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Meeting with Chiefs of Staff 7:30 a.m. 2/22/94

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THE WHITE HOUSE

WASHINGTON

February 22, 1994

MEMORANDUM

TO: Chiefs of Staff

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

SUBJECT: Attached talking points on HIV/AIDS

As members of the Cabinet speak to a variety of groups around the country, they have an opportunity to reinforce key points related to the President's commitment to stopping AIDS. Attached are 3 items:

1) Key talking points about the HIV action agenda;
2) "Top 10" health care reform issues related to HIV/AIDS; and
3) Press release on HIV/AIDS in the FY 95 budget.

As appropriate, use these points in speeches or discussions. If you or another staff member would like additional detail on any point, please let me know.

You have already been instrumental in getting our Federal workforce AIDS educational initiative underway. Thank you in advance for helping to keep HIV issues in the public's eye.

Attachments

KEY TALKING POINTS ABOUT
THE HIV/AIDS ACTION AGENDA

OVERALL POINTS

- The Administration has an HIV/AIDS action strategy covering three areas:
    - Research
    - Services for those infected
    - Prevention of further transmission
- 1 million Americans are infected, and a quarter million have already died from AIDS. World wide 13 million are infected.
- Our biggest stumbling block in the fight to stop the spread of HIV is the negative connotations that HIV/AIDS has for many Americans. This is due primarily to the fact that AIDS in America was originally associated with groups that have traditionally been subjected to discrimination in our country: gay men, injecting drug users, minorities to some extent this may have included women as well. Many Americans continue to live in denial and believe they are not at risk because they are neither gay nor actively injecting drug users. Hence, they fail to utilize the preventive practices which would protect them.
- One way to break down this barrier is to change our outlook on HIV/AIDS. So long as we continue to perpetuate negative perceptions about these groups, we will buttress this barrier to HIV prevention. Our language must reflect the fact that persons living with HIV/AIDS are just like any other individual that suffers from a chronic terminal disease.
- All Americans can and should be a part of this effort by
    - Becoming knowledgeable
    - Providing non-discriminatory support for those infected
    - Supporting continuing efforts to change behavior and stop transmission
- Critical in this effort is the need to stop judging individuals who become infected. Sometimes we inadvertently do this by asking too readily "How did they get infected?" This generally translates into a distinction of "innocent victims" and "others." We must always remember that AIDS is caused by a virus not a behavior. Making a distinction between individuals based on what activity put them at risk impairs communication, and perpetuates the denial.

- Our speech must also reflect a genuine belief that we are all at potential risk for HIV, although it is true that some persons are at limited risk based on their sexual and drug using history. Our language must express to others our concern for their well being by being inclusive and acknowledging that some risk is there for each of us. In our language we exercise the leadership that the President expects of us on this issue.

RESEARCH

- We are pursuing both biomedical and behavioral research in the quest for drugs or a vaccine to stop this disease, enable people to live with it, or prevent transmission.

- The U.S. does have the scientific talents and capabilities to discover AIDS drugs and vaccines, but be patient. We are dealing with an exclusive virus whose mode of expression and pathogenesis are novel and complex.

- Budget for AIDS research has been increased. Collaboration and cooperation among Federal agencies and between government and public/private.

SERVICES

- Passage of the Health Security Act is the single most important care item, as too many people with HIV are uninsured, or lose insurance as they become ill.

- As an example of interrelated services, housing is a need for many people living with AIDS. In fact, housing is almost a health service in itself, in addition to being a site for a variety of home-based prevention and service activities in cooperation with other agencies.

- The Ryan White Care Act, providing locally managed funds for services to support people living with HIV infection, will be continued to assure appropriate care.

PREVENTION

- The age group with the greatest increase of new cases of AIDS is the 18-24 year old group; the majority of these infections occurred during adolescence. Abstinence is the most effective way of preventing sexual transmission. For the sexually active, condoms used correctly and consistently are extremely effective in preventing transmission. The Centers for Disease Control and Prevention (CDC) Prevention Marketing Initiative was designed to prevent the sexual transmission of HIV and other sexually transmitted diseases among 18-24 year olds, by presenting both of these messages.

- It is important that we pay attention to the risk that HIV/AIDS presents to all Americans. When we speak of teenagers and young adults, we must recognize that gay and lesbian teenagers and young adults are at risk for HIV/AIDS and often miss our messages because they feel ignored. While talking about teenagers and young people, we must remember that gays and lesbians must be included in the discussions. Speaking of teenagers and young adults without addressing this population would impair our efforts to reach a meaningful portion of our youth.

- Thirty percent of all AIDS cases in the U.S. are the result of injection drug use and indirectly this represents the most important single cause of infections occuring in women and infants. Because of this, we have forged new partnerships with those working to stop drug abuse. The National Drug Policy acknowledges the integral relationship between the epidemic of drug and alcohol dependency and the HIV/AIDS epidemic.

