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Box 4 - Misc papers and memos in no particular order with folders: ASH Meeting with ASTHO/NACHO/USCLHO Representatives - July 22, 1993; ONDCP (Drug SA); 10/22/93 Health Care Reform: Impact on HIV Care and Services -

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NARA 5957

ACT UP | IMMIGRATION WORKING GROUP

PRESS PACKET

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AIDS Knows No Borders

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ACT UP | IMMIGRATION WORKING GROUP

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Restrictions on Immigrants and Travelers With HIV

Countries with restrictions both on tourists and those seeking a longer stay, immigrants, students and foreign workers:

Botswana, China, Iraq, Libya, Thailand, United States, South Yemen.

Countries that allow tourists, but have restrictions on those seeking longer stay:

Arab Emirates, Australia, Belgium, Belize, Bulgaria, Chile, Colombia, Costa Rica, Cuba, Czechoslovakia, Dominican Republic, Egypt, El Salvador, Finland, Germany, Hungary, India, Israel, South Korea, Kuwait, Liberia, Mauritania, Mexico, Mongolia, New Zealand, Pakistan, Papua New Guinea, Paraguay, Philippines, Poland, Qatar, Saudi Arabia, Singapore, Spain, St. Christopher Nevis, Syria, Taiwan, Turks and Caicos, Uruguay, Zimbabwe.

ACT UP | IMMIGRATION WORKING GROUP

Facts about...

IMMIGRATION AND TRAVEL RESTRICTIONS

- HIV Immigration and Travel Restrictions are a gross violation of human rights. They deny people with HIV the internationally recognized right to freedom of movement.

- Immigration restrictions perpetuate dangerous myths about people with HIV (that there are "contagious" or a threat to public health) and therefore incite bigotry and violence.

- Punitive mandatory testing creates fear and misinformation. It discourages people from getting informed and taking the test. It drives people underground and isolates them. It creates the conditions that beg further transmission of the virus, not its containment.

- The undisputed consensus of public health experts is that only voluntary testing, combined with guarantees of nondiscrimination and access to medical follow up, will help this pandemic.

- Immigration restrictions against people with HIV hamper the free flow of scientific information and interfere with research and study.

- Through its Travel and Immigration restrictions, the United States government conducts the largest mandatory testing program for civilians in the world.

- The U.S. Department of State estimates that the cost of administering the HIV antibody test to refugee applicants alone is $4 million annually. This does not include the costs of testing more sizable immigrant categories.

- The U.S. Immigration and Naturalization Service's (INS) testing program includes no guarantees of confidentiality or pre and post test counseling.

- The vast majority of immigrants in the U.S. who test positive are actually long term residents and were undoubtedly infected in the United States - the country with the largest reported AIDS caseload in the world.

- Most HIV positive undocumented persons in the U.S. have worked and paid taxes in that country for years. Denying them legal status means denying them access to services that they have paid into but never used. Services they need to stay alive.

ACT UP IMMIGRATION WORKING GROUP

An Abbreviated Chronology of U.S. Immigration Exclusion

1875: First restrictive Immigration Act barring "obnoxious immigrants" as immigration is barred for lewd or immoral purposes, convicts and prostitutes.

1882: Chinese Exclusion Act barred all Chinese immigration for 10 years. Chinese people already in the United States were barred from citizenship.

1891: First immigration law excluding persons for public health reasons excludes those with a "loathsome or contagious disease."

1961: Amemdment changes exclusion to "dangerous and contagious disease." Removes statutory references to any specific diseases and gives the U.S. Public Health Service authority to establish an exclusion list to "permit flexibility so that changes as related to specific diseases might be made by regulation in the future as medical progress may indicate."

1970: Without any opposition, the Public Health Service deletes 14 diseases from the list, leaving TB, leprosy and several sexually transmitted diseases on the exclusion list.

June 1987: Under pressure from President Reagan, the Centers for Disease Control adds AIDS to the list but notes that exclusion is not based on any "new scientific knowledge about the transmission or natural history of AIDS," that "AIDS is not spread by casual contact which is the usual public concept of contagious," and that AIDS was added only because other sexually transmitted diseases remained on the list.

July 1987: Helms amendment" signed, directing the President to add HIV infection to the exclusion list by August 31, 1987. The Centers for Disease Control substitutes HIV for AIDS on August 28, to become effective December 1, 1987, thereby creating the largest mandatory civilian HIV testing program in the world.

March 1990: The Centers for Disease Control sends an internal proposal to Louis Sullivan, M.D., Secretary of Health and Human Services, deleting all diseases except infectious TB from the exclusion list; proposal retains HIV on the list because of HHS interpretation that the Helms amendment prevented its deletion, but HHS supports legislation to allow deletion of HIV; HHS never acts on the internal proposal.

May 1990: Comptroller General legal opinion concludes that notwithstanding the Helms amendment, CDC could delete HIV infection (or any other disease) from the exclusion list.

November 1990: Immigration Act of 1990 signed; changes language of the exclusion to "communicable disease of public health significance," directs CDC to establish new exclusion list by June 1, 1991, based solely on "current epidemiological principles and medical standards."

January 1991: CDC proposes list of "communicable diseases of public health significance" removing all disease xcept infectious TB; HHS receives 40,000 pieces of Republican generated mail opposing the change.

