Coalition Los Angeles, CA |
| Anna Heath | San Francisco CA |
| | San Francisco, CA |
| | San Francisco, CA. |
| Lawrence Mayfield | St Louis, MO |
| William E. Walker | St Louis, MO |
| Mark W. Pickering, M.S.W. | St. Louis, MO |
| | Fort Lauderdale, FL |
| BALTIMORE EMA | Baltimore Md EMA |

| | |
|---|---|
| Brian Bergmire | St. Louis EMA |
| Daryl A. Glynn | Los Angeles Calif. HIV-DATE |
| Chris Wade | Los Angeles TARZANA Treatment Center HIV+ |
| Roger A. Goodell | Kansas City, MO R.W. Co-Chair |
| Joseph Wynn | Miami, Fl EMA |
| | Chicago, Ill EMA |
| Patricia Bass | Phila. Pa EMA |
| | Denver EMA |
| | Denver EMA |
| William Thomas | Chicago EMA |
| | Chairman CAEHR Coalition. Wash. D.C. |
| JoANN SCHOP | New York City EMA |
| Andrew Deppe | Chicago Dept. of Health |
| LaDonna Love-Ketchmee | Chair Austin HIV Planning Council |
| | Palm Beach County EMA |
| Mary Clark | Boston EMA |

MEMORANDUM

To: Bruce Reed

From: Sandy Thurman

RE: Denver Summit

Date: June 2, 1997

---

It has come to my attention that the only AIDS vaccine related activity planned for the upcoming Denver is the general release of the communique.

Expectations have been elevated following the President's remarks about an AIDS vaccine in the Morgan State speech. There is a looming PR crisis within the AIDs community because they feel that the Administration has "de-prioritized" AIDS in budget discussions and may place funds for prevention and treatment in competition with AIDS vaccine research. I think the Denver Summit offers a good opportunity to be more proactive and concrete in defining the President's vaccine initiative for the domestic groups and the press. I would propose that we do the following:

- Hold a satellite meeting in Denver involving major foundations (Rockefeller Foundation, International AIDS Vaccine Initiative), UNAIDS, vaccine experts, some vaccine manufacturers, advocacy groups, scientific and general press.

- Purpose of the meeting will be to clarify details of the U.S. vaccine initiative, hear from participating scientists and manufacturers on their ideas of next steps to realize vaccine development, and put out the word to the community that the Administration is committed to both treatment and prevention funding as well as vaccine research. Major support for the President's initiative can be demonstrated.

- IAVI and UNAIDS can get international public health people to the meeting to show the international component of other countries' commitment, activities to realize it, and the enormous impact of HIV on the economies of developing countries. A leadership role of the G7/G8 countries is initiatives that sustain economic development and health of economies of all nations.

- At the meeting, a plan for the Vice President to hold a White House meeting with manufacturers and scientists can be announced.

- Press materials will be developed for the scientific press, which would clearly outline the NIH plans for the Vaccine Center, plans to bring together the right blend of

expertise, and a discussion of the status of current vaccine science as it relates to this initiative.

- Press materials will also be developed for the general national press, which clearly explains the Administration's commitment to an overall strategy on AIDS. This would lay out the fact that no recent epidemic has been eradicated without a vaccine, and that the Administration will never turn its back on providing care and services to people already living with HIV.

S ——

TOMORROW - NANCY WEIL, PRODUCER will pick you up @ the Baggage claim for your flight (ARRIVING 11:40 AM)

JUST IN CASE, HER # IS: 203-222-7928

ALSO: BRIEFING MATERIALS FOR LIEGO MEETING ON MON. MORNING ARE NOT YET AVAILABLE - I'LL GET THEM TO YOU AS SOON AS POSSIBLE

: NEXT WEEK'S CALENDAR IS IN YOUR GREEN FOLDER

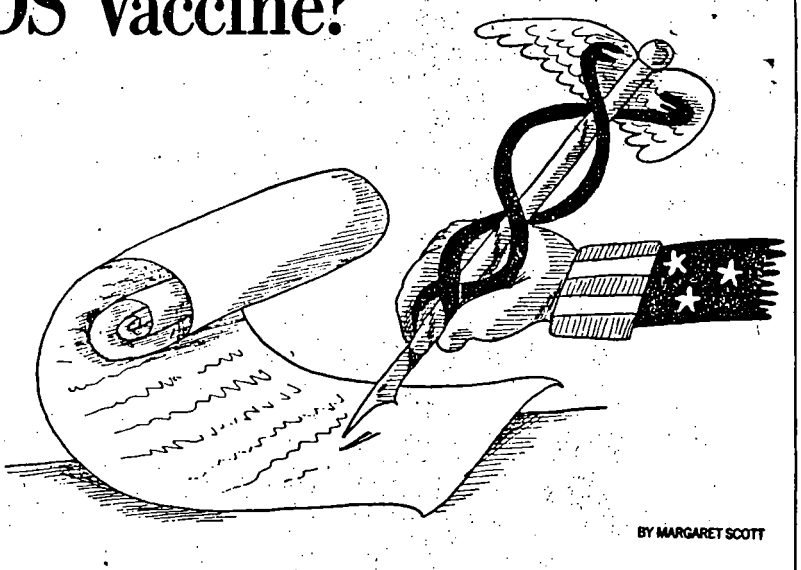
HAVE A GOOD TIME IN NJ... IT'S MY HOMETOWN :)

SARAH

*Charles Krauthammer*

3/30/97 Washington Post

# Why an AIDS Vaccine?



BY MARGARET SCOTT

The reviews are in on President Clinton's dramatic declaration pledging the United States to finding an AIDS vaccine, moonshot-like, within 10 years. Apart from AIDS activists who complain that the president did not commit serious moonshot money to the enterprise ("cheap talk"—Larry Kramer), the reaction was mostly favorable. Who, after all, can be against a vaccine against anything?

No one seems to want to raise the obvious, if indelicate, question: Why embark on a huge national venture to create a vaccine for a disease that is already extraordinarily preventable?

Unlike most communicable diseases, AIDS is not contracted casually. Unlike TB, it is not contracted by being coughed on in the subway. Unlike dysentery, it is not contracted by drinking the wrong water. To get AIDS you must, in all but the rarest cases, engage in very complicated consensual social behavior, namely unsafe sex or intravenous drug abuse.

It would be nice to live in a world where one could engage in such behaviors while enjoying vaccine-induced immunity. But is that really a top national priority? Would any president propose as a top national priority an anti-lung-cancer vaccine so that people who smoke—48 million Americans do—could do so with immunity?

Nor do presidents call for a 10-year campaign to produce a vaccine against cirrhosis of the liver. Why? Not because we want to stigmatize people who drink or smoke. But for a very practical reason: These behaviors being voluntary and preventable, it makes a lot more sense to spend the scarce intellectual, scientific and financial resources of the country trying to give people immunity from diseases that they cannot otherwise protect themselves against.

The classic case is polio. When FDR contracted it in 1921, we had not a clue how people got it. By the '50s, frightened parents kept their children away from swimming pools and movie theaters and even crowds. They lived in terror not knowing what they might be doing that was contributing to their kids' chances of getting polio.

With no obvious behavioral cause, polio was the classic case of a disease crying out for a vaccine. Meningitis, cervical cancer and multiple sclerosis occupy a similar position today. But AIDS?

***We abandoned public-health measures against AIDS because of political pressure. Now Clinton seeks an expensive magic wand instead.***

Moreover, Clinton is calling for a huge technological innovation (which many in the field doubt is a reasonable prospect anyway) to prevent the spread of AIDS. Yet at the same time, the traditional way of controlling the spread of communicable diseases has been largely abandoned in the case of AIDS. And uniquely in the case of AIDS.

We fight just about every epidemic—tuberculosis, syphilis, gonorrhea—by identifying carriers and warning their contacts. The usual epidemiological tracing has not been done for AIDS. Gay activists and civil libertarians have vociferously opposed it. And the politicians have caved.

The story of this travesty—"the effective suspension of traditional public health procedures for AIDS"—is laid out in damning detail by Chandler Burr in the current Atlantic Monthly ("The AIDS Exception: Privacy vs. Public Health").

"AIDS has been so thoroughly exempted from traditional public health approaches," writes Burr, "that civil libertarians have defeated in court attempts by health authorities to notify the spouses of people who have died of AIDS that their husbands or wives were HIV-infected."

In 1985, in fact, gay activists brought suit to prevent the use of the first test for HIV, unless assured the tests would not be used for widespread screening of gays. Even today they oppose mandatory HIV screening for pregnant women, even though we know that early treatment of the mothers would reduce by 50 to 75 percent the number of kids who are born with HIV.

"Traditional public health is absolutely effective at controlling infectious disease," says Dr. Lee Reichman, who works with tuberculosis and AIDS patients. "It should have been applied to AIDS from the start, and it wasn't. Long before there was AIDS, there were other sexually transmitted diseases, and you had partner notification and testing and reporting. This was routine public health at its finest and this is the way STDs were controlled."