GLOBAL ISSUES

- HIV, the causative agent of AIDS, will have infected more than an estimated 45 million people worldwide by the year 2000. AIDS cases worldwide will also increase rapidly during the 1990s, from about 2 million now to a cumulative total of more than 10 million within the next eight years.

- Currently the problem is worst in Africa, but rapidly spreading infections in India, Brazil, and Thailand will contribute significantly.

- Although individual human suffering will continue to be the most significant implication of Acquired Immune Deficiency Syndrome (AIDS), ramifications of the disease will spread substantially into the economic, political and military sectors of severely affected countries over the next several years.

- Donor nations will face three basic foreign policy problems:

    - How to allocate assistance for AIDS prevention;

    - How to manage the testing and distribution of vaccines;

    - How to assist countries that are heavily afflicted with AIDS and that consequently undergo substantial socioeconomic and political change.

THE WHITE HOUSE

WASHINGTON

February 23, 1994

MEMORANDUM FOR CHRISTINE A. VARNEY
DEPUTY ASSISTANT TO THE PRESIDENT AND
SECRETARY TO THE CABINET

FROM KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR

SUBJECT Chiefs of Staff information

Thank you for allowing Andrew Barrer and I to attend the Chiefs of Staff breakfast on Tuesday morning. I found the meeting to be very helpful and informative.

I understand that there is a 8:30 AM conference call every morning and that a daily memo follows to the Chiefs of Staff. Would it be appropriate for me to receive a copy of the daily memo from your office? It seems as though the information would be helpful to me.

Thank you for your consideration of this request. I can be reached at 202/632-1090 and my fax number is 202/632-1096.

THE WHITE HOUSE

WASHINGTON

OFFICE OF NATIONAL AIDS POLICY
PUBLIC HEALTH SERVICE FY 95 BUDGET INFORMATION

Summary

The FY 1995 budget includes $2.7 billion in budget authority for the PHS for research, prevention and other related activities in the battle against AIDS and HIV infection. This is an increase of $177 million, or 7 percent, over the FY 1994 appropriations. The funds requested for HIV/AIDS activities are included in the budget for each of the PHS components. The tables below summarize the entire PHS-wide HIV/AIDS effort, both by PHS agency and by function.

For FY 1995, the President's Budget proposes a $93 million, or 16 percent, increase for HRSA's Ryan White AIDS health care services, and a $78 million, or 6 percent increase for NIH basic and preventive research on AIDS. (More detailed discussions of these program increases for AIDS are included in the individual agency sections.)

HIV/AIDS FUNDING BY PHS COMPONENT
(Dollars in millions)

	1993 Actual	1994 Approp.	1995 Request	+/-
FDA.....	$73	$72	$72	–
HRSA.....	390	608	701	+$93
IHS.....	3	4	4	–
CDC.....	498	543	543	–
NIH.....	1071	1301	1379	+78
SAMHSA.....	26	28	33	+5
AHCPR.....	10	11	12	+1
OASH.....	5	5	5	–
TOTAL, HIV/AIDS Budget Authority.....	2077	2572	2749	+177

SUBSTANCE ABUSE DOLLARS

In FY 94 $1.1 Billion was appropriated for block grants to states for substance abuse treatment. Through the efforts of the Office of the National Drug Control Policy Coordinator an additional $310 Million will be added to FY 95. This money is to be used by states for the most severe substance abuse cases, such as injecting drug abusers, who are at great risk for HIV transmission. $15.5 Million of the new money will be specifically earmarked for HIV-related substance abuse programs. Of the original $1.1 Billion, approximately 25 Million is also specifically earmarked for HIV related programs. (This number will be adjusted based on number of states that qualify in the coming weeks.) Because such abusers are at high risk for HIV transmission, this budget line is a significant part of federal AIDS prevention programs.

PRESS RELEASE

FOR IMMEDIATE RELEASE
FEBRUARY 7, 1994

FOR MORE INFORMATION:
JOHN PAUL GURROLA 202/632-1090
ANDREW BARRER 202/632-1090

FEDERAL AIDS BUDGET FOR 1995 INCREASES

WASHINGTON, D.C. -- Kristine M. Gebbie, President Clinton's National AIDS Policy Coordinator discussed the increases in the Federal budget on AIDS today. "In a time of over-all budget cuts and other budget-related program reductions, the President's continued commitment to HIV/AIDS is shown in a budget increase of nearly ten percent" Gebbie said. The Office of National AIDS Policy has three focus areas in its mission -- research, treatment/services and prevention. The budget requests for these three areas and the requests for the specific departments that are closely related to HIV/AIDS issues are described below.

The President's Budget proposes a 6% increase in NIH basic and preventive research for HIV and AIDS. This provides $1.379 billion for NIH AIDS research, a 29% increase since 1993. The President proposes an additional $231 million for AIDS research in other federal agencies, bringing the total federal investment to $1.61 billion.

This investment is combined with the Administration's commitment to improved management of AIDS research planning and budgeting at the NIH, and to enhancing government-wide and

private sector coordination.

