

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Patsy Fleming
Subseries: National AIDS Strategy

OA/ID Number: 10183
FolderID:

Folder Title:
[Miscellaneous HIV/AIDS Materials] [loose] [1]

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VITAE

Worldwide AIDS prevention effort

John Patrick Hanley
Founder



1706 Colonial Lane Northfield, IL 60093

Phone & Fax: (847) 441-7261

<http://www.vitae.org/vitae/>

New Year's Day 1997

Chief Justice M. Bedaoui, The International Court of Justice

Enc.

John Patrick Hanley

Cc. United Nations Secretary General Kofi Annan

First Lady Hillary Rodham Clinton

Dr. Alejandro Sanchez, Director, United Nations Development Program

Secretary Madeleine K. Albright

Secretary Donna E. Shalala

Carol Bellamy, Executive Director, UNICEF

Tipper Gore

Senator Carol Moseley-Braun

Elizabeth Dole, President, American Red Cross

Patricia S. Fleming, Director, White House Office of National AIDS Policy

Rhoda H. Karparkin, Esquire, Executive Director, Consumers Union

Linda Prieczynski, President, Call To Action

Edwina Gateley, Founder, Volunteer Missionary Movement and Genesis House

Mary Jo Runnol, Executive Director, Volunteer Missionary Movement

Gayle McCoy, MSW, LCSW, Executive Director, Genesis House

Jean Lachowicz, Executive Director, Metro Chicago Council of Camp Fire, Inc

Inez Gilmer, (Father George Clements sister) VITAE Annual Genesis House Tea Initiator

Arleen Williams, Director, Saint Augustine's Center for American Indians, Inc.

Gloria Connan, VITAE AIDS Artist

Judy Cates, Coordinator, Special Events, Call To Action

Leslie Nestingen, Docent, Frank Lloyd Wright Foundation

Nancy Takata, Coordinator, Special Projects, Department of Aviation City of Chicago

Laura LaFave, MD

Paula N. John, Esquire

Mary Barry, Esquire

Sister Patsy Crowley, OSB, Executive Director, Deborah's Place

Sister Adwowa Godwyll, Connexional Secretary, Methodist Church Ghana

Auxiliary Captain Karen Borgen, The Salvation Army Evanston

Millie Gunn

Mary Walton Davies, Esquire

Elizabeth Hanley Dunn, White House Presidential Appointee

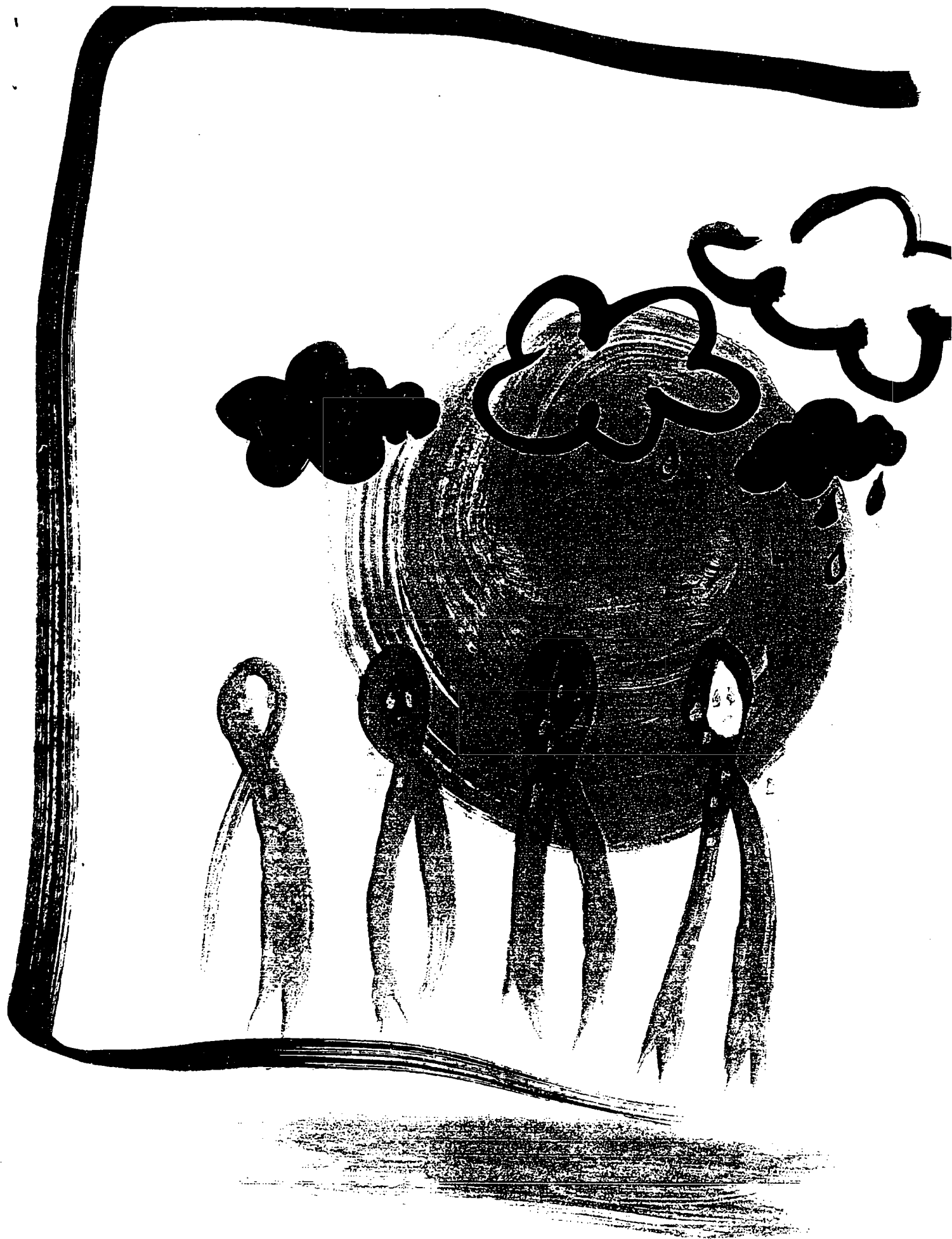
Melissa Miller, Manager, laMadeleine Evanston, VITAE Culinary Syllabus

Peggy DeNapoli, Expediter, Morton's of Chicago-The Steakhouse, VITAE Volunteer

Carmen O'Connor, Dominick's Finer Foods Northfield, VITAE Genesis House Coworker

VITAE FERTILITY FINDER AND VITAE SOLAR COOKER MAILING LIST 1/1/97

Association of Girl Scout Executive Staff 1,200
Boy Scouts of America 5,363,593
Elbeetian Legion, LSA 1,600
Girl Scouts of the U.S.A. 3,500,000
National Advisory Committee on Scouting with Special Needs 213,000
National Catholic Committee on Scouting 360,000
National Eagle Scout Association 200,000
Order of the Arrow 165,000
United States Foundation for International Scouting
Covenant House
Association of Boys and Girls Clubs Professionals 600
Boys and Girls Clubs of America 1,700 Local Groups
Camp Fire Boys and Girls 600,000
Baden-Powell Federation 4,100
Boy Scouts Association 30,000
Boy's Brigade 400,000
European Confederation of Scouts 5,000
Federation of Catholic Scouts 46,500
Girl Guides Association of Australia 90,000
Girl Guides of Canada 270,000
Girl Scouts of Japan 89,337
Girls' Brigade International 200,000
The Guide Association 750,572
Inter-American Scout Office 5,000,000
International Union of European Guides and Scouts 55,000
Scout Association 650,000
World Association of Girl Guides and Girl Scouts 9,000,000



NATION/WORLD

AIDS cases on rise in Nicaragua

Borders open but minds shut to prevention

REUTERS

MANAGUA, Nicaragua — Nicaragua has one of the lowest AIDS rates in Latin America, a product of its political isolation for most of the 1980s, but AIDS activists warn this may be changing in the free-wheeling 1990s.

Booming prostitution, an ingrained culture of *machismo* and widespread ignorance about the disease make Nicaragua fertile ground for the AIDS explosion experienced by its Latin American neighbors years ago, activists said.

"Nobody here thinks of AIDS prevention, and that is dangerous. The numbers could rise very soon, very rapidly," said Dr. Alejandro Sanchez of the United Nations Development Program.

Nicaragua, with 4.2 million people, has only 82 confirmed AIDS-related deaths and 131 reported cases, according to Panamerican Health Organization statistics. This is less than nearby Belize, with one-twentieth of its population.

While official AIDS statistics are dubious because of rampant

underreporting, Nicaragua's AIDS rate is clearly very low, Sanchez said. "This was due to the Sandinista revolution, since the borders were practically closed in the 1980s and we had no relations with the United States or other countries."

The 1979-1990 left-wing Sandinista government fought a bloody eight-year civil war against U.S.-backed contra rebels and faced a U.S. economic embargo, meaning that only a few Cuban and Soviet advisers ventured to Nicaragua, Sanchez said.

But the Sandinistas' electoral defeat in 1990 by free-market President Violeta Chamorro ended Nicaragua's isolation and opened it up to the world again. With this new openness came AIDS.

Sanchez said he found his first patient in 1990, and he had to travel to the remote northern region of San Juan de Rio Coco, near the Honduran border, to reach her. He then left the country and when he came back in 1992 he found he had 25 cases to treat in Managua alone, and the numbers have since continued to climb.

He said most people with AIDS were not registered with the Ministry of Health, preferring to remain anonymous rather than face exposure by state institutions they did not trust.

At the bar of a Managua club, Veronica, a slender 18-year-old prostitute who said she had sex

with four or five men a night, said she knew about AIDS prevention but most of her customers did not. "They never want to use condoms. They think AIDS is a homosexual disease, that they can't get it from a girl. They still don't see it as affecting them," she said.

Women's rights activist Josefina Pao said *machismo* that glorifies men who have many sexual partners has sharpened the problem.

But more disturbing still is popular ignorance of the disease and the reaction to people with AIDS. Sanchez recalled one of the first cases in 1991, in the southern city of Rivas near the Costa Rican border, in which neighbors burned down the house where a 24-year-old man with AIDS lived.

"His family was completely marginalized. The children couldn't go to school. The family couldn't work," Sanchez said.

He said almost all his patients have suffered discrimination. The worst case was in the town of Bluefield on Nicaragua's Atlantic coast where a woman with AIDS was kept in isolation by her drug-addict husband and his family.

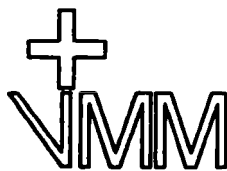
"They kept her in a cardboard shack at the back of the yard like a monster. She was covered in sores, she never washed, she defecated where she slept. They threw her food from a distance. She died that way," he said.

12.20.91

Dear Philip,

Just hung up the phone
after our little chat. Thanks
for the call & I look forward
to meeting you after Christmas.
May you know God's many
blessings in your life through
the new year

Peace
Mary Jo Runnol



Volunteer Missionary Movement

5990 West Loomis Road, Greendale, Wisconsin 53129 (414)423-8660

JOHN PATRICK HANLEY

1706 Colonial Lane
Northfield Illinois 60093
(708) 441-7261

July 19, 1991

Rev. Philip L. Bourret, S.J., M.E.E.
Founder and President Emeritus
Educational Technology International
Sacred Heart Jesuit Center
300 College Ave. P.O. Box 128
Los Gatos, California 95031

Dear Father Bourret,

Will you take a look at the enclosed Volunteer Missionary Movement literature- I talked with Catherine Schmidt yesterday and told her I would introduce myself to her Saturday after she speaks at our 5:30 mass.

I then called Tom Dean telling him of your current efforts and asked him to forward on to his wonderful relative, a very famous writer from The Hamptons, New York, who in the past has reviewed my entire file which now rests in the archives of Mallinckrodt Campus of Loyola University Wilmette.

I had Catherine mail directly to you their rough draft of entering Nicaragua as I had requested information of any plans of theirs for Honduras- Tom Dean spending a lifetime directly tied to Honduras and my basing my request from UNICEF- see enclosed, on the hieroglyphics of Honduras.

I then left word on Ann and Leo Newcombe's machine thanking them for their prayers and altho not mentioned, their having you getting to know Tom Dean.

God Love,

Pat

Pat

encls;

copies; Catherine Schmidt, Tom Dean, Howard V. Phalin, Ann & Leo Newcombe, Rev. George Clements, Rev. Thomas Ventura, Rev. Cornelius Sullivan, Dodie & Jack Dwyer Gethesme Artiaga, MD, Rev. Laurence J. Dunn, Rev. Ronald Lewinski, Rev. Laurence J. Reuter, S.J. Rev. Theodore M. Hesburgh, C.S.C., Archbishop Rembert Weakland

28 May 1993

Dear Mr. Hanley,

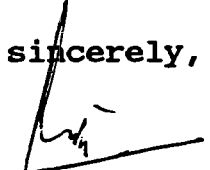
Thank you very much for your letter of May 25, 1993.

The fertility finder is indeed a valuable tool for family planning.

However, as mentioned by Dr. Ofuso-Amaah, I can only recommend that a similar card be designed for use by illiterate women. Could it be modified to indicate phases of the moon?

As for participating in the International Conference on Population and Development in Cairo, you would have to come either in a national delegation or with a non-governmental organisation. However, I will discuss this further with my colleagues in UNFPA.

Yours sincerely,

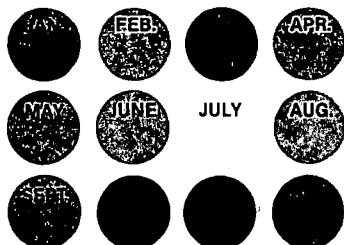

Ranjit Atapattu, MD
Senior Adviser,
Health and Population

John Patrick Hanley
1706 Colonial Lane
Northfield, Illinois 60091

A:\Hanley



Your fertility period begins on the 10th day after your menstrual cycle begins, and continues to—but not through—the 18th day... a total of 8 days.



Instructions:

1. Write the date your menstrual cycle begins on the appropriate month above. Turn card over.

2. Locate the month, then the day your menstrual cycle begins on the table below. The dates immediately below your starting day indicate the dates your fertility period begins and ends (see note on front).

	JAN.	MAR.	MAY	JULY	AUG.	OCT.	DEC.
Fertile Period	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
	APR.	JUNE	SEPT.	NOV.			
Fertile Period	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
	FEB.						
Fertile Period	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29						

3. The dates indicated on your JPH FERTILITY FINDER™ index are based on a range of menstrual cycles from 26 to 33 days. If you experience cycles with considerable monthly variance consult your physician.

February 4, 1994

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield, IL 60093

Dear Mr. Hanley:

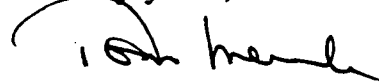
Thanks for sending me the materials you promised during our phone conversation. As I mentioned to you, my role is to let our operational staff know about important developments in our field. They, in turn, work with the member-country governments who have projects that cover family planning and reproductive health services.

Because it is a lending rather than granting agency, the Bank does not get directly involved in the procurement of contraceptives. It does advise governments about how to do it and encourages other donors to co-finance this procurement using their grant funding. We are currently preparing materials on this topic to guide the operations staff. The Bank is encouraging countries to include natural approaches where-ever it is feasible.

I think that your point about combining a fertility regulation method with use of condoms to prevent AIDS is an excellent one. A number of family planning agencies have adopted this approach.

Best wishes.

Sincerely yours,



Thomas W. Merrick
Senior Population Adviser

METHODIST CHURCH GHANA
WOMEN'S FELLOWSHIP

Conn. President:

Sis. Susanna Williams

Conn. Treasurer:

Sis. Agnes Amarteifio

Conn. Secretary:

Sis. Adwowa Godwyll

The Secretary's Office

P. O. Box 692.....

Cape Coast

Ghana

November 21st 19.96

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield
IL60093
United States of America

Dear Sir

RECEIPT OF FERTILITY FINDERS

Greetings to you all in the name of the True God.

On behalf of the Connexional Women's Fellowship and ~~on my own behalf~~,
I write to acknowledge receipt and thank you immensely for the five
hundred Fertility Finders, weighing five pounds, sent to us.

The Finders have started reaching many women including some in the
Cape Coast University community.

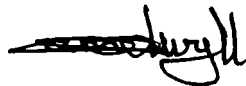
We find them very useful and will help promote the family planning
programme the country is spear-heading.

We appreciate your kindness and action very much.

We prayerfully await the safe arrival of the Vitae Solar Cookers.

Once again accept our gratitude and best wishes. Kindly extend
same to your family and company.

Yours-In-His-Service



Adwowa Godwyll (MRS)
Connexional Secretary

PEACE CORPS



February 6, 1987

Mr. John P. Hanley
HORIZONS
A POINT OF VIEW
580 Sunset Road
Winnetka, Illinois 60093

Dear Mr. Hanley:

Thank you for your recent letter and the enclosures which I read with great interest. I shared these materials with Dr. Theresa van der Vlugt, Chief of Medical Operations for Peace Corps.

Following her review, Dr. van der Vlugt informed me that she would be pleased to bring the purpose of the Fertility Finder to the attention of our medical officers in the field during the March Africa Region Medical Officers Conference and later this year at the Asia-Pacific Region Conference. Dr. van der Vlugt will contact you directly for additional product information.

Your continued interest and support of Peace Corps is appreciated.

Sincerely,

Loret Miller Ruppe
Director

HIV HEALTH PROGRAM NEWS

Several new developments in the HIV program have enhanced our ability to focus prevention efforts to meet the needs and face the challenges in the battle to combat the disease of AIDS.

The West side staff has already facilitated two conferences during the month of October. It was a month to remember. Two of the collaborative agencies we work with, Chicago Recovery Alliance and Night Ministry, gave presentations at the conferences. Their contribution added a special richness to the knowledge and expertise offered at the training.

This summer also marked the beginning of Genesis House Court Counseling Program at Branch 29 of Cook County Circuit Court. The counseling



*Genesis House staff and clients completed the AIDS Walk on September 7th.
We raised over \$2,000.00!*

program consists of three sessions providing education, referral and information about Genesis House service. Five of our CDC funded employees attended the national Skills Building Conference in Washington, D.C. during the time the AIDS Names Quilt was on display. We were able to sign the Quilt, adding the Genesis House name to the many grievors and supporters who have lost loved ones. An awesome experience!

In addition, extra outreach efforts increased the number of women who are seen by the nurses who come from Travelers and Immigrants Aid to the West Side Satellite once a week.

Nadine Moore, health educator, will be working with UIC and the Cook County courts to gather accurate statistics on prostitution.

As evidence of our hard work and dedication, Genesis House has received a continuation of funding through March 1997 from the Centers for Disease Control.

Thank you CDC and IDPH for the role you play in our efforts of continuing the Genesis House journey and mission.

RESIDENTIAL NEWS

It continues to be a busy and challenging time as we restructure our Residential Program and staff. Karen Brown, our new Residential Program Director, is involved in the tasks of staff and program development. She is holding in-service training for staff and is updating residential program guidelines and criterion for completing the Genesis House program and graduation.

We are also considering how to add a way to acknowledge the progress and success of clients who are receiving case management services.

We are pleased that the number of volunteers is again growing. We had a group of volunteers from Kraft Foods/United Way who were a tremendous help with painting and cleaning at The Edwina Homes this September. In

addition, DePaul's New Student Service will train members to answer phones, counsel the residents, make referrals, and facilitate groups.

We also welcome Carolyn Groves, Ph.d. as our new Director of Pastoral Care. Carolyn is a lecturer of theology at Loyola and is contributing wonderful new programs to Genesis House.

The women are involved in many activities and groups throughout each week. Through recruiting volunteers, interns and staff members from a rich diversity of backgrounds, education and experience, we are able to offer the women a wide variety of groups and life-skill training programs.

We are planning a Volunteers' Training Day with the date yet to be determined.

To all volunteers and interns, welcome and thank you!!!

AIDS WALK CHICAGO PLEDGE SHEET

PSD SM POP PSM AAH APC HBN HCS CHA CWA CCH MRF SAC OHC KN TIA HHS

Walker's Name Hinko's - Glenview

Address 1627 Waukegan Rd.

City Glenview

IL

60025

State

Phone (H) (708) 729-3030

(W)

Zip

Team number

183

I pledge walk to benefit
AIDS care and services

Suggested minimum pledge: \$1.00 per kilometer. Contributions are tax-deductible. Please pre-pay. Make checks payable to: AIDS Walk Chicago or IWC. Please turn in your pledges on or before walk day. Thank you!

Donor's Name	Address, City, State	Zip	Donation or Pledge per Km	x10 Km = Total	Amount Paid
Charles Myers	8400 N. Clement St. Chicago, IL	60618	\$5.00	\$50.00	\$50.00
Charlie Temkin	1627 Waukegan Rd. Glenview, IL	60025	\$5.00		5.00
Vaughn J. Jeffers				30.00	
John P. Hanley				40.00	40.00
PAT Regan				10.00	
Concepts in Lighting				30.00	
Ruben Zapata				5.00	
Ed Zaretsky				25.00	25.00
Pam Cinnamon				25.00	
Berkson Products				15.00	
RICHARD SMITH				15.00	
Paula Fillimon				20.00	20.00
MAUREN BRADY	1600 Chestnut - Glenview, IL	60025		30.00	
Rob Olson				25.00	
T. Bowi Dowiez				25.00	
NORM GORDEN				25.00	
Al Bass	708 890-2923			20.00	20.00
~~Don Farrelly~~					
Don Farrelly			1.00	10.00	10.00

My employer will provide

\$ _____ in matching gifts.

Please total prior to Walk:

Total
Pledge

Total
Paid

Total Checks

Total Cash

Total Collected

Total Matching

\$ Toward Prizes

Amt. still to be collected

Extra use

VITAE

Worldwide AIDS prevention effort

John Patrick Hanley
Founder



1706 Colonial Lane Northfield, IL 60093
Phone & Fax: (847) 441-7261
<http://www.vitae.org/vitae/>

December 20, 1996

Judy Cates, Director
Speakers Bureau
Call to Action
4419 North Kedzie Avenue
Chicago, IL 60625

Dear Judy,

Enclosed is the direction map for the high tea party December 27 at 4 with Father Clements and his family. Father Clements phoned yesterday and I asked him and his sister Inez to visit Genesis House- he happily accepted the invitation. I had Genesis House Spiritual Director Dr. Carolyn Groves call Father. Others that have been invited are Lillian Chen-Byerley, MD, Asian Activist, Olivia Cutcher, American Indian Activist, Antoinette Griffin, African American Activist, Carmen O'Connor my Genesis House coworker and Paula John, Esquire. Hope to see you then.

Merry Christmas,

John Patrick Hanley
John Patrick Hanley

Enc..

Cc. Father George Clements, Founder, One Church-One Addict
Paula N. John, Esquire
Lillian Chen-Byerley, MD
Carolyn Groves, PhD
Olivia Cutcher
Antoinette Griffin
Carmen O'Connor
Beth Hanley Dunn, White House Presidential Appointee
John F. Hanley, Energy Correspondent, Reuters London

Genesis House—a haven for women

Program provides a refuge for lives caught up in chaos

By Jon Anderson
TRIBUNE STAFF WRITER

In an elegant old graystone house a block east of Wrigley Field, four women sat in comfy chairs in a warm living room on a recent afternoon, drinking coffee and talking about friends from the old days.

"Remember Ace?" said one. "Dead! Two bullets in the head." Another talked matter-of-factly about the stabbing of a pimp in an elevator in Rogers Park. "Bad," she noted, "but he had it coming."

Around them, signs of Christmas were everywhere. A glowing tree filled the front window overlooking a neat yard. Cards, strung with ribbons, hung on the walls. In the kitchen were all the fixings for a much-anticipated party—the Christmas bash at Genesis House.

Named for an ancient Greek word that has to do with bringing order out of chaos, Genesis House

is, in the words of its motherly executive director, Jean Lachowicz, a "house of hospitality and nurturing," the city's only safe-house for women involved in prostitution.

Like Alcoholics Anonymous, the place works, possibly because entry is more or less voluntary—and most of its 18 staff members have, at one time in their lives, worked the streets themselves.

About 50,000 women have turned to prostitution in Chicago, standing on street corners, retreating to brothels or working the hotel trade.

This is not the happy-hooker world of Julia Roberts in "Pretty Woman." It's a sharp, brutal, often short life of addictions, beatings, jail, disease—and sudden and often violent happenings.

Often, one problem is drugs.

It's hard to steel yourself to be a prostitute without them. Once on, it's hard to get off—and rejoin the everyday world of jobs, families, homes, peace and quiet. "A woman cannot go and be with 10, 12 guys without being high," notes Lachowicz. "I've been here five years and I know only two women who were able to switch off psychologically. And you're right on the edge. Every time you get in a car you don't know if you're going to be killed. Of women we know, four were killed this year."

Genesis House was opened in 1983 by Edwina Gateley, a Catholic lay missionary who did much soul-searching, after graduating from Catholic Theological Union in Hyde Park, to see what her life mission should be.

Retreating to a trailer in the woods, she spent nine months in prayer and meditation, then emerged with a feeling "deep inside my gut that I needed to be with prostitutes and try to understand what makes a woman become a prostitute." She started

traversing the streets of Uptown. Then, she sat in a brothel, talking with hookers between tricks.

What would be of real service, she concluded, was a retreat, a safe place where women in deepest trouble could find some external order amid their personal chaos: a haven to cry, spill their guts, drink a cup of coffee and work on their recovery, within rules, but at their own pace.

That's what Genesis House provides at 911 W. Addison St. It also operates a West Side base for outreach workers, in the rectory of the now-closed St. Francis Cabrini Church. Next year, a residence for Genesis program graduates and their children will open in Albany Park.

Police and courts are often sympathetic. Some judges will suspend charges if women arrested for acts of prostitution agree to enter Genesis programs and drop charges if they complete them. Police officers have been known to deliver women to the Genesis door.

Christmastime can be particularly rough because, Gateley found, almost every woman involved in prostitution has been a victim of some form of childhood sexual abuse. For them, this holiday brings back ugly memories of the worst of life. Of a father who raped his daughter on Christmas Day. Or a pimp-husband who beat his wife, who was short on earnings, and forced her back out on winter-whipped streets on Christmas Eve.

At Genesis House, when a prostitute rings the front bell, she is greeted with a hug, invited in, offered a hot meal, a shower, warm clothing and a couch to relax or nap on, with plenty of conversation and, equally important, people to listen—without snap judgments.

Christmas is supposed to be a season of love, of reconnecting

with the human family, a theme Dickens banded out on the hardened soul of Ebenezer Scrooge. For many, Genesis House provides the first contact with a warm supportive family they have ever known.

"The beauty I have discovered in these women is a reward," Gateley says. "They have an authenticity so many people have lost. They have gone through so much, suffered so deeply."

Genesis House is among the agencies that has benefited from the Chicago Tribune Holiday Fund. A coupon for donations to the fund appears below.

GIVE FROM THE HEART

Donations to the Chicago Tribune Holiday Fund are distributed directly to programs that benefit children, the hungry, the homeless, and individuals with a developmental disability. Administrative costs are paid by Chicago Tribune Company and the Robert R. McCormick Tribune Foundation. Your gift is tax deductible as permitted by law.



To make a donation call 1-800-836-3363, or attach this coupon to your donation and send to:
Chicago Tribune Holiday Fund
P.O. Box 5120
Chicago, IL 60680-5120

Enclosed is a donation for \$ _____
(Check is payable to Chicago Tribune Holiday Fund)

(Please Print)
Name _____

Address _____

City/State/Zip _____

☐ Please check here if you contributed to the 1994 Holiday Fund Campaign.

The Chicago Tribune Holiday Fund is a fund of the Robert R. McCormick Tribune Foundation. The Chicago Tribune will make every effort to acknowledge donations in the newspaper and in Chicago Online unless the coupon is marked "Anonymous." We cannot guarantee publication of donors' names for those donations received after December 16, 1995. All donations will be acknowledged by mail.

LOOK FOR MORE INFORMATION ABOUT THE HOLIDAY FUND ON CHICAGO ONLINE, KEYWORD: TRIB FUND.

VITAE

worldwide AIDS prevention effort

JOHN P. HANLEY

Coordinator



1706 Colonial Lane • Northfield, IL 60093 USA • (708) 441-7261

September 11, 1995

Robert C. Gallo, MD, Chief
NCI Division of Etiology
Laboratory of Tumor Cell Biology
National Cancer Institute NIH
Building 37 Room 6A11
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Gallo,

Within the hour of my visiting with you this afternoon at The University of Illinois at Chicago, arriving home at the same time as my neighbor Millie Gunn, a alumnus of the University of Illinois and mother of Christie Hefner of Playboy, telling her I told you "The penalty of leadership is death" Millie told me everyone is afraid of everything. Thank God you aren't!

As you already have our Internet World Wide Web VITAE worldwide AIDS prevention effort, we will as you told us, wait until January due to construction delays at your Institute of Virology of Baltimore.

Lisa Courtley and I are looking forward to meeting with you.

Sincerely,

A handwritten signature in black ink that reads "Pat Hanley".

John P. Hanley

encls:

VITAE

worldwide AIDS prevention effort

JOHN P. HANLEY

Coordinator



1706 Colonial Lane • Northfield, IL 60093 USA • (708) 441-7261

March 26, 1995

Mrs. Claude Claircy-Riviere, Secretary to.
Director Luc Montagnier, MD
AIDS Research Foundation UNESCO
7, place de Fontenoy
75700 Paris
France

Dear Mrs. Claircy-Riviere,

First, I wish to thank you for the gracious and wonderful feeling of wanting to help VITAE worldwide AIDS prevention effort when our Beth, John and Sophia visited with you Monday.

Second, you can help by monitoring our action in regard to the satellite transmission of VITAE worldwide AIDS prevention effort as produced by CBS for the purpose of purchasing advertising on their network stations. The enclosed relating to the cities of Chicago, New York, Atlanta and Montgomery is for your information.

What we are asking our cousin/associate Sophia Lacombe to do is take our VITAE worldwide AIDS prevention effort satellite script to the Saint Vincent DePaul Society headquarters in Paris with the request that worldwide they sponsor VITAE worldwide AIDS prevention effort. This is not to say that all are not invited to sponsor VITAE worldwide prevention effort, but one must start somewhere.

Any input, this early on from you or your staff will be most appreciated.

Awaiting funds, soon to be had, we will on our own extend the invitation already made to you and Sophia to come to Chicago for help flowing in both directions.

Sincerely,

Pat Hanley
John P. Hanley

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NOTE: CHANGE OF ADDRESS AS OF JULY 1, 1996:

SOLAR COOKERS INTERNATIONAL

1919 21st Street
Sacramento, CA 95814

Tel. and fax - no change

June 15, 1996

TO: John P. Hanley
1706 Colonial Lane
Northfield, IL 60093

FR: Bev Blum, Executive Director

RE: VITAE Solar Cooker

Thank you for your recent correspondence. We would be grateful if you could send us information about the VITAE solar cooker. We are an international clearinghouse and always welcome new information about different types of solar cookers. Thanks in advance.

A tax-exempt organization spreading solar cooking to benefit people and environments

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Scout John Pat Hanley,
Box #41, Lake Shore Drive,
St. Joseph, Mich.

My dear Eagle Scout:

It is with special pleasure and satisfaction that I approve the official certificate of the rank of Eagle Scout which you have achieved. On behalf of my associates here and of the National Council, I congratulate you. Your own desire, achievement and conduct have warranted the Local Scout Officials in recommending you for this, the highest rank in Scouting.

We sincerely hope that your Merit Badge work has given you a larger vision of the opportunities for earning a livelihood, and that you have fairly definitely determined what your life work will be. We trust that you will use every effort to make yourself proficient along that line. No country in the world offers greater opportunities to those who are ambitious, to make thorough preparation for their careers. I hope that you will consult your local Scout Leaders who may be in a position to advise you, and others in your school or your community who may help you in thinking your problem through. As you know, many of our most successful men have worked their way, in part or whole, through college.

As an Eagle Scout you are one of the outstanding Scouts of the country. In the year 1938, there were 8,784 Eagle Scouts Awards out of a grand total membership of 1,699,005 men and boys on our records during the year. Our whole membership is interested in your future, and we hope that it may be one that will bring joy and satisfaction to you, to your home-folks, and to your Scout Leaders, and reflect credit upon the Boy Scout Movement.

You now have the privilege of continuing your service relationship to the Movement, exercising your leadership talent, and putting into practice the Scout Oath and Law, the Daily Good Turn, and the Motto, "Be Prepared."

Sincerely and cordially yours,
BOY SCOUTS OF AMERICA

James E. West
Chief Scout Executive

JEW/BK
Eno.

12 Chicago Sun-Times **NEWS** Monday, October 7, 1996

• • •
Former Chicagoan Catherine Bertini, a women's activist who gave Rep. Sidney Yates his last hefty Republican challenge, has been honored for having taken on a bigger challenge. She was named one of the 100 most powerful women in the world by The Times of London for her work as executive director of the United Nations World Food Program. From Rome, where it is based, Bertini's organization helped feed 50 million people.

3-58.com

COMMERCIAL COOKERS

Unfortunately our favorite commercial solar hot plate is no longer available. We bought our Umbroiler about 20 years ago and it still works, even though it's a bit frayed around the edges. The invention of Dr. George Lof, the noted solar scientist, it's named for the umbrella it was made from.

The beauty of the Umbroiler is that it folds up like an umbrella. So even if it rains you can at least use it to keep dry! Easy to carry in the trunk of a car, or even slung over your back, the Umbroiler generates plenty of heat and will make coffee, cook hamburgers, hot dogs, steak, and soup. It heats water to do the dishes, too. So if you come across one, or one like it, don't hesitate to try it out.



Our 20-year-old Umbroiler still works very well.

... Enjoyed our conversation about the Olympic Demonstration House, FLH, etc. If you have information you suggest we should add to our write-up on Solar Cookers, feel free to send us a red-marked copy. Thanks for everything!
Cameron

ENERGY EFFICIENCY AND RENEWABLE ENERGY
CLEARINGHOUSE

P.O. Box 3048
Merrifield, VA 22116

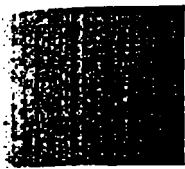
Phone#: 1-800-363-3732

TDD#: 1-800-273-2957

BBS#: 1-800-273-2955

Cameron Duncan





ENERGY EFFICIENCY AND RENEWABLE ENERGY CLEARINGHOUSE

P.O. Box 3048 Merrifield, VA 22116

Voice: (800) 363-3732 9am -7pm est
Internet e-mail: doe.erec@nciinc.com

BBS: (800) 273-2955
TDD: (800) 273-2957

August 26, 1996

Pat Hanley
VITAE
1706 Colonial Lane
Northfield, IL 60093

Re: Inquiry #151634; Dated August 23, 1996

Subject: Renewables (Education and Training Materials, General Renewable, Solar Cooking, Drying, and Distillation)

Dear Mr. Hanley:

Thank you for contacting the Energy Efficiency and Renewable Energy Clearinghouse (EREC). We are pleased to respond to your inquiry, and we are providing information that is most relevant to your area of interest.

Solar Cooking Devices

Using the heat of the sun for cooking is not a new concept. In June 1878, the magazine *Scientific American* published an article describing how a man from Bombay, India had successfully cooked enough meat and vegetables for seven people with a solar oven. Since then, various types of cooking devices that use sunlight as their only source of energy have been invented and studied, and numerous solar cooking devices have been manufactured and sold. For a number of reasons, such as size and the amount of time needed to cook a meal, the market for these solar cookers has never been large.

