FOIA Number: 2018-0764-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21068

FolderID:

Folder Title:
UCSF [University of California San Francisco] AIDS Research Institute

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	3	2

University of California
San Francisco
UCSF
AIDS Research Institute

Thomas J. Coates, PhD
Director
Professor of Medicine
and Epidemiology

74 New Montgomery, Suite 600
San Francisco, CA 94105-0886
tel. 415/597-9157
fax: 415/597-9213
email tcoates@psg.ucsf.edu

Campus Box: 0886

November 30, 1999

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

Dear Mr. President,

I am writing to present for your consideration a 10-point plan that, if enacted, would cut new HIV infections in the US by half. Enacting this bold but realistic plan to save lives could be the defining legacy of your leadership on HIV and AIDS.

The Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco (UCSF), which I direct, is the largest research project in the world dedicated to the scientific understanding of HIV prevention. Just as our investments in biomedical research have yielded important new AIDS therapies, so too has our work in prevention science—largely supported by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) — yielded evidence-based prevention programs known to be effective in limiting HIV transmission. In short, we now have a broad array of scientifically validated, evidence-based prevention tools that—if implemented—can stop new infections.

This nation is at a critical juncture in its response to AIDS. Although new treatments have allowed more people to live longer with HIV and AIDS, those advances may be cause for concern as well as hope. Improved survival has led to a growing and deadly complacency toward the disease, as well as to more individuals capable of transmitting the disease living active lives. With the rate of new infections actually increasing within many communities, the time to employ our knowledge and prevent new infections is now.

1. **Take Leadership.**

Your administration knows how to take leadership on key issues. Apply the same zeal to HIV prevention as you have to increasing the numbers of police officers on the streets and teachers in the classrooms. Expect results from your health leaders. Talk to the nation. Push for funding

and sound laws. Fight intolerance and stigmatization. Take charge of a newly invigorated national campaign to stop AIDS.

2. **Establish National Goals.**

Articulating bold national goals serves to raise expectations and mobilize efforts. Strong goals can serve as compass points for our national efforts and help direct policy changes that need to be made. Tell the nation that your Administration is committed to cutting the infection rate in half in three years, to increasing the access to treatment for those living with HIV and AIDS, and to helping those who are already infected but don't know it, to get tested. Reducing new infections by half is entirely possible, but will not be easy. Your Administration needs to provide strategic direction, ensure national coordination, and demand results.

3. **Develop a Results-Oriented Administration-Wide Strategic Plan for Prevention.**

Your Administration lacks a coherent strategic plan on AIDS prevention. Funding decisions are often made agency-by-agency—and sometimes division by division—rather than in a more effective and coordinated manner. An Administration-wide strategic plan is necessary to guide the prevention process, establish measurable outcomes, insure coordination, and enhance accountability. This Plan must carry with it a mandate for implementation from you, as well as an annual review process to determine the extent to which the plan had been carried out. Such coordination should include the linkage of all HHS agencies (especially CDC, SAMSA, and HRSA) as well as others in the Departments of Justice, Housing and Urban Development, and Education.

Establish an HIV prevention bypass budget. *Under your leadership, the Office of AIDS Research (OAR) at the National Institutes of Health has provided a model for developing budget priorities for HIV/AIDS research. This model involves the development of a budget that implements a multi-year strategic plan and bypasses normal agency and departmental reviews. Such a process helps integrate the prevention campaign throughout the public health system and encourages the promotion of a budget that reflects true need.*

Your public health leaders must make AIDS prevention a primary focus. *It is absolutely essential that the Secretary of HHS and the Director of the CDC develop the leadership necessary to forge a visible, visionary HIV/AIDS prevention policy that is politically viable and grounded in sound evidence-based programs and policies. Strategic planning and implementation at the CDC, which must be the lead federal agency in this effort, need substantial improvement. HIV prevention resources are fragmented, are used disproportionately for CDC infrastructure, and are not mobilized to address the changing needs of a dynamic epidemic. CDC must be supported to lead this effort, and it must also be held accountable for its success.*

4. Establish National Standards of Preventive Services.

An essential step in our efforts to utilize the new treatments has been the establishment of "standards of care," HIV treatment standards that should be followed to insure the best medical result.

We must treat prevention with the same seriousness. HIV prevention is a scientific effort; years of research and investment by the NIH and CDC in the area of prevention science have resulted in an array of effective prevention interventions. The evidence is in. What is needed now is a national effort, perhaps led by the Surgeon General, to define "prevention standards of care" that clearly establish the minimum standards of prevention services that each at-risk person should receive. In turn, that will help guide our public health system to do all that it can to implement those standards and thereby prevent new HIV infections.