May 1991: HHS invites additional public comment until August 2 and receives over 100,000 comments supporting the January proposal to remove all but infections TB from the list.

August 1991: The Harvard AIDS Institute announces that the VIII International Conference on AIDS will be moved from Boston because of the continuing immigration exclusion of HIV antibody positive people.

March/April 1992: Haitian refugees undergo mandatory testing; HIV antibody positive refugees repatriated.

ACT UP IMMIGRATION WORKING GROUP

POSITION PAPER on HIV IMMIGRATION & TRAVEL RESTRICTIONS

The facts have been laid bare for years now. HIV immigration and travel restrictions do nothing to contain the spread of the virus. HIV is not transmitted casually, but through specific behaviors: the sharing of needles and particular types of unprotected sex. Education, access to clean syringes and condoms, and voluntary testing programs without punitive consequences are the proven means of addressing public health concerns around HIV transmission. These survival tools in this pandemic must be made available to everyone; wherever they are, wherever they may go. The virus knows no borders and neither should treatment and prevention efforts. Health professionals know this. Service providers know this. The AIDS activist movement knows this. And medical researchers know this. The governments of the world which attempt to exclude people with AIDS must stop participating in the increased spread of HIV and learn this as well.

Health Exclusion or Bigotry?

Governments have often turned to immigrant populations as scapegoats in times of crisis. For example, the Black Death epidemic that ravaged Europe in the 14th and 15th centuries was commonly considered to have been introduced by Jews and this belief led to the annihilation of much of the European Jewish community. Even a summary glance at United States history books will reveal that immigration restrictions have consistently been based on the worst types of bigotry and hatred. From George Washington prohibiting immigrant service in the armed forces in 1775 (one has to wonder what he considered himself - native?) to the Chinese Exclusion Act of 1882, to the "Helms Amendment" of 1987 which put the current HIV exclusions in place, arbitrary discrimination against minority groups had been a mainstay of U.S. immigration policy. With a broad spectrum of medical professionals, including the United Nation's World Health Organization, calling for an end to all HIV travel and immigration restrictions and affirming that these restrictions have no grounds in clinical or epidemiological research, it is impossible to pretend that these restrictions are anything but another example of exclusion based on irrational hatred, not public health concern.

Destroying Lives

The destructive impact of these restrictions simply cannot be exaggerated. Immigrants who have lived and paid taxes in the United States for years and became infected there live in fear of deportation, unable to access much needed services, uncertain of their ability to maintain essential support networks. Individuals at risk, or possibly already infected, are driven underground rather than learning of their HIV status and facing the punitive consequences. Refugees fleeing political persecution have been repatriated to their certain deaths based on their HIV status alone. These are not merely unfortunate policies that might be changed in a more enlightened future, they are murderous policies that must be overturned at once.

Compassion not Discrimination

In facing this pandemic, the global community must insure that the human rights and dignity of those suffering its devastating effects are preserved. This is the only way to effectively care for people with AIDS and it is the only way to create an environment that prevents its further spread. Immigration restrictions deny people with HIV the internationally recognized right to freedom of movement. These restrictions stigmatize and ostracize people with AIDS and create the erroneous illusion that AIDS can be prevented by shutting a nation's door and purging its populace. This illusion is bitterly ironic in the case of the United States which has the highest AIDS caseload and yet hides behind these restrictions to abdicate its responsibility to the rest of the world. These restrictions are parochial in a time when we must be global. They are discriminatory in a time that pleads for compassion. They are motivated by hate during a crisis that must be faced with medical understanding.

ACT UP Golden Gate and ACT UP San Francisco
378 Van Buren Avenue, Suite 401; Oakland, CA 94610

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH
1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
TEL # (202) 842-4668
FAX # (202) 289-8274

The Association of Schools of Public Health (ASPH), the only National Association that represents the 24 U.S. Schools of Public Health, joins in opposing current travel and immigration restrictions imposed by the United States against person testing positive to the Human Immunodeficiency Virus antibody test. Such restrictions contradict the recommendations of every major domestic and international public health body. Travel and immigration restrictions are an unwarranted infringement on the human rights of persons living with HIV. Useless for curtailing spread of the virus, these restrictions only serve to lay blame for the epidemic at the feet of those who have suffered most from its devastating effects.

We are especially concerned that the travel and immigration restrictions are interfering with the fight to end the AIDS epidemic rather than aiding it. The moving of the VIII International Conference on AIDS from Boston to Amsterdam is a chilling demonstration of how government policies can create barriers to the free flow of scientific information. Less well known is how travel and immigration restrictions impede access to treatments, interfere with the ability to visit social support networks, and undermine the prevention and treatment campaigns aimed at communities with significant immigrant populations.

In accordance with the recommendations of the Centers for Disease Control and with the initial position taken by Secretary Sullivan, we call on the Bush Administration to lift all travel and immigration restrictions against people with HIV. AIDS policies must be aimed at stemming the spread of the disease, not at discriminating against those infected or at spreading misinformation about it.

A Triumph for the Politics of Homophobia

By Jerome E. Groopman

At first blush, the Bush administration's recent decision to renege on altering the immigration law that bars HIV-infected foreigners from entering this country without a special waiver might seem to make some sense.

Unfortunately the decision owes more to the politics of homophobia and xenophobia than to the ethics of public health.