Marcia Angell, executive editor of the New England Journal of Medicine, is blunter than most: "I have no doubt . . . that if, for example, we screened all expectant mothers, we could prevent AIDS in many cases. And if we traced partners, we would prevent AIDS in many cases. And if we routinely tested in hospitals, we would prevent AIDS in many cases."

And if we had a president with guts, he would be demanding these elementary measures to save people from getting AIDS today—instead of waving a wand and telling scientists to produce for him a magic vaccine 10 years from now.

SLT -FYI - Dcm

San Francisco Chronicle; 5-20-97

# A Vaccine For AIDS — New Goal For Science

PRESIDENT CLINTON'S call for the development of an AIDS vaccine within the next 10 years was a dramatic gesture from the bully pulpit, and a positive step forward in the campaign against the deadly disease.

In a commencement address at Morgan State University in Baltimore on Sunday, Clinton likened the quest for an AIDS vaccine to President Kennedy's stirring, 1961 challenge to put an American on the moon by the end of the decade.

***Clinton's bully-pulpit cheerleading for an AIDS vaccine encourages scientific research***

"With the strides of recent years, it is no longer a question of whether we can develop an AIDS vaccine," Clinton said, "it is simply a question of when."

Such rosy optimism is not yet warranted at a time when researchers are barely scratching the surface of the diabolical HIV — the mutating virus that causes AIDS — which has defied medical science and spread like wildfire since it was recognized in the early 1980s. Some respected researchers say a vaccine may never be discovered.

Clinton offered no additional money for AIDS research, yet merely by championing the cause he reminded the public of the desperate need for a vaccine, perhaps the only way to fight the disease on a global scale. And by challenging scientists and pharmaceutical companies, the president is asserting that such a vaccine is possible.

"What he has done is a major cheerleading effort, which is important," said Geert Kersten, Chief Executive Officer of Cel-Sci Corp. which is testing a vaccine. "It clearly helps because it changes perception" and could lead to greater investor confidence in vaccine research.

An estimated 29 million people around the globe are living with HIV, and 3 million are newly infected every year. In the United States about one million people carry the virus, with 40,000 new cases a year.

While Clinton's call for a vaccine fell short of his 1992 campaign promise to make AIDS research into a Manhattan Project, it was a forceful advancement of his administration's strategy to fight AIDS.

That strategy is to develop both a cure and a vaccine; reduce new infections; guarantee access to quality care for AIDS patients; fight AIDS-related discrimination; translate scientific advances into treatment and provide U.S. leadership in international efforts against the disease.

We are moving in the right direction. There is reason for hope.

The Boston Globe: 5-21-97

# No skimping on AIDS

The 4,200 people with AIDS in Boston can look forward to new drug treatments that promise them longer, more productive lives. Ironically, because fewer people are dying from AIDS, more support is needed for people living with AIDS. This is no time for the Menino administration to slacken its commitment to AIDS-related services in the budget proposed for next year.

Since 1991, annual city outlays for AIDS prevention and education have nearly doubled, but the much larger budget for care and services – home-delivered meals, rides to treatment, and some housing support – has been reduced 25 percent. Overall, the budget for AIDS programs through the city's public health commission has risen less than 10 percent since Menino took office, while the population of AIDS sufferers has increased 50 percent.

Besides aiding a larger population with existing services, more can be done to integrate AIDS prevention and treatment programs with similar efforts in drug abuse. The two are often linked: The needle-exchange pilot program in Boston, for example, has been credited with easing hundreds of addicts into treatment and slowing the spread of AIDS through this vulnerable population. The cost of preventing each new AIDS case is but a fraction of the costs for those who do become infected.

Menino has long been a champion of people living with AIDS. In his 1994 inaugural address he spoke movingly about those he pledged not to shut out of his administration. "I promise to dedicate my time as mayor to combating this disease with everything in my power," he said.

Unfortunately, the mayor's time is not enough, nor are his good words. Support for people with AIDS takes money. In the last fiscal year Menino promised the first of several incremental budget increases to catch up with the demand, and indeed, $250,000 was added to education efforts. But in this year's proposal, both accounts are frozen at the current levels.

Well into the second decade of the epidemic, there is no lack of innovative uses for funds in the multifront battle against AIDS. Menino should dig a little deeper.

Emily Harris

310-314-8217

Brian Mitchell

NPR Radio
15 minutes
Today @ 7:00 pm

THE WHITE HOUSE

WASHINGTON

REVISED

Statement by
Patricia S. Fleming
National AIDS Policy Director
on
President Clinton's FY 1998 Budget

President Clinton's fiscal 1998 budget maintains the strong Federal commitment to fighting the epidemic of HIV and AIDS. There are increases for virtually all AIDS programs despite the enormous pressure of balancing the Federal budget.

At a time of great optimism in the global response to HIV/AIDS, the President makes important investments in research, prevention, treatment, and housing. Discretionary spending for AIDS in the Department of Health and Human Services will rise 3 percent in FY 1998. The President's budget also maintains the vital safety net for Medicaid and Medicare.

When he took office in 1993, the President identified combatting AIDS as a priority of his Administration. With these new budget proposals, total spending for AIDS programs during the President's term in office will have increased by 70 percent. These funding increases, along with other actions taken by the Administration, have helped to spur scientific advances and translate those findings into better care for people living with HIV and AIDS.

Highlights of the President's FY 1998 budget include:

- $1.04 billion for the Ryan White CARE Act, an increase of $40 million, or 4 percent. Included is $167 million that is earmarked for the AIDS Drug Assistance Program. ADAP funding has increased by 22 percent in the last two years;

- $1.54 billion for AIDS research at the National Institutes of Health, an increase of $38 million, or 2.6 percent. Included is a substantial increase in funding for research into AIDS vaccines. AIDS research funds would be appropriated directly to the Office of AIDS Research, which would distribute those funds to the various institutes;

- $634 million for AIDS prevention and surveillance programs at the Centers for Disease Control and Prevention, an increase of $17.5 million, or 2.8 percent. The new funds will be targeted at intravenous drug users and their sexual partners; and

- $204 million for the Housing Opportunities for People with AIDS (HOPWA) program at the Department of Housing and Urban Development, an increase of $8 million, or 4.1 percent.

The President's budget also includes an important reform in disability policy that will allow people who leave the Social Security disability programs (SSI and SSDI) to return to work to retain their Medicaid or Medicare benefits. As improved treatments restore the health of people living with HIV/AIDS, it is imperative that government policies also adjust to the needs of those individuals. This reform will allow people to go back to work without leaving their health insurance behind.

The President is also asking Congress to restore welfare and Medicaid benefits for legal immigrants who are in need of assistance. These individuals work hard, pay taxes, and deserve the support of their government and their communities.

This is the final budget presented during my tenure as National AIDS Policy Director. I am proud of the increases in resources we have achieved and made available to fight the war on AIDS. Today's budget will advance our united effort to put an end to the epidemic.

# # #

**AIDS Discretionary Spending**
**(in millions)**

| Program | FY96 | FY97 | FY98 (proposed) | FY97-98 |
|---|---|---|---|---|
| FDA | $73 | $73 | $73 | 0% |
| HRSA | $762 | $1001 | $1,041 | +4.0% |
| *Ryan White CARE* | *($757)* | *($996)* | *($1,036)* | *+4.0%* |
| *Title I* | *($392)* | *($450)* | *($455)* | *+1%* |
| *Title II* | *($261)* | *($417)* | *($432)* | *+4%* |
| Title IIIB | ($57) | ($70) | ($85) | +22% |
| Title IV[a] | ($29) | ($36) | ($40) | +11% |
| Other RWCA | ($19) | ($24) | ($25) | +4% |
| Other HRSA | ($25) | ($5) | ($5) | 0% |
| IHS | $3 | $4 | $4 | +4% |
| CDC | $583 | $617 | $634 | +3% |
| NIH | $1,411 | $1,501 | $1,540 | +3% |
| SAMHSA | $54 | $66 | $67 | +2% |
| AHCPR | $6 | $4 | $1 | -73% |
| OHAP | $0.5 | $0.5 | $0.6 | +3% |
| Total, HHS (discretionary) | $2,898 | $3,270 | $3,365 | +3% |
| HOPWA | $171 | $196 | $204 | +4% |

[a]The HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at $22 million.
[b]This includes an earmark of $167 million for the AIDS Drug Assistance Program

**AIDS Spending**
**Other Departments & Agencies**
(in millions)

| Department/Agency | FY96 | FY97 | FY98 |
|---|---|---|---|
| AID | $111 | $117 | $117 |
| Defense | $103 | $98 | $100 |
| HUD/HOPWA | $171 | $196 | $204 |
| Justice/Prisons | $6 | $7 | $8 |
| Labor | $1 | $2 | $2 |
| OPM | $226 | $241 | $253 |
| Veterans | $337 | $350 | $358 |

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

October 15, 1996

NOTE FOR THE DIRECTOR

FROM: Nancy-Ann Min NAM

RE: Highlights of Federal HIV/AIDS Funding and Initiatives during Clinton Administration

---

The attached table and bullets provide information about our record with respect to funding for AIDS research, prevention, treatment, and services. (This does not include a few relatively small items such as AIDS research at DOD, because we do not have updated numbers for these initiatives).