There are many kinds of solar cooking devices. The main types are:

- Solar concentrator cookers, which concentrate sunlight from a large area onto a smaller cooking area.
- Solar ovens: insulated boxes with glass tops that absorb sunlight and trap its heat inside.
- Combined oven-concentrator cookers that concentrate and focus sunlight onto ovens.
- Indirect solar cooking devices that use heat transfer fluids, such as steam.

Well-designed models of these devices work effectively, although different types are better at different modes of cooking than others. No commercial design can store heat to cook with when the sun is not shining, even though some research and studies have centered around this topic. Consequently, a back-up cooking device is essential.

Solar Concentrator Cookers

Solar concentrators used for cooking are usually parabolic dishes. A reflective material lines the inside of the dish concentrating and focusing sunlight onto a point in front of the solar cooker. This intense light heats the bottom of a dark cooking pot, which is typically suspended or set on a stand in front of the cooker.



The Energy Efficiency and Renewable Energy Clearinghouse is operated by NCI Information Systems, Inc. for the U.S. Department of Energy under contract to the National Renewable Energy Laboratory.

Energy Efficiency and Renewable Energy Clearinghouse
P.O. Box 3048 Merrifield, VA 22116
Voice: 1-800-DOE-EREC
Internet: doe.erec@nciinc.com
BBS: 1-800-273-2955

Thank you for contacting the Energy Efficiency and Renewable Energy Clearinghouse Bulletin Board System. The following is information related to your inquiry.

International Fund for Renewable Energy and Energy Efficiency

The International Fund for Renewable Energy and Energy Efficiency (IFREE), is supported by the U.S. Agency for International Development (USAID), the U.S. Department of Energy (DOE), the U.S. Environmental Protection Agency (EPA), and the Rockefeller Foundation. It provides financial assistance for U.S. companies and organizations seeking to develop export opportunities in renewable energy and energy efficiency. IFREE promotes the utilization of environmentally sound energy technologies to meet the energy and development needs of less developed countries. The subject technologies include, but are not limited to, biomass, conservation upgrades, energy management systems, efficient motors and industrial processes, geothermal, hydropower, natural gas, solar photovoltaic, solar thermal, and wind energy.

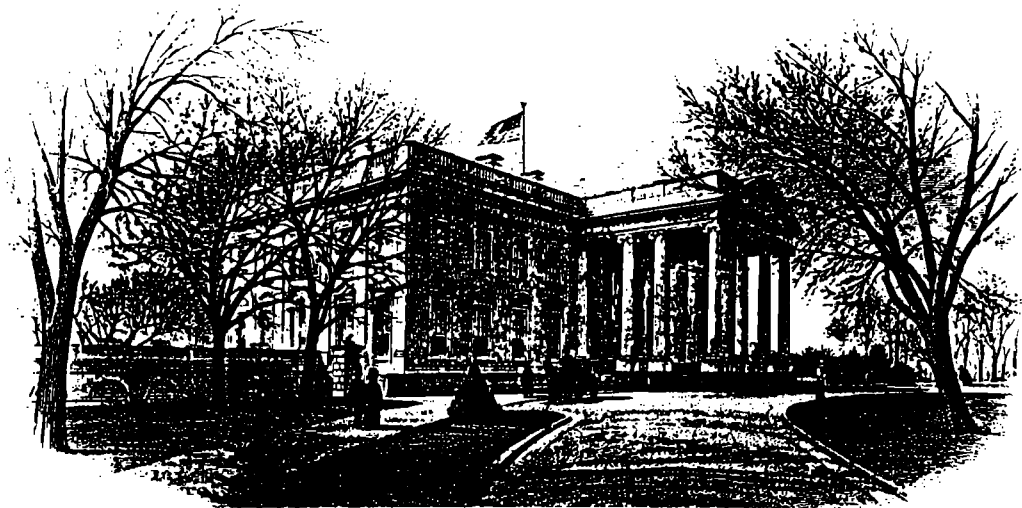
IFREE serves as a catalyst and a broker to assist U.S. energy efficiency and renewable energy project developers. It shows them how to avail themselves of U.S. government, multilateral, and private financing sources for international projects. Because one of the major barriers faced by project developers is the expense of preparing proposals for feasibility funding, IFREE has established a Prefeasibility Funding Program.

IFREE accepts proposals for conditional grants of up to \$50,000 toward a maximum of half the cost of project pre-feasibility studies for renewable energy, energy efficiency, and natural gas projects in the developing world. For additional information, contact:

International Fund for Renewable Energy and Energy Efficiency
777 North Capitol Street, NE
Suite 805
Washington, DC 20002
Phone: (202) 408-7916; Fax: (202) 371-5115

Your interest in energy efficiency and renewable energy is greatly appreciated. If we can be of further assistance, please feel free to contact us again.

EREC is operated by NCI Information Systems, Inc. for the National Renewable Energy Laboratory/U.S. Department of Energy. The statements contained herein are based on information known to EREC at the time of printing. No recommendations or endorsement of any product or service is implied if mentioned by EREC.



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<http://www.vitae.org/vitae/>

John P. Hanley
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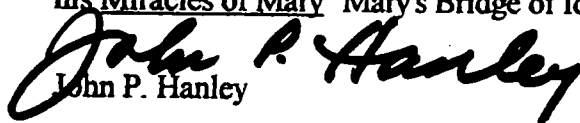
1706 Colonial Lane Northfield, IL 60093
Phone & Fax: (847) 441-7261

October 15, 1996

First Lady Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear First Lady Hillary Rodham Clinton,

Last evening at the Hilton standing at the line you most graciously and warmly shook my hand with my saying to you "God love you" and giving you two Fertility Finders. The bridge building you told can only be exceeded by the enclosed of another non-Catholic Michael S. Durham in his Miracles of Mary "Mary's Bridge of Ice."


John P. Hanley

Encl.

Cc. James F. Leonard, President, United Nations Association of the United States of America
Senator Carol Moseley-Braun
Congressman Dick Durbin
President John H. Stroger
Mayor Richard M. Daley
Father George Clements, Founder, One Church-One Addict Washington
Rev. Vincent T. O'Keefe, S.J., Superior, America House New York
Rev. Dr. Calvin O. Butts, III, Pastor, Abyssinian Baptist Church Harlem
Bobby Short
Michelle D. Kourouma, Executive Director, National Conference of Black Mayors
Christopher Hitchens, Author, The Missionary Position
Michael S. Durham, Author, Miracles of Mary
Susan T. Poppema, MD, Author, Why I Am An Abortion Doctor

MEMBER: UNITED NATIONS ASSOCIATION of the UNITED STATES OF AMERICA

United States Senate

WASHINGTON, DC 20510-1303

March 4, 1994

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield, Illinois 60093

Dear Mr. Hanley:

Thank you for forwarding me a copy of your letter to Mr. Charles Catania regarding fertility awareness. I genuinely appreciate your taking the time to keep me up to date on matters affecting Illinois and our nation.

With the support of citizens like yourself, it is my hope that we will be able to make progress on issues of such deep concern to you and so many other Americans. I will keep your letter on file and your comments in mind as I address these and other important issues.

Again, I appreciate hearing your views. Please feel free to continue sharing your comments.

Yours truly,



Carol Moseley-Braun
United States Senator

CMB:cm

P.S. Should you be in Washington, D.C., you are cordially invited to attend my constituent coffee which is held every Thursday at 8:30 a.m. when the Senate is in session. Contact Natalie Helm at (202) 224-2854 should you need further details.



National Headquarters
Washington, DC 20006

January 14, 1994

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield, Illinois 60093

Dear Mr. Hanley:

Your letter of December 13, 1993 to Elizabeth Dole was forwarded to our office for response.

Thank you for the information on the Fertility Finder however; the American Red Cross is not involved in family planning/fertility issues.

We wish you well in your efforts as you pursue these important matters.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary F. Cotton".

Mary F. Cotton, Ph.D.
Director
Office of HIV/AIDS Education

cc: Mrs. Dole
Mrs. Ritter Smith
Ms. Livingstone

THE WHITE HOUSE

WASHINGTON

JAN 19 1996

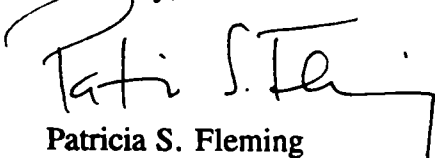
Mr. John P. Hanley
1706 Colonial Lane
Northfield IL 60093

Dear Mr. Hanley:

Carol Rasco, Assistant to the President for Domestic Policy, has shared with me your letter to her dated December 27. I appreciate the information you have sent and your organization's clear commitment to preventing the spread of HIV and AIDS.

I have enclosed a copy of President Clinton's recent remarks to the first-ever White House Conference on HIV and AIDS, which was held on December 6. I know you will find it of interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia S. Fleming", with a long horizontal stroke extending to the right.

Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosure

xc: Carol Rasco, Assistant to the President for Domestic Policy

n:\Hanley

May 15, 1990

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield, IL 60093

Dear Mr. Hanley,

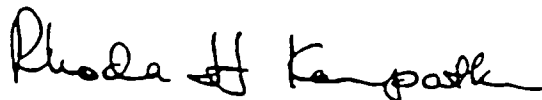
Thank you for your recent letter regarding the Fertility Finder. I appreciate your taking the time to write and share your proposal with me.

I was interested to read the information you sent regarding the Fertility Finder, and your ideas for promoting its use. Unfortunately, the Fertility Finder falls outside the scope of our current testing priorities. Consumers Union only has the resources to evaluate about 65 product categories a year, and each year we must select products to be tested from literally hundreds of recommendations.

As you know, we published test results on condoms in the March 1989 issue of Consumer Reports. In the past, CU hasn't tested contraceptives on a regular basis. However, in this case there were special factors -- the growing AIDS crisis, and the increased advertising and use of condoms -- and we felt a special responsibility to provide this type of consumer information.

Thanks again for writing to share your proposal. We appreciate your interest in our work.

Sincerely,



Rhoda H. Karpatkin
Executive Director

RHK:cb
0338b



Saint Augustine's Center for American Indians, Inc.

4512 NORTH SHERIDAN ROAD, CHICAGO, ILLINOIS 60640

10 May 1996

(312) 784-1050

FAX (312) 784-1254

John P. Hanley
Publisher
VITAE
1706 Colonial Lane
Northfield, Illinois 60093

Dear Mr. Hanley,

It is thoughtful and gracious of you to send me your mailings, and of course we are grateful for your concern for Native American people. Warm thanks on all counts.

I've passed your mailings on to our Director, Arleen Williams of the Oneida tribe. I stepped down as Director twenty-five years ago, to be succeeded by a Native American. Since then St. Augustine's Center has been solidly in American Indian hands. I do, however, remain the Spiritual Director and resident priest, offering the Masses in the Chapel.

Warm thanks again and very best wishes.

Faithfully yours,

Father Peter J. Powell
Father Peter J. Powell

PJP/fr



CALL TO ACTION

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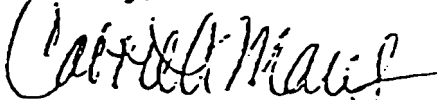
Dear CTA Focus Group Participant:

Thank you for agreeing to participate in the CTA Focus Group Discussion on August 3 from 6:00 to 8:00 p.m. at Rynne Marketing Group in Evanston.

It is very important that you arrive before 6 p.m., as the discussion will begin promptly. I have enclosed a map with directions to Rynne Marketing. If you have any problem finding it, please call Rynne at 708-328-9050.

If for some reason you find you will be unable to attend, please call me immediately at 312-604-0400 so that we can find someone to take your place. Thank you again, your ideas and opinions will be of great value for the development of CTA and our publications.

Sincerely,


Carrie A. Maus

Lay people, religious and clergy working together to foster peace, justice and love in our world, our church and ourselves in the spirit of Vatican II and the U.S. Catholic Bishops' Call To Action.



More Than Shelter: Finding Home

THE CAMPAIGN FOR DEBORAH'S PLACE

September 20, 1994

Pat Hanley
1706 Colonial Lane
Northfield, IL 60093

Dear Pat,

Eileen O'Shaughnessy and I had a three-hour visit last Friday. I promised her that I would come again. She did invite us to send a proposal for funding.

Thank you for your good work.

Gratefully,

Patricia Crowley, OSB
Executive Director

PC:bs

JOHN PATRICK HANLEY
1706 Colonial Lane
Northfield Illinois 60093
(708) 441-7261

November 5, 1991

Sorry for delay

*Please, be my
guest!
Good Luck.
Kent Walker*

The Publisher
Pandit Press Inc.
P.O. Box 7200
1548-D Adams Ave. *new address*
Costa Mesa, CA 92626

Dear Publisher,

Re: ABORTION...IS NOT A SIN

I am seeking permission to reproduce segments from ABORTION...IS NOT A SIN at the discretion of those who participate in my request to become speakers of Catholics For A Free Choice.

I myself if speaking as a Catholic For A Free Choice would use as a handout copies of pages 28 and 29 and then go on from there.

In our case, marrying at age 40 Kay had two most serious miscarriages within the first 15 months then the advent of Beth and then John.

Whatever excerpts other Catholics For A Free Choice would care to make we hopefully ask your permission.

We will of course provide "cadre" with copies purchased of ABORTION...IS NOT A SIN and across the board give written acknowledgment.

Sincerely,

John P. Hanley
John P. Hanley

encls;

copies; Kate Michelman, National Abortion Rights Action League
Molly Yard, National Organization For Women
Frances Kissling, Catholics For A Free Choice
Barbara Radford, National Abortion Federation
Patricia Tyson, Religious Coalition For Abortion Rights
Faye Wattleton, Planned Parenthood Federation of America
Ira Glasser, American Civil Liberties Union



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KENNETH L. HODDER
National Commander

Mailing Address
P.O. Box 269
Alexandria, VA 22313

PAUL A. RADER
General

September 11, 1995

Mr. John P. Hanley
VITAE
1706 Colonial Lane
Northfield, IL 60093

Dear John:

Your letter to Commissioner Hodder of August 26th has been shared with me. After reviewing your letter to him and the contents of your program, I certainly was encouraged and impressed with the way God has used your life for good.

I have passed this information on to Major Paul Bollwahn who is responsible for our Social Service programs within the United States. After reviewing the material it seemed as though this information was appropriate for his review and possible follow through. May I suggest that if you need further information as it relates to our organization participation, you contact him.

Thank you for sharing this information and considering us with this material.

Sincerely yours,

Lt. Colonel Clarence W. Harvey
National Community Relations
& Development Secretary

CWH:sa



United Nations Educational, Scientific and Cultural Organization
Organisation des Nations Unies pour l'éducation, la science et la culture

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COPIA/AA/NG/OS

17 January, 1989

Dear Mr. Hanley,

Your letter addressed to Mr. F. Mayor, Director General of UNESCO, has been forwarded to this Division, which is responsible for literacy activities.

I should be pleased to meet you and your consultant at UNESCO during your visit to Paris. You will then have the opportunity to discuss with Mr. Mobarak and Mr. Gilmer, specialists of adult education and literacy the ways and means of using the Bible as an instrument to attain literacy.

In the context of the International Literacy Year (ILY) (1990) to be followed by an international plan of action for massive reduction of illiteracy, UNESCO would be interested in showing all possible instruments and techniques which could help eradicate this still common international scourge.

Please let me know in advance the timing of your stay in Paris, so that I will be able to arrange the necessary meetings.

Sincerely yours,

G. Koutcherenko,
Director Education,
Division of Primary Education and
Literacy and Adult Education and
Education in Rural Areas

Mr. John Patrick
Counselor
Box 500
Winnetka, Ill.
U.S.A.



World Food Programme

Programa Mundial de Alimentos

Programme Alimentaire Mondial

برنامج الأغذية العالمي

The Food Aid Organization of the United Nations System

14 September 1983

Mr. John P. Hanley
1706 Colonial Lane
Northfield, Illinois 60063
U.S.A.

Dear Mr. Hanley:

Thank you very much for your letter sent earlier this year. As you may know the World Food Programme's prime focus is on the provision of food aid in support of development projects promoting self-reliant communities and families through poverty alleviation. In addition to this challenge, this Agency as well provides much needed food aid to people who have become victims of natural and of man-made disasters.

WFP does not involve itself with the provision of non-food items such as is mentioned in your letter. We appreciate the efforts you have taken to outline your ideas to us and wish you every success.

Sincerely,

Judith Lewis
Director, Office of the Executive Director

WFP
1706 Colonial Lane
Northfield, Illinois 60063
U.S.A.

UNITED NATIONS
NATIONS UNIES

Dear Mr. Hanley:
Thank you for your letter of 27 May, with its literacy and the Bible, addressed to the Division of Adult Education and Literacy.
As you know from your correspondence with great concern to the United Nations family, we appreciate your interest in the Division.

John P. Hanley
1706 Colonial Lane
Northfield, IL 60063

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

Mr J.P. Hanley
1706 Colonial Lane
Northfield
Illinois 60063
Etats-Unis d'Amérique

7 August 1989

Dear Mr Hanley,

Thank you very much for your letter of 21 June 1989 which I have just received. I was very interested in the attachments and intrigued by your suggestion that you might be able to help us in the global fight against AIDS. I would appreciate if you could give me a few more details or information on how you might be able to help us. I look forward to hearing from you.

Yours sincerely,

Dr Jonathan Mann
Director
Global Programme on AIDS

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

Dr John P. Hanley
John Patrick Hanley
1706 Colonial Lane
Northfield, Illinois 60063
Etats-Unis d'Amérique

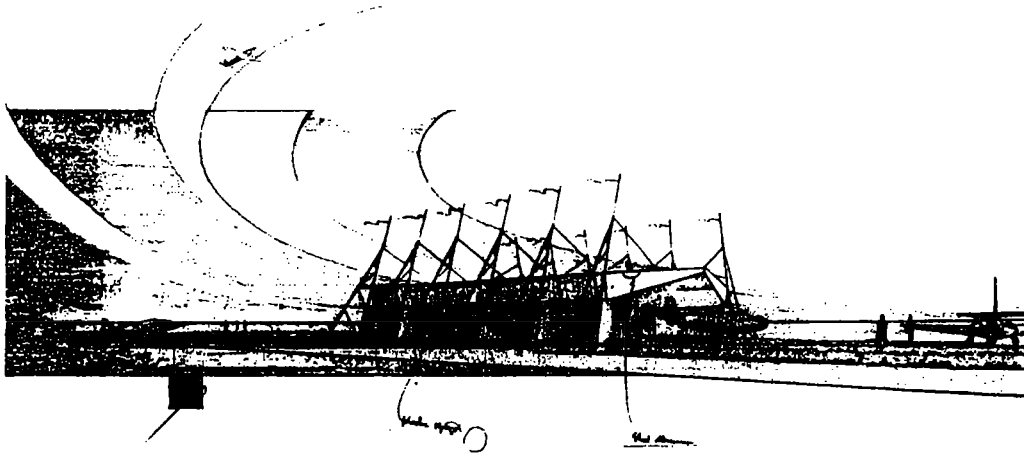
5 March 1990

On 28 January concerning drug abuse
attention has been noted by our relevant
in the work of WHO.

Yours sincerely,

Martus Grant
Senior Scientist
Division of Mental Health

HANLEY AIRPLANE HANGAR (PROJECT),
BENTON HARBOR, MICHIGAN. 1959. PERSPECTIVE.
PENCIL AND COLOR PENCIL ON
TRACING PAPER, 36 X 25".
FLW Fdn# 5816.002

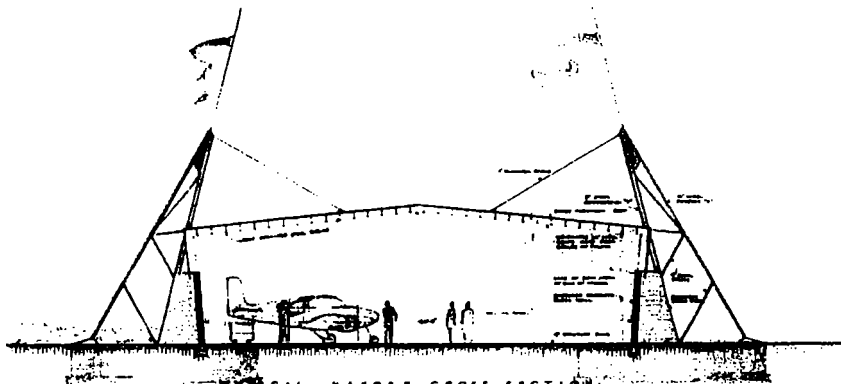


AIRCRAFT HANGER FOR MR. PAT HANLEY
BENTON HARBOR, MICHIGAN
FRANK LLOYD WRIGHT ARCHITECT

THIS "AIRCRAFT HANGER for Mr. Pat Hanley" was to be a small structure in Benton Harbor, Michigan. The hangar was to be built of standard concrete-block walls on the long sides, with a suspended aluminum roof overhead. The perspective has a certain "aviation" quality expressed by the soaring steel pylons and cables that carry the roof. Throughout the section the notes on the drawing fully explain the scheme: "Concrete block pier, 4" steel struts, 6" steel tension 'T,' 8" steel compression 'T,' sheet aluminum roof, continuous 12" steel beams hung from cables at pylons, light open-web steel purlins, rolling doors."

Wright has left the perspective pretty much as his apprentice drew it, except to insert some circular skylights on the roof with a line connecting to his note on the bottom, "plastic skylight," and a circle to designate its form. The other line and corresponding note at the bottom points to the roof and reads, "sheet aluminum."

The building seems so lightweight in appearance it almost resembles a glider poised for an instant on the ground before taking off into flight once more.



AIRCRAFT HANGER FOR MR. PAT HANLEY
BENTON HARBOR, MICHIGAN
FRANK LLOYD WRIGHT ARCHITECT

WHO'S WHO IN THE MIDWEST

HANLEY, JOHN PATRICK, inventor; b. St. Joseph, Mich., Feb. 23, 1915; s. John William and Elizabeth (Cassman) H.; student Loyola U., Chgo., 1941-43, 45-46; m. Catherine Mary Baruch, Feb. 9, 1963; children—Elizabeth, John, Brian, Trevor; res. Chgo., 1947-55; founder, exec. dir. Chgo. Air Club, Meigs Airfield, 1955-58; with aircraft hanger constr. project with Frank Lloyd Wright, Benton Harbor, Mich., 1958-61; area mgr. Chgo. Area, Commot and Industry, 1962-65; postmaster Wilmette, Ill., 1965-66; researcher natural family planning, 1968—; patents human reproductive device; teenage pregnancy cons. Operation Push, 1979-80; dist. mgr. Bur. Census, St. Louis, Ill., 1980. Ed. dir. Knottworth Village House, 1979-80. Served with AUS, 1943-44. Resident ann. Brotherhood award North Shore Chgo., 1967. Mem. Am. Population/Family Planning Librarians and Info. Census Interest. Democrat. Roman Catholic. Address: Box 63 Knottworth Ill. 60043

HANLEY AIRPLANE HANGAR (PROJECT),

BENTON HARBOR, MICHIGAN. 1959. SECTION.

PENCIL AND COLOR PENCIL ON PAPER,

36 X 25". FLW Fdn# 5816.003

Worked with Tom Dooley on phone and with files regarding Frank Lloyd Wright hanger for training of missionary pilots in 1959 while Tom Dooley was hospitalized in New York. JPH

Worked with niece of Dr. Schweitzer regarding Frank Lloyd Wright hanger for training of missionary pilots in 1959 with back and forth correspondence. JPH

TALKING POINTS

DISCHARGE OF HIV-POSITIVE MILITARY PERSONNEL

Background

The President intends to sign the conference agreement on H.R.1530, the National Defense Authorization Act. The legislation includes important reforms in military acquisition rules, an increase in pay for military personnel, and other issues vital to the national interest. It also contains a provision, opposed by the President, requiring the retirement or discharge of personnel who are HIV-positive.

Key Points

- The President and his Administration have vigorously opposed this provision. The President cited it as one of the reasons for his veto of the earlier version of this legislation.

I find the provision to be deeply offensive. It flies in the face of medical advice and singles out one group of Americans for differential treatment and discrimination.

These men and women are willing and able to continue serving their nation. This provision is an insult to their commitment.

- During the negotiations over the revised version of the legislation, the Administration aggressively sought to have this provision omitted from the final legislation. Sadly, these efforts were not successful.
- The overall legislation is vitaly necessary for the national security of the U.S. I fully understand the need for the President to sign this legislation.
- The Administration intends to take the following steps to mitigate the effect of the legislation on the men and women of the Armed Forces who would be adversely affected by this legislation:

-- Patsy Fleming, Director of National AIDS Policy, is meeting today (1/26) with senior officials from the Department of Defense and the Department of Veterans' Affairs to discuss ways to protect the medical and other benefits of these men and women;

(The legislation restricts the availability of benefits to care in VA facilities and CHAMPUS coverage.)

-- The Administration will work closely with a bipartisan group of House and Senate members to pursue legislation to reverse this policy before it takes effect in six months.

National AIDS Strategy

Questions and Answers

Background

The Office of National AIDS Policy has developed the first-ever National AIDS Strategy. This document is intended to help guide the entire Federal government's activities in the year ahead in the areas of AIDS research, prevention, care, discrimination, international activities, and translation of research into practice.

What is the purpose of the National AIDS Strategy?

The National AIDS Strategy provides an important tool for planning and carrying out Federal AIDS policies in the year ahead. It establishes six major goals for the government to pursue: support AIDS research aimed at developing a cure for those who are living with HIV and a vaccine to protect the uninfected; support AIDS prevention activities that will reduce the number of new infections in the U.S. until there are no new infections; support AIDS treatment and care so that all those who are living with HIV/AIDS have access to high-quality, affordable care; support international efforts to reduce the spread of HIV; fight AIDS-related discrimination at every turn; and support efforts to translate research findings into practice.

Why did it take the Administration so long to produce this strategy?

First, it's important to note that the Administration has been very active in pursuing an aggressive approach to HIV and AIDS. In the President's first term, funding for AIDS related programs increased by 55 percent. The Office of AIDS Research at NIH was strengthened and given new authority and an Office of National AIDS Policy was created at the White House to oversee Federal efforts in this area.

Moreover, the National AIDS Strategy was being developed during a period of unprecedented change in the course of the HIV/AIDS epidemic. Making sure that these advances were reflected in the strategy required careful thought and time.

How was this strategy developed?

Development of the first ever National AIDS Strategy required the involvement of all relevant Federal agencies as well as organizations and individuals advocating for the needs of people living with HIV and AIDS. These consultations were vital to the success of any national strategy and they, by their nature, take time. The Office of National AIDS Strategy sought input from domestic and international AIDS organizations as well as the President's Advisory Council on HIV and AIDS. These suggestions have strengthened the document and provide a basis for a united approach to this critical issue.

How will this strategy be implemented?

The strategy provides a blueprint for the year ahead for each Agency of the Federal government to follow. An implementation process for defining how to specifically reach these goals will be headed by the Office of National AIDS Policy and will include the Interdepartmental Task Force on HIV and AIDS, the President's Advisory Council on HIV and AIDS, national and community-based organizations, and others affected by the epidemic.

Why is the strategy limited to governmental programs? What about private sector involvement?

As the President states in his letter accompanying the strategy, the national response to HIV/AIDS requires action at all levels of our society. The National AIDS Strategy provides a foundation for the continuing public-private partnerships that are essential to our success in ending this epidemic. A key element of this strategy is the interaction between government and the people it serves.

How will the strategy deal with new developments in AIDS?

This strategy is a living document that was formulated with the understanding that AIDS research, treatment, and prevention are now in a period of rapid change. The strategy is flexible enough to adjust to new developments and respond in a speedy manner.

#

Update: National AIDS Strategy Appendices

Appendix I SUMMARY BUDGET TABLE

Summary Budget Table by Agency by Year^a (Totals in millions, figures rounded)

	FY 1995	FY 1996	FY 1997
Department of Defense	\$110.4	\$98.0	\$97.0
Department of Health & Human Services			
AHCPR	9.1	6.6	4.8
CDC	589.8	584.5	617.0
FDA	72.7	72.7	72.7
HCFA	2,240.0	2,490.0	2,750.0
HRSA	661.2	762.4	1,001.0
IHS	3.6	3.7	3.8
NIH	1,333.9	1,406.0	1,502.0
SAMHSA ^b	24.1	9.0	9.0
Department of Housing & Urban Development^c	171.0	171.0	196.0
Department of Justice	6.5	6.4	8.0
Department of Veterans Affairs^d	317.4	336.7	346.7
Office of Personnel Management^e	212.0	226.0	241.0
Peace Corps	4.5	5.0	5.0
Social Security Administration	905.0	980.0	1,070.0
U.S. Agency for International Development	120.0	115.0	117.0
U.S. Information Agency	0.6	0.5	0.5
Totals	\$6,781.8	\$7,273.5	\$8,041.5

^a Budget figures throughout other sections are estimates and may include HIV-related activities not included in the Appendices. Agencies where HIV-related efforts are part of the Agency's overall operating budget are not included.

^b In addition to this budget figure, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in FY 1997. This initiative includes various approaches, including how best to: educate service providers, address family issues, interrupt HIV transmission, and maximize client retention in substance abuse treatment.

^c Figures represent funding for the Housing Opportunities for Persons with AIDS (HOPWA) program. Housing services for HIV-positive people are also available through other HUD programs such as Section 811 Supportive Housing Program for Persons with Disabilities and the Continuum of Care Homeless Assistance Program.

^d Resources for HIV/AIDS care are derived from the general Medical Care and the Medical and Prosthetics Research budgets. FY 1995 figures are reported expenditures; FY 1996 and FY 1997 are based on the projected number of patients by category or stage of disease and estimated resources required, as reported in the President's budget.

^e Figures include training costs and HIV-related care financed through the Federal Employee Health Benefits Program.

Update: National AIDS Strategy Appendices Continued

■ **Appendix A, page A-1.**

Resource levels for FYs 1996 and 1997 for Objective 2 should read:

FY 96: \$11.0 million

FY 97: \$11.0 million

■ **Appendix B, page B-2.**

Resource levels for FYs 1996 and 1997 should read:

FY 96: \$27.7 million

FY 97: \$24.0 million

■ **Appendix C, page C-1.**

Resource levels for FYs 1996 and 1997 should read:

FY 96: \$59.0 million

FY 97: \$62.0 million

■ **Appendix C, page C-7.**

FY 1997 resource levels should read:

RWCA Title I: \$449.9 million

RWCA Title II: \$417.0 million

RWCA Title III: \$69.6 million

RWCA Title III: \$36.0 million

■ **Appendix C, page C-9.**

FY 1997 resource level should read \$7.5 million.

THE WHITE HOUSE
WASHINGTON

JAN 14 1997

Mr. John S. Roberts
Post Office Box H
Hobart, IN 46342

Dear Mr. Roberts:

I have received the package of information you sent me regarding the study of acetaldehyde as a treatment for HIV disease. The package contains a copy of a letter I sent you on October 18, 1995 in response to your letter to me dated September 18, 1995.

As I stated in my letter, I believe that promising opportunities for treatments for HIV disease should be pursued. However, I must leave it to those scientists who are trained in this field of study to decide which proposals merit investigation. In the Federal government, those scientists are found at the National Institutes of Health (NIH).

It appears that you have contacted the right person -- Dr. Jack Whitescarver in the Office of AIDS Research at NIH. I can add nothing more to what Dr. Whitescarver has communicated to you.

I regret that I cannot be of further assistance.

Sincerely,

Patricia S. Fleming
Director
National AIDS Policy Office

cc: The Honorable Peter J. Visclosky

January 24, 1997

Ms. Fleming,
Attached is my letter of January 18 to Congressman Visclosky. After reading it, I hope that you will direct the NIH to initiate a clinical trial based upon my research. If I don't hear from you by February 3, I shall assume that you wish to stand by this letter of January 14. John S. Roberts 219-763-1933
Copies to Congressman Visclosky, CARMENA PARRIS, Richard SORIAN
Dwayne Lawler, DAVID ROZMANICH.

JANUARY 18, 1997

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

THIS IS TO REMIND YOU THAT ON FEBRUARY 3, 1997, I WILL MAIL OUT TO VARIOUS PARTIES THROUGHOUT THE UNITED STATES AND THE WORLD MY NEXT LETTER CONCERNING MY HIV/AIDS RESEARCH.

BY THAT TIME, IF EITHER YOU OR I HAVE NOT YET RECEIVED A RESPONSE, WHETHER IT BE POSITIVE OR NEGATIVE, TO MY SEPTEMBER 1, 1996 LETTER (ATTACHED) TO MS. FLEMING FROM MS. FLEMING, THIS JANUARY 18 LETTER AND ALL OF THE ATTACHED LETTERS, INCLUDING THE SEPTEMBER 1 LETTER, WILL BE ATTACHED TO THAT FEBRUARY 3 LETTER.

IN THAT FEBRUARY 3 LETTER I SHALL ALSO INCLUDE THESE FACTS -

IN JANUARY, 1993, I SUGGESTED TO THE NATIONAL INSTITUTES OF HEALTH (NIH) THAT THE CHEMICAL COMPOUND 'ACETALDEHYDE' MIGHT BE EFFECTIVE IN 'DESTROYING' THE AIDS VIRUS - HIV.

THROUGHOUT 1993 (JANUARY 26 - NOVEMBER 1) IN REPLIES TO BOTH CONGRESSMAN VISCLOSKY (1) AND MYSELF (4) THE NIH MAINTAINED THAT ACETALDEHYDE WOULD HAVE NO EFFECT ON HIV.

IN THE WORDS OF THE NIH:

"ACETALDEHYDE IS A NORMAL METABOLITE OF THE HUMAN BODY THAT WOULD NOT SIGNIFICANTLY HINDER HIV INFECTION."

IN A DECEMBER 13, 1994 LETTER TO ME AND IN AN AUGUST 9, 1995 LETTER TO CONGRESSMAN VISCLOSKY, THE NIH REVISED ITS EVALUATION OF ACETALDEHYDE.

IN ITS REVISED EVALUATION THE NIH ACKNOWLEDGED THE FACT THAT:

"...ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS..."

IT IS MY ASSUMPTION THAT ACETALDEHYDE WOULD ALSO 'INACTIVATE' HIV IN THE HUMAN BODY.

IN THAT FEBRUARY 3 LETTER I AM GOING TO DELVE INTO GREATER DETAIL ABOUT THESE FACTS AND OTHER THINGS.

COPIES TO:

MS. FLEMING, THE WHITE HOUSE
CARMENA PARRIS, AIDE TO MS. FLEMING
RICHARD SORIAN, AIDE TO MS. FLEMING
DWAYNE LAWLER, WASHINGTON OFFICE OF CONGRESSMAN VISCLOSKY
DAVID ROZMANICH, GARY OFFICE OF CONGRESSMAN VISCLOSKY

P.S. TO MS. PARRIS AND MR. SORIAN - IF MS. FLEMING MAILS OUT HER RESPONSE BEFORE FEBRUARY 3, WOULD YOU PLEASE LET ME KNOW - 219-763-1933.

P.S. TO DAVID ROZMANICH - IF YOU RECEIVE MS. FLEMING'S RESPONSE BEFORE FEBRUARY 3, WOULD YOU PLEASE LET ME KNOW - 219-763-1933.