In our zeal to protect ourselves from infected foreigners, it is easy to forget that Americans have been the main exporters of AIDS to the world. Although the prevalence of HIV infection is highest among populations in Central Africa, they're not mobile.

The World Health Organization recently presented reasonable, conservative estimates of the prevalence of HIV infection among adults between the ages of 19 and 45 in the United States. The data are striking: about 1 in 75 men and 1 in 400 women in this age group carry the virus. Worldwide, there will be 40 million people infected with AIDS by the end of this decade.

The United States now joins such enlightened governments as the Soviet Union and the People's Republic of China in threatening deportation of foreigners carrying the human immunodeficiency virus. France, England, Germany and Italy – to name a few Western countries – have not even raised the idea of such an immigration law.

HIV is a virus transmissible by sexual intercourse, transfusion, intravenous drug use and from mother to child during the birth process. HIV infection leads to AIDS, a disorder of the immune system with development of severe infections, neurological dysfunction and certain cancers.

The general physical condition of people with clinical AIDS is often that of debilitation, and the libido declines at a rate faster than their immune function. Moreover, the vast majority of traveling HIV-infected people, specifically homosexual men, hemophiliacs or women infected through heterosexual intercourse, are generally well educated with respect to both the danger of transmitting the virus to others through unsafe sex as well as their own self-interest in not contracting venereal diseases.

There are no data to suggest that allowing HIV-infected people to enter the United States will contribute to the spread of the virus. The major current vector of the spread of HIV is currently through intravenous drug abuse in the West, and few hard-core addicts have frequent-flier miles to vacation on our shores.

The administration's decision does a great disservice to people with HIV infection and to those involved in the medical struggle against AIDS. It also damages the reputation of our country abroad.

During last year's debate on this question, the organizers of the International AIDS Conference decided the conference would not occur in a nation that discriminates against people with HIV. Harvard University took the appropriate position that it would only serve as the host of the conference planned for 1992 if the law were repealed.

Considerable effort and seed money have already been expended to organize the infrastructure of the 1992 Boston AIDS meeting. All that is now likely to be annulled. The United States has become a virtual pariah nation among scientists and physicians for its stance on HIV.

Despite the rationality of laws against genuine threats to public health from immigrants, the application of the principle to HIV makes no sense. It is a measure essentially directed against homosexuals. That is the resonant chord struck among the right wing, a cheap shot that can be easily exploited in congressional election campaigns. Curiously, there is no effort to extend the regulation to other less stigmatized conditions.

President Bush's child died of leukemia, the nightmare of every parent, and a loss from which one never recovers. He must certainly understand the importance of caring for people with life-threatening diseases.

It stretches the imagination to think he would consciously humiliate patients carrying a leukemia virus for the sake of political expediency by forcing them to obtain a waiver to enter the United States. Would the right wing of the Republican Party score votes in a tight congressional election by boasting that dying leukemia patients were required to obtain waivers to be treated in our cancer centers?

The immigration law snuffs out the thousand points of light formed by the laboratory researchers, clinical care givers, social workers and philanthropists who have committed themselves to battle an epidemic that could lead to the deaths of tens of millions. HIV foreigners will not seek haven in the United States; one need not fear that we will become the hospice of the world for AIDS.

The poor and infected from developing countries are hardly in a position to move en masse to this country. Temporary visitors from other Western countries, if they become sick while in the United States, are covered by their own socialized medical insurance in their country of origin. Those settling here for longer periods of time are not granted visas in the first place without proof that they have the ability to support themselves.

In any case, America is the symbol of freedom, tolerance, rationality and medical excellence, all attributes that provide hope and will to those people with AIDS fighting to survive. We do a disservice not only to ourselves as a caring nation but, more important, to the ill who look to us for medical support and progress that could change their condition from one of great suffering and ultimate death to a more chronic and controlled illness.

Societies have an obligation to protect themselves from importing diseases, but that protection comes from a sober assessment of the real risks posed and the methods needed to reduce such risks. Societies such as ours that are blessed with the highest levels of medical research and technology have the opportunity and responsibility to share such knowledge, not only with scientific peers but also with the patients whose lives depend upon the progress of such research.

The epidemic will not be contained by blocking entry of infected people from abroad who wish to visit, or to get access to an experimental drug, or to receive a second opinion from an expert physician, or attend a conference to both learn and teach.

I am hardly an activist who leaps to the barricades. I am a scientist who believes that real change is effected not by rhetoric but by hard work in the laboratory and in the clinic. But in this case, the chanting of AIDS activists in the streets is echoed in the laboratories and hospitals: "Shame, shame on America."

Jerome E. Groopman is the director of the divisions of blood diseases, cancer and AIDS at Deaconess Hospital-Harvard Medical School. This article first appeared in The New Republic.

This AIDS Ban Invites Ridicule

The American policy to block visits or permanent immigration by foreigners infected with the AIDS virus came under justifiable criticism at the international AIDS conference in Italy this week. The policy has very little public health value. Its chief effect is to make the United States a laughingstock in world medical circles. The policy should be abandoned, quickly.

The U.S. currently bans entry to foreigners infected with several diseases, including syphilis, gonorrhea, leprosy, tuberculosis — and the virus that causes AIDS. But the Department of Health and Human Services has proposed to eliminate all but infectious tuberculosis from the list.