I thought you might find this background to be useful.

cc: Jack Lew
John Koskinen
Larry Haas
Barry Clendenin

Carol Rasco
George Stephanopoulos
Don Baer
Alexis Herman
Patsy Fleming
Jeremy Ben-Ami
Chris Jennings

## Highlights of Federal HIV/AIDS Funding and Initiatives: FY 1993- FY 1997

**Funding History of Selected HIV/AIDS Activities: FY 1993-97**

(BA -- $ in Millions)

| | FY 1993 | FY 1997 | $ Increase over FY93 | % Increase Over FY93 |
|---|---|---|---|---|
| **NIH AIDS Research** | 1,071 | 1,502 | +431 | +40% |
| **HRSA Ryan White AIDS Treatment Grants** | 386* | 996 | +610 | +158% |
| **CDC HIV Prevention** | 498 | 617 | +119 | +24% |
| **HUD Housing Opportunities for People with AIDS** | 100 | 196 ** | +96 | +96% |
| **Medicaid Federal Share** (Mandatory) | 1,290 | 1,970 | +680 | +53% |
| **Medicare** (Mandatory) | 385 | 780 | +395 | +102% |

*Comparable estimate to grants currently authorized under Ryan White. Two grants that are currently authorized in the Ryan White CARE Act 1996, Pediatric AIDS Demonstration Grants and AIDS Education and Training Centers, were not funded through Ryan White in FY93. The FY93 estimate includes $21 million for Title IV PediatricAIDS and $16 million for AIDS Education and Training Centers. Both of these grants are now authorized as part of the current Ryan White CARE Act of 1996.

**Assumes $25 million of Section 8 Rental Assistance is recaptured and transferred to HOPWA, as provided in Section 214 (b) (2) of the VA/HUD/Independent Agencies Appropriation Act of 1997 (P.L. 104-204).

- **FY 1997 Funding for AIDS Research, Treatment and Prevention** -- Funding for several discretionary HIV/AIDS activities has increased substantially in FY 1997 as compared to FY 1993. These include a 40% increase in NIH AIDS research, a 158% increase in Ryan White AIDS treatment grants, a 24% increase in CDC HIV prevention activities and a 96% increase for HUD's Housing Opportunities for People with AIDS (HOPWA) program.

- **Support for State AIDS Drug Assistance Programs (ADAP)** -- Soon after the Food and Drug Administration (FDA) began approving an expensive new class of AIDS therapies called "Protease Inhibitors" in early 1996, the Administration proposed Budget Amendments of $52 million and $65 million in FY 1996 and FY 1997 respectively to increase specific funding for AIDS Drug Assistance Programs (ADAP) through Ryan White. (ADAPs provide access to medications for people with HIV disease who are not covered by Medicaid or do not receive prescription drug coverage through private sources.) Between March 1st and October 1st, 1996, funds appropriated for ADAP activities increased by at least $167 million.

- **Federal Medicaid Spending on HIV/AIDS** -- The Health Care Financing Administration (HCFA) estimates that at least 50% of people with AIDS and more than 90% of children with AIDS are covered under Medicaid. Federal Medicaid spending on AIDS/HIV treatment has increased 53% since FY 93. Currently, approximately 100,000 Medicaid beneficiaries are HIV positive, and Federal Medicaid expenditures on AIDS are estimated to be $1.97 billion in FY 97 according to HCFA. HCFA considers these expenditures and population estimates to be "rough", as the population with AIDS, treatment methods and AIDS medical costs have evolved substantially in recent years.

However, Medicaid is clearly the largest single payer of direct medical services for people living with AIDS.

- **Medicaid Coverage of Protease Inhibitors** -- On June 19, 1996 HCFA sent a letter advising States that they are required to cover protease inhibitors and encouraging them to ensure that appropriate nutritional services are provided to persons living with HIV/AIDS.

- **Federal Medicare Spending on HIV/AIDS** -- Medicare spending on persons with HIV/AIDS grew by 102% since FY 93. There are approximately 10,000 persons on Medicare who are HIV positive according to HCFA. Persons with AIDS qualify for the Medicare program by first qualifying for the Social Security Disability Insurance Program (SSDI). A person must wait 29 months after becoming disabled and qualifying for SSDI before becoming eligible for Medicare. As the life span for this population is fairly short after reaching the disabled stage, many people do not live long enough to qualify for Medicare. This is likely to change, however, with the advent of new drugs and better treatments.

Question: Pharmaceutical companies have been concerned over liability issues regarding vaccine research. How will the Administration/POTUS/White House respond to their concerns?

Answer: We will be meeting with the pharmaceutical companies regarding their concerns?

Question: When?

Answer: I am not sure that a certain date has been set, but I know we are working on it.

CAEAR
CITIES ADVOCATING
EMERGENCY AIDS RELIEF

May 19, 1997

The Honorable William Jefferson Clinton
President
The White House
Washington, DC 20510

Dear Mr. President:

The Cities Advocating Emergency AIDS Relief (CAEAR) Coalition commends you on the announcement of a ten year federal initiative to develop a vaccine for the Human Immunodeficiency Virus (HIV). We salute your use of the Presidency to keep issues related to the worldwide AIDS pandemic at the forefront.

The CAEAR Coalition represents the federal policy and appropriations interests of the 49 U.S. epicenters of the AIDS epidemic that receive funding through Title I of the Ryan White CARE Act. We are people living with HIV and AIDS, medical providers, support service providers, and health planners who are on the front lines of the U.S. AIDS epidemic. We acknowledge the importance of a targeted initiative for vaccine development and recognize that a vaccine is critical to preventing new infections in youth and adults at risk for infection. We trust that the leadership of the United States in this initiative will have a ripple effect in governments and communities around the world--encouraging them to increase their efforts to end this devastating pandemic.

As consumers and providers of CARE services for people living with HIV, we ask that you continue to use the Presidency as a bully pulpit to keep the issues of people living with HIV in the hearts and minds of the American people. CARE programs will continue to need significant increases in support from the federal government as more people live longer with HIV disease. Medical care, housing, substance use treatment, mental health treatment, transportation, nutrition, and of course new antiretroviral drug therapies continue to be critical to the quality of life and survival of people living with HIV. Your ongoing support for increased funding for CARE programs is paramount to our success in filling these needs.

Thank you for your leadership and the leadership of Vice President Gore. We encourage you to continue to clearly articulate your commitment to ending this epidemic while caring for those living with HIV. The CAEAR Coalition looks forward to working with you to realize the goal of this laudable initiative.

**The CAEAR Coalition**
1413 K Street N.W., Suite 700
Washington, D.C. 20005

202 789 3565
202 789 4277 fax

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Sincerely,

| | |
|---|---|
| Judy Moore-Nichols | K.C., EMA |
| Jerry Walker | Portland, OR EMA |
| Andrea Fearnow | Santa Rosa, California |
| | Los Angeles, CA |
| | N Hollywood CA Co-Chair ENC |
| Suzi Rodriguez | Vice Chair CAEAR Coalition Los Angeles, CA |
| Anna Heath | San Francisco CA |
| | San Francisco, CA |
| | San Francisco, CA. |
| Lawrence Wayfer | St Louis, MO |
| William E. Wilson | St Louis, MO |
| Richard W. Pickering, M.S.W. | St. Louis, MO |
| | Fort Lauderdale, FL |
| BALTIMORE EMA | Baltimore Md EMA |

| | |
|---|---|
| Brian Bergner | St. Louis EMA |
| Daryl A. Glover | Los Angeles Calif. HIV-DATE |
| Chris Wade | Los Angeles TARZANA Treatment Center HIV+ |
| Roger A. Gooden | Kansas City, MO R.W. Co-Chair |
| Joseph Wynn | Miami, Fl EMA |
| | Chicago, Ill EMA |
| Patricia Bass | Phila. Pa EMA |
| | Denver EMA |
| | Denver EMA |
| William Thomas | Chicago EMA |
| | Chairman CAEHR Coalition. Wash. D.C. |
| JoAnn Schop | New York City EMA |
| Andrew Deppe | Chicago Dept. of Health |
| LaDonna Love-Kretchmer | Chair Austin HIV Planning Council |
| | Palm Beach County EMA |
| Mary Clark | Boston EMA |

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| Andrew Deppe | Chicago Dept. of Health |
| LaDonna Love-Ketchmere | Chair Austin HIV Planning Council |
| | Palm Beach County EMA |
| Mary Clark | Boston EMA |

NAPWA

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

May 21, 1997

The President
The White House
Washington, DC 20500

Dear Mr. President:

I am writing on behalf of the National Association of People with AIDS (NAPWA), to commend you on the announcement of a rational initiative to develop a protective vaccine against the Human Immunodeficiency Virus (HIV) in the next ten years. NAPWA salutes your commitment to making this a serious national priority.

