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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Pam, To: Julie, Re: AIDS Project LA Event [partial] (1 page)	12/23/94	b(6)
002. resume	Biography, Ron Meyer [partial] (1 page)	1/26/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Thursday, January 27 [1994] [2]

2014-0483-S
sb382

RESTRICTION CODES

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

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

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

cc: Maggie
Patti
Kim
Lisa

THE DAVID GEFFEN FOUNDATION

Andy Spahn
President

BY FEDERAL EXPRESS

December 20, 1993

Kathie Berlin
180 W. 93rd Street, Apt. 6E
New York, NY 10025

Dear Kathie:

Per our discussion, attached please find the invitation to the January 27 Commitment to Life VII benefit along with a proposed run down of the show. This is very rough, but, as of now, the First Lady would be honored toward the end of the evening with a VIP reception to follow. The First Lady would be introduced by Barbra Streisand and expected to speak for about 5 - 10 minutes. Additionally, I have attached a one page memo with some logistical/production questions for your review.

Thanks so much for your for your attention and assistance. Please know that I can be in Washington, D.C. at any time for meetings, discussions, etc. if that would be helpful. I have sent the same packet to Pam Barnett as you recommended. I look forward to hearing from you and/or Pam at your earliest convenience. Thanks again.

Sincerely,

Andy Spahn

cc: Pam Barnett

THANKS FOR YOUR HELP!

9130 Sunset Boulevard
Los Angeles California 90069
Telephone 310 285 7962
Fax 310 278 9766

12/15/93

TO: ANDY SPAHN

FROM: RANDY JOHNSON

RE: MRS. CLINTON / COMMITMENT TO LIFE VII

PROPOSED ITINERARY & SCHEDULE

THE SHOW IS SCHEDULED TO BEGIN AT 8:15, SHOULD MRS. CLINTON CHOOSE TO WATCH THE SHOW FROM THE AUDIENCE, WE WILL COORDINATE HER ENTRANCE TO AUDITORIUM FROM THE HOLDING AREA TO HER SEATS. MRS. CLINTON'S ARRIVAL AT VENUE SHOULD OCCUR AT THE VERY MINIMUM NO LATER THAN 7:30

PRIOR TO MRS. CLINTON'S ARRIVAL, THE SPEECH NEEDS TO ARRIVE FOR TELEPROMPT LOAD NO LATER THAN 5:00 PM.

THE AWARD PRESENTATION FOR MRS. CLINTON WILL BE APPROXIMATELY AT 10:15. FIFTEEN/TWENTY MINUTES PRIOR TO PRESENTATION MRS. CLINTON WILL BE BROUGHT TO THE BACKSTAGE LEFT HOLDING AREA.

AT THIS TIME IT IS ANTICIPATED THAT BARBRA STREISAND WILL INTRODUCE AND PRESENT MRS. CLINTON. INTRODUCTION SHOULD AVERAGE 5 MINUTES. MS. STREISAND WILL INTRODUCE AND PRESENT MRS. CLINTON WITH AWARD. MS. STREISAND WILL EXIT SR.

MRS. CLINTON WILL ENTER AND EXIT FROM STAGE LEFT.

SPEECH TIME SHOULD AVERAGE BETWEEN 5-10 MINUTES.

FINALE WILL OCCUR AFTER MRS. CLINTON'S SPEECH. MRS. CLINTON MAY OPT TO VIEW FINALE FROM SL OR RETURN TO PRIMARY HOLDING AREA.

IMMEDIATELY FOLLOWING END OF SHOW A VIP RECEPTION FOR MRS. CLINTON HOSTED BY THE EVENING'S CHAIRS WILL BE HELD AT THE TENT LOCATED BACKSTAGE.

MRS. CLINTON'S DEPARTURE TBD.

PRESS APPEARANCES TBD.

PROPOSED RUNDOWN OF EVENING A/O 12/15 IS ATTACHED. THIS RUNDOWN IS PROPOSED AND SUBJECT TO MANY REVISIONS.

THE RANDY JOHNSON COMPANY
P.O. Box 69-A-18 • Los Angeles, CA 90069

APLA COMMITMENT TO LIFE VII

PROPOSED RUN DOWN OF SHOW AS OF 12/15/93 - SUBJECT TO REVISION

8:15 OVERTURE BEGINS BY THE HOLLYWOOD BOWL ORCHESTRA

OPENING SPEECH/VIDEO TO BE GIVEN BY TBD

WELCOME TO BE GIVEN BY ELIZABETH TAYLOR

JEFFREY KATZENBERG INTRODUCTION BY TBD

HOWARD ASHMAN TRIBUTE BY NEIL DIAMOND "BEAUTY AND THE BEAST"

EMILE ARDOLINO TRIBUTE BY WHOOPI GOLDBERG AND THE SISTER ACT NUNS "I WILL FOLLOW HIM/SHOUT"

JEFFREY KATZENBERG SPEECH

PETER ALLEN TRIBUTE BY LIZA MINELLI AND THE ROCKETTES "EVERYTHING OLD IS NEW AGAIN"

HALSTON TRIBUTE BY LAUREN BACALL AND MODELS

FREDDIE MERCURY TRIBUTE TBD

LIBERACE TRIBUTE BY DEBBIE ALLEN & BOYS "I'LL BE SEEING YOU"

KEITH HARING TRIBUTE BY MADONNA

BALLET TRIBUTE BY THE BILL JONES COMPANY

'ANTHEM' BY LIZA MINELLI AND CHOIR "THE DAY AFTER THAT"

APLA SPEECH BY STEVE TISCH

PAUL JABARA TRIBUTE BY LILY TOMLIN "IT'S RAINING MEN" (AWAITING CONFIRMATION FROM MS. TOMLIN)

MICHAEL BENNETT TRIBUTE BY WHITNEY HOUSTON AND DANCERS "AND I AM TELLING YOU" AND "SCANDAL" BALLET

ROCK HUDSON TRIBUTE BY DORIS DAY "SECRET LOVE/MY BUDDY"

HOUSE TRIBUTE BY RICHARD GERE

"BACKSTAGE" TRIBUTE BY PATTI LUPONE "AS IF WE NEVER SAID GOODBYE"

MRS. CLINTON TRIBUTE BY TBD

MRS. CLINTON SPEECH

SHOW CLOSED BY WHITNEY HOUSTON, BETTE MIDLER OR BARBRA STREISAND "I'LL BE SEEING YOU"

THE RANDY JOHNSON COMPANY
P.O. Box 69-A-18 • Los Angeles, CA 90069

12/15/93

TO: DANA MILLER / ANDY SPAHN

FROM: RANDY JOHNSON

RE: COMMITMENT TO LIFE VII

IN ANTICIPATION OF MRS. CLINTON'S APPEARANCE THE FOLLOWING ISSUES NEED TO BE COVERED:

1. MAGNATOMETER'S; WHO IS THE SOURCE, WHAT IS THE LOAD IN TIME REQUIREMENTS, DO WE OBTAIN THE PERSONELL PER STATION. PRIOR TO THE 17TH OF JAN. WE WILL NEED TO KNOW LOCATIONS ESPECIALLY BACKSTAGE PERIMETER REQUIREMENTS.

2. WHO IS THE POINT AGENT FOR THE SECRET SERVICE FOR THIS EVENT. I WOULD LIKE TO HAVE A PRELIMINARY DISCUSSION WITH HIM, SO WE CAN PREP. UNI AMPH. SECURITY (MIKE O'NEAL) AND BLACKTHORN EVENT MANAGEMENT. ONE PARTICULAR AREA OF CONCERN WILL BE HER ARRIVAL PORT. WE WILL DESIGN OUR TRUCKS/TRAILERS AND ANCILLARY TENT PLACEMENT BASED ON THIS INFORMATION .

3. WE ALSO NEED TO KNOW WHO THE LIASON FROM MRS. CLINTON'S OFFICE IS AND WHAT POINT WE CAN BEGIN DISCUSSIONS ON HER REQUIREMENTS SUCH AS HOLDING AREAS, SIZE OF ENTOURAGE, ANY SPECIAL LIGHTING OR SOUND REQUIREMENTS. WHITE HOUSE PRESS CORPS CONTACT & REQUIREMENTS (ELECTRICS ETC.) HAIR & MAKE UP NEEDS (IF ANY).

   MRS. CLINTON'S SPEECH NEEDS TO ARRIVE FOR TELEPROMPT LOAD NO LATER THAN 2 HOURS PRIOR TO ARRIVAL.

   WILL AN ADDITIONAL SECURED PHONE/FACSIMILE NEED TO BE INSTALLED ON LOCATION?

   PROTOCOL FOR MRS. CLINTON SHOULD BE ADDRESSED AT SOME POINT PRIOR TO THE 17TH.

ONE OF THE MOST IMPORTANT AREAS TO BE ADDRESSED IS THE MAXIMUM ANTICIPATED TIME OF SWEEP ON THURSDAY THE 27TH, AND IF ANY PRE SWEEP SECURITY MEASURES WILL BE IN PLACE ON LOCATION PRIOR TO THE 27TH

I AM MEETING WITH ANI AMPH. SECURITY MONDAY AT 1:00 PM TO DISCUSS GENERAL EVENT SECURITY MEASURES & ZONE REQUIREMENTS.

WILL ADVISE OF OUTCOME OF THIS MEETING.

Randy Johnson

THE DAVID GEFFEN FOUNDATION

Andy Spahn
President

*** FAX FAX FAX ***

TO: Kim Tilley

FAX #: 202-456-2239/2539

FROM: Judy Cammer

DATE: January 6, 1994

TOTAL NO. OF PAGES 4

MESSAGE: Thank you for your assistance. As I mentioned, this year David Geffen is writing the letter in praise of the First Lady, and it would be very helpful to have information regarding her involvement in AIDS related issues.

If you have problems with this transmission, please call 310-285-7969

OUR FAX NUMBER IS 310-278-9766

9130 Sunset Boulevard
Los Angeles California 90069
Telephone 310 285 7962

steven spielberg

September 15, 1991

It is a pleasure to join with his many friends in and out of the entertainment industry in honoring Sid Sheinberg with the AIDS Project Los Angeles COMMITMENT TO LIFE Award.

During his years of leadership of MCA, he has followed the example, set by Jules Stein and Lew Wasserman, of supporting the needs and concerns of individuals and the entire community.

Sid and MCA have made significant contributions to a diversity of causes that have benefited so many, but on this occasion, it is his concern about AIDS that deserves special note.

He took an early role in encouraging AIDS-related programs, including his leadership in developing the first AIDS education program for the entertainment industry workplace. When AIDS became a reality for families within MCA, support of every kind was provided to the individuals and their loved ones. It was done quietly and unhesitatingly. As much as anything else, that spoke volumes about his commitment.

Sid has met the challenge of helping, educating, and advancing AIDS research. For that, and his continued support, he and the MCA family deserve our thanks and applause.

Sincerely,

Steven Spielberg

100 UNIVERSAL PLAZA/BUNGALOW 477/UNIVERSAL CITY, CA 91608/818/777-4600

Dear Friends,

In the battle against AIDS, few people have made as many significant contributions to the fight against this tragic epidemic as has Joel Weisman. Joel was among the physicians who discovered AIDS. He is pre-eminent in the development of treatments which have dramatically improved the quality of lives for people with AIDS.

Joel's commitment to the fight against AIDS goes well beyond his professional responsibilities as a physician. As a founder of APLA and long-time board member, Joel was among the first to lead the nation in caring for those in need. His compassion and sensitivity are incomparable.

As Chairman of AmFAR, Joel has demonstrated his continuing dedication and outstanding leadership in the AIDS crisis on a global scale. He is a dear friend, and a great man - one who is more than deserving of this distinguished honor. His manifest commitment to humanity deserves our highest accolades.

Sincerely,

Elizabeth Taylor

WARREN BEATTY

Tonight David Geffen is honored with the AIDS Project Los Angeles "Commitment To Life" award.

I've known him for more than twenty years. From a young manager nurturing a few uniquely gifted artists to a wizard altering the economic structures of our business, his ferocious energy, insight and insistence on seeing things as they are have only increased while others have shared the benefits.

It's debatable whether his greatest value in the fight against AIDS comes to us from his financial generosity, his relentless organizational skill, or the example of his fearlessness in knowing and expressing precisely who he is.

As David's societal contribution mounts and business, political and spiritual Goliaths blink in the aim of his slingshot, his intelligence focuses, and his anger mobilizes.

- In March, A million dollars to AIDS Project Los Angeles.

- In May, A million dollars to Gay Mens' Health Crisis in New York.

He's watching the fort. A captain of industry with the soul of an artist.

He deserves our thanks.

Sincerely,

Warren Beatty

DOMESTIC HIV/AIDS INFORMATION

- According to the most recent statistics from the Centers for Disease Control and Prevention (CDC), almost 340,000 Americans have been diagnosed with AIDS as of September 30, 1993. Over 204,000 of these have died. It is estimated that over one million Americans are living with HIV.

- Men who have sex with men still make up the majority of the cases (62 percent). Injecting drug use is the second most common mode of transmission (31 percent). The groups with the largest increases are women and young people from 18 to 25 years of age. The latter suggests, due to the long incubation period, that many of these infections occurred during adolescence.

- Racial and ethnic minorities comprise 47 percent of the total cases, 75 percent of the cases among women and children.

- The Clinton Administration is the first Federal Administration to treat AIDS as one of its top priorities. A National AIDS Policy Coordinator was appointed by the President to direct the national policies to stop HIV transmission, to care for those already infected and to find a cure as soon as possible. The Office of National AIDS Policy directs policy development and coordinates implementation from the White House.

- Overall AIDS funding has been increased by the Federal Government by 25 percent over the prior fiscal year.

- The National Institutes of Health (NIH) budget for AIDS was increased by 21 percent to $1.3 billion dollars. The NIH Office of AIDS Research is being restructured to better coordinate the research effort. The newly-created National AIDS Drug Development Task Force is a private-public partnership to speed up the approval process for new treatments and to encourage new initiatives.

- The United States Government is spending over $500 million in HIV prevention activities; including counselling and testing, community level interventions, public information campaigns and many other activities. This amount is $45 million greater than the amount spent in the prior fiscal year.

- For the current Fiscal Year, the Federal Government will spend over $600 million to care for people living with HIV/AIDS. This includes funding to the 35 cities that have reported over 2,000 cumulative AIDS cases, to the states for treatment services through state-wide care consortiums and to community and migrant health centers. A total of $22 million is also

devoted to specialized care for women, adolescents and children.

- The Department of Housing and Urban Development will make available $150 million for housing for people living with HIV/AIDS. This funding will go towards new construction, rental subsidies and purchase and conversion of existing structures. The program also includes for providing care for residents living with HIV/AIDS.

* Over 2,000 AIDS-specific non-governmental organizations conduct prevention, service and research programs in communities throughout the country. These are supported by a variety of funding sources, including the federal government, private corporations and foundations and the general public. These organizations constitute the first line of defense against the epidemic and add countless resources to the fight against the epidemic.

* Starting in January, the Federal Government will sponsor a National Prevention Marketing Initiative, which is part of new activities to prevent HIV infection among youth. This initiative includes public service announcements promoting abstinence among youth 18 to 25 years of age and correct and consistent condom usage for young people who are sexually active.

* The Health Security Act will provide universal health care coverage for all Americans, including people living with HIV/AIDS. By providing health care coverage, people with HIV/AIDS will be able to live longer and fuller lives and will not have to live with the constant fear of losing their health benefits.

* The Americans with Disabilities Act, which was enacted into law in 1990, is being used to provide special protections for persons living with disabilities or perceptions of disabilities. This includes protections for people living with HIV/AIDS. The Act requires employers to make reasonable accommodations for persons living with disabilities, thus ensuring that productive Americans can continue to work.

The Health Security Act

NURSES AND OTHER HEALTH CARE PROFESSIONALS

The Health Security Act will increase the role of nurses, nurse midwives, and other health care professionals in primary and preventive care. It will reduce professional barriers for these health care providers and cut the paperwork that forces them to spend more time at desks than at bedsides. The Act will allow nurses, physician assistants, and other health care professionals to work to their full potentials.

Expands Nurses' Roles

- Health care reform will reinforce the role of nurses as health care providers for primary, preventive, mental health, and long-term care services. Advanced practice nurses -- registered nurses who have met advanced educational and clinical practice requirements -- will play a crucial role in guaranteeing that every American receives high-quality care.

Removes Inappropriate Barriers to Practice

- Efforts to reduce state barriers to practice will allow nurses and allied health professionals to contribute on the basis of their skills and work to the full scope of their training.

- Advanced practice nurses will play a crucial role in ensuring that every American receives high quality health care. They will work in partnership with physicians and other health providers to ensure high-quality care.

Increases Training Funds

- Funding for training of nurse practitioners and physicians assistants will be increased to expand existing programs and the number of graduates annually.

- The Act will help increase racial and ethnic diversity among nurses so that patients can be served by providers sensitive to cultural differences.

Reduces Paperwork

- Use of standard claim forms and expanded electronic billing will reduce paperwork so that nurses can concentrate on providing care to patients -- not filling out forms.

- Introduction of comprehensive benefits will save nurses hours and hours of frustration now spent in determining if patients are covered for certain procedures.

Provides New Practice Opportunities

- The new home and community-based long-term care program for older Americans, persons with disabilities, the chronically ill, and other vulnerable populations such as the mentally ill and children with special needs, will expand professional opportunities for nurses.

- The Act provides incentives for nurses and other health care providers to work in underserved rural and urban areas.

January 5, 1994

THE WHITE HOUSE

WASHINGTON

January 7, 1994

MEMORANDUM

TO: Kimberly Tilley, Associate Director of Research

FROM: Kristine M. Gebbie, R.N., M.N. K. Gebbie for
National AIDS Policy Coordinator

SUBJECT: Briefing material on HIV/AIDS

Attached to this memo is background information on the HIV/AIDS epidemic, as well as highlights of the Administration's response to HIV/AIDS, and a fact sheet on AIDS Project Los Angeles, sponsors of the "Community for Life" awards event in late-January that Mrs. Clinton will attend.

Incidentally, I also plan to travel to the Los Angeles area February 1-4 to meet with community groups and physicians on health care reform, and AIDS service, research, and prevention.

Please call me if you have questions or need additional information about the attached materials or my trip.

Attachments

COMMITMENT TO LIFE
DRAFT SPEECH FOR THE FIRST LADY

From: Christopher Kush
To: Phill Wilson

DRAFT

Thank you, Jimmy Loyce, or Steve Tisch, or . . . I want to thank you for honoring me tonight with this award.

Two years ago, before the Democratic National Convention, I had the opportunity to tour AIDS Project Los Angeles, and to witness first hand the incredible work APLA does to feed and support people who are living with AIDS. I remember a sense of warmth and caring so strong that you could almost forget the dire circumstances that brought this community together. The sad fact is that communities bind together in times of great need. We learn to trust and depend on each other, and care for each other when it is necessary for survival.

At the root of the services APLA provides for the community of Los Angeles is a tragic virus that has already claimed more lives than it should have, a virus that the previous Administrations ignored and just wished would go away.

AIDS could not be ignored by the people who were fighting to survive. Communities like Los Angeles did not have the luxury of ignoring the devastation of AIDS. You acted where the government did not, and built AIDS Project Los Angeles with your generous donations, and compassion, and vision, and it is an awe-inspiring achievement.

The Previous Administration could deny the existence of AIDS, but they could not stop us from caring about the sick.

The Previous Administration could silently allow AIDS to consume communities of color, and women, but they could not stop Americans from reaching out and educating others, and talking about safer sex and condom use, and clean needle exchange.

The Previous Administration could support hatred and ignorance

until AIDS became a national pandemic, but they could not stop gays and lesbians from loving, and supporting, and caring for one with pride and dignity.

And a little over a year ago, there was one more thing the Previous Administration could do--they could leave by either the front door or the back door.

As we watched our fellow Americans dying by the tens of thousands, curiously, the previous Administration could not stop people with AIDS from living, and getting angry, and marching in the streets, refusing to be ignored, or degraded, or embarrassed any longer.

They could not stop us from voting them out of office. Because we were tired of watching our friends and loved ones die. We were tired of the indifference of our legislators. We were tired of an Administration that made a distinction between which citizens were Americans and which were not. We were tired of the United States Armed Forces discouraging the patriotism of some of our most patriotic soldiers. We were tired of an Administration that busied itself with our bedrooms rather than our economy. We were tired of an Administration that did not lead this nation and protect the public welfare, and educate, and care for its citizens.

A little over a year ago, Bill Clinton became President of the United States and began a new Administration. And let me tell you something--the days of the White House ignoring the AIDS pandemic are officially over.

You know, since my husband was elected, I have often been criticized for not staying within traditional feminine boundaries. One of the things I treasure most in women is our compassion, our ability to care about the lives and health and happiness of those around us. And if that is really true, then this is the <u>first lady</u> that's been in the White House in over a decade.

HIV for me is more than a photo opportunity with an AIDS baby. Bill and I have lost close friends to this awful disease, and it transcends the realm of politics for us. I tell you tonight, the White House is not going to be any different from the hundreds of thousands of houses across the United States that have been

affected by HIV.

(It would be especially moving here if the First Lady could talk more specifically about someone she has lost to HIV disease, and the impressions or lessons that experience left her with.)

President Clinton has appointed a National AIDS Policy Coordinator, Kristine Gebbie, to coordinate and assist in the Federal government's attack on AIDS. President Clinton has instituted mandatory HIV/AIDS education for Federal employees. The President has also asked for a substantial increase in Federal AIDS spending last year. And, of course, there is the national health care bill that would provide Universal health coverage for every American, especially those who spend themselves into poverty due to chronic illness. It is not enough.

It is not enough, because until we find a cure, HIV will continue to spread, and AIDS will continue to take the lives of Americans. And until we find a cure, we have to commit all of our talents, and energies, and resources as the government of this nation to make HIV/AIDS a top national priority.

Even as I commit the Administration to doing more, I think the much-promised change in the White House is a significant achievement of this community, and it imbues us with a responsibility that we do not take lightly. But in many ways this achievement also increases your responsibility, because the White House may "get it," but there are still 485 Members of Congress that may or may not "get it," too. They have to be educated and held accountable for what they do or fail to do with AIDS.

Now let me tell you what Congress could do to fight AIDS if we made them.

Congress could strike down the HIV/AIDS travel ban on immigration, a position that would be in keeping with the American Medical Association, the World Health Organization, the Centers for Disease Control, the American Public Health Association, the former Secretary of Health and Human Services, Louis W. Sullivan and the current secretary, Donna Shalala, all of whom agree that there no public health service is served by excluding people who are HIV positive.

Congress could support needle exchange programs to help stop the spread of HIV. IV Drug use is the HIV bridge into the heterosexual and pediatrics communities. Congress needs to follow-through on the CDC recommendations regarding needle exchange programs and commit substantial federal funds to providing needle exchange services and to expanding research into these programs

Congress could also develop and support targeted, explicit HIV/AIDS education materials that would talk unflinchingly about the realities of HIV transmission, especially to young people--materials that discuss honestly and intelligently the differences between abstinence and being sexually active, gay sexuality, and female empowerment in sexual situations.

For too long, we have allowed Congress' moral stance on condoms prevent people from obtaining the information they need to save their lives. We have allowed Congress to convince people that condoms are the evil that exists in this world and not the virus that has infected more than one million Americans and has cost nearly 200,000 more their lives. We need to decisively say that any so-called moral stance that threatens the lives of our own children is immoral. And will not be tolerated.

The Ryan White Comprehensive AIDS Resources Emergency Act is the first emergency Congress has declared and then not funded. Congress has still never fully-funded the Ryan White Act, even as cases continue to skyrocket. Congress could fully-fund Ryan White.