The wisdom behind that proposal seems plain. Neither AIDS nor any of the other diseases to be struck is spread through air, food or water to casual bystanders. Virtually the only way for an adult to get AIDS in this country is through unprotected sexual intercourse with an infected person or by sharing contaminated drug needles.

But the Justice Department, responding to an avalanche of complaints, blocked the new H.H.S. policy, leaving the old rules in place pending further debate. The two chief arguments for the ban are superficially plausible. One is that some of the infected foreigners will surely spread the virus to Americans. The other is that infected immigrants will eventually require costly care.

But the danger is slight. And if cost is the issue, then the U.S. would ban all foreigners with kidney disease, cancer or other costly ailments. It enforces no such mean-spirited policy in those cases, nor should it for AIDS.

The ban is particularly silly for short-term visitors. Trying even to identify such individuals brings widespread condemnation. The World Health Organization and European health ministers plan to boycott the international AIDS conference in Boston next year unless the U.S. changes its policy.

How to handle foreigners seeking permanent residency is a tougher issue because the longer they stay the greater the chance some might spread the virus or require care. But by one government estimate, only about 600 AIDS-infected individuals would be admitted as permanent residents each year — compared with a million Americans already infected. And finding them among the 600,000 admitted each year would require costly testing. If the goal is to fight AIDS, this is not where to spend the money. The rate of infection is far less among the foreigners than among Americans.

What a travesty that the United States, with one of the largest AIDS-infected populations in the world, has taken a stance that implies the danger comes from abroad. The Bush Administration should reverse this ban, whose chief effect is to give the U.S. an international black eye.

Richard Cohen

AIDS and Immigration

The word for the day is "counterintuitive." It means that something that seems to make sense actually does not. Take, for example, the question of whether persons with AIDS should be admitted to this country. The Department of Health and Human Services says "yes," but the Justice Department, which has the last word, says "no." Common sense says Justice is right. That, folks, is what we mean by counterintuitive.

Since AIDS was first identified 10 years ago, AIDS activists have been looking for two things: a cure for the disease and a way of uncoupling it from hostility to gays. So far, so bad. No cure has been found, and the dispute between HHS and Justice is just additional evidence that anti-gay bias infects the debate about AIDS. If gays got the sniffles, anti-gay crusaders like Sen. Jesse Helms (R-N.C.) would find a reason to bar them from this country.

Yes, I hear you mutter, but AIDS is not the sniffles. Not only is it communicable, but it's always fatal as well. True enough. But some facts need to be considered. The first is that you and I need not be at risk. AIDS, as opposed to infectious tuberculosis (another proscribed disease), is not casually communicated. To get AIDS, a person has to engage in certain kinds of (unprotected) sex or use an infected needle. That's not the same thing as being downwind from someone with TB.

Second, we are not talking about introducing AIDS into this country, but adding only incrementally to the legion of victims already here. They number over 1 million, with more than 100,000 deaths already recorded. So when HHS Secretary Louis Sullivan says that "allowing HIV-infected aliens into the country will not impose a significant additional risk" he is simply stating the obvious. Since certain other communicable diseases (some of them transmitted sexually) were dropped from the list, Sullivan treated AIDS no differently.

That's where he miscalculated. Justice, which runs the Immigration and Naturalization Service, used its veto. In doing so, however, it did not question Sullivan's medical judgment but pointed instead to the more than 30,000 letters it had received protesting the proposed new policy. That's a lot of letters—some of them, I am told, from physicians and other health practitioners and none bearing the tell-tale signs of an organized campaign. Nonetheless, medical issues should not be decided by a show of hands.

Was Justice basing its decision on public health and economic concerns (the expense of long-term care), or was it pandering to a conservative constituency? It's hard to say, but some hints exist. In the first place, Attorney General Dick Thornburgh has shown the Bushian penchant to find his political principles in public opinion polls. And, second, it's Thornburgh, not HHS Secretary Sullivan, who announced for a U.S. Senate seat from Pennsylvania. That might explain why only in Washington is a second medical opinion sought from a lawyer.

Trouble is, both sides are adept at playing politics. For their part, homosexual advocates would have more credibility if they ceased being so defensive and, at times, so casual with the truth. They fight attempts to have AIDS-infected physicians or dentists identified. They are averse to contact tracing, although people with other sexually transmitted diseases are routinely asked what they did and whom they did it with. They fight patient screening in hospitals—as if physicians and nurses needn't know when alertness is required. And they have sometimes distorted the government's immigration policy. For many gays, personal privacy, not public health, is the main concern.

AIDS activists have legitimate concerns. In the public mind, procedures that identify AIDS victims identify homosexuals as well. Moreover, it's always open season on gays. For instance, when Helms attacked affirmative action in his reelection campaign, he was roundly condemned for race-baiting. But when he said homosexuals were "buying" the election for his opponent, a deafening silence was heard in the land. The awful truth is that when it comes to standing up to homophobia, most politicians are just plain sissies.

But when it comes to the deadlock between HHS and Justice (due to be settled in July), AIDS activists have the better arguments. If all of the terminally ill are to be excluded, fine. If all communicable diseases are to be proscribed, again fine. But when Justice makes its stand on the one disease associated with an unconventional life style, gays and others are entitled to suspect that politics, not medical science, is the reason. That's not counterintuitive but as plain as the nose on your face.