As the national voice of people living with HIV, NAPWA represents the needs of countless thousands of Americans who face the day-to-day challenges of living with HIV disease. We remain committed to working for a cure for AIDS. We have never strayed from our responsibility, however, to promote and support effective HIV prevention and education. For millions of people at-risk for HIV infection across the globe, the simple knowledge that the greatest nation on earth will lead the effort to develop a preventive vaccine is very powerful.

We applaud your leadership and the leadership of Vice President Gore. In announcing this initiative, NAPWA strongly urges you to renew your commitment to maintaining and expanding HIV/AIDS Housing, Prevention, Research, Medicaid and Medicare and CARE Act services.

Sincerely,

A. Cornelius Baker

A. Cornelius Baker
Executive Director

1413 K Street, N.W.,
Washington D.C. 20005
Phone: (202) 898-0414
FAX: (202) 898-0435

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| Lawrence Wayfew | St Louis, MO |
| William E. Wuller | St Louis, MO |
| Ward W. Pickering, M.S.W. | St. Louis, MO |
| [illegible] | Fort Lauderdale, FL |
| [illegible] BALTIMORE EMA | Baltimore Md EMA |

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| Brian Bergmire | St. Louis EMA |
| Daryl A. Glynn | Los Angeles Calif. HIV-DATE |
| Chris Wade | Los Angeles TARZANA Treatment Center |
| Logan A. Gooden | Kansas City, MO R.W. Co-Chair HIV+ |
| Joseph Wynn | Miami, Fl EMA |
| | Chicago, Ill EMA |
| Patricia Barr | Phila. Pa EMA |
| | Denver EMA |
| | Denver EMA |
| William Thomas | Chicago EMA |
| | Chairman CAEHR Coalition. Wash. D.C. |
| JoAnn Schop | New York City EMA |
| Andrew Deppe | Chicago Dept. of Health |
| LaDonna Love-Kretchmer | Chair Austin HIV Planning Council |
| | Palm Beach County EMA |
| Mary Clark | Boston EMA |

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# Still Needed: An AIDS Vaccine

By H.R. SHEPHERD

World AIDS Day this Sunday offered some real cause for celebration: An effective treatment for the dread disease has finally arrived – and not a moment too soon. Last year alone, a million people died from AIDS world-wide. AIDS is now the leading cause of death of 25- to 44-year-olds in the U.S. The nationwide rate of new AIDS infections is 40,000 a year; world-wide, more than three million.

Given these harsh realities, it was natural that American media, scientists and AIDS patients were jubilant this spring when three new drugs that appear to counter AIDS were approved for use. "No one can call AIDS an inevitably fatal disease anymore," exclaimed Peter Piot, director of the United Nations Global Program on AIDS. Clinical trials showed that the new drugs, called protease inhibitors, greatly reduce patients' levels of HIV, the virus that causes AIDS, when combined with AZT and other antiviral drugs.

But the treatment is not a cure. At best, for some patients, it will transform AIDS into a chronic, manageable disease. Like diabetics, the "lucky" AIDS patients who get and respond to the therapy will have to be tested for the rest of their lives. They will have to take a complicated, 15-pill regimen every single day. The cost of the new treatment – $10,000 to $16,000 a year – puts it out of reach for most AIDS patients – especially the 90% of AIDS sufferers who live in Third World countries. And AIDS will continue to spread until vaccines are found.

AIDS takes an incalculable toll on humanity. Millions of grieving families must watch loved ones with the disease suffer pain that exceeds even the most potent drugs' ability to suppress it, their bodies slowly, inexorably atrophying. AIDS lays waste to families, too. There were 30,000 AIDS orphans in New York City alone in 1994.

Even the most callous observer must be moved by the economic crisis wrought by AIDS. The lifetime cost of treating an HIV-positive patient in the U.S. is $119,000. Some estimates place the disease's indirect costs – lost wages and productivity both for patients and care givers – at seven times this sum, or about $833,000 per patient. Multiplied by the 40,000 new cases a year in the U.S., that works out to more than $33 billion nationally. AIDS' debilitating effects often force its victims to quit their jobs and lose their medical insurance, the costs of their care and treatment borne by taxpayers and charities.

In some countries, such as Uganda, as many as 15% of adults are infected with HIV. These nations lack the resources to treat their stricken citizens. And the massive death tolls decimate many countries' work forces, setting back economic development and ultimately increasing dependence on foreign aid.

The human suffering and economic crisis caused by AIDS point to a single imperative: We must develop vaccines to prevent, and eventually eradicate, HIV. Vaccines are the most cost-effective medical intervention ever devised. They stop epidemics and prevent diseases for a fraction of the treatment costs.

At the height of the polio epidemic, the disease struck as many as 57,000 Americans a year. But the Salk and Sabin vaccines have eradicated polio in 145 countries, saving more than $1 billion annually in treatment costs in the U.S. alone – at a cost of as little as $9 per dose. The World Health Organization plans to wipe out polio world-wide by the turn of the century.

Even more dramatic is the eradication of smallpox. Thanks to international immunization programs, the last case of smallpox was detected in Somalia in 1977. International health officials estimate that smallpox would have killed five million people a year without immunization. And the complete eradication of smallpox eliminated the need to vaccinate against it, saving the world more than $20 billion since 1977. Today's youth know smallpox only as a word in history books.

Yet despite the crying need for an AIDS vaccine, funding for vaccine research is meager. Less than 10% of the National Institutes of Health's investment in AIDS research last year went to vaccine research. The NIH itself said this summer that basic research on vaccines is "vastly insufficient." The search for vaccines gets even less funding outside the U.S. Developing countries spent $10 billion on AIDS last year, but only $5 million – 1/20th of 1% – went to vaccine research.

The paucity of AIDS vaccine research funds is both vexing and understandable. The most passionate advocates for AIDS research are those directly affected by the epidemic: patients and their families and friends. For them, the top priority is to treat AIDS, to prolong and improve the quality of their lives. It is only natural that they would campaign for research to find AIDS treatments.

But it is immunization, not treatment, that will end the AIDS epidemic. The drive to conquer AIDS requires strong moral, political, scientific and business leadership. We must find innovative ways to make more funds available for research that will eradicate AIDS, not just make it manageable. Each dollar directed to vaccine research will be repaid many times over when immunization reduces, then eliminates, the costs of treating AIDS patients.

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*Mr. Shepherd, chairman of the Albert B. Sabin Vaccine Foundation of New Canaan, Conn., developed the aerosol inhaler for asthma medication.*

# Experimenters Give Hope For Immunity to Virus

For years, scientists have been struggling to create an AIDS vaccine. The effort has turned out to be much more difficult than for any other disease.

The human immunodeficiency virus (HIV) mutates easily, creating a moving target for vaccines. There are also at least six major strains of HIV around the world, making it uncertain whether any single vaccine could protect against multiple strains.

At the same time, there are no good animal models in which to test vaccines. HIV does not infect monkeys, and chimpanzees, which can become infected, are extremely expensive, are a protected species and rarely become ill as a result of infection.

Further complicating the effort is the fact that scientists still have not identified exactly what to look for in a vaccinated person to know whether that person is protected. And scientists are not even completely certain the human immune system is capable of being stimulated in a way that would create full immunity.

Research, however, in animals and people does suggest that there is hope, and several types of experimental vaccines are in various stages of development. They are:

■ **Recombinant Peptide Vaccines.** These are laboratory-made proteins similar to proteins from the envelope and inner core of HIV. When injected into a person, the proteins stimulate the immune system to make antibodies against HIV. These vaccines have been tested in animals and people. One particularly promising version, known as gp120, went through phase II clinical trials to determine safety. But the National Institutes of Health deemed that vaccine not promising enough to justify putting it into large-scale efficacy trials. This vaccine, however, is still being tested in people in this country as a booster after an initial inoculation with a "live virus" vaccine, and will also undergo testing in Thailand and Uganda.

■ **Live Virus Vaccines.** These use a live virus, such as the vaccinia virus or the canary pox virus, which has been genetically engineered to include some genes from HIV. When injected into people, the virus integrates its genetic material into the person's genes. Those infected cells start producing HIV proteins, which stimulate the immune system to make antibodies against HIV and key immune system cells known as killer t-lymphocytes, both of which can attack HIV. Various versions of this vaccine have been shown to be safe in small phase I human trials. One version is about to be tested in a phase II safety trial involving 420 people at 14 sites in the United States. That trial involves HIV-negative men and women, some of whom are considered to be at high risk of becoming infected with HIV. They will receive one shot of the live virus vaccine followed by a booster shot of gp120. If it appears safe, then it may go into phase III efficacy trials involving thousands of people.