Congress could sponsor a "Manhattan project" and conduct a directed research project to find a cure for AIDS. It is my sincere belief that a cure for AIDS will only come when we have put enough money into research, and yet Congress judges every AIDS research dollar against the insidious belief that research money directed toward AIDS is money that is taken away from "innocent" disease like heart disease and cancer.

After we find that cure we can begin to work on the future problems facing this nation, like putting an oven in the oval office so that the President can get still bake without interrupting her important work schedule.

I have worked hard to develop a national health care plan that

would provide uniform coverage to every American and dramatically reduce the over-inflated costs of obtaining health care in this nation, costs that drive a person with a chronic illness to inhumanely die in poverty because they seek health care that could save their lives at too dear a cost.

The national health care plan will go through nearly every committee in Congress and it is my belief that the United States will adopt some form of national health care in the next few years. But the health care plan that we have worked to develop, and the health care plan that will eventually be adopted could be quite different from one another.

In many ways, you will play the trump card in the national health care reform debate. You represent the minority of Americans who probably have the least amount of concern for health care. A doctor's visit may take money out of your pocket, but not food out of your child's mouth.

You have shown your generosity by contributing to APLA here tonight, but I am going to challenge you to give again, not financially this time, but to give support for a national health care program that will make life longer, more manageable and less stressful for people with HIV/AIDS or any other chronic illness. Will you call your Representative and explain that even though you have adequate health care and may be happy with it, you still support a progressive health care reform bill?

People with HIV/AIDS need comprehensive health care services. They need dental care, and hospice care, experimental therapies, off-label drug use, substance abuse treatment on demand and no caps on coverage. And the only way we are going to get these benefits, is by communicating with our members in Congress.

When it was time to unveil the national health care reform bill, I marched up Capitol Hill and testified in front of the nation and in front of Congress, and now, in many ways it is your turn. You've got the White House on the agenda, now you need to write and call and visit your members of Congress, and make them make AIDS a priority. When you give a campaign contribution let them know that you want that office to take a leadership role in

fighting HIV/AIDS. If you have the White House and Congress on your side, you have a clear shot at making sure the concerns of those living with HIV/AIDS, and those who are at risk for being infected, are covered.

In closing, let me say that while I am deeply honored to be receiving APLA's Commitment to Life Award tonight, I am afraid only more time will reveal if I am truly deserving. The ultimate determination of that will depend on what the President together with Congress is able to provide in the next several years for people with HIV/AIDS, how much effective education gets out there, the kind of health care we as a nation deliver for people with HIV, and ultimately, if we can find a cure. Until we can make that determination, I will hold this award in trust with those of us who are living with HIV or AIDS here tonight, because you are ones we should be rewarding. You demonstrate to me and those around you what a commitment to life really is. Please know that your courage, your strength, and your warmth and love, guide me in my work and fill me with a deeply-felt respect for the lives and liberties of every one of us. Thank you.

Talking points & Supplementary Materials

HIV/AIDS National Health Care Concerns--Neighborhood Network
HIV/AIDS Surveillance Report--CDC
Talking Points & Supporting Dada: MMWR on the Effectiveness of Condoms--CDC
The Public Health Impact of Needle Exchange Programs in the United States and Abroad--CDC
Federal AIDS Programs FY '94 Appropriation Summary--AIDS Action Council
Clinton * Gore on AIDS--Campaign Position Paper
Feinstein Statement on HIV Travel & Immigration Ban

Barbara Streisand's Speech for APLA

Clinton Mandates HIV/AIDS Education

First Lady Talking Points:

DRAFT

As of October, 1993, reported AIDS cases

In Los Angeles: 21,850
In California: 62,557
In the U.S.: 339,250

White, not Hispanic: 172,196
Black, not Hispanic: 106,585
Hispanic: 56,818
Asian Pacific Islander: 2,259
Amer. Indian/Ak. Native: 731

Males: 296,231
Females: 43,019

Pediatric AIDS Cases: 4,906

Adult/Adolescent AIDS Deaths: 201,775
AIDS Deaths for Children <13: 2,615

Top 5 Exposure Categories:
- Men who have sex with men: 176,793
- Injecting drug use: 68,029
- Heterosexual Contact: 23,536
- Men who have sex with men/injecting drug use: 18,885
- Injecting drug use/heterosexual contact: 11,003

New Male AIDS Cases by State 10/92 to 09/93
- California: 16,174
- New York: 12,019
- Florida: 7,629

New Female AIDS Cases by State 10/92 to 09/93
- New York: 3,587
- Florida: 1,841
- California: 1,246

New Pediatric AIDS Cases by State 10/92 to 09/93
- New York: 227
- Florida: 143
- California: 54

In Los Angeles County
- Highest cumulative number of AIDS cases: White men
- Highest rate (cases per 100,000 population): Black Men
- Highest increase in rate over the past five years: Women

President Clinton's Campaign Promises on AIDS

Increase funding for desperately needed new initiatives in research, prevention and treatment. (Not Yet Delivered)

Appoint an AIDS policy director to coordinate federal AIDS policies, cut through bureaucratic red tape and implement recommendations made by the National Commission on AIDS. (Delivered)

Speed up the drug approval process and commit increased resources to research and development of AIDS-related treatments and vaccines, and ensure that women and people of color are included in research and drug trials. (Not yet delivered)

Fully fund Ryan White CARE Act. Work closely with individuals and communities that are affected by HIV to creates a partnership between the federal government and those with knowledge and experience in fighting HIV. (Not yet delivered)

Promote a national AIDS education and prevention initiative that disseminates frank and accurate information to reduce the spread of the disease, and educates our children about the nature and threat of AIDS. (Partially delivered)

Provide quality health coverage to all Americans with HIV as part of a broader national health care program; work vigorously to improve access to promising experimental therapies for people with life-threatening illnesses; and improve preventive and long-term care. (Not yet delivered)

Combat AIDS-related discrimination and oppose needless mandatory HIV testing in federal organizations such as the Peace Corps, Job Corps and the Foreign Service; stop the cynical politicization of immigration policies by directing the Justice Department to follow the Department of Health and Human Services recommendation that HIV be removed from the immigration restrictions list; promote legislation based on sound scientific and public health principles, not on panic, politics and prejudice. (Not delivered)

On the Effectiveness of Condoms:

1. Latex condoms are highly effective against the sexual transmission of HIV when used consistently and correctly during sexual intercourse.

2. Latex condoms must be used consistently and correctly in order to be highly effective in preventing the transmission of HIV.

3. Latex condoms are excellent quality products.

4. As a medical device, latex condoms are rigorously tested to ensure they meet federal and industry quality assurance standards.

5. When condoms fail, it is usually due to user error.

6. Both refraining from intercourse with infected partners and consistently and correctly using condoms are effective prevention strategies.

On Needle Exchange Programs (From the CDC Study):

Some needle exchange programs have made significant numbers of referrals to drug abuse treatment and other public health services, but referrals are limited by the paucity of drug treatment slots. Integrating needle exchange programs into the existing public health system is a likely future direction of these programs

Although quantitative data are difficult to obtain, those available provide no evidence that needle exchange programs increase the amount of drug use by needle exchange program clients or change overall community levels of non-injection and injection drug use. This conclusion is supported by interviews with needle exchange program clients and by injecting drug users not using the programs, who did not believe that increased needle availability would increase drug use.

The majority of studies of needle exchange program clients demonstrate decreased rates of HIV drug risk behavior, but not decreased rates of HIV sex risk behavior.

Studies of the effect of needle exchange programs on HIV infection rates do not and, in part due to the need for large sample sizes and the multiple impediments to randomization, probably cannot provide clear evidence that needle exchange programs decrease HIV infection rates. However, needle exchange programs do not appear to be associated with increased rates of HIV infection.

Multiple mathematical models of needle exchange program impact support the findings of the New Haven model. These models suggest that needle exchange programs can prevent significant numbers of infections among clients of the programs, their drug and sex partners, and their offspring. In almost all cases, the cost per HIV infection averted is far below the $119,000 lifetime cost of treating an HIV-infected person.

Recommendations for the federal government--The federal government should repeal the ban on the use of federal funds for needle exchange services and substantial federal funds should be committed both to providing needle exchange services and to expanding research into the programs.

On Federal Funding of HIV/AIDS Programs:

	FY 93 Funding	FY 94 Funding
Research	$1.073 Billion	$1.3 Billion
Prevention/Edu.	498 Million	543 Million
Ryan White CARE	348 Million	558.5 Million
Housing (AHOA)	100 Million	156 Million

On the HIV Travel and Immigration Ban

APLA stands with the American Medical Association, the World Health Organization, the Centers for Disease Control, the American Public Health Association, the former Secretary of Health and Human Services, Louis W. Sullivan, and the current Secretary, Donna Shalala, all of whom agree that no public health purpose is served by the immigration exclusion of people who are HIV positive.

On Federal HIV/AIDS Education

President Clinton has inaugurated HIV/AIDS education and prevention training for all employees throughout the Executive Office of the President and all Federal Departments/Agencies.

National Health Care Concerns

* Universal Coverage
  Including the undocumented who may be HIV+.

* Choice of Knowledgeable HIV/AIDS Specialists
  Ignorance about HIV is still a problem among some medical providers.

* Experimental and Alternative Therapies and Off-Label Drug Usage
  Without a medical cure, alternative and experimental treatments should be a choice for those with HIV.

* Home Health Care and Hospice Care
  Cost-effective and humane alternatives to hospitalization for the chronically ill.

* Dental Care
  Important for early detection and prevention of opportunistic infections.

* Mental Health/Substance Abuse Coverage
  Mental health is an important component of immune response. Also, IV drug use is the HIV bridge into the heterosexual and pediatric communities, substance abuse treatment on demand must be available.

* Preventative Services
  People can lead productive lives with HIV if they work on correctly managing their condition, that means access to providers, tests and counseling before an emergency condition exists. For women, this means frequent pap smears and mammograms.

* Anonymous Testing
  Until people are free from HIV/AIDS discrimination, many will only get tested for HIV in an anonymous setting.

* No Caps on Coverage
  Budget limits must not prevent anyone with HIV/AIDS from receiving treatment that could extend their lives, even when they are end-stage.

HIV/AIDS

SURVEILLANCE REPORT — Third Quarter Edition

U.S. AIDS cases reported through September 1993 — **Issued October 1993, Vol. 5, No. 3**

Contents

Acquired immunodeficiency syndrome (AIDS) is a specific group of diseases or conditions which are indicative of severe immunosuppression related to infection with the human immunodeficiency virus (HIV).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
and Prevention
National Center for Infectious Diseases
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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

The *HIV/AIDS Surveillance Report* is published quarterly by the Division of HIV/AIDS, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30333. The year-end edition contains additional tables and graphs. All data contained in the *Report* are provisional.

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Single copies of the *HIV/AIDS Surveillance Report* are available free from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone 1–800–458–5231. Individuals or organizations can be added to the mailing list by writing to Centers for Disease Control and Prevention, OD/OPS/MASO, 1/B49, Mailstop A-22, Atlanta, GA 30333. Confidential information, referrals, and educational material on AIDS are available from the CDC National AIDS Hotline: 1–800–342–2437, 1–800–344–7432 (Spanish access), and 1–800–243–7889 (TTY, deaf access).

Table 1. AIDS cases and annual rates per 100,000 population, by state, reported October 1991 through September 1992, October 1992 through September 1993;[1] and cumulative totals, by state and age group, through September 1993, United States[2]

State of residence	Oct. 1991-Sept. 1992		Oct. 1992-Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Alabama	465	11.4	705	17.0	2,275	43	2,318
Alaska	18	3.2	60	10.2	154	2	156
Arizona	408	10.9	1,202	31.3	3,059	14	3,073
Arkansas	237	10.0	420	17.5	1,239	21	1,260
California	8,641	28.4	17,474	56.4	62,201	356	62,557
Colorado	415	12.3	1,193	34.5	3,516	18	3,534
Connecticut	538	16.3	1,693	51.4	4,415	98	4,513
Delaware	126	18.5	346	49.9	830	7	837
District of Columbia	724	121.0	1,370	232.3	5,231	78	5,309
Florida	5,007	37.7	9,613	70.6	32,008	751	32,759
Georgia	1,348	20.4	2,597	38.4	9,255	87	9,342
Hawaii	175	15.4	324	27.9	1,250	10	1,260
Idaho	36	3.5	71	6.6	203	2	205
Illinois	1,842	16.0	3,005	25.8	10,522	140	10,662
Indiana	370	6.6	831	14.6	2,443	17	2,460
Iowa	86	3.1	196	7.0	577	6	583
Kansas	188	7.5	335	13.3	1,031	5	1,036
Kentucky	207	5.6	316	8.4	1,148	13	1,161
Louisiana	829	19.5	1,172	27.4	4,811	67	4,878
Maine	50	4.0	126	10.2	427	4	431
Maryland	1,096	22.6	2,353	47.6	7,187	152	7,339
Massachusetts	767	12.8	2,532	42.4	7,238	132	7,370
Michigan	784	8.4	1,752	18.6	4,904	62	4,966
Minnesota	237	5.3	624	13.9	1,829	13	1,842
Mississippi	231	8.9	468	17.9	1,483	20	1,503
Missouri	650	12.6	1,679	32.3	4,626	33	4,659
Montana	22	2.7	35	4.3	134	2	136
Nebraska	68	4.3	179	11.1	469	4	473
Nevada	235	18.3	601	44.0	1,641	15	1,656
New Hampshire	48	4.3	99	9.0	368	6	374
New Jersey	2,051	26.4	4,390	56.3	18,106	423	18,529
New Mexico	90	5.8	307	19.4	831	2	833
New York	8,232	45.6	16,031	88.4	63,660	1,321	64,981
North Carolina	648	9.6	1,059	15.5	3,735	75	3,810
North Dakota	4	0.6	4	0.6	32	—	32
Ohio	696	6.4	1,490	13.5	4,944	68	5,012
Oklahoma	228	7.2	716	22.3	1,795	15	1,810
Oregon	283	9.7	732	24.4	2,233	9	2,242
Pennsylvania	1,338	11.2	2,556	21.2	9,086	120	9,206
Rhode Island	102	10.2	305	30.3	842	9	851
South Carolina	347	9.7	1,395	38.4	3,022	38	3,060
South Dakota	8	1.1	23	3.2	57	2	59
Tennessee	442	8.9	967	19.2	2,734	26	2,760
Texas	2,944	17.0	7,164	40.4	23,572	213	23,785
Utah	145	8.2	270	14.9	818	20	838
Vermont	26	4.6	60	10.5	176	2	178
Virginia	606	9.6	1,590	24.9	4,710	82	4,792
Washington	573	11.4	1,459	28.2	4,765	18	4,783
West Virginia	61	3.4	78	4.3	359	5	364
Wisconsin	224	4.5	700	13.9	1,705	19	1,724
Wyoming	4	0.9	36	7.7	91	—	91
Subtotal	**44,900**	**17.8**	**94,703**	**37.0**	**323,747**	**4,645**	**328,392**
Guam	1	0.7	2	1.5	12	—	12
Pacific Islands, U.S.	—	—	—	—	2	—	2
Puerto Rico	1,796	50.5	2,621	73.1	10,436	256	10,692
Virgin Islands, U.S.	19	18.6	42	40.8	147	5	152
Total	**46,716**	**18.2**	**97,368**	**37.5**	**334,344**	**4,906**	**339,250**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]During the third quarter of 1993, CDC received reports of 23,664 cases and 9,951 deaths among adults/adolescents and 196 cases and 105 deaths among children.

Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1991 through September 1992, October 1992 through September 1993;[1] and cumulative totals, by area and age group, through September 1993, United States

Metropolitan area of residence[2]	Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Akron, Ohio	36	5.4	46	6.9	214	—	214
Albany-Schenectady, N.Y.	106	12.2	217	24.7	672	14	686
Albuquerque, N.M.	58	9.6	186	30.2	490	1	491
Allentown, Pa.	32	5.3	122	20.0	314	4	318
Ann Arbor, Mich.	29	5.8	63	12.4	194	4	198
Atlanta, Ga.	956	31.3	1,773	56.4	6,836	43	6,879
Austin, Tex.	241	27.6	586	65.0	1,705	14	1,719
Bakersfield, Calif.	50	8.8	161	27.3	357	3	360
Baltimore, Md.	669	27.7	1,628	66.6	4,548	113	4,661
Baton Rouge, La.	92	17.1	135	24.7	469	7	476
Bergen-Passaic, N.J.	267	20.9	677	52.8	2,425	51	2,476
Birmingham, Ala.	116	13.7	259	30.2	716	11	727
Boston, Mass.	659	11.6	2,268	40.2	6,510	117	6,627
Buffalo, N.Y.	69	5.8	198	16.5	653	8	661
Charleston, S.C.	70	13.4	259	47.9	611	5	616
Charlotte, N.C.	118	9.9	245	20.1	747	10	757
Chicago, Ill.	1,614	21.5	2,619	34.5	9,251	125	9,376
Cincinnati, Ohio	112	7.3	230	14.7	768	11	779
Cleveland, Ohio	199	9.0	458	20.6	1,414	27	1,441
Columbus, Ohio	158	11.5	336	24.1	1,085	6	1,091
Dallas, Tex.	759	27.7	1,805	64.4	5,867	24	5,891
Dayton, Ohio	67	7.0	132	13.7	481	8	489
Denver, Colo.	335	20.1	1,010	58.9	2,918	13	2,931
Detroit, Mich.	606	14.1	1,233	28.7	3,484	45	3,529
El Paso, Tex.	46	7.5	116	18.3	303	1	304
Fort Lauderdale, Fla.	848	65.9	1,165	88.4	5,114	109	5,223
Fort Worth, Tex.	160	11.5	404	28.2	1,350	15	1,365
Fresno, Calif.	99	12.7	173	21.5	519	4	523
Gary, Ind.	47	7.7	78	12.6	240	2	242
Grand Rapids, Mich.	37	3.9	126	13.0	326	3	329
Greensboro, N.C.	128	12.0	151	14.0	631	11	642
Greenville, S.C.	62	7.4	255	29.8	521	2	523
Harrisburg, Pa.	46	7.7	78	12.9	313	6	319
Hartford, Conn.	167	14.8	565	50.2	1,397	17	1,414
Honolulu, Hawaii	124	14.6	256	29.6	946	6	952
Houston, Tex.	1,023	29.8	2,587	72.8	9,225	87	9,312
Indianapolis, Ind.	170	12.1	397	27.7	1,178	5	1,183
Jacksonville, Fla.	327	35.0	910	94.7	2,140	49	2,189
Jersey City, N.J.	313	56.6	619	111.8	2,933	68	3,001
Kansas City, Mo.	314	19.6	736	45.4	2,197	9	2,206
Knoxville, Tenn.	35	5.8	78	12.7	238	2	240
Las Vegas, Nev.	180	19.5	468	46.9	1,260	14	1,274
Little Rock, Ark.	82	15.8	171	32.6	485	9	494
Los Angeles, Calif.	3,327	37.1	5,557	61.1	21,704	146	21,850
Louisville, Ky.	90	9.4	166	17.2	509	8	517
Memphis, Tenn.	174	17.1	414	40.1	1,007	9	1,016
Miami, Fla.	1,324	67.0	2,423	120.1	9,303	260	9,563
Middlesex, N.J.	217	21.1	354	34.2	1,515	33	1,548
Milwaukee, Wis.	127	8.8	361	24.8	914	12	926
Minneapolis-Saint Paul, Minn.	204	7.9	550	20.9	1,619	10	1,629
Monmouth-Ocean City, N.J.	111	11.1	366	36.4	1,253	35	1,288
Nashville, Tenn.	125	12.5	269	26.3	844	10	854
Nassau-Suffolk, N.Y.	370	14.1	1,010	38.4	3,200	66	3,266
New Haven, Conn.	318	19.5	987	60.4	2,654	77	2,731
New Orleans, La.	476	36.8	612	46.9	2,868	37	2,905
New York, N.Y.	7,163	83.8	13,288	155.3	54,716	1,183	55,899
Newark, N.J.	838	43.8	1,540	80.6	7,229	184	7,413
Norfolk, Va.	105	7.2	325	21.9	1,006	22	1,028
Oakland, Calif.	563	26.7	1,225	57.2	4,138	26	4,164
Oklahoma City, Okla.	113	11.6	310	31.5	825	1	826
Omaha, Neb.	49	7.5	136	20.6	343	1	344
Orange County, Calif.	553	22.6	717	29.0	2,811	21	2,832

Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1991 through September 1992, October 1992 through September 1993;[1] and cumulative totals, by area and age group, through September 1993, United States — Continued

Metropolitan area of residence[2]	Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Orlando, Fla.	331	26.1	870	66.3	2,249	42	2,291
Philadelphia, Pa.	1,005	20.3	2,110	42.5	7,082	87	7,169
Phoenix, Ariz.	292	12.8	863	36.9	2,236	9	2,245
Pittsburgh, Pa.	148	6.2	214	8.9	1,026	6	1,032
Portland, Oreg.	249	15.9	655	40.3	1,943	6	1,949
Providence, R.I.	96	10.5	285	31.1	791	8	799
Raleigh-Durham, N.C.	128	14.5	189	20.8	787	18	805
Richmond, Va.	140	15.9	385	42.9	1,006	13	1,019
Riverside-San Bernardino, Calif.	435	16.0	1,045	36.6	2,727	27	2,754
Rochester, N.Y.	76	7.1	243	22.4	742	8	750
Sacramento, Calif.	287	20.7	453	31.5	1,490	14	1,504
Saint Louis, Mo.	290	11.6	841	33.3	2,224	21	2,245
Salt Lake City, Utah	129	11.7	241	21.3	726	14	740
San Antonio, Tex.	217	16.1	426	31.1	1,591	14	1,605
San Diego, Calif.	631	24.8	1,474	56.7	4,877	32	4,909
San Francisco, Calif.	1,896	116.9	4,592	279.8	17,397	27	17,424
San Jose, Calif.	183	12.2	502	33.2	1,514	11	1,525
San Juan, P.R.	1,075	57.9	1,638	87.3	6,577	168	6,745
Sarasota, Fla.	90	18.0	148	28.9	570	12	582
Scranton, Pa.	26	4.1	54	8.4	188	3	191
Seattle, Wash.	424	20.4	1,043	49.1	3,536	10	3,546
Springfield, Mass.	92	15.3	210	35.0	574	15	589
Stockton, Calif.	34	6.9	109	21.6	307	8	315
Syracuse, N.Y.	71	9.5	168	22.2	497	6	503
Tacoma, Wash.	38	6.3	137	21.9	360	7	367
Tampa-Saint Petersburg, Fla.	535	25.5	1,421	66.6	3,781	53	3,834
Toledo, Ohio	33	5.4	90	14.6	271	4	275
Tucson, Ariz.	93	13.7	258	37.6	619	5	624
Tulsa, Okla.	70	9.7	236	32.1	549	5	554
Ventura, Calif.	73	10.8	130	19.0	378	1	379
Washington, D.C.	1,345	31.3	2,560	58.7	9,366	138	9,504
West Palm Beach, Fla.	529	59.7	787	86.5	2,916	107	3,023
Wichita, Kansas	62	12.6	96	19.2	276	2	278
Wilmington, Del.	93	17.8	261	49.1	617	6	623
Youngstown, Ohio	23	3.8	29	4.8	148	—	148
Metropolitan areas with 500,000 or more population	**39,112**	**24.8**	**81,352**	**50.9**	**284,441**	**4,131**	**288,572**
Metropolitan areas with 50,000 to 500,000 population	**4,821**	**10.5**	**10,306**	**22.0**	**31,977**	**485**	**32,462**
Non-metropolitan areas	**2,587**	**4.9**	**5,288**	**10.0**	**16,621**	**268**	**16,889**
Total[3]	**46,716**	**18.2**	**97,368**	**37.5**	**334,344**	**4,906**	**339,250**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]Based on Metropolitan Statistical Areas (MSA) revised June 1993. See technical notes.
[3]Totals include 1,327 persons whose area of residence is unknown.