YOURS TRULY,
JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

THANK YOU,
J.S.R.

JANUARY 18, 1997

Copy to Ms. Fleming

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

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COPIES TO:

MS. FLEMING, THE WHITE HOUSE
CARMENA PARRIS, AIDE TO MS. FLEMING
RICHARD SORIAN, AIDE TO MS. FLEMING
DWAYNE LAWLER, WASHINGTON OFFICE OF CONGRESSMAN VISCLOSKY
DAVID ROZMANICH, GARY OFFICE OF CONGRESSMAN VISCLOSKY

P.S. TO MS. PARRIS AND MR. SORIAN - IF MS. FLEMING MAILS OUT HER RESPONSE BEFORE FEBRUARY 3, WOULD YOU PLEASE LET ME KNOW - 219-763-1933.

P.S. TO DAVID ROZMANICH - IF YOU RECEIVE MS. FLEMING'S RESPONSE BEFORE FEBRUARY 3, WOULD YOU PLEASE LET ME KNOW - 219-763-1933.

John S. Roberts
YOURS TRULY,
JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

THANK YOU,
J.S.R.

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
NORTHEAST-MIDWEST
CONGRESSIONAL COALITION
MIDWEST VICE-CHAIR
WHIP-AT-LARGE

Congress of the United States
House of Representatives
Washington, DC 20515-1401

January 3, 1997

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(202) 225-2481

215 WEST 35TH AVENUE
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8070 CENTRAL AVENUE
PORTAGE, IN 46368
(219) 763-2904

VALPARAISO CITY HALL
166 LINCOLNWAY
VALPARAISO, IN 46383
(219) 464-0315

Ms. Patricia Fleming
Director
National AIDS Policy Office
750 17th Street, N.W. Suite 600
Washington, D.C. 20503

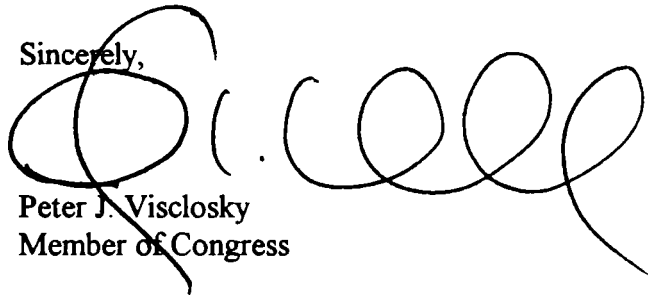
Dear Ms. Fleming:

On December 10, 1996, I wrote you in regard to my constituent, Mr. John Roberts. A copy of said letter is enclosed for your reference.

I would greatly appreciate being advised as to the status of this matter at your earliest convenience.

Thank you in advance for your courtesies in this regard and should you have any questions, please feel free to call on my District Director, Mr. David Rozmanich, at the Gary District Office.

Sincerely,



Peter J. Visclosky
Member of Congress

PJV:rm

JANUARY 1, 1997

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

I DO NOT WISH TO CAUSE ANY UNDUE EMBARRASSMENT TO MS. FLEMING, BUT IF A RESPONSE IS NOT FORTHCOMING FROM HER, WHETHER IT BE POSITIVE OR NEGATIVE, IN REPLY TO MY LETTER TO HER DATED SEPTEMBER 1, 1996 (ATTACHED), I SHALL HAVE TO INCLUDE THESE PARAGRAPHS IN THE NEXT LETTER WHICH I WILL BE MAILING OUT TO VARIOUS PARTIES THROUGHOUT THE UNITED STATES AND THE WORLD WHO I THINK MIGHT BE INTERESTED IN THE PROBLEM OF HIV/AIDS:

"ON MAY 26, 1993, ACTING ON MY BEHALF, CONGRESSMAN PETER J. VISCLOSKY FORWARDED MY HIV/AIDS RESEARCH TO BERNADINE HEALY, M.D., WHO WAS THEN DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH."

"ON JUNE 18, 1993, ALTHOUGH SHE DID NOT AGREE WITH ITS CONCLUSION, DR. HEALY ISSUED A RESPONSE TO MY RESEARCH TO CONGRESSMAN VISCLOSKY."

"UNFORTUNATELY, A SIMILAR RESPONSE HAS NOT BEEN FORTHCOMING FROM MS. PATRICIA S. FLEMING, PRESIDENT CLINTON'S DIRECTOR OF THE OFFICE OF NATIONAL AIDS POLICY, "THE AIDS CZAR", TO CONGRESSMAN VISCLOSKY'S DECEMBER 10, 1996 LETTER (ATTACHED)."

I AM MYSTIFIED AS TO WHY MS. FLEMING HAS CHOSEN NOT TO ISSUE A RESPONSE TO MY SEPTEMBER LETTER WHICH REFLECTS THE CULMINATION OF THREE ADDITIONAL YEARS OF MY RESEARCH SINCE 1993.

TO REITERATE - THE ONLY THING I WANT IS AN ANSWER TO EITHER ONE OF THE TWO QUESTIONS WITH WHICH I CONCLUDED THAT SEPTEMBER 1, 1996 LETTER; THEY WERE:

"IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?"

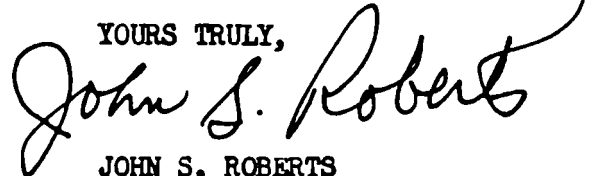
"IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?"

AT THE VERY LATEST, MY NEXT LETTER WILL BE MAILED OUT TO "VARIOUS PARTIES" BY FEBRUARY 3, 1997.

COPIES TO:

MS. FLEMING, THE WHITE HOUSE
CARMENA PARRIS, AIDE TO MS. FLEMING
RICHARD SORIAN, AIDE TO MS. FLEMING
DWAYNE LAWLER,
WASHINGTON OFFICE OF CONGRESSMAN VISCLOSKY
DAVID ROZMANICH,
GARY OFFICE OF CONGRESSMAN VISCLOSKY

YOURS TRULY,



JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
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VALPARAISO CITY HALL
166 LINCOLNWAY
VALPARAISO, IN 46383
(219) 464-0315

December 10, 1996

Ms. Patricia S. Fleming
Director, Office of National Aids Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20503

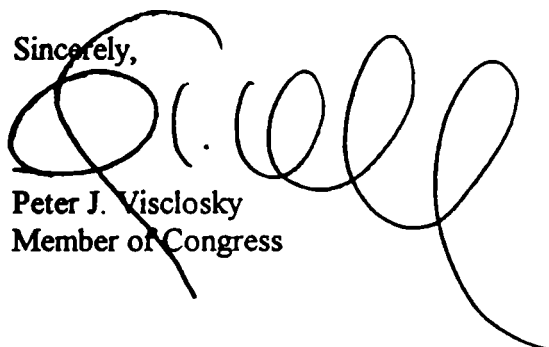
Dear Ms. Fleming:

I am writing on behalf of my constituent, Mr. John Roberts. Enclosed please find literature submitted to me concerning the HIV virus and the AIDS disease. Mr. Roberts believes he is putting forth a viable measure to halt the dreaded disease. In fact, Mr. Roberts feels that his proposition contains the "magic bullet" that can "cripple" HIV.

On September 1, 1996, Mr. Roberts had written you with his concerns and has yet to have received a response. I ask that you please review the enclosed material and issue a reply to both Mr. Roberts and myself.

If you have any questions concerning this matter, I urge you to contact me or my District Director, David Rozmanich, at 219-884-1177. Thank you for your time and kind attention to this matter.

Sincerely,



Peter J. Visclosky
Member of Congress

PJV:dsr

DECEMBER 9, 1996

3rd REQUEST

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

THIS IS THE THIRD AND FINAL LETTER WHICH I WILL WRITE TO YOU ABOUT THIS MATTER.
AT THE VERY LATEST, I WILL WAIT UNTIL THE END OF THIS DECEMBER FOR
MS. FLEMING'S RESPONSE. AFTER THAT, I WILL PRESENT TO THE PUBLIC ANOTHER
LETTER OF MINE.

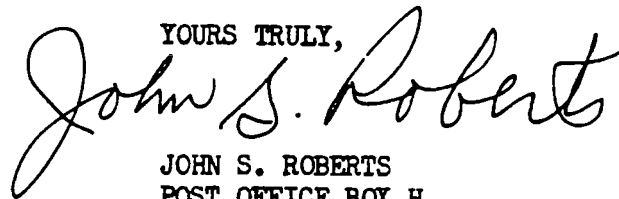
IF MS. FLEMING DOES NOT RESPOND TO EITHER YOU OR ME, THIS SENTENCE
WILL APPEAR IN THAT LETTER:

"PETER J. VISCLOSKY, MY REPRESENTATIVE TO THE CONGRESS OF
THE UNITED STATES OF AMERICA, HAS BEEN UNABLE TO OBTAIN FOR ME
FROM PATRICIA S. FLEMING, PRESIDENT CLINTON'S "AIDS CZAR",
A RESPONSE TO MY LETTER TO HER DATED SEPTEMBER 1, 1996 (ATTACHED)."

I AM MAILING A COPY OF THIS LETTER TO MS. FLEMING AND ALSO YOUR
PRESS SECRETARY IN WASHINGTON, DWAYNE LAWLER, AND YOUR CONGRESSIONAL AIDE
IN GARY, MARA CANDELARIA.

CONGRESSMAN VISCLOSKY, THANK YOU FOR GIVING THIS MATTER YOUR CONSIDERATION.

YOURS TRULY,



JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

ATTACHMENTS:

MY SEPTEMBER 1, 1996 LETTER TO MS. FLEMING
MY OCTOBER 15, 1996 LETTER TO YOU
MY NOVEMBER 18, 1996 LETTER TO YOU

NOVEMBER 18, 1996

2nd REQUEST

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,
AGAIN, I WRITE TO YOU.

LAST MONTH I PERSONALLY DELIVERED MY LETTER TO YOUR GARY OFFICE TO THE ATTENTION OF YOUR CONGRESSIONAL AIDE, MARA CANDELARIA. I THOUGHT THAT THIS WOULD SUFFICE; I DID NOT MAIL A COPY OF IT TO YOUR WASHINGTON OFFICE.

AS YOU CAN SEE FROM THAT LETTER, I ALSO MAILED A COPY OF IT TO MS. PATRICIA S. FLEMING, DIRECTOR, OFFICE OF NATIONAL AIDS POLICY, THE WHITE HOUSE.

THIS TIME, JUST TO BE SURE THAT I COVER ALL OF THE BASES, I AM SENDING THIS LETTER TO -

1. YOUR WASHINGTON, D.C. OFFICE
2. YOUR GARY OFFICE (ATTENTION MARA CANDELARIA)
3. MS. FLEMING, THE WHITE HOUSE

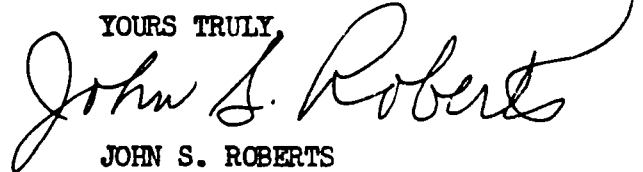
THIS LETTER HAS THE FOLLOWING ATTACHMENTS -

1. MY OCTOBER 15, 1996 LETTER TO YOU
2. MY SEPTEMBER 1, 1996 LETTER TO MS. FLEMING
3. MY JULY 22, 1996 LETTER TO LEANNA J. STANDISH, ND, PhD
4. MY 35 PAGE FILE DATED JANUARY 1, 1996

CONGRESSMAN VISCLOSKY, IN MY OPINION, MS. FLEMING IS DUTY BOUND TO ISSUE A RESPONSE TO EITHER YOU OR ME.

CONGRESSMAN VISCLOSKY, AS MY REPRESENTATIVE TO THE CONGRESS OF THE UNITED STATES OF AMERICA, I HEREBY RESPECTFULLY EXPECT OF YOU TO EFFECT THIS END.

YOURS TRULY,



JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPY WITH ENCLOSURE TO:

PATRICIA S. FLEMING, DIRECTOR, OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE, WASHINGTON, D.C.
MARA CANDELARIA, CONGRESSIONAL AIDE
GARY, INDIANA

OCTOBER 15, 1996

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

AS YOU CAN SEE FROM THE CERTIFIED MAIL DOMESTIC RETURN RECEIPT (ATTACHED) THAT THE OFFICE OF PATRICIA S. FLEMING RECEIVED MY PACKET OF RESEARCH RELATIVE TO HIV/AIDS.

IT CONSISTED OF -

1. MY SEPTEMBER 1, 1996 LETTER TO HER (ATTACHED)
2. MY JULY 22, 1996 LETTER TO LEANNA J. STANDISH, ND, PhD (ATTACHED)
3. MY 35 PAGE FILE DATED JANUARY 1, 1996 (ATTACHED)

WOULD YOU PLEASE REQUEST OF MS. FLEMING THAT SHE REPLY TO ME.
TO QUOTE FROM MY LETTER TO HER:

" IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

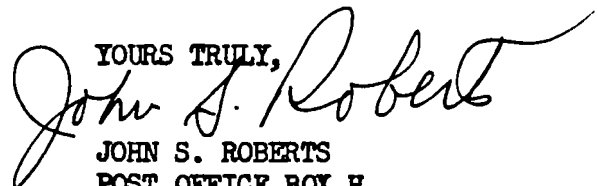
IF YOU DO NOT FEEL THAT SUCH A COMMAND FALLS WITHIN THE SCOPE OF YOUR AUTHORITY, THEN THE CONCEPT OF AN "AIDS CZAR" IS JUST A FICTION, IS IT NOT?

IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?

IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?"

CONGRESSMAN VISCLOSKY, THANK YOU FOR YOUR HELP IN THIS MATTER.

YOURS TRULY,



JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPY WITH ENCLOSURES TO MS. PATRICIA S. FLEMING, THE WHITE HOUSE

P 582 870 363

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
PATRICIA S. Fleming	
Street & Number	
750 17th St. N.W. Suite 600	
Post Office, State, & ZIP Code	
WASHINGTON, D.C. 20503	
Postage	\$ 1.47
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.07
Postmark or Date	SEP 11 1996

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PATRICIA S. Fleming, Director
OFFICE OF NATIONAL Aids Policy
750 17th St. N.W.
Suite 600
WASHINGTON, D.C. 20503

4a. Article Number

P582 870 363

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-11-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Anthony C. Waters

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SEPTEMBER 1, 1996

AN OPEN LETTER TO:

PATRICIA S. FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE
WASHINGTON

COPY WITH ENCLOSURES TO: _____

DEAR MS. FLEMING,

JUST TO BE SURE THAT YOU RECEIVE IT, I HAVE SENT DUPLICATE PACKETS OF MY RESEARCH TO YOU. ONE I HAVE SENT BY REGULAR MAIL AND THE OTHER ONE BY CERTIFIED MAIL. BOTH PACKETS WERE DIRECTED TO YOUR ADDRESS AT 750 17th St. N.W., SUITE 600, WASHINGTON, D.C. (202-632-1090). ZIP - 20503.

AS YOU CAN SEE, THE PACKET CONTAINS THIS LETTER TO YOU, MY JULY 22, 1996 LETTER TO DR. STANDISH AND MY 35 PAGE "FILE" DATED JANUARY 1, 1996.

AFTER READING THESE DOCUMENTS YOU WILL SEE WHY I AM CONVINCED THAT I HAVE DISCOVERED A "MAGIC BULLET" TO "CRIPPLE" HIV, THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS. THE MAGIC BULLET IS THE CHEMICAL COMPOUND KNOWN AS "ACETALDEHYDE".

IF I HAD HIV/AIDS AND WAS TOLD THAT I MIGHT BE HELPED IMMEASURABLY BY OBTAINING A CERTAIN NUTRIENT FROM MY LOCAL HEALTH FOOD STORE, BY HAVING MY PHYSICIAN PRESCRIBE FOR ME A CERTAIN CHEMICAL AND BY HAVING THAT SAME PHYSICIAN ADMINISTER A PARTICULAR PROCEDURE TO ME ONCE A WEEK IN HIS OFFICE, I WOULD NOT LET 24 HOURS LAPSE BEFORE AT LEAST TRYING TO FIND OUT ALL OF THE DETAILS.

THE CORE OF THE HEALING PROCESS IS SIMPLY THIS -

1. N-ACETYL CYSTEINE ("NAC") WOULD HELP RESTORE APOPTOSIS BACK TO NORMAL LEVELS.
2. NAC WILL AFFORD THE BODY 100% PROTECTION AGAINST THE TOXIC EFFECTS OF UNMETABOLIZED ACETALDEHYDE.
3. UNMETABOLIZED ACETALDEHYDE WILL POISON HIV, THEREBY "INACTIVATING" IT.

MS. FLEMING, IN YOUR LETTER (SEE PAGE 13 OF MY FILE) YOU STATE:

"IT IS IMPORTANT TO ASSESS ANY POTENTIAL AVENUE OF RESEARCH.....
SHOULD ANY NEW INFORMATION DEVELOP, I ENCOURAGE YOU TO SHARE IT WITH THE NIH."

MS. FLEMING, I AM SENDING THIS PACKET TO NUMEROUS PEOPLE INCLUDING -

1. WILLIAM E. PAUL, M.D., DIRECTOR, OFFICE OF AIDS RESEARCH,
NATIONAL INSTITUTES OF HEALTH
2. JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH,
NATIONAL INSTITUTES OF HEALTH

HOWEVER, MS. FLEMING, I FEEL THAT THE ULTIMATE DECISION ABOUT THIS MATTER RESTS IN YOUR HANDS.

PRESIDENT HARRY S. TRUMAN KEPT A SIGN ON HIS WHITE HOUSE DESK WHICH STATED:

"THE BUCK STOPS HERE."

MS. FLEMING, IN MY OPINION, "THE BUCK" HAS LANDED UPON YOUR DESK.

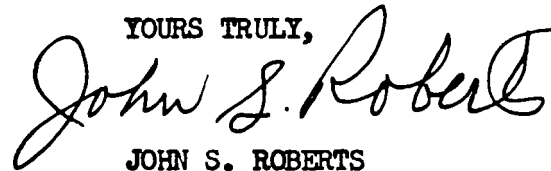
IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY 22 LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

IF YOU DO NOT FEEL THAT SUCH A COMMAND FALLS WITHIN THE SCOPE OF YOUR AUTHORITY, THEN THE CONCEPT OF AN "AIDS CZAR" IS JUST A FICTION, IS IT NOT?

IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?

IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?

YOURS TRULY,



JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

P.S. IF THE TRIAL IS UNDERTAKEN -

1. THE PATIENTS SHOULD AVOID FOODS CONTAINING NITRITES. CERTAIN PREPARED MEATS SUCH AS HOT DOGS AND BACON CONTAIN NITRITES. THE PHYSICIANS' DESK REFERENCE, PAGE 2642, 49th EDITION, 1995 STATES:

"IN RATS, SIMULTANEOUS INGESTION OF DISULFIRAM AND NITRITE IN THE DIET FOR 78 WEEKS HAS BEEN REPORTED TO CAUSE TUMORS, AND IT HAS BEEN SUGGESTED THAT DISULFIRAM MAY REACT WITH NITRITES IN THE RAT STOMACH TO FORM A NITROSAMINE, WHICH IS TUMORIGENIC. DISULFIRAM ALONE IN THE RATS' DIET DID NOT LEAD TO SUCH TUMORS. THE RELEVANCE OF THIS FINDING TO HUMANS IS NOT KNOWN AT THIS TIME."

(IT IS MY HUNCH THAT HUMANS WOULD BE AFFECTED IN A SIMILAR MANNER - j.s.r)

2. THE PATIENTS SHOULD NOT DRINK CITY WATER.

SUPER-NUTRITION, PAGE 115 STATES: "CHLORINE IS AN OXIDANT, TOO; MOST OF US DRINK CHLORINATED WATER WHICH CONSUMES VITAMIN E IN OUR BODY."

"GOOD HOUSEKEEPING", PAGE 84, AUGUST, 1996 STATES: "VITAMIN E'S BENEFITS APPEAR TO BE LARGELY RELATED TO ITS ANTIOXIDANT PROPERTIES."

P.P.S. I HOPE TO HAVE MS. FLEMING'S RESPONSE AT SOME TIME WITHIN THE NEXT FEW WEEKS.

IF YOU WOULD LIKE TO SEE IT, JUST LET ME KNOW, AND I WILL MAIL A COPY OF IT TO YOU.



Mobilizing Philanthropic Leadership and Resources in the Fight Against HIV/AIDS

January 16, 1997

Fred Silverman
President
Apple Computer, Inc.

Nick Bollman
Vice President
The James Irvine Foundation

Vivian L. Beetle
Treasurer
Hoffmann-La Roche Inc.

Stuart Burden
Secretary
John D. & Catherine T. MacArthur
Foundation

Joyce Bove
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The New York Community Trust

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The Benton Foundation
Marjorie Muecke,
The Ford Foundation
Alicia Philipp,
The Metropolitan Atlanta Community
Foundation
Kathryn Smith Pyle,
Inter-American Foundation
Yolonda Richardson,
The Carnegie Corporation of New York
Ruth Shack,
Dade Community Foundation
James Allen Smith,
The Howard Gilman Foundation
Mark Smith,
The Henry J. Kaiser Family Foundation
Lynn Stekas,
Mutual of New York Foundation
Betty Wilson,
The Health Foundation of
Greater Indianapolis, Inc.

Dear Colleagues,

In an effort to facilitate interaction between philanthropy and government to improve public policy on HIV/AIDS issues, Funders Concerned About AIDS works closely with The White House Office of National AIDS Policy. And to that end we are pleased to share with you the enclosed White House release on the recently announced first-ever National AIDS Strategy. Also enclosed is a report on the Regional Community Briefings on HIV/AIDS co-sponsored nationally by Funders Concerned About AIDS, the National AIDS Fund, the Presidential Advisory Council on HIV/AIDS, and the Office of National AIDS Policy.

As Patsy Fleming, the National AIDS Policy Director, suggests in its forward, The National AIDS Strategy provides a foundation for continuing public-private partnerships that are essential to efforts to end this epidemic. The complete National AIDS Strategy -- available by request from the National AIDS Hotline, 1-800-342-AIDS, or from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD, 20849-6003 -- sets forth national goals and suggests specific opportunities for progress in prevention, research, care and services, civil rights, international activities, and translation of research into practice. We are very pleased to note that input from the FCAA co-sponsored Regional Briefings is reflected in the National AIDS Strategy.

Please let us know if we could be of assistance in your HIV/AIDS public policy work or if you have any questions about FCAA's public policy objectives and programs.

Sincerely,

Fred Silverman
Fred Silverman
President

Nick Bollman
Nick Bollman
Chair
Public Policy Committee

THE WHITE HOUSE

WASHINGTON

For Immediate Release

Contact: Richard Sorian
Office of National AIDS Policy
(202) 632-1090

President Clinton Releases First-Ever National AIDS Strategy

On December 16, 1996, President Clinton released the first-ever National AIDS Strategy, establishing six "broad but vital goals" to guide Federal AIDS policy for his second term in office. The document also outlines numerous "opportunities for progress" under each of the goals to be accomplished in the next 12 months.

The National AIDS Strategy is the product of more than a year of work by the Office of National AIDS Policy, directed by Patricia S. Fleming. The Office was created in 1993 by the President to provide greater focus to the national response to the challenges presented by HIV and AIDS.

In a letter accompanying the Strategy, the President said, "We have made tremendous progress in our understanding of HIV and HIV disease, improving treatments and preventing infections, and we have increased federal funding for AIDS research, prevention, care, and housing by more than 50 percent in the past four years. But we have much more work to do."

As of September 30, 1996, the Centers for Disease Control and Prevention had received reports of 566,002 cases of AIDS among persons in the U.S. More than 343,000 of these persons were reported to have died as a result of complications related to HIV. An estimated 40,000 to 80,000 Americans become infected with HIV each year.

According to the Strategy, the epidemic of HIV and AIDS "presents unique social, economic, and public health challenges to governments and individuals here in the United States and around the world. While significant progress has been made in understanding the disease and developing treatment, HIV remains a deadly infections for which there is no vaccine, no cure, and for which there is an expanding, but still limited, inventory of available treatments."

Development of the National AIDS Strategy required the participation of 28 Federal Agencies involved in AIDS programs including the Departments of Health and Human Services, Housing and Urban Development, Veterans Affairs, Defense, State, Energy, Justice, and others. The Strategy also reflects the input of numerous national and community-based AIDS organizations and the proceedings of 13 regional town hall meetings that sought the input of people living with HIV/AIDS, their families and caregivers, and other concerned citizens.

- more -

The National AIDS Strategy sets forth six national goals:

- To develop more effective treatments for people living with HIV/AIDS, a preventive vaccine for the uninfected, and a cure for those who are currently infected through strong, continuing support for HIV-related research;
- To reduce the number of new HIV infections in adults and children in the U.S. until the rate of new infections reaches zero by providing strong, continuing support for effective HIV prevention efforts;
- To ensure that people living with HIV have access to services, from health care to housing and supportive services, that are affordable, of high quality, and responsive to their needs;
- To ensure that all people living with HIV are not subject to discrimination;
- To provide strong, continuing support for international efforts to address the HIV epidemic; and,
- To ensure that research advances are translated into improved HIV prevention programs and enhanced care for HIV-positive persons.

In each of these target areas, the National AIDS Strategy includes specific opportunities for progress in the year ahead. These actions are intended to move us toward the goals enunciated by the President. They include:

PREVENTION

● Targeting vulnerable populations.

The HIV epidemic continues to have a disproportionate impact on certain populations where infection rates are rising at a rapid pace. Congress has approved the President's request for an additional \$32 million in AIDS prevention funding specifically for programs targeting such vulnerable populations as adolescents, women, gay men of color, and substance abusers and their sexual partners.

● Strengthening community-based programs.

Community prevention planning is one of the key innovations in CDC's prevention programming. This partnership with local communities puts Federal funds to work based on locally-designed priorities. This year, CDC will be providing its partners with additional technical assistance and resources needed to improve the performance of this vital initiative.

- **Reducing transmission of HIV from mother to child.**

There has been a significant reduction in the number of infants diagnosed with AIDS as a result of perinatal (mother-to-child) transmission of HIV. Between 1991 and 1995, the number of such infants declined 27 percent, including a 17 percent drop in 1994-95 alone. Research sponsored by the National Institutes of Health determined that the use of AZT by HIV-positive pregnant women and their newborns can reduce the risk of perinatal transmission by two-thirds. In the coming year, the Public Health Service will be working in conjunction with major medical and public health organizations to reduce this number further.

RESEARCH

- **Accelerating AIDS Vaccine Development**

The National Institutes of Health will establish a restructured AIDS vaccine effort headed by Nobel Laureate David Baltimore of MIT to accelerate progress in research and development of an effective AIDS vaccine. Vice President Gore will continue his high-level work with the pharmaceutical industry, researchers, clinicians, and patient advocates to move increase private-sector research and development of AIDS vaccines.

- **Maintaining the Office of AIDS Research**

One of the most important developments of the past four years was the enactment of legislation strengthening the Office of AIDS Research (OAR) at the National Institutes of Health. In the year ahead, the Administration will seek reauthorization of the OAR and retention of the Office's authority to develop and carry out the AIDS research budget at NIH.

- **Developing Topical Microbicides**

The National Institutes of Health and the Centers for Disease Control and Prevention will begin a four-year \$100 million effort to accelerate research and development of safe and effective barriers to HIV transmission for women and men.

- **Advancing Prevention Science**

The National Institutes of Health is developing a comprehensive prevention science agenda that will address the biomedical, behavioral, and social approaches to AIDS prevention interventions.

CARE AND SERVICES

● Expanding the Infrastructure of HIV/AIDS Care

Nearly 200,000 Americans living with HIV/AIDS rely on the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act for some or all of their care. Funding for the CARE Act has been increased by 31.5 percent in FY 1997, including a 221 percent rise in funding for AIDS Drug Assistance Programs (ADAP). The Health Resources and Services Administration will work with state and local governments and community-based organizations to ensure those new funds significantly increase access to HIV treatment and care.

● Preserving Medicaid and Medicare

Medicaid provides health care coverage for more than 50 percent of Americans living with AIDS and more than 90 percent of children with AIDS. The President will continue to fight to preserve the vital Federal guarantee of eligibility for medical coverage for people living with disabilities, including HIV/AIDS. Medicare is a rapidly growing source of care for people living with AIDS and the President will work with Congress to preserve the Medicare program without harming beneficiaries. The Administration also is exploring options to make Medigap insurance policies more accessible to people with disabilities.

● Assessing Social Security Administration Programs

Combination drug therapies show enormous potential for improving and extending the length and quality of life of many people living with HIV/AIDS. This progress will require an assessment of such programs as Supplemental Security Income and Social Security Disability Insurance regarding their flexibility in meeting the needs of individuals as they seek to move off and on to disability. The Administration is exploring mechanisms to ensure that Federal programs support people with disabilities who wish to return to work.

● Supporting Housing for People with AIDS

Without stable housing a person living with HIV has diminished access to care and services and a diminished opportunity to live a productive life. The Housing Opportunities for People with AIDS (HOPWA) program is an essential element of the HIV treatment safety net. Funding for HOPWA has increased 196 percent in the last four years; reauthorization of the program and continued, stable funding is a priority for the year ahead.

- **Enforcing the Health Insurance Portability and Accountability Act**

The Health Insurance Portability and Accountability Act includes important protections for people living with HIV/AIDS who have private health insurance. Limits on the use of pre-existing medical conditions exclusion clauses and requirements for renewal of existing policies will extend new protection to people living with HIV/AIDS. The Administration will aggressively implement this new law and work with the states to enforce its protections.

CIVIL RIGHTS

- **Enforcing Rights**

Enforcement of the civil rights of people with HIV and AIDS must be ever-vigilant. In the past four years, the Administration has resolved nearly 1,000 charges of AIDS-related discrimination. In the year ahead, the Justice Department and the Department of Health and Human Services will launch a joint effort aimed at access for people with AIDS to nursing homes.

- **Protecting Workers**

The Office of National AIDS Policy is working with Federal Agencies to examine current employment policies involving HIV testing to determine whether they are consistent with Federal public health guidelines.

INTERNATIONAL ACTIVITIES

- **International Leadership**

The U.S. will continue to strongly support the newly established Joint United Nations Programme on HIV/AIDS (UNAIDS) and bilateral AIDS programs in developing countries.

- **Sharing Technology and Bringing Lessons Home**

The U.S. Agency for International Development will work with domestic and international groups to expand the exchange of information and technology between the U.S. and other nations on AIDS prevention, treatment, and research.

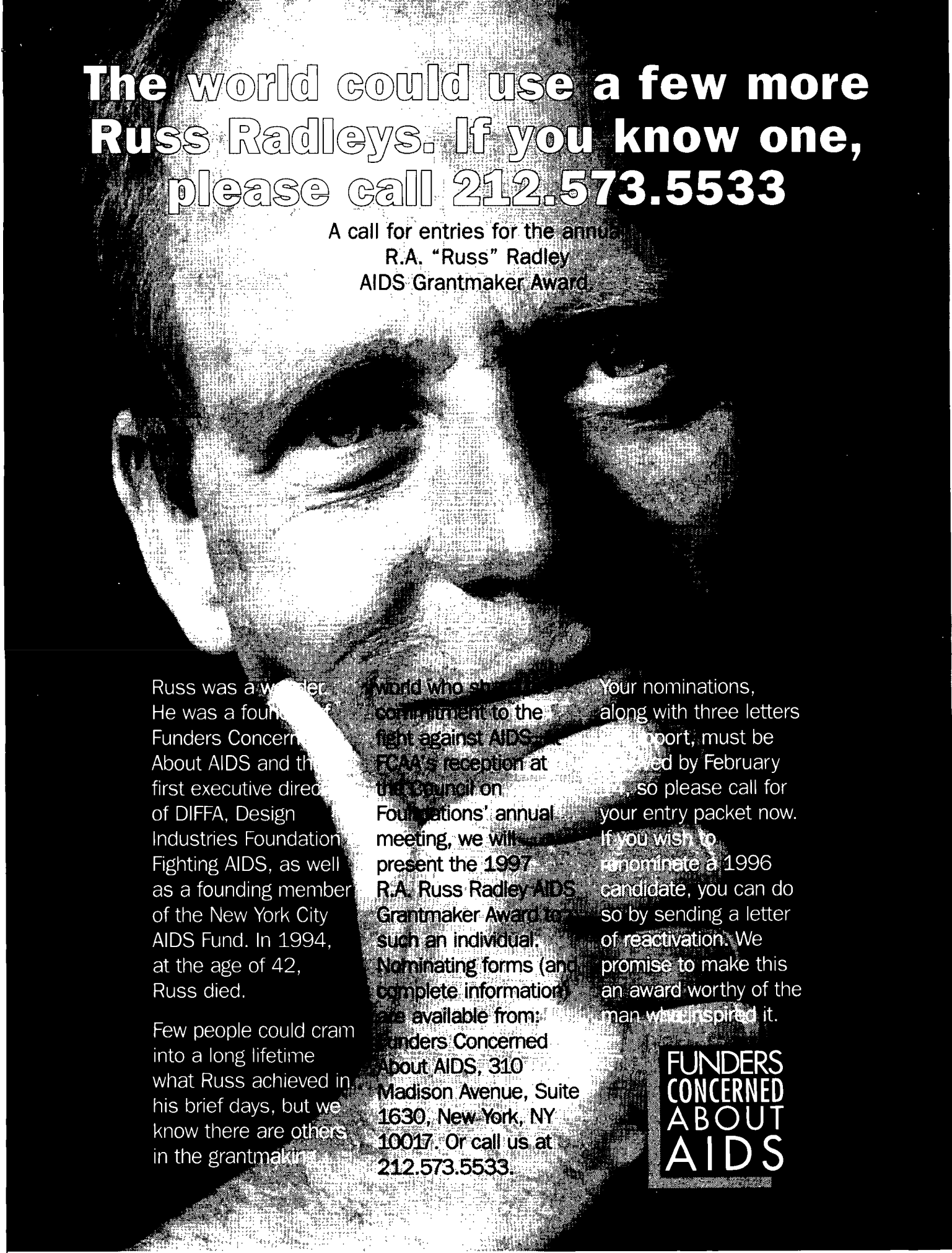
TRANSLATION OF RESEARCH INTO PRACTICE

● Developing Treatment Guidelines

One of the most critical tasks for clinicians and patients is interpreting the patchwork of data and articles regarding treatments and converting it into a therapeutic strategy for their patients. The Administration has begun a three-pronged strategy to develop information for clinicians and patients. The National Institutes of Health has held the first of a series of conferences to bring together current scientific information about new AIDS treatments. The Office of HIV/AIDS Policy at the Department of Health and Human Services has begun a process to develop clinical practice guidelines in conjunction with relevant Federal Agencies and private sector representatives. And the Forum for Collaborative HIV Research, a public-private partnership involving researchers, clinicians, and patient advocates, will identify additional clinical trials to be supported by the Forum participants, which include Federal Agencies, pharmaceutical manufacturers, clinicians, researchers, and patient advocates.