■ **DNA Vaccines.** These are made out of "naked" laboratory-made genetic material identical to genetic material in HIV. When injected into people, the DNA enters muscle cells in the arm, which then start producing HIV proteins encoded by the DNA. The proteins stimulate the immune system to produce antibodies and killer t-lymphocytes. Recent experiments in chimpanzees suggest these vaccines hold promise. They have also been tested for safety in small phase I clinical trials involving people. A larger phase II safety trial is being planned.

■ **Live Attenuated Vaccines.** These are made from whole live HIV that has been weakened so that the virus cannot cause disease. This is the same strategy used to make oral polio vaccines, which have been highly effective in eliminating polio from most of the world. These vaccines stimulate both antibodies and killer t-lymphocytes. In animal experiments, these vaccines appear to be the most effective of any, perhaps because they most closely mimic a real HIV attack. However, scientists are concerned that weakened HIV might somehow spontaneously mutate into a form capable of causing AIDS. Therefore, no such product has been tested in people yet, and no plans are underway in this country to do so.

—Rick Weiss

The Washington Times May 19, 1997

# Teenagers Less Sexually Active in U.S.

Washington Post 5/2/97 A1

## *Surveys Also Show More Using Condoms*

By Barbara Vobejda
and Judith Havemann
Washington Post Staff Writers

After climbing steadily for more than two decades, sexual activity among American teenagers has declined, the first drop since the federal government began tracking the information in 1970, according to a new government survey released yesterday.

Among girls aged 15 to 19, the proportion who reported having had sexual intercourse had fallen to 50 percent in 1995 from 55 percent in 1990, the last time the study was conducted. A separate federal study showed the figure for boys had dropped to 55 percent in 1995 from 60 percent in 1988.

The national studies also found that those teenagers who are sexually active are more likely to use contraceptives than they were in the past, and condom use has increased most dramatically.

Those two changes—fewer teenagers having sex and better contraceptive use among those who are—explain why the birth rate among teenagers has fallen since 1991, researchers said.

"We welcome the news that the long-term increase in teenage sexual activity may finally have stopped," Health and Human Services Secretary Donna E. Shalala said in a statement.

While researchers cautioned that teenage birth rates in this country remain disturbingly high, they also said the new studies show young

See TEENAGERS, A12, Col. 1

# Clinton Appeals to Science for an AIDS Vaccine

By John F. Harris
Washington Post Staff Writer

BALTIMORE, May 18—Finding a vaccine to prevent AIDS should be the scientific community's "first great triumph" of the 21st century, President Clinton urged today, in an appeal that prompted widely varied reactions among AIDS activists and researchers.

Some people welcomed Clinton's embrace of vaccine research, including his call for the nation to "commit ourselves" to finding a vaccine within 10 years. Others berated Clinton for setting a grand goal but not offering a large infusion of federal funds to meet it.

Somewhere in the middle were several AIDS activists who said they like Clinton's goal but worry that increasing efforts on a vaccine could detract from research on finding new medicines to help people already infected with HIV, the virus that causes AIDS.

At commencement exercises at Morgan State University here, Clinton accompanied his challenge to find a vaccine within a decade with an announcement of a new AIDS vaccine research center at the National Institutes of Health. Administration officials last week had disclosed Clinton's plans, which were widely publicized in newspapers today.

The new center will be made up of researchers already conducting research at other parts of NIH. While NIH's annual budget for AIDS vaccine research has risen by a third over the past two years, to a current annual level of $150 million, Clinton did not today propose a further increase in funding.

Steven Michael, a spokesman for the Washington chapter of the gay rights group ACT-UP, called Clinton a hypocrite for comparing, as he did at Morgan State this morning, his appeal for an AIDS vaccine to President John F. Kennedy's goal in 1961 of sending a man to the moon within a decade.

"Kennedy's Apollo project was a bold initiative, and America committed its resources behind it," Michael said. "We were not talking about shifting researchers around the country."

But Greg Gonsalves, policy director for the Treatment Action Group in New York, said Clinton's goal and the new NIH center "all looks good." While more funding would be welcome, he said, hoping for it is probably "naive" given the federal government's budget problems and the fact that Clinton has increased AIDS research funding over the amounts his Republican predecessors proposed.

"Think back 10 years," said Gonsalves, whose group helps promote AIDS research. "None of this would have happened."

Jose Zuniga, a spokesman for the national AIDS Action Council in Washington, said most AIDS activists "were waiting for the details."

"We're anxious to work with the Clinton administration," Zuniga said, as long as a vaccine search "doesn't take away from anything else being done."

The search for a vaccine is "getting a higher proportion" of NIH's total AIDS budget than in the past, NIH director Harold E. Varmus said yesterday. Vaccine work now consumes about 10 percent of NIH's $1.5 billion annual AIDS budget, said Varmus, who added, "We're certainly not ceasing our efforts to look for cures."

New York playwright Larry Kramer, a prominent AIDS activist, dismissed the president's speech as "more cheap talk. . . . It's an easy promise. He's just switching NIH finds from Column A to Column B—what I call Chinese restaurant accounting."

The search for a vaccine "will take energy and focus and demand great effort from our greatest minds," Clinton said at Morgan State, in his first speech as president at a historically black college. "But with the strides of recent years, it is no longer a question of whether we can develop an AIDS vaccine, it is simply a question of when."

Some leading scientists are considerably more restrained in their optimism. Robert C. Gallo, a co-discoverer of HIV and the head of the University of Maryland's Institute of Human Virology, said among the impediments to a vaccine are the virus's ability to mutate, the failure so far to find ways of testing vaccines on inexpensive small animals instead of expensive large primates and various other technical hurdles. "These are obstacles that have been there since 1984," when HIV was discovered, said Gallo, who added that despite his caution, "I like the idea of setting a goal."

Some people in the drug industry welcomed Clinton's rhetorical call, even while warning that more than words were needed. Alan F. Holmer, president of the Pharmaceutical Researchers and Manufacturers of America, said in a statement that "to really promote a breakthrough" Clinton should also support legislation making drug researchers less vulnerable to lawsuits and "urge Congress to restore the funding he proposed to cut in the Food and Drug Administration budget."

Geert Kersten, the chief executive of Alexandria-based Cel-Sci, which is trying to develop a vaccine, said more government spending was welcome in part because many private investors are skeptical that a vaccine will ever be developed or become profitable. Despite numerous encouraging signs in the research, he said, "the financial markets have given it a rating of zero."

Clinton's comments on an AIDS vaccine were part of a broad discourse on science and values, in which he called for four ethical "guideposts" in the modern age: Scientific gains should be accessible to all regardless of wealth; scientific breakthroughs in genetics and other fields should not be used as the basis for discrimination; the right to privacy should not be invaded by computers and other technological breakthroughs; and euphoria over new advances should be tempered by understanding that the "deepest truths remain outside the realm of science."

"We must always remember," Clinton said, "that science is not God."

[redacted]

Wash. Post May 19, 1997

# Community app auds A DS act'v'st's 'sp r

## 'Tireless' Michael Singerman 'retires' from the front lines

by M. Jane Taylor

A 1991 front page of *The Washington Post* featured a photo of Washington, D.C., intravenous drug addicts queuing up to hand in their contaminated needles in exchange for clean ones. The program was being illegally operated by activist Michael Singerman and other members of ACT UP.

Today, a legal needle exchange program is up and running in the District — largely due to the lobbying efforts of Singerman and his political partner, activist Sabrina Green.

Singerman, an activist who over the years has pounded upon this city's pavement as well upon its bureaucratic doors with organizations such as ACT UP, Queer Nation, OUT!, and Gay Men and Lesbians Opposing Violence, for the first time received public recognition for his personal efforts in combating the spread of the AIDS virus.

The Gay and Lesbian Activists Alliance (GLAA) on April 24 presented Singerman with a distinguished service award for his work in changing city law and instituting a legal and workable needle exchange program.

"The District government had been dragging its heels on the needle exchange program for years ... and he was always riding hard on them," said GLAA's Craig Howell.

In response to the growing spread of AIDS in the city, Singerman said then-Mayor Sharon Pratt Kelly used emergency legislation in 1992 to initiate a needle exchange program which required IV drug abusers to come to a government facility, take a physical exam, and enroll in a drug treatment program.

The program was largely ineffective for reasons which included the fact that many intravenous drug abusers are homeless, and people who didn't have an address were not eligible for the program, Singerman said.

In 1995, Singerman and others successfully lobbied the D.C. Council for passage of a bill to reform the city's needle exchange program.