Table 3. AIDS cases by age group, exposure category, and sex, reported October 1991 through September 1992, October 1992 through September 1993;[1] and cumulative totals, by age group and exposure category, through September 1993, United States

Adult/adolescent exposure category	Males				Females				Totals					
	Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative total[2]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Men who have sex with men	24,334	(61)	46,025	(56)	—		—		24,334	(53)	46,025	(48)	183,344	(55)
Injecting drug use	8,621	(22)	19,142	(23)	2,815	(46)	6,891	(47)	11,436	(25)	26,033	(27)	80,713	(24)
Men who have sex with men and inject drugs	2,638	(7)	5,353	(7)	—		—		2,638	(6)	5,353	(6)	21,142	(6)
Hemophilia/coagulation disorder	317	(1)	990	(1)	6	(0)	27	(0)	323	(1)	1,017	(1)	2,963	(1)
Heterosexual contact:	1,613	(4)	3,328	(4)	2,588	(42)	5,545	(37)	4,201	(9)	8,873	(9)	24,358	(7)
Sex with injecting drug user	*703*		*1,102*		*1,474*		*2,474*		*2,177*		*3,576*		*11,750*	
Sex with bisexual male	—		—		*177*		*423*		*177*		*423*		*1,250*	
Sex with person with hemophilia	*3*		*10*		*20*		*61*		*23*		*71*		*193*	
Born in Pattern-II[3] country	*271*		*607*		*165*		*324*		*436*		*931*		*3,758*	
Sex with person born in Pattern-II country	*14*		*43*		*15*		*31*		*29*		*74*		*279*	
Sex with transfusion recipient with HIV infection	*18*		*59*		*49*		*101*		*67*		*160*		*456*	
Sex with HIV-infected person, risk not specified	*604*		*1,507*		*688*		*2,131*		*1,292*		*3,638*		*6,672*	
Receipt of blood transfusion, blood components, or tissue[4]	385	(1)	695	(1)	278	(5)	496	(3)	663	(1)	1,191	(1)	5,984	(2)
Other/risk not identified[5]	1,925	(5)	6,174	(8)	466	(8)	1,833	(12)	2,391	(5)	8,007	(8)	15,840	(5)
Adult/adolescent subtotal	39,833	(100)	81,707	(100)	6,153	(100)	14,792	(100)	45,986	(100)	96,499	(100)	334,344	(100)
Pediatric (< 13 years old) exposure category														
Hemophilia/coagulation disorder	23	(6)	18	(4)	—		—		23	(3)	18	(2)	202	(4)
Mother with/at risk for HIV infection:	329	(89)	397	(91)	347	(96)	417	(97)	676	(93)	814	(94)	4,328	(88)
Injecting drug use	*114*		*126*		*144*		*138*		*258*		*264*		*1,920*	
Sex with injecting drug user	*54*		*68*		*62*		*65*		*116*		*133*		*846*	
Sex with bisexual male	*7*		*5*		*8*		*4*		*15*		*9*		*88*	
Sex with person with hemophilia	*5*		*1*		*2*		*2*		*7*		*3*		*21*	
Born in Pattern-II country	*19*		*22*		*12*		*15*		*31*		*37*		*305*	
Sex with person born in Pattern-II country	*3*		*3*		*2*		*2*		*5*		*5*		*23*	
Sex with transfusion recipient with HIV infection	*1*		*1*		*3*		*2*		*4*		*3*		*19*	
Sex with HIV-infected person, risk not specified	*31*		*45*		*21*		*51*		*52*		*96*		*275*	
Receipt of blood transfusion, blood components, or tissue	*12*		*16*		*10*		*7*		*22*		*23*		*98*	
Has HIV infection, risk not specified	*83*		*110*		*83*		*131*		*166*		*241*		*733*	
Receipt of blood transfusion, blood components, or tissue	12	(3)	15	(3)	6	(2)	9	(2)	18	(2)	24	(3)	327	(7)
Risk not identified	5	(1)	7	(2)	8	(2)	6	(1)	13	(2)	13	(1)	49	(1)
Pediatric subtotal	369	(100)	437	(100)	361	(100)	432	(100)	730	(100)	869	(100)	4,906	(100)
Total	**40,202**		**82,144**		**6,514**		**15,224**		**46,716**		**97,368**		**339,250**	

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]Includes 7 persons known to be infected with human immunodeficiency virus type 2 (HIV-2). See *JAMA* 1992;267:2775-9.

[3]See technical notes.

[4]Twenty-seven adults/adolescents and 2 children developed AIDS after receiving blood screened negative for HIV antibody. Six additional adults developed AIDS after receiving tissue or organs from HIV-infected donors. Three of the 6 received tissues or organs from a donor who was negative for HIV antibody at the time of donation. See *N Engl J Med* 1992;326:726-32.

[5]"Other" refers to 11 health-care workers who developed AIDS after occupational exposure to HIV-infected blood, as documented by evidence of seroconversion; to 4 patients who developed AIDS after exposure to HIV within the health-care setting, as documented by laboratory studies; to 1 person who acquired HIV infection perinatally and was diagnosed with AIDS after age 13; and to 1 person with intentional self-inoculation of blood from an HIV-infected person. "Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

Table 4. Male adult/adolescent AIDS cases by exposure category and race/ethnicity, reported October 1992 through September 1993,[1] and cumulative totals, through September 1993, United States

Exposure category	White, not Hispanic				Black, not Hispanic				Hispanic			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Men who have sex with men	30,094	(73)	125,392	(78)	9,614	(37)	34,166	(42)	5,638	(42)	21,475	(45)
Injecting drug use	4,285	(10)	12,670	(8)	9,667	(37)	29,762	(36)	5,094	(38)	18,143	(38)
Men who have sex with men and inject drugs	3,001	(7)	11,959	(7)	1,568	(6)	5,974	(7)	712	(5)	3,021	(6)
Hemophilia/coagulation disorder	794	(2)	2,349	(1)	110	(0)	260	(0)	68	(1)	224	(0)
Heterosexual contact:	607	(1)	1,654	(1)	2,125	(6)	6,279	(8)	570	(4)	1,375	(3)
Sex with injecting drug user	*227*		*804*		*682*		*2,118*		*185*		*599*	
Sex with person with hemophilia	*6*		*13*		*1*		*4*		*2*		*4*	
Born in Pattern-II[2] country	*1*		*8*		*605*		*2,571*		—		*10*	
Sex with person born in Pattern-II country	*10*		*52*		*31*		*86*		*2*		*11*	
Sex with transfusion recipient with HIV infection	*25*		*72*		*26*		*51*		*6*		*28*	
Sex with HIV-infected person, risk not specified	*338*		*705*		*780*		*1,449*		*375*		*723*	
Receipt of blood transfusion, blood components, or tissue	431	(1)	2,519	(2)	157	(1)	606	(1)	91	(1)	385	(1)
Risk not identified[3]	2,032	(5)	4,380	(3)	2,807	(11)	5,127	(6)	1,234	(9)	2,728	(6)
Total	**41,244**	**(100)**	**160,923**	**(100)**	**26,048**	**(100)**	**82,174**	**(100)**	**13,407**	**(100)**	**47,351**	**(100)**

Exposure category	Asian/Pacific Islander				American Indian/Alaska Native				Cumulative totals[4]			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Men who have sex with men	445	(74)	1,583	(79)	158	(63)	388	(63)	46,025	(56)	183,344	(62)
Injecting drug use	28	(5)	79	(4)	23	(9)	62	(10)	19,142	(23)	60,835	(21)
Men who have sex with men and inject drugs	22	(4)	57	(3)	42	(17)	107	(17)	5,353	(7)	21,142	(7)
Hemophilia/coagulation disorder	12	(2)	35	(2)	6	(2)	16	(3)	990	(1)	2,890	(1)
Heterosexual contact:	15	(2)	29	(1)	4	(2)	10	(2)	3,328	(4)	9,361	(3)
Sex with injecting drug user	*6*		*12*		*1*		*5*		*1,102*		*3,539*	
Sex with person with hemophilia	—		—		—		—		*10*		*22*	
Born in Pattern-II country	—		*3*		—		—		*607*		*2,597*	
Sex with person born in Pattern-II country	—		*1*		—		—		*43*		*150*	
Sex with transfusion recipient with HIV infection	*2*		*2*		—		—		*59*		*154*	
Sex with HIV-infected person, risk not specified	*7*		*11*		*3*		*5*		*1,507*		*2,899*	
Receipt of blood transfusion, blood components, or tissue	12	(2)	72	(4)	1	(0)	5	(1)	695	(1)	3,596	(1)
Risk not identified	69	(11)	152	(8)	15	(6)	26	(4)	6,174	(8)	12,474	(4)
Total	**603**	**(100)**	**2,007**	**(100)**	**249**	**(100)**	**614**	**(100)**	**81,707**	**(100)**	**293,642**	**(100)**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]See technical notes.

[3]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

[4]Includes 573 men whose race/ethnicity is unknown.

Table 5. Female adult/adolescent AIDS cases by exposure category and race/ethnicity, reported October 1992 through September 1993,[1] and cumulative totals, through September 1993, United States

	White, not Hispanic				Black, not Hispanic				Hispanic			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
Exposure category	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Injecting drug use	1,718	(46)	4,459	(43)	3,861	(48)	11,386	(52)	1,265	(44)	3,907	(47)
Hemophilia/coagulation disorder	14	(0)	48	(0)	7	(0)	15	(0)	5	(0)	9	(0)
Heterosexual contact:	1,387	(37)	3,595	(35)	2,884	(36)	7,864	(36)	1,192	(41)	3,377	(41)
Sex with injecting drug user	*586*		*1,703*		*1,191*		*4,101*		*667*		*2,337*	
Sex with bisexual male	*199*		*627*		*150*		*428*		*60*		*162*	
Sex with person with hemophilia	*50*		*140*		*9*		*21*		*1*		*7*	
Born in Pattern-II[2] country	*3*		*5*		*316*		*1,143*		*4*		*11*	
Sex with person born in Pattern-II country	*4*		*15*		*26*		*110*		*1*		*4*	
Sex with transfusion recipient with HIV infection	*49*		*176*		*27*		*63*		*17*		*51*	
Sex with HIV-infected person, risk not specified	*496*		*929*		*1,165*		*1,998*		*442*		*805*	
Receipt of blood transfusion, blood components, or tissue	223	(6)	1,398	(14)	167	(2)	571	(3)	88	(3)	349	(4)
Risk not identified[3]	398	(11)	793	(8)	1,089	(14)	1,892	(9)	327	(11)	631	(8)
Total	**3,740**	**(100)**	**10,293**	**(100)**	**8,008**	**(100)**	**21,728**	**(100)**	**2,877**	**(100)**	**8,273**	**(100)**

	Asian/Pacific Islander				American Indian/Alaska Native				Cumulative totals[4]			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
Exposure category	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Injecting drug use	15	(15)	34	(15)	17	(37)	52	(50)	6,891	(47)	19,878	(49)
Hemophilia/coagulation disorder	1	(1)	1	(0)	—		—		27	(0)	73	(0)
Heterosexual contact:	57	(58)	104	(45)	20	(43)	32	(31)	5,545	(37)	14,997	(37)
Sex with injecting drug user	*15*		*31*		*12*		*21*		*2,474*		*8,211*	
Sex with bisexual male	*13*		*28*		*1*		*3*		*423*		*1,250*	
Sex with person with hemophilia	—		*2*		*1*		*1*		*61*		*171*	
Born in Pattern-II country	*1*		*1*		—		—		*324*		*1,161*	
Sex with person born in Pattern-II country	—		—		—		—		*31*		*129*	
Sex with transfusion recipient with HIV infection	*8*		*11*		—		—		*101*		*302*	
Sex with HIV-infected person, risk not specified	*20*		*31*		*6*		*7*		*2,131*		*3,773*	
Receipt of blood transfusion, blood components, or tissue	16	(16)	59	(26)	2	(4)	8	(8)	496	(3)	2,388	(6)
Risk not identified	10	(10)	32	(14)	7	(15)	11	(11)	1,833	(12)	3,366	(8)
Total	**99**	**(100)**	**230**	**(100)**	**46**	**(100)**	**103**	**(100)**	**14,792**	**(100)**	**40,702**	**(100)**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]See technical notes.

[3]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

[4]Includes 75 women whose race/ethnicity is unknown.

Table 6. Pediatric AIDS cases by exposure category and race/ethnicity, reported October 1992 through September 1993, and cumulative totals, through September 1993, United States

Exposure category	White, not Hispanic				Black, not Hispanic				Hispanic			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Hemophilia/coagulation disorder	13	(9)	141	(14)	1	(0)	24	(1)	4	(2)	33	(3)
Mother with/at risk for HIV infection:	118	(84)	663	(68)	489	(97)	2,556	(95)	197	(93)	1,074	(90)
Injecting drug use	*38*		*290*		*153*		*1,133*		*69*		*483*	
Sex with injecting drug user	*22*		*132*		*70*		*390*		*40*		*318*	
Sex with bisexual male	*4*		*39*		*2*		*28*		*3*		*20*	
Sex with person with hemophilia	*2*		*13*		—		*5*		*1*		*3*	
Born in Pattern-II[1] country	—		*3*		*37*		*300*		—		*2*	
Sex with person born in Pattern-II country	—		—		*5*		*22*		—		*1*	
Sex with transfusion recipient with HIV infection	*1*		*6*		*1*		*5*		*1*		*8*	
Sex with HIV-infected person, risk not specified	*10*		*45*		*57*		*148*		*27*		*77*	
Receipt of blood transfusion, blood components, or tissue	*6*		*29*		*12*		*43*		*5*		*25*	
Has HIV infection, risk not specified	*35*		*106*		*152*		*482*		*51*		*137*	
Receipt of blood transfusion, blood components, or tissue	9	(6)	167	(17)	6	(1)	74	(3)	7	(3)	76	(6)
Risk not identified[2]	1	(1)	9	(1)	8	(2)	29	(1)	4	(2)	11	(1)
Total	**141**	**(100)**	**980**	**(100)**	**504**	**(100)**	**2,683**	**(100)**	**212**	**(100)**	**1,194**	**(100)**

Exposure category	Asian/Pacific Islander				American Indian/Alaska Native				Cumulative totals[3]			
	Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1992–Sept. 1993		Cumulative total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Hemophilia/coagulation disorder	—		3	(14)	—		1	(7)	18	(2)	202	(4)
Mother with/at risk for HIV infection:	2	(50)	10	(45)	2	(100)	13	(93)	814	(94)	4,328	(88)
Injecting drug use	*1*		*3*		*1*		*6*		*264*		*1,920*	
Sex with injecting drug user	—		*2*		*1*		*2*		*133*		*846*	
Sex with bisexual male	—		*1*		—		—		*9*		*88*	
Sex with person with hemophilia	—		—		—		—		*3*		*21*	
Born in Pattern-II country	—		—		—		—		*37*		*305*	
Sex with person born in Pattern-II country	—		—		—		—		*5*		*23*	
Sex with transfusion recipient with HIV infection	—		—		—		—		*3*		*19*	
Sex with HIV-infected person, risk not specified	*1*		*1*		—		*2*		*96*		*275*	
Receipt of blood transfusion, blood components, or tissue	—		*1*		—		—		*23*		*98*	
Has HIV infection, risk not specified	—		*2*		—		*3*		*241*		*733*	
Receipt of blood transfusion, blood components, or tissue	2	(50)	9	(41)	—		—		24	(3)	327	(7)
Risk not identified	—		—		—		—		13	(1)	49	(1)
Total	**4**	**(100)**	**22**	**(100)**	**2**	**(100)**	**14**	**(100)**	**869**	**(100)**	**4,906**	**(100)**

[1]See technical notes.

[2]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

[3]Includes 13 children whose race/ethnicity is unknown.

Table 7. AIDS cases in adolescents and adults under age 25, by sex and exposure category, reported October 1991 through September 1992, October 1992 through September 1993,[1] and cumulative totals through September 1993, United States

	13-19 years old						20-24 years old					
	Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative total		Oct. 1991–Sept. 1992		Oct. 1992–Sept. 1993		Cumulative total	
Male exposure category	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Men who have sex with men	36	(35)	91	(28)	319	(33)	694	(63)	1,489	(60)	6,485	(64)
Injecting drug use	4	(4)	14	(4)	62	(6)	146	(13)	282	(11)	1,245	(12)
Men who have sex with men and inject drugs	5	(5)	8	(2)	45	(5)	110	(10)	204	(8)	1,063	(11)
Hemophilia/coagulation disorder	47	(46)	172	(52)	440	(45)	42	(4)	154	(6)	385	(4)
Heterosexual contact:	3	(3)	13	(4)	29	(3)	55	(5)	118	(5)	363	(4)
Sex with injecting drug user	*1*		*6*		*11*		*24*		*40*		*135*	
Sex with person with hemophilia	—		*1*		*1*		—		—		*1*	
Born in Pattern-II[2] country	—		*1*		*8*		*8*		*17*		*39*	
Sex with person born in Pattern-II country	—		—		*1*		—		*2*		*2*	
Sex with transfusion recipient with HIV infection	—		—		—		*1*		*4*		*9*	
Sex with HIV-infected person, risk not specified	*2*		*5*		*8*		*22*		*55*		*118*	
Receipt of blood transfusion, blood components, or tissue	5	(5)	12	(4)	42	(4)	6	(1)	22	(1)	85	(1)
Risk not identified[3]	2	(2)	19	(6)	40	(4)	53	(5)	220	(9)	445	(4)
Male subtotal	102	(100)	329	(100)	977	(100)	1,106	(100)	2,489	(100)	10,071	(100)
Female exposure category												
Injecting drug use	12	(20)	14	(8)	86	(20)	123	(32)	283	(30)	931	(35)
Hemophilia/coagulation disorder	1	(2)	1	(1)	5	(1)	1	(0)	4	(0)	9	(0)
Heterosexual contact:	34	(58)	105	(62)	236	(54)	206	(54)	483	(51)	1,329	(50)
Sex with injecting drug user	*20*		*37*		*127*		*118*		*233*		*754*	
Sex with bisexual male	*1*		*7*		*11*		*14*		*32*		*108*	
Sex with person with hemophilia	*2*		*1*		*6*		*2*		*7*		*27*	
Born in Pattern-II country	*1*		*4*		*11*		*5*		*11*		*64*	
Sex with person born in Pattern-II country	—		*1*		*2*		—		*1*		*12*	
Sex with transfusion recipient with HIV infection	—		*2*		*3*		—		*2*		*7*	
Sex with HIV-infected person, risk not specified	*10*		*53*		*76*		*67*		*197*		*357*	
Receipt of blood transfusion, blood components, or tissue	1	(2)	14	(8)	41	(9)	12	(3)	19	(2)	81	(3)
Risk not identified	11	(19)	36	(21)	67	(15)	40	(10)	167	(17)	291	(11)
Female subtotal	59	(100)	170	(100)	435	(100)	382	(100)	956	(100)	2,641	(100)
Total	**161**		**499**		**1,412**		**1,488**		**3,445**		**12,712**	

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]See technical notes.
[3]"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

Table 8. AIDS cases by sex, age at diagnosis, and race/ethnicity, reported through September 1993,[1] United States

Male	White, not Hispanic		Black, not Hispanic		Hispanic		Asian/Pacific Islander		American Indian/ Alaska Native		Total[2]	
Age at diagnosis (years)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Under 5	329	(0)	1,167	(1)	478	(1)	8	(0)	8	(1)	1,992	(1)
5-12	248	(0)	183	(0)	155	(0)	7	(0)	1	(0)	594	(0)
13-19	473	(0)	299	(0)	186	(0)	11	(1)	11	(2)	980	(0)
20-24	4,735	(3)	3,282	(4)	1,938	(4)	75	(4)	23	(4)	10,071	(3)
25-29	23,298	(14)	12,067	(14)	7,742	(16)	267	(13)	123	(20)	43,576	(15)
30-34	37,653	(23)	19,017	(23)	11,723	(24)	420	(21)	173	(28)	69,100	(23)
35-39	35,879	(22)	19,483	(23)	10,671	(22)	443	(22)	126	(20)	66,742	(23)
40-44	25,717	(16)	13,213	(16)	7,088	(15)	346	(17)	85	(14)	46,548	(16)
45-49	15,223	(9)	6,869	(8)	3,793	(8)	218	(11)	34	(5)	26,191	(9)
50-54	8,173	(5)	3,800	(5)	2,012	(4)	108	(5)	17	(3)	14,140	(5)
55-59	4,671	(3)	2,121	(3)	1,174	(2)	62	(3)	9	(1)	8,066	(3)
60-64	2,775	(2)	1,155	(1)	587	(1)	20	(1)	10	(2)	4,551	(2)
65 or older	2,328	(1)	869	(1)	437	(1)	37	(2)	3	(0)	3,680	(1)
Male subtotal	161,502	(100)	83,525	(100)	47,984	(100)	2,022	(100)	623	(100)	296,231	(100)
Female												
Age at diagnosis (years)												
Under 5	320	(3)	1,143	(5)	455	(5)	1	(0)	5	(5)	1,933	(4)
5-12	81	(1)	189	(1)	106	(1)	6	(3)	—		384	(1)
13-19	102	(1)	262	(1)	68	(1)	1	(0)	1	(1)	435	(1)
20-24	672	(6)	1,347	(6)	594	(7)	12	(5)	10	(9)	2,641	(6)
25-29	1,875	(18)	3,801	(16)	1,699	(19)	23	(10)	23	(21)	7,430	(17)
30-34	2,455	(23)	5,618	(24)	2,126	(24)	48	(20)	34	(31)	10,300	(24)
35-39	1,918	(18)	5,094	(22)	1,707	(19)	38	(16)	14	(13)	8,792	(20)
40-44	1,093	(10)	2,826	(12)	988	(11)	37	(16)	9	(8)	4,961	(12)
45-49	594	(6)	1,187	(5)	472	(5)	21	(9)	5	(5)	2,286	(5)
50-54	359	(3)	706	(3)	273	(3)	14	(6)	2	(2)	1,356	(3)
55-59	344	(3)	381	(2)	168	(2)	8	(3)	1	(1)	903	(2)
60-64	249	(2)	248	(1)	87	(1)	12	(5)	3	(3)	599	(1)
65 or older	632	(6)	258	(1)	91	(1)	16	(7)	1	(1)	999	(2)
Female subtotal	10,694	(100)	23,060	(100)	8,834	(100)	237	(100)	108	(100)	43,019	(100)
Total	**172,196**		**106,585**		**56,818**		**2,259**		**731**		**339,250**	

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.
[2]Includes 575 males and 86 females whose race/ethnicity is unknown.