Individual copies of the National AIDS Strategy and its appendices are available by calling the National AIDS Hotline, 1-800-342-AIDS, or by writing to the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD, 20849-6003. The National AIDS Strategy can also be viewed or downloaded from the CDC National AIDS Clearinghouse World Wide Web site address: <http://cdcnac.aspensys.com:86>.

#



The world could use a few more Russ Radleys. If you know one, please call 212.573.5533

A call for entries for the annual
R.A. "Russ" Radley
AIDS Grantmaker Award

Russ was a wonder. He was a founder of Funders Concerned About AIDS and the first executive director of DIFFA, Design Industries Foundation Fighting AIDS, as well as a founding member of the New York City AIDS Fund. In 1994, at the age of 42, Russ died.

Few people could cram into a long lifetime what Russ achieved in his brief days, but we know there are others in the grantmaking

world who share his commitment to the fight against AIDS. At FCAA's reception at the Council on

Foundations' annual meeting, we will present the 1997 R.A. Russ Radley AIDS Grantmaker Award to such an individual.

Nominating forms (and complete information) are available from:

Funders Concerned About AIDS, 310 Madison Avenue, Suite 1630, New York, NY 10017. Or call us at 212.573.5533.

Your nominations, along with three letters of support, must be received by February 1, 1997, so please call for your entry packet now. If you wish to renominate a 1996 candidate, you can do so by sending a letter of reactivation. We promise to make this an award worthy of the man who inspired it.

**FUNDERS
CONCERNED
ABOUT
AIDS**

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AIDS: Time to Renew Our Commitment

**GMHC's New York State
Budget Recommendations
for FY 1997**

Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Managed Care Education for People with HIV/AIDS

**New York State Managed Care Legislation
Helps Fill in the Gaps**

by Susan M. Dooha, J.D.



GAY MEN'S HEALTH CRISIS

Clinton Presidential Records Digital Records Marker

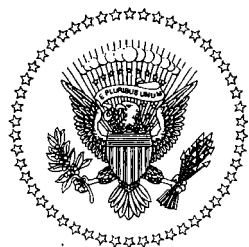
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Monday, December 30, 1996
Volume 32—Number 52
Pages 2535–2543

Questions about treatment for HIV disease?

Call the *HIV/AIDS Treatment Information Service* for federally approved treatment guidelines and information. (All calls are completely confidential)

The **HIV/AIDS Treatment Information Service** provides timely, accurate treatment information on HIV and AIDS. The service was developed through a coordinated Public Health Service* effort and is offered through the CDC National AIDS Clearinghouse.

The **HIV/AIDS Treatment Information Service** is a free telephone reference service for:

- ◆ People with HIV disease, their families and friends
- ◆ Health care providers

The service is staffed by information specialists who answer questions using the National Library of Medicine database of HIV/AIDS treatment information. This database is also available to the public—free of charge—by computer link.

Services

- ◆ Answers to questions about treatment of HIV disease
- ◆ Copies of federally approved HIV/AIDS treatment guidelines and information
- ◆ Bilingual reference specialists, Spanish and English

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Monday - Friday
9:00 am to 7:00 pm, EST

All calls are completely confidential.

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Fax: 301-738-6616

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URL: <http://www.hivatis.org>

A link to HIV/AIDS treatment information resources

The staff works with many different HIV/AIDS information services to build a comprehensive treatment information referral network. This network links callers to appropriate information resources.

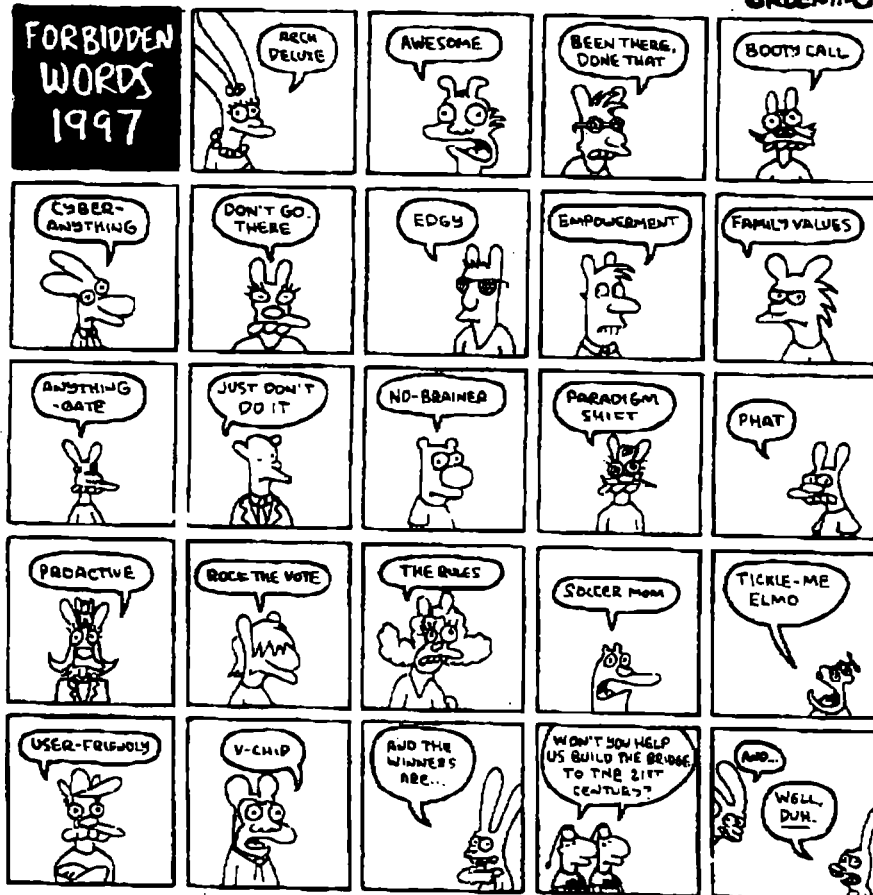
HIV/AIDS **TREATMENT**
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SERVICE

*Public Health Service Coordinating Group: Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Substance Abuse and Mental Health Services Administration.

BONNY PAGE

LIFE IN
HELL

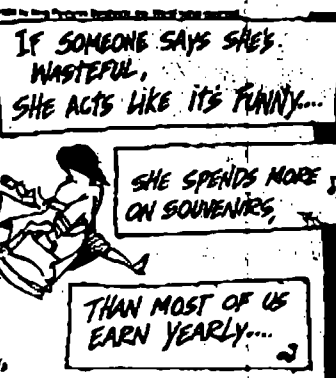
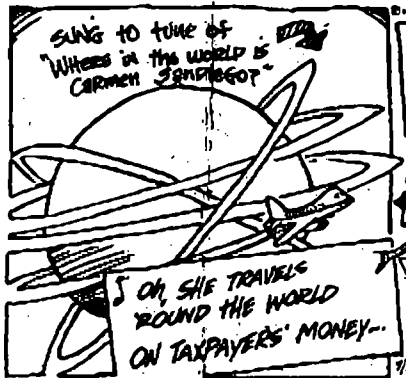
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The HIV Prevention Act of 1997

It has been just 16 years since the first cases of AIDS were recognized. The initial thousand cases were reported to the Centers for Disease Control and Prevention (CDC) by February 1983. By the end of June 1996, the cumulative incidence of reported AIDS cases reached a total of 548,102. Of these, 343,000 are known to have died. Clearly, this is an epidemic of historic proportion that is continuing to grow.

While no cure exists for AIDS, we know enough about the disease to prevent its spread. For instance, we know that AIDS is caused by the Human Immunodeficiency Virus (HIV) and is actually the end stage of HIV infection. We also know that the disease is transmitted through exchange of body fluids and it attacks the body's immune system eventually leaving the body unable to fend off infection.

What we do not know is the extent of the epidemic. We have failed to employ the public health procedures which have been successful in curtailing other epidemics in our efforts against HIV. These include confidential HIV reporting and partner notification.

We have made an effort to report cases of AIDS on a state and national level but not cases of HIV. We do not make it a priority to notify those who may have been exposed that their lives may be endangered.

Put simply, the federal government and the public health community have been AWOL in the battle against HIV. Sound medical practices have been abandoned and replaced with political correctness. HIV has been treated as a civil rights issue instead of the public health crisis that it is.

The HIV Prevention Act of 1997 will return sound medical practices to our Nation's public health policy and curtail the spread of the deadly HIV epidemic.

Recent scientific breakthroughs make prompt passage of this bill extremely important. Many of the world's top HIV scientists have suggested that it may be possible to "eradicate" the virus from the body and completely suppress it by using a combination of new HIV drugs. Most believe that these drugs may transform HIV for many from a terminal disease into a chronic disease like diabetes or heart disease. However, researchers agree that *the success of these drugs depends upon starting treatment early.*

This bill aims at protecting the uninfected and at helping those who are infected to discover their status as early as possible to maximize the opportunities now available.

In addition to numerous public health officials across the country, the American Medical Association-- the nation's largest doctors group-- has announced its "strong support" for the HIV Prevention Act of 1997.

The following is a section-by-section summary of the proposal.

IMPROVED HIV EPIDEMIC MEASUREMENT

The HIV Prevention Act establishes a confidential national HIV reporting effort.

Currently *every* State reports cases of AIDS, which is merely the end stage of HIV infection. By confidentially reporting new cases of HIV, which is already required by 26 states, those responsible for control of the disease can more accurately determine the current extent of the epidemic as well as future trends, rates of progression, direction of spread, possible changes in transmissibility and other critical factors of disease control. Such information will allow for the development of long-term strategies based on reliable data.

Reporting is used to study and access many diseases. In addition to AIDS, many other infectious diseases (such as gonorrhea, hepatitis and syphilis) are currently reported to CDC. To protect confidentiality, many states use codes rather than personal identifiers such as name and address.

PARTNER NOTIFICATION

The HIV Prevention Act would require states to inform individuals if they may have been exposed to HIV by a current or past partner.

Scientists at the National Cancer Institute have estimated that between 650,000 to 900,000 Americans were infected with HIV at the end of 1992, between 120,000 to 160,000 of whom were women (An average of 50,000 Americans became infected *each* year between 1987 and 1992).¹ CDC estimates that up to 950,000 Americans are currently infected.² Sadly, most of those infected do not know it and do not get tested until they are already sick with AIDS-related disease.³ By this point, they have been denied the medical care that can prolong their lives and stave off illness and may have infected others unknowingly.

Partner notification is the only timely way to alert those in danger of infection and

is the standard public health procedure for curtailing the spread of virtually all other sexually transmitted diseases.

Partner notification essentially requires two steps. The first is to counsel all infected individuals about the importance of notifying their partner or partners that they may have been exposed. The second is for their doctor to forward the names of any partners named by the infected person to the Department of Health where specially trained public health professionals complete the notification. In all cases, the privacy of the infected person is, and must be, protected by withholding the name of the infected person from the partner being notified. Because names are never revealed, the infected retain their anonymity.

Notification allows for early medical treatment which can prolong and improve lives. It curtails the spread of HIV, and therefore, saves lives. It is also widely supported by most Americans according to a poll published in the New York Post⁴ and will bring greater safety to our nation's blood supply.

Partner notification has proven to be highly effective and there is no evidence that partner notification programs discourage individuals from being tested. Between 50% and 90% of those who tested positive cooperate voluntarily with notification. Further, even higher proportions of those partners contacted- usually 90% or more- voluntarily obtain an HIV test.⁵ But only 10% or less of people who have recently tested HIV-positive manage, by themselves, to notify their partners.⁶

Legislation requiring *spousal notification* has already been signed into law (Public Law 104-146). It applies only to those partners who are or had been married. It makes perfect sense to expand notification to all of those who may have been exposed to HIV.

At least 32 states have enacted HIV/AIDS-specific partner notification laws, but most do not mandate or impose a duty to notify.⁷

The CDC currently requires states to establish procedures for partner notification for AIDS.

Partner notification is especially important for women because many HIV-infected women (50% to 70% in some studies) do not engage in high risk behaviors but were infected by a partner who does.⁸

Jack Wroten, who heads the Florida's program, said that "I would hope that the controversy surrounding partner notification would cease" because "it works" and "it's very, very productive. And the fact is that the majority [of people], if you ask them, 'Do you want to be notified?'- absolutely."⁹

In addition to saving lives, partner notification also saves money. The CDC has concluded that even if only one in 80 notifications results in preventing a new case of HIV-infection, given the huge medical and social costs of every case (lifetime cost for HIV treatment is \$119,000), notification pays for itself.¹⁰

HIV TESTING FOR SEXUAL OFFENDERS

The HIV Prevention Act requires that those accused of sexual offenses be tested for HIV.

Many times the victims of rape and other sexual assaults also become victims of HIV.

Because HIV is incurable, rape and molestation victims must have the right to know if they have been exposed to HIV as soon after exposure as possible so they can begin medical treatment immediately if necessary.

Victims can not rely solely on testing themselves for the disease because there is often a lag time that can last for several months between HIV exposure and infection. Therefore, the only timely, logical and practical way for a victim to know if they may be at risk of HIV is to learn the status of their attacker.

Most states allow for victims to find out whether their attackers have HIV, but only *after* convicted of an assault, which may take many months or even years.

A recent Colorado study found that while 3,250 arrests were made for forcible rape, less than a dozen tests were ordered. And in Alabama, because of the lengthy delay in bringing rape cases to trial, no one has used a law that allows victims to find out whether or not their attackers are infected with HIV.¹¹

Even if the victim tests negative, knowing the status of their assailant provides many victims with a sense of relief and allows them to seek further medical advice and take precautions if positive.

HIV AND MEDICAL PROCEDURES

The HIV Prevention Act protects both health care patients and professionals from inadvertent exposure to HIV. It would do this by encouraging states and medical associations to establish policies to be followed by providers with HIV in the performance of any risk prone invasive medical procedure on a patient. It also allows providers to test a patient for HIV before performing such a procedure.

Both health care professionals and patients should be given the ability to protect themselves from unwarranted HIV exposure.

Universal precautions (requiring that all patients be treated as if they are infected) do not provide enough protection. Health care workers have been infected with HIV after being stuck with needles or after infected blood entered the workers' bloodstream through an open cut or splashes onto a mucous membrane (like the eyes or inside the nose). Additionally, a new study found that 17% to 25% of health care workers experience adverse reactions such as contact dermatitis from latex gloves used as routine precautions. Some can even suffer life-threatening reactions, including respiratory problems and shock.¹²

As of June 30, 1996, 18,014 of the AIDS cases reported to the CDC were people employed in health care. Overall, 76% of the health care workers with AIDS including 1,178 physicians and 3,019 nurses were reported to have died.

The CDC knows of 51 health care workers in the United States who have been documented as having seroconverted to HIV following occupational exposure. CDC is also aware of 108 other cases of HIV infection in occupationally exposed health care workers whose seroconversion after exposure was not documented.¹³

A recent study of hospital nurses concluded that workplace stress due to the fear of HIV contagion is high and the most effective way to reduce fear is to inform staff of the HIV status of patients.¹⁴

Seventeen states have already passed legislation to protect patients from HIV-infected health care workers.¹⁵

Similar proposals regarding patients and health care providers passed the Senate overwhelmingly in 1991, but were later dropped in conference.

The public would like doctors and dentists with AIDS or HIV to be legally required to inform their patients of their health status according to 93% of those polled in a New York Post survey.¹⁶

HIV NOTIFICATION

The HIV Prevention Act requires that if an insurance issuer requires an HIV test as a condition of application, the applicant is entitled to the results. It also permits adoptive parents to learn the HIV status of a child that they are considering for adoption.

Twenty-two states do not require insurers to disclose HIV test results to applicants.¹⁷ Therefore, applicants who test positive but are unaware of their status are denied the opportunity to learn their status, seek medical care and prevent exposure to others.

Many states do not permit potential adoptive parents to know the HIV status of a child they are prepared to adopt. Because of the enormous financial and emotional commitment that is necessary when caring for any one who is HIV-positive, this provision is fair both to an infected child and the adoptive parents.

INTENTIONAL TRANSMISSION OF HIV

The HIV Prevention Act expresses the sense of the Congress that States should criminalize the intentional transmission of HIV.

Those who are infected with any communicable disease have a responsibility to prevent transmitting the disease to others. Because no cure exists for HIV, transmitting the disease is the equivalent of delivering a death sentence.

79% of Americans believe that those who knowingly infect another person with HIV should face criminal charges. Half of those surveyed said that people who knowingly transmit the virus should be charged with murder.¹⁸

While many states already have enacted such laws, many others have not. California, for example, does not and even released an HIV-infected man jailed for not informing his partner before having unprotected sex.¹⁹ Maryland's highest court also ruled that a man who knew he had HIV and then raped three women could not be tried for attempted murder even though he may have infected his victims.²⁰

CONFIDENTIALITY AND HIV

The HIV Prevention Act expresses the sense of Congress that strict confidentiality must be observed at all times in carrying out the provisions of this Act.

At least 39 states have laws providing for confidentiality of HIV/AIDS related information. At least 28 have laws that specifically regulated medical records. The remaining states may protect confidentiality under other statutes. Additionally, most states have penalties for unauthorized disclosure of information on patient's medical records.²¹

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19. "Judge: State Has No Law Against Knowingly Spreading AIDS," Associated Press, May 30, 1996.
20. Amy Argetsinger, "Md.'s Top Court Says HIV Not Enough To Convict Rapist of Attempted Murder," Washington Post, August 2, 1996.
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HIC

105TH CONGRESS
1ST SESSION**H. R. 1062**

IN THE HOUSE OF REPRESENTATIVES

Mr. COBURN (for himself [see attached list of cosponsors]) introduced the following bill; which was referred to the Committee on

A BILL

To amend title XIX of the Social Security Act with respect to preventing the transmission of the human immunodeficiency virus (commonly known as HIV), and for other purposes.

- 1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "HIV Prevention Act
3 of 1997".

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) The States should recognize that the terms
7 "acquired immune deficiency syndrome" and
8 "AIDS" are obsolete. In the case of individuals who
9 are infected with the human immunodeficiency virus
10 (commonly known as HIV), the more important
11 medical fact for the individuals and for the protec-
12 tion of the public health is the fact of infection, and
13 not just the later development of AIDS (the stage at
14 which the infection causes symptoms). The term
15 "HIV disease", meaning infection with HIV regard-
16 less of whether the infection has progressed to
17 AIDS, more correctly defines the medical condition.

18 (2) The medical, public health, political, and
19 community leadership must focus on the full course
20 of HIV disease rather than concentrating on later
21 stages of the disease. Continual focus on AIDS rath-
22 er than the entire spectrum of HIV disease has left
23 our Nation unable to deal adequately with the epi-
24 demic. Federal and State data collection efforts
25 should focus on obtaining data as early as possible

1 after infection occurs, while continuing to collect
2 data on the symptomatic stage of the disease.

3 (3) Recent medical breakthroughs may enable
4 doctors to treat HIV disease as a chronic disease
5 rather than as a terminal disease. Early intervention
6 in the progression of the infection is imperative to
7 prolonging and improving the lives of individuals
8 with the disease.

9 (4) The Centers for Disease Control and Pre-
10 vention has recommended partner notification as a
11 primary prevention service. The health needs of the
12 general public, and the care and protection of those
13 who do not have the disease, should be balanced
14 with the needs of individuals with the disease in a
15 manner that allows for the infected individuals to re-
16 ceive optimal medical care and for public health
17 services to protect the uninfected.

18 (5) Individuals with HIV disease have an obli-
19 gation to protect others from being exposed to HIV
20 by avoiding behaviors that place others at risk of be-
21 coming infected. The States should have in effect
22 laws providing that intentionally infecting others
23 with HIV is a felony.

1 **SEC. 3. ESTABLISHMENT OF HIV-RELATED REQUIREMENTS**
2 **IN MEDICAID PROGRAM.**

3 (a) **IN GENERAL.**—Title XIX of the Social Security
4 Act (42 U.S.C. 1396 et seq.) is amended—

5 (1) in section 1902(a)—

6 (A) in paragraph (61), by striking “and”
7 after the semicolon at the end;

8 (B) in paragraph (62), by striking the pe-
9 riod at the end and inserting “; and”; and

10 (C) by inserting after paragraph (62) the
11 following paragraph:

12 “(63) meet the requirements of section 1930A
13 (relating to the prevention of the transmission of the
14 human immunodeficiency virus, commonly known as
15 HIV).”; and

16 (2) by inserting after section 1930 the following
17 section:

18 **“PREVENTION OF TRANSMISSION OF HIV**

19 **“SEC. 1930A. (a) For purposes of section**
20 **1902(a)(63), a State plan meets the requirements of this**
21 **section if the plan demonstrates to the satisfaction of the**
22 **Secretary that the law or regulations of the State are in**
23 **accordance with the following:**

24 **“(1) The State requires that, in the case of a**
25 **health professional or other entity that provides for**
26 **the performance of a test for HIV on an individual,**

1 the entity confidentially report positive test results
2 to the State public health officer, together with any
3 additional necessary information, in order to carry
4 out the following purposes:

5 “(A) The performance of statistical and
6 epidemiological analyses of the incidence in the
7 State of cases of such disease.

8 “(B) The performance of statistical and
9 epidemiological analyses of the demographic
10 characteristics of the population of individuals
11 in the State who have the disease.

12 “(C) The assessment of the adequacy of
13 preventive services in the State with respect to
14 the disease.

15 “(D) The performance of the functions, re-
16 quired in paragraph (2).

17 “(2)(A) The State requires that the public
18 health officer of the State carry out a program of
19 partner notification to inform individuals that the
20 individuals may have been exposed to HIV. For pur-
21 poses of this paragraph, the term ‘partner’ includes
22 the sexual partners of individuals with HIV disease;
23 the partners of such individuals in the sharing of
24 hypodermic needles for the intravenous injection of
25 drugs; and the partners of such individuals in the

1 sharing of any drug-related paraphernalia deter-
2 mined by the Secretary to place such partners at
3 risk of HIV infection.

4 “(B) The State requires that any information
5 collected for purposes of partner notification be suf-
6 ficient for the following purposes:

7 “(i) To provide the partners of the in-
8 dividual with HIV disease with an appro-
9 priate opportunity to learn that the part-
10 ners have been exposed to HIV.

11 “(ii) To provide the partners with
12 counseling and testing for HIV disease.

13 “(iii) To provide the individual who
14 has the disease with information regarding
15 therapeutic measures for preventing and
16 treating the deterioration of the immune
17 system and conditions arising from the dis-
18 ease, and to provide the individual with
19 other preventive information.

20 “(iv) With respect to an individual
21 who undergoes testing for HIV disease but
22 does not seek the results of the testing,
23 and who has positive test results for the
24 disease, to recall and provide the individual
25 with counseling, therapeutic information,

1 and other information regarding preventa-
2 tive health services appropriate for the in-
3 dividual.

4 “(C) The State cooperates with the Director of
5 the Centers for Disease Control and Prevention in
6 carrying out a national program of partner notifica-
7 tion, including the sharing of information between
8 the public health officers of the States.

9 “(3) With respect to a defendant against whom
10 an information or indictment is presented for a
11 crime in which by force or threat of force the per-
12 petrator compels the victim to engage in sexual ac-
13 tivity, the State requires as follows:

14 “(A) That the defendant be tested for HIV
15 disease if—

16 “(i) the nature of the alleged crime is
17 such that the sexual activity would have
18 placed the victim at risk of becoming in-
19 fected with HIV; or

20 “(ii) the victim requests that the de-
21 fendant be so tested.

22 “(B) That if the conditions specified in
23 subparagraph (A) are met, the defendant un-
24 dergo the test not later than 48 hours after the
25 date on which the information or indictment is

1 presented, and that as soon thereafter as is
2 practicable the results of the test be made avail-
3 able to the victim; the defendant (or if the de-
4 fendant is a minor, to the legal guardian of the
5 defendant); the attorneys of the victim; the at-
6 torneys of the defendant; the prosecuting attor-
7 neys; the judge presiding at the trial, if any;
8 and the principal public health official for the
9 local governmental jurisdiction in which the
10 crime is alleged to have occurred.

11 “(C) That if the defendant has been tested
12 pursuant to subparagraph (B), the defendant,
13 upon request of the victim, undergo such follow-
14 up tests for HIV as may be medically appro-
15 priate, and that as soon as is practicable after
16 each such test the results of the test be made
17 available in accordance with subparagraph (B)
18 (except that this subparagraph applies only to
19 the extent that the individual involved continues
20 to be a defendant in the judicial proceedings in-
21 volved, or is convicted in the proceedings).

22 “(D) That, if the results of a test con-
23 ducted pursuant to subparagraph (B) or (C) in-
24 dicate that the defendant has HIV disease, such
25 fact may, as relevant, be considered in the judi-

1 cial proceedings conducted with respect to the
2 alleged crime.

3 “(4)(A) With respect to a patient who is to un-
4 dergo a medical procedure that would place the
5 health professionals involved at risk of becoming in-
6 fected with HIV, the State—

7 “(i) authorizes such health professionals in
8 their discretion to provide that the procedure
9 will not be performed unless the patient under-
10 goes a test for HIV disease and the health pro-
11 fessionals are notified of the results of the test;
12 and

13 “(ii) requires that, if such test is per-
14 formed and the patient has positive test results,
15 the patient be informed of the results.

16 “(B) The State authorizes funeral-services
17 practitioners in their discretion to provide that fu-
18 neral procedures will not be performed unless the
19 body involved undergoes a test for HIV disease and
20 the practitioners are notified of the results of the
21 test.

22 “(5) The State requires that, if a health care
23 entity (including a hospital) transfers a body to a fu-
24 neral-services practitioner and such entity knows

1 that the body is infected with HIV, the entity notify
2 the funeral-services practitioner of such fact.

3 “(6) The State requires that, if a health insur-
4 ance issuer requires an applicant for such insurance
5 to be tested for HIV disease as a condition of issu-
6 ing such insurance, the applicant be afforded an op-
7 portunity by the health insurance issuer to be in-
8 formed, upon request, of the HIV status of the ap-
9 plicant. For purposes of this paragraph, the term
10 ‘health insurance issuer’ means an insurance com-
11 pany, insurance service, or insurance organization
12 (including a health maintenance organization) which
13 is licensed to engage in the business of insurance in
14 the State and which is subject to State law which
15 regulates insurance. This paragraph may not be con-
16 strued as affecting the provisions of section 514 of
17 the Employee Retirement Income Security Act of
18 1974 with respect to group health plans.

19 “(7) The State requires that, if an adoption
20 agency is giving significant consideration to approv-
21 ing an individual as an adoptive parent of a child
22 and the agency knows whether the child has HIV
23 disease, such prospective adoptive parent be afforded
24 an opportunity by the agency to be informed, upon
25 request, of the HIV status of the child.

1 “(b) For purposes of this section, the term ‘HIV’
2 means the human immunodeficiency virus; and the term
3 ‘HIV disease’ means infection with HIV and includes any
4 condition arising from such infection.”.

5 (b) SENSE OF CONGRESS REGARDING HEALTH PRO-
6 FESSIONALS WITH HIV DISEASE.—It is the sense of the
7 Congress that, with respect to health professionals who
8 have HIV disease—

9 (1) the health professionals should notify their
10 patients that the health professionals have the dis-
11 ease in medical circumstances that place the patients
12 at risk of being infected with HIV by the health pro-
13 fessionals; and

14 (2) the States should encourage the medical
15 profession to develop guidelines to assist the health
16 professionals in so notifying patients.

17 (c) APPLICABILITY OF REQUIREMENTS.—

18 (1) IN GENERAL.—Except as provided in para-
19 graph (2), the amendment made by subsection (a)
20 applies upon the expiration of the 120-day period be-
21 ginning on the date of the enactment of this Act.

22 (2) DELAYED APPLICABILITY FOR CERTAIN
23 STATES.—In the case of the State involved, if the
24 Secretary determines that a requirement established
25 by the amendment made by subsection (a) cannot be

1 implemented in the State without the enactment of
2 State legislation, then such requirement applies to
3 the State on and after the first day of the first cal-
4 endar quarter that begins after the close of the first
5 regular session of the State legislature that begins
6 after the date of the enactment of this Act. For pur-
7 poses of the preceding sentence, in the case of a
8 State that has a 2-year legislative session, each year
9 of such session is deemed to be a separate regular
10 session of the State legislature.

11 (d) **RULE OF CONSTRUCTION.**—Part D of title XXVI
12 of the Public Health Service Act (42 U.S.C. 300ff–71 et
13 seq.) is amended by inserting after section 2675 the fol-
14 lowing section:

15 **“SEC. 2675A. RULE OF CONSTRUCTION.**

16 “With respect to an entity that is an applicant for
17 or a recipient of financial assistance under this title, com-
18 pliance by the entity with any State law or regulation that
19 is consistent with section 1930A of the Social Security Act
20 may not be considered to constitute a violation of any con-
21 dition under this title for the receipt of such assistance.”.

22 **SEC. 4. SENSE OF CONGRESS REGARDING INTENTIONAL**
23 **TRANSMISSION OF HIV.**

24 It is the sense of the Congress that the States should
25 have in effect laws providing that, in the case of an indi-

what are women who have sex with women's HIV prevention needs?

are women who have sex with women at risk for HIV?

HIV risk for women who have sex with women (WSW), like for all people, varies depending on what they do. Some WSW may shoot drugs, have sex with men, trade sex for money or drugs, be victims of rape or abuse, have sex with many partners or have artificial insemination.

It is important to remember that sexual identity and sexual behavior are not always similar; for example, women who identify as lesbian can also have sex with men, and not all WSW identify as lesbian or bisexual. In this fact sheet, the term "WSW" will cover all these categories, unless a more specific term or definition is offered.

Among injection drug users, WSW have higher HIV rates than do women who have sex with men only. A study of female injection drug users (IDUs) in 14 US cities found that, compared to heterosexual women, women who had a female sex partner were more likely to share syringes, to exchange sex for drugs or money, to be homeless and to seroconvert.¹

Women who identify as lesbian or bisexual and have sex with men may be at high risk for HIV due to male partnering choices and low condom use. A study of lesbians and bisexual women in San Francisco, CA, found that 81% reported sex with men in the past 3 years. Of those women, 39% reported unprotected vaginal sex and 11% unprotected anal sex.² In a survey of lesbians and bisexual women in 16 small US cities, among women currently sexually active with a male partner, 39% reported sex with a gay/bisexual man and 20% reported sex with an IDU.³

is female-to-female transmission possible?

From all we know, there is a small but still unspecified risk of HIV transmission associated with female-to-female sexual practices.⁴ HIV is found in vaginal fluids and menstrual blood, but the amount of virus has not been adequately measured. Female-to-female sex can include a variety of activities, and the risk relative to all activities is still not known. It is thought that oral sex alone poses a relatively low risk,⁴ and acts that may result in vaginal trauma, such as sharing sex toys without condoms or digital play with fingers with cuts or sharp nails, might pose higher risk.

To date, there have been no studies that have rigorously examined female-to-female sexual acts or cunnilingus as a risk for HIV transmission, but there are a number of reported cases of transmission.⁵ Only one study has looked at HIV-discordant lesbian couples (where one woman is infected and the other isn't). Although this study followed only 10 couples and only over a short period of time, they found no seroconversions.⁶

what are barriers to prevention?

Social, environmental and economic factors can be a barrier to prevention. WSW who are poor, drug addicted, lack adequate job training, are homeless or who fear violence may turn to prostitution or engage in sex with men for survival.⁴ Attention to more immediate concerns of food, housing and addiction often takes priority over future concerns of HIV infection.

Expectations of heterosexuality and negative social or cultural attitudes towards homosexuality may serve to increase risk behaviors among some WSW. A study in San Francisco, CA, found that young lesbians engaged in high rates of alcohol and drug use, unprotected sex with men and sexual experimentation with young gay men as a way of coping with societal pressures.⁷

At-risk WSW are often invisible or not recognized within other groups such as crack-smokers and injection drug users, the homeless, commercial sex workers and prisoners. WSW who have sex with men may identify with different communities depending on the gender of their current sex partner. Prevention efforts should take this into account, and recognize that bisexual women may be most effectively reached through programs targeted to high risk heterosexual women.⁷

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what's being done?

There are still a limited number of prevention programs that focus specifically on WSW and HIV, but the following projects have made a difference.

The Lesbian AIDS Project (LAP) at GMHC in New York City, NY, provides multiple services to both HIV- and HIV+ WSW. LAP runs support groups and workshops on safer sex as well as domestic violence, behavior change and other topics. At-risk and HIV+ lesbians on staff provide education and outreach in the community including in women's prisons and recovery settings.⁸

In San Francisco, CA, Lyon-Martin Women's Health Services trained lesbians and bisexual women as peer educators to deliver safer sex information in women's bars, dance clubs and sex clubs. Affectionately known as the "Safer Sex Sluts," the peer educators are "dedicated to demolishing denial" by presenting skits, giving workshops and individual consultations and handing out condoms and lubricant.⁹

A community-based outreach project in Hollywood, CA, targeted street-based high-risk gay, bisexual, lesbian and transgender drug users. Based on a harm reduction model, the program provided support groups, peer counseling, referrals, prevention packages and hygiene kits.¹⁰

In Guatemala, a public space for lesbians, transvestites and gay/bisexual men opened to provide a safe environment for self-expression free of alcohol, sex and drugs. The Culture House sponsors creative workshops and classes in pottery, photography, literature, English and French, among others. They also sponsor conferences and round tables on issues such as violations of human rights, attitudes of the Catholic church towards gays and lesbians, staying HIV-negative and legal aspects of AIDS.¹¹

what still needs to be done?

Definitive research on sexual practices, sexual risks, partnering choices and demographic characteristics of WSW are needed. Effective HIV prevention for WSW must take into account their sexual identity as well as their sexual behavior and drug use activity. Distinguishing WSW by their sexual identity may be crucial in targeting prevention messages.

Service providers and health care workers must be sensitized to the needs of WSW and be trained to conduct risk assessments that are not heterosexually biased. Many service providers assume that women who are HIV+ are exclusively heterosexual.¹² If a woman says that she has had sex with a man, most will stop at that first question and don't proceed to ask if she has also had sex with a woman. Likewise, if a woman reports injection drug use, many will not proceed to sexual behavior questions, assuming drug use is the main risk. This not only affects the care and education a WSW may receive, but also leads to poor documentation on risk behavior forms and inadequate reporting of WSW HIV rates.

As a group, WSW have been invisible in the Centers for Disease Control and Prevention (CDC) HIV classification system. While categories of risk groups for men include men who have sex with men, injecting drug use and heterosexual contact, among others, there is no category for WSW. Efforts to more clearly identify WSW within the CDC's current surveillance system are underway.¹³ Information on the actual number of WSW among AIDS cases will bring to light the need for targeted prevention programs for WSW.

The most effective prevention message for WSW is still unclear. Some groups contend that we need to focus on what's causing HIV risk for the majority of WSW—drug use and sex with men—rather than focus on issues of female-to-female transmission. Education and outreach should focus on cleaning or using new needles and using condoms for anal and vaginal sex with men, but a clearer message regarding female-to-female sex must also be established.¹⁴

It is unconscionable that after 15 years of the HIV epidemic, HIV+ women still don't have accurate information about risk in order to know what to do or not do sexually with their female partners. A comprehensive HIV prevention strategy uses a variety of elements to protect as many people at risk as possible. Accurate information on female-to-female sexual transmission and HIV incidence, as well as what factors influence risk taking among WSW, will be key to protecting women who have sex with women.

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how is science used in HIV prevention?

is science needed?