HIV/AIDS treatment and care services are primarily funded through the Ryan White CARE Act. The Administration is recommending an increase in these treatment funds of 16.1% for a dollar increase of 93 million dollars. These funds will be split between the four titles of the Act as follows: Title I (cities) 39 million, Title II (states) 30 million, Title III (primary care systems) 19 million, Title IV (pediatric and maternity care centers) 5 million.

In FY 94 $1.1 billion was appropriated for block grants to states for substance abuse treatment, of which approximately $25 million were specifically earmarked for HIV related programs. The FY 95 budget shows an increase of $310 million for substance abuse treatment under the Substance Abuse and Mental Health Services Administration. This amount will go to the block grants given to states and will have direct impact on HIV prevention for persons with chronic substance abuse issues, including injecting drug users. This number will be adjusted based on the number of states that qualify in the coming weeks. Of the new amount, $15.5 million have been specifically earmarked for HIV prevention activities. Since drug abusers are at high risk for HIV transmission, we consider this budget line a significant part of our Federal AIDS prevention programs. HIV prevention activities under the Centers for Disease Control and Prevention will receive the same level of funding as in FY 94.

The Department of Health and Human Services, budget requests an increase of 592 million dollars over the 1994 level of spending. This raises the 1995 AIDS spending for HHS to nearly 6.0 billion. The increases within the Public Health Service include 93 million for the Ryan White AIDS services, 78 million for NIH and one million at AHCPR.

At the Department of Defense the 1995 budget request is divided between research, prevention and services/treatment money. $14 million is earmarked for research; $22 million for prevention and $63 million for treatment services for military members and their families.

The Department of Housing and Urban Development's (HUD) FY 95 budget requests $257 million towards the housing needs of people with HIV and AIDS. HUD funds can be used for a wide range of housing related services to prevent homelessness. Services can include emergency housing, transitional housing, and permanent housing arrangements; and the acquisition, rehabilitation and leasing of existing housing. Appropriate supportive services must be provided as part of HUD's HIV-related housing and include such activities as health and mental health services, permanent housing placement, chemical dependency treatment and counseling, day care, nutritional services, intensive care when required, and assistance in gaining access to local, state and federal government benefits and services. Housing Opportunities for People with AIDS remains stable at $156 million.

The Department of Veterans affairs, through its large system of hospitals, provides AIDS prevention education, performs research and provides treatment services to Veterans. The total VA budget request for FY 95 is increased by $18 M overall. Of the $349 M requested for FY 95, $312 M is earmarked for treatment services; $6 M for research and $31 M for prevention education.

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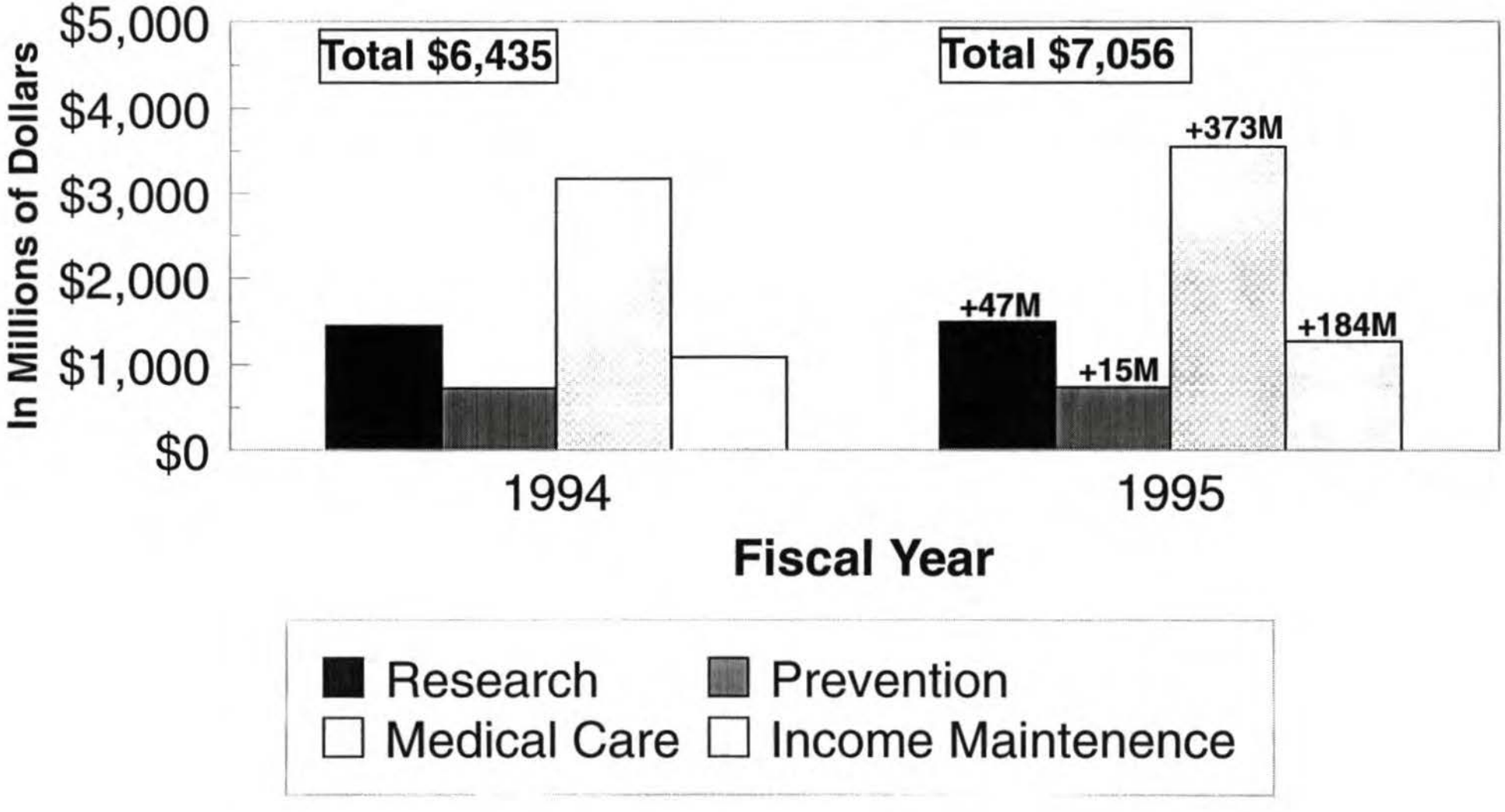
Office of National AIDS Policy