Table 9. AIDS cases, case-fatality rates,[1] and deaths, by half-year and age group, through September 1993,[2] United States

Half-year	Adults/adolescents			Children <13 years old		
	Cases diagnosed during interval	Case-fatality rate	Deaths occurring during interval	Cases diagnosed during interval	Case-fatality rate	Deaths occurring during interval
Before 1981	92	81.5	30	6	66.7	1
1981 Jan.–June	98	89.8	37	11	81.8	2
July–Dec.	208	91.3	87	5	100.0	6
1982 Jan.–June	407	92.6	155	13	84.6	9
July–Dec.	707	91.1	290	16	81.3	5
1983 Jan.–June	1,312	93.2	526	32	100.0	13
July–Dec.	1,654	93.2	939	42	90.5	16
1984 Jan.–June	2,581	92.8	1,406	51	84.3	26
July–Dec.	3,408	92.8	1,981	62	87.1	22
1985 Jan.–June	4,970	92.0	2,825	99	76.8	45
July–Dec.	6,379	91.6	3,904	128	82.8	69
1986 Jan.–June	8,413	90.4	5,109	138	81.9	65
July–Dec.	10,026	88.3	6,568	189	70.9	91
1987 Jan.–June	13,115	88.6	7,613	218	72.0	117
July–Dec.	14,574	85.7	8,013	257	67.7	168
1988 Jan.–June	16,836	83.4	9,397	258	64.7	134
July–Dec.	17,425	83.1	10,764	338	61.2	174
1989 Jan.–June	20,096	78.7	12,379	352	60.2	171
July–Dec.	20,434	76.5	14,231	333	57.4	184
1990 Jan.–June	22,629	70.8	14,404	357	52.9	191
July–Dec.	22,128	66.3	15,265	377	43.0	190
1991 Jan.–June	25,769	58.7	15,902	357	42.3	163
July–Dec.	27,410	49.4	17,497	325	35.7	199
1992 Jan.–June	30,925	36.1	17,431	384	32.3	168
July–Dec.	31,177	23.4	17,555	318	27.0	197
1993 Jan.–June	27,847	11.4	14,787	213	18.3	161
July–Sept.	3,724	5.5	2,410	27	7.4	26
Total[3]	**334,344**	**60.3**	**201,775**	**4,906**	**53.3**	**2,615**

[1]Case-fatality rates are calculated for each half-year by date of diagnosis. Each 6-month case-fatality rate is the number of deaths ever reported among cases diagnosed in that period (regardless of the year of death), divided by the number of total cases diagnosed in that period, multiplied by 100. For example, during the interval January through June 1982, AIDS was diagnosed in 407 adults/adolescents. Through September 1993, 377 of these 407 were reported as dead. Therefore, the case fatality rate is 92.6 (377 divided by 407, multiplied by 100). The case-fatality rates shown here may be underestimates because of incomplete reporting of deaths. Reported deaths are not necessarily caused by HIV-related disease.

[2]Includes 9 months of data collected under the 1993 AIDS surveillance case defintions for adults and adolescents.

[3]Death totals include 270 adults/adolescents and 2 children known to have died, but whose dates of death are unknown.

Table 10. AIDS cases by year of diagnosis and definition category, diagnosed through September 1993,[1] United States

Definition category	Period of diagnosis: Before Sept. 1989 No.	(%)	Oct. 1989–Sept. 1990 No.	(%)	Oct. 1990–Sept. 1991 No.	(%)	Oct. 1991–Sept. 1992 No.	(%)	Oct. 1992–Sept. 1993 No.	(%)	Cumulative total No.	(%)
Pre-1987 definition	106,479	(79)	28,634	(64)	29,523	(58)	28,340	(47)	13,876	(29)	206,852	(61)
1987 definition	26,788	(20)	13,559	(30)	16,078	(31)	17,521	(29)	9,537	(20)	83,483	(25)
1993 definition[2]	1,610	(1)	2,402	(5)	5,467	(11)	15,032	(25)	24,404	(51)	48,915	(14)
Severe HIV-related immunosuppression[3]	*1,181*		*2,021*		*4,669*		*13,587*		*22,718*		*44,176*	
Pulmonary tuberculosis	*362*		*333*		*706*		*1,195*		*1,115*		*3,711*	
Recurrent pneumonia	*55*		*44*		*85*		*223*		*541*		*948*	
Invasive cervical cancer	*16*		*8*		*13*		*38*		*48*		*123*	
Total	**134,877**	**(100)**	**44,595**	**(100)**	**51,068**	**(100)**	**60,893**	**(100)**	**47,817**	**(100)**	**339,250**	**(100)**

[1]Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

[2]Persons who meet only the 1993 AIDS case definition and whose date of diagnosis is before January 1993 were diagnosed retrospectively. The sum of diagnoses listed for the four conditions under the 1993 definition do not equal the 1993 definition total because some persons have more than one diagnosis from the added conditions of pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer.

[3]Defined as CD4+ T-lymphocyte count of less than 200 cells/μL or a CD4+ percentage less than 14 in persons with laboratory confirmation of HIV infection.

Table 11. Health-care workers with documented and possible occupationally acquired AIDS/HIV infection, by occupation, reported through September 1993, United States[1]

Occupation	Documented occupational transmission[2] No.	Possible occupational transmission[3] No.
Dental worker, including dentist	—	6
Embalmer/morgue technician	—	3
Emergency medical technician/paramedic	—	8
Health aide/attendant	1	9
Housekeeper/maintenace worker	1	6
Laboratory technician, clinical	15	14
Laboratory technician, nonclinical	1	1
Nurse	13	15
Physician, nonsurgical	5	8
Physician, surgical	—	2
Respiratory therapist	1	2
Technician, dialysis	1	1
Technician, surgical	1	1
Technician/therapist, other than those listed above	—	3
Other health-care occupations	—	2
Total	**39**	**81**

[1]Health-care workers are defined as those persons, including students and trainees, who have worked in a health-care, clinical, or HIV laboratory setting at any time since 1978. See *MMWR* 1992;41:823-5.

[2]Health-care workers who had documented HIV seroconversion after occupational exposure: 34 had percutaneous exposure, 4 had mucocutaneous exposure, 1 had both percutaneous and mucocutaneous exposures. Thirty-six exposures were to blood from an HIV-infected person, 1 to visibly bloody fluid, 1 to an unspecified fluid, and 1 to a concentrated virus in a laboratory. Eleven of these health-care workers have developed AIDS.

[3]These health-care workers have been investigated and are without identifiable behavioral or transfusion risks; each reported percutaneous or mucocutaneous occupational exposures to blood or body fluids, or laboratory solutions containing HIV, but HIV seroconversion specifically resulting from an occupational exposure was not documented.

Table 12. Adult/adolescent AIDS cases by single and multiple exposure categories, reported through September 1993, United States

Exposure category	AIDS cases No.	(%)
Single mode of exposure		
Men who have sex with men	176,793	(53)
Injecting drug use	68,029	(20)
Hemophilia/coagulation disorder	2,212	(1)
Heterosexual contact	23,536	(7)
Receipt of transfusion[1]	5,978	(2)
Receipt of transplant of tissues/organs[2]	6	(0)
Other[3]	17	(0)
Single mode of exposure subtotal	**276,567**	**(83)**
Multiple modes of exposure		
Men who have sex with men; injecting drug use	18,885	(6)
Men who have sex with men; hemophilia/coagulation disorder	82	(0)
Men who have sex with men; heterosexual contact	3,718	(1)
Men who have sex with men; receipt of transfusion/transplant	2,554	(1)
Injecting drug use; hemophilia/coagulation disorder	88	(0)
Injecting drug use; heterosexual contact	11,003	(3)
Injecting drug use; receipt of transfusion/transplant	1,114	(0)
Hemophilia/coagulation disorder; heterosexual contact	29	(0)
Hemophilia/coagulation disorder; receipt of transfusion/transplant	704	(0)
Heterosexual contact; receipt of transfusion/transplant	822	(0)
Men who have sex with men; injecting drug use; hemophilia/coagulation disorder	20	(0)
Men who have sex with men; injecting drug use; heterosexual contact	1,764	(1)
Men who have sex with men; injecting drug use; receipt of transfusion/transplant	392	(0)
Men who have sex with men; hemophilia/coagulation disorder; heterosexual contact	4	(0)
Men who have sex with men; hemophilia/coagulation disorder; receipt of transfusion/transplant	27	(0)
Men who have sex with men; heterosexual contact; receipt of transfusion/transplant	163	(0)
Injecting drug use; hemophilia/coagulation disorder; heterosexual contact	20	(0)
Injecting drug use; hemophilia/coagulation disorder; receipt of transfusion/transplant	28	(0)
Injecting drug use; heterosexual contact; receipt of transfusion/transplant	421	(0)
Hemophilia/coagulation disorder; heterosexual contact; receipt of transfusion/transplant	18	(0)
Men who have sex with men; injecting drug use; hemophilia/coagulation disorder; heterosexual contact	4	(0)
Men who have sex with men; injecting druguse; hemophilia/coagulation disorder; receipt of transfusion/transplant	5	(0)
Men who have sex with men; injecting drug use; heterosexual contact; receipt of transfusion/transplant	71	(0)
Men who have sex with men; hemophilia/coagulation disorder; heterosexual contact; receipt of transfusion/transplant	3	(0)
Injecting drug use; hemophilia/coagulation disorder; heterosexual contact; receipt of transfusion/transplant	10	(0)
Men who have sex with men; injecting drug use; hemophilia/coagulation disorder; heterosexual contact; receipt of transfusion/transplant	1	(0)
Multiple modes of exposure subtotal	**41,950**	**(13)**
Risk not identified[4]	**15,823**	**(5)**
Total	**334,344**	**(100)**

[1]Includes 27 adult/adolescents and 2 children who developed AIDS after receiving blood screened negative for HIV antibody.

[2]Six adults developed AIDS after receiving tissue from HIV-infected donors. Three of the 6 received tissue or organs from a donor who was negative for HIV antibody at the time of donation. See *N Engl J Med* 1992;326:726-32.

[3]"Other" refers to 11 health-care workers who developed AIDS after occupational exposure to HIV-infected blood as documented by evidence of seroconversion; to 4 patients who developed AIDS after exposure to HIV within the health-care setting, as documented by laboratory studies; to 1 person who acquired HIV infection perinatally and was diagnosed with AIDS after age 13; and to 1 person with intentional self-inoculation of blood from an HIV-infected person.

4"Risk not identified" refers to persons whose mode of exposure to HIV is unknown. This includes persons under investigation; persons who died, were lost to follow-up, or declined interview; and persons whose mode of exposure to HIV remains unidentified after investigation. See Figure 6.

Figure 1. Male adult/adolescent AIDS annual rates per 100,000 population, for cases reported October 1992 through September 1993, United States

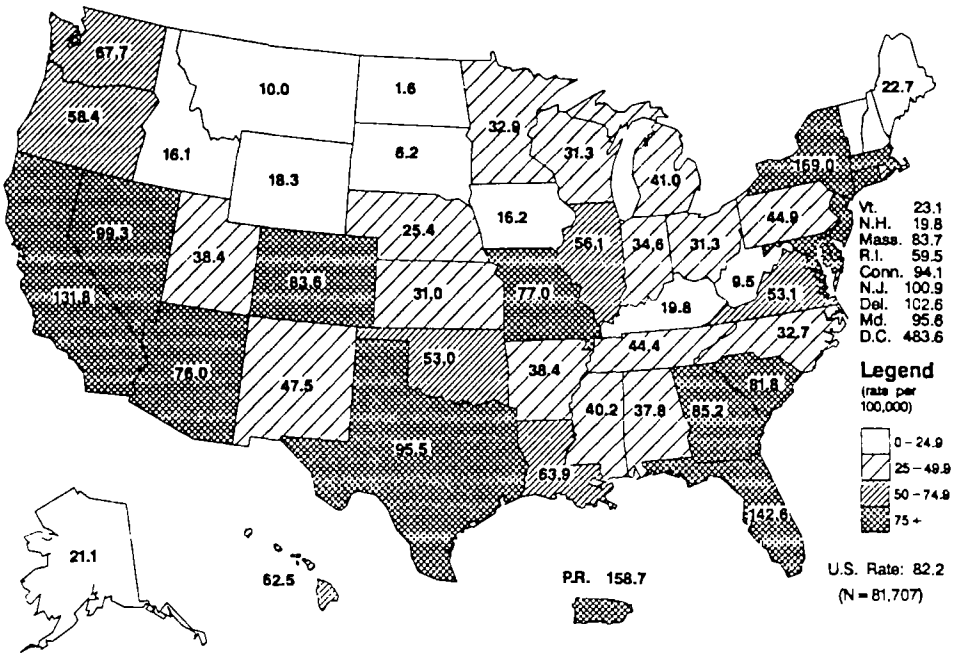


Figure 2. Female adult/adolescent AIDS annual rates per 100,000 population, for cases reported October 1992 through September 1993, United States

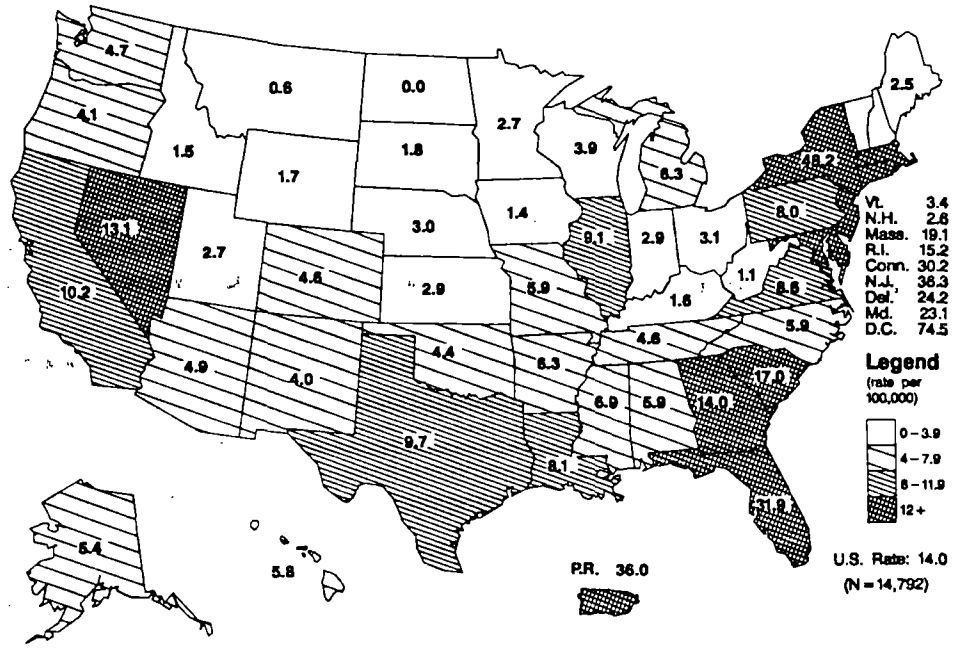


Figure 3. Male adult/adolescent AIDS cases reported October 1992 through September 1993, United States

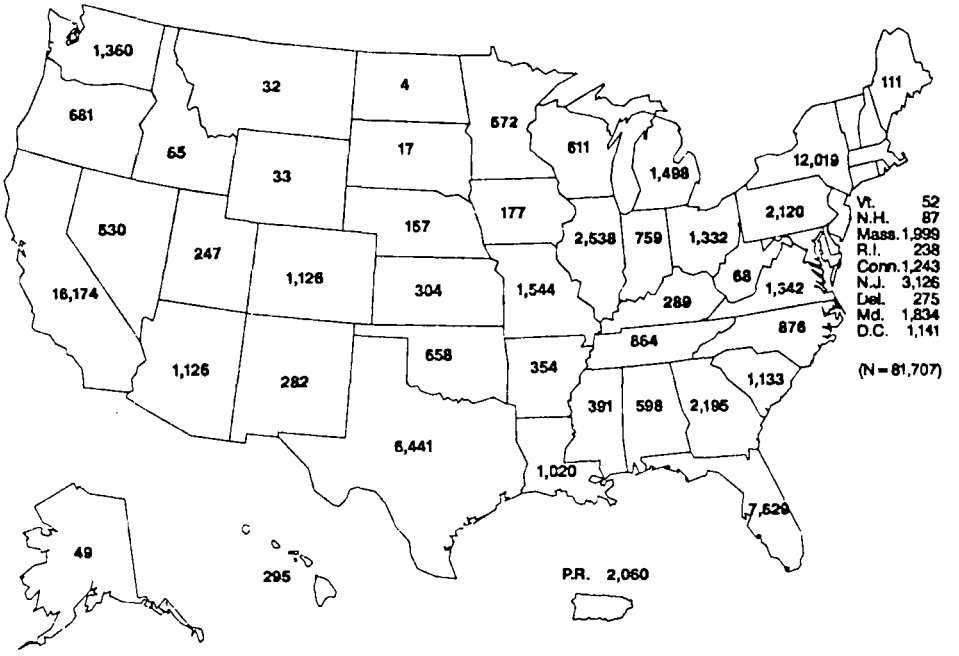


Figure 4. Female adult/adolescent AIDS cases reported October 1992 through September 1993, United States

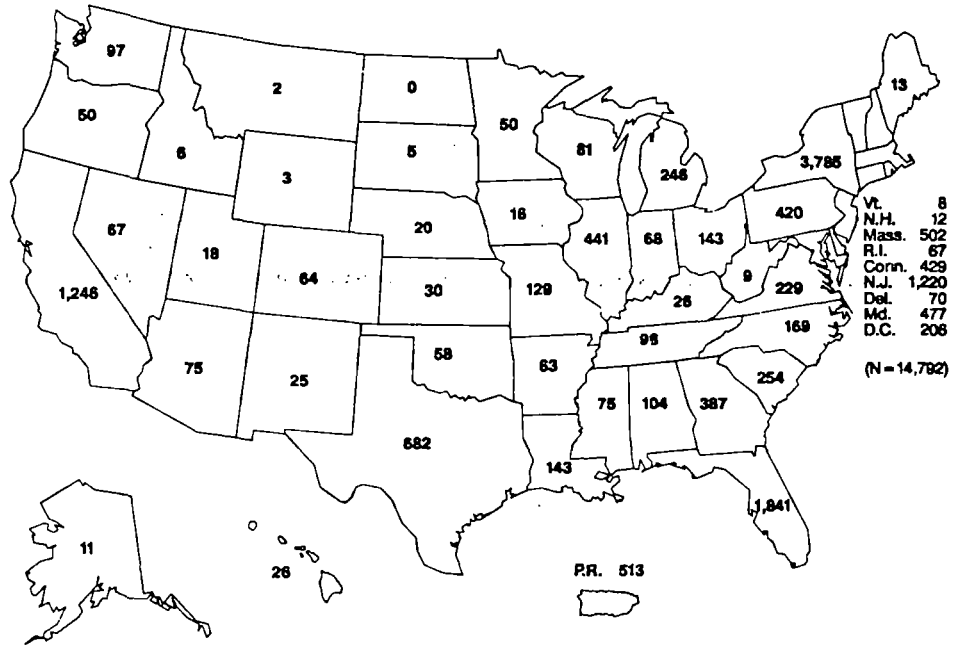


Figure 5. Pediatric AIDS cases reported October 1992 through September 1993, United States

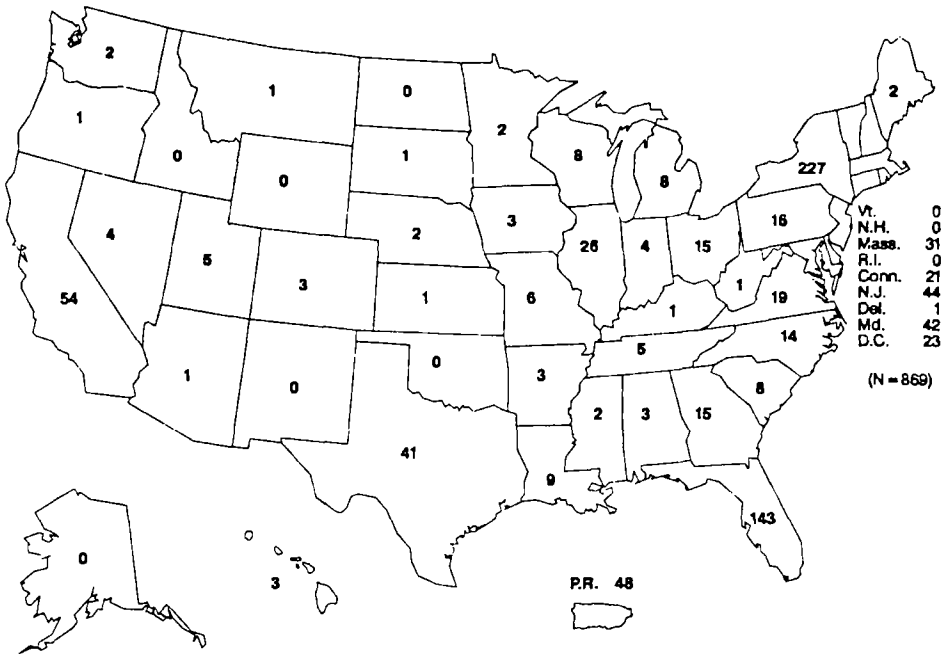
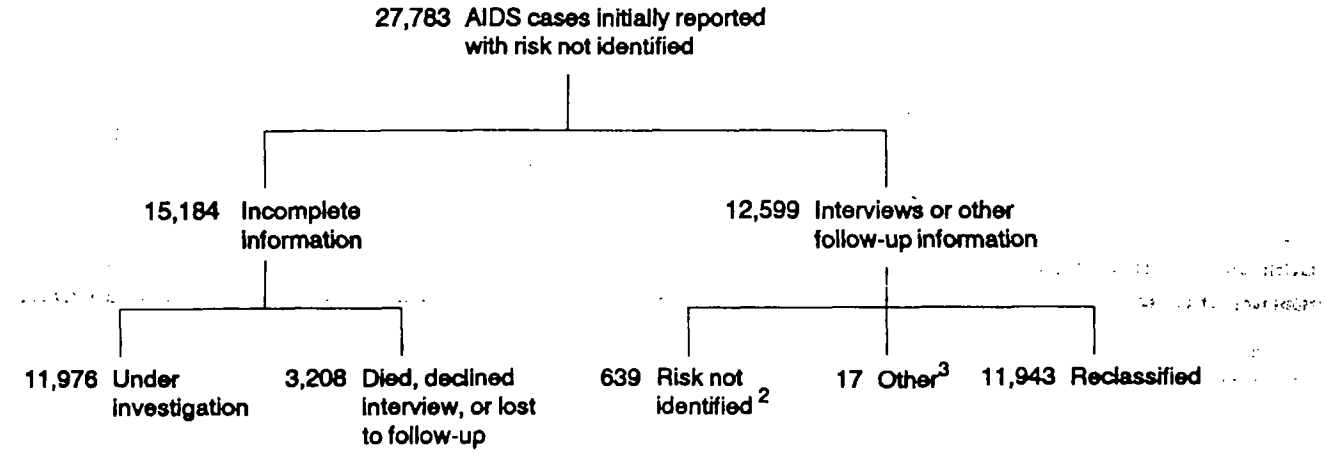


Figure 6. Results of investigations of adult/adolescent AIDS cases with risk not identified, reported through September 1993[1]



[1]Excludes 49 children under 13 years of age whose risk is not identified: 40 children who are under investigation and 9 who have died, declined interview, or were lost to follow-up. An additional 228 children who were initially reported with a risk not identified have been reclassified after investigation.

[2]Heterosexual transmission. 553 of the 639 persons who had no risk identified after follow-up responded to a standardized questionnaire: 185 (36%) of 511 persons responding to questions related to sexually transmitted diseases gave a history of such diseases and 123 (36%) of 342 interviewed men reported sexual contact with a prostitute. Some of these persons may represent unreported or unrecognized heterosexual transmission of HIV. See *MMWR*;38:423-4, 429-34.

[3]Eleven are health-care workers who developed AIDS after occupational exposure to HIV-infected blood, as documented by evidence of seroconversion; 4 are patients who developed AIDS after exposure to HIV within the health-care setting, as documented by laboratory studies; 1 is a person who acquired HIV infection perinatally and was diagnosed with AIDS after age 13; and 1 is a person with intentional self-inoculation of blood from an HIV-infected person.