Yes. While prevention science will not give “the answer,” science fills in critical pieces of the prevention puzzle. Science used in conjunction with an agency’s experience with clients can strengthen, inspire, target, and best use limited resources in HIV prevention programs. This fact sheet will cover some of the basic elements of prevention science, what they mean, and their implications for service.

Using science in prevention is now mandated in many areas. In 1994, the Centers for Disease Control and Prevention (CDC) radically changed how it makes prevention program awards. The CDC’s guidance recommends that HIV Prevention Community Planning Groups (CPGs) use epidemiology, evaluation and behavioral science theories, findings, and methodologies in developing programs.¹

Science that is applicable to HIV prevention can be broken down into five general categories: epidemiology, basic behavioral science, behavior change theory, intervention science, and evaluation methodology.

how is epidemiology useful?

Epidemiology is the study of the occurrence of infections or disease in a population. It can tell you how many people are newly infected with HIV, what subpopulations have been infected, and who might be expected to be infected by HIV in the future. Behavioral epidemiology can tell you about the frequency of risk behaviors.² Using local epidemiology can help program planners target specific audiences and behavior risks that are most in need of prevention in their community. It can also help planners be more thoughtful about how to best use limited resources. Health departments and the CDC can help by collecting local data for all populations.³

how is behavioral science useful?

Basic behavioral science explores the social, behavioral and cultural influences that help explain why people put themselves at risk, and why people continue to get infected with HIV. Research on human sexuality is key to understanding how people change risky sexual behaviors and can help in program design.⁴ It does not tell service providers what to do, but can suggest new ways of thinking about program elements.

For example, recent research has shown that childhood sexual abuse is a predictor for risky sexual behavior in adulthood.⁵ Knowing this, program managers can incorporate questions on early abuse into needs assessments, add a segment on childhood abuse to multi-session education interventions, develop new programs for adults who were abused and/or give special training to direct service staff on sexual abuse issues.

how is behavior change theory useful?

Behavior change theory provides a framework to ideas on why and how people change behaviors that put them at risk for HIV infection. Using behavior change theories can help when crafting an intervention, to support each component in a model as the intervention is designed.^{6,7}

For example, Paulo Freire’s theory of Popular Education states that teachers and students should learn from one another.⁸ Using this theory, a program can use discussion groups as opposed to lectures. This format can strengthen the intervention by empowering people to personally develop their own solutions to change their environment.

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how is intervention science useful?

Intervention science explores which components of programs are more effective and which programs work well in certain populations. For example, in a recent study, the riskiest people did not attend small group educational sessions. A program for gay/bisexual men in Portland, OR conducted outreach in bars and at community events, home meetings, and safer sex workshops. While most men attended outreach activities, few men were likely to attend safer sex workshops.⁹

Scientific study of the program showed that outreach was most likely to reach the riskiest men—younger men and men who reported unprotected anal intercourse.⁹ Interventions aimed at high risk-taking populations can rely on intensive individual outreach/counseling and/or innovative, minimally structured community-level social activities to help draw their intended audience.

how is evaluation methodology useful?

Evaluation encourages critical thinking about the process of designing interventions, and should not only occur at the end of an intervention. Good evaluation produces information about needs, service use patterns, impacts and outcomes. It also gives a voice to clients' experiences, and allows service providers to learn about their programs so that they can make necessary changes to increase their effectiveness.¹⁰ An agency can hire a consultant or researcher for evaluation, or can conduct its own evaluation.

For example, Tri-City Health Center in Fremont, CA surveyed suburban street youth to evaluate the effectiveness of their program of outreach and educational workshops. In response to youth feedback, Tri-City cancelled their scheduled workshops and added a drop-in center providing HIV education as well as support in areas such as dropping out of school, joblessness, substance abuse, abusive relationships and living with HIV.¹¹

how do people access science?

No one should need an advanced degree to understand prevention science. Several organizations exist to help translate and summarize research into understandable and usable forms. CPGs are directed to incorporate prevention science in their comprehensive plans, which are available through local and state health departments.¹² Local universities (especially schools of public health and social work, departments of sociology, psychiatry/psychology, or anthropology) are an excellent contact for research assistance.¹³ Mailing lists and newsletters from organizations that specialize in prevention science and technical assistance can also be invaluable resources.¹⁴

what still needs to be done?

To more closely link the efforts of researchers and service providers: 1) Researchers should share findings with local CBOs and with the CDC and DPHs, as well as become active members of CPGs. 2) CBOs should be more aggressive and proactive in using information outside of their agencies. 3) State DPHs and the CDC should recognize and act upon their role as translators of science. 4) National Institutes of Health, the CDC and private funders should provide adequate funding for integrating prevention science into prevention programs. 5) CBOs and researchers should forge long term partnerships to conduct collaborative projects.¹⁵

Using science in service provision is a specialized field. Most scientists are not trained in the real world application of research. Likewise, most service providers are not trained in research methods. A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. By closing the gap between HIV prevention science and prevention practice, we can ensure that our best efforts won't be wasted, and we can make a difference in the fight against HIV.

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12. For information on your local or state Community Planning group, please contact Lynne Greabell at NASTAD (202) 434-8090.

13. A directory of universities is available on the Internet at <http://info.risc.uni-linz.ac.at/CGI/scripts/ph.cgi/lookup?>

14. • CDC (800) 458-5231 (www.cdc.gov/nchstp/hiv_aids/dhap.htm)
• American Psychological Association (202) 336-6042
• National Minority AIDS Council (202) 483-6622
• National Association of People With AIDS (202) 898-0414
• Academy for Educational Development (202) 884-8700
• National Alliance of State and Territorial AIDS Directors (202) 434-8090
• Council of State & Territorial Epidemiologist (770) 458-3811
• The US Conference of Mayors (202) 293-7330
• GMHC Education Department (212) 807-7517 (www.gmhc.org)
• CAPS (415) 597-9100 (www.caps.ucsf.edu/capsweb)
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¿Sabemos o que funciona a prevenir el VIH—porqué no sacamos mayor provecho?

¿qué hemos aprendido?

Hace quince años, en Los Angeles, CA, se diagnosticaron los primeros 5 casos de SIDA entre hombres homosexuales. Desde entonces el SIDA se ha extendido a más de medio millón de personas en los EEUU y actualmente es la causa líder de muertes entre los Norteamericanos de 25 a 44 años de edad. Estos quince años han sido testigos del gran avance logrado tratando de entender como detener esta enfermedad. Sin embargo, en estos quince años no se ha visto la implementación de programas eficaces de prevención a gran escala en las tareas de prevención del VIH en los EEUU. Si sabemos lo que funciona, ¿porqué no lo ponemos a prueba?

No es necesario que la tarea de prevención sea perfecta para ser efectiva. Los modelos epidemiológicos demuestran que el simple hecho de reducir por mitad el número de conductas de riesgo puede detener esta epidemia.¹ Los programas que a continuación mencionamos son algunas de las intervenciones que han dado muestras de eficacia y que deberían ser replicadas aunque no se haya obtenido un 100% en la reducción de las conductas de riesgo.

¿cuáles programas parecen funcionar?

Se estima que la mayoría de los 41,1000 nuevos casos anuales de infección con VIH son atribuidas a los Usuarios de Drogas Intravenosas (UDIs), a sus parejas sexuales y a su descendencia.² Ya sabemos como detener la transmisión del VIH entre los UDIs: comenzar las tareas de prevención apenas se registren los primeros brotes de infección, proveer el material que se usa para inyectarse esterilizado por medio de los programas de intercambio de jeringuillas o a través de las farmacias, crear programas capaces de reclutar a los UDIs en esta lucha, y proveer programas de rehabilitación de drogas de acuerdo a las circunstancias.³

En Tacoma Washington, ciudad donde los esfuerzos de prevención para los UDIs empezaron en el año 1988, la prevalencia del VIH entre los ellos se ha mantenido entre el 3-4%. En la ciudad de Nueva York, en donde los esfuerzos de prevención para los UDIs encontraron resistencia en sus inicios, nos encontramos con un incremento del 10% hasta más del 50% en cinco años.³

Connecticut implementó el programa ideal de prevención del VIH: sin costo alguno al estado y con resultados sumamente positivos. Esto se logro haciendo un simple cambio sustancial a las leyes que giran en torno a la paraphernalia y a la compra de jeringas lo cual produjo una dramática reducción en el uso de jeringas usadas y un incremento en las ventas de jeringas nuevas entre los UDIs. A raíz de la implementación de estas nuevas leyes se observó una reducción en el uso de jeringas usadas del 52% al 31%, la venta en las farmacias subió del 19% al 78%, y las ventas en las calles cayeron del 74% al 28%.⁴

Actualmente, el hombre gay y/o bisexual cuenta con la mayoría de los casos de infección con VIH, y con el 25% anual de nuevas infecciones en los EEUU.² Sabemos cuales son las estrategias de intervención que funcionan entre el hombre gay y bisexual: pequeños grupos de apoyo, la práctica de ciertas destrezas o la creación de estas, proveer consejería, pruebas del VIH y programas de reclutamiento llevados a cabo por miembros del grupo en cuestión, líneas telefónicas de asistencia, programas televisivos e intervenciones a nivel comunitario.

Uno de los programas exitosos fue implementado en varias ciudades de tamaño mediano. En este programa se entrenó a las personas más populares del ámbito social para transmitir mensajes de reducción de riesgo en bares de homosexuales. Debido a esto, se redujeron las relaciones sexuales sin protección.⁵ Otro de los programas exitosos usó la estrategia de promover una norma o patrón de conducta por medio de fiestas, días de campo y juegos de voliból. Esto ocasionó un descenso en las relaciones sexuales sin protección del 40% al 31%.⁶

Un cuarto de todas las nuevas infecciones en los EEUU ocurre entre los jóvenes menores de 22 años. Sabemos cuales son las estrategias para tratar el caso de los adolescentes: los programas eficaces de educación sexual en las escuelas. En una revisión a 23 programas implementados en las escuelas se descubrió que aquellos jóvenes que participaron en estos programas estaban menos propensos a participar en actividades sexuales y aquellos que estaban teniendo relaciones sexuales lo hacían con menos frecuencia usando métodos anticonceptivos.⁷

La prueba voluntaria del VIH y el tratamiento con AZT a las mujeres embarazadas VIH positivas redujo en dos tercios el riesgo de transmisión del VIH de la madre al feto.⁸ Aunque los efectos secundarios que esta medicina ocasiona aún están por verse.

Quén lo dice?

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¿cómo se limita la prevención?

Hasta hoy, el gobierno Estadounidense no permite el uso de fondos federales para programas de intercambio de jeringas, a pesar de que 6 reportes auspiciados por el gobierno demostraron que estos programas ayudan a detener la transmisión del VIH sin que se haya observado un incremento en el uso de las drogas.⁹ Simultáneamente, diez estados y el DC tiene hasta hoy leyes que requieren una receta del doctor para comprar jeringas, a pesar de que 4 estudios auspiciados por el gobierno han recomendado abolir estas leyes.¹⁰ Mientras tanto, los centros para el tratamiento de drogas tienen con frecuencia largas listas de espera, y menos del 15% de los UDIs en los EEUU están bajo tratamiento en un momento dado.¹⁰

Hasta hace pocos años, muchos estados han logrado crear/pasar leyes que restringen la educación sexual. Por ejemplo, en ocho estados se requiere o se recomienda enseñar que la homosexualidad no es un estilo de vida aceptable en la sociedad a pesar de que los jóvenes gay/homosexuales son los que corren mayor riesgo de contraer el VIH y por lo tanto son los que necesitan más educación. A pesar de que en 26 estados se exige promover la abstinencia en las escuelas, una revisión de estos programas no comprobó la efectividad de estos en cuanto a retrasar las actividades sexuales.⁷ Solamente en 14 de los 26 estados se exige como requisito incluir en el currículo de educación sexual información acerca de los anticonceptivos, sobre las enfermedades transmitidas sexualmente y sobre el VIH.¹¹

Los fondos monetarios designados para los esfuerzos de prevención del VIH no siempre se canalizan donde más se necesitan. Por ejemplo, en el estado de California, en el año 1991 en donde el 88% de todos los casos de SIDA era atribuido a hombres homosexuales y bisexuales, solamente designaron el 5% del presupuesto para la prevención en esta población.¹²

El éxito obtenido al prevenir la transmisión materno-fetal ha provocado que el gobierno federal recomiende servicios de consejería y pruebas voluntaria del VIH a toda mujer embarazada. Eso sí, el hecho de hacerse la prueba no garantiza recibir el tratamiento en caso de resultar positiva. Un estudio a los centros públicos donde se hacen pruebas del VIH, encontró que casi la mitad de los clientes no tenían seguro de salud siendo las minorías raciales las que poseían menos posibilidades de tener seguro de salud.¹³ La falta de un seguro puede impedir que las mujeres reciban servicios preventivos tales como el cuidado prenatal.

¿qué podemos hacer?

El gobierno federal deberá revocar las leyes que impiden que los programas de intercambio de jeringas obtengan fondos para operar. Los gobiernos estatales necesitan revocar las leyes de paraphernalia y de prescripción en cuanto a las jeringas. Ambos gobiernos necesitan incrementar programas de mantenimiento con "Methadone", asimismo los programas de rehabilitación de drogas como la cocaína y el crack.

Los gobiernos estatales deberán implementar leyes que requieran que todo joven reciba educación más explícita sobre la sexualidad, las drogas y el VIH/SIDA de acuerdo con la edad en las escuelas, incluyendo el tema de la homosexualidad y los anticonceptivos.

Los departamentos de salubridad del estado y los Grupos Comunitarios de Planeamiento a cargo de distribuir los fondos deberán darle prioridad a los programas de prevención que reflejen con mayor exactitud la epidemiología del VIH en sus comunidades. La mayor prioridad deberá estar centrada en aquellos programas dirigidos a las poblaciones que más lo necesitan: los UDIs dentro y fuera de los programas de tratamiento; hombres homosexuales y bisexuales jóvenes, UDIs y minorías; las parejas femeninas de los UDIs; y los jóvenes que corren alto riesgo.

El gobierno federal necesita asegurar el acceso al cuidado médico durante la etapa inicial a aquellas personas que resulten VIH-positivas. El alto costo de los nuevos medicamentos y del tratamiento se hace inaccesible para aquellos que no poseen seguro médico. Los recientes avances en el tratamiento del VIH pueden reducir dramáticamente la cantidad de virus si se hace durante la etapa inicial, lo cual reduce el riesgo de transmisión. En el futuro, un buen tratamiento puede ser la clave para el éxito de los esfuerzos de prevención.

Un programa de prevención completo y eficaz utiliza múltiples elementos para proteger a la mayor cantidad de personas a riesgo posible. La estrategia de prevención no necesariamente debe ser perfecta para obtener éxito. Sabemos lo que funciona al hacer prevención. Necesitamos aplicar este conocimiento mas plena, justa, y consistentemente.

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¿qué necesitan los usuarios de drogas en la prevención del VIH?

¿están los usuarios de drogas que no se inyectan a riesgo de infectarse?

Si. A pesar del alto riesgo de transmisión del VIH al compartir jeringas, la relación que existe entre el VIH y el uso de drogas va mucho más allá del tema de las jeringas. Las personas adictas al alcohol, al "speed" y a la cocaína-crack, los "poppers" o cualquier otra droga no inyectada, están más propensos que aquellos que no usan drogas a ser portadores del VIH y a convertirse en seropositivos. Aún aquellos personas que no usan drogas intravenosas están más propensas a participar en actividades sexuales de alto riesgo.¹

Muchos de los usuarios de drogas intravenosas (UDIs) primordialmente usan otras drogas no inyectadas. Cuando un UDI porta el VIH, compartir jeringas puede ser el factor de mayor riesgo, pero el uso de drogas no inyectadas, puede además propiciar conductas de riesgo. Por ejemplo, en un estudio de clientes en programas de tratamiento con "Methadone" que presentaban conductas de alto riesgo, se descubrió que los de mayor riesgo de infectarse con el VIH eran los que usaban cocaína-crack.²

Al hacer una encuesta a heterosexuales en programas de tratamiento de alcohol en San Francisco, CA se encontraron tasas de infección del 3% entre hombres no UDIs y no homosexuales y del 4% entre mujeres no UDIs. Estas tasas resultan considerablemente altas en comparación con otra encuesta a una población similar en la que los resultados fueron del 0.5% entre hombres y el 0.2% entre mujeres.³

Un estudio realizado a hombres homosexuales de la ciudad de Boston, MA encontró una estrecha relación entre el uso de inhalantes o "poppers" y la infección del VIH. Los hombres que tuvieron sexo anal bajo los efectos del inhalante estaban 4.2 veces más propensos a ser VIH positivos que los que no estaban bajo estos efectos al tener sexo anal.⁴

La cocaína-crack siempre ha estado estrechamente ligada con la transmisión del VIH. Al realizarse un estudio entre jóvenes adultos de 3 vecindarios urbanos que fumaban crack y que nunca se habían inyectado drogas, se obtuvieron tasas de infección del 15.7%. Los más propensos a tener la infección eran las mujeres que habían accedido a tener sexo sin protección a cambio de drogas o dinero y los hombres que tuvieron sexo anal con otros.⁵

¿por qué están a mayor riesgo?

Probablemente sean múltiples las razones por las que el riesgo a contraer el VIH sea mayor entre las personas que usan o abusan de las drogas. Estas razones varían mucho y dependen del tipo de drogas y el ambiente que les rodea. Por ejemplo, es posible que aquellos que usan crack experimenten diferentes niveles de riesgo que los que abusan del alcohol. Entre los usuarios de drogas no inyectadas, contraer el VIH no ocurre a causa del solo hecho de usar drogas sino por tener sexo sin protección.

Recientemente, los observadores han encontrado una asociación entre la infección del VIH, el uso intenso del crack, y la práctica del sexo oral sin protección entre las prostitutas. Esto puede ser atribuido a la poca higiene bucal y al daño que sufre la boca al usar las pipas en las que fuman crack, a la alta frecuencia del sexo oral y al uso inconsistente del condón.⁶

En San Francisco, CA, los hombres homosexuales que abusan de las drogas identificaron una serie de factores que les dificultaba las relaciones sexuales seguras, entre ellas: la desinhibición percibida ocasionada por el alcohol u otras drogas, la adquisición de los patrones existentes que relacionan al sexo con las drogas (especialmente entre las anfetaminas y el sexo anal), la baja auto-estima, la falta de seguridad y la falta de poder (percibida).⁷

Se cree que el hecho de tener relaciones sexuales bajo los efectos del alcohol o drogas es lo que les expone a riesgo de contraer el VIH. Cabe mencionar que el riesgo se hace aún más latente cuando ocurren relaciones sexuales mixtas dentro de estos grupos.⁸ La mayoría de las personas que participan en programas de tratamiento de drogas o de alcohol escogen parejas sexuales que pertenecen al mismo círculo. Estas pueden ser personas que se han inyectado, han intercambiado sexo por drogas o dinero, que han sido víctimas de algún trauma, o han estado en la cárcel. Estas poblaciones pueden poseer tasas de VIH mucho más altas, acrecentando así las posibilidades de transmisión del virus.

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¿cuáles son los obstáculos?

Para la cultura de la sociedad Americana, el sexo y las drogas van de la mano. Para muchas personas homosexuales, o no, el método más eficaz para hacer amistades es en los bares o cantinas. Hace falta la conversación franca y abierta acerca de la homosexualidad en las escuelas, hogares y en el medio noticioso. Esta falta de comunicación puede ocasionar una mayor inhibición frente a la sexualidad las cuales se liberan al usar drogas o alcohol.

Muchas veces, las metas de prevención del VIH y de los programas de tratamiento de drogas son contradictorias. Muchos de estos programas creen que los participantes deben cortar las drogas al unísono, el programa de los 12 pasos está a favor de la abstinencia sexual durante la etapa rehabilitadora. Por otro lado, muchos programas de prevención cuyo objetivo es el de promover la reducción del riesgo por medio del sexo seguro, advierten que hay posibilidades de una recaída. Es posible que estos conceptos contradictorios sean un obstáculo al tratar integrar las intervenciones de prevención del VIH en los programas para el tratamiento de drogas.

¿qué se está haciendo?

El programa "New Leaf" (previamente conocido como "18th Street Services") en San Francisco, CA, ofrece programas de rehabilitación a hombres bisexuales y homosexuales y un componente sobre el sexo seguro. Al evaluar este estudio se encontró poca diferencia entre aquellos que recibieron la parte del sexo seguro y los que recibieron solo la rehabilitación, aunque en ambos grupos se observó una reducción en el nivel de riesgo sexual.⁹ Reclutar y mantener a los clientes en rehabilitación se puede considerar como un método efectivo en las tareas de prevención; agregar un componente sobre sexo seguro puede ayudar un poco más.

Algunos programas ofrecen información sobre sexo seguro sin tomar en cuenta el uso de las drogas. En "Juegos, Sexo y Videos", un programa para enfermos mentales desamparados de la ciudad de Nueva York, los hombres sugirieron pegar un condón en las pipas, esto les ayuda recordar a usar el condón aún cuando los encuentros sexuales son a menudo rápidos y en público. Estos también compiten entre ellos para ver quien le pone un condón a una banana más rápido (sin romperlo) lo cual les enseña a usar el condón en situaciones comprometidas. El programa les permite tratar temas sexuales sin ser juzgados por ello, reduciendo en gran parte las conductas sexuales de alto riesgo.¹⁰

Muchos usuarios de drogas reciben el tratamiento después de haber sido arrestados, entonces se les ofrece como alternativa al ir a la cárcel o mientras están en la prisión. El sistema correccional de Delaware ha instituido un programa Terapéutico Comunitario (TC) dentro de las cárceles y otro para los que están bajo libertad condicional. Este programa residencial en el que no se permiten drogas incluye: rehabilitación, educación en grupo impartida por miembros del grupo en cuestión, consejería y servicios sociales. Los participantes resultaron estar menos propensos a tener una recaída o a quedar arrestados nuevamente, además de reportar bajos niveles de conductas de riesgo.¹¹

¿que queda por hacer?

Los programas diseñados en base al género son necesarios, especialmente los que tratan las necesidades de la mujer usuaria de drogas. La mujer más que el hombre, es más vulnerable al daño físico ocasionado por el alcohol y a eventos traumáticos asociados con el uso de sustancias o drogas.¹² Otros de los programas necesarios son los que cumplen con las necesidades de la población homosexual (hombre y/o mujer).

Los programas de prevención para los usuarios de drogas requieren ser integrados en los servicios existentes. Las agencias que proveen tratamiento y los reclusorios necesitan entrenamiento y la autoridad para exigir que la prevención del VIH forme parte de sus programas. Las agencias que financian estos programas deberán incrementar los fondos y exigir la extensión de los programas de rehabilitación e incluir la prevención del VIH.

Los programas preventivos no deben partir de las causantes, es decir, que no es necesario que los programas se basen en la creencia de que el abuso de las drogas conlleva a conductas de alto riesgo.¹³ Un programa de prevención completo y eficaz utiliza múltiples elementos para proteger a la mayor cantidad de personas a riesgo posible. Es urgente implementar programas para los usuarios de drogas debido a la alta incidencia en el VIH y a las conductas de alto riesgo.

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Summary of Provisions
Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734)

Prepared by the Office of the Assistant Secretary for Planning & Evaluation, D.H.H.S.

Title I: Block Grants for Temporary Assistance for Needy Families

- **Block Granting AFDC and JOBS:** The bill block grants AFDC, Emergency Assistance (EA), and JOBS into a single capped entitlement to states. There is a separate allocation specifically for child care.
- **Individual Entitlement:** No individual guarantee, but the state plan must have "objective criteria for delivery of benefits and determining eligibility" and provide an "explanation of how the state will provide opportunities for recipients who have been adversely affected to be heard in an appeal process." There are no provisions to give the Secretary authority to enforce this requirement.
- **Time Limits:** Families who have been on the rolls for 5 cumulative years (or less at state option) would be ineligible for cash aid. States would be permitted to exempt up to 20% of the caseload from the time limit. Exemptions from the time limit would be allowed for individuals living on Indian reservations with a population of at least 1,000 and an unemployment rate of at least 50 percent. States would not be permitted to use federal block grant funds to provide noncash benefits (e.g., vouchers) to children that reach the five-year time limit. Title XX monies could be used to provide non-cash assistance to families after the federal time limit. State funds that are used to count toward the maintenance of effort requirements may be used to provide assistance to families beyond the federal time limit.
- **Block Grant Funding:** The total cash assistance block grant is estimated to be \$16.4 billion for each year from FY 1996 to FY 2003. Each state would be allotted a fixed amount -- based on expenditures for AFDC benefits and administration, Emergency Assistance, and JOBS -- equal to the greater of: (1) the average of federal payments for these programs in FYs 1992-94; (2) federal payments in FY 1994; or (3) federal payments in FY 1995. States could carry over unused grant funds to subsequent fiscal years.
- **Work Requirements:** As part of their state plan, states must demonstrate that they will require families to work after two years on assistance. However, there are no penalties if a state does not meet this requirement. A state's required work participation rate for all families would be set at 25% in FY 1996, rising to 50% by FY 2002 (states would be penalized for not meeting these rates). The bill provides pro rata reduction in the participation rate for reductions in caseload levels below FY 1995 that are not due to eligibility changes. The rate for two-parent families increases to 90% by FY 1999.

Single-parent recipients would be required to participate at least 30 hours per week by FY 2000. Single parents with a child under age 6 would be deemed to be meeting the work requirements if they work 20 hours per week. Two-parent families must work 35 hours per week. Single parents of children under age 6 who cannot find child care cannot be penalized for failure to meet work requirements. States could exempt from the work requirement single parents with children under age one and disregard these individuals in the calculation of participation rates for up to 12 months. For two-parent families, the second spouse is required to participate 20 hours per week in work activities if they receive federally funded child care (and are not disabled or caring for a disabled child). Individuals who receive assistance for 2 months and are not working or exempt for the work requirements would be required to participate in community service, with the hours and tasks to be determined by the state (states could opt-out of this provision).

- **Waivers:** A state which had waivers granted under Section 1115 (or otherwise relating to the AFDC program) before July 1, 1997 would have the option of continuing to operate its cash assistance program under some or all of these waivers. If a state elected this option with respect to some or all of its waivers, the provisions of the welfare reform legislation which were inconsistent with the continued waivers would not take effect until the expiration of such waivers except that the new child care provisions would apply immediately (*bill language is unclear; this section may be subject to different interpretations*). States which have waivers approved after the date of enactment must also meet the work requirements, even if inconsistent. States operating their programs under waivers would still receive their block grant amounts.
- **Work Activities:** To count toward the work requirement, individuals would be required to participate at least 20 hours per week in unsubsidized or subsidized employment, on-the-job training, work experience, community service, 12 months of vocational training, or providing child care services to individuals who are participating in community service. Up to 6 weeks of job search (no more than 4 consecutive weeks) would count toward the requirement, except that states with unemployment rates at least 50 percent above the national average may count up to 12 weeks of job search. Teens (up to age 19) in secondary school would also count toward work requirement. However, no more than 20 percent of the caseload could count toward the work requirement because they were participating in vocational training or were a teen parent in secondary school. Individuals who had been sanctioned (for not more than 3 of 12 months) would not be included in the denominator of the rate.
- **Supplemental Funds:** The bill establishes a \$2 billion contingency fund. State spending (by eligible states) on cash assistance and work programs above the FY 1994 levels (not including child care) would be matched at the Medicaid rate to draw down contingency fund dollars. States could meet one of two triggers to access the contingency fund: 1) an unemployment rate for a 3-month period that was at least 6.5% and 110% of the rate for the corresponding period in either of the two preceding calendar years.; or 2) a trigger

based on food stamps. Under the second trigger, a state would be eligible for the contingency fund if its food stamp caseload increased by 10% over the FY 1994-1995 level (adjusted for the impact of the bill's immigrant and food stamp provisions on the food stamp caseload). Payments from the fund for any fiscal year would be limited to 20% of the state's base grant for that year. A state could draw down more than 1/12 of its maximum annual contingency fund amount in a given month. A state's federal match rate (for drawing down contingency funds) would be reduced if it received funds for fewer than 12 months in any year. The bill also includes: 1) an \$800 million grant fund for states with exceptionally high population growth, benefits lower than 35% of the national average, or above average growth and below average AFDC benefits (no state match) and; 2) a \$1.7 billion loan fund.

- **Maintenance of Effort:** Each state would be required to maintain 80% of FY 1994 state spending on AFDC and related programs. For states who meet the work participation requirements, the maintenance of effort provision would be reduced to 75%.
- **Transfers:** A state would be permitted to transfer up to 30% of the cash assistance block grant to the child care block grant and/or the Title XX block grant. No more than one-third of transferred amounts could be to Title XX, and all funds transferred must be spent on children and their families whose income is less than 200 percent of the poverty line.
- **Penalties:** The penalties that could be imposed on states would include the following: (1) for failure to meet the work participation rate, a penalty of 5% of the state's block grant in the first year increasing by 2 percentage points per year for each consecutive failure (with a cap of 21%); (2) a 4% reduction for failure to submit required reports; (3) up to a 2% reduction for failure to participate in the Income and Eligibility Verification System; (4) for the misuse of funds, the amount of funds misused (if the Secretary of HHS were able to prove that the misuse was intentional, an additional penalty equal to 5% of the block grant would be imposed); (5) up to a 5% penalty for failure, by the agency administering the cash assistance program, to impose penalties requested by the child support enforcement agency; (6) escalating penalties of 1% to 5% of block grant payments for poor performance with respect to child support enforcement, (7) a 5% penalty for failing to comply with the 5-year limit on assistance; and (8) a 5% penalty for failing to maintain assistance to a parent who cannot obtain child care for a child under age 6. States that are penalized must expend additional state funds to replace federal grant penalty reductions.
- **Personal Responsibility Agreement:** States would be required to make an initial assessment of recipients' skills. At state option, Personal Responsibility Plans could be developed.

- **Teen Parent Provisions:** Unmarried minor parents would be required to live with an adult or in an adult-supervised setting and participate in educational and training activities in order to receive assistance. States would be responsible for locating or assisting in locating adult-supervised setting for teens, but there are no additional funds for "second chance homes."
- **Teen Pregnancy:** The Secretary of HHS to establish and implement a strategy to: (1) prevent non-marital teen; and (2) assure that at least 25% of communities have teen pregnancy prevention programs. The Department will have report to Congress annually in respect to the progress in these areas. No later than January 1, 1997, the Attorney General shall establish and implement a program that provides research, education and training on the prevention and prosecution of statutory rape.
- **Performance Bonus to Reward Work:** The Secretary of HHS, in consultation with NGA and APWA, would be required to develop a formula measuring state performance relative to block grant goals. States would receive a bonus based on their score on the measure(s) in the previous year, but the bonus could not exceed 5% of the family assistance grant. \$200 million per year would be available for performance bonuses (in addition to the block grant), for a total of \$1 billion between FYs 1999 and 2003.
- **Family Cap:** No provision. States implicitly have complete flexibility to set family cap policy.
- **Illegitimacy Ratio:** The bill establishes a bonus for states who demonstrate that the number of out-of wedlock births that occurred in the state in the most recent two-year period decreased compared to the number of such births in the previous period (without an increase in abortions). The top five states would receive a bonus of up to \$20 million each. If less than five states qualify, the grant would be up to \$25 million each. Bonuses are authorized in FYs 1999 - 2002.
- **Persons Convicted of Drug-Related Crimes:** Individuals who after the date of enactment are convicted of drug-related felonies will be prohibited for life from receiving benefits under the temporary assistance for needy families and food stamps programs. Pregnant women and individuals participating satisfactorily in drug treatment programs are exempted. States may opt out of this provision.

Title II: Supplemental Security Income

- **Disability Definition for Children:** Provides a new definition of disability for children. Under this new definition, a child will be considered to be disabled if he or she has a medically determinable physical or mental impairment which results in marked and severe functional limitations, which can be expected to result in death or which has lasted or can be expected to last for at least 12 months. In addition, this bill instructs SSA to remove

references to maladaptive behavior as a medical criteria in its listing of impairments used for evaluating mental disabilities in children. All of these provisions will apply to new claims filed on or after enactment and to all claims that have not been finally adjudicated (including cases pending in the courts) prior to the enactment of the bill. SSA is also required to redetermine the cases of children currently receiving SSI to determine whether they meet the new definition of disability.

- **Redeterminations:** Redeterminations of current recipients must be completed during the year following the enactment of the bill. The earliest that a child currently receiving SSI could lose benefits would be July 1, 1997. If the redetermination is made after that date, then benefits would end the month following the month in which the redetermination is made. SSA is required to notify all children potentially affected by the change in the definition by January 1, 1997.

An additional \$150 million for FY 1997, and \$100 million for FY 1998 is authorized for continuing disability reviews and redeterminations.

- **Benefits:** For privately insured, institutionalized children, cash benefits would be limited to \$30 per month. Requires that large retroactive SSI payments due to child recipients be deposited into dedicated savings accounts, to be used only for certain specified needs appropriate to the child's condition.

Provides that large retroactive benefit amounts would be paid in installments (applies to children and adults).

Title III: Child Support

- **Child Support Enforcement Program:** States must operate a child support enforcement program meeting federal requirements in order to be eligible for the Family Assistance Program. Recipients must assign rights to child support and cooperate with paternity establishment efforts. Distribution rules are changed so that families no longer on assistance have priority in receipt of child support arrears. Current law \$50 pass-through is not required.
- **Establishing Paternity:** Streamlines the process for establishing paternity and expands the in-hospital voluntary paternity establishment program.
- **State Requirements:** The bill requires states to establish central registries of child support orders and centralized collection and disbursement units. Requires states to have expedited procedures for child support enforcement.

Establishes a Federal Case Registry and National Directory of New Hires to track obligors across states lines. Requires that employers report all new hires to state agencies and new hire information to be transmitted to the National Directory of New Hires. Expands and streamlines procedures for direct withholding of child support from wages.

Provides for uniform rules, procedures, and forms for interstate cases.

Requires states to have numerous new enforcement techniques, including the revocation of drivers and professional licenses for delinquent obligors.

Provides grants to states for access and visitation programs.

Title IV: Restricting Welfare and Public Benefits for Aliens

- **SSI and Food Stamps:** Most legal immigrants (both current and future, and including current recipients) would be banned until citizenship (exemptions for: refugees/asylees, but only for first 5 years in country; veterans; and people with 40 quarters). Cut-off current recipients immediately based on rolling redeterminations within a year after enactment.
- **Medicaid, AFDC, Title XX Social Services, State-funded Assistance:** States would have the option to ban until citizenship most legal immigrants already in the U.S., including current recipients (with same refugee/asylees, et.al. exemptions as above). Current recipients would be eligible to continue receiving benefits until January 1, 1997.
- **Future Immigrants (entering after enactment):** Must be banned for five years from most federal means-tested programs, including Medicaid (exemptions below).
- **New Verification Requirements:** Imposed on all applicants and on virtually all federal, state, and local programs in order to deny all benefits to non-qualified (or illegal) aliens (except: emergency medical; short-term disaster; limited public health for immunizations and communicable diseases; non-profit, in-kind community services such as shelters and soup kitchens; certain housing programs; and school lunches/breakfasts if the child is eligible for a free public education). States would have the option to provide or deny WIC and other child nutrition and commodity benefits. Definition of qualified alien more narrow than current PRUCOL and Administration's proposal. Not later than 18 months after enactment, the Attorney General in consultation with the Secretary of Health and Human Services shall issue regulations requiring verification. States that administer a program that provides a Federal public benefit have 24 months after such regulations are issued to implement a verification system that complies with the regulations.