Federal HIV Funding



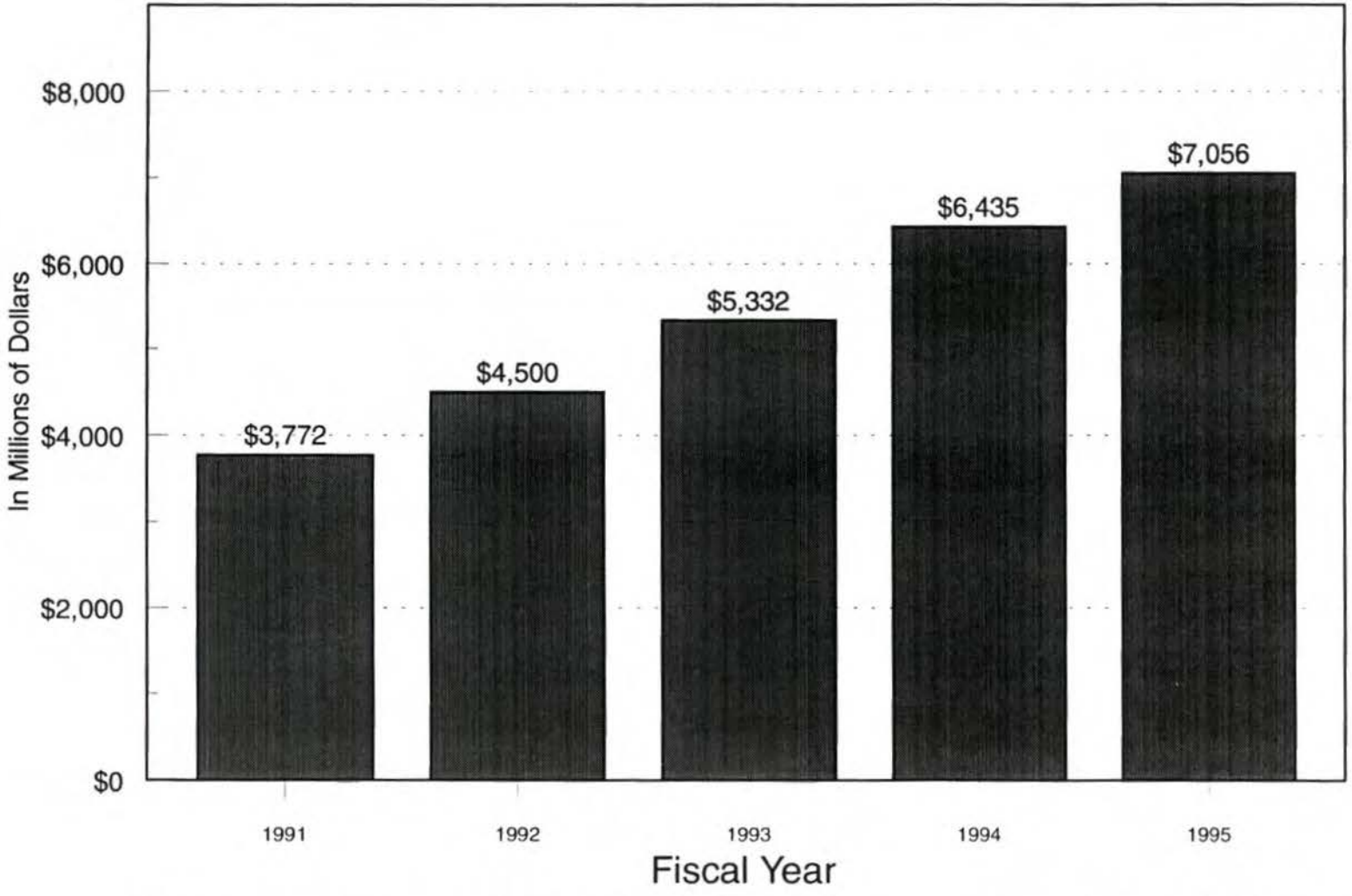
HHS HIV/AIDS Funding

(Dollars in thousands)