THE WASHINGTON POST June 14, 1991

THE WASHINGTON POST August 2, 1991

U.S. Won't Lift HIV Immigration Ban

Cost of Treating Those Who Develop AIDS Called Unacceptable

By Malcolm Gladwell
Washington Post Staff Writer

Federal health officials have decided, after seven months of review, not to lift the controversial, four-year ban on immigrants infected with the AIDS virus.

The decision, which sources said will be announced officially within a few days, reflects the conviction of many inside and outside the Bush administration that the cost of treating immigrants who eventually develop AIDS poses an unacceptable burden to the U.S. health care system.

The organizers of next year's international AIDS conference, which had been scheduled for Boston, have said that unless the U.S. restrictions were lifted, they would cancel the event.

The move appears to end a bitter debate in the administration, in which the Justice Department fought the Health and Human Services Department's recommendation to drop the restriction. But the way the decision was reached has left AIDS activists and public health groups angry and frustrated.

Chief among their complaints is that the Bush administration has declared the costs of treating immigrants unacceptable, without providing any estimate of what those costs really might be. Various interest groups have come up with their own widely differing estimates, painting what many call a confusing picture of the true implications of excluding immigrants infected with the virus.

"We wish there could have been an open debate that could have dealt forthrightly with the issues of access to health care and cost," said W. Shepherd Smith Jr., president of Americans for a Sound AIDS Policy.

"We are making policy in a vacuum," said Jeff Levi, director of government relations for the AIDS Action Council.

See AIDS, A6, Col. 4

AIDS, From A1

HIV immigration restrictions were enacted by Congress four years ago. At the request of Sen. Jesse Helms (R-N.C.), HIV was added to the list of infectious diseases—which includes tuberculosis, syphilis and hepatitis—for which all would-be immigrants must be tested and which are deemed sufficient, on public health grounds, to deny the immigrant a visa. Congress subsequently passed a law transferring to the president the power to alter the list.

Since then the health justification has been attacked by many public health experts, from the World Health Organization to senior health officials in the Bush administration, who said that because HIV could not be transmitted casually, HIV-infected immigrants did not pose a health threat to others. At the beginning of this year the administration proposed that the ban be dropped.

By May, however, proponents of the ban countered with a new argument, namely that HIV-infected immigrants should be turned away because they might pose an economic burden.

"I for one don't want to come out 100 percent against discriminating against HIV and against gays," said Stanford University bioethicist Peter Carpenter. "But the question is not the disease. The question is that when we know or could easily know that someone is going to cost a great of deal of money and is not going to be able to pay for their care, should that be a factor in the admissions process? I'd say we'd be crazy not to use it."

But while the economic argument has gained popularity, it is not clear what that economic burden would be.

For example, a Canadian study estimates that the percentage of infected immigrants to Canada is between 0.2 and 0.4 percent of all newcomers. Two weeks ago, Rep. William E. Dannemeyer (R-Calif.) extrapolated from these figures to project that between 3,000 and 6,000 HIV-infected people would come into the United States each year. Dannemeyer sent his estimate to the White House, where it is said to have played a key role in convincing the administration to continue backing the HIV restriction.

Dannemeyer's numbers are controversial. First of all, the Canadian percentages were based not on immigrants but on the prevalence of HIV infection in countries from which Canadian immigrants come. Some AIDS experts note that HIV infection in these countries is concentrated among prostitutes and drug abusers, not the groups seeking to emigrate.

Further, in making his estimate, Dannemeyer used the total number of immigrants for 1990, nearly two-thirds of whom were illegal aliens granted citizenship under a special amnesty law. That law allows them to apply for a waiver if they test positive and get in anyway.

The people truly affected by the HIV ban, immigration experts say, are the 600,000 granted traditional visas every year. Even using the disputed 0.2 to 0.4 percent infection rate, that gives a lower estimate of from 1,200 to 2,400 HIV-infected immigrants yearly.

An entirely different set of figures comes from the State Department's HIV testing data, which show that adult immigrants tested by the government from 1988 to 1990 had an average HIV infection rate of approximately 0.1 percent. This amounts to just under 500 people a year.

AIDS experts say, however, that if the ban were lifted, many who now do not bother to apply would probably do so. Factoring in these extra people, some administration health officials have estimated there would be between 600 and 800 HIV-infected immigrants annually.

Depending on which estimate is used, the projected cost of caring for immigrants with AIDS varies widely. Dannemeyer estimates that the cost of caring for infected immigrants—and for those whom the immigrants infect—could come to as much $720 million a year.

Using the State Department numbers as a base, however, and a more modest estimate of how many additional infections would result, gives an estimated annual cost of just over $60 million, assuming not one of them has private health insurance.

AIDS groups also say that the cost of HIV in immigrants is less than the cost of other diseases routinely allowed into the country. The same Canadian study estimated that 1.6 percent of all immigrants would suffer from coronary heart disease within 10 years of arrival, at an average cost of $17,618 each. Extrapolated to the United States, these calculations mean that each year's immigrants could be expected to run up $170 million in heart disease-related expenses.

"If the policy is that the country should not admit those who are likely to become public burdens, then that should be applied across the board to persons regardless of illness or circumstance," said Tom Stoddart of the Lambda Legal Defense Fund in New York.

San Francisco Examiner

May 29, 1991

The right decision loses

Aliens with the AIDS virus are not a threat to public health and should be allowed into the U.S.