- **Deeming:** For sponsors/immigrants signing new, legally binding affidavits of support (which are to be promulgated by the Attorney General 90 days after enactment): extend deeming until citizenship; change deeming to count 100 percent of a sponsor's income and resources; and expand the number of programs that are required to deem, including Medicaid (exemptions below). These rules are effective immediately with regard to programs that currently deem, and effective 180 days after enactment for programs that do not currently deem. However, since the new deeming rules apply only to sponsors/immigrants who have signed the new affidavits of support, and new entrants are generally barred from receiving benefits for their first 5 years in the country, these new deeming rules and effective dates will be relatively irrelevant in practice.
- **Exemptions (from 5-year ban on future immigrants and deeming):**

People Exempted: Refugees/asylees, veterans, and Cuban/Haitian entrants receiving refugee/entrant assistance.

Programs Exempted: Emergency medical; short-term disaster; school lunch; WIC/child nutrition; limited public health for immunizations and communicable diseases; payments for foster care; non-profit, in-kind community services such as shelters and soup kitchens; programs of student assistance under Higher Education Act and Public Health Service Act; means-tested elementary and secondary education programs; Head Start; and JTPA.

Title V: Child Protection

- **Provisions:** Block grant provisions have been dropped. Current provisions are: (1) authority for states to make foster care maintenance payments using IV-E funds on behalf of children in for-profit child care institutions; (2) extension of the enhanced federal match for statewide automated child welfare information systems through 1997; (3) appropriation of \$6 million per year in each of FYs 1996 - 2002 for a national random sample study of abused and neglected children; and (4) a requirement that states consider giving preference for kinship placements, provided that the relative meets state standards.

Title VI: Child Care

- **Funding:** The bill authorizes \$13.9 billion in mandatory funding for FYs 1997-2002. States would receive approximately \$1.2 billion of the mandatory funds each year. The remainder would be available for state match (at the Medicaid rate). Requires states to maintain 100% of FY 1994 or FY 1995 child care expenditures (whichever is greater) to draw down the matching mandatory funds. Also authorizes \$7 billion in discretionary funding for FYs 1996-2002.

- **Health and Safety Protections:** Retains current law requirement that all states establish health and safety standards for prevention and control of infectious diseases including immunizations, building and physical premises safety, and minimum health and safety training. Health and safety protections apply to all federally funded child care.
- **Quality:** Provides not less than 4 percent of the total consolidated mandatory and discretionary funds. Appropriate activities under this set-aside include consumer education, enhancement of parental choice, and improvement of the quality and availability of child care (such as resource and referral services).
- **Entitlement to Child Care:** The bill provides no child care guarantee, but single parents with children under 6 who cannot find child care would not be penalized for failure to engage in work activities.

Title VII: Child Nutrition Programs

- **Alien Eligibility:** The bill makes individuals who are eligible for free public education benefits under state or local law also eligible for school meal benefits under the National School Lunch Act and the Child Nutrition Act of 1966. States would have the option to provide or deny WIC and other child nutrition benefits.
- **Reimbursement Rates:** Effective for the summer of 1997, reduces maximum reimbursement rates for institutions participating in the Summer Food Service Program to \$1.97 for each lunch/supper, \$1.13 for each breakfast, and 46 cents for each snack/supplement. Rates are adjusted each January and rounded to the nearest lower cent.

Restructures reimbursements for family or group day care homes under the Child Care Food Program to better target benefits to homes serving higher proportions of children below poverty and reduces reimbursement rates for tier II homes to 95 cents for lunches/suppers, 27 cents for breakfasts, and 13 cents for supplements.

Rounds down to the nearest cent when indexed the reimbursement rates for full price meals in the school breakfast and school lunch programs and in child care centers, and rates for the special milk and commodity assistance programs.

- **Other Provisions:** Eliminates School Breakfast start-up and expansion grants. Makes funding for the Nutrition Education and Training (NET) Program discretionary.

Title VIII: Food Stamps and Commodity Distribution

- **Alien Eligibility:** Most legal immigrants (both current and future, and including current recipients) would be banned until citizenship (exemptions for: refugees/asylees, but only for the first five years in the U.S.; veterans; and people with 40 quarters of work). Cuts off current recipients immediately based on case redeterminations within a year. Future immigrants must be banned for five years (same exemptions as noted earlier).

For sponsors/immigrants signing new legally binding affidavits of support: extends deeming until citizenship; and changes deeming to count 100 percent of sponsor's income and resources.

- **Maximum Benefit Levels:** Reduces maximum benefit levels to the cost of the Thrifty Food Plan and maintains indexing.
- **Income and Deductions:** Retains the cap on the excess shelter deduction and sets it at \$247 through 12/31/96; \$250 from 1/1/97 through 9/30/98; \$275 for FYs 1999 and 2000; and \$300 from FY 2001 on. Freezes the standard deduction at the FY 1995 level of \$134 for the 48 states and DC, and makes similar reductions for other areas. Includes as income for the Food Stamp Program energy assistance provided by state and local government entities. Lowers the age for excluding from income the earnings of elementary and secondary students from under age 22 to those who are 17 and under. Requires individuals 21 and under living with a parent to be part of the parent's household.
- **Work Requirements and Penalties:** Establishes a new work requirement under which non-exempt 18-50 year olds without children would be ineligible to continue to receive food stamps after three months in 36 unless they are working or participating in a workfare, work, or employment and training program. Individuals may qualify for three additional months out of 36 if they have worked or participated in a work or workfare program for 30 days and lose that placement. Permits states with waiver requests denied by August 1, 1996 to lower the age at which a child exempts a parent/caretaker from food stamp work rules from 6 years to 1 year old.
- **Program Integrity and Additional Retailer Management Controls:** Doubles recipient penalties for fraud violations to one year for first offense and two years for second offense; permanently disqualifies individuals convicted of trafficking in Food Stamp benefits of \$500 or more; disqualifies for 10 years those convicted of fraudulently receiving multiple benefits; mandates state participation in the Federal Tax Refund Offset Program (FTROP); allows retention of 35% of collections for fraud claims and 20% for other client error claims; and allows allotment reductions for claims arising from state agency errors.

The bill also requires a waiting period for retailers denied approval; permits disqualification of retailers disqualified under WIC; expands criminal forfeiture; permits permanent disqualification of retailers who intentionally submit falsified applications; and improves USDA's ability to monitor authorized stores.

- **Child Support:** Gives states the option to require cooperation with Child Support Enforcement agencies for custodial and non-custodial parents. Permits states to disqualify non-custodial parents with child support orders who are not paying support.
- **Work Supplementation:** Permits private sector employment initiatives that cash-out benefits to certain employed participants.
- **Program Flexibility and Simplification:** Simplifies program administration by expanding states' flexibility in setting customer service requirements. Allows states to submit standard cost allowances to use in calculating self-employment income; eliminates federal standards applying to hours of office operation; deletes detailed federal requirements over application form; deletes detailed federal customer service over areas such as toll-free telephone numbers; extends expedited service processing period to seven days and extends expedited service only to homeless persons who meet financial criteria; makes use of the income and eligibility verification system (IEVS) and the immigration status verification system (SAVE) optional; permits states to determine their own training needs; and authorizes the Simplified Food Stamp Program, through which states can employ a single set of rules for their state cash assistance programs and the Food Stamp Program. Expands Food Stamp waiver authority to permit projects that reduce, within set parameters, benefits to families. Cash-out of benefits is prohibited under the new waiver authority.
- **Asset Limits:** Sets and freezes the Fair Market Value for the vehicle allowance at \$4650.
- **EBT:** Requires EBT implementation by all states by October 1, 2002, unless waived by USDA. Exempts Food Stamp EBT from the requirements of Regulation E.
- **Commodity Programs:** Consolidates the Emergency Food Assistance Program and the Soup Kitchen/Food Bank Program; provides for \$100 million in mandatory spending in the Food Stamp Act to purchase commodities. Provides for state option to restrict benefits to illegal aliens.

Title IX: Miscellaneous

- **Title XX -- Social Services Block Grant:** Annual funding for the Social Services Block Grant would be reduced from \$2.8 billion in FYs 1990-1995 to \$2.38 billion (15% reduction) in FYs 1996-2002, and returning to \$2.8 billion in FY 2003 and each succeeding fiscal year. Non-cash vouchers for children that become ineligible for cash assistance under Title IV-A time limits are authorized as an allowable use of Title XX funds.

- **Abstinence Education:** Starting in FY 1998, \$50 million a year in mandatory funds will be added to the appropriations of the Maternal and Child Health (MCH) Block Grant. The funds would be allocated to states using the same formula used for Title V MCH block grant funds. Funds would enable states to provide abstinence education with the option of targeting the funds to high risk groups (i.e. groups most likely to bear children out-of-wedlock). Education activities are explicitly defined.
- **Drug Testing:** Nothing in federal law shall prohibit states from performing drug tests on AFDC recipients or from sanctioning recipients who test positive for controlled substances.

Patsy

William Raspberry

Worse Than Welfare As We Know It?

August 8, 1996

WASH POST 8/8/96
Is it permitted to utter a hopeful word about the welfare reform bill that President Clinton has reluctantly agreed to sign?

Virtually all the people I call friend are convinced that the legislation is an abomination that will make life tougher for those already struggling for their daily bread, saddle the states with new costs while reducing the federal money available to them and condemn a million additional children to poverty.

What is there to be hopeful about? Let me say at the outset that I have a lot of problems with this bill, including the fact that it assumes the availability of jobs that may not exist and makes scant provision for child-care costs for those erstwhile welfare recipients who do manage to find work. Nor do I believe President Clinton, who rode into office promising to "end welfare as we know it," thinks this is a good bill. My guess is that, as with Bob Dole and his tax-cut proposal, he sees it as a politically useful idea—one that makes him seem tough and willing to carry out his commitments, that sort of thing.

But if I doubt Clinton's good faith in signing the reform measure (which Dole says he authored), I also doubt the doomsayers who see the legislation as a frontal assault on the poor.

There will be some suffering, no doubt about it. Any legislation that assigns an end-point for government assistance will cause some suffering on the part of those who don't (or can't) take advantage of the interim. The sheriff's eviction team will leave some families homeless, even if they have known for a full year that eviction was coming. What we don't know is how many families will read the eviction notice and pay the rent, find a new place, take a new job or double up with friends.

Similarly, we don't know—because it is unknowable in advance—how many present welfare recipients will make serious new efforts toward self-sufficiency as a result of this legislation, or how many prospective recipients will look first to private sources of support, or how many people will, knowing that welfare might not be there for them, change the behavior that might land them in need.

You may not believe that old canard about women having babies in order to get a welfare check (or young girls having babies in order to

gain emancipation from their families). But isn't it likely that some people at least will take greater care not to have more babies than they can care for if there is no assurance that welfare will take care of them? Isn't it likely that marriage might become a more attractive alternative for young women who know they will need help caring for their children? Isn't it likely that some women will be less likely to become sexually involved with men who are, by reason of idleness or attitude, ineligible as husbands? Isn't it likely that organized religion will take a larger role in providing help (economic as well as spiritual) for society's needy? And isn't it likely—or at least possible—that the legislation that strikes us as so punitive may help to restore the public dole to what most of us think it ought to be: emergency relief?

None of these outcomes will be universal, of course. Some people will, after their welfare eligibility expires, wind up homeless or worse, their job skills or mental condition being inadequate for gainful employment. But isn't that a problem that's easier to handle after you know the size of it?

Even on the technical side, the end-of-welfare legislation may be less Draconian than it at first appears. It has some interesting loopholes, including a provision that states that have received federal waivers to run experimental programs—currently 43 out of the 50—may continue to run those programs notwithstanding the new legislation. In addition, states may not lose as much welfare money as it appears because they will be free to shift federal money from other categories to pay welfare benefits or to provide for job subsidies or day care.

The overall effect of the new rules could be very bad, or neutral or even good—largely depending on whether the governors who run the state programs are bad, average or good.

I agree with those who think the present legislation goes too far, is based on too many shaky assumptions and will do harm. But more harm than the present welfare system?

What gets lost in our anguished argument is that welfare was broken and we couldn't figure out how, starting with the present system, to fix it.

Isn't it just possible that we might do a better job by tearing the whole thing down and rebuilding it from scratch?

The Washington Post

from JBA

IMMIGRATION BILL SPREADS AIDS, TB, OTHER COMMUNICABLE DISEASES

- **RESTRICTS TREATMENT FOR HIV INFECTION/AIDS TO LEGAL IMMIGRANTS:** The welfare reform statute protected public health by exempting testing and treatment of symptoms of communicable diseases from the "deeming" rules that would otherwise deny services to most immigrants. But Title V of the Immigration bill specifically excludes HIV/AIDS from its communicable disease exception. Therefore, legal immigrants with HIV/AIDS - as opposed to other communicable diseases - would be subject to much more restrictive rules. *Under Title V legal immigrants could be tested, test positive for HIV, and then be denied coverage for ongoing treatment.*
- **INCREASES AIDS IN CITIZEN BABIES:** A legal immigrant woman has been in this country for three years and becomes pregnant. Because of the new deeming rules, she is ineligible for Medicaid. She is tested and discovers she is HIV positive. Under this bill, Medicaid could not cover her care. This endangers both herself and *her child, who will be a citizen and is three to four times more likely to get AIDS* if the mother is not treated during her pregnancy. This is in addition to the increased risk to the child's health from not receiving any prenatal care.
- **ENCOURAGES SPREAD OF AIDS IN GENERAL POPULATION:** The fear of discovery or eventual deportation will likely prevent both legal and illegal immigrants from seeking care for HIV/AIDS, thereby endangering the health of the general population. Because any treatment will be limited, health care providers will not have opportunities to educate HIV-positive immigrants on how to prevent transmission of the disease, or to offer support critical to maintaining their health and well-being. Medical studies indicate that denying treatment to HIV positive would increase the risk of HIV transmission to others, immigrants and citizens alike.
- **ENCOURAGES SPREAD OF TB AND OTHER COMMUNICABLE DISEASES IN GENERAL POPULATION:** Tuberculosis, especially multiple drug resistant TB, is much more common in people with HIV and AIDS. As their immune system weakens, they also become more active transmitters of TB and other infectious diseases to others. We can *prevent* the spread of these contagions by treating people with HIV, but Title V would instead deny treatment until immigrants are already highly contagious. In addition, the fact that *immigrants can be deported for seeking care for communicable diseases* will frighten many from seeking any health care. Driving immigrant health problems underground in this way will fuel the spread of TB, infectious pneumonia, hepatitis, measles and other diseases that endanger the health of the general population.
- **FALSE SAVINGS:** Denying outpatient care to AIDS patients will result in increased acute hospitalizations for pneumonia and other infections--with increased costs to the US health system and suffering for people with the disease. Individuals who could have worked productively and functioned normally for years will instead suffer painful and preventable diseases, and then die more swiftly.

The Clinton Administration and HIV/AIDS

In 1992, when he ran for President of the United States, Bill Clinton said he would "provide the leadership this country needs for a loud, clear, and consistent war on AIDS." In his first three years in office, the President has translated that pledge into action, turning around more than a decade of governmental policies that were regarded as at best apathetic and at worst hostile to those living with HIV/AIDS. Following are the highlights of the Administration's HIV/AIDS-related actions taken since January 20, 1993.

AIDS Advisory Council. The President has created a 30-member Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Specifically, the Council is charged with making recommendations in the areas of AIDS-related research, prevention, and care.

AIDS Funding. The President has placed AIDS programs among his investment priorities. In the three budgets he has submitted to the Congress, the President has increased total government funding for AIDS research, prevention, and care by 40%, including a 108% increase for the Ryan White CARE Act programs.

Anti-Discrimination. The Justice Department and the Equal Employment Opportunity Commission have vigorously enforced provisions of the Americans with Disabilities Act that prohibit discrimination against people with HIV/AIDS. The EEOC has received more than 900 charges alleging employment discrimination against people with HIV and AIDS and has resolved 789 charges, obtaining monetary benefits of over \$6.1 million. The Health Care Financing Administration (HCFA) has taken action on nearly 20 complaints of denial of care by health care facilities or providers to persons with HIV/AIDS and new efforts are being made to address discrimination in nursing homes.

Blood Safety. The Food and Drug Administration (FDA) held ground-breaking public meetings on the use of new technologies to reduce the risk of HIV transmission by blood product transfusion. The Administration has received the Institute of Medicine report examining the issues surrounding transmission of HIV throughout the blood supply before 1987. The Department of Health and Human Services has named the Assistant Secretary for Health to be the Department's blood safety director, with overall responsibility for ensuring the IOM's recommendations are carried out and the coordination and oversight of the Public Health Service's blood safety programs.

Consumer Protection. The FDA is working with community organizations to prevent fraudulent activities aimed at people living with HIV disease. To date, 10 FDA-funded coalitions throughout the country -- including representatives from the community, health professionals, and law enforcement agencies -- have been established to educate and protect people with HIV and AIDS from fraudulent products.

Data Gathering. The Department of Health and Human Services (HHS) is supporting three major efforts directed at gathering and analyzing services provided to persons with HIV disease. The "AIDS Cost and Services Utilization Survey," the "HIV Cost and Services Utilization Survey," and the "Hospital Cost and Utilization Project," will provide an important data base on the cost of AIDS care and the use of health care services by people living with HIV.

Dental Care. The AIDS dental reimbursement program was expanded to address the lack of dental care available to low-income and under-insured individuals living with HIV/AIDS. The program, which reimburses accredited dental schools and post-doctoral dental training programs for uncompensated costs incurred in providing oral health care to HIV-positive individuals, includes 124 institutions in 35 states.

Disability Eligibility. The Social Security Administration published revised regulations expanding the list of health manifestations that will be considered in determining eligibility due to HIV/AIDS for Social Security and Supplemental Security Income disability benefits. The agency also revised its rules to allow physicians and other health professionals to provide information to Social Security field offices, which then can make immediate disability findings.

Drug Approval. The FDA has approved or provided new labelling indications for fifteen new products to treat HIV or HIV-related conditions while dramatically reducing the time it takes for drug review and approval.

Drug Development. HHS created the National Task Force on AIDS Drug Development, an historic partnership between government, industry, academia, medicine, and AIDS-affected community organizations to identify and eliminate barriers to the rapid development of drugs for HIV and HIV-related conditions. The Task Force has issued 45 specific recommendations, many of which are currently being implemented.

Early Intervention. The Agency for Health Care Policy and Research issued clinical practice guidelines for health care professionals to assist in the evaluation and management of early HIV infection. The guidelines stress the importance of prevention of HIV-related opportunistic infections and the link between prevention and early diagnosis and care. A quick reference guide for physicians and consumer guides for adults, adolescents, and the parents of children with HIV infection was also made available. The U.S. Public Health Service provided support for a new campaign by the National Minority AIDS Council to promote the use of prophylactic treatment to prevent the occurrence of pneumocystis carinii pneumonia in people with HIV.

Health Benefits. Federal medical assistance programs serve nearly 50% of people living with AIDS and more than 90% of children with AIDS. Medicaid is the largest single payer of direct medical services, paying an estimated 25% of the aggregate cost of AIDS-related care. Under Title II of the Ryan White CARE Act, 18 states operate health insurance continuation programs that allow low-income people with HIV to continue their private health insurance.

Home Care. AIDS-specific Medicaid home care waivers are in place in 15 states, allowing States to provide targeted home and community-based services to people with HIV/AIDS. In 1995, those programs will serve at least 21,170 individuals. HHS also is developing prototype waivers to help other States gain quick approval of future waiver applications.

Housing. In the last two years, the Department of Housing and Urban Development's (HUD) Housing Opportunities for People with AIDS (HOPWA) program has provided \$300 million to communities with a high incidence of HIV infection to provide housing assistance to people living with HIV/AIDS. HUD also has established the National Office of HIV/AIDS Housing to assist low-income people with HIV/AIDS to pay for housing. President Clinton cited the proposal to cut \$30 million from HOPWA as one of the reasons for his veto of the fiscal year 1995 rescissions bill.

International Cooperation. The U.S. is actively cultivating international cooperation in HIV/AIDS prevention and care through participation in the United Nations' new Joint Programme on HIV/AIDS. Representatives of the U.S. participated in the Tenth International HIV/AIDS Conference in Yokohama, Japan, and the World AIDS Summit in Paris and is participating in regional conferences for Latin America and the Caribbean, Asia, and Africa. The U.S. Agency for International Development sponsored the Third HIV/AIDS Prevention Conference in Washington DC, which allowed for an exchange of information among diverse prevention and care groups from around the world and resulted in an agenda of effective prevention measures to be pursued worldwide. Through USAID, the U.S. is the largest bilateral donor in international assistance for prevention HIV/AIDS transmission, providing more than \$120 million annually.

Mental Health. HHS awarded the first Federal grants to develop mental health services for persons living with HIV/AIDS and their families and partners. Approximately 260,000 mental health counseling sessions for people with HIV were reported during the last six months of 1994. Approximately 100,000 individuals with HIV also received mental health services under the Ryan White CARE Act.

Minority Communities. The Public Health Service convened the National Congress on the State of HIV in Racial and Ethnic Communities, bringing together individuals and organizations to develop plans to alter the course of HIV in those communities. The National Institutes of Health (NIH) added four new sites to its AIDS Clinical Trials Group at institutions that serve predominantly minority populations.

Perinatal Transmission. An NIH-sponsored clinical trial (ACTG 076) provided strong evidence that use of AZT by HIV-positive pregnant women dramatically reduced the rate of HIV transmission from mother to infant. The FDA expeditiously approved changes in labelling indications for AZT to include treatment of HIV-infected pregnant women. The U.S. Public Health Service issued guidelines in August 1994 on using AZT during pregnancy to reduce the risk of perinatal HIV transmission. In July 1995, CDC published PHS recommendations for routine HIV counseling and voluntary HIV testing for all pregnant women in the U.S.

Widespread implementation of these recommendations will enable women to seek and receive the care they need for themselves and to reduce the risk of transmitting HIV to their infants by as much as two-thirds.

Policy Coordination. To provide a central focus for governmental efforts against HIV/AIDS, the President created the Office of National AIDS Policy within the White House, to advise him on AIDS policy issues and coordinate interdepartmental activities. An Interdepartmental Task Force on HIV/AIDS, chaired by National AIDS Policy Director Patricia Fleming, was created to assist in that effort.

Prevention. CDC has initiated a comprehensive community planning process for HIV prevention programs, placing control of such programs in the hands of local community organizations rather than having them dictated by the Federal government. CDC also initiated an unprecedented review of government-funded HIV/AIDS prevention activities conducted by panels of individuals from outside of the government. In January 1994, the Centers for Disease Control and Prevention (CDC) launched the Prevention Marketing Initiative aimed at young adults (ages 18-25) to change behaviors that contribute to the transmission of HIV. The initiative features production of frank, forward-thinking public service announcements promoting both abstinence and the consistent and correct use of latex condoms.

Research Organization. The President signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting, and evaluation of the AIDS research program at NIH in the Office of AIDS Research. Dr. William Paul, an internationally acclaimed immunologist, was appointed to head that office and has developed the first comprehensive plan and budget for AIDS research.

Ryan White CARE Act. In the three budgets he has sent to Congress, the President has increased funding for the Ryan White CARE Act by 108%, fulfilling the President's promise to fully fund that program. During the last two years, the number of metropolitan areas eligible for assistance under Title I of the Ryan White CARE Act has increased from 25 to 49. Preliminary data indicate that approximately 360,000 clients were served under Title I of the Act. Eighty percent of U.S. metropolitan areas report providing new or expanded Ryan White services to people living with HIV, including HIV/AIDS drug assistance; services for women, children, and other special needs populations; and expanded rural services. All 54 states and territories are currently funded under Ryan White Title II, serving an estimated 296,000 clients with those funds. Title III(b), which pays for counseling, testing, and early intervention services, including treatment, served more than 175,000 clients, including a large number of women and minorities. Currently, 144 community-based organizations, located in 33 states, the District of Columbia, and Puerto Rico, are supported with Title III(b) funds. Title IV develops comprehensive coordinated care systems linked to clinical research in more than 80 communities, meeting the unique needs of children, youth, women, and families. Reauthorization of the Ryan White CARE Act is a top priority for the Administration in 1995.

Treatment. The NIH Preclinical AIDS Drug Screening Program has screened 72,000 potential agents for treatment of HIV disease and approved six compounds for Phase I clinical trials. NIH clinical trials involve more than 45,000 HIV-infected individuals. Several promising HIV protease inhibitors and potent combination drug regimens are slated to begin Phase III efficacy trials in the near future. Thousands of other HIV-positive individuals are receiving promising investigational therapies through clinical trials and various expanded access programs.

Vaccines. The NIH has significantly expanded its basic research efforts to design new approaches to developing AIDS vaccines. It is now evaluating 14 vaccine candidates to identify those that might be appropriate for efficacy trials. The Department of Defense is also developing and testing several candidate HIV vaccines to protect U.S. military personnel.

Veterans. The Department of Veterans Affairs (VA) provides care to nearly 17,000 veterans with HIV-related diseases. The VA operates four specialized AIDS Clinical Units in New York City, Miami, West Los Angeles, and San Francisco medical centers. AIDS research is conducted at 85 medical centers, comprising over 800 individual research projects. Specialized AIDS Research Centers dedicated to conducting HIV research are located in New York City; Durham, NC; San Diego CA; and Atlanta. VA AIDS research is funded by about \$6 million in VA research funds and over \$24 million in extramural grants. VA also maintains a national AIDS data base to track the epidemic within the veterans' population.

Water Safety. The Centers for Disease Control and Prevention and the Environmental Protection Agency issued guidance for vulnerable populations recommending steps to purify drinking water to protect against *Cryptosporidium*, which can be fatal to those with compromised immune systems. These agencies have also conducted research and outreach about threats of water-borne diseases to such individuals through funding and hosting several workshops and training programs.

Women and AIDS. The NIH created a Women's Interagency HIV Study to identify the nature and rate of HIV disease progression in women. NIH requires that women and members of minority groups be included in all NIH supported biomedical and behavioral research involving human subjects. NIH has initiated a major research effort to develop female-controlled barrier methods, including vaginal compounds, to prevent HIV transmission.

###

Talking Points

White House Conference on HIV and AIDS

December 6, 1995

The White House Conference on HIV and AIDS is an historic opportunity to place the AIDS epidemic on top of our national agenda. By raising public awareness of the enormous impact HIV and AIDS are having on our nation, public support for the steps needed to combat the epidemic is certain to grow.

This is also a tremendous opportunity for the AIDS community to make their voices heard. The President is sharing his "bully pulpit" with the community to make sure that all Americans will recognize the human impact AIDS is having on our nation and the importance of the fight against this disease.

Coming in the midst of the budget battle, the conference will help make clear to the Congress that AIDS programs -- including Medicaid -- need a greater investment. The President is fighting for the common ground interests of the nation, including retention of the Medicaid guarantee of coverage to the poor, elderly, and disabled. He also is fighting for his investments in medical research, prevention programs, housing, and AIDS treatment.

The President has already taken impressive steps to accelerate our national response to HIV and AIDS. The Conference and the initiatives taken are the next step. The President has increased AIDS funding by 40 percent at a time of zero-growth budgets. He has accelerated approval of AIDS drugs and approval of disability benefits and strengthened the Office of AIDS Research at NIH.

The President is demonstrating his continued commitment to taking all steps necessary to fight this epidemic. His remarks to the conference will lay out his vision for the fight ahead, and detail important steps that are being taken to accelerate our search for a cure and a vaccine.

The Conference will allow the nation to see and hear the human faces and human voices of the epidemic. For too many Americans, AIDS remains "someone else's problem." But as the President has said, "AIDS is a national challenge" that requires the involvement of all Americans.

The Conference occurs at a critical juncture in our battle against AIDS. The CDC just reported that 500,000 Americans have been diagnosed with AIDS and 300,000 men, women, and children have died of this disease in 14 years. AIDS is the leading cause of death for all Americans between 25 and 44. It is the cause of one-in-three deaths among African-American men in that age group and one-in-five deaths among African-American women in that age group.

###

Questions and Answers

White House Conference on HIV and AIDS

Question

What is the significance of this conference?

Answer

This is an historic opportunity to put the issue of HIV and AIDS before the American public. We will show the nation the human face of AIDS and Americans will be able to hear and see how this epidemic is affecting our country. This is the first time in the history of the epidemic, that any President has used his bully pulpit to highlight this national emergency. The President is doing more than that. He's lending his leadership, his eloquence, and his passion to this issue.

Question

Why is the President holding this conference?

Answer

The President wants to make clear that AIDS remains a public health emergency. After nearly 15 years of living with this epidemic, it is understandable that the public's attention has waned and some people might even feel that the crisis is past. The latest reports from CDC make it clear that is not true. With AIDS now the leading cause of death among Americans 25 to 44 and causing more than 100 deaths every day, it is critical to hold this conference now.

Question

Why now?

Answer

In many ways, the epidemic is shifting. It's shifting toward younger people (i.e. 1-in-4 new infections are among teenagers, 1-in-2 infections are among people under 25). It's shifting toward women (14,000 cases last year alone). And it's shifting toward poor minority communities (where the ability to cope is less because of income).

Question

Why did it take so long for the President to pay attention to this issue? Does this mean he finally "gets it"?

Answer

The President has always recognized the importance of aggressively fighting the AIDS epidemic. That's why it has been a priority of his Administration since the beginning. This conference is part of a continuum of actions taken to directly confront HIV and AIDS and to raise the public's awareness of the importance of this fight.

Since he was elected, the President has been aggressively combatting the AIDS epidemic. He has increased the resources for research, prevention, and care by 40 percent. He has more than doubled the budget for the Ryan White CARE Act. His Administration has accelerated the drug approval process to as short as six months and disability applications are being approved in record time. But it is clear that more work needs to be done and that's why this conference is being held at this time.

Question

Who will attend and how will they be chosen?

Answer

More than 250 Americans from 37 states and Washington DC will be participating. They were selected from more than 1,400 nominations submitted from community based organizations all across the country. They are the human faces and human voices of this epidemic. There are researchers, physicians, nurses, clergy, parents, teachers, young adults, peer educators, and activists.

Question

How will this conference affect AIDS care providers?

Answer

By raising public awareness of the impact of the epidemic, the conference will help community-based AIDS organizations gain support from local communities. Individuals living with HIV or AIDS will gain a greater knowledge of the kind of care that is available to them. And public officials will gain a greater understanding of the very real and unmet needs in the country.

Question

What is the expected outcome of this meeting?

Answer

Several things. First, the public's knowledge of and awareness of the epidemic and its impact on the U.S. will be heightened. Second, the AIDS community will have an opportunity to discuss with the President the very real challenges our nation faces ahead. And, third, the President will lay out his vision and his agenda for the short-term and long-term. In the midst of the budget debate, this is a critical moment to bring AIDS issues to the forefront.

Question

What will the President have to say?

Answer

The President will lay out for the nation his agenda for continuing to confront this epidemic, to find a cure to AIDS and a vaccine against HIV. He will discuss several initiatives that will accelerate the progress we are making and he will listen and respond to the information that the community can offer from the front lines of this epidemic.

Question

There are reports that there will be a demonstration outside the White House against the conference and the President. Why do you think that is happening?

Answer

I'm glad to hear that more Americans are planning to come to Washington to show their determination to end this epidemic. We share a common goal -- to put an end to the dying. The participants in any demonstration have ideas to offer and we will be paying very close attention to those ideas.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 23, 1996

STATEMENT BY THE PRESS SECRETARY

As the President has said, the welfare reform bill he signed into law yesterday offers a historic opportunity to end welfare as we know it and replace it with a system that offers hope, demands responsibility, and rewards work.

However, as the President has also said, the welfare reform bill contains provisions that will cause unfair and unwarranted harm to many families. That is especially true of legal immigrant families, who have followed the rules, worked, and paid taxes, and who have suffered a calamity that has forced them to seek assistance.

The President has vowed to repair these provisions of the bill. In the meantime, however, he is determined to ensure that they are implemented carefully, and that no individuals not actually covered by these provisions are improperly denied the benefits they and their children need.

For that reason, the President has today issued two directives to ensure that legal immigrants and their children who remain eligible for benefits under the new law do not have those benefits cut off mistakenly, and that legal immigrants who are eligible to become citizens can do so as quickly as possible.

The first measure directs the Secretary of Agriculture to ensure that States have the maximum time allowed under the law to make sure that legal immigrants who remain eligible for food stamp benefits continue to receive them. The Secretary is to grant a waiver allowing any state, subject to certain legal restrictions, to extend the certification periods for eligibility for food stamps that apply to legal immigrants receiving assistance. The extension will give States time to develop the procedures needed to make accurate determinations of the many facts -- such as immigration classification, veteran status, or work history -- that the new law makes relevant to eligibility. In this way, the directive will decrease inaccurate or inequitable decisions to cut off food stamp benefits.

Under the terms of the new law, benefits to legal immigrants and their children are cut off only at the time of recertification of their eligibility for food stamps. When a State extends the certification period, it will, in effect, push back the date on which a legal immigrant will be deprived of food stamp benefits.

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 23, 1996

August 22, 1996

MEMORANDUM FOR THE SECRETARY OF AGRICULTURE

SUBJECT: Eligibility of Aliens for Food Stamps

Under the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which today I signed into law, aliens receiving food stamps as of the date of enactment will continue to receive benefits until recertification of their eligibility, which shall take place not more than 1 year after enactment of the law. The results of the certification, including decisions as to an individual's immigration classification, veteran status, or work history, will determine whether the individual remains eligible for benefits under the Food Stamp program. Implementation of these new procedures will pose a substantial challenge for all involved Federal and State agencies.

To ensure that eligibility determinations are made fairly, accurately, and effectively, I direct you to take the steps necessary under your authority to permit the State agencies to extend the certification periods of currently participating aliens, provided that no certification period is extended to longer than 12 months, or up to 24 months if all adult household members are elderly or disabled, and provided that in no event shall certifications be extended beyond August 22, 1997.

I further direct you to notify the States of the actions you have taken.

WILLIAM J. CLINTON

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The waiver has specific time limits. Under current law, the Secretary may not allow states to extend certification periods beyond one year for most aliens or two years for certain elderly or disabled aliens. For states that already use that maximum certification period, the waiver will not have a significant impact. For those that have shorter periods, however, the waiver will permit extensions to a full year or 24 months. The Department, however, may not allow states to extend any recertification beyond August 22, 1997.

The second measure directs the Attorney General, the Secretary of Health and Human Services, and other agency heads to make continued efforts to reduce bureaucratic delays in the citizenship process for legal immigrants applying to become citizens. The INS already has made great progress in this area, devoting more resources to processing naturalization applications and reducing long waiting lists. This directive instructs the Attorney General to continue to increase staff used to review citizenship applications and to develop other effective means, including joint efforts with community groups, of assisting applicants for citizenship.

In addition, the directive instructs the heads of all relevant agencies to develop public/private partnerships devoted to providing English-language training to applicants for citizenship; make outreach efforts to those wishing to become citizens; and provide special assistance to refugees and those seeking asylum.