Singerman "was a catalyst for moving this action forward," said Jim Graham, executive director of Whitman-Walker Clinic. "It is very much in the spirit of AIDS activism."

D.C. awarded the contract to a coalition led by the Whitman-Walker and Project Aquarius, a mobile medical outreach unit of the KOBA Institute, a nonprofit human services organization.

Singerman, whose father was in the Navy, grew up in Annapolis, Md., as the middle child of an Orthodox Jewish family. He graduated from the University of Maryland in 1981 with a degree in communications. He said he worked in advertising for a while, but it was too competitive. "I thought it'd be a lot more glamorous than it was, too," he said.

In the mid-1980s he moved to the D.C. area, where he worked, and still does, as a part-time model for studio art classes.

It was while working as a model in 1985 that Singerman met his boyfriend, Steven Miller.

"In the early '80s, AIDS was like a death sentence," Singerman said.

Miller died in February 1987, after he had gone back to his Connecticut home.

"I couldn't take care of him anymore," Singerman said. "He needed to be in a hospital. His mother took care of him."

It was Miller's death that spun Singerman into activism. He said he joined up with the now-defunct Gay activist group OUT!, which was doing AIDS activism, and he helped to form Gay Men and Lesbians Opposing Violence (GLOV) in 1991.

"I really had bottled up a lot of my feelings about my boyfriend's death," he said. "It felt very cathartic to get out my anger at the government."

Over the years, Singerman said he has lain in wet, cold streets to block traffic, has been pushed and thrown out of buildings by police and security guards, and has nearly been trampled by mounted officers.

Although Singerman said he still believes in street activism, he said his own focus has changed to that of advocacy to get laws changed.

"You have to go in there and work with them," he said. "Screaming and yelling is not going to do that, but screaming and yelling will get attention at certain times."

**Micahel Singerman: "Screaming and yelling will get attention certain times."**

Even though Singerman said he is "retired" from direct action organizing, he said he will continue to do AIDS activism through communication, education, and lobbying efforts. Singerman "is a tireless activist," said Cheryl Spector, another longtime D.C. activist and a close friend of Singerman's. "We've laughed together, we've cried together," Spector said.

GLAA President Ric Rosendall said Singerman's "e ergy and persistence real amazes me."

"He worked at it at the stre level, and also at the polic level," Rosendall said. "I think we had more people in town lik him, we could accomplish man things."▼

# loesn' ıp )dds of dying

SAN FRANCISCO (UPI) — Unss you have AIDS, smoking pot on't increase your chances of dyg.

So say the authors of a 10-year udy of 65,171 patients ages 15 to ) who had health checkups at the aiser Permanente facilities in ın Francisco and Oakland, Calif.

The researchers say their exıustive investigation turned up ) statistically significant link beeen marijuana use and death. ıe only exception was in men ıo died from acquired immune ficiency syndrome, or AIDS.

Says lead study author Dr. Steıen Sidney of the Division of Rearch for Kaiser's Northern Calirnia Region: "This doesn't mean at marijuana causes AIDS. Prior search has shown that during e 1980s, homosexual and bisexl men had a higher rate of mariana use than heterosexual men. e think this is the reason for the ık between marijuana use and DS."

The researchers divided the paıts into groups ranging from ose who had never tried mariana to regular users. Except for DS, there appeared to be no inease in death rates among pot ıokers.

The study also found that among ımen using marijuana, the risk accidental death rose to an alost statistically significant level.

## AIDS list sender gets 60 days in jail

CLEARWATER, Fla. (AP) — A former funeral home director who mailed a confidential list of nearly 4,000 AIDS patients to the media to spite a former lover was sentenced to 60 days in jail.

Gregory Wentz, 33, was allowed to remain free as he appeals his misdemeanor convictio of violating confidentiality law

**MEDICAID 'CAP' DROPPED:** Representatives of AIDS advocacy groups breathed a sigh of relief last week when President Clinton and congressional budget negotiators agreed to drop a proposed cap on Medicaid benefits from a five-year plan to balance the federal budget.

To the dismay of many Gay civil rights and AIDS activist, Clinton had included a proposal for a per person cap on Medicaid spending in his fiscal year 1998 budget. The AIDS Action Council, which represents dozens of AIDS service groups throughout the country, has said a per person cap on Medicaid benefits could have had a devastating effect on people with AIDS.

Large numbers of people with AIDS rely on Medicaid as their sole means of paying for medical care, including treatment with lifesaving AIDS drugs. The group said a per person cap on Medicaid benefits would likely have fallen below the yearly cost of medical care for people with AIDS — especially since the cost of a new line of protease inhibitor drugs alone might exceed such a cap.

AIDS Action and the Human Rights Campaign, a national Gay political group, said that while they are pleased that the White House and congressional negotiators dropped the Medicaid cap proposal, they are still concerned about reports that the two sides have agreed to overall cuts in the Medicaid program of between $15 billion to $17 billion over the next five years. In addition, AIDS Action and HRC expressed concern over the impact on the federal AIDS budget of a reported budget agreement to cut non-military, domestic spending by as much as $68 billion over the next five years.

Most of the federal AIDS programs, including those run by the National Institutes of Health and the Centers for Disease Control and Prevention, fall under the domestic, non-military budget.

"These programs care for people affected by HIV/AIDS, prevent HIV infections, lead to lifesaving scientific advancement, and provide stable homes for so many people with HIV/AIDS and their families," said AIDS Action Director Daniel Zingale. "Nothing justifies these types of spending cuts."

Elizabeth Morra, spokesperson for the House Appropriations Committee, said the figures cited by AIDS Action and HRC were based on unofficial reports published in the press. She said White House and congressional negotiators have yet to release final figures.

Brian Bilbray (R-Calif.) and Jim Gibbons (R-Nev.) have withdrawn their cosponsorship of the HIV Prevention Act of 1997, a sweeping measure that calls on states to report the identities of people who test positive for the HIV infection.

Gay civil rights and AIDS advocacy groups have expressed strong opposition to the bill, which was introduced in March by Rep. Tom Coburn (R-Okla.). The bill, HR 1062, seeks to require states to adopt a series of HIV testing requirements, including mandatory partner notification. The bill also includes a provision that would cut off federal Medicaid funds to states that fail to adopt its testing and reporting requirements.

Lisa White, an official with the AIDS Action Council, said another eight House members told AIDS Action they are considering dropping their sponsorship of the Coburn bill following discussions with AIDS Action staff members.

At the time Coburn introduced the bill in March, 71 co-sponsors signed on to the legislation. As of this week, Coburn had recruited an additional 17 co-sponsors, bringing the total to 88, according to House records. The American Medical Association has endorsed the Coburn bill. Other groups, including the American Nurses Association and the National Governor's Association, have expressed opposition to the bill.

# A Primary of Science for Caltech's Presidency

## *Nobelist Baltimore has the needed background and clout*

Caltech's decision to name David Baltimore its next president is savvy and significant, for Baltimore has just the right background and talents to help the Pasadena institute retain its footing on the shifting terrain of academic science. The Nobel Prize-winning biologist and professor at the Massachusetts Institute of Technology will succeed Thomas E. Everhart, who is retiring after 10 years as head of the renowned university.

Long a world leader in hard science, Caltech thrived on generous government funding during the Cold War. President John F. Kennedy's promise to put a man on the moon by the end of the 1960s, for instance, fueled the institute's Jet Propulsion Laboratory, and President Ronald Reagan's notion that space-based lasers could defend the country funneled hundreds of millions of dollars into the "Star Wars" missile research that Caltech scientists helped direct in the 1980s.

Since the late 1980s, however, when the Cold War subsided and a new battle against the budget deficit began, public funds for the physical sciences have been drying up. The rising star now is biomedicine, which in recent years has received modest boosts in public funds and major backing from private industry.

The growth has been driven largely by the mapping of the human genome, a mammoth project to discover how our genes act like software to program the body. Baltimore has played a major role in the project, helping give it an interdisciplinary focus that is similar to the spirit of academic inquiry at Caltech.

Baltimore's experience will help Caltech, traditionally focused on physics and engineering, expand its relatively recent and promising research into neurobiology and developmental genetics. Should Pasadena develop a proposed industrial park for high-technology companies, Baltimore's experience with such industries could give Caltech a role.

Pure scientists often bristle at the notion of climbing down from their ivory towers to do practical, applied research. They fear they will lose sight of truth while walking on Wall Street. But in establishing private-academic partnerships at MIT, Baltimore has successfully mollified such concerns.

Historically, Caltech has been an insular and introspective campus. But the Caltech faculty committee that selected Baltimore said it wanted a president who would help the institute play a more prominent role in national affairs.

Most university presidents nowadays tend to operate behind the scenes. Baltimore is a welcome throwback, socially outspoken like Clark Kerr and Robert Hutchins, university presidents who in the 1950s and '60s helped explain what the sciences mean for civilization.