POLITICS AND public health don't mix.

Dr. Louis Sullivan, the secretary of Health and Human Services, concluded last January that infection with HIV, the virus that causes AIDS, should not be grounds for barring an alien from the United States. AIDS is not spread by casual contact, he said, so "allowing HIV-infected aliens into this country will not impose a significant additional risk of HIV infection to the U.S. population." This was the correct public health decision and the correct social policy.

But the Justice Department could not leave well enough alone. The department was swamped by letters from people who want to keep out HIV-infected aliens. So it has intervened and reversed Sullivan's decision. Not for medical reasons, but for political reasons, pure and simple. With only ideology behind it, the Justice Department has decided that Sullivan failed to justify his conclusion that HIV infection is not "a communicable disease of public health significance."

When Congress passed the new immigration law last fall, it empowered Sullivan to make this judgment. The controversial, automatic exclusion of aliens with the AIDS virus was removed from the law, and it was left to the secretary of Health and Human Services to determine the appropriate policy. The new law, which takes effect this Saturday, requires that aliens be excluded if they have "a communicable disease with public health significance." The secretary was to make the determination "based on current epidemiological principals and medical standards."

AIDS is not easily communicable. If you could catch it from sneezing, high-risk groups would not exist, and the incidence of the epidemic would be much, much greater than it already is. Sullivan concluded that the disease "is transmitted among adults in this country almost exclusively by two routes: sexual intercourse with an infected person and sharing of contaminated" needles. He removed HIV infection from the list. The Justice Department, which oversees the Immigration and Naturalization Service, now says that people who are HIV positive might become public charges and should therefore be excluded under a different section of the immigration law.

The intention of Congress was to let the secretary of Health and Human Services make this decision as a medical judgment. Sullivan has done that. His decision was based on reason and public health, not politics and fear. Congress should write Sullivan's decision into law.

11/29/1993 09:50

=== COVER PAGE ===

TO: KRISTINE GEBBIE

FAX: 12026321096

FROM: ACT UP CLEVELAND

FAX: 2166212733

TEL: 2166212233

01 PAGE[S] TO FOLLOW

COMMENT: PLEASE CALL

Due 11/30
Thx.

ACT UP
THE AIDS COALITION TO UNLEASH POWER
CLEVELAND

DEAR KRISTINE & STAFF,

WE UNDERSTAND THAT YOUR OFFICE IS GOING TO MAKE AN ANNOUNCEMENT TODAY.

COULD YOU PLEASE FAX IT TO US A.S.AP.?

THANKS,

KENN KRIZ

The AIDS Coalition To Unleash Power is a diverse, non-partisan group of individuals united in anger and radically committed to direct action to end the AIDS crisis.
ACT UP/Cleveland 1430 West 29th Street Suite #6 Cleveland, Ohio 44113
PHONE 216.621.2233 FAX 216.821.2733

SILENCE = DEATH

THE WHITE HOUSE

WASHINGTON

December 3, 1993

MEMORANDUM

TO: Richard Brown, ACT UP-New York
sent via telefax (212) 689-6922

FROM: W. Steve Lee, Executive Assistant and Scheduler to
National AIDS Policy Coordinator W. Steve Lee

SUBJECT: Cancellation of the December 6 meeting

As you requested, the December 6, 1993 meeting convened at your request to discuss HB 3310 has been cancelled per your December 3 fax. As your letter stated, you will set up a meeting after Congress convenes in January. Please let us know how we can help.

cc: Congressman Jerrold Nadler

Act UP

To: STEVE LEE
OFFICE OF KRISTINE GEBBIE
(202) 632-1096

From: RICHARD BROWN - ACT UP - McCLINTOCK
PHONE (212) 689-6922

STAPLES MANHATTAN IV #181

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115 East 27th St., #4B
New York, NY 10016
November 24, 1993

Mr. Steve Lee
Office of Kristine Gebbie
National AIDS Policy Coordinator

FAX: (202) 632-1096

Dear Mr. Lee:

I received the letter from Ms. Gebbie regarding the meeting with members of the McClintock Working Group of ACT UP. The date and time, December 6, 10:00 is fine. I will be out of town until December 2 so another member of the group, David Robinson will provide the final list of attendees by December 2.

We hope that you can coordinate the attendance of members of Congress with Rep. Nadler's office. Since our last correspondence Rep. Ron Dellums (D-CA) has signed on as a cosponsor. We also feel strongly about Rep. Waxman and Senator Kennedy's office being represented at the meeting since they obviously chair the appropriate committees in the House and Senate.

I will contact you to get a final list of attendees on Friday before the meeting and members of our group will be in contact with Rep. Nadler's office as well.

Thank you for your time.

Sincerely,

Richard R. Brown
McClintock Working Group
ACT UP
(212) 689-6922

P.S. Our fax is down but you can call me at home.

ACT UP
AIDS Coalition To Unleash Power

135 W. 29th Street, #10, New York, NY 10001 Tel 212 564-AIDS FAX 212 989-1797

OCT 25 1993

October 21, 1993

Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Executive Offices of the President
Washington, DC 20503

Dear Ms. Gebbie:

Last Thursday at the NYCAN meeting you promised members of the ACT UP McClintock Working Group that you would set up a meeting with Director Donna Shalala, Rep. Henry Waxman, Senator Ted Kennedy, First Lady Hillary Rodham-Clinton, and yourself to discuss President Clinton's promised Manhattan Project for AIDS. We intend to hold you to that promise!