Also today, the Attorney General, under authority granted by the welfare reform law, will issue a memorandum containing a provisional list of non-cash services not conditioned on income or resources that may not be denied to immigrants, because they are "necessary for the protection of life and safety." These services include soup kitchens, medical services, child protection, and services for victims of domestic violence. The Attorney General may amend the list at a later date. Additional information is available at the Justice Department from Myron Marlin, (202) 616-2765.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 23, 1996

August 22, 1996

MEMORANDUM FOR THE ATTORNEY GENERAL
THE SECRETARY OF HEALTH AND HUMAN SERVICES
AND OTHER HEADS OF EXECUTIVE DEPARTMENTS AND
AGENCIES

SUBJECT: Naturalization

Citizenship is the cornerstone of full participation in our democracy. To become a United States citizen through naturalization represents a pledge to undertake the responsibilities of being a full member of our national community.

Naturalization is the best example of our legal immigration system at work. It reflects our society's recognition of those who came to this country to work hard, play by the rules, and pursue shared ideals of freedom, opportunity, and responsibility.

In the past, hundreds of thousands of eligible people have had to wait unnecessarily to become citizens. In some parts of the country, these people have had to wait well over a year after filing their application to realize their dream of United States citizenship.

This Administration is committed to eliminating the waiting lists of those eligible for citizenship. To accomplish this, we launched "Citizenship U.S.A.," the most ambitious citizenship effort in history. In fiscal year 1996, the Immigration and Naturalization Service (INS) will spend more than \$165 million for naturalization.

Citizenship U.S.A. combines three broad strategies: hiring more people to handle applications, improving the naturalization process, and expanding partnerships with local officials and community organizations.

We are already making progress. We have increased the staff 235 percent in the five districts with 75 percent of the pending applications: Los Angeles, New York, Miami, San Francisco, and Chicago. In Los Angeles, where one-fourth of all new applications are filed, we have opened three new processing centers and have more than quadrupled the number of INS officers handling citizenship applications.

But this is just the beginning. This Administration's target is to process and swear-in within 6 months of application all individuals eligible for citizenship. As we meet this target, more than one million newcomers will become citizens by the end of this year. After that, INS shall maintain those reforms necessary to stay current with the demand of new citizen applicants.

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Using all of the tools at your disposal, I ask you to ensure that policies and practices necessary to accomplish these targets of one million new citizens sworn-in and the elimination of the waiting list are implemented. This includes continuing, expanding or accelerating, as appropriate and practicable, the following:

- 1) New Hires. Hiring, training, and deployment of full staff to assist naturalization efforts should proceed to completion as quickly as possible.
- 2) Cutting Red Tape. This includes: establishing electronic filing and mailing-in of citizenship applications, extended weekday hours and Saturday interviews, further expansion of processing facilities, and improvements to make it easier for people to obtain forms and get immigration information by telephone or computer.
- 3) Working with Local Officials and Community-Based Groups. We are working in partnership with local officials and community groups to expand outreach. I direct you to expand these efforts to help get naturalization information to people, assist them in filling out applications, offer more local sites for interviews, especially for the elderly and the homebound, and seek other means to jointly facilitate the process. We also will work to expand the availability of local hotlines providing naturalization information.
- 4) English Training. To assist legal immigrants to move toward citizenship, I request relevant agencies to work with the Domestic Policy Council, the National Economic Council, and other White House offices to present to me by December 30, 1996, a report making recommendations with respect to public/private efforts to teach English to those needing to improve their English-language skills. This report should consider possible roles by private companies, educational institutions, unions, community organizations, and the AmeriCorp program to accomplish this goal.
- 5) Interagency Outreach. I direct each executive department and agency to take steps to promote naturalization outreach consistent with your agency's mission. In particular, in materials sent to welfare recipients concerning eligibility, I direct that, to the extent authorized by law, you include naturalization information.
- 6) Refugees and Asylees. Those who flee persecution and suffering in their home country are often in the weakest position to acquire the skills they need to enter the job market, maintain self-sufficiency, and achieve U.S. citizenship. I direct the Secretary of Health and Human Services, in conjunction with other agencies as appropriate, to present to me by December 30, 1996, through the Domestic Policy Council, a report setting out a strategy of additional steps that we can take to promote social adjustment in the United States, economic self-sufficiency, and naturalization.

In taking these steps, this Administration shall maintain and strengthen the standards and requirements of the naturalization test that demonstrate an individual's readiness to accept the responsibilities of citizenship and full participation in our national community. You are directed to continue vigilant oversight to uphold these standards.

Hundreds of thousands of people are seeking the dream and the promise of American citizenship. They have worked to become United States citizens, and these steps should ensure that they are not made to wait unnecessarily.

WILLIAM J. CLINTON

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HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

August 1996

Contact: HHS Press Office
(202) 690-6343

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996

On August 22, President Clinton signed into law "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996," a comprehensive bipartisan welfare reform plan that will dramatically change the nation's welfare system into one that requires work in exchange for time-limited assistance. The bill contains strong work requirements, a performance bonus to reward states for moving welfare recipients into jobs, state maintenance of effort requirements, comprehensive child support enforcement, and supports for families moving from welfare to work -- including increased funding for child care and guaranteed medical coverage.

Highlights of "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996" follow.

MAKING WELFARE A TRANSITION TO WORK

- o **Work requirements.** Under the new law, recipients must work after two years on assistance, with few exceptions. Twenty-five percent of all families in each state must be engaged in work activities or have left the rolls in fiscal year (FY) 1997, rising to 50 percent in FY 2002. Single parents must participate for at least 20 hours per week the first year, increasing to at least 30 hours per week by FY 2000. Two-parent families must work 35 hours per week by July 1, 1997.
- o **Supports for families transitioning into jobs.** The new welfare law provides \$14 billion in child care funding -- an increase of \$3.5 billion over current law -- to help more mothers move into jobs. The new law also guarantees that women on welfare continue to receive health coverage for their families, including at least one year of transitional Medicaid when they leave welfare for work.
- o **Work Activities.** To count toward state work requirements, recipients will be required to participate in unsubsidized or subsidized employment, on-the-job training, work experience, community service, 12 months of vocational training, or provide child care services to individuals who are participating in community service. Up to 6 weeks of job search (no more than 4 consecutive weeks) would count toward the work requirement. However, no more than 20 percent of each state's caseload may count toward the work requirement solely by participating in vocational training or by being a teen parent in secondary school. Single parents with a child under 6 who cannot find child care cannot be penalized for failure to meet the work requirements. States can exempt from the work requirement single parents with children under age one and disregard these individuals in the calculation of participation rates for up to 12 months.

Work Will Pay More Under Welfare Reform

People On Welfare Who Work Will Be Better Off

Because of the changes we've proposed in the minimum wage and the EITC, the typical welfare recipient will be better off working -- even 20 hours per week -- than she was on welfare.

In Colorado, for example, a young mother with two children receives only \$8000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

People Who Move From Welfare To Work Will Be Better Off

Because of the EITC and minimum wage increase, single parents who are already working will also be better off. A woman working 20 hours a week will see her take-home pay increase from \$10,000 to \$12,600. And a woman working full-time will see her earnings increase from \$12,680 to \$15,700 -- an increase of 25 percent.

- Q: How does this reform affect public housing?
- A: This new law does not affect public housing -- the Clinton Administration is maintaining our investment in housing for poor families. Poor families will also continue to receive Medicaid and Food Stamp benefits.
- Q: Who will create and fund the needed job training programs?
- A: Most states will initially receive more funding under the cash assistance block grant than they currently receive -- resources that will enable states to provide transportation, job training, and other work-related services to move people from welfare to work. And, as rolls continue to shrink, states will also be able to use money now used for welfare checks to provide these work-related services, community service jobs, or income subsidies for employers to hire people.
- Q: The social services agencies that deal with child abuse and neglect, teen pregnancy, and juvenile crime, are already overwhelmed. Will this legislation result in an increased need for these services without providing funding?
- A: This legislation preserves the foster care, adoption, child welfare, and family preservation programs - the federal government and the states will continue to work to meet the needs of children and families at risk. In addition, the legislation contains new funds for teen pregnancy prevention and abstinence programs, and it requires at least 25 percent of communities to have teen pregnancy prevention programs in place.
- Q: If corporate America has been laying off employees and downsizing, and the job market is filled with skilled laborers, how will unskilled workers fit in?
- A: Since taking office, the Clinton Administration has created 10 million new jobs and provided new employment opportunities for workers of various skill levels. And, as welfare rolls continue to shrink, states will be able to use money now used for welfare checks to provide work-related services, community service jobs, or income subsidies for employers to hire welfare recipients.

Q: Some Democrats have said that this legislation is just the beginning of needed reforms to the welfare system. Do you agree? What do you plan to do to build on this, and when?

A: This welfare legislation is a critical step in transforming our broken welfare system into one that requires work and promotes parental responsibility. The new law will make sweeping changes to the welfare system -- through time limits, work requirements, child care resources, and the toughest ever child support enforcement. When combined with an increased minimum wage and the EITC, we expect that it will make a fundamental difference in moving people from welfare to work. In Colorado, for example, a young mother with two children now receives only \$8,000 a year in welfare and Food Stamps, and she may never be encouraged to look for work and become independent. But with our new strategy, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

The President is also planning to take other steps to increase the availability of jobs for welfare recipients, which he will announce soon.

Q: Did you speak with the people who will be affected most by these changes?

A: The President and other members of the Administration have met with welfare recipients to discuss their experiences and ways to best change the system. The President also met with welfare recipients at the Blair House meeting on welfare reform last year. As the President said in his 1995 State of the Union Address, "I may be the only President who has had the opportunity to sit in a welfare office, who's actually spent hours and hours talking to people on welfare. And I am telling you, the people who are trapped on it know it doesn't work."

Q: For those who have not completed high school, lack sufficient language skills and are functionally illiterate, what kind of work can they expect to get?

A: The new law requires that adults be engaged in work activities within two years, but allows states some flexibility in defining those activities. Private sector jobs, volunteer activities, and community service jobs all count as "work," and welfare recipients initially have to work only 20 hours per week to meet the requirements. We strongly believe that work is better than welfare. In Colorado, for example, a young mother with two children now receives only \$8,000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy that includes the EITC and minimum wage increase won by this Administration, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

Q: Will children of legal immigrants be denied school lunches under the new law?

A: All children, including those of legal immigrants, who are eligible for public school will continue to receive free school breakfasts and lunches under the new law.

- Q: How will states address such needs as transportation and job training? Where will the resources come from?
- A: Most states will initially receive more funding under the cash assistance block grant than they currently receive -- resources that will enable states to provide transportation, job training, and other work-related services to move people from welfare to work. And, as rolls continue to shrink, states will also be able to use money now used for welfare checks to provide these work-related services, community service jobs, or income subsidies for employers to hire people.
- Q: What is the President's position on Senator Wellstone's resolution calling for a continued safety net for battered women? This did not pass as part of the welfare reform bill -- will the President work to have it reintroduced as legislation when Congress comes back into session?
- A: The Administration has not yet decided what would be included in a legislative package to improve the welfare legislation Congress passed.
- Q: How will you protect teen mothers who are required to live at home but are at risk of being sexually, physically, or emotionally abused in those settings?
- A: The law requires teen parents to live at home or in an adult-supervised setting in order to receive assistance. States will be required to locate alternative living arrangements for those teens who may be at risk of abuse in their homes.
- Q: There is a two-year limit for women to find jobs -- where will these jobs come from?
- A: This bill gives states the ability to create jobs by taking money now used for welfare checks and give it to employers as income subsidies, as an incentive to hire people, or to create community service jobs. It also builds on the reforms taking place in 43 states under waivers granted by the Clinton Administration. Some of these states are securing private sector jobs for welfare recipients by providing wage subsidies and forging new private/public sector partnerships. In other states, employers are providing work place mentoring for participants and contributing to special accounts that recipients can later use to increase their education and training. The new law requires that adults be engaged in work activities within two years, but allows states some flexibility in defining those activities. Private sector jobs, volunteer activities, and community service jobs all count as "work," and welfare recipients initially have to work only 20 hours per week to meet the requirements.

Q: One hundred and twenty-three Democratic members of Congress supported this package. Did they understand the impact of the provisions affecting legal immigrants, and did they support these provisions, or did they support the bill in spite of those provisions?

A: Democrats and Republicans voted for this legislation because they know that the current welfare system is broken and must be fixed. Like the President, many members of Congress are concerned about the provisions affecting legal immigrants, and they are supportive of the Administration's plan to fix this flaw in the law. Let's remember that this bill is much better than what the President vetoed. That legislation was soft on work and tough on children. It failed to provide adequate child care and health care. It imposed deep and unacceptable cuts in school lunches, child welfare, and help for disabled children. The bill came to President Clinton twice and he vetoed it twice. This new legislation is much improved. Congress has removed many of the worst elements the President objected to, and has included many of the improvements the President called for.

Q: What specifically is the Administration planning to do to address the flaws in the legislation? And when? What about the AFDC portion of the legislation?

A: The President has said that he will work to fix the Food Stamp and legal immigrant problems in the bill, and the Administration is working on legislative proposals to remedy these flaws. We do not have a timeline yet for this process, but we'll work with Congress and the states to get it done. In terms of the AFDC provisions, states will be able to use their block grant funds, which initially provide most states with more resources than they currently receive, to move people into jobs and help employers create new positions for welfare recipients. Additional child care funding, new resources from child support enforcement, and the guarantee of nutrition assistance, foster care and adoption services, and health care coverage will work together to help families move from dependence to self-sufficiency. We will closely monitor the states to be sure that they are rewarding work and meeting the goals of the legislation. This new law gives states powerful performance incentives to place people in jobs. We also know that 43 states are already promoting work and protecting children under welfare waivers granted by the Clinton Administration.

Remember, the minimum wage and EITC improvements we've won for will make work pay. In Colorado, for example, a young mother with two children receives only \$8,000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

Q: When does the new welfare system take effect?

A: The new law goes into effect on July 1, 1997. States are required to submit plans by that date detailing how they will meet the law's provisions, and these plans will be reviewed for completeness by HHS. Upon completion of their plans, states will be able to draw down block grant funds.

to correct it, it will be corrected." In any case, immigrants will still be eligible for emergency medical assistance and other limited kinds of care, such as immunizations.

The law narrows SSI's definition of disability for children. However, over 95 percent of these children who would lose SSI are expected to qualify for Medicaid, through the phase-in of poverty-level children or other mechanisms.

Q: How will this legislation impact legal immigrants and when?

A: Under the new law, most legal immigrants will be ineligible for SSI and Food Stamps until citizenship. Current recipients may lose eligibility for these programs immediately at the time of regular redetermination for eligibility. States have the option to make most current legal immigrants ineligible for Medicaid, AFDC, Title XX Social Services, and state-funded assistance until citizenship. Future immigrants will be ineligible for five years for most federal means-tested programs, including Medicaid, but these immigrants will be eligible for Head Start and the Job Training Partnership Act.

All applicants for most federal, state, and local programs will be subject to new verification requirements to determine if they are "qualified" or "non-qualified." Qualified immigrants will include legal permanent residents, refugees, asylees, immigrants whose deportation has been withheld, and immigrants who have been granted parole status by the INS for a period of one year. Non-qualified immigrants would be ineligible for benefits (except emergency medical, school lunches/breakfasts if they are eligible for a free public education, short-term disaster, limited public health assistance, non-profit, in-kind community services such as shelters and soup kitchens, and certain housing benefits).

Future sponsors and immigrants would be required to sign new, legally binding affidavits of support. For these future immigrants, the new law extends deeming to citizenship, changes deeming to count 100 percent of a sponsor's income and resources, and expands the number of programs that are required to deem, including Medicaid.

The President opposes these provisions, and will work to change them. As the President said, "This provision has nothing to do with welfare reform; it is simply a budget-saving measure, and it is not right ... I am convinced when we send legislation to Congress to correct it, it will be corrected." In any case, immigrants will still be eligible for emergency medical assistance and other limited kinds of care, such as immunizations.

Q: When will you propose legislation to reverse the discrimination against legal immigrants? What will that legislation look like? Where will the funding come from to provide assistance for these individuals?

A: The President has said that he will work to fix the Food Stamp and legal immigrant problems in the bill, and the Administration is working on legislative proposals to remedy these flaws. We do not have a timeline yet for this process, but we'll work with Congress and the states to get it done. The President has said that legal immigrants who fall on hard times through no fault of their own and need help should get it, although their sponsors should take additional responsibility for them. The Administration's proposals will still save money over current law.

Q: How does the exemption from the time limit work? Is it 20 percent over a year or at any one time?

A: The law states that the number of exempt families for a fiscal year may not exceed 20 percent of the average monthly caseload. HHS will issue further guidance on calculation of this limit in the future. However, it is important to note that the welfare bill vetoed by the President contained only a 15 percent exemption, and the Administration worked very hard to ensure that the welfare legislation included adequate exemptions from the time limit. We believe that the 20 percent exemption in the new law is adequate.

Q: Do you have any estimates on how many states will make use of the domestic violence exemption? Does this exemption apply to the work requirements as well as to the time limit?

A: We do not have estimates on how many states will make use of the time-limit exemption, which is optional. We will have that information when the states submit their plans.

The law does not include a specific exemption from the work requirements. However, the bill does allow states to waive program requirements for victims of domestic violence, and allows states to exempt 20 percent of welfare recipients from the time limit. States may also take this factor into consideration in developing individual responsibility plans and in making decisions about how to reach the participation rates specified in the bill.

Q: Now that Medicaid will be separate from AFDC, how will the Medicaid eligibility be determined? What will happen to the families who are no longer eligible for AFDC under the new system?

A: President Clinton insisted that welfare reform not end guaranteed health care coverage for pregnant women, poor children, the disabled, and the elderly -- and the new law preserves the Medicaid guarantee. In general, individuals who would be eligible for Medicaid before welfare reform will still be eligible for Medicaid under the new law. In addition, families that lose cash assistance eligibility due to the time limit will remain eligible for Medicaid. The new law also provides one year of transitional Medicaid for families that leave welfare because of increased earnings, and maintains the current law provision of four months of transitional Medicaid for families who leave welfare due to increased child support.

States do have the option to end Medicaid coverage for some adults -- except pregnant women -- who lose their cash assistance eligibility because they failed to meet work requirements. (This is similar to current law, which denies Medicaid to adult recipients who refuse to cooperate with paternity establishment). However, children will retain Medicaid eligibility even if their mother is deemed ineligible.

Q: In the past, SSI has been the gateway for certain individuals to receive Medicaid and Food Stamps. Will those deemed ineligible for SSI under the new legislation still be eligible for Medicaid or Food Stamps?

A:- For current legal immigrants, states have the option to eliminate Medicaid assistance along with SSI, but we don't expect states to do so. Immigrants who arrive in the future will be barred from Medicaid for five years. The President opposes these provisions, and will work to change them. As the President said, "This provision has nothing to do with welfare reform; it is simply a budget-saving measure, and it is not right ... I am convinced when we send legislation to Congress

by at least 25 percent.

Uniform interstate child support laws. The new law provides for uniform rules, procedures, and forms for interstate cases.

Computerized state-wide collections. The new law requires states to establish central registries of child support orders and centralized collection and disbursement units. It also requires expedited state procedures for child support enforcement.

Tough new penalties. Under the new law, states can implement tough child support enforcement techniques. The new law will expand wage garnishment, allow states to seize assets, and enable states to revoke drivers and professional licenses for parents who owe delinquent child support.

"Families First." Under a new "Family First" policy, families no longer receiving assistance will have priority in the distribution of child support arrears. This new policy will bring families who have left welfare for work about \$1 billion in support over the first 6 years.

Access and visitation programs. In an effort to increase noncustodial parents' involvement in their children's lives, the new law includes grants to help states establish programs that support and facilitate noncustodial parents' visitation with and access to their children.

- Q: What are individual development accounts? Are they optional or included in every state?
- A: The new law explicitly allows states to use block grant money for programs to fund individual development accounts for recipients. These accounts would not be counted as income in determining benefits, and could be used by individuals to finance a small or micro-business, to pursue post-secondary education, or to purchase their first home. Twelve states have already done something similar under waivers we've granted.
- Q: Why are you still granting waivers to states? Is this a way to undermine the work requirement provisions of the new law?
- A: Although most states will no longer need waivers to implement welfare reform under the new law, HHS is continuing to grant waivers to states that have requested them. Some states with pending waiver requests asked HHS to either approve the entire waiver request or to extract provisions that would apply under the fast track waiver approval process. A few states without waivers already approved or pending have also submitted applications under the fast track approval process. The Clinton Administration has already approved 78 demonstrations for 43 states, and we're continuing our commitment to state flexibility.

-- This is not going to undermine the work requirements in the new law. The welfare reform legislation includes a provision that would give states the option to continue their welfare reform demonstrations. Also under this provision, states would not have to follow the new legislative mandates if those features were inconsistent with the state's demonstration, which include defined work activities, time limits, etc. HHS, along with the states, is seeking to clarify the language of the bill with respect to this provision. However, it is the department's understanding that all states would have to meet the work participation rates in the legislation.

Q: Isn't it unfair that people with disabilities will be affected so adversely by this legislation? Won't the long-term impact be greater for individuals who are forced into institutions as result of being cut off from SSI?

A: Under the new law, most legal immigrants will be ineligible for SSI until citizenship. The Administration opposes this provision, and the President has pledged to fix this flaw in the bill. The President has said that immigrant children and disabled immigrants who need help should get it.

(The law narrows SSI's definition of disability for children. However, over 95 percent of these children who would lose SSI are expected to qualify for Medicaid, through the phase-in of poverty-level children or other mechanisms).

Q: How will the children of mothers who are cut off from Food Stamps get fed?

A: If a mother were to hit the time limit, she and her family would continue to receive Food Stamp benefits, and the Food Stamp benefits would slightly increase to offset some of the loss in cash assistance. And everyone in the family would continue to receive Medicaid. Children of mothers cut-off from Food Stamps for failing to meet work requirements will continue to receive Food Stamp benefits. In those rare cases, the USDA will redetermine the families' eligibility excluding the mothers' needs in calculating total benefits.

Q: How is the additional \$4 billion for child care distributed? Who gets the money?

A: The new law increases child care funding by nearly \$4 billion over 6 years, allowing more mothers to leave welfare for work. States will receive an initial allotment each year from a fund of approximately \$1.2 billion. To access additional funds, states must maintain their own spending at 100 percent of their FY 1994 or 1995 spending on child care (whichever is higher). Additional funding will be available for state match at the 1995 Medicaid rate. By contrast, the bill the President vetoed increased child care funding by just \$300 million over current law, and did not require states to meet child care maintenance of effort requirements to access additional federal child care funding, allowing states to lower their own spending.

Q: How do the expanded child support enforcement measures work?

A: The new law includes the child support enforcement measures President Clinton proposed in 1994 -- the most sweeping crackdown on non-paying parents in history. These measures could increase child support collections by \$24 billion and reduce federal welfare costs by \$4 billion over 10 years. Provisions include:

National new hire reporting system. The law establishes a Federal Case Registry and National Directory of New Hires to track delinquent parents across state lines. It also requires that employers report all new hires to state agencies, which will then report to the National Directory of New Hires. The law also expands and streamlines procedures for withholding child support from wages.

Streamlined paternity establishment. The new law streamlines the legal process for paternity establishment, making it easier and faster to establish paternities. It also expands the voluntary in-hospital paternity establishment program, started by the Clinton Administration in 1993. Individuals who fail to cooperate with paternity establishment will have their monthly cash assistance reduced

Q: What makes you think this dramatic shift will make a difference?

A: As the President said, this law gives us a chance to reform our broken welfare system. The law is strong on work. It provides almost \$4 billion more for child care so that mothers can move from welfare to work, and protects their children by maintaining health and safety standards for day care. It gives states powerful performance incentives to place people in jobs. It requires states to hold up their end of the bargain by maintaining their own spending on welfare. And it gives states the capacity to create jobs by taking money now used for welfare checks and giving it to employers as income subsidies, as an incentive to hire people, or to create community service jobs. The law also includes the child support enforcement measures the President proposed two years ago -- the most sweeping crackdown on deadbeat parents in history. And it preserves the national guarantee of health care for poor children, the disabled, pregnant women, the elderly, and people on welfare.

This Administration has already given 43 states the flexibility to reward work, and created millions of new jobs. Welfare rolls have already dropped by 1.6 million since 1992, and we think that progress will continue. Finally, because of the EITC and the minimum wage increase won by this Administration, the typical welfare recipient will be better off working -- even 20 hours per week -- than she was on welfare. In Colorado, for example, a young mother with two children receives only \$8,000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

Q: The President has acknowledged the diversity of welfare recipients. Are there provisions in the bill to take into consideration the special circumstances women often face?

A: Yes. The new law enables states to allow women with children under age six to work only 20 hours per week, and exempts single parents with children under age six from the work requirements and penalties if they are unable to find child care. States can also exempt women with children under age one for a total of 12 months. In addition, the bill allows states to exempt 20 percent of welfare recipients from the time limit.

Q: How will the Administration ensure that women are aware of the exemptions they may be allowed, such as in cases of battering or abuse? What must women do to prove that they fall into these categories?

A: The law provides several avenues through which women can be made aware of any exemptions for which they may qualify. For example, states will provide this information in their state plan, which will be a public document. States will have the option to establish procedures for the screening of domestic violence situations, as well as for referral to appropriate counseling. States may also waive other program requirements (such as time limits) in such cases. For all states, we anticipate that the state plan will specify the exemptions which the state has elected. The Administration plans to issue some guidance to states on this subject.

The statute requires that states set forth objective criteria for the delivery of benefits, determination of eligibility, and for fair and equitable treatment. As part of these criteria, it must explain the administrative or appeals process which will be available to individuals adversely affected by state agency decisions. The Administration believes this provision is critical to ensuring that individuals within each state receive the benefits and protections available under the state program.

Q: But Governor Thompson says he still does need the waiver, and is accusing the President of reneging on his promise to grant it. Is he right?

A: It appears that the new federal law gives Wisconsin all of the flexibility it needs to move forward on its reforms, so the waiver request may be moot. However, the new law is quite complicated, and we'll need to carefully review the final bill and report language before we'll know for sure.

Q: How will the federal government monitor the states under the new program? How can the federal government ensure that recipients are protected from unfair treatment or discrimination resulting in loss of benefits?

A: Although states will receive considerable flexibility under the Personal Responsibility and Work Act of 1996, the law provides some level of federal oversight and protection for recipients from unfair treatment. The law requires states to submit plans outlining how they will implement the new provisions. These state plans must include objective criteria for delivering benefits and ensuring equitable treatment for recipients. States must also provide opportunities for recipients who have been adversely affected to be heard in a state administrative or appeal process.

In addition, the new law penalizes states that fail to meet bill requirements or misuse federal money by removing a portion of their block grant funding. States that are penalized must expend additional state funds to replace federal grant reductions.

Q: How do you justify removing the federal guarantee from women and children, particularly when the President is so far ahead in the polls? What will be the safety net for women and children who fall on hard times?

A: President Clinton signed "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996" into law because the current system is broken, and because Congress made many of the changes he sought under welfare reform. His judgement was based on policy, not politics.

The new law will provide protections for women and children who fall on hard times, including time-limited cash assistance, child care, Medicaid, Food Stamps, and nutrition assistance, while helping recipients move toward work and self-sufficiency. It also contains the toughest possible child support enforcement -- which will provide new resources for children's food, clothing, and shelter. And, unlike the vetoed bill, it maintains the open-ended federal commitment to Food Stamps, foster care, and adoption services.

Q: Studies, such as the Urban Institute study, have indicated that this reform package will force millions of kids into poverty. Is this true? What are you going to do ensure that it does not force children into poverty?

A: Let's not forget that millions of children and their parents are trapped in poverty now. No computer model can predict with 100 percent accuracy how individuals will respond when the system is fundamentally transformed. We believe that many women on welfare want to work and will do so if they can find child care for their children. We believe that when society demands that absent parents pay child support, they will do so. Under the new welfare law, people will be required to move into jobs, but they will also receive the supports they need -- like child care and health care - - to move from welfare to work. The legislation also contains tough child support enforcement measures that will increase collections by \$24 billion over ten years -- providing an enormous amount of money for children's food, clothing, and shelter. It's also important to note that the Urban Institute study did not include the minimum wage increase the Administration recently won, which will have a significant impact for many of these working families.

We strongly believe that work is better than welfare. In Colorado, for example, a young mother with two children now receives only \$8,000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy that includes the EITC and the minimum wage increase won by this Administration, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

Q: Why has the Administration granted other states' waivers, but still hasn't acted on Wisconsin's?

A: Some states have asked HHS to go ahead and approve their waivers, even though they may not be necessary under the new law. There is no special treatment here for any other state over Wisconsin - - these states' requests have been pending longer and are simpler (some states simply submitted amendments to a currently operating demonstration).

(Background: Hawaii's waiver request was received on 5/7/96; Indiana's on 12/14/95, with additional amendments received on 2/6/96; Maryland's request was received on 4/26/96; Minnesota's AFDC waiver was received on 4/4/96, with amendments received on 5/28/96, and Minnesota's Work First waiver was also received on 4/4/96. Kansas' waiver request was received on July 26, 1994, with amendments received on April 30, 1996. DC and Idaho submitted fast-track waiver requests on August 6 and 8, respectively. Wisconsin's official waiver request was received on 5/29/96).

Q: What are the Administration's plans for the Wisconsin waiver since Congressional legislation has now been passed?

A: In fact, no action may be necessary, since the new federal law appears to give Wisconsin all of the flexibility it needs to move forward on its reforms. We won't know for sure until we've carefully reviewed the final bill and report language.

Q: Isn't it true that all of his policy advisors recommended a veto?

A: No. Some Administration officials have expressed concerns about the final bill, but that's not new. The official letters sent to Congress have always expressed concerns.

But the Administration believes that there is more good than bad in this bill. Child care spending, for example, is almost \$4 billion above current law. The child support enforcement provisions -- all included at the request of the Administration -- will bring in \$24 billion for America's children and will free up billions more in current welfare payments that can now be used for work activities.

Every Administration official also knows that this bill is much improved from the legislation the President vetoed last year. It's still not perfect, but it's imperative that we move away from the failed status quo.

Q: But won't this bill result in more poverty? How can you say that you care about children, and still sign this bill?

A: Very few bills are perfect, and this bill does have some flaws. However, it's important to remember how many victories the President has won since he vetoed the previous bill. This legislation does not dismantle foster care, adoption assistance, child abuse prevention programs, or the school lunch program. It does not deny cash assistance to disabled children. And it includes more funding for child care.

Overall, the Administration believes that there is more good than bad in this bill. Child care spending, for example, is almost \$4 billion above current law. The child support enforcement provisions -- all included at the request of the Administration -- will bring in billions of dollars for America's children and free up billions more in welfare payments that can now be used for job training.

It's also important to remember that this Administration expanded the Earned Income Tax Credit, and convinced Congress to increase the minimum wage. Together with the work incentives in this bill, those actions will make many low-wage families better off, and will make work a better deal than welfare. In Colorado, for example, a young mother with two children receives only \$8,000 a year in welfare and Food Stamps, and may never be encouraged to look for work and become independent. But with our new strategy, she will increase her income by more than 50 percent -- to \$12,600 -- even if she only works part-time at the minimum wage. She'll still receive health care for herself and her children. She'll still receive Food Stamps. She'll get help collecting child support. And she'll get help with child care if she needs it.

Questions and Answers on Welfare Reform
August 21, 1996

Q: Why did the President sign the welfare reform bill?

A: The President signed this bill because it will change the nation's welfare system into a transitional assistance program that requires work in exchange for time-limited assistance. The bill contains strong work requirements, a performance bonus to reward states for moving welfare recipients into jobs, state maintenance of effort requirements, comprehensive child support enforcement, and supports for families moving from welfare to work -- including increased funding for child care and guaranteed Medicaid coverage. As the President has said, this legislation gives us a chance "to transform a broken system that traps too many people in a cycle of dependence to one that emphasizes work and independence, to give people on welfare a chance to draw a paycheck, not a welfare check."

Combined with the EITC and the minimum wage increase won by this Administration, the new, transitional welfare system will help move AFDC recipients from welfare to work. In Colorado, for example, a mother with two children will increase her income by more than 50 percent -- from \$8,000 to \$12,600 -- even if she only works part-time at the minimum wage. Plus, she'll receive health care, Food Stamps, help in collecting child support, and child care assistance if she needs it.

The President has pledged to fix the provisions in the bill that would deny assistance to legal immigrants and cut back on Food Stamp assistance for working families. As the President has said, these provisions are wrong, and his Administration will work to correct them.

Q: Isn't it true that the President only decided to sign the bill because of political concerns?

A: Not at all. This is a President who has always stood on principle. Our opponents have criticized his children's tobacco initiative, but he has not backed down. They have criticized his success at getting handguns off the street, but he has not wavered. Reforming the welfare system is something that he's always been committed to, and he believes it is important to begin changing the failed system as quickly as possible.

Overall, there is more good than bad in this bill. Child care spending, for example, is almost \$4 billion above current law. The child support enforcement provisions -- all included at the request of the Administration -- will bring in \$24 billion for America's children and free up billions more in welfare payments that can now be used for job training. This legislation makes other significant improvements over the bills the President vetoed -- it drops the deep cuts and devastating changes in foster care, adoption assistance, child abuse prevention programs, the school lunch program, and aid to disabled children.

	VETOED BILL	CURRENT BILL
Guaranteed Medicaid	NO	YES
Block Grants Food Stamps	YES	NO
Block Grants Foster Care	YES	NO
Cuts Funding for Foster Care	YES	NO
Block Grants Adoption Assistance	YES	NO
Cuts Funding for Adoption Assistance	YES	NO
Cuts Funding for Investigation of Child Abuse	YES	NO
20% Exemption From Time Limit	NO	YES
Adequate Child Care Funding	NO	YES
Child Care Health and Safety Standards	NO	YES
80% Maintenance of Effort Required	NO	YES
Teens Required to Live at Home	YES	YES
Performance Bonus for States	NO	YES
Child Support Enforcement	YES	YES
Cuts Cash Assistance by 25% for Some Disabled Children	YES	NO

A NEW SYSTEM UNDER WELFARE REFORM

The Current Welfare System

Aid to Families with Dependent Children (AFDC) is a cash assistance program, providing aid to poor single mothers and their children, as well as to a few poor two-parent families. As of May 1996, 12.5 million individuals received AFDC -- down from 14.1 million when President Clinton took office. Of those 12.5 million people, approximately 4 million are adults.

Medicaid pays for health care for AFDC recipients and all pregnant women and children up to age 6 with family income up to 133 percent of the federal poverty line. Medicaid coverage is also being phased in for poor children under age 19 by the year 2002. The Food Stamp program provides nutrition assistance to all poor Americans, including AFDC recipients, the elderly, and many poor working families.

The elderly, blind, and disabled also receive public assistance, primarily through the Supplemental Security Income (SSI) program, which provides monthly cash benefits, as well as through the Medicaid and Food Stamp programs.

Changes under Welfare Reform

Under the new law, federal AFDC funds will be delivered to states in the form of fixed block grants, and adults will be limited to 5 years of cash assistance (states will be able to exempt 20 percent of the caseload from the time limit). In addition, recipients will be required to work within two years of receiving assistance, through activities such as unsubsidized or subsidized employment, on-the-job training, or community service. These changes build on the reforms already taking place in 43 states under waivers granted by the Clinton Administration. (For example, 30 states and the District of Columbia currently have some form of time limit in place). The new welfare law preserves Medicaid coverage for poor children, the disabled, pregnant women, the elderly, and people who would have qualified under the previous AFDC rules. It also maintains the Food Stamp program, preserving the national nutritional safety net. It includes new funding for child care and several measures to increase child support collections.