	1993	1994	1995		
			Pres.	Chg. +/-	
	Enacted	Approp.	Budget	'94 Approp.	% Chg.
PUBLIC HEALTH SERVICE:					
FDA	$72,628	$72,399	$72,399	$0	0.0%
HRSA:					
Ryan White:					
Title I	$184,757	$325,500	$364,500	$39,000	12.0%
Title II	115,288	183,897	213,897	30,000	16.3%
Title III	47,968	47,968	66,968	19,000	39.6%
Title IV	--	22,000	27,000	5,000	22.7%
Sub, Ryan White	$348,013	$579,365	$672,365	$93,000	16.1%
Other HRSA AIDS	42,328	28,431	28,431	0	0.0%
Sub, HRSA	$390,341	$607,796	$700,796	$93,000	15.3%
IHS	$3,303	$3,556	$3,556	$0	0.0%
CDC	$498,253	$543,253	$543,253	$0	0.0%
NIH	$1,071,457	$1,301,045	$1,379,052	$78,007	6.0%
SAMHSA	$25,655	$28,111	$32,986	$4,875	17.3%
AHCPR	$9,624	$10,624	$12,000	$1,376	13.0%
OASH	$5,330	$5,323	$5,323	$0	0.0%
Subtotal, PHS	$2,076,591	$2,572,107	$2,749,365	$177,258	6.9%
ENTITLEMENTS:					
HCFA:					
Medicaid (Fed Share)	$1,290,000	$1,490,000	$1,640,000	$150,000	10.1%
Medicare	385,000	500,000	600,000	100,000	20.0%
Sub, HCFA	1,675,000	1,990,000	2,240,000	$250,000	12.6%
Social Security:					
DI	505,000	635,000	775,000	$140,000	22.0%
SSI	165,000	200,000	240,000	40,000	20.0%
Sub, Social Security	670,000	835,000	1,015,000	$180,000	21.6%
Subtotal, Entitlements	$2,345,000	$2,825,000	$3,255,000	$430,000	15.2%
OTHER:					
OS/Office for Civil Rights	$2,600	$2,600	$2,600	$0	0.0%
TOTAL, HHS	$4,424,191	$5,399,707	$6,006,965	$607,258	11.2%

Office of National AIDS Policy

Total Federal Spending for HIV/AIDS
1991 THRU 1995



FY95 includes an estimated $15.5 million in HIV/AIDS prevention services in the Hard Core DrugTreatment Initiative, an increase of approximately $6 million above previous HIV/AIDS programming in SAMSHA.

Office of National AIDS Policy

Federal HIV Funding

(In Millions of Dollars)

	FY 1994 Enacted	FY 1995 Budget	Dollar Increase FY 94 to FY 95	Percent Increase FY 94 to FY 95
Public Health Service	2,572	2,749	+177	+7%
Office of Civil Rights	3	3	+0	+0%
Veterans	331	349	+18	+5%
Defense	129	99	-30	-23%
Housing	253	257	+4	+2%
OPM-FEHB	193	213	+20	+10%
*Other	129	131	+2	+2%
Total Appropriations	***3610***	***3,801***	***+191***	***+5%***
Medicaid (Federal Share)	1,490	1,640	+150	+10%
Medicare	500	600	+100	+20%
Social Security	835	1,015	+180	+22%
Total Entitlement	***2,825***	***3,255***	***+430***	***+15%***
Total Spending	6,435	7,056	+621	+10%

* Includes USDAID, Bureau of Prisons, State, and Labor.

Note: Provided as draft by Office of Management and Budget 2/7/94.

THE WHITE HOUSE

WASHINGTON

Health Care Reform and the HIV Epidemic
Top Ten Issues

For those infected with HIV, the assurance of comprehensive health insurance is an essential public health goal.

The Office of the National AIDS Policy Coordinator has provided advice on policy formulation during the development of the Health Security Act (HSA). These efforts were directed towards assuring adequate care and services for people with HIV/AIDS. As the Congress now debates the HSA, the Administration is making every effort to assure that modifications to the President's proposal maintain equity and sensitivity to the special needs of HIV-infected individuals.