Talking Points & Supporting Data: *MMWR* on the Effectiveness of Condoms

1. Latex condoms are highly effective against the sexual transmission of HIV when used consistently and correctly during sexual intercourse.

- New, compelling studies demonstrate that latex condoms are highly effective when used correctly and consistently. (*MMWR*)

- Two studies present the strongest evidence to date that latex condoms are highly effective in preventing HIV. The studies monitored people at extremely high risk by studying couples in which one person was HIV-positive and the other was uninfected. With repeated exposures to HIV, condoms proved to be highly effective for couples using condoms consistently and correctly.

  - Of 123 couples studied from 1987 to 1991, in which one of the partners was HIV-infected and they consistently and correctly used condoms, none of the uninfected partners became infected. However, among 122 couples who inconsistently used condoms, 10 percent (12 of 122) became infected. (DeVincenzi)

  - In an Italian study of uninfected female partners of HIV-infected men, only 2 percent (3 of 171) of the women whose male partners always used condoms during sexual activity became infected. Because couples were followed on average for about 2 years, this results in an infection rate of 1 percent per year. However, 15 percent (8 of 55) of the partners of inconsistent condom users became infected. (Saracco)

2. Latex condoms must be used consistently and correctly in order to be highly effective in preventing the transmission of HIV.

- Consistent use means using a condom from start to finish with every act of intercourse.

- Correct use involves a few simple steps:

  - Use a new condom every time you have sex -- anal, oral, or vaginal.

  - Put the condom on after the penis is erect and before it touches any part of your partner's mouth, anus, or vagina. (If the penis is uncircumcised, pull the foreskin back before putting on the condom.)

  - To put the condom on, pinch the reservoir tip of the condom, then unroll it all the way down the penis. (If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect.) Always ensure that no air is trapped in the tip. It can cause the condom to break.

  - If you feel a condom break during sex, stop, and put on a new condom.

  - After ejaculation and while the penis is still erect, hold the rim of the condom and carefully withdraw so no semen is spilled.

- Using lubricants: You may want to apply additional lubrication to reduce the possibility the condom will break. You should use only water-based lubricants, such as glycerin or over-the-counter lubricating ointment.

- Never use oil-based products with condoms, such as cooking or vegetable oils, baby oil, hand lotion, or petroleum jelly. They can weaken the latex and cause the condom to break.

- Storing condoms: Condoms should be stored in a drawer or closet -- somewhere cool, dry, and out of direct sunlight. Changes in temperature, rough handling, or age can make the latex brittle or gummy. Never use condoms that are damaged or discolored, brittle, or sticky. And don't store them for a long time in your wallet or car glove compartment.

3. Latex condoms are excellent quality products.

- Recognizing that latex condoms are highly effective, in April 1993 the FDA announced that labeling for latex condoms should inform the public that, "if used properly, latex condoms will help to reduce the risk of transmission of HIV infection and many other STDs." Other contraceptives are required to carry a statement that they do not protect against HIV infection and other STDs.

- Studies by the FDA Center for Devices and Radiological Health confirm that latex condoms are a highly effective mechanical barrier to HIV-sized particles.

- During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures.

4. As a medical device, latex condoms are rigorously tested to ensure they meet federal and industry quality assurance standards.

- Every condom manufactured in the United States is tested by manufacturers for defects, including holes or areas of thinning, before it is packaged.

- The FDA randomly tests condoms produced domestically or imported into the United States to ensure they meet quality assurance requirements. The standard test used by the FDA is the water-leak test, in which the condom is filled with 300 ml of water and stretched to as much as four times its original size. If FDA finds that more than 4 per 1000 condoms leak, the lot is not allowed to be sold in the United States.

5. When condoms fail, it is usually due to user error.

- Most condom breakage is due to incorrect usage rather than poor condom quality. Common reasons for breakage include teeth or fingernail tears, using oil-based lubricants, using old condoms, exposure to heat, reusing condoms, unrolling the condom before putting it on, or leaving air in the tip

- Many Americans don't know that latex condoms provide better protection from HIV than natural membrane condoms, and don't understand that they should be used from start to finish or that only water-based lubricant should be used. It is vital to step up our efforts in educating the public about correct condom use.

6. Both refraining from intercourse with infected partners and consistently and correctly using condoms are effective prevention strategies.

- A two-pronged AIDS prevention approach is needed in this country -- with messages encouraging both abstinence *and* the correct and consistent use of condoms. Both strategies can be highly effective if practiced all the time.

- We know that one of the key determinants of condom use is the belief that condoms work. Stated another way, sexually active individuals will be less motivated to use condoms if they don't believe that condoms will be effective barriers. Therefore, it is important that sexually active individuals get the message that latex condoms provide effective protection from HIV if they are used correctly and consistently. We have a responsibility to let the public know that a compelling case now exists for condom use as a prevention strategy -- if condoms are used consistently and correctly.

- A clear message about condoms is not incompatible with the message to young people that initiation of sexual activities at an early age carries health risks. In fact, recent data from Switzerland demonstrate that a public education campaign promoting condom use can be effective without increasing the proportion of adolescents who are sexually active. (Hausser)

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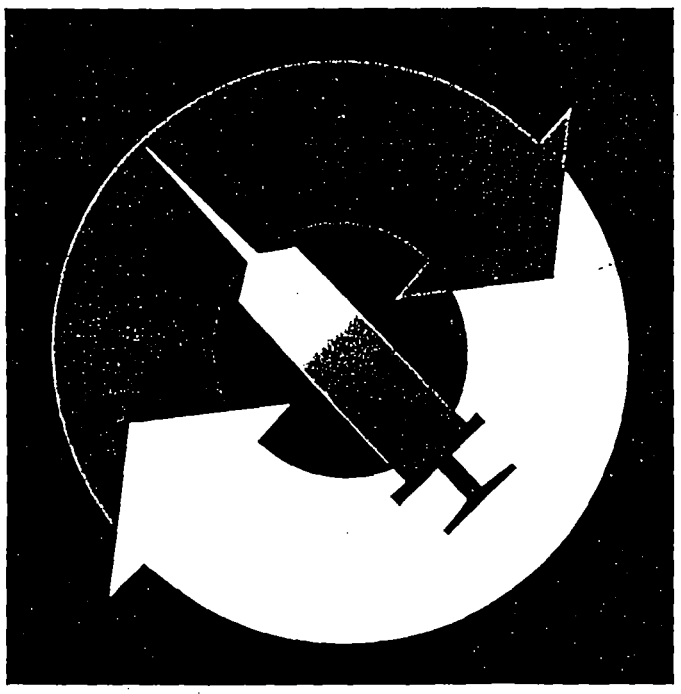
THE PUBLIC HEALTH IMPACT OF NEEDLE EXCHANGE PROGRAMS IN THE UNITED STATES AND ABROAD

Volume I



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PREPARED FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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EXECUTIVE SUMMARY

How and Why did Needle Exchange Programs Develop?

Needle exchange programs have continued to increase in number in the US and by September 1, 1993 at least 37 active programs existed. The evolution of needle exchange programs in the US has been characterized by growing efforts to accommodate the concerns of local communities, increasing likelihood of being legal, growing institutionalization, and increasing federal funding of research, although a ban on federal funding for program services remains in effect.

How do Needle Exchange Programs Operate?

About one-half of US needle exchange programs are legal, but funding is often unstable and most programs rely on volunteer services to operate. All but six US needle exchange programs require one-for-one exchanges and rules governing the exchange of syringes are generally well enforced. In addition to having distributed over 5.4 million syringes, US needle exchange programs provide a variety of services ranging from condom and bleach distribution to drug treatment referrals.

Do Needle Exchange Programs Act as Bridges to Public Health Services?

Some needle exchange programs have made significant numbers of referrals to drug abuse treatment and other public health services, but referrals are limited by the paucity of drug treatment slots. Integrating needle exchange programs into the existing public health system is a likely future direction for these programs.

How Much Does it Cost to Operate Needle Exchange Programs?

The median annual budget of US and Canadian needle exchange programs visited is relatively low at $169,000, with government-run programs tending to be more expensive. Some needle exchange programs are more expensive because they also provide substantial non-exchange services such as drug treatment referrals. The annual cost of funding an average needle exchange program would support about 60 methadone maintenance slots for one year.

Who Are the IDUs Who Use Needle Exchange Programs?

Although needle exchange program clients vary from location to location, the programs generally reach a group of injecting drug users with long histories of drug injection who remain at significant risk for human immunodeficiency virus (HIV) infection. Needle exchange program

clients in the US have had less exposure to drug abuse treatment than IDUs not using the programs.

What Proportion of All Injecting Drug Users in a Community Uses the Needle Exchange Program?

Studies of adequately-funded needle exchange programs suggest that the programs do have the potential to serve significant proportions of the local injecting drug user population. While some needle exchange programs appear to have reached large proportions of local drug injectors at least once, others are reaching only a small fraction of them. Consequently, other methods of increasing sterile needle availability must be explored.

What Are the Community Responses to Needle Exchange Programs?

Unlike in many foreign countries, including Canada, proposals to establish needle exchange programs in the US have often encountered strong opposition from a variety of different communities. Consultation with affected communities can address many of the concerns raised.

Do Needle Exchange Programs Result in Changes in Community Levels of Drug Use ?

Although quantitative data are difficult to obtain, those available provide no evidence that needle exchange programs increase the amount of drug use by needle exchange program clients or change overall community levels of non-injection and injection drug use. This conclusion is supported by interviews with needle exchange program clients and by injecting drug users not using the programs, who did not believe that increased needle availability would increase drug use.

Do Needle Exchange Programs Affect the Number of Discarded Syringes?

Needle exchange programs in the US have not been shown to increase the total number of discarded syringes and can be expected to result in fewer discarded syringes.

Do Needle Exchange Programs Affect Rates of HIV Drug and/or Sex Risk Behaviors?

The majority of studies of needle exchange program clients demonstrate decreased rates of HIV drug risk behavior, but not decreased rates of HIV sex risk behavior.

What is the Role of Studies of Syringes in Injection Drug Use Research?

The limitations of using the testing of syringes as a measure of injecting drug users' behavior or behavior change can be minimized by following syringe characteristics over time, or by comparing characteristics of syringes returned by needle exchange program clients with those obtained from non-clients of the program.

Do Needle Exchange Programs Affect Rates of Diseases Related to Injection Drug Use Other than HIV?

Studies of the effect of needle exchange programs on injection-related infectious diseases other than HIV provide limited evidence that needle exchange programs are associated with reductions in subcutaneous abscesses and hepatitis B among injecting drug users.

Do Needle Exchange Programs Affect HIV Infection Rates?

Studies of the effect of needle exchange programs on HIV infection rates do not and, in part due to the need for large sample sizes and the multiple impediments to randomization, probably cannot provide clear evidence that needle exchange programs decrease HIV infection rates. However, needle exchange programs do not appear to be associated with increased rates of HIV infection.

Are Needle Exchange Programs Cost-effective in Preventing HIV Infection?

Multiple mathematical models of needle exchange program impact support the findings of the New Haven model. These models suggest that needle exchange programs can prevent significant numbers of infections among clients of the programs, their drug and sex partners, and their offspring. In almost all cases, the cost per HIV infection averted is far below the $119,000 lifetime cost of treating an HIV-infected person.

Recommendations

1. Recommendations for the federal government

- The federal government should repeal the ban on the use of federal funds for needle exchange services and substantial federal funds should be committed both to providing needle exchange services and to expanding research into these programs.

2. Recommendations for state governments

- State governments in the eleven states that have prescription laws should repeal these laws.*
- States should repeal the paraphernalia laws as they apply to syringes.**

3. Recommendations for local governments and communities

- Local governments should enter into discussions with local community groups to develop a comprehensive approach to preventing HIV in injecting drug users, their sex partners, and their offspring. This approach should include needle exchange programs and the expansion of drug treatment services.
- Local communities should seek to further increase sterile syringe availability by encouraging the sale, distribution, or exchange of syringes by pharmacists.

4. Recommendations for researchers

- Descriptions of the "kinetics" and determinants of needle use patterns: injecting drug users' sources of needles, methods of disposal of needles, frequency of needle re-use, and needle-sharing patterns. How do these change when a needle exchange program or other changes in needle availability are implemented?
- Evaluations of "natural experiments" in which needle availability laws change or pharmacists expand the over-the-counter sales of syringes.
- Surveys of pharmacists to determine their willingness to participate in pharmacy-based syringe sale, distribution, or exchange and to identify the barriers to their participation.

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*Prescription laws preclude the purchase of a syringe without a prescription, limiting sterile syringe availability and creating a risk of arrest for needle exchange program staff and clients.

**Paraphernalia laws exist in 46 states and require pharmacists to determine whether the purchaser intends to use the syringe for "legitimate medical purposes." Conviction under a paraphernalia law is a felony or a misdemeanor.

FEDERAL AIDS PROGRAMS FY 94 APPROPRIATION SUMMARY

(NUMBERS ARE ROUNDED TO THE NEAREST MILLION)

HIV/AIDS Specific programs	FY 93 Funding	FY 94 House numbers Increase over FY 93	FY Senate Numbers Increase over FY 93	FY 94 Totals using higher numbers
NIH-Research	$1.073 Billion	+ $227 Million	+ $227 Million	$1.3 Billion
CDC-Prevention/Education	$498 Million	+ $45 Million	+ $45 Million	$543 Million
Ryan White Care Act: Totals	$348 Million	+ $210.5 Million	+ $213 Million	558.5 Million*
Title I	$185 Million	+ $140.5 Million	+ $143 Million	325.5 Million*
Title II	$115 Million	+ $69 Million	+ $69 Million	$184 Million
Title IIIB	$48 Million	+ 0	+ 0	$48 Million
Title IV**	$0	+ $22 Million	+ $22 Million	$22 Million
AIDS Housing Opportunities Act (AHOA)	$100 Million	+ $25 Million	+ $56 Million	$156 Million

* Conference item

** $21 Million from the Pediatric AIDS Demonstration Programs was transferred into Title IV, thus the real funding increase is $1 Million

NOTE: These are the final AIDS funding figures from Congress Appropriations Committee for FY 94

CLINTON • GORE ON AIDS

Fighting the AIDS epidemic will be a top priority of a Clinton/Gore Administration. If we fail to commit our hearts and resources now to fighting AIDS, we will pay a far greater price in the future, both in deaths and in dollars. We need leaders who will focus national attention on AIDS, to encourage compassion and understanding, to promote education and to speak out against intolerance.

We can't afford another four years without a plan to declare war on AIDS. We can't afford to have yet another President who remains silent about AIDS or who puts the issue on the back burner.

THE CLINTON/GORE PLAN

- Increase funding for desperately needed new initiatives in research, prevention and treatment.
- Appoint an AIDS policy director to coordinate federal AIDS policies, cut through bureaucratic red tape and implement recommendations made by the National Commission on AIDS.
- Speed up the drug approval process and commit increased resources to research and development of AIDS-related treatments and vaccines, and ensure that women and people of color are included in research and drug trials.
- Fully fund the Ryan White CARE Act. Work closely with individuals and communities that are affected by HIV to create a partnership between the federal government and those with knowledge and experience in fighting HIV.
- Promote a national AIDS education and prevention initiative that disseminates frank and accurate information to reduce the spread of the disease, and educates our children about the nature and threat of AIDS.
- Provide quality health coverage to all Americans with HIV as part of a broader national health care program; work vigorously to improve access to promising experimental therapies for people with life-threatening illnesses; and improve preventive and long-term care.
- Combat AIDS-related discrimination and oppose needless mandatory HIV testing in federal organizations such as the Peace Corps, Job Corps and the Foreign Service; stop the cynical politicization of immigration policies by directing the Justice Department to follow the Department of Health and Human Services' recommendation that HIV be removed from the immigration restrictions list; promote legislation based on sound scientific and public health principles, not on panic, politics and prejudice.

THE CLINTON/GORE PLAN

Prevention and education

- Launch a strong and effective AIDS education campaign.
- Reevaluate the AIDS prevention budget at the U.S. Centers for Disease Control to ensure that education is a top priority.
- Ensure that increased funding for prevention and services goes directly to community based organizations that are on the frontline of the battle against the HIV virus.
- Promote AIDS education in American schools.
- Provide drug treatment on demand to stop the spread of HIV by intravenous drug users.
- Increase funding for behavior and social science research so that we can better understand the behaviors that put people at risk for HIV.
- Support local efforts to make condoms available in schools.

Treatment and care

- Provide health care for all Americans, including those with HIV, through coverage they obtain either on the job or through government-mandated programs, which will include:
  - — Comprehensive inpatient and outpatient services, including frequent diagnostic monitoring, early intervention therapies, and psychological care.
  - — Prescription drugs and improved access to experimental therapies. Because treatments are not accessible unless they are affordable, a Clinton/Gore Administration will support legislation that denies tax breaks to companies that raise the cost of drugs faster than Americans' ability to pay for them.
  - — Adequate options for long-term home- and community-based care that minimize unnecessary and wasteful hospitalizations.
  - — Voluntary, confidential, or anonymous testing and counseling for AIDS and HIV for every American who wants it.
- Encourage the Centers for Disease Control to review periodically their definition of AIDS to ensure that symptoms and infections that occur among women, people of color and drug users are included in the federal definition, and promptly made eligible for all federal benefit programs for people with AIDS.
- Develop programs with the Department of Health and Human Services to ensure that America's health care professionals are kept fully and regularly informed about diagnosing and treating HIV. Have the National Institutes of Health (NIH) develop a formalized mechanism to make sure that state-of-the-art information is broadly and rapidly disseminated to health professionals and people with HIV disease.

Research and drug development

- Work vigorously to develop a vaccine against AIDS and to find therapies that will destroy HIV, repair the immune system and prevent and treat AIDS-related infections.
- Increase funding for both AIDS-specific and general biomedical research.
- Expand clinical and community based trials for treatments and vaccines, and raise the level of

participation of under-represented populations.
• Reorganize the NIH infrastructure to streamline AIDS research efforts and improve planning, efficiency and communication.
• Promote a more rapid review by the NIH of research grant applications and a speedier distribution of funding for approved studies.
• Facilitate greater access to drugs and work to speed up the drug approval process. Ensure that the FDA has the resources to assist in the efficient design of AIDS-related drug trials and to review their results rapidly. The FDA will also make possible greater access to promising experimental therapies without compromising patient safety.

Discrimination

• Fight all AIDS-related discrimination and discrimination based on race, gender and sexual orientation.
• Fully implement the Americans with Disabilities Act and resist any efforts to weaken its provisions. The Department of Justice and the U.S. Commission on Civil Rights must make it a high priority to monitor the occurrence of AIDS-related discrimination and the enforcement of the ADA with respect to HIV-related complaints.
• Forbid health insurance companies from denying coverage to HIV-positive applicants. Prohibit all health plans from adopting discriminatory caps or exclusions that provide lower coverage for AIDS than for any other life-threatening illnesses. No American will be denied health coverage because he or she loses a job or has a pre-existing condition.
• Oppose mandatory testing in federal organizations like the Peace Corps and Foreign Service.
• Lift the current ban on travel and immigration to the U.S. by foreign nationals with HIV.

THE RECORD

• As chairman of the National Governors' Association, Governor Clinton formed the first working group of governors to develop an AIDS policy. Clinton was a moving force in the creation of an AIDS action plan adopted by the Governors' Association which called for education and prevention efforts at the local, state and federal levels.
• Governor Clinton supported teacher training for AIDS education and a detailed study of the availability of HIV education at the local level.
• Since 1990, AIDS education has been required in all Arkansas schools, and there has been a 40% increase in HIV counseling and voluntary testing in Arkansas.
• The Arkansas AIDS Advisory Committee was established in 1987. This committee makes recommendations on HIV policy and program services. HIV services in the state currently include anonymous testing at two centers and confidential testing and counseling at public health clinics in all 75 Arkansas counties.

• Senator Al Gore voted to ban discrimination against people with AIDS or HIV.
• Voted for legislation to remove HIV from the immigration restrictions list.
• Supported funding for the Ryan White AIDS Act.
•Voted to provide emergency relief to metropolitan areas hardest hit by AIDS, to health care facilities serving many low-income individuals and families with HIV and to states to assist in improving the quality of treatment and support services for people with HIV.

The PRESIDENT pro tempore. The Senator from California is recognized for 2 minutes.

Mrs. FEINSTEIN. Thank you very much, Mr. President.

Mr. President, I rise in opposition to the Nickles amendment and in support of the Kennedy second-degree amendment.

Mr. President, I have always believed that public health decisions belong in the hands of public health officials. I concur with the position of the American Medical Association, the World Health Organization, the Centers for Disease Control, the American Public Health Association, the former Secretary of Health and Human Services, Louis W. Sullivan, and the current Secretary Donna Shalala, all of whom agree that there is no public health purpose served by the immigration exclusion of people who are HIV positive.

I also concur with the reasoning offered by the distinguished Senator from Massachusetts that public health decisions are best made by the officials charged with protecting the public health, not by the legislative branch of Government. And the policy which is now under debate should not, in my opinion, be statutory.

Mr. President, for too long, politics have dominated the discussion around the AIDS epidemic. And while the debate has gone on, the public health has often suffered and lives have been lost. It is time to end the debate, and get on with the task at hand which, I maintain, is to protect the public health.

Mr. President, as a former mayor, I have some experience with this disease, and one thing I know for sure is that if you drive a disease like AIDS underground, you do not protect the public health, you endanger it. That is the position of virtually every public health official in the country. What is important is educating people with the real facts.

And the facts are, Mr. President, that hundreds of thousands of immigrants are permitted to enter this country, any of whom may suffer with terminal diseases, such as cancer or heart disease which cost just as much as AIDS to treat, but there is no discussion of these people becoming public charges. The facts are that the vast majority of the people subject to the exclusion under discussion qualify for immigrant status to be reunited with their families. And the facts are that most of the people who are subject to this exclusion are already in the country. If these people are driven underground, and not allowed to work or receive health insurance, they will not obtain the preventive health care they may need now. And eventually, they will very likely end up in the already overburdened emergency rooms of our county hospitals.

But let us be clear. Cost is not a factor in this debate. The law gives the Attorney General the authority to deport any immigrant, for up to 5 years, who becomes a public charge, and this authority exists irrespective of the immigrant's HIV status.

Mr. President, when I came to the U.S. Senate, I never believed that I would find myself standing on the floor, debating a policy which would keep in existence a detention camp, where people, who would otherwise be free, are kept behind barbed wire, quarantined without adequate health care until they die, solely because they have an incurable disease, which is not casually transmitted. Mr. President, one of the darkest memories in my State's history is the memory of detention camps where innocent Americans of Japanese descent were interned during World War II, simply on the basis of their ethnic background.

Former Secretary Sullivan was right in communicating the opinion of the Centers for Disease Control to President Bush and recommending that this policy, which serves no public health benefit, be ended. And President Clinton is right to implement Secretary Sullivan's recommendation.

Mr. President, I hope that we can move beyond the fear, and deal with the facts around AIDS. Time is wasting. The virus which cause AIDS knows no boundaries. Our attention should be turned to the more than 1 million Americans who are already infected with HIV.

Apart from South Africa, the United States has been the only industrialized country to have such a ban, and this has caused us to be the subject of criticism around the world. It is time to join the family of nations and send a message to the world that discrimination against people with AIDS must not be tolerated.

The PRESIDENT pro tempore. The time has expired.

Mrs. FEINSTEIN. Thank you very much.

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11/18/92

BARBRA STREISAND'S SPEECH FOR APLA

THANK YOU WARREN, AND THANK YOU AIDS PROJECT L.A. FOR THE AMAZING WORK YOU'RE DOING AND FOR GIVING ME THE OPPORTUNITY TO DO MY PART TONIGHT IN THE FIGHT AGAINST AIDS. I DEEPLY APPRECIATE THIS AWARD.