The law also includes provisions opposed by the Administration that would deny SSI and Food Stamps to most legal immigrants for five years or until they attain citizenship. States would have the option to deny Medicaid and AFDC benefits to legal immigrants. Future immigrants would be ineligible for 5 years for most federal means-tested programs, including Medicaid. The President has pledged to fix the provisions in the bill that would deny assistance to legal immigrants and cut back on Food Stamp assistance for working families.

A Fundamental Improvement over the Status Quo

This comprehensive bipartisan welfare reform legislation will change the nation's welfare system into a transitional assistance program that requires work in exchange for time-limited assistance. The law contains strong work requirements, a performance bonus to reward states for moving welfare recipients into jobs, state maintenance of effort requirements, and supports for families moving from welfare to work -- including increased funding for child care and guaranteed Medicaid coverage. It also includes tough new child support provisions which will increase collections by \$24 billion over 10 years. As the President has said, this legislation gives us a chance "to transform a broken system that traps too many people in a cycle of dependence to one that emphasizes work and independence, to give people on welfare a chance to draw a paycheck, not a welfare check."

Combined with the EITC and the minimum wage increase won by this Administration, the new, transitional welfare system will help move AFDC recipients from welfare to work. In Colorado, for example, a mother with two children will increase her income by more than 50 percent -- from \$8,000 to \$12,600 -- even if she works part-time at the minimum wage. Plus, she'll receive health care, Food Stamps, help in collecting child support, and child care assistance if she needs it.

- o **A broken system.** When President Clinton ran for president four years ago, he pledged to end welfare as we know it. Since taking office, President Clinton has done everything in his power to transform the welfare system into one that rewards work, protects children, and promotes parental responsibility. Although we've given 78 waivers to 43 states, the President has emphasized from the start that we need national legislation to help build a better future for the women and children now trapped in poverty.
- o **A much improved bill.** We've come a long way in this debate. Last year the Republican majority in Congress sent President Clinton legislation that had its priorities backward: it was soft on work, and tough on children. It failed to provide adequate child care and health care. It imposed deep and unacceptable cuts in school lunches, child welfare, and help for disabled children. The bill came to President Clinton twice and he vetoed it twice. This new bipartisan legislation is significantly better than the bills the President vetoed.
- o **Rewarding work.** The new law is strong on work. It provides almost \$4 billion more for child care, and it gives states powerful performance incentives to place people in jobs. It requires states to hold up their end of the bargain by maintaining their own spending on welfare. And it gives states the capacity to create jobs by taking money now used for welfare checks and giving it to employers as income subsidies, as incentives to hire people, or to create community service jobs. When combined with the EITC and the minimum wage increase won by this Administration, it means that the typical welfare recipient will be better off working than on welfare. In Colorado, for example, a mother with two children will increase her income by more than 50 percent -- from \$8,000 to \$12,600 -- even if she only works part-time at the minimum wage. Plus, she'll receive health care, Food Stamps, help in collecting child support, and child care assistance if she needs it.
- o **Protecting Children.** This new law is better for children than the two bills President Clinton vetoed. It maintains the national nutritional safety net by eliminating the Food Stamp cap and the optional block grant. It drops the deep cuts and devastating changes in school lunch, child welfare and help for disabled children. It allows states to use federal money to provide vouchers to children whose parents can't find work after the time limits expire. It helps protect children by maintaining health and safety standards for day care. It allows the 43 states with existing welfare reform demonstrations to use their own work requirements and time limits. And it preserves the national Medicaid guarantee for poor children, the disabled, pregnant women, and the elderly.
- o **Demanding responsibility.** The law requires teen parents to stay in school and live at home, and it includes the tough child support enforcement measures President Clinton proposed -- the most sweeping crackdown on deadbeat parents in history. We can now say to parents, if you don't pay the child support you owe we will garnish your wages, take away your driver's license, track you across state lines and if necessary make you work off what you owe. Over 10 years, the child support improvements in this bill will provide an additional \$24 billion for America's children.
- o **Parts of the law still need to be fixed.** Parts of the legislation are wrong, and the President has pledged to fix them. The law still cuts Food Stamps deeper than it should, mostly for working families with children who have high shelter costs. In addition, the law includes provisions that will hurt legal immigrants, denying medical and other help to families with children who fall on hard times through no fault of their own. This Administration is committed to changing these provisions.
- o **A record of accomplishment.** Over the past three and half years, the Clinton Administration has given 43 states the flexibility they need to promote work and protect children. The Administration has also required teen mothers to stay in school and cracked down on people who owe child support and cross state lines. As a result, child support collections are up 40 percent to \$11 billion, and there are 1.6 million fewer people on welfare today than when President Clinton took office.

- o A **five-year time limit**. Families who have received assistance for five cumulative years (or less at state option) will be ineligible for cash aid under the new welfare law. States will be permitted to exempt up to 20 percent of their caseload from the time limit, and states will have the option to provide non-cash assistance and vouchers to families that reach the time limit using Social Services Block Grant or state funds.
- o **Personal employability plans**. Under the new plan, states are required to make an initial assessment of recipients' skills. States can also develop personal responsibility plans for recipients identifying the education, training, and job placement services needed to move into the workforce.
- o **State maintenance of effort requirements**. The new welfare law requires states to maintain their own spending on welfare at at least 80 percent of FY 1994 levels. States must also maintain spending at 100 percent of FY 1994 levels to access a \$2 billion contingency fund designed to assist states affected by high population growth or economic downturn. In addition, states must maintain 100 percent of FY 1994 or FY 1995 spending on child care (whichever is greater) to access additional child care funds beyond their initial allotment.
- o **Job subsidies**. The law also allows states to create jobs by taking money now used for welfare checks and using it to create community service jobs or to provide income subsidies or hiring incentives for potential employers.
- o **Performance bonus to reward work**. \$1 billion will be available through FY 2003 for performance bonuses to reward states for moving welfare recipients into jobs. The Secretary of HHS, in consultation with the National Governors' Association (NGA) and American Public Welfare Association (APWA), will develop criteria for measuring state performance.
- o **State flexibility**. Under the new law, states which receive approval for welfare reform waivers before July 1, 1997 have the option to operate their cash assistance program under some or all of these waivers. For states electing this option, some provisions of the new law which are inconsistent with the waivers would not take effect until the expiration of the applicable waivers in the geographical areas covered by the waivers.

PROMOTING RESPONSIBILITY

Comprehensive child support enforcement. The new law includes the child support enforcement measures President Clinton proposed in 1994 -- the most sweeping crackdown on non-paying parents in history. These measures could increase child support collections by \$24 billion and reduce federal welfare costs by \$4 billion over 10 years. Under the new law, each state must operate a child support enforcement program meeting federal requirements in order to be eligible for Temporary Assistance to Needy Families (TANF) block grants. Provisions include:

- o **National new hire reporting system**. The law establishes a Federal Case Registry and National Directory of New Hires to track delinquent parents across state lines. It also requires that employers report all new hires to state agencies for transmittal of new hire information to the National Directory of New Hires. This builds on President Clinton's June 1996 executive action to track delinquent parents across state lines. The law also expands and streamlines procedures for direct withholding of child support from wages.

- o **Streamlined paternity establishment.** The new law streamlines the legal process for paternity establishment, making it easier and faster to establish paternities. It also expands the voluntary in-hospital paternity establishment program, started by the Clinton Administration in 1993, and requires a state form for voluntary paternity acknowledgement. In addition, the law mandates that states publicize the availability and encourage the use of voluntary paternity establishment processes. Individuals who fail to cooperate with paternity establishment will have their monthly cash assistance reduced by at least 25 percent.
- o **Uniform interstate child support laws.** The new law provides for uniform rules, procedures, and forms for interstate cases.
- o **Computerized state-wide collections.** The new law requires states to establish central registries of child support orders and centralized collection and disbursement units. It also requires expedited state procedures for child support enforcement.
- o **Tough new penalties.** Under the new law, states can implement tough child support enforcement techniques. The new law will expand wage garnishment, allow states to seize assets, allows states to require community service in some cases, and enable states to revoke drivers and professional licenses for parents who owe delinquent child support.
- o **"Families First."** Under a new "Family First" policy, families no longer receiving assistance will have priority in the distribution of child support arrears. This new policy will bring families who have left welfare for work about \$1 billion in support over the first six years.
- o **Access and visitation programs.** In an effort to increase noncustodial parents' involvement in their children's lives, the new law includes grants to help states establish programs that support and facilitate noncustodial parents' visitation with and access to their children.

Teen Parent Provisions

- o **Live at home and stay in school requirements.** Under the new law, unmarried minor parents will be required to live with a responsible adult or in an adult-supervised setting and participate in educational and training activities in order to receive assistance. States will be responsible for locating or assisting in locating adult-supervised settings for teens.
- o **Teen Pregnancy Prevention.** Starting in FY 1998, \$50 million a year in mandatory funds would be added to the appropriations of the Maternal and Child Health (MCH) Block Grant for abstinence education. In addition, the Secretary of HHS will establish and implement a strategy to (1) prevent non-marital teen births, and (2) assure that at least 25 percent of communities have teen pregnancy prevention programs. No later than January 1, 1997, the Attorney General will establish a program that studies the linkage between statutory rape and teen pregnancy, and that educates law enforcement officials on the prevention and prosecution of statutory rape.

IMPROVEMENTS OVER THE VETOED BILL

President Clinton vetoed the previous welfare reform bill (H.R. 4) submitted by Congress because it did too little to move people into jobs and failed to provide the supports -- like child care and health care -- that families need to move from welfare to work. "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996" includes several improvements over the vetoed bill, including:

- o **Guaranteed medical coverage.** The new law preserves the national guarantee of health care for poor children, the disabled, pregnant women, the elderly, and people on welfare. H.R. 4 would have ended the guarantee of Medicaid coverage for cash assistance recipients.
- o **Increased child care funding and mandatory child care maintenance of effort.** The new law provides \$14 billion in child care funding -- an increase of \$3.5 billion over 6 years -- allowing more mothers to leave welfare for work. States will receive an initial allotment each year from a fund of approximately \$1.2 billion. To access additional funds, states must maintain their own spending at 100 percent of their FY 1994 or 1995 spending on child care (whichever is higher). By contrast, H.R. 4 increased child care funding by just \$300 million over current law, and did not require states to meet child care maintenance of effort requirements to access additional federal child care funding, allowing states to lower their own spending.
- o **Incentives for states to move people into jobs.** The new law includes a \$1 billion performance bonus to reward states that meet performance targets. H.R. 4 did not contain a cash performance bonus.
- o **Preservation of nutrition programs.** H.R. 4 would have given states the option of block granting food stamp benefits. The bill would have also capped federal food stamp program expenditures, limiting maximum benefit increases to 2 percent per year, regardless of growth in need for assistance. The new law maintains the national nutritional safety net by eliminating the block grant option as well as the food stamp cap.
- o **Current law child protection and adoption.** Unlike H.R. 4, the new plan maintains current law on child protection and adoption, and does not reduce funds for child welfare, child abuse, foster care and adoption services.
- o **Improved contingency fund.** The new law includes a \$2 billion contingency fund to protect states in times of population growth or economic downturn. H.R. 4 included a \$1 billion contingency fund.
- o **Current law child care health and safety standards.** The new law protects children by maintaining health and safety standards for day care. H.R. 4 would have eliminated health and safety protections.
- o **Protection of disabled children.** H.R. 4 would have cut SSI by 25 percent for many disabled children. The new law eliminates this proposed two-tier system.
- o **Optional family cap.** Under the new law, states have the option to implement a family cap. H.R. 4 required states to deny cash benefits to children born to welfare recipients unless the state legislature explicitly voted to provide benefits.

NECESSARY IMPROVEMENTS

President Clinton has stated that the new law requires several improvements. Specifically, he has pledged to fix two provisions of the welfare bill which he believes have nothing to do with welfare reform.

- o **Food Stamps.** According to President Clinton, the new law cuts deeper than it should in Food Stamps, mostly for working families who have high shelter costs.
- o **Legal Immigrants.** The law includes provisions that would deny most forms of public assistance to most legal immigrants for five years or until they attain citizenship. The President has said that legal immigrants who fall on hard times through no fault of their own and need help should get it, although their sponsors should take additional responsibility for them.

BUILDING ON THE PRESIDENT'S WORK TO END WELFARE AS WE KNOW IT

Even before Congress passed welfare reform legislation acceptable to President Clinton, states were acting to try new approaches. With encouragement, support, and cooperation from the Clinton Administration, 43 states have moved forward with 78 welfare reform experiments. The Clinton Administration has also required teen mothers to stay in school, required federal employees to pay their child support, and cracked down on people who owe child support and cross state lines. As a result of these efforts and President Clinton's efforts to strengthen the economy, child support collections have increased by 40 percent to \$11 billion in FY 1995, and there are 1.6 million fewer people on welfare today than when President Clinton took office. "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996" will build on these efforts by allowing states flexibility to reform their welfare systems and to build on demonstrations initiated under the Clinton Administration.

More Than Half the Nation Enacting Welfare Reform Under the Clinton Administration

The Clinton Administration has approved 78 welfare reform demonstrations in 43 states and the District of Columbia -- more than all previous Administrations combined. In an average month, the demonstrations cover over 10 million people -- approximately 75 percent of all recipients. All of the waivers which we have granted build on many of the central principles of President Clinton's vision for welfare reform, including:

PRINCIPLE	DESCRIPTION	STATES APPROVED
Work	<u>Thirty-Six states</u> are helping people move from welfare to work, from receiving welfare checks to earning paychecks, by increasing education and training opportunities and creating public/private sector partnerships.	36 - Arizona, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Maryland, Massachusetts, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming
Time Limited Cash Assistance	<u>Thirty-One states</u> are making welfare a transitional support system, rather than a way of life, by providing opportunity, but demanding responsibility in return.	31 - Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, Wisconsin
Child Support Enforcement	<u>Twenty-Seven states</u> are strengthening child support enforcement and sending a clear message that both parents must be responsible for their children.	27 - Arizona, Connecticut, Delaware, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Tennessee, Texas, Vermont, Virginia, Wisconsin
Making Work Pay	<u>Forty-One states</u> are providing incentives and encouraging families to work not stay on welfare, so they can achieve and maintain economic self-sufficiency.	41 - Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
Parental Responsibility	<u>Thirty-Nine states</u> are promoting parental responsibility by encouraging education, or limiting benefits for families who have another child while on AFDC.	39 - Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Wisconsin, Wyoming

COMPARISON OF WELFARE REFORM MAJOR PROVISIONS

AFDC - RELATED PROVISIONS			
	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Child Care	A child care block grant would be authorized at \$2.1 billion annually as discretionary spending for FYs 1996 through 2000. Overall, child care would be cut by \$1.95 billion over 7 years.	Increases mandatory child care funding over current law by \$0.3 billion over six years (April 1996 CBO baseline). Authorizes \$9.9 billion in mandatory funding for FYs 1997-2002 and \$7 billion in discretionary funding for FYs 1996-2002. States would receive approximately \$1 billion of the mandatory funds as a capped entitlement. The remainder would be available for state match (at the Medicaid rate). Requires states to maintain 100 percent of FY 1994 child care expenditures to draw down mandatory funds. No child care guarantee, but single parents with children under six who are unable to find child care are exempted from sanctions and penalties. Eliminates health and safety protections.	Increases mandatory funding over current law by \$3.5 billion over 6 years (April 1996 CBO baseline). Authorizes a total of \$13.9 billion in mandatory funding for FYs 1997-2002 and \$7 billion in discretionary funding for FYs 1996-2002. States would receive approximately \$1.2 billion of the mandatory funds each year as a capped entitlement. The remainder would be available for state match. Requires states to maintain 100 percent of FY 1994 or FY 1995 child care expenditures (whichever is greater) to draw down (at 1995 Medicaid rate) the mandatory funds. Single parents with children under 6 who are unable to find child care are exempted from sanctions and penalties. Maintains current law health and safety protections.
Performance Bonus to Reward Work	No provision	No provision. States that exceeded a performance threshold with respect to these measures would have their maintenance of effort standard reduced by up to 8 percentage points.	\$1 billion would be available through FY 2003 for performance bonuses. The Secretary of HHS (in consultation with the NGA and APWA), would be required to develop a formula measuring state performance using employment-related criteria, taking the unemployment conditions in the state into account. States would receive a bonus based on their score on the measure(s) in the previous year, but the bonus could not exceed 5 percent of the family assistance grant.
Time Limits	Families who have been on the rolls for 5 cumulative years (or less at state option) would be ineligible for cash aid. States would be permitted to exempt up to 10% of the caseload from the time limit. States would be permitted to provide noncash benefits to families that have reached their time limits.	Families who have been on the rolls for 5 cumulative years (or less at state option) would be ineligible for cash aid. States would be permitted to exempt up to 15% of the caseload from the time limit. States are permitted to use block grant funds provide noncash benefits vouchers to families that are time limited.	Same as vetoed bill, except includes a 20 percent exemption and states would not be permitted to use federal funds to provide noncash assistance to families that reach the time limit. States could use their own funds, and federal Title XX funds, for vouchers.
Personal Responsibility Contract	No provision	No provision	States are required to make an initial assessment of each recipient's skills, work experience, and employability. Personal responsibility contracts could be developed at state option.

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Economic Contingency Grant Fund	No contingency fund. States with high unemployment could borrow from a \$1 billion national Rainy Day loan fund. Funds would have to be repaid.	The bill includes \$1 billion contingency fund (FYs 1997-2000) for grants to states with high unemployment (state must match): payments from the fund for any fiscal year would be limited to 20 percent of the state's base grant. \$800 million grant fund for states with high population growth, benefits lower than 35% of the national average, or above average growth and below average AFDC benefits (no state match); and \$1.7 billion loan fund.	Adds \$1 billion to the contingency fund for a total of \$2 billion. States could meet one of two triggers to access the contingency fund: the unemployment trigger in the H.R. 4 Conference Agreement or a trigger based on food stamps. Under the second trigger, a state would be eligible for the contingency fund if its food stamps caseload increased by 10 percent over the FY 1994-95 level (adjusted for the impact of the bill's immigrant and food stamp provisions on the food stamp caseload). Payments from the fund for any fiscal year would be limited to 20 percent of the state's base grant for that year. A state's federal match rate (for drawing down contingency funds) would be reduced if it received funds for fewer than 12 months in any year. Also includes a supplemental fund for high population growth states and loan fund as in H.R. 4 Conference Agreement.
Block Granting AFDC	Block grants AFDC, EA, and JOBS into a single capped entitlement to states. No individual guarantee of assistance.	Block grants AFDC, EA, and JOBS into a single capped entitlement to states. No individual guarantee of assistance.	Block grants AFDC, EA, and JOBS into a single capped entitlement to states. No individual guarantee, but the state plan must have objective criteria for delivery of benefits and ensuring equitable treatment. The state must provide opportunities for recipients who have been adversely affected to be heard in a state administrative or appeal process. There are no provisions to give the Secretary authority to enforce this provision. Explicitly allows states to use block grant money for programs to fund individual development accounts for recipients. Individual development accounts would not be counted as income in determining benefits, and could be used by individuals to finance a small or micro-business, to pursue post-secondary education, or to purchase their first home.
Maintenance of Effort	No provision	States would be required to maintain 75% of FY 1994 spending on AFDC and related programs for FYs 1996-2000. States with best or most improved performance on specified measures would have their maintenance of effort requirement reduced by up to 8 percentage points.	Requires 80 percent maintenance of effort (reduced to 75 percent if a state meets its work requirements) and tightens the definition of what counts toward the work requirement. No additional reductions in MOE.

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Transferability	A state would be permitted to transfer up to 30 percent of the cash assistance block grant to one or more of the following: the child protection block grant, the Title XX block grant, any food or nutrition block grant, or the child care block grant.	A state would be permitted to transfer up to 30 percent of the cash assistance block grant to one or more of the following: the child protection block grant, the Title XX block grant, or the child care block grant.	A state would be permitted to transfer up to 30 percent of the cash assistance block grant to the child care block grant and the social services (Title XX) block grants. No more than one-third of the amount can be transferred to the social services block grant, and all funds must be spent on programs and services for children and families with incomes that do not exceed 200 percent of poverty. Title XX funds can be used for vouchers.

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Work Requirements	A state's required work participation rate would be set at 10% in 1996, rising to 50% by 2003. Provides pro rata reduction in the participation rate for reductions in caseload levels below FY 1995 that are not due to federal law. Individuals must work an average of 35 hours in FY 2002. Work activities include unsubsidized or subsidized employment, work experience, four weeks of job search, education and skills training directly related to employment, and teens in secondary school.	A state's required work participation rate would be set at 15% in 1996, rising to 50% by 2002. Provides pro rata reduction in the participation rate for reductions in caseload levels below FY 1995 that are not due to eligibility changes. Recipients would be required to participate 35 hours per week by FY 2002. Activities that count toward the work requirement include unsubsidized and subsidized employment, work experience, community service, four weeks of job search and 12 months of vocational training. States have the option to exempt single parents with children under age 1 from work requirement. No part-time work option for mothers with young children. Parents of children under six who cannot find child care cannot be penalized for failure to meet work requirements.	A state's required work participation rate for all families would be set at 25 percent in FY 1997, rising to 50 percent in FY 2002 and thereafter. Includes pro-rata reduction in rate due to caseloads below FY 1995 levels. Single-parent recipients would be required to participate 30 hours per week in FY 2000 and thereafter. Two-parent families must work 35 hours per week immediately. In families receiving federally-funded child care, both parents must work at least 20 hours per week, unless caring for a severely disabled child. The bill allows mothers with children under age 6 to work 20 hours per week. States could exempt from the work requirement single parents with children under age one for a total of 12 months (not necessarily consecutive). Parents of children under age 6 who cannot find child care cannot be penalized for failure to meet the work requirements, but states may not disregard such an adult in calculating work rates. Allows 6 weeks (no more than 4 consecutive) of job search, 12 weeks if state unemployment is at least 50 percent above the national average. Activities that count toward the work requirement are similar to those in H.R. 4, except states could allow 20 percent of caseload to count 12 months of vocational training and secondary school for teens (up to age 19) toward work requirement. Also counts hours parents spend providing day care for other welfare families. States which receive approval for welfare reform waivers before July 1, 1997 have the option to operate their cash assistance program under some or all of these waivers. For states electing this option, some provisions of the new law which are inconsistent with the waivers would not take effect until the expiration of the applicable waivers in the geographical areas covered by the waivers.
Family Cap	States could not use federal funds to provide cash benefits to children born while parent is receiving assistance.	States would be required to deny cash benefits to children born to welfare recipients unless the state legislature explicitly votes to provide benefits.	No provision (due to Byrd rule), so state option. If state has family cap, state may use Title XX funds to provide vouchers.

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Teen Parent Provisions	States would be prohibited from providing cash benefits to minor mothers.	In order to receive assistance, unmarried minor parents would be required to live with an adult or in an adult-supervised setting and participate in educational or training activities. For FYs 1996-2000, an additional \$11 billion would be authorized to assist states in locating or providing "second chance homes." \$75 million per year would be set aside from the Maternal and Child Health (MCH) Block Grant for an abstinence education program.	In order to receive assistance, unmarried minor parents would be required to live with an adult or in an adult-supervised setting and participate in educational or training activities. In addition, states would be responsible for locating or assisting in locating adult-supervised settings for teens. Starting in FY 1998, \$50 million a year in mandatory funds would be added to the appropriations of the Maternal and Child Health (MCH) Block Grant for abstinence education. In addition, the Secretary of HHS will establish and implement a strategy to (1) prevent non-marital teen births, and (2) assure that at least 25 percent of communities have teen pregnancy prevention programs. No later than 1/1/97, the Attorney General would establish a program that studies the linkage between statutory rape and teen pregnancy, and that educates law enforcement officials on the prevention and prosecution of statutory rape.

MEDICAID PROVISIONS

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Medicaid Guarantee	Welfare Bill: States would be required to use rules in effect as of March 7, 1995, thus freezing pre-welfare reform AFDC rules for Medicaid eligibility. Medicaid Bill: Eliminates guarantee of Medicaid coverage for cash assistance recipients.	Eliminates guarantee of Medicaid coverage for cash assistance recipients.	States have two options for providing Medicaid coverage: 1) States may guarantee coverage for individuals and families in accord with current AFDC income and resource standards; or 2) states may run a single eligibility system provided that eligibility is no more restrictive than the income and resource standards in effect as of July 16, 1996. (Note: for both provisions, states may return to May 1, 1988 standards as allowed under current law). States may deny Medicaid to any adult receiving both Medicaid and benefits under the cash benefits whose benefits are terminated because of failure to meet work requirements.
Medicaid Coverage After Five-Year Time Limit	Welfare Bill: Requires states to use state plan provisions in effect on March 1, 1995 to determine Medicaid eligibility. Medicaid Bill: States determine eligibility; no guarantee of Medicaid coverage.	States determine eligibility; no guarantee of Medicaid coverage. No provision on Medicaid coverage for families that reach the time limit.	Coverage continues as long as families would have qualified for AFDC under July 16, 1996 rules.
One-Year Transitional Medicaid Coverage	No provision. Transitional Medicaid Assistance is therefore allowed to sunset on 9/30/98 per current law.	No provision	Families receive one year of transitional Medicaid if the family leaves welfare because of increased earnings. Maintains current law of providing transitional Medicaid for four months to families who leave welfare due to increased child support. Provisions are extended through 2002.

FOOD STAMPS PROVISIONS

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Food Stamps	The House bill would cap federal program expenditures regardless of growth. The bill would limit maximum benefit increases to 2% per year, regardless of the increase in food costs. It would terminate benefits for non-disabled childless individuals between 18 and 50 years old unless they are working at least half-time or in a work program. Optional food stamp block grant would be available to states that operate a statewide EBT system. The bill would freeze the standard income deduction and the limit on excess shelter expense deductions at their current levels.	The conference bill disqualifies able-bodied adults between 18 and 50 if they received food stamps for more than four months in the last year and did not work or participate in a work program, unless they live in an area with greater than 10 percent unemployment. An optional food stamp block grant would be available to states that have a fully implemented EBT system or meet certain payment accuracy standards. States choosing block grants would be required to meet specified requirements.	Eliminates the block grant option. Limits childless able-bodied adults between 18 and 50 to three months of food stamp benefits in a 36-month period, unless they were laid off, in which case the exemption is for a total of 6 months. Allows two months of job search or job search training and hardship exemptions for up to 20 percent of persons subject to this requirement. Freezes the cap on the shelter deduction at \$342 after 1/1/97 and reduces the standard deduction to \$132 in FY 1997 and \$122 in FY 1998-2002; indexing of standard resumes afterward.

OTHER PROVISIONS

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Child Nutrition	Replaces child nutrition programs operated outside of schools, WIC, and commodity distribution programs with a block grant to states. Creates a separate block grant to states for school-based child nutrition programs. These provisions would result in cuts of \$10 billion over 7 years.	No mandatory child nutrition block grants, but permits up to 7 school nutrition block grant demonstrations. WIC remains a separate program. Child nutrition spending would be reduced by about \$6.3 billion over 7 years.	No school nutrition block grant.
Child Support	Includes major comprehensive child support enforcement measures proposed by the Clinton Administration, including paternity establishment, state central registries of child support orders, uniform procedures for interstate cases, and penalties such as license revocation. Eliminates the \$50 pass-through of child support to cash assistance recipients.	Includes major comprehensive child support enforcement measures proposed by the Clinton Administration, including paternity establishment, state central registries of child support orders, uniform procedures for interstate cases, and penalties, such as license revocation. Eliminates \$50 pass-through of child support to cash assistance recipients.	Similar to vetoed bill, except it eliminates a provision in current law which requires that child support awards in AFDC cases be periodically reviewed and adjusted to ensure that awards are adequate. Also includes a minimum reduction of 25 percent of monthly cash assistance for an individual's failure to cooperate with paternity establishment.
SSI For Children	Children who are now eligible for SSI under the medical listings would continue to receive cash benefits and Medicaid. For applicants after enactment, cash benefits would only be available for children who meet the medical listing and are institutionalized or would be institutionalized if they do not receive personal assistance services required because of their disability. All children who meet the medical listings would be eligible for services under a state block grant funded at 75% of the amount otherwise payable in cash benefits. There would be no guarantee of services under the block grant.	Upon enactment for pending and new applications, would eliminate the comparable severity standard, the IFA, and references to maladaptive behavior in the listing, and would establish a new disability definition for children. Effective January 1, 1997, for current recipients and new applicants, a 2-tiered benefit system would be established. Children who need personal assistance in order to remain at home would receive 100% of the benefit. Children who meet the listings but not the personal assistance criteria would receive 75% of the benefit. Continuing disability reviews would be conducted for low birth weight children within one year of birth, and at least every three years on children under age 18. Representative payees for children would be required to present evidence at the time of a continuing disability review that the child receiving treatment for his or her condition. Eligibility would have to be redetermined, using the adult criteria, within one year following a recipient turning 18.	Upon enactment for pending and new applications, would eliminate the comparable severity standard, the IFA, and references to maladaptive behavior in the listing, and would establish a new disability definition for children. Current beneficiaries found ineligible would lose benefits no sooner than July 1, 1997. Continuing disability reviews would be conducted for low birth weight children within one year of birth, and at least every three years on children under age 18. Representative payees for children would be required to present evidence at the time of a continuing disability review that the child receiving treatment to the extent considered necessary and available for his or her condition. Eligibility would have to be redetermined, using the adult criteria, within one year following a recipient turning 18. For privately insured, institutionalized children, cash benefits would be limited to \$30 per month. No two-tier benefit system.

	ORIGINAL HOUSE BILL	VETOED BILL (H.R. 4)	CURRENT BILL
Child Protection and Adoption	Eliminates the current federal entitlement for Foster Care and Adoption Assistance, the capped entitlements for Family Preservation and Support and Independent Living, and a number of discretionary programs for abused, neglected, abandoned, and at-risk children (including the Child Abuse Prevention and Treatment Act, and the Missing and Exploited Children's Act). Replaces these programs with a capped entitlement block grant to the states, and reduces funding available to the states by \$6.3 billion over 7 years.	Maintains the entitlement for foster care and adoption assistance maintenance payments and block grants administration and child placement services funding, as well as IV-B parts 1 and 2 and Independent Living. CAPTA and several discretionary programs are combined into a Child and Family Services block grant. Overall, reduces mandatory funding by \$400 million over 7 years.	No block grant. Current bill: (1) gives states authority to make foster care maintenance payments using IV-E funds on behalf of children in for-profit child care institutions; (2) extends the enhanced federal match for statewide automated child welfare information systems through 1997; (3) appropriates \$6 million per year in each of FYs 1996-2002 for a national random sample study of abused and neglected children; and (4) requires that states consider giving preference for kinship placements, provided that relatives meet state standards.
Immigrants	With certain exemptions, noncitizens would be ineligible for SSI, Medicaid, food stamps, transitional assistance, and social services block grants. Immigrants would become eligible upon naturalization. Exceptions include immigrants too disabled to naturalize and immigrants over 75 with five years residence. Most federal and state needs-based programs would be required to deem the income and resources of sponsors. Deeming would be extended until the immigrant naturalized and would apply to current recipients.	Most legal immigrants would be ineligible for SSI and Food Stamps until citizenship. Current recipients would lose eligibility after January 1, 1997. States would have the option to make most current legal immigrants ineligible for Medicaid, AFDC, Title XX Social Services, and state-funded assistance until citizenship. Future immigrants would be ineligible for five years for most federal means-tested programs, including Medicaid. All applicants for most federal, state, and local programs would be subject to new verification requirements to determine if they are "qualified" or "non-qualified." Qualified immigrants would include legal permanent residents, refugees, asylees, immigrants whose deportation has been withheld, and immigrants who have been granted parole status by the INS for a period of one year. Non-qualified immigrants would be ineligible for benefits (except emergency medical; short-term disaster; limited public health assistance; non-profit, in-kind community services such as shelters and soup kitchens; and certain housing programs). Future sponsors/immigrants would be required to sign new, legally binding affidavits of support. For these future immigrants, H.R. 4 extends deeming to citizenship, changes deeming to count 100 percent of a sponsor's income and resources, and expands the number of programs that are required to deem, including Medicaid.	Same as H.R. 4, except: (1) eliminates eligibility of legal immigrants for SSI and Food Stamps immediately at the time of redetermination, rather than one year after the date of implementation; (2) allows non-qualified immigrant children to be eligible for school lunches/breakfasts if they are eligible for a free public education; (3) adds JTPA and Head Start to the list of programs explicitly exempted from the 5-year eligibility ban on future legal immigrants; and (4) provides states the option to determine whether non-qualified immigrants are eligible for WIC and other child nutrition programs.

**STATEMENT BY PRESIDENT CLINTON ON WELFARE REFORM LEGISLATION
WEDNESDAY, JULY 31, 1996**

PRESIDENT CLINTON: Good afternoon.

When I ran for president four years ago I pledged to end welfare as we know it. I have worked very hard for four years to do just that. Today the Congress will vote on legislation that gives us a chance to live up to that promise -- to transform a broken system that traps too many people in a cycle of dependence to one that emphasizes work and independence, to give people on welfare a chance to draw a paycheck, not a welfare check. It gives us a better chance to give those on welfare what we want for all families in America, the opportunity to succeed at home and at work.

For those reasons, I will sign it into law.

The legislation is, however, far from perfect. There are parts of it that are wrong, and I will work -- I will address those parts in a moment. But on balance, this bill is a real step forward for our country, our values, and for people who are on welfare.

For 15 years I have worked on this problem, as governor and as the president. I've spent time in welfare offices, I have talked to mothers on welfare who desperately want the chance to work and support their families independently. A long time ago I concluded that the current welfare system undermines the basic values of work, responsibility and family, trapping generation after generation in dependency and hurting the very people it was designed to help.

Today we have an historic opportunity to make welfare what it was meant to be: a second chance, not a way of life. And even though the bill has serious flaws that are unrelated to welfare reform, I believe we have a duty to seize the opportunity it gives us to end welfare as we know it.

Over the past three and half years, I have done everything in my power as president to promote work and responsibility, working with 41 states to give them 69 welfare reform experiments. We've also required teen mothers to stay in school, required federal employees to pay their child support, cracked down on people who owe child support and cross state lines. As a result, child support collections are up 40 percent to \$11 billion, and there are 1.3 million fewer people on welfare today than there were when I took office.

From the outset, however, I have also worked with members of both parties in Congress to achieve a national welfare reform bill that will make work and responsibility the law of the land.

I made my principles for real welfare reform very clear from the beginning. First and foremost, it should be about moving people from welfare to work. It should impose time limits on welfare. It should give people the child care and the health care they need to move from welfare to work without hurting their children. It should crack down on child support enforcement, and it should protect our children.

This legislation meets these principles. It gives us a chance we haven't had before to break the cycle of dependency that has existed for millions and millions of our fellow citizens, exiling them from the world of work. It gives structure, meaning, and dignity to most of our lives.

We've come a long way in this debate. It's important to remember that not so very long ago, at the beginning of this very Congress, some wanted to put poor children in orphanages and take away all help from mothers simply because they were poor, young, and unmarried. Last