Private insurance companies, like other businesses, seek to maximize profits by choosing only "acceptable" insurance risks. Under the HSA, universal coverage is guaranteed. Universal means everyone! What does Health Security mean to you?:

- **Universal coverage - HIV status or other health conditions do not prevent you from getting coverage.**
- **Community ratings prevent persons with HIV infection from being charged more for premiums.**
- **Prescription drugs will be covered.**
- **Ryan White CARE Act services will not be lost.**
- **Any form of discrimination is prohibited.**
- **Essential providers - specialists in treating HIV and AIDS will be available to all people who need them.**

Based on a series of focus groups with people with AIDS and HIV/AIDS service organizations, a list of "top ten" concerns for the HIV community were identified. Information regarding these concerns is attached for your review.

I hope this information will be helpful to you. If I can be of further assistance or provide any additional information, please contact me or Andrew E. Barrer, Ph.D. at (202) 632-1090. Thank you.

Kristine Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Top Ten Issues

1. **Premium Financing and Risk Adjustment**

2. **Availability of and Assured Access to "Essential Providers"**

3. **Long-term and Home Care Coverage**

4. **Availability of Mental Health and Substance Abuse Services**

5. **Impact of the HSA on the Ryan White CARE Act**

6. **Medicaid and Medicare Funding and Program Transition Issues, especially as related to the Medicare and Medicaid programs**

7. **Confidentiality**

8. **Grievance Procedures**

9. **Effects of "State Options" on the HSA package of benefits**

10. **Funding for Public Health System Core Functions (e.g. Behavioral Research, Prevention Services, etc.)**

1. Premium Financing and Risk Adjustment

Issue: Will the risk adjustment mechanism prevent "redlining" for persons with HIV/AIDS or other life threatening illnesses?

Summary: Yes. Redlining, or any attempts to limit access to people with HIV or AIDS is clearly prohibited. The HSA provides mechanisms which require states to spread the financial risks associated with special communities by adjustments which would take into account such factors known to affect utilization of services, such as age, sex, health status and services to disadvantaged populations. The health plans have to meet specific rules on enrollment, community rating, information, and grievance procedures.

2. Availability of HIV Specialist, "Essential Providers"

Issue: Will HIV positive persons be able to continue using their local HIV medical specialist?

Summary: The Health Security Act establishes a special category of health care provider which is referred to as an "essential provider". Any health care provider or organization can make application to be certified as an essential provider. Within the HSA, a Ryan White grantee or subgrantee can be automatically certified as an essential provider. Each health plan must enter into a written agreement with each essential provider located within its service area.

3. Long-term Care and Home Health Care

Issue: Persons with HIV/AIDS often need home health care and long-term care services. Will the Health Security Act provide those needed services?

Summary: Home health care is included in the nationally guaranteed comprehensive benefits package. A new long-term care initiative will expand coverage of home and community-based care. This will make it possible for more elderly and disabled persons, including persons living with HIV/AIDS to live in their homes and communities while receiving long-term care. The Act will improve

Medicaid coverage for persons in nursing homes.

The HSA will improve the quality and reliability of private long-term care insurance and provide tax incentives for persons to buy it; and tax incentives to help individuals with disabilities work.

4. Availability of Mental Health and Substance Abuse Services

Issue: Mental health needs in the HIV/AIDS community tend to be greater than the average. What will HSA do to provide these services? Injecting drug users, at high risk of HIV infection and transmission, currently have inadequate treatment and preventive services available to them. Will adequate services be available to treat these individuals in order to ameliorate their additive disease and halt the epidemic?

Summary: A base level of mental health services will be provided to all persons through the Health Security Act. We know that viable mental health services are part of a good program of health care and especially beneficial to HIV infected persons.

In order to make a significant difference in the rate of new infections in the injecting drug use population and their sexual partners, the HSA will provide substance abuse treatment to everyone.

5. Health Care Reform and the Ryan White CARE Act

Issue: Will the financial restructuring of the health care system assure the delivery of health care services appropriate to the needs of vulnerable populations whose access problems go beyond lack of insurance?

Summary: The comprehensive benefits package provided by the HSA may not provide all essential services for persons with HIV/AIDS. Conversely, a variety of services currently provided by the CARE Act would be covered under the HSA benefits package. These would include primary care services, medications, assistance for health insurance coverage, home-based services, case management,

transportation, and outreach. It may be necessary to utilize Ryan White CARE Act funds "freed up" by the provision of these services under HSA to subsidize the supplemental and client's share of insurance premiums, co-payments, deductibles, and expenditures that exceed spending caps.

The CARE Act is not a "band-aid" that can be discarded after health care reform. The Act will serve as a critical resource to sustain health care delivery systems and insure the continued delivery of essential and comprehensive health and support services to those infected with HIV.

6. Medicaid and Medicare Funding and Program Transition Issues

Issue: What impact will the HSA have on funding for the Medicaid and Medicare programs? What programs will be available during the transition from the old system to the one provided under the HSA?