FEW OF US HAVE RESPONDED WITH ENOUGH URGENCY TO MEET THIS CRISIS OF CATASTROPHIC PROPORTIONS, CERTAINLY NOT THE LAST TWO PRESIDENTS. I DON'T MEAN TO BE PARTISAN -- BECAUSE HEALTH, HUMAN RIGHTS AND TOLERANCE OUGHT NOT TO BE PARTISAN ISSUES. BUT THAT'S WHAT HAPPENED THESE LAST 12 YEARS.

BIGOTRY WAS LEGITIMIZED. RULES WERE MADE BY AND FOR WHITE, CHRISTIAN, HETEROSEXUAL MALES. ALL THE REST OF US WERE LEFT OUT. AND A DISEASE, THAT HAS INFECTED FAR MORE HETEROSEXUALS THAN HOMOSEXUALS THROUGHOUT THE WORLD, WAS DISMISSED AS A GAY DISEASE WITH THAT OFFICIAL, HOMOPHOBIC WINK - IMPLYING THAT THOSE DEATHS DIDN'T REALLY MATTER.

I WILL NEVER FORGIVE MY FELLOW ACTOR, RONALD REAGAN, FOR THE GENOCIDAL DENIAL OF THE ILLNESS'S EXISTENCE; FOR HIS REFUSAL TO EVEN UTTER THE WORD 'AIDS' FOR SEVEN YEARS AND FOR BLOCKING ADEQUATE FUNDING FOR RESEARCH AND EDUCATION WHICH COULD HAVE SAVED HUNDREDS OF THOUSANDS OF LIVES.

11/18/92 BARBRA STREISAND'S SPEECH FOR APLA

THEN CAME GEORGE BUSH, ONCE THE MODERATE, WHO IN A FAUSTIAN BARGAIN, ALLIED HIMSELF WITH THE SAME PRIMITIVE, GAY BASHING IMMORAL MINORITY.

LIKE MANY OF YOU, I SAT AND WATCHED THE REPUBLICAN CONVENTION IN UTTER DISBELIEF. HOW COULD THE PAT ROBERTSONS AND THE PAT BUCHANANS, PRESUMING TO BE THE SPOKESPEOPLE FOR GOD, SPEW SUCH DOCTRINES OF DIVISIVENESS, INTOLERANCE AND INHUMANITY? WHO IS THAT GOD?

A LOT OF US OF DIFFERENT POLITICAL OUTLOOK CAME TOGETHER THAT NIGHT. THE RADICAL RIGHT LINKED THE ISSUES FOR US AND REMINDED US OF HOW MUCH WAS AT STAKE AS THEY BRANDED THE CONCERNS OF WOMEN, GAYS, MINORITIES AND DEMOCRATS AS UNAMERICAN. HOW DARE THEY CALL US UNAMERICAN!

WHEN PAT ROBERTSON STOOD UP AND WARNED OF CLINTON, AND I QUOTE: "HE WANTS TO REPEAL THE BAN ON HOMOSEXUALS IN THE MILITARY AND APPOINT HOMOSEXUALS TO HIS ADMINISTRATION," I, AND MILLIONS OF OTHER AMERICANS, WERE EVEN MORE CONVINCED THAT BILL CLINTON WAS OUR CANDIDATE.

WHEN PAT BUCHANAN THUNDERED, AND I QUOTE, "WE STAND WITH GEORGE BUSH AGAINST THE AMORAL IDEA THAT GAY AND LESBIAN COUPLES SHOULD HAVE THE SAME STANDING IN LAW AS MARRIED MEN AND WOMEN," I WONDERED: WHO IS PAT BUCHANAN TO PRONOUNCE ANYBODY'S LOVE INVALID? HOW CAN HE DENY THE PROFOUND LOVE FELT BY ONE HUMAN BEING FOR ANOTHER - A LOVE THAT ALL TOO OFTEN TAKES THEM TO THE BITTER END,

HOLDING EACH OTHER IN HOSPICES AND HOSPITALS ALL OVER THIS NATION.

WELL, GEORGE BUSH DIDN'T SAY "NO" TO THE BUCHANANS, BUT WE SAID "NO" TO GEORGE BUSH.

THE FAR RIGHT FINALLY WENT TOO FAR. THEY CAME OUT THAT NIGHT AND THE COUNTRY LOOKED STRAIGHT INTO THE FACE OF HATE AND, THANK GOD, (THE GOD I KNOW), THE MAJORITY OF THE PEOPLE SAID "ENOUGH!" ENOUGH RACISM, ENOUGH SEXISM, ENOUGH GAY BASHING, NAME CALLING AND DISCRIMINATION, ENOUGH EXTREMISM.

ISN'T IT JUST FANTASTIC THAT THE AMERICAN PEOPLE CAME DOWN ON THE RIGHT SIDE, THE SIDE OF HUMAN RIGHTS, CLEAR AND SIMPLE?

AND WE ELECTED NEW LEADERS. WE DID IT - YOU DID IT - I DID IT ... WOMEN, GAYS, JEWS, PEOPLE OF COLOR, WORKING PEOPLE, OLD PEOPLE, YOUNG PEOPLE, ALL OF US WHO VALUED OURSELVES ENOUGH TO DEMAND THAT OUR VOICES BE HEARD, ALL OF US WHO CHERISH COMMON DECENCY AND COMMON SENSE REVOLTED AND OUT-ORGANIZED, OUT-FINANACED AND OUT-THOUGHT THOSE WHO DESPISE WHAT IS BEST ABOUT THIS COUNTRY -- OUR CULTURAL, RACIAL AND RELIGIOUS DIVERSITY.

I KEEP PINCHING MYSELF. FINALLY, A PRESIDENT WHO IS COMMITTED TO FINDING A CURE FOR AIDS.

FINALLY A PRESIDENT WHO ACKNOWLEDGES THE PATRIOTISM OF GAYS AND

LESBIANS WILLING TO SERVE IN THE ARMED FORCES AND WHO WILL REMOVE THE GAG RULE PREVENTING MEDICAL WORKERS FROM ADVISING PREGNANT WOMEN AS TO THEIR CHOICES.

FINALLY WE HAVE A PRESIDENT THAT I THINK REALIZES THAT THE MOST COST-EFFECTIVE THING TO DO IS SPEND MONEY ON AIDS RESEARCH AND PATIENT CARE WITH THE SAME SENSE OF URGENCY THAT HAS BEEN DEVOTED TO THE MILITARY BUDGET OR BAILING OUT THE FAILED S & L's.

NOW THAT THE COLD WAR IS OVER WE HAVE TO REDEFINE NATIONAL SECURITY. I KNOW I'VE PAID A HELLUVA LOT OF TAXES FOR WEAPONS THEY SAID WOULD PROTECT US IF WE WERE ATTACKED BY A FOREIGN ENEMY.

IT'S TIME TO STOP LIVING WITH THE PARANOIA OF "WHAT IF" AND START FACING THE REALITY OF "WHAT IS". "WHAT IS" IS A REAL CRISIS IN EDUCATION, IN HEALTH CARE, IN THE ECONOMY. "WHAT IS" THE REAL NATIONAL SECURITY, IS THE NEED FOR A NATION TO FEEL SECURE.

BUT HOW CAN WE FEEL SECURE WHEN OUR TEENAGERS ARE NOT BEING EDUCATED ABOUT AIDS - WHEN, ACCORDING TO THE WORLD HEALTH ORGANIZATION, BY THE YEAR 2000 MOST NEW HIV INFECTIONS MAY BE FOUND IN WOMEN. AND THEY ALSO ESTIMATE THAT, BY THEN, THE FIGURES COULD REACH A STAGGERING 40 MILLION PEOPLE INFECTED - 10 MILLION OF THOSE WILL BE ORPHANS. THESE REALITIES FRIGHTEN ME MUCH MORE THAN THE "WHAT IFS" OF BEING ATTACKED BY A FOREIGN POWER.

THE MORAL IMMUNE SYSTEM OF THIS COUNTRY HAS BEEN WEAKENED AND ATTACKED AND THE AIDS VIRUS IS A PERFECT METAPHOR FOR IT.

THE MALIGNANT NEGLECT OF THE PAST 12 YEARS HAS LED TO THE BREAKDOWN OF OUR COUNTRY'S IMMUNE SYSTEM: ENVIRONMENTALLY, CULTURALLY, POLITICALLY, SPIRITUALLY AND PHYSICALLY. I KEEP ASKING MYSELF: WHY WAS OUR IMMUNE SYSTEM NOT STRONGER? WHY DID WE NOT HAVE BETTER RESISTANCE TO THAT DEADLY VIRUS OF HATRED?

I FEEL THAT WE ARE NOW ENTERING A TIME OF HEALING. WE ARE GRATEFUL THAT OUR NEW PRESIDENT IS COMMITTED TO LIFE - THAT HE HAS PUT BEFORE US AN AGENDA WHICH IS COMPASSIONATE, CARING AND AS HE HAS SAID: "AIDS POLICY CAN NOW BE MADE BASED ON SOUND SCIENTIFIC AND PUBLIC HEALTH PRINCIPALS - NOT ON PANIC, POLITICS AND PREJUDICE."

WE WILL BE THERE TO SUPPORT HIM EVERY STEP OF THE WAY. OUR HOPES ARE HIGH AND SO ARE OUR EXPECTATIONS.

BUT LEST WE BE LULLED INTO A FALSE SENSE OF SECURITY, THE STRUGGLE GOES ON: JUST LOOK AT THE VOTE FOR HATE IN COLORADO WHERE VOTERS RESCINDED ANY PROTECTION FOR GAYS IN EMPLOYMENT OR HOUSING.

THERE ARE PLENTY OF US WHO LOVE THE MOUNTAINS AND RIVERS OF THAT TRULY BEAUTIFUL STATE, BUT WE MUST NOW SAY CLEARLY THAT THE MORAL CLIMATE THERE IS NO LONGER ACCEPTABLE, AND IF WE'RE ASKED TO, WE MUST REFUSE TO PLAY WHERE THEY DISCRIMINATE.

MANY OF US IN THIS COMMUNITY WORKED VERY HARD TO GET THIS PRESIDENT AND MANY MEMBERS OF CONGRESS ELECTED. WE DIDN'T DO SO IN ORDER TO BE INVITED TO FORMAL STATE DINNERS AT THE WHITE HOUSE. WE SUPPORTED THESE CANDIDATES BECAUSE THEY PROMISED US PROFOUND CHANGE. AND WE WANT THEM TO KNOW - WE WILL BE LISTENING, WATCHING AND WAITING.

IN 1986 I SAW A PLAY BY LARRY KRAMER CALLED "THE NORMAL HEART" WHICH AFFECTED ME DEEPLY AND I PLAN TO MAKE IT INTO A MOVIE. SET AGAINST THE BEGINNING OF THE AIDS EPIDEMIC - IT'S ABOUT EVERYBODY'S RIGHT TO LOVE.

THE MAIN CHARACTER, NED WEEKS, FOUNDED THE GAY MEN'S HEALTH CRISIS ONLY TO BE THROWN OUT BECAUSE HE WAS TOO LOUD, TOO AGGRESSIVE, TOO ACCUSATORY, TOO ANGRY.

MONTHS LATER, DISCOURAGED, DISHEARTENED - SICK OF FIGHTING HIS FRIENDS AS WELL AS HIS ENEMIES, SICK OF THE STUPIDITY - WORN DOWN, HE NOW FACES HIS LOVER WHO'S DYING OF AIDS. AND HIS LOVER LOOKS UP AT HIM AND SAYS: "PLEASE LEARN TO FIGHT AGAIN. DON'T LOSE THAT ANGER. JUST HAVE A LITTLE PATIENCE AND FORGIVENESS -- FOR YOURSELF AS WELL." AFTER HIS LOVER DIES, NED CRIES OUT: "WHY DIDN'T I FIGHT HARDER! WHY DIDN'T I PICKET THE WHITE HOUSE ALL BY MYSELF IF NOBODY WOULD COME?"

WE'RE FILLED WITH HOPE RIGHT NOW THAT SOME DAY, SOME HOW, WE WILL SEE AN END TO THIS HUMAN TRAGEDY. BUT LET US VOW, IF NEED BE, TO PICKET THE WHITE HOUSE ALL BY OURSELVES - UNTIL SOMEBODY COMES.

THANK YOU.

The White House

Office of the Press Secretary

For Immediate Release **September 30, 1993**

CLINTON MANDATES HIV/AIDS EDUCATION

During today's Cabinet Meeting President Clinton inaugurated HIV/AIDS education and prevention training for all employees throughout the Executive Office of the President and all Federal Departments/Agencies.

Kristine Gebbie, National AIDS Policy Coordinator, briefed the Cabinet during the meeting today. "HIV/AIDS awareness and education is essential in every work-place; President Clinton is setting an excellent example by educating the Federal work-force" Ms. Gebbie said.

President Clinton's directive sets the following dates for education and training in the Federal Government:

> All White House Staff and the Executive Office of the President will participate in HIV/AIDS education and training by World AIDS Day - December 1, 1993.
>
> All Departments and Agencies within the Federal Government will fully implement comprehensive education and training programs and install progressive work-place policies over the next 12 months and will have completed such programs by World AIDS Day 1994.

All Departments and Agencies will work closely with the Office of the National AIDS Policy Coordinator in developing and executing their respective programs. Training for HIV/AIDS prevention and education will include:

- Preparing managers and supervisors to respond fairly to an HIV infected employee
- Teaching employees the basic facts on how the virus is and is not transmitted and how to avoid infection

The Presidential directive calls for an on-going process of training for new employees and supervisors, including updates on the status of the epidemic. It also requires the establishment of progressive work-place policies for those who employ persons with HIV/AIDS or any other life-threatening chronic disease.

While the private sector has some excellent examples of company-wide training and some Agencies have vigorous programs, there has been no coordinated effort to inform the Federal work-force.

In the Cabinet Meeting, the President said, "We need to set an example--We need to be seen setting that example...I want all of you take this as serious as I do. It is very important to me."

###

NATIONAL HEALTH SECURITY ACT: CONSIDERATION FOR HIV/AIDS CARE

An estimated one million people are infected with HIV in the United States. While the epidemic has continued to affect the gay community, it is also increasing disproportionately among heterosexuals, persons of color, women, and adolescents. Providing comprehensive health and prevention services for populations at risk is essential, and will be accomplished under health care reform.

- First and foremost, the guarantee of comprehensive health coverage with no lifetime limits will provide Americans with serious, chronic disease the security of knowing that their medical needs will always be met. Some particular areas of importance for AIDS patients included in the benefit package are coverage for preacription drugs, home-care, long-term care, and reasonable limits on how much patients can be required to spend out-of-pocket each year.

- Persons with HIV or AIDS will always be able to buy this universal coverage at any time and at the same community rates paid by everyone else within a health alliance. There will be no pre-existing condition exclusions, and the amount of premiums paid by individuals will not be based on their health status.

In many ways, the way AIDS and other serious chronic diseases will be accommodated will demonstrate the National Health Security system's flexibility in treatment decisions, and in portability within the larger health care system.

The National Health Security program will build on the existing structure and spirit of Ryan White programs for high HIV prevalence cities and states, and community-based clinics. Outpatient care, prevention, and treatment of substance abusers, and specialty sites developed for the HIV-infected community will be expanded.

- The National Health Security Act does not pretend that health reform alone will provide all that AIDS patients require. The proposal includes expanded funding for research, education, and prevention efforts related to the spread of HIV and continued funding for the Ryan White Care Act.

- Providing quality care for AIDS patients requires a complex mix of primary care and specialized services, with the capacity to respond quickly and with flexibility to emerging medical developments.

- AIDS is infectious, and people living with the HIV virus or AIDS frequently develop other infectious diseases such as tuberculosis. The clinical treatment of AIDS encompasses several important public health objectives, chief among them the need to refer infected individuals into care programs as early as possible. The Public Health Initiatives component of the health care reform will devote new resources to these purposes.

- The National Health Security Act's public health initiatives will build new capacities and strengthen the core public health functions throughout the nation, enabling communities to reduce the spread of the HIV epidemic.

From the Office of the National AIDS Policy Coordinator

To Kim

Date 1/6 Time 3:40

WHILE YOU WERE OUT

M Judy Cammer

of David Geffen's Office

Phone 310-285-7963

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P1 National Security Classified Information [(a)(1) of the PRA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SUBJECT: AIDS project LA event

12/23

Julie, I took a call yesterday from Andy Spahn, President of the Geffen Foundation. AIDS Project LA wants two 81/2 x 10 black and white photos and a bio for Hillary. Preferrably they would like the pictures to be two different poses.

Pictures and bio should be sent to the following:

Diane Connors
APLA
1313 North Vine Street
Los Angeles 90028

310-285-7962
Andy Spahn

If you need to use it, their fedex account number is: [redacted] (b)(6)

Thanks, Pam

001

Press RETURN to continue, GOLD MENU for options or EXIT to cancel

Kim-

Paul Jaimeson mentioned that David Mixner might be a good person to call for Hillary's AIDS speech. However, I think I remember Mixner turning nasty following the whole "Gays in the Military" situation.

That made me think of Bob Hattoy. Bob could probably give some good suggestions toward the speech. Bob's problem is that he has a pretty consistent record of flapping his jaws with the press when unwarranted by the Administration.

U.S. Urges High Court to Back Calif. in Tax Case

By DAVID G. SAVAGE
TIMES STAFF WRITER

WASHINGTON—Siding with California in a tax case in which $4 billion is at stake, lawyers for the Clinton Administration on Wednesday urged the Supreme Court to uphold the state's use of the so-called "unitary tax" on multinational corporations.

The legal brief, filed in the pending case of Barclays Bank vs. California, 92-1384, redeems Clinton's campaign pledge to take a "pro-California" stand in the huge tax dispute, which involves the nation's foreign trading partners.

In an earlier phase of the case, officials of the Ronald Reagan and George Bush administrations had contended that California's distinct method of taxation disrupted the nation's foreign relations and should be declared unconstitutional.

If the high court were to adopt that view, the state could be forced to pay refunds or forgo disputed tax assessments that amount to $4 billion.

But the Administration brief argues that neither Congress nor the White House put California on notice during the 1970s and 1980s that its taxing system was disruptive.

The state should not be "unjustly held liable for refunds of tax that violated no federal policy" at the time, the brief says. Congress could have required all states to adopt an identical taxing system, but it did not do so, the brief noted.

Brad Sherman, chairman of the state Board of Equalization, praised the Administration's action and said that it could save California far more than it will cost to rebuild the freeways that were damaged in Monday's earthquake.

"After 12 years of this case, it's wonderful to have a pro-California brief," he said.

Unlike most states and nations, which treat the local operations of a multinational firm as though they are separate businesses, California treated multinationals as a single business and taxed a portion of the whole enterprise.

Corporate tax lawyers complain this unitary method permits California to tax profits that were not earned within the state.

But state lawyers counter that the simple accounting system combats international tax cheating. Some foreign firms have allegedly shifted their costs so as to claim they earn no profits in California.

Nonetheless, state lawmakers bowed to pressure from international business last year and essentially repealed the unitary tax. But billions of dollars in past collection remain in dispute.

The high court is expected to hear arguments in the case in late March and issue a ruling by summer.

CA
Maggie—NO
Bill Kennedy—
Yes
Check Pol. brief
see if Included

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STATE BOARD OF EQUALIZATION

MEMBER,
FRANCHISE TAX BOARD

FOR IMMEDIATE RELEASE
January 20, 1994

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CLINTON BACKS CALIFORNIA IN $4.1 BILLION UNITARY TAX DISPUTE

Administration Files Pro-California Brief With U.S. Supreme Court in the *Barclays* Case

Late yesterday afternoon, the Clinton Administration gave a much-needed boost to California by filing a pro-California brief with the United States Supreme Court in *Barclays Bank PLC v. California Franchise Tax Board*, a multi-billion dollar case which pits California tax authorities against most of the world's large multinational corporations. The brief filed by the Solicitor General urges the U.S. Supreme Court to hold that California's previous system of worldwide unitary corporate taxation did not pose an unreasonable interference in the ability of the Federal Executive to conduct foreign commerce.

Brad Sherman, Chairman of the State Board of Equalization (California's elected tax commission) stated: **"Today President Clinton nearly assured that California would not suffer an economic aftershock rivaling the damage done by the Southern California earthquakes."**

Sherman continued, "The administration's pro-California brief represents a triumph of reason over the pressures of multinational corporations."

Barclays and related cases pose a potential total loss to California of approximately $4.1 billion in refunds payable and cancellation of pending tax assessments. Sherman stated, **"The $4.1 billion at stake was over four times the estimated cost of rebuilding Southern California's freeways damaged by the recent earthquakes.** In light of this, President Clinton's consistent support of California in this litigation is particularly welcome."

The Clinton Administration action represents a dramatic shift from the position of the Bush and Reagan Administrations, which had consistently supported foreign-based multinational corporations against California.

A victory in *Barclays* will allow the California Franchise Tax Board to collect an additional $2.4 billion from multinational corporations. In addition, the California victory will effectively dispose of $1.7 billion in tax refund claims filed against California by multinational corporations."

The Supreme Court is expected to issue its decision in May or June. The case turns on whether California's constitutional right to draft its own tax laws conflicts with the Federal Government's right to conduct foreign policy; the U.S. Supreme Court typically yields to the federal executive and legislative branches on such foreign policy issues.

The key language of the brief stated, "[t]he court must look to federal policies in effect at the time the tax was levied, lest States unjustly be held liable for refunds of taxes that violated no federal policy, and were thus in no way unlawful at the time the disputed tax liability was incurred. Judged by this standard, Barclays' claim must fail." The Administration's brief extended this analysis to domestic corporations seeking refunds, and stated that refund claims arising under the related *Colgate-Palmolive* litigation should also be denied.

Sherman concluded, "With the overwhelming need to rebuild our damaged infrastructure and public facilities, California can ill-afford the economic aftershock that a defeat on the Barclays case would represent."

Background

President Clinton first focused on the tax dispute when he was campaigning in California in May of 1992. At that time he met with Sherman, a Democrat, regarding the issue, and assured Sherman that he would take a pro-California position if elected President. Two months later, Clinton sent a letter to Sherman putting the promise in writing. Today Sherman commented, "The President stood up for California and kept his promise, in spite of intense pressure from foreign-based multinationals and foreign governments. We in California did our part by adopting legislation so that beginning in 1994 our tax law will be in full harmony with international norms."

Last October the Clinton Administration filed a brief urging the U.S. Supreme Court to refuse to hear the *Barclays* appeal, and thus leave intact California's 1992 victory before the California Supreme Court. However, last November the U S. Supreme Court decided to hear the *Barclays* appeal as well as the related appeal of Colgate-Palmolive.

The Clinton Administration was under substantial pressure from foreign governments, particularly the British, to back the foreign-based multinationals against California. The British government threatened to retaliate against U.S.-based companies if California prevailed unless there was a "satisfactory resolution" of the issue. However, this foreign pressure subsided substantially when California changed its tax laws: the British have essentially withdrawn their threats of retaliation. The tax law changes bring California's 1994 law into harmony with international norms for taxing multinational corporations.

Barclays Bank PLC v. California Franchise Tax Board deals with taxation of multinational corporations. Barclays has asked the U.S. Supreme Court to reverse a 1992 California Supreme Court decision which upheld California's use of the "mandatory worldwide unitary" method of taxing multinational corporations. While California allowed multinationals to opt out of the mandatory worldwide method in 1987, the State still has over $4.1 billion at risk in litigation in which the multinationals sought tax refunds and refused to pay long-disputed tax assessments for tax years prior to 1987.