Please contact us as soon as possible. We would like to arrange the meeting before December 15, 1993. Time is critical. More Americans will die in President Clinton's first year in office than in the entire Reagan era.

You can call me at (212) 689-6922. Make history and take the first step toward a cure!

Thank you.

Sincerely,

Richard R. Brown
McClintock Working Group

ACT UP
THE AIDS COALITION TO UNLEASH POWER
CLEVELAND

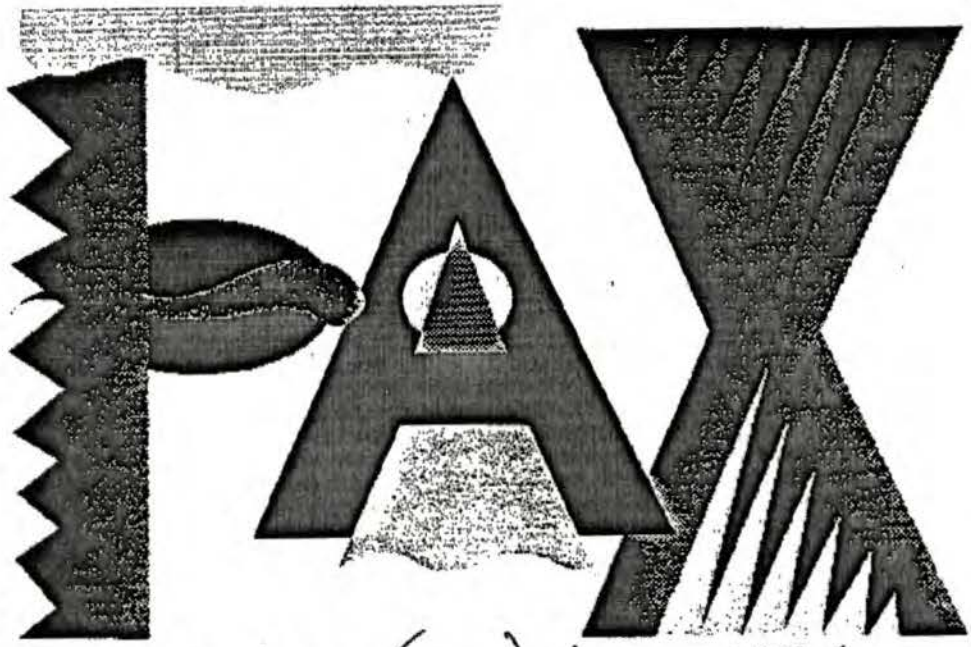
Febuary 17, 1994
PRESS RELEASE
FOR IMMEDIATE RELEASE

Upon further review it has been discovered the actual increase in the AIDS budget from the cities general fund is $25,000. The 125,000 that was proposed for Block grant funding is not being funded through our tax base of $350 million. It is money that the city will apply for from federal block grant money. We assumed wrongly, that the $125,000 block grant money was coming from the city. Actual increase in AIDS funding for support care and education? $25,000. The $125,000 was a smoke screen meant to confuse and defuse ACT UP. It almost worked. The important thing is we caught it before it was too late. Is this amount acceptable? Absolutely not.

ACT UP/Cleveland

The AIDS Coalition To Unleash Power is a diverse, non-partisan group of individuals united in anger and radically committed to direct action to end the AIDS crisis.
ACT UP/Cleveland 1430 West 29th Street Suite #6 Cleveland, Ohio 44113
PHONE 216.621.2233 FAX 216.621.2733

SILENCE=DEATH



To: STEVE LEE (202) 632-1096
OFFICE OF KRISTINE GEBBIE

From: RICHARD BROWN/ACT UP NY

STAPLES MANHATTAN IV #181

Date: 12/3/93

Fax #: **(212) 683-3915**

TOTAL PAGES INCLUDING COVER: 2

CONTACT: R. BROWN
212 689-6922

COMMENTS: IF YOU DO NOT RECIEVE ALL COPIES, PLEASE CALL (212) 683-3267

URGENT!

December 3, 1993

Mr. Steve Lee'
Office of Kristine Gebbie

Dear Mr. Lee:

You can cancel the meeting on Monday with the McClintock Working Group and members of the administration. We feel that such a meeting would be a waste of time without representation from Waxman and Kennedy's offices.

We plan to set up a meeting after the Congress convenes with representatives from Waxman's, Kennedy's, and other Congressional offices.

I will let Nicole Tucker at Nadler's office know that we are cancelling the meeting.

Sincerely,

Richard R. Brown
ACT UP
McClintock Working Group

THE WHITE HOUSE

WASHINGTON

November 29, 1993

Nicole Tucker
Office of Congressman Jerrold Nadler
424 Cannon House Office Building
Washington, D.C. 20515

Dear Nicole:

Thank you for agreeing participate in the December 6, 1993 meeting to discuss HB 3310. The meeting was scheduled at the request of ACT UP-New York. In their letter (enclosed), ACT UP asked to meet with Kristine Gebbie, First Lady Clinton, Secretary Shalala, Congressman Waxman, and Senator Kennedy. As you will note from the November 19, 1993 letter (enclosed) the purpose of the meeting is to foster greater understanding of "The Barbara McClintock Proposal" among government representatives.