Summary: Under the HSA adult Medicaid recipients who now receive cash supplements (currently 9 million beneficiaries) would be enrolled in the new system, but would not have to pay premiums. Further, they would be entitled to join a new state and federally-matched program providing wrap-around services similar to those now available under the Medicaid program. Children less than 18 years of age who are currently eligible or would be Medicaid recipients, with eligibility for wrap-around services (primarily based on poverty level), would be provided those services through a new federally funded (but state administered) program, ***regardless of their cash assistance status.***

The Medicare program will be preserved and strengthened under the HSA, which will add new coverage for prescription drugs and expanded coverage of home and community-based care.

7. Health Security Act (HSA) and Confidentiality Issues

Issue: What safeguards are envisioned for the handling of health information on HIV affected persons under the Health Security Act ?

Summary: The HSA addresses the issue of how information will be handled and what penalties will be imposed for misusing information. The HSA will provide guidance level information on creation of the oversight board, users and uses of information, privacy standards, enrollee rights, outright prohibitions, training of information handlers, and comprehensive health information privacy protection. The development of the Comprehensive Health Information Privacy Protection Act will be implemented within two years from the date of passage.

8. Grievance Procedures

Issue: How can individuals ensure that their health plan will provide the health benefits and services they require?

Summary: The HSA is intended to provide adequate health care coverage for all citizens and legal residents of the United States. The Act requires States to approve each health plan before it can engage in providing health care under the Act. The law prohibits exclusions because of pre-existing conditions or through "red-lining," the practice of excluding a particular group of individuals because of perceived high risk.

The Health Security Act includes a comprehensive grievance process for any person aggrieved by acts or practices which result in denial or delay of benefits or payments. Individuals must work within the individual plan's grievance process before going to adjudication through the Complaint Review Offices set up in each state. If there is a question as to an individual's eligibility for a plan, subsidies or cost sharing, the individual may go directly to court and all costs can be reimbursed if the court finds for the individual.

The complaint office must rule in under 30 days, although a 24 hour appeal is available in cases of emergency. Appeals must be processed within 60 days. There are means of appealing, with the national board being the ultimate administrative appeal.

9. "State Options"

Issue: What impact will "State Options" have on coverage under the HSA? What impact will it have on services, availability, and affordability?

Summary: Some states cover additional services under federally matched Medicaid programs. Under the HSA, a number of programs will become available at each state's option. To assure that there is not a loss of services to the person with AIDS, Ryan White will continue to act as the safety net to assure needed services reach all people in need. The expanded use of case management, will help follow individual needs and assure services are provided.

10. Public Health System Core Functions

Issue: What is the nature of the funding for research on behavior, health services and Core Functions of Public Health Programs?

Summary: The Health Security Act will provide funding for AIDS specific research and public health initiatives that will have to be provided under the authority of the Public Health System. Behavioral research into those behaviors that may cause or contribute to disease will be conducted by the National Institutes of Health. The Act will also provide funding for strengthening the public health core function of states, including those components related to diseases of public health significance. This support will allow communities to maintain strong programs to prevent the spread of HIV, tuberculosis, and other conditions of public health importance.

To: Chiefs of Staff

Re: Attached talking points on HIV & AIDS

As members of the Cabinet speak to a variety of groups around the country, they have opportunities to reenforce key points related to the President's commitment to stopping AIDS. Attached are 3 items:

1) Key talking points about the HIV situation
2) "top 10" Health Reform issues related to AIDS
3) press release on HIV/AIDS in the FY 95 budget.

Please as appropriate, use of these points in speeches or discussions. If you or another staff member would like additional detail on any point, please let me know.

You have already been instrumental in getting our Federal workforce AIDS educational initiative underway. Thank you in advance for helping keep HIV issues in the public's eye.

Overall points:

1) The Administration has an HIV/AIDS Action Strategy covering 3 areas:
   - Research
   - services for those infected
   - prevention of further transmission
2) one million Americans are infected and a quarter million have already died from AIDS.
3) All Americans can & should be a part of this effort by
   - becoming knowledgeable
   - providing nondiscriminatory support for those infected
   - supporting community efforts to change behavior & stop transmission

4) Clinton Administration is keeping the pres. campaign promise on AIDS by its education of all federal workers & support for AIDS budgets, and leadership

3) Specific points on
   - Research
   - Services
   - Prevention

   global concerns

Talking points for Chiefs of Staff

Prevention

The National AIDS Policy Coordinator was appointed by President Clinton to lead the country in the fight to end the HIV/AIDS epidemic. This position was created out of the commitment of the President to take the steps necessary to stop the spread of HIV, provide care for those already infected and find a cure for AIDS as soon as possible.

Move to overall parts

Our biggest stumbling block in the fight to stop the spread of HIV is the negative connotations that HIV/AIDS has for many Americans. This is due primarily to the fact that AIDS in America was originally associated with groups that have traditionally been subjected to discrimination in our country: gay men, injecting drug users, minorities and women. ~~Although now we know that everyone is at risk for HIV,~~ many Americans continue to live in denial and believe that only gay men and injecting drug users are at risk.

One way to break down this barrier is to change our outlook on HIV/AIDS. So long as we continue to perpetuate negative perceptions about gay men, injecting drug users, minorities and women, we will buttress this barrier to HIV prevention. Our language must reflect the fact that persons living with HIV/AIDS are just like any other individual that suffers from a chronic disease.