The corporations that decide not to use the "world wide unitary" method compute their taxes using the "water's edge" method, the same method used by the federal government and virtually every foreign country.

WHAT'S AT STAKE FOR CALIFORNIA

BARCLAYS AND RELATED UNITARY TAX CASES

Based on October 1993 estimates.

	If We Lose *Barclays* (Foreign Based Multinationals)	...and then lose *Colgate-Palmolive* (U.S. Based Multinationals)	Totals in Billions
Refunds Payable	$400 Million	$1.3 Billion	$1.7
Cancellation of Pending Assessments on 1987 and Prior Years' Returns	$400 Million	$2.0 Billion	$2.4
TOTALS	$.8 Billion	$3.3 Billion	$4.1 Billion

Source: Brad Sherman, Chairman, State Board of Equalization

Kim Room 197

APLA COMMITMENT TO LIFE VII as of 1/21

OVERTURE	"OVERTURE"	HOLLYWOOD BOWL ORCH (Marc Shaiman)
OPENING VIDEO		TOM HANKS (voice over)
	"STREETS OF PHILADELPHIA"	BRUCE SPRINGSTEEN (+ 6 Band/Singers)
WELCOME		ELIZABETH TAYLOR
PETER ALLEN	"EVERYTHING OLD IS NEW AGAIN"	THE ROCKETTES (18)
	"DON'T CRY OUT LOUD"	MELISSA MANCHESTER (Peter Hume)
HALSTON		LAUREN BACALL & 4 models
HOWARD ASHMAN	"BEAUTY AND THE BEAST"	ANGELA LANSBURY (Marc Shaiman)

EMILE ARDOLINO	"MY GOD"	THE SISTER ACT CHOIR Kathy Najimy, Mary Wickes Wendy Makena, Ellen Dow Edith Diaz, Ruth Kobart, Sherri Izzard, Susan Johnson Pat Brown, Carlene Kolehoven *(brought on by 9 Rockettes) (Marc Shaiman)
APLA SPEECH		STEVE TISCH (+2 APLA clients)
KATZENBERG INTRO		DAVID GEFFEN
HONOREE		JEFFREY KATZENBERG
FREDDIE MERCURY	"DEAR FRIEND"	VIDEO
	"??????"	JON BON JOVI
LIBERACE	"COME RAIN OR COME SHINE"	DEBBIE REYNOLDS (w/JASON PRIESTLY & IAN ZIERLING) *(brought on by 9 Rockettes) (Joey Singer)
KEITH HARING		DENNIS HOPPER
	"PHILADELPHIA"	NEIL YOUNG

PAUL JABARA	"DISCO MEDLEY"	JENIFER LEWIS (+ Maxine Waters, Julia Waters, Carmine Twilley and 6 Dancers) (Marc Shaiman)
IMAGES	"REQUIEM"	SARAH BRIGHTMAN (+12 Choir & Flautist) (David Caddick)
BALLET	"DANCE SOLO" (on tape)	BILL T. JONES
"BACKSTAGE" TRIBUTE	"AS IF WE NEVER SAID GOODBYE"	PATTI LuPONE (David Caddick)
ROCK HUDSON	"MY BUDDY" (on tape)	DORIS DAY (on tape)
MICHAEL BENNETT	"AND I AM TELLING YOU"	JENNIFER HOLLIDAY (brought on by Rockettes) (Marc Shaiman)
HOUSE TRIBUTE		RICHARD GERE
'ANTHEM'	"THE DAY AFTER THAT" "THE DAY AFTER THAT" (encores)	LIZA MINNELLI & CHOIRS (Bill LaVorgna)
CLINTON INTRO		BARBRA STREISAND
HONOREE		HILLARY RODHAM CLINTON
CLOSING	"DON'T CRY"	WHITNEY HOUSTON (+Keyboard, Bass, Drums) (Ricky Minor)

THE DAVID GEFFEN FOUNDATION

Andy Spahn
President

*** FAX FAX FAX ***

TO: Julie Hopper

FAX #: 202-456-2317

FROM: Andy Spahn

DATE: January 24, 1994

TOTAL NO. OF PAGES 4

MESSAGE: Attached please find the most recent run-down for the January 27 Commitment to Life event

If you have problems with this transmission, please call 310-285-7969

OUR FAX NUMBER IS 310-278-9766

9130 Sunset Boulevard
Los Angeles California 90069
Telephone 310 285 7962
Fax 310 278 9766

JANUARY 24, 1994

NEXIS INFORMATION ON HRC AND ACT/UP SEARCH:

- Wayne Turner spokesman for Act/Up pubically negative about Aids Task Force. Called it "smoke and mirrors."

- Act/Up has past history of plans to disrupt Clinton's speeches. example: Moscane Center July 5, 1993.

- Hattoy, White House staff and active member of Act/Up...is he still around?

- Act/Up feels it played an pivotal role in getting Clinton elected, but are now perpetually unsatisfied and considered extremely militant.

Architectural
Digest

Nexis update on HRC+AIDS + ACT UP

Sacramento Bee

January 16, 1994, METRO FINAL

SECTION: MAIN NEWS; Pg. A2

LENGTH: 334 words

HEADLINE: EVERYBODY WANTS TO BE A STAR

BYLINE: Jan Stevens from Bee news services

BODY: Doherty had better play it cool. It's a tough job market out there for actors if the clamor to get a part in Arnold Schwarzenegger's next action-adventure film is any indication. Rhode Island's film commissioner, Rick Smith, said aspiring actors have been calling every few minutes or so for information on getting jobs in "True Lies." In the film, by "Terminator" producer-director James Cameron, Schwarzenegger plays an undercover agent. A casting call for extras will go out next month.

Even first ladies are getting stagestruck. Hillary Rodham Clinton will reportedly join Barbra Streisand Jan. 27 at L.A.'s Universal Amphitheater. No singing, it's a speaking part to spark interest in a huge AIDS event. Others reportedly lined up for the show: Whitney Houston, Bruce Springsteen, Richard Gere, Liza Minnelli and The Rockettes. Streisand kicked in $ 200,000 to the new fund created in memory of President Clinton's mother, Virginia Kelley, to fight breast cancer.

Maybe Hillary could show some of the administration's new anti- AIDS public service announcements for condoms when she's onstage. Or better yet, give them away like Yves Saint Laurent. The fashion designer announced recently he would send 200,000 condoms to randomly chosen Parisians as a Valentine's Day AIDS warning. The condom comes inside a white folder printed with a photograph of a nude male with a woman's silhouette in the foreground and carries the message "Yves Saint Laurent dresses men."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: January 17, 1994

The Walt Disney Company

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To Rebecca	From Barbara
Co.	Co.
Dept.	Phone #
Fax #	Fax #

MICHAEL D. EISNER

A Biography

Michael D. Eisner, chairman and chief executive officer, joined The Walt Disney Company in September 1984.

Together with Frank G. Wells, who joined Disney at the same time as president and chief operating officer, he immediately undertook a program to revitalize the company's motion picture, television and theme park operations.

Under his leadership, Disney has greatly increased the number of motion pictures distributed annually, made a successful return to prime-time network television and entered TV syndication.

In addition, the company opened the innovative Disney-MGM Studios Theme Park at Walt Disney World in 1989. Its enormous popularity led to the decision to double its size within months of its opening.

Disney also moved into commercial television with KCAL-TV in Los Angeles, magazines with the purchase of Discover and FamilyFun, book publishing with the formation of Hyperion Press and contemporary music with the formation of Hollywood Records.

Disney earnings increased more than six-fold during the first eight years of Mr. Eisner's tenure.

The largest undertaking to date has been the construction of Euro Disney in France. The theme park and resort, in which Disney owns a 49.9 percent interest, is situated on 4,800 acres 20 miles east of Paris. It opens April 12.

Under Mr. Eisner's leadership, Disney also has become one of Hollywood's most successful film studios. From 1988 through 1991 it twice led the industry in domestic box-office receipts and was near the top the other two years.

Beginning with "Down and Out in Beverly Hills" (1986), Disney has turned out a succession of hit motion pictures that includes "Who Framed Roger Rabbit," "Good Morning, Vietnam," "Three Men and a Baby," "Honey, I Shrunk the Kids," "Dick Tracy" and "Pretty Woman."

The company also began releasing a new, full-length animated movie each year. "Beauty and the Beast" (1991) and "The Little Mermaid" (1989) now rank as the top two such films at the box office in initial release.

In network television, Disney's Emmy Award-winning "Golden Girls" and "Empty Nest" remain among the top-rated shows. Two that made their debuts in 1991--"Home Improvement" and "Nurses"--also were immediate hits.

Disney has become the leader in children's animated TV programming. The Disney Afternoon--four daily half-hour series--was a hit from its inception in 1990. Later "Darkwing Duck" became part of the daily show and also appeared on Saturday mornings, where it immediately won its time period on ABC-TV.

Before joining Disney, Mr. Eisner was president and chief operating officer of Paramount Pictures Corp. During his eight years there, Paramount's motion picture division enjoyed great box-office success with such hits as "Raiders of the Lost Ark," "Saturday Night Fever," "Grease" and "Terms of Endearment."

Paramount also ventured into cable TV under Mr. Eisner with the purchase of a one-third interest in the USA Network and quadrupled its network television presence with such shows as the Emmy Award-winning "Cheers" and "Family Ties."

Before joining Paramount, Mr. Eisner was senior vice president, prime time production and development for ABC Entertainment. In an earlier position there, he supervised the development of "Happy Days," "Barney Miller," "Laverne and Shirley," "Rich Man, Poor Man" and "Roots."

As a Founding Member of the Board of the Points of Light Foundation, Mr. Eisner was host in September, 1991 at a special ceremony at Walt Disney World honoring the first 575 recipients of the Points of Light Award for heroic volunteer efforts in behalf of their communities and neighbors.

Mr. Eisner serves on the board of directors of Denison University, California Institute of the Arts and the American Hospital of Paris Foundation. He is a trustee of Georgetown University. He and his wife, Jane, are members of the board of directors of the Environmental Media Assn.

Born in Mt. Kisco, N.Y., Mr. Eisner grew up in New York City. He attended the Lawrenceville School and is a graduate of Denison University, Granville, Ohio, with a B.A. in English literature and theater.

The Eisners are the parents of three sons, Breck, Eric and Anders. They live in Los Angeles.

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2/14/92

BARRY DILLER

Barry Diller is Chairman and Chief Executive Officer of QVC Network, Inc. He joined QVC in January 1993.

Before joining QVC, Mr. Diller served as Chairman and Chief Executive Officer of Fox Inc. from October 1984 to April 1992. He guided Fox through the purchase of seven television stations in major U.S. markets and the formation of Fox Television Stations, Inc. He also oversaw the creation of Fox Broadcasting Company, a national satellite-delivered television service.

Prior to joining Fox, Mr. Diller served for 10 years as Chairman and Chief Executive Officer of Gulf + Western's (now Paramount Communications) Paramount Pictures Corporation. In March 1983, in addition to running Paramount, he became President of the conglomerate's newly formed Entertainment and Communications Group, which included Simon & Shuster, Inc., Madison Square Garden Corporation and SEGA Enterprises, Inc.

Before joining Paramount, Mr. Diller served as Vice President of Prime Time Television for ABC Entertainment. While at ABC, he pioneered the made-for-television "Movie of the Week" and "novels for television," now known as the miniseries.

Mr. Diller serves on the Boards of the Museum of Television and Radio, California Institute of the Arts, and the Academy of Television Arts and Sciences Foundation. He is a member of the Board of Councilors for the University of Southern California's School of Cinema-Television and is a member of the President's Export Council.

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To Rebecca	From Laura Bennett
Co. Letter	Co. CAA
Dept.	Phone #
Fax # 310/278-9766	Fax #

RON MEYER

Ron Meyer is the president and a co-founder of Creative Artists Agency, Inc. (CAA).

Meyer, along with four fellow agents, left the William Morris Agency in 1975 to found CAA, building it over the past nineteen years into a remarkably successful and respected enterprise. CAA today represents the majority of Hollywood's leading actors, writers, directors, producers and performing artists.

He started his career twenty nine years ago in the mailroom of the Paul Kohner Agency in Los Angeles after having served in the Marine Corps. He joined the William Morris Agency in 1970, working there as an agent until leaving to co-found CAA. Meyer also serves on the boards of Aids Project Los Angeles, the Museum of Contemporary Art and American Film Institute.

He is the father of three daughters, [redacted] (b)(6) and lives in Malibu, California with his wife Kelly Chapman. He is 49 years old.

002

****

1/94

THE GEFFEN COMPANY

Andy Spahn
Executive Vice President of Public Affairs

DAVID GEFFEN

David Geffen is one of the most influential figures in the entertainment industry today. Whether considering music, film, or theater, his imprint has marked some of the most honored and successful projects of the past 20 years.

His Geffen Pictures has been responsible for such blockbusters as *Beetlejuice* and *Risky Business* and is currently readying the highly anticipated *Interview With A Vampire*, as well as the film versions of *M. Butterfly* and *Dreamgirls*. Geffen Theater has coproduced the latter two sensations for Broadway along with other Tony Award winners: *Cats, Miss Saigon*, and *Little Shop of Horrors* (also a Geffen Picture).

He founded Geffen Records in 1980 (as part of The David Geffen Company), debuting with artists such as John Lennon and Elton John. During the next decade, the label became the most successful independent record company in history, encompassing the likes of Guns 'N Roses, Aerosmith, Peter Gabriel, Nirvana, Cher and Don Henley. Geffen Records has been honored with 19 Grammy Awards and 36 platinum records. Acquired by MCA in 1990, Geffen has continued to lead the company as its chairman.

Geffen began his career as an agent at William Morris before forming Asylum Records in 1970 featuring Jackson Browne, The Eagles, Joni Mitchell and Linda Ronstadt, all of whom were clients of the management company he has created with Elliot Roberts. Not surprisingly, it was Asylum that was the most successful independent label ever - until Geffen Records.

The David Geffen Foundation supports a number of causes and has become a major force against AIDS. David Geffen himself is a member of the American Foundation for AIDS Research (AmFAR), is on the Board of Governors of AIDS Project Los Angeles (APLA), and is a founding member of Hollywood Supports, and organization for performers with AIDS.

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JEFFREY KATZENBERG
A Biography

Jeffrey Katzenberg, chairman of The Walt Disney Studios since October, 1984, is responsible for the worldwide production, marketing and distribution of all Disney filmed entertainment, including motion pictures, television, cable, syndication, home video and The Disney Channel.

Prior to joining Disney, Mr. Katzenberg served as president of production for Paramount Pictures Corporation's motion picture group. During this period, he formed a close working relationship with Michael Eisner, then president of Paramount Pictures, and their successful collaboration continues at Disney where Mr. Eisner serves as chairman of the board and chief executive officer of The Walt Disney Company. Richard Frank, another former Paramount colleague who served as president of the Television Group, also re-teamed with Mr. Katzenberg at Disney to become president of The Walt Disney Studios.

Under Mr. Katzenberg's leadership, the Studio has produced an unprecedented string of popular motion pictures. Among the titles that he has guided through production are "Down and Out in Beverly Hills," "Three Men and a Baby," "Good Morning, Vietnam," "Dead Poets Society," "Honey, I Shrunk the Kids," "The Little Mermaid," "Pretty Woman," "Beauty and the Beast," "Father of the Bride," "The Hand That Rocks The Cradle," "Sister Act" and "Aladdin," which has become the highest grossing film in the studio's history and the highest grossing animated film of all time.

During Mr. Katzenberg's first four years at Disney, Buena Vista Pictures Distribution (the releasing arm for all Disney, Touchstone and Hollywood Pictures product)

increased its share of the box office from approximately 3% to 20% in 1988. It continues to be one of the top distributors in the industry, ranking number one in 1990 and number two in 1991. Hollywood Pictures made its debut in July, 1990, with "Arachnophobia" (produced in association with Steven Spielberg's Amblin Entertainment). That banner will ultimately produce 10-12 films per year, effectively doubling the Studio's current motion picture output.

During Mr. Katzenberg's tenure, Disney has established itself as one of the most profitable studios in the industry by consistently producing motion pictures at a cost well below the MPAA-reported average. Over one billion dollars in financing for Disney films has been raised through limited partnerships with Silver Screen Management, Inc. and Touchwood Pacific Partners. A joint venture has also been arranged with Interscope Communications and Nomura Babcock & Brown to bring in additional funds for production and distribution.

With regard to television, Disney has become a major supplier with such perennial favorites as the top rated "Home Improvement" and "Empty Nest," as well as "Nurses" and the long-running "The Golden Girls." Buena Vista Television, the Studio's syndication arm, has also experienced unprecedented growth during this period with successes running the gamut from classic movie and television packages to such popular entries as "Siskel and Ebert," "Live With Regis and Kathie Lee," and a quartet of animated programs which comprise "The Disney Afternoon" ("Darkwing Duck," "Talespin," "Chip 'n Dale's Rescue Rangers" and "DuckTales"). The Disney Channel continues to be the fastest growing major pay service in the country. Since 1984, The Disney Channel has grown from 1.7 million subscribers to over six million, and in 1991, The Channel was the only pay service in America to substantially increase its subscriber base.

In the area of broadcast television, the studio acquired Los Angeles independent television station KHJ in 1988. Since then, the call letters have been changed to KCAL and a pioneering three-hour primetime news broadcast has been put in place, giving this venerable station a new look, helping it to consistently build a new audience.

Feature animation has been an area of tremendous growth, as The Walt Disney Studios has revitalized its animation department and entered its most productive

period since the late 1930s. The 1988 release of "Oliver & Company" charted new box office highs for an animated feature, only to be surpassed the following year by "The Little Mermaid," which, in turn, had its box office record broken in 1991 by the critically acclaimed "Beauty and the Beast" and "Aladdin" in 1992. "Beauty and the Beast" became the first animated film in history to be honored with a best picture Academy Award nomination. It went on to win two Oscars for music, as did "Aladdin." A second animation facility opened at The Disney-MGM Studios in Florida in 1989 and is building its capacity toward a goal of producing a new feature animated film every other year.

Meanwhile, theatrical reissues of classic animated films, such as "101 Dalmatians," "Lady and the Tramp," "Bambi," "Peter Pan" and "The Jungle Book," continue to be more popular than ever. Disney entered the field of network television in fall, 1985, and achieved great success with its "Adventures of the Gummi Bears Series." "The New Adventures of Winnie the Pooh" premiered in 1988 and became an instant hit.

In all of its other filmed entertainment divisions, Disney has also experienced unprecedented growth. In the area of pay television, a five-year exclusive arrangement with Showtime/The Movie Channel for the premiere of Touchstone films was renewed in 1991 for a second five-year period. Additionally, the international market for the studio's film and television product continues to expand rapidly.

Since 1984, Buena Vista Home Video has become a leader and innovator in its field, pioneering new marketing and sales strategies, such as sell-through pricing ... that is, marketing videos at low prices to encourage consumers to purchase them for their home libraries. Disney has eight of the top 10 best-selling video releases of all time, including the number-one best-sellers, "Fantasia" and "Beauty and the Beast."

The Studio has also taken a very active role in the development of new attractions for the Disney theme parks and has sought out the talents of such innovative filmmakers as George Lucas and Francis Ford Coppola. "Captain EO," "Star Tours," "Body Wars" and "The Muppets 3-D" are four popular examples. The Walt Disney Studios also helped create and produce all film and television segments for The Disney-MGM Studios Theme Park at Walt Disney World.

While serving as president of production for Paramount Pictures, Mr. Katzenberg was closely involved in the signing of Eddie Murphy to a long-term deal which resulted in such hit films as "48 Hrs.," "Trading Places" and "Beverly Hills Cop." He was also involved in the revitalization of the Star Trek concept with the production of "Star Trek: The Motion Picture" and its first two sequels.

During his tenure at Paramount, that studio produced a string of box office blockbusters which included "Airplane!," "Raiders of the Lost Ark," "Flashdance," "Terms of Endearment," "Footloose," "Indiana Jones and the Temple of Doom" and "Witness."

A native New Yorker, Mr. Katzenberg began his career in motion pictures after working as a political campaign aide to Mayor John Lindsey. He served as assistant to David Picker, then president of United Artists and later president of production for Paramount. In 1974, Mr. Katzenberg began a 10-year term with Paramount Pictures, initially working as the assistant to the studio's chairman Barry Diller, at their New York headquarters. Three years later, he moved to California. Subsequently, Mr. Katzenberg became a production executive in the motion picture division and was promoted to president in May, 1982.

Mr. Katzenberg and his wife, Marilyn, have twins, Laura and David, and reside in Los Angeles.

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(6/23/93)

COMMITMENT TO LIFE VII

PG 1

The program itself is a couple hundred pages because it doubles as an AD book.

HEAVEN CAN WAIT

CELEBRATING THE AMAZING LEGACIES OF
THOSE WE HAVE LOST TO AIDS INCLUDING:

PETER ALLEN
EMILE ARDOLINO
ARTHUR ASHE
HOWARD ASHMAN
MICHAEL BENNETT
HALSTON
KEITH HARING
ROCK HUDSON
PAUL JABARA
LIBERACE
ROBERT MAPPLETHORPE
FREDDIE MERCURY
THE WORLD OF DANCE
AND THOUSANDS MORE

BENEFITING
AIDS PROJECT LOS ANGELES

AIDS PROJECT LOS ANGELES

THURSDAY, JANUARY 27, 1994

UNIVERSAL AMPHITHEATRE

UNIVERSAL STUDIOS Hollywood 30th

AIDS PROJECT LOS ANGELES, 1313 N. VINE ST., LOS ANGELES 90028, 213-993-1600

INSERT Pages

SCHEDULED TO APPEAR:

HOLLYWOOD BOWL ORCHESTRA

TOM HANKS

BRUCE SPRINGSTEEN

ELIZABETH TAYLOR

THE RADIO CITY ROCKETTES

MELISSA MANCHESTER

LAUREN BACALL

ANGELA LANSBURY

MARY WICKS

WENDI MAKKENA

SUSAN JOHNSON

DARLENE KOLDENHOVEN

SHERRI IZZARD

EDITH DIAZ

PAT BROWN

ELLEN ALBERTINI DOW

RUTH KOBART

KATHY NAJIMY

DEBBIE REYNOLDS

DENNIS HOPPER

NEIL YOUNG

JENIFER LEWIS

MAXINE WATERS

JULIA WATERS

CARMINE TWILLEY

SARAH BRIGHTMAN

BILL T. JONES

PATTI LUPONE

DORIS DAY (VIA SATALLITE)

JENNIFER HOLLIDAY

RICHARD GERE

LIZA MINNELLI

BARBRA STREISAND

WHITNEY HOUSTON

AIDS PROJECT LOS ANGELES

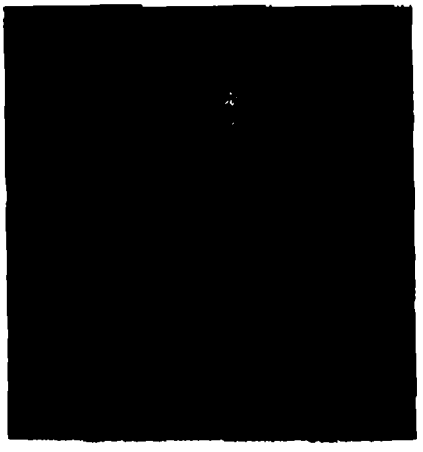
On behalf of our 4,000 clients, volunteers, employees and the Board of AIDS Project Los Angeles, we join with you in applauding this year's Commitment to Life Recipients, First Lady Hillary Rodham Clinton and Disney Studios chairman, Jeffrey Katzenberg. These two individuals have contributed and mobilized resources to improve the quality of life for people with AIDS/HIV, and their dedication and commitment is an inspiration to us all. We salute both of them for their generosity, vision and compassion.