5. Coordinate Multi-Tiered National Efforts.

You, as our nation's leader, must bring in and challenge the private sector to be a more active partner in our AIDS prevention efforts. You must also fight with us to free our prevention efforts from the stultifying influence of politics on public health, especially with regard to restrictions on advertisements in the media. National media campaigns on issues such as "Talk to your children," "Know your status," "Stop the Hate, Stop the Fear," and "Prevention works" could go a long way toward advancing the cause of HIV prevention. Providing a Presidential-level forum for business leaders, public health officials, and community and scientific leaders would change the discourse

around prevention and provide support for an effort based on sound public health science and not on politics.

6. Insure that Research Is Useful to Planners and Providers.

Close coordination on prevention research between the NIH, the CDC, HRSA, and SAMHSA will help translate research into practice. Working together, these agencies can identify gaps in our prevention knowledge, design and implement research programs to fill those gaps, and disseminate the research results in a useful format to those doing prevention. We do not have the luxury of time or resources to be doing research that is strictly academic. Our efforts must focus on answering the critical questions of serving those in need with effective prevention services.

Establish centers of excellence. *Mechanisms are needed to link prevention scientists to community planners. We suggest designating current prevention research centers like those in Connecticut, New York, Wisconsin, and California as HIV Prevention Centers of Excellence. With increased support, these Centers could reach out to community planning groups, health departments, and community organizations and help them craft evidence-based prevention campaigns. In addition, funding to academic and community organizations should be used to enhance two-way transfer of skills and knowledge as well as community collaborative research by mandating partnerships between academicians and practitioners.*

Share knowledge of proven prevention methods. *Our substantial investments in prevention science research are of little value if they are not shared with those that are doing prevention work. Too often, recipients of federal prevention support are not provided with this critical information, nor are they required to focus their efforts on proven interventions. CDC and other agencies must make more vigorous efforts to insure that evidence-based approaches to HIV prevention are identified, publicized, and disseminated to health departments and community based organizations in an accessible format.*

Increase the impact of minority researchers. *There are too few prevention scientists from those communities of color most impacted by this epidemic. More aggressive efforts are needed to recruit and sustain*

minority researchers. In addition, that research which is being provided by African-American, Hispanic, Native-American and Asian-American investigators must be made available to their respective communities in a more timely way.

Adapt evidence-based research programs to local community needs. *Research is needed on improving our ability to rapidly adapt prevention science findings in different populations or in different communities – no single approach works everywhere, so local epidemics need locally specific prevention solutions. Evaluations are needed to monitor the effectiveness and cost-effectiveness of various interventions and to improve technology transfer so that effective interventions can be implemented.*

7. Redesign Surveillance Systems To Serve Local Community Efforts.

To date, the bulk of our AIDS surveillance efforts have focused on case-based reporting. There has been considerable discussion of late on the need to expand our HIV surveillance efforts since AIDS-related data provide only a partial picture of this nation's epidemic. Unfortunately, the debate has focused on whether named reporting or unique-identifier reporting systems will be utilized. In fact, neither mechanism for HIV case reporting can provide the information needed for effective HIV prevention planning at the local or national levels.

Instead, we must build surveillance systems that use research sampling techniques to better estimate HIV incidence, as well as the expansion of population-based sentinel surveys, the expansion of behavioral surveillance, and the improvement of the monitoring of drug resistant strains of HIV. New technologies offer significant promise in our ability to increase voluntary HIV counseling and testing and our understanding of the timing of the actual infection. The systems in place must reflect such capabilities and be focused on providing community HIV prevention planning groups with accurate and timely epidemiological data.

8. Empower Communities to Implement Evidence-Based Prevention.

Increase local funding. *Communities across this nation have been unable to do the planning and service provision needed because they*

lack adequate funding. Just as in the areas of education and law enforcement, to ramp up our AIDS prevention efforts we must increase our investments. We must expand priority interventions targeting groups at increased risk, respond quickly to emerging risk groups, increase our prevention services for persons already living with HIV, and support safe behaviors through prevention case management.

Evidence-based community planning should be used to distribute new funds. *As with so many issues, effective local planning is at the core of an effective prevention campaign. The AIDS epidemic in the US is actually a collection of smaller local epidemics, each of which has unique characteristics. Prevention funding, including new funds to respond to the needs of communities of color, must be coordinated through these local planning and coordinating mechanisms so that comprehensive, evidence-based programs can be designed, implemented, and evaluated.*

Our current system of funding AIDS prevention must be implemented through a coordinated partnership of affected persons, community leaders, and local and state health officials. This is the worthy goal of community planning, but it will not be realized without support and leadership.