Since Congressman Nadler is sponsoring HB 3310, it would help the process if the meeting invitations to other members of Congress came through your office, and that this office extend invitations to representatives of the Administration. Please note that I do not expect Ms. Clinton or Secretary Shalala to actually attend, but that their offices will be represented at the meeting.

I anticipate a sixty (60) minute meeting that begins at 10:00 a.m. in Room 476 of the Old Executive Office Building. If you agree to extend the invitations, please provide me a list of participants, and their social security numbers and birth dates by December 2, 1993 so they can be cleared through White House security.

Please call me at (202) 632-1090 if you have any questions and thank you in advance for your help.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant and
Scheduler to
National AIDS Policy Coordinator

Enclosures

ACT UP
AIDS Coalition To Unleash Power

135 W. 29th Street, #10, New York, NY 10001 Tel 212 564-AIDS FAX 212 989-1797

OCT 25 1993

October 21, 1993

Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Executive Offices of the President
Washington, DC 20503

Dear Ms. Gebbie:

Last Thursday at the NYCAN meeting you promised members of the ACT UP McClintock Working Group that you would set up a meeting with Director Donna Shalala, Rep. Henry Waxman, Senator Ted Kennedy, First Lady Hillary Rodham-Clinton, and yourself to discuss President Clinton's promised Manhattan Project for AIDS. We intend to hold you to that promise!

Please contact us as soon as possible. We would like to arrange the meeting before December 15, 1993. Time is critical. More Americans will die in President Clinton's first year in office than in the entire Reagan era.

You can call me at (212) 689-6922. Make history and take the first step toward a cure!

Thank you.

Sincerely,

Richard R. Brown
McClintock Working Group

ACT UP
135 West 29th Street, #10
New York, New York 10001

November 5, 1993

Mr. John Gurrola
FAX: (202) 632-1096

Dear Mr. Gurrola:

As per our telephone conversation I am proposing the following topics of discussion for our meeting with Secretary Shalala, Rep. Waxman, Senator Kennedy, Rep. Nadler, and First-Lady Hillary Rodham-Clinton:

I. Discussion of the problems with current AIDS research at the NIH and the need for a "Manhattan Project for AIDS."

II. Discussion of The McClintock Project and how it deals with the problems of the current research system.

III. Review of HR. 3310, The bill to establish the Barbara McClintock Project to Cure AIDS.

IV. Needed Action

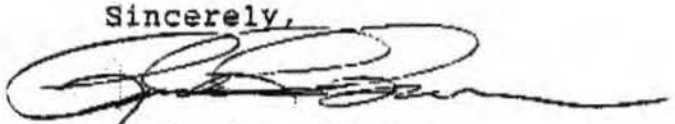
We feel that each of these agenda items will require a minimum of 30 minutes for a thorough discussion.

I realize that officially Ms. Gebbie will be hosting the meeting. However, we feel the meeting should be with the officials whom I have mentioned because they are in positions of power to take action. We would like to have our place at the table as AIDS activists and People With AIDS who have objectively analyzed and proposed a solution to the current AIDS research dilemma.

President Clinton promised us a "Manhattan Project for AIDS." We intend to hold him to that promise.

Thank you for your time.

Sincerely,



Richard R. Brown
(212) 689-6922

THE WHITE HOUSE

WASHINGTON

November 19, 1993

Richard R. Brown
AIDS Coalition to Unleash Power (ACT UP)
135 West 29th Street, #10
New York, NY 10001

Dear Richard:

Thank you for your October 21 follow-up letter regarding a meeting to discuss the Barbara McClintock Project, an ACT UP-sponsored initiative to fund a "Manhattan-like project to find a cure for AIDS." I am committed to supporting a free and open discussion of all sides of such proposals in order to share information, and to advance our collective commitment to improving AIDS research.

You asked for such a meeting with key Administration and Congressional representatives, including Mrs. Clinton and Secretary Shalala to discuss the project and I agreed to facilitate such a meeting. While I cannot guarantee that they will attend, I will make every effort to see that their offices are properly represented at this meeting. The agreed-upon purpose of the meeting is to bring governmental representatives and ACT UP together to foster greater understanding of your proposal. I wish to make it clear that this effort on my part does not reflect an endorsement of the proposal as it now stands, but rather a discussion of it.

Since Congressman Jerrold Nadler has introduced the proposed project as legislation in House Bill 3310, I think it appropriate that he is included in any discussions. Moreover, Congressman Nadler also should be involved in extending invitations to other members of Congress, and I will work with his office in doing so.

With regard to the meeting itself, I would suggest Monday, December 6, 1993 at 10:00 a.m. for one hour at the Old Executive Office Building. If this date is not workable, please advise my office as soon as possible. In order to clear attendees through White House security, it will be necessary to have a final list of attendees, their social security numbers, and birth dates provided to this office 2 business days before the meeting.

Please provide your list to my Executive Assistant, Steve Lee, by telephone at (202) 632-1090, of by facsimile at (202) 632-1096.

I do not anticipate a large meeting; perhaps six to eight people from the Administration. I would appreciate it if you would keep your list of attendees to a similar number. I assume that you will inform other chapters of ACT UP regarding this meeting, and my office will refer inquiries about the meeting from any other ACT UP chapters or other advocacy groups to your office.

I look forward to our meeting.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator