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Art / Buck

Have either of you had any further thoughts / ideas / plans on how to work with/use Roy as we get started?

NATIONAL COMMISSION ON ACQUIRED IMMUNE DEFICIENCY SYNDROME
1730 K Street, N.W., Suite 815
Washington, D.C. 20006
(202) 254-5125 FAX 254-3060 TDD 254-3816

July 2, 1993

Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, D.C.

Dear Kristine:

I write to thank you on behalf of the members of the National Commission on AIDS for the meeting held earlier this week. The Commissioners appreciated the opportunity to talk with you personally and were encouraged by your statements.

The Commission office will close on September 3rd. Until then the Commission and the Commission staff are available and would be delighted to be of assistance to you in any way. Please note that after today I can be reached at 202/254-5126.

I look forward to being helpful and will call early next week to see how you would like to proceed.

Sincerely,

Roy Widdus

Roy Widdus, Ph.D.
Executive Director

NATIONAL COMMISSION ON ACQUIRED IMMUNE DEFICIENCY SYNDROME
1730 K Street, N.W., Suite 815
Washington, D.C. 20006
(202) 254-5125 FAX 254-3060 TDD 254-3816

KRIS –
FYI
Bruce

Dear Colleague:

The National Commission on AIDS ceases operation on September 3, 1993 as specified in the legislation that created it (P.L. 100-607).

After that time I can be contacted through my home address, 6217 Walhonding Road, Bethesda, MD 20816, phone (301) 320-0889 (voice mail). From September 10 through 30, I will be in France and reachable via 33.50.77.9789 or fax 33.50.77.9860.

I will send a work address when I start new employment.

Best wishes,

Roy Widdus

Roy Widdus, Ph.D.
Executive Director

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL

OFFICE OF THE ASSOCIATE DIRECTOR FOR HIV/AIDS

DATE: July 29, 1993

TO: Ms. Kristine Gebbie

FROM:

James W. Curran, M.D., M.P.H
Associate Director for HIV/AIDS

MS D-21, Ext. 0900

☐ For Your Information
☐ Necessary Action

Comments: FYI - As promised.

Statement of

Joseph A. Califano, Jr.*

Before the National Commission on AIDS

November 17, 1992 • Washington, D.C.

Madam Chairman and members of the Commission:

It is a privilege to be invited to testify before this distinguished Commission. With unremitting dedication and determination, you have brought to our people and our government leaders the facts about AIDS, cold and true, and you have offered to the nation a series of thoughtful recommendations for action.

You have asked me to testify about the role of the President in the fight against AIDS.

Reforming the nation's health care system may be the most difficult economic and political task the President-elect has set for himself. That task is likely to take years, as he proposes a variety of reforms to increase access and contain costs, and then as Congress weighs his proposals against competing ideas and the interests of scores of lobbyists protecting their piece of the $800 billion dollar a year health care industry.

AIDS commands a special place in such reforms. It confronts the new President with a no less daunting, scientifically

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*Mr. Califano is Chairman and President of CASA—the Center on Addiction and Substance Abuse at Columbia University—and Adjunct Professor of Public Health (Health Policy and Management) at Columbia University's Medical School and School of Public Health. He was Secretary of Health, Education and Welfare from 1977 to 1979 and President Lyndon Johnson's assistant for domestic affairs from 1965 to 1969.

confounding, ethically sensitive and politically prickly task--but AIDS adds a dimension of urgency that calls for his immediate attention.

Moreover, the public health crisis that was once AIDS is now transformed, with substance abuse and new drug-resistant strains of tuberculosis, into an American version of Cerberus--a vicious, three-headed dog, not only guarding the gates of the hells we have created in inner cities, but also running loose into every part of our nation. Because these three public health enemies are so intertwined, the challenge for the President-elect is to confront all three and to educate the American people about their relationship. For this combine of AIDS, substance abuse and tuberculosis threatens every man, woman, child and fetus in America--and brings our nation to the cusp of the most dangerous public health crisis in our history.

As we sit here, one million of our fellow Americans are infected with HIV--one in every 100 men and one in every 800 women. At least a quarter of a million cases of AIDS have been reported in the United States; more than 150,000 Americans have already died.

AIDS spreads most rapidly through substance abuse and addiction. Up to one million Americans use heroin; 23 million have tried cocaine and at least 2 million are hooked, including more than half a million on crack. Some 18 million are addicted to alcohol or abuse it; 5.5 million get high on marijuana more than once a week.

Today, kindled by the AIDS epidemic and fueled by substance

abuse, tuberculosis is back in our inner cities, from New York to Los Angeles, Chicago to Houston, San Francisco to Miami and Philadelphia. The number of tuberculosis cases has climbed relentlessly since 1985. Over the past two years, the incidence of TB among children has jumped 40 percent. In pockets of poverty in America, TB rates are worse than those of the poorest countries in sub-Saharan Africa. Among blacks in North Carolina migrant-labor camps, the rate is 3,600 cases per 100,000. A recent New York City Health Department survey found 22 percent of adolescents in "high-risk low-socio-economic areas" in Brooklyn, Queens and Manhattan infected with the TB germ.

The most sinister aspect of this public health crisis is that each of these killers and cripplers--AIDS, substance abuse and tuberculosis--goads the others to be more menacing, and more difficult to prevent, control and treat.

Through sharing needles and trading sex for drugs, and through promiscuous and unprotected sex by kids who are drunk or high, substance abuse has become the prime culprit in the spread of HIV infection. Intravenous drug use is implicated in a third of all AIDS cases found in teenagers and adults. Less widely recognized, but no less ominous, is the spread of HIV infection among teenagers high on beer, liquor, pot or cocaine. They are far more likely to have sexual relations--and to have them without a condom.

People with immune systems weakened by HIV are more vulnerable to tuberculosis--and harder to diagnose. Alcoholics and intravenous drug users are the most likely to develop drug

resistant strains of tuberculosis. More than half the homeless Americans--some say 80 to 90 percent--suffer from alcohol and/or drug abuse and addiction. As a result, homeless shelters, with their overcrowded conditions, poor ventilation and high population of drug addicts, are often breeding grounds for tuberculosis and AIDS. Most frightening, the American Cerberus of AIDS, substance abuse and TB has turned every jail term, no matter how short, into a potential death sentence.

Dramatic statistics from the big urban ghettos grab the headlines. But AIDS, tuberculosis and substance abuse can be found in every part of America. The human suffering is incalculable. The financial costs are staggering:

- By the end of next year, the cost of treating all people diagnosed with HIV will top $10 billion annually.
- It takes $250,000 to treat an individual with drug-resistant tuberculosis. And that doesn't include high ticket infrastructure costs, such as isolation rooms and negative-pressure facilities.
- The nation's bill for substance abuse alone tops $300 billion a year in crime, reduced productivity and health care costs. The care of a drug exposed newborn with HIV infection costs more than $5,000 a day.
- And the harsh reality of 1992 is that more and more Americans are afflicted with all three diseases.

The new President's public health campaign must be waged on every front--research, prevention and treatment--and against all

three killers--AIDS, substance abuse and tuberculosis--if we are to win the war against AIDS.

First, the new President must make it clear to the entire research community--the National Institutes of Health, the nation's great medical centers and the pharmaceutical industry--that no task commands more urgency than waging and winning a research war against America's three-headed biomedical monster--AIDS, substance abuse and tuberculosis.

At the National Institutes of Health, we spend just over $1 billion a year on AIDS research. Basic research for substance abuse gets less than half that amount, a paltry sum against the fact that drug and alcohol abuse and addiction are the nation's number one health problem and the single largest cause of new AIDS cases. Tuberculosis gets only $10.4 million dollars; yet it is a highly contagious, deadly handmaiden of AIDS and substance abuse, a disease you can catch from the person next to you on a bus or subway or in a movie theater or classroom.

If the new President and Congress are interested in making investments in America's future, few are likely to pay greater dividends in saving lives and ending human misery than those they make in research in these areas. The research must go beyond the biomedical to the psychological and social, for we surely need to learn how better to prevent self-destructive behavior. What's needed is a major new investment, not the shell games and budgetary legerdemain that have too often marked the past.

The greatest potential for Presidential leadership may lie in

the area of education and prevention. Many efforts to prevent HIV infection have been hamstrung by politics and prejudice, and by debates over morality and good taste. The moral values of any society are of course of overarching importance. But, as the Bible teaches, the greatest value is love, which should be expressed here in relieving human suffering and saving lives, not in judging the conduct of each afflicted man, woman and child.

The President has the opportunity to nourish this value and to spark a saturation campaign of education and prevention about AIDS, substance abuse and tuberculosis. Whatever one's religion or moral beliefs, there's plenty of room to teach about the danger of AIDS and how to prevent it. For AIDS is a preventable disease. Every school, church, workplace, union hall and prison offers an opportunity. We know health education can work: look at the success of anti-smoking campaigns and the changes in the American diet. Each religion--Catholic, Protestant, Jewish and Muslim--can speak freely and realistically about sex and drugs and promote courses of conduct well within their beliefs and moral values.