**GROUP WANT FUNDS FOR DRUGS:** A coalition of AIDS advocacy groups and pharmaceutical research organizations told a House subcommittee last month that a combined federal and state appropriation of $554.3 million will likely be needed to insure that AIDS patients lacking sufficient health insurance can receive life-saving combination drug therapies, including the highly effective protease inhibitor drugs.

The AIDS Drug Assistance Program (ADAP) Working Group told the House Subcommittee on Health and the Environment on April 15 that it based the projected cost for providing combination drug subsidies to patients on a national survey of state ADAP offices. The Clinton administration and Congress created the ADAP program to help people with HIV pay for AIDS drugs that sometimes cost as much as several thousand dollars a month.

The ADAP Working Group said the $554.3 million figure for fiscal year 1998 represents an increase in $131.6 million over the 1996 appropriation of for ADAP, which comes to slightly less than $422.7 million.

## PWAs protest for access to AIDS medicine

MEXICO — Dozens of demonstrators, wearing bandannas and ski masks to disguise their identities, protested the shortage of AIDS drugs outside a public hospital in Mexico City, according to the Associated Press.

The protesters, calling their plight a "life or death issue," carried placards reading "The bureaucracy is killing us."

Roberto Calleja, a spokesperson for the Mexican Social Security Institute, located within Siglo XXI Medical Center, denied that it was withholding AIDS medications.

"There are times when a patient asks for certain drugs, and if the doctor doesn't prescribe them, the patient protests," he said.

Calleja added that many AIDS drugs are available through government clinics.

There was a bit of a scuffle with police after protesters briefly blocked traffic, but there were no reported injuries.

# s Named President of Caltech

By WILLIAM H. HONAN

Dr. David Baltimore, an AIDS searcher who won a Nobel rize in 1975 for his work in virol-gy and was later caught up in ience-fraud scandal that, ough unfounded, cost him the esidency of Rockefeller Univer-ty, has been appointed president the California Institute of Tech-ology.

Dr. Baltimore, who is currently istitute Professor at the Massa-usetts Institute of Technology, ill assume his new post this fall, cording to an announcement by r. Gordon E. Moore, chairman Caltech's board of trustees.

Dr. Baltimore succeeds Dr. homas E. Everhart, who has een president for the last 10 ears.

Caltech, one of the nation's top ducational and research centers, as about 900 undergraduate and 100 graduate students at its ampus in Pasadena.

Dr. Baltimore said in an inter-iew yesterday that he was grati-ed that the trustees had encour-ged him to continue his work in ie coordination of AIDS re-earch. Since last December, he as headed a National Institutes f Health committee seeking to evelop an AIDS vaccine.

"That was a long-term commit-ient," he said, "and we have only ust started to reshape the vac-ine research program."

Dr. Baltimore said he had no plan to make dramatic changes at Caltech, but would concentrate on "maintaining quality and taking advantage of research opportunities in the interface between such fields as biology, physics and computer science."

He added that one of the great challenges today is research in neuroscience, where investigators are trying to understand how the human brain codes and stores information.

Dr. Baltimore was founding director of the Whitehead Institute for Biomedical Research at M.I.T., and served the institute from its inception in 1982 to 1990, when he became president of Rockefeller University.

His presidency was cut short in 1991 by a highly publicized fraud case. The accusation that fueled the case proved unfounded although Dr. Baltimore's reputation took a drubbing in the meantime.

The case involved accusations that an M.I.T. colleague, Dr. Theresa Imanishi-Kari, had falsified data in a paper that she and Dr. Baltimore wrote together. In 1996, Federal investigators exonerated Dr. Imanishi-Kari, but the bitter controversy, during which Dr. Baltimore defended her, cost him prestige and forced his resignation from the university.

# vacc[illegible] might always elude researchers' efforts

## But push continues to prevent infection

By Joyce Price
THE WASHINGTON TIMES

Sixteen years into the AIDS epidemic, some experts can't say with certainty whether a vaccine can be developed to protect against infection with the AIDS virus.

Dr. Robert Gallo, co-discoverer of the human immunodeficiency virus, which causes AIDS, and director of the University of Maryland's Institute of Human Virology in Baltimore, raised that pessimistic prospect in comments at a vaccine symposium Tuesday in Washington.

"We have to say it is a serious possibility that we will never succeed with a vaccine against HIV. We have to be realistic," he said.

In subsequent remarks at the conference, Dr. Gallo acknowledged he believes that a vaccine will be found.

"He said he prefers to focus on the positive rather than the negative . . . but you can take it either way," Gallo spokeswoman Jennifer Schorr said yesterday.

The consensus among other AIDS researchers reached for comment yesterday is that a vaccine against HIV will be developed. But the task will be "difficult" to "incredibly difficult," and the timing is impossible to predict.

At a congressional hearing a decade ago, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease (NIAID), was asked to predict when an AIDS vaccine would be available.

"Because of the difficulties, I said that I couldn't see we'd have one before the beginning of the 21st century," Dr. Fauci said in an interview yesterday. He said he stands by that prediction.

"I believe the way we're going we'll ultimately develop a safe and effective vaccine. . . . I feel for sure we'll get one. . . . But we won't have a vaccine in the next few years."

At the vaccine conference this week, Dr. Fauci said that making a vaccine to protect against the initial HIV infection faces "major stumbling blocks" because there are "a lot of unknowns."

"We haven't had any situations where there's been an established infection that's been cleared, so we don't have any absolute target for a vaccine," he said yesterday.

Dr. Jeffrey Laurence, director of the Lab for AIDS Virus Research at New York Hospital-Cornell University Medical School, said vaccine development will be "incredibly difficult," given "that the virus changes so much and that just one viral particle is able to infect."

"It's asking a lot to expect to see a vaccine that's able to protect against all strains at all times," he said in a telephone interview.

"The developing world needs a vaccine urgently. So it's not inappropriate to talk about a vaccine that's partially effective."

David Gold of the International AIDS Vaccine Initiative at the Rockefeller Foundation, said: "Until recently, we haven't been focusing resources and attention on developing a vaccine. Industry and government have not been focused on that area. Up till now, the private-sector investment has been extremely meager."

Dr. Fauci said that in the past two years NIAID and the National Institutes of Health as a whole have boosted the proportion of funding for HIV vaccine research compared with that provided for other areas of AIDS research.

Dr. Arthur Ammann, the president of the American Foundation for AIDS Research, said it's imperative that an AIDS vaccine is found.

AMFAR, he said, views an effective HIV vaccine as an "absolute priority." "Maybe it will take 10 years, but we need a breakthrough," said Dr. Amman, who remains confident there will be one.

Said Mr. Gold: "The world is looking to the United States and mostly to NIH [to come up with a vaccine]. . . . It's the only way to end the epidemic."

## White House backs AIDS amendment

The White House yesterday backed a House amendment to the $5.5 billion flood disaster bill that would add $68 million to a program that provides AIDS drugs to low-income Americans. The amendment, proposed by Rep. Nancy Pelosi, California Democrat, would alleviate the unexpected funding shortfall in the $376 million AIDS Drug Assistance Program (ADAP).

FACTS ABOUT THE VACCINE RESEARCH CENTER AT THE NATIONAL INSTITUTES OF HEALTH

As announced by President Clinton on May 18, 1997*, the National Institutes of Health (NIH), has begun development of a Vaccine Research Center (VRC) to focus on AIDS vaccines, as a part of the NIH intramural research program**. In his announcement, President Clinton also challenged the NIH and the scientific community to develop an AIDS vaccine within 10 years.

In accepting this challenge, NIH Director Dr. Harold Varmus, said, "the President has set a difficult goal for the research community, but NIH is ready to bring its scientific expertise and resources into play. Creating a vaccine that will block the AIDS virus is a formidable scientific task. There is no guarantee that we can produce a vaccine within 10 years, but recent advances in immunology and virology have increased optimism that it can be done. NIH's new Vaccine Research Center (VRC) will be a vital part of the effort."

- The Vaccine Research Center, which will be a joint venture of the National Cancer Institute (NCI) and the National Institute of Allergy and Infectious Diseases (NIAID), will begin by incorporating into the VRC a core of NIH scientists with interest and expertise in immunology, virology, and HIV vaccine research.

- The primary focus for the VRC will be to stimulate multidisciplinary research from basic and clinical immunology and virology through to vaccine design and production. It will integrate modern immunological science with detailed understanding of the pathogenesis of HIV infection, development of immunogens and vectors, and new approaches to vaccination.

- Physical, financial, and human resources for the VRC will be provided by the NCI and the NIAID. Funds for AIDS research are allocated according to the plans developed by the Office of AIDS Research (OAR) in consultation with the NIH Institutes. In fiscal year 1998, the OAR has proposed $10 million for the Vaccine Research Center. (The total fiscal year 1998 proposal for AIDS vaccine research is $150 million, an increase of nearly 33 percent over the past two years.)