9. Build Long-Term Community Capacity for Prevention.

Community capacity is essential for implementing this plan at the local level. Unfortunately, many of the communities hardest hit by this epidemic lack the infrastructure necessary for a sustained response. While several initiatives are underway to build the local capacity needed—including the Congressional Black Caucus minority AIDS initiative you announced in October of 1998—more needs to be done. Our technical assistance efforts must move from distant providers to long-term, sustained mentorships by those who know how to build local agencies. In addition, help is needed in building bridges between these community organizations and prevention researchers to improve the connection between our prevention interventions and research projects.

10. Request More Prevention Funding.

While the need for sustained HIV prevention efforts has been growing, the Federal AIDS prevention budget has remained essentially flat for

several years. The best strategic plan in the world will do little good if there are not the resources in place to implement it. We must use the current community AIDS prevention planning process to articulate unmet need so that we have a better understanding of the level of resources we must seek. Here are some visions of how additional resources could address some of the previous nine points, and would accelerate our goal of a 50% reduction in new HIV infections:

- *The community planning process has been useful both in prioritizing interventions and also in identifying unmet needs in communities. A systematic effort should be made to collect information about what works, what does not work, and what more is needed from community planning groups. A special fund could be established to prioritize these needs and provide additional funding as needed to fund unmet needs.*

- *HIV counseling and testing has been proven effective, especially in reducing risky behavior among HIV infected individuals and transmission within serodiscordant couples. Enhancements could include implementing new testing strategies such as rapid testing and oral testing, improving referral and linkage to care, expanding outreach and use of mobile units, and increased emphasis on identifying acute and primary HIV infections. Passive, clinic-based counseling and testing is not nearly as effective as active outreach to those most likely to be infected.*

- *Researchers have documented the relationship between bacterial STDs and heightened transmissibility of HIV. However, the historic split between HIV and STD prevention (and a conflict in basic philosophies – HIV strongly behavior change and STD steadfastly traditional biomedical) serves only to allow for undue risk levels in communities. Integrating these distinct, yet inter-related, prevention programs is worth the effort it takes: the links between HIV and STDs should be beneficial to their eradication, not increased transmission.*

- *Drug treatment on demand has been proven effective in reducing the transmission of HIV and other blood-pathogens. Providing drug treatment on demand in every locale would go a long way to reducing the burden of drug abuse and the spread of HIV.*

- *Campaigns are needed to reinforce current prevention messages and to promote condom use, to increase awareness of the importance of*

knowing one's HIV status, to encourage parents to talk to their children about sexual safety, and to reduce stigma and discrimination against people with HIV.

- *Creative initiatives need to be undertaken to link prevention and care, as every new HIV infection can only result from unsafe encounters between infected and uninfected individuals. Making prevention the standard of care in clinical practice, providing funds for demonstration programs, and providing reimbursement for prevention visits could encourage HIV prevention in the context of clinical care.*

- *Clearly the need to address the risk reduction activities of people living with HIV is a national mandate and helping develop more innovative prevention intervention models for this group is essential.*

- *Funds are needed to expand efforts through national and regional minority organizations, to expand capacity building in communities, to conduct specialized needs assessments, and to expand technical assistance in transfer of prevention science. This goal is best accomplished through coordination with evidence-based approaches.*

Mr. President, it is one thing to live through an epidemic as devastating as HIV and quite another to write its history. Will future generations looking back on this epidemic chronicle our achievements or criticize our failures? Undoubtedly, there will be some of both. The US and other industrialized countries have made HIV a top scientific priority. The US budget research budget for HIV/AIDS will climb to over $2 billion in this fiscal year. The activities of the world's scientists have led the way to better diagnostics, therapeutics, and prevention strategies.

Your Administration can be proud of its record on HIV/AIDS care and research. Your leadership has sustained the successes of the Ryan White CARE Act, the research program at the NIH, and the global efforts of USAID. Work with us to add HIV prevention to that list. A strategic, sustained prevention effort can not only severely curtail the epidemic in this country, but may also serve as the proving ground for prevention efforts world-wide Indeed, prevention may be the developing world's only hope. Help us prove that prevention works here and now.

Sincerely,

Thomas J. Coates, Ph.D.
Professor of Medicine and Epidemiology
Director, UCSF AIDS Research Institute
and Center for AIDS Prevention Studies

CC: Vice President Albert Gore, Secretary of Health and Human Services Donna Shalala, ONAP Director Sandra Thurman, NIH Director Harold Varmus, OAR Director Neal Nathanson, CDC Director Jeffrey Copeland, HIV/STD/TB Director Helene Gayle, Senator Dianne Feinstein, Senator Barbara Boxer, Senator Arlen Specter, Congressman Dick Gephardt, Congresswoman Nancy Pelosi, Congresswoman Connie Morella, Congressman John Porter, Surgeon General David Satcher, Senator John Burton, Senator John Vasconcellos, CA Assemblywoman Carole Migden, CA Assemblyman Kevin Shelley, San Francisco Mayor Willie L. Brown, San Francisco City Supervisor Mark Leno.