This evening honors not only them. Tonight's theme, "Heaven Can Wait," will be celebrating the amazing legacies of those we've lost to AIDS, most notably in the arts and entertainment. As the epidemic rages on, tragically more creative talent is lost every day.

This evening we also salute our friends in the entertainment industry, the health care industries and individual donors whose selfless contributions have helped to make tonight's event such a great success. We thank everyone here for their generosity in supporting APLA, which allows us to maintain our quality client services as the numbers of people living with HIV/AIDS increases. Your contributions do make a difference.

With gratitude and appreciation, we salute you all.

Steve Tisch
Chair, Board of Directors



James Loyce, Jr.
Executive Director

DAVID GEFFEN

Tonight we are honored to salute Hillary Rodham Clinton with the AIDS Project Los Angeles Commitment to Life Award. Throughout her lifetime – and especially this past year, as our First Lady – Hillary Clinton has worked tirelessly to improve the lives of all Americans, especially those whose voices are often not heard.

In particular, we honor Hillary Clinton for her work on health care reform, where she has demonstrated great determination, vision, and compassion, and has changed the very nature of our national debate. The President asked Hillary Clinton to head his health care reform effort not only because of her position as First Lady, but because she has proven herself a thoughtful analyst and a champion of the disenfranchised. As the President said in his September 22, 1993 speech to Congress, "I knew we needed a talented navigator, someone with a rigorous mind, a steady compass, and a caring heart."

Travelling across this nation, she has heard the voices of thousands of Americans who have suffered in the current health care crisis, individuals and families who have been devastated financially and emotionally by lack of insurance. Health care reform will insure that all of us, including people with AIDS and HIV, will always have their medical needs met. Her historic effort to provide universal coverage and comprehensive benefits will assure all Americans the security that they will never again lose their health care coverage.

Mrs. Clinton's participation tonight means a great deal to the more than 3,700 people who depend on AIDS Project Los Angeles for their well-being. Her support recognizes the importance of the work being done by APLA and helps to focus national attention on our struggle against AIDS and HIV.

In one short year, Hillary Rodham Clinton has done a great service to our nation through her remarkable efforts to guarantee health security to every American. We owe her our deepest gratitude and utmost respect. That is why we honor her tonight.

Sincerely,

David Geffen

MICHAEL D. EISNER

For nearly two decades I have known the incredible generosity of Jeffrey Katzenberg. Tonight the world gets to know.

Until now, only his closest friends and associates have been aware that the phenomenal energy he pours into his work is fully matched by the energy he puts into his community. His commitment to the battle against AIDS is but one example of his willingness to give of his time and talent unconditionally to a cause that matters.

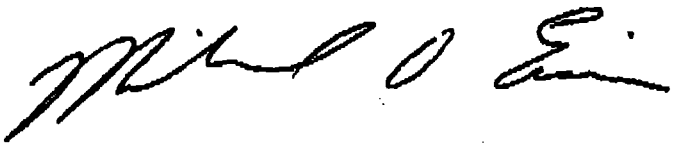
As with everything he does, his involvement in APLA has been total. And it has featured that wonderful Katzenberg impatience. He is determined that not a day nor a dollar be wasted in bringing the much needed care to our community for AIDS patients.

Jeffrey has turned his attention to the causes of fighting AIDS, applying the same organizational expertise, generosity of spirit and blazing energy that have marked each of his life's endeavors.

I know of no person more committed to life and to living it productively than Jeffrey Katzenberg, so it is perfect justice that he should receive tonight an award that bears that name and typifies what he stands for.

Congratulations, Jeffrey.

Sincerely,



COMMITMENT TO LIFE CHAIRMEN

BARRY DILLER

MICHAEL EISNER

COMMITMENT TO LIFE CHAIRMEN

DAVID GEFFEN

RON MEYER

DANA MILLER

TONIGHT'S EVENT IS THE CULMINATION OF A DREAM COME TRUE FOR DANA MILLER. IT WAS OVER ONE YEAR AGO THIS WEEK THAT DANA PITCHED HIS "HEAVEN CAN WAIT" TRIBUTE CONCEPT TO AIDS PROJECT LOS ANGELES BOARD CHAIR, STEVE TISCH. THEIR GOAL OF PRODUCING AN AIDS BENEFIT THAT FOCUSES ON THE DEVASTATING IMPACT OF THE PANDEMIC AND ONE THAT PUTS A FACE WITH THIS DISEASE IS BEING REALIZED TONIGHT.

DANA MILLER IS CO-CHAIRMAN OF AMERICA'S #1 PRIVATELY OWNED RADIO NETWORK, *ENTERTAINMENT RADIO NETWORKS, INC.* IN THAT CAPACITY DANA OVERSEES THE PRODUCTION, SALES AND DISTRIBUTION OF 37 OF THE MOST SUCCESSFUL RADIO PROGRAMS IN THE WORLD, AIRING ON OVER 3500 AFFILIATES FEATURING A WIDE RANGE OF WORLD RENOWNED PERSONALITIES.

A CLASS OF '77 USC GRADUATE, DANA GOT HIS FIRST GIG AS A DISC JOCKEY IN SANTA BARBARA. SOON AFTER, HE BECAME CONCERT PROMOTER AT THE SANTA BARBARA COUNTRY BOWL PRODUCING 75 EVENTS AT THE LEGENDARY FACILITY. IN 1978, DANA MET MIKE LOVE, LEAD SINGER OF THE BEACH BOYS, WHICH LED TO A FIVE YEAR ASSOCIATION WITH THE BAND. THAT RELATIONSHIP MARKED THE GENESIS OF HIS CAREER AS SYNDICATOR, PRODUCER, MANAGER AND COMPANY OWNER.

THROUGHOUT THE EIGHTIES, DANA OWNED ONE OF ENTERTAINMENT'S LEADING PERSONAL MANAGEMENT COMPANIES. IN PARTNERSHIP WITH HIS CLIENTS, DANA WAS INVOLVED WITH THE SALE OF OVER 150 MILLION ALBUMS WORLDWIDE, THE WINNING OF FOUR GRAMMY AWARDS, SEVEN AMERICAN MUSIC AWARDS AND THREE PEOPLE'S CHOICE AWARDS. IN ADDITION, DANA PRODUCED OVER 320 HOURS OF TELEVISION FEATURING HIS CLIENTS.

As producer, Dana was awarded cable television's highest honor, The Ace Award, for his music special, "The Beat of the Live Drum." He has served as an independent producer for Paramount Television, MCA/Universal and Carolco Television. His weekly television program, "Power Hits USA" is now in its fifth year on the air and is currently seen in 19 countries.

Dana is on the Board of Directors of APLA and is a member of their Executive Committee and their Finance and Human Resources Committee. He currently serves as chair of APLA's Development Committee. Dana's efforts on behalf of this evening are dedicated to the memory of Matthew J. Murray.

MOVIE AND TELEVISION PRODUCER STEVE TISCH HAS LEAD A LIFE RICH IN SPIRIT AND PHILANTHROPY. HIS TELEVISION AND FEATURE FILM PROJECTS HAVE CONSISTENTLY PORTRAYED REALITY, OFTEN FOCUSING ON THE LIVES OF EVERYDAY PEOPLE WHO MADE A DIFFERENCE.

TISCH ALSO MAKES A DIFFERENCE THROUGH HIS WORK AS CHAIR OF THE BOARD OF AIDS PROJECT LOS ANGELES, AND THROUGH THE GENEROUS CONTRIBUTIONS OF THE STEVE TISCH FOUNDATION.

STEVE TISCH BEGAN HIS CAREER IN ENTERTAINMENT WHILE STILL A STUDENT AT TUFTS UNIVERSITY. TISCH HAD A SUMMER JOB WORKING AS A FILM BOOKER IN HIS FAMILY'S MOVIE CHAIN. THE FOLLOWING SUMMER HE WORKED FOR JOHN AVILDSEN AND HIS LAST SUMMER JOB WAS WITH OTTO PREMINGER. AFTER HIS GRADUATION, TISCH RECEIVED HIS START IN THE INDUSTRY AS PETER GUBER'S ASSISTANT AT COLUMBIA PICTURES. SOON AFTER AT TWENTY-TWO, HE BECAME A PRODUCTION EXECUTIVE, AND DURING HIS FOUR YEAR TENURE AT THE STUDIO, HE SUPERVISED PRODUCTIONS ON SUCH FILMS AS "THE LORDS OF FLATBUSH," "TOMMY," "THE LAST DETAIL," AND "WHITE LINE FEVER."

IN 1976, HE LEFT COLUMBIA TO PRODUCE HIS FIRST PICTURE, "OUTLAW BLUES," STARRING PETER FONDA AND SUSAN ST. JAMES. DURING THE SHOOT, HE MET JON AVNET, AND SOON AFTER, THE PAIR FORMED TISCH/AVNET PRODUCTIONS. TOGETHER, THEY WERE INVOLVED IN SUCH TELEVISION PROJECTS AS "SILENCE OF THE HEART," ABOUT TEENAGE SUICIDE; "SOMETHING SO RIGHT," CENTERING ON A RELATIONSHIP BETWEEN A TROUBLED CHILD AND A MEMBER OF THE BIG BROTHER ORGANIZATIONS; "PRIME SUSPECT," ABOUT NEWS AND MEDIA ABUSE; "HOMEWARD BOUND," THE WINNER OF A CHRISTOPHER AWARD, WHICH DEALT WITH A FAMILY'S ACCEPTANCE OF THEIR YOUNG SON'S BATTLE WITH CANCER; "NO OTHER LOVE," ABOUT TWO MARGINALLY RETARDED YOUNG PEOPLE WHO FALL IN LOVE WITH EACH OTHER; AND "CALL TO GLORY," BOTH MOVIE AND SERIES, WHICH DEPICTED AN AIR FORCE OFFICER AND HIS FAMILY DURING THE TURBULENT YEARS OF THE CUBAN MISSILE CRISIS AND KENNEDY ASSASSINATION.

"THE BURNING BED," THE CONTROVERSIAL DRAMATIC SPECIAL STARRING FARRAH FAWCETT AND TELEVISED BY NBC IN 1984, HOLDS THE DISTINCTION OF BEING THE HIGHEST-RATED TELEVISION FILM EVER AIRED ON THE NETWORK. CREDITED WITH GIVING MANY WOMEN THE INCENTIVE TO SEEK HELP FROM ABUSE, "THE BURNING BED" RECEIVED EIGHT EMMY NOMINATIONS AND WON NUMEROUS OTHER AWARDS.

ONE OF TISCH/AVNET'S FEATURE PROJECTS AND THE SLEEPER HIT OF 1983, "RISKY BUSINESS" STARRING THE RELATIVELY UNKNOWN ACTOR AT THE TIME, TOM CRUISE, HAS BEEN DESCRIBED AS A "BREAKTHROUGH IN

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SHOWING TEENAGE LIFE AS IT IS, WITH THE TERROR AND THE EXULTATION...MAKING VIEWERS ACTUALLY SEE WHAT IT IS TO BE YOUNG, INSTEAD OF WHAT A MIDDLE-AGED PRODUCER THINKS WILL SELL TICKETS. OTHER THEATRICAL FILMS INCLUDED "DEAL OF THE CENTURY," STARRING CHEVY CHASE, SIGOURNEY WEAVER AND GREGORY HINES, AND AN OFF-BEAT ROMANTIC COMEDY "COAST TO COAST," WITH ROBERT BLAKE AND DYAN CANNON.

SINCE HIS FORMATION OF THE STEVE TISCH COMPANY IN 1986, TISCH HAS PRODUCED "EVIL IN CLEAR RIVER," A TELEVISION MOVIE STARRING LINDSEY WAGNER AND RANDY QUAID; AND THE CBS SERIES "DIRTY DANCING"; AS WELL AS THE CONTROVERSIAL COMEDY "SOUL MAN," THE WARNER BROTHERS COMEDY "HOT TO TROT," STARRING BOB GOLDTHWAIT, DABNEY COLEMAN, AND A HOST OF SATURDAY NIGHT LIVE/SECOND CITY ALUMNAE, AND TOUCHSTONE'S "BIG BUSINESS," WITH LILY TOMLIN AND BETTE MIDLER.

HIS 1989 PRODUCTION SLATE INCLUDED THE CBS MOW, "OUT ON THE EDGE," STARRING RICK SHROEDER AND THE FEATURE "HEART OF DIXIE," STARRING ALLY SHEEDY, PHOEBE CATES, VIRGINIA MADSEN, AND TREAT WILLIAMS.

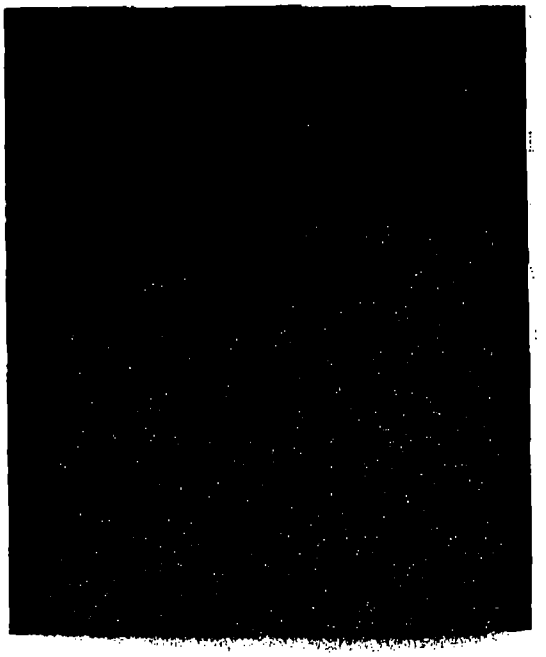
IN 1990, HIS FEATURE FILMS WERE "HEART CONDITION," STARRING BOB HOSKINS, DENZEL WASHINGTON AND CHLOE WEBB, DIRECTED BY JAMES PARRIOTT. "BAD INFLUENCE," STARRING ROB LOWE AND JAMES SPADER, AND FOR HBO, "JUDGEMENT," STARRING KEITH CARRADINE, BLYTHE DANNER, JACK WARDEN AND DAVID STRATHAIRN.

AIRING IN THE SPRING OF 1992 WERE TNT'S "KEEP THE CHANGE," STARRING WILLIAM PETERSON; AND THE CONTROVERSIAL "AFTERBURN" FOR HBO, STARRING LAURA DERN, WHICH GARNERED THREE EMMY NOMINATIONS.

TISCH ALSO PRODUCED "FRESHMAN DORM," A TELEVISION SERIES FOR CBS, WHICH AIRED AS A SUMMER REPLACEMENT IN 1992.

IN 1991, TISCH WAS ELECTED TO SERVE ON THE BOARD OF DIRECTORS FOR AIDS PROJECT LOS ANGELES. IN 1992, HE WAS ELECTED CHAIR OF THE BOARD OF APLA.

PRESENTLY TISCH IS IN PRODUCTION OF "CORRINA, CORRINA" STARRING WHOOPI GOLDBERG AND RAY LIOTTA FOR NEW LINE, AND "FORREST GUMP" STARRING TOM HANKS, ROBIN WRIGHT AND SALLY FIELD FOR PARAMOUNT.



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The Cast Members of the Walt Disney Company

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AIDS PROJECT LOS ANGELES
BOARD OF DIRECTORS

AIDS PROJECT LOS ANGELES
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November 1, 1993

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S PROJECT LOS ANGELES, the largest AIDS organization in California and the second largest in the was founded in 1982, when a dedicated group of saw their friends becoming sick and wanted to do ing to stop it. They had the foresight to establish the 's first hotline for HIV/AIDS information. The following he group incorporated as a non-profit organization.

, APLA provides direct assistance to people living with /AIDS, educational programs to increase HIV/AIDS eness among the general population and public policy rams to increase government allocations for HIV/ S-related services and advocate for people with HIV/AIDS.

IENT DEMOGRAPHICS

e largest number of APLA clients are gay or bisexual men. Recently, there has been a tremendous increase in African-American, Latino and female clients. Approximately 45% of he agency's clients are people of color.

SOURCES OF INCOME

Approximately 80% of APLA's annual budget is raised through fund raising events and other donations from individuals, corporations, and foundations. The remainder is from government sources.

WHERE YOUR TIME AND MONEY GOES

AIDS Project Los Angeles allocates 82% of its annual budget to help make the lives of people affected by HIV/AIDS better. That includes direct client care, education and training to prevent the further spread of the disease and public policy efforts at the local, state and federal levels.

CLIENT SERVICES

APLA provides services to people in Los Angeles County with AIDS or symptomatic HIV disease. All services are free of charge to registered clients.

INTAKE AND ASSESSMENT conducts a needs assessment for each client who registers, to determine their immediate and long-term needs. Based on those needs, clients are either assigned a case manager or assisted through other programs.

COMPREHENSIVE CASE MANAGEMENT ensures that clients with the greatest need are connected with all appropriate services and resources within APLA as well as other organizations in the community.

CLIENT CONTACT volunteers regularly phone clients who are not assigned to a case manager to check their health status and assess their ongoing needs.

CLIENTLINE provides immediate referrals and information about resources within APLA and the community for clients via telephone.

HOME HEALTH PROGRAM offers nurse case management services under various grants, providing home care attendants under a state-funded pilot project and the AIDS Medi-Cal Waiver Program.

THE MENTAL HEALTH PROGRAM provides crisis intervention, assessment counseling, support groups and referrals to HIV/AIDS-sensitive mental health providers.

SIGNIFICANT OTHERS FOR EACH OTHER is a peer support program for partners who are caring for someone with HIV/AIDS or who have recently lost someone to HIV/AIDS.

HOSPITAL VISITATION VOLUNTEERS provide emotional support for hospitalized individuals, their families and significant others.

THE SPIRITUAL ADVISORY COMMITTEE assists clients, their friends and families with issues of faith and spirituality in a sensitive and non-denominational manner.

THE BUDDY PROGRAM provides social interaction, emotional support and limited practical assistance to clients.

PHONE BUDDIES provide emotional support by telephone contact with APLA clients every two weeks, developing a compassionate relationship which assists clients in coping with day-to-day realities of HIV/AIDS.

THE CHEMICAL DEPENDENCY AND ADDICTIVE BEHAVIORS PROGRAM provides assessment, support and therapy groups, and referrals to treatment and 12-Step programs for people affected by HIV/AIDS and alcohol, drugs and sexual compulsiveness.

THE RESIDENTIAL SERVICES PROGRAM offers transitional housing for clients with mental health or addictive behavior problems and a subsidized program of housing certificates for homeless persons with HIV/AIDS.

Community Support Services

The Necessities of Life Program (NOLP) is designed to provide basic food necessities, dietary supplements, personal care items. Professional nutritional counseling is available. Eligibility is based upon income. This program currently serves 1,100 people.

The R.E. Green/Ronald LeBaron Dental Treatment Center, Southern California's only HIV dedicated dental facility, provides dental services to all clients free of charge.

Transportation Services provides rides through taxi vouchers and volunteers to clients needing help getting to and from medical appointments. Rides are scheduled based on volunteer availability.

The Legal Services Department provides assistance to clients concerning debtor/creditor issues, wills, financial and medical powers of attorney and referrals are made for other legal matters.

The Insurance and Public Benefits Programs provide counseling, education, assistance in identifying and accessing public benefits programs and advocacy concerning specific claims and HIV/AIDS-related issues. Monthly seminars are open to the public free of charge.

Education and Training

The Education and Training Division works to increase HIV/AIDS awareness, foster behavioral change to prevent transmission of HIV, encourage HIV testing when appropriate and promote early intervention, management and treatment of HIV/AIDS.

The Speaker's Bureau program offers basic information and education on HIV/AIDS transmission, prevention and testing to organizations, schools/universities and businesses throughout Los Angeles County.

"Saber es Poder" (Knowledge = Power) is an interactive workshop, taught in Spanish, targeting Latino adolescents and stresses the importance of communication among Latinos as it relates to HIV/AIDS.

The Southern California HIV/AIDS Hotline provides anonymous information, referrals and support to callers and is available at 800-922-AIDS (English); 800-222-SIDA (Spanish); 800-553-AIDS (TDD). For recorded information in Asian, Pacific Island and Middle Eastern languages, call 800-922-2438.

The HIV-Affected Community Education and Advocacy Program focuses on educating and empowering the HIV-affected community and their health care providers on early intervention and management of AIDS/HIV.

Materials Development produces collaborative materials for APLA prevention and client programs.

Sex Essentials targets young gay and bisexual men who have difficulty maintaining safe sex by way of street outreach, interactive workshops, and peer phone counseling.

Other APLA Programs and Services

The Public Policy Department interacts with national, state and local governments to impact legislation, increase public funding for HIV/AIDS-related research, education, and support services; and to affect public policy in the interests of those with HIV/AIDS. The department also directs the Citizens and Neighborhood Networks, two grassroots campaigns designed to foster change by creating dialogue on HIV/AIDS issues between constituents and their elected officials.

AIDS Project Advocacy Services, APLA's public policy office in Sacramento, works directly with state legislators to sponsor and write legislation to benefit those with HIV/AIDS statewide and nationally and influence state polices and budgets.

The Communications Department increases public awareness and involvement through media placements, advertising campaigns, several publications and a monthly cable television program.

The AIDS Project Los Angeles Mission Statement

The purpose of AIDS Project Los Angeles is to support and maintain the best possible quality of life for persons in Los Angeles County with AIDS and AIDS-related illness, and their loved ones, by providing and promoting public and privately-funded vital human services for them; to reduce the overall incidence of Human Immunodeficiency

iding risk-reduction education
information to persons primarily affected by and at risk
IDS, and the general public; to reduce the levels of fear
discrimination directed toward persons affected by
, and to enhance and preserve the dignity and self-
ct of those persons, by providing and promoting
cally-needed education to the public, health care
viders, educators, business and religious leaders, the
dia, public officials, and other opinion leaders; and to
re the ongoing support for all these services by
olving, educating and cooperating with a wide range of
ganizations and individuals in AIDS-related service
ovision, and by supporting effort at all levels of the
blic and private sectors to secure adequate development
d finance of AIDS research, education and human
rvice programs.

What You Can Do

- Make a donation. APLA relies on local community support and private funding to do its job.

- Volunteer. APLA has a wide range of volunteer opportunities to suit your talents, interests and schedule. People of all ages and backgrounds find volunteering at APLA to be gratifying, worthwhile and enjoyable.

- Join Citizens or Neighborhood Network. Grassroots lobbying efforts such as these have proven to be very effective in influencing political opinions on key HIV/AIDS-related issues.

- Practice safer sex. It is every individual's responsibility to help stop the spread of HIV/AIDS by protecting themselves and their partner.

- Donate food to the Necessities of Life Program or organize a food drive.

For More Information, Please Contact:

AIDS Project Los Angeles
1313 N. Vine St.
Los Angeles, CA 90028
213-993-1600

Southern California AIDS Hotline
1-800-922-AIDS (English)
1-800-222-SIDA (Spanish)
1-800-553-AIDS (TDD)
1-800-922-2438 (for recorded information in Asian, Pacific Island and Middle Eastern languages)

MANY THANKS TO OUR PERFORMERS WHO GRACIOUSLY DONATED THEIR TIME AND TALENT TO BE HERE WITH US TONIGHT

LAUREN BACALL

SARAH BRIGHTMAN

DORIS DAY

RICHARD GERE

TOM HANKS

JENNIFER HOLLIDAY

DENNIS HOPPER

WHITNEY HOUSTON

BILL T. JONES

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