Ideally, we may wish that teenagers would not have sexual relations and that we had no teenage pregnancy in America. The reality is, as the Centers for Disease Control reports, that 29 percent of twelfth graders have already had sexual intercourse with four or more partners. Teenagers, like the rest of us, are human beings, with human natures, desires, strengths and weaknesses. The reality of teenage sexual practices must be faced; when the alternative may be death, condom distribution is worth trying. The

reality of drug abuse must be faced; when the alternative is death, needle exchanges are worth trying.

Parents want their teenage sons and daughters to abstain from sexual intercourse and using drugs. But is there a parent alive who--faced with a child that had sexual intercourse or fell victim to drug addiction--would prefer to have that child denied the chance to use a condom or a clean needle?

Symbolic actions are important educational tools at the disposal of the President. I urge this Commission to ask the new President to proclaim AIDS Awareness Day, comparable to Earth Day or the Great American Smoke Out coming up this Thursday. AIDS Awareness Day would get every institution in America--and the mass media--to focus attention on AIDS and its place in the triple threat now facing America.

In the area of treatment, this Commission has made many sound recommendations for federal action and I won't repeat them here. I would simply underline three points:

- The new President must convince the Congress to provide reimbursement for treatment of AIDS, substance abuse and tuberculosis. That means additional resources. In this public health crisis, taking Peter's treatment funds to give to Paul is like playing Russian roulette with AIDS, substance abuse and TB. Providing substance abuse treatment for everyone who needs it will require a marked expansion of the system--but the costs will be outweighed

by savings in AIDS and TB prevention alone.

- Second, the new President should recommend legislation to limit the ability of private insurers to snatch health benefits from those afflicted with AIDS, substance abuse and tuberculosis, and to construct a seamless federal safety net.
- And third, he must build a roaring fire under the Food and Drug Administration to speed the pace of drug approvals in life-threatening situations.

Despite miracle technology and medicine administered by highly trained specialists, the most important form of treatment is still the most human: touching. Preparing testimony for this Commission, I remembered two incidents that taught me more about health care than the thousands of pages of material I studied in my years at HEW or since.

In the early evening of November 10, 1978, I met at his residence in Warsaw the heroic Polish prelate, Stefan Cardinal Wyszynski. Despite the frailness of his frame and weakness of his voice, the Cardinal's presence was powerful enough to fill his living room. "There are too many machines and tubes and wires," he said. "Even with the best machines, people often die or remain sick because they have no human contact, because they do not touch other people. People need to be touched to be cured."

The other incident occurred on the air shuttle from New York to Washington in 1985. I was sitting in the same row with Vernon Jordan. A few years before, Jordan had been seriously wounded by

a shot in the back one evening as he entered a hotel. "You know what kept me alive, Joe," he said. "It wasn't the skill of the doctor though he was superb. It was the fact that he held my hand for the better part of three days. Just holding my hand, that touching, is why I survived."

The heroes of the AIDS epidemic--those in the trenches like nurses and social workers, nuns and other religious, and hospice workers--know this lesson well. President-elect Clinton and his wife, Hillary, can help teach it to the rest of us by visiting people with AIDS--by touching not just the newborn child, but the 50-year-old IV drug user, the 35-year-old gay man, the 24-year-old mother. Governor Clinton's call shortly after his election to Ricky Ray, one of three brothers infected by HIV, was a moving and sensitive moment that captured national attention.

In our pluralistic society, people hold--and freely express--a wide range of views about the behaviors that put individuals at risk for HIV infection. By birth, I am an American; by baptism, a Catholic; and by politics, a Democrat. What captures the best of my nationality, religion and politics--and the underpinning for Judeo-Christian values we all hold dear whatever our creed or politics--is the central importance they attach to compassion, to helping the most vulnerable among us. This must be the clarion call of the new Administration.

As he asked for our votes during the campaign, in a major address on October 29 Governor Clinton promised to commit more federal resources to AIDS research, prevention and treatment. By

electing him our President, we have given him the opportunity to keep his promise to do more "to stop the spread of AIDS [and] to help those who are living with it," and to slay the three-headed Cerberus of AIDS, substance abuse and tuberculosis.

President-elect Clinton has the moral obligation to deliver on his promises. This Commission--so long viewed as a hopeful surrogate for those who understand the gravity of this crisis and those who are afflicted--has the moral obligation to insist that he do so. Under your leadership, Madam Chairman, and that of your distinguished colleagues, and with these hearings, you have already begun to fulfill that responsibility.