- A search committee will be named before the end of May to seek a scientist with specific expertise in vaccine development to be Director of the new VRC. There will be a broad, nationwide search.

- At first, the VRC will be a "laboratory without walls", while laboratory space is sought in the vicinity of the NIH campus to bring the scientists together. Later, as scientists are recruited from outside the NIH ranks, NIH will consider constructing a building on the campus to house the VRC.

Background

- A 1996 landmark review of the NIH AIDS program by a panel of experts recommended that NIH restructure and reinvigorate its AIDS vaccine research program, with leadership from non-government scientists. As a result of the so-called "Levine Report", named after its chairman, Dr. Arnold Levine of Princeton, NIH has increased its budget for AIDS vaccine research and established the AIDS Vaccine Research Committee (AVRC), a panel of distinguished scientists, chaired by Dr. David Baltimore. The AVRC will serve as a scientific advisory group for the new Vaccine Research Center (VRC).

- The new VRC is only a part of the vaccine development challenge. Another NIH effort is a new grant program administered by the NIAID to encourage new and novel approaches to AIDS vaccine research. Grant awards, totaling approximately $6 million, will be made later this year. In addition, NIH and other Administration officials are working with industry to find ways to overcome the formidable obstacles that have discouraged industry from continuing its investment in the development of AIDS vaccine. Further, President Clinton has said that at the summit of industrialized nations in Denver in June he will enlist other nations to join the U.S. in a worldwide effort to develop an AIDS vaccine.

- A safe and effective AIDS vaccine is a global public health imperative. More than 29 million men, women, and children around the world have been infected with HIV. More than 3 million of these infections occurred in just the past year, with nearly 95 percent in the poorest parts of the world. Without an effective vaccine, AIDS will soon overtake tuberculosis, malaria, and measles as the leading infectious cause of death in the world.

* Commencement Address, Morgan State University, Baltimore, MD, May 18, 1997.
** The NIH intramural program is the in-house NIH research effort, staffed with government scientists, primarily located on the 300 acre NIH campus in Bethesda, Maryland.

May 23, 997

**AIDS Housing Corporation**

## FOR YOUR INFORMATION

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|---|---|
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FYI -

Sent this in this afternoon.

Todd

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To The Editor:

Several weeks ago, President Clinton announced a new AIDS vaccine research initiative. In a recent letter to the editor (5/30/97), AIDS activist David Aronstein chides the President on his announcement, likening it to hollow promises made by Boston's Mayor Menino.

Though correct in asserting that politicians are usually far better in their rhetorical response to AIDS than they have been in real commitment, the writer fails to give credit where it is due.

As for the President, the letter makes two false assertions: that no new funds are behind the vaccine initiative and that the project's researchers will be taken away from current AIDS treatment research. In fact, the President and the National Institutes of Health have promised to start the initiative with $10 million in new funds, bringing total funding on vaccine research to $150 million (a 33% increase over the last two years).

Second, the NIH has promised that any researchers brought into the vaccine project from other AIDS research areas will be replaced. The vaccine initiative is designed to augment, not replace, current research work.

The writer was right on in his criticism of Mayor Menino. The Mayor has talked a good game, but failed to follow through with meaningful financial support from the City. This criticism does not obviate all of the good that he has done, and that has been done through his Administration, but it does hold him accountable for not following through on the promises he has made.

As AIDS activists, we have a responsibility to fight for fair and equal treatment for those living with this disease. We must hold our public leaders accountable for unfulfilled promises and inaction. But we must also recognize when they do the right thing, and be clear with the facts before criticizing.

Has either President Clinton or Mayor Menino done enough? No, and neither have any of the rest of us. There is no rest until this disease is eradicated. Until then we all need to push and be pushed to do all that is possible, and then to do what is impossible. See you at the AIDS Walk on Sunday!

Very truly yours,

Todd A. Summers
Executive Director

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

The Executive Director

President William J. Clinton
The White House
Washington, D.C.

*Reference:* exr

20 May 1997

Mr President,

Your extraordinary leadership in setting the goal for the development of an AIDS vaccine in the next ten years merits sincere praise. For too long, the research agenda has been turned on its head, with ninety percent of research funds in AIDS going towards cures and only ten percent to vaccines. Important as the new developments in therapy are in reducing the suffering and prolonging lives of people living with HIV/AIDS in the few countries where treatment is possible and affordable, they are doing nothing to halt the relentless march of this disease in Africa, Asia, Latin America and Eastern Europe.

For a vaccine to be brought to the parts of the world where the disease is having its greatest impact, the countries of the industrialized world and the developing world will need to work closely together. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has a Vaccine Advisory Committee, which is chaired by Dr Barry Bloom of the Albert Einstein College of Medicine in New York, and includes representatives from several industrialized and developing countries. UNAIDS and its Committee have as their mission to promote and facilitate the scientific, ethical, legal, and practical involvement of developing countries in vaccine research and testing.

Mr President, we pledge UNAIDS to work with you, Secretary Shalala, the National Institutes of Health and other U.S. institutions in the forefront of this crusade against AIDS. A vaccine which effectively addresses a virus which is devastating the world, must be tested and proven in the most affected countries in accordance with the highest standards of science and ethics.

Again, Mr President, I should like to congratulate you for your bold step forward. By directing the scientific community to leap beyond the tested borders of biology in the 21st century, you do much to ensure your own place in the history of our planet.

Please accept, Mr President, the assurance of my highest consideration.

Peter Piot

bcc: Secretary Donna E. Shalala, Department of Health and Human Services [Fax: 202 690 7203]
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## FACSIMILE COVER SHEET

Media Advisory

(2 pages)

5/20/97

Dan:

IT'S REALLY A SHAME THAT COUNCIL MEMBERS DIDN'T RECEIVE A HEADS-UP ON THE POTUS' SPEECH, AT LEAST A DAY OR TWO IN ADVANCE!

BOB FOGEL

DAN MILLER
13TH DISTRICT, FLORIDA

COMMITTEE ON APPROPRIATIONS

COMMITTEE ON BUDGET

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May 23, 1997

The Honorable William Clinton
President of the United States
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President:

I read with great excitement the reports of your challenge to "commit ourselves to developing an AIDS vaccine within the next decade." While daunting, this is a goal worthy of a great and good country.

In your fine speech you compared the goal of finding an AIDS vaccine to President Kennedy's challenge to put a man on the moon before the close of the decade of the 1960s. As you said, "he gave us a goal of reaching the moon, and we achieved it -- ahead of time."

Mr. President, with all due respect, he gave us more than a goal -- he committed substantial resources to achieving the goal. President Kennedy, subsequent presidents and the Congress spent $21 billion to put a man on the moon. In today's dollars, that about $80 billion.

To date, you haven't shown a real commitment to finding an AIDS vaccine by fighting for more resources for the National Institutes of Health (NIH). As you know, you have left the heavy lifting to Congress to find additional resources for NIH. Since Republicans took over Congress, we have increased NIH's budget by more than $500 million over what you have requested. Your fiscal year 1998 budget proposal provided just a 2.6% increase for NIH, when a 6 or 7 percent increase is needed just to keep up with current research plans.

In the recent budget agreement, discretionary health spending is to be frozen over the next five years. While I am critical of the Republican Leadership for agreeing to inadequate NIH funding, I am shocked that NIH wasn't one of your top priorities in these negotiations.

If you were preparing to challenge the nation to find an AIDS vaccine, why did you not insist on huge funding increases for NIH? As you know, the Republican Leadership more than accommodated your top priorities in this budget. Unfortunately, it appears as though this wasn't really at the top of your agenda.

Mr. President, where do you expect the money to find a AIDS vaccine to come from? Do you want to take it from the Humane Genome Project, which is literally mapping the entire human genetic code? Do you want to take funds from the National Cancer Institute? Or from the research into new drugs to treat those who have already been infected with the HIV virus? Taking resources away from these important projects would be morally inappropriate. Yet, unless NIH receives substantial new resources, this is exactly where the money would have to come from.

In the end, Mr. President, a challenge without commitment is just rhetoric. I urge you to listen to your own rhetoric and provide the personal commitment to achieving this incredibly worthy goal.

Sincerely,

Dan Miller

GOVERNMENT AND PUBLIC RELATIONS

THE Sheridan GROUP

**FAX TRANSMITTAL**

DATE: May 23, 1997

TO: Eric Goosby

FAX #: 632-1096

FROM: Tom Sheridan

3 PAGES INCLUDING COVER SHEET

F.Y.I

Tom

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# Industry Investment in HIV Vaccine Research

An Investigation by the AIDS Vaccine Advocacy Coalition

December 1996

Underwritten by the American Foundation for AIDS Research, Broadway Cares/Equity Fights AIDS, and the Until There's a Cure Foundation