Critical in this effort is the need to stop judging individuals that may become infected. Sometimes we inadvertently do this by asking too readily "How did they get infected?" This generally translates into a distinction of "innocent victims" and "others." We must always remember that AIDS is caused by a virus. Making a distinction between individuals based on what activity put them at risk impairs communication and perpetuates the denial.

Our communication must speak not of "victims" but of persons living with HIV. The term PWA (person living with AIDS) is the term preferred by those living with the disease.

Although it is important that we pay attention to the risk that HIV/AIDS presents to all Americans, it is important to continue in our efforts to safeguard the lives of all Americans. When we speak of teenagers and young adults, we must recognize that gay and lesbian teenagers and young adults are at risk for HIV/AIDS. While talking about teenagers and young people, we must remember that gays and lesbians must be included in the discussions. Speaking of teenagers and young adults without addressing this population would impair our efforts to reach a meaningful portion of our youth.

Our speech must also reflect a genuine belief that we are all at risk for HIV. Although it is true that some persons are at limited risk based on their sexual and drug using history, our language must express to others our concern for their well being. In our language we exercise the leadership that the President expects of us on this issue.

Need to focus on:
1) Prevention Marketing Initiative
2)
3) Drug control strategy / treatment

Rescheduled for 2/22 @ 7:30

[15] From: Paul Tran 2/2/94 3:49PM (1485 bytes: 25 ln)
To: Steve Lee
Subject: Re: Talking points for chiefs of staff meeting
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1. Avoid using the phrase "Manhattan Project" or the equivalents when AIDS research for vaccine and cure is discussed. Make a distinction between the making of a bomb and a search for AIDS cure: whereas the former is man-made and intended for destruction, the latter is more complexed in nature and drug development. That is, before any cure or vaccine is to be made, an understanding of HIV, AIDS etiological agent; how it causes AIDS; and how the immune system responds to it is required. It is unrealistic to interpret Manhattan project literally for AIDS research.

1. we are pursuing ~~Put emphasis on~~ both biomedical and behavioral research in the quest for ~~discovering vaccine and a cure for AIDS~~. drugs or a vaccine to stop this disease, enable people to live with it, or prevent transmission

2. The U.S. does have the scientific talents and but capabilities to discover AIDS drugs and vaccines, (Be patient, We are dealing with an elusive virus whose mode of expression and pathogenesis is novel and ~~much more complexed~~ ~~than other microbes we have.~~

3. Budget for AIDS research has being ~~should be~~ increased. Collaboration and cooperation among federal agencies and between government and public/private sectors ~~should be~~ is being fostered; we are seeking new methods of research management which can speed up our effort.

[13] From: Bob Jackson 2/4/94 4:36PM (1167 bytes, 19 ln)
To: Kristine Gebbie
cc: Steve Lee
Subject: talking points for Chiefs of Staff

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Housing- In addition to being a site for a variety of prevention and service activities which we are trying to expand in cooperation with other agencies--housing is also a major need for many AIDS patients--almost a health service in itself.

Justice- Issues related to discrimination come to mind as do issues relating to institutionalization. There is lots of room for help here on Needles and Syringes, working with state law writers to modify laws which inhibit access to clean needles.

Drug Control--Needle exchange, Needle exchange, and Needle Exchange concomitant with a total body attitude adjustment to fit their usual rhetoric.

Commerce- Much of our workplace initiative is being done to set an example which will hopefully move from the public sector to the private. Commerce could be of some help here.

1) from Carlos, point ☆

2) Passage of Health ~~Act~~ security Act is the single most important care item, as too many people with HIV are uninsured, underinsured, or lose insurance as they become ill.

3) The Ryan White Act ~~contin~~ will continue to support enabling

4) as an example of interested services,

5)

6) need new dr

TALKING POINTS - GLOBAL ISSUES

* Although individual human suffering will continue to be the most significant implication of Acquired Immune Deficiency Syndrome (AIDS), ramifications of the disease will spread substantially into the economic, political and military sectors of severely affected countries over the next several years.

* The Human Immunodeficiency Virus (HIV), the causative agent of AIDS, will have infected more than an estimated 45 million people worldwide by the year 2000. ~~Full-blown~~ AIDS cases worldwide will also increase rapidly during the 1990s, from about 2 million now to a cumulative total of more than 10 million within the next eight years.

* Currently the problem is worst in Africa, but rapidly spreading infections in India, Brazil, and Thailand will contribute significantly.

* By any measure - deaths, number of people infected, economic cost - the impact of AIDS will be far greater in the 1990s than in the 1980s.

* Donor nations will face three basic foreign policy problems:

1) how to allocate assistance for AIDS prevention;

2) how to manage the testing and distribution of vaccines and other drugs

3) how to assist countries that are heavily afflicted with AIDS and that consequently undergo substantial socioeconomic and political change.