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HIV/AIDS: A Challenge for the Workplace

National Commission on AIDS

WASHINGTON, DC • UNITED STATES OF AMERICA

HON. DONALD S. GOLDMAN
40 Bear Brook Lane, Livingston, NJ 07039-4727 Tel. (201)994-3819

Start File: National Commission on AIDS

September 6, 1993

Buck — we need to stay in touch with them

Dear Friend,

We spent four wonderful years together. We celebrated triumphs and events of good fortune for each other. We mourned together as well. I propose that we keep in touch and continue to share both good news and bad, both triumphs and tragedies. The enclosed copy of the text of the Setember 3, 1993 Washington Post Editorial is a fitting end. I have volunteered my secretary, Carol, to be the pivot of those activities.

Let me begin with three requests. First, there are some former NCA alumni whose addresses I am unaware. Please provide me with any information you may have to help. Second, please let me know of any changes in your home or business addresses or phone numbers as soon as possible after the change. I would like the listing to be current. Third, let me know about items of interest to your former colleagues and co-workers. I will try to distribute a newsletter at least once a year. If you see any news items of special interest, please send them to me so I can include them in the newsletter.

I volunteered because at least for the next few years, my job is pretty stable. I am scheduled for reappointment in the year 2000. If reappointed I will have life tenure. A judge in New Jersey is hard to hide. My current address is:

Hon. Donald S. Goldman
Essex County Courthouse
50 West Market Street
Newark, NJ 07102-1681

My work telephone number is: (201)621-5055

I expect that as a result of a state takeover of certain administrative functions of the judiciary, both my address and telephone number may change in 1995 or 1996, but I will let you know as soon as it happens.

The following former staff and commissioner addresses are unknown to me. Please provide me with those addresses you know or get me in touch with them.

Stacey D. Bush
Richard B. Cheney
Edward J. Derwinski
LuVerne Hall
Melanie Lott
Lee Marovich
Dr. James Mason
Kerry McClurg
Renee Peterson
Joan A. Piemme
Nicole Ryan
Carla Sharp
Holly Taylor

Thank you for your cooperation! Someday I hope we will be able to plan a reunion and see each other again.

Sincerely yours,

Donald S. Goldman

DSG/cka
encl.

Editorial — Washington Post — Friday, September 3, 1993

The AIDS Commission's Final Plea

THE NATIONAL Commission on AIDS, created four years ago to advise Congress and the president on the development of "a consistent national policy" to address the HIV epidemic, is scheduled to expire today. Although no effort has been made to extend its life, it has been extremely productive and often provocative, as such panels often are. The commission's final report is neither boastful nor optimistic but surprisingly frank about the members' disappointment that its recommendations have not been quickly accepted and put into practice. Part of the problem, of course, is the shortage of money, which has hobbled all kinds of worthwhile efforts to address national problems. But the commission members believe that, in addition to this, the urgency of the AIDS crisis has not been taken seriously. Predictions of the development of the disease continue to be frightening.

By April 1993, a cumulative total of 289,320 cases of AIDS and 179,748 deaths from the disease in this country had been reported to the Centers for Disease Control in Atlanta. It is estimated that only about 80 percent of cases are reported, so the actual figures are considerably higher. While the rate of new infections among older homosexual males and intravenous drug users has gone down — a result, the commission believes, that is evidence that behavior modification can be taught and will be effective — younger men in these categories continue to be infected at high rates. About half the reported cases have occurred in African Americans and Hispanics. Women are increasingly victims. And concern for children who lose both parents to the disease — AIDS orphans as they are known in other parts of the world — is growing. Though AIDS research is one of the few governmentally funded efforts to be increased rather than cut this year, no effective treatment or vaccine, let alone a cure, is in sight.

The commission has provided an important voice during this ordeal, constantly urging a greater government effort in not only research but education and prevention as well. That advice is emphasized in the final report. The document is candid in expressing disappointment: "Our warnings have fallen far short of their intended effect."

It is understandable that the task of grappling with this horror — trying with limited national resources to mobilize and energize the fight against AIDS — is dispiriting. But the commission has not been ineffective. By prodding, goading, criticizing and demanding action, it has had an effect. Its final plea for compassion for victims, commitment of resources and clear national leadership should be taken seriously.

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Behavioral and Social Sciences and the HIV/AIDS Epidemic

National Commission on AIDS

WASHINGTON, DC • UNITED STATES OF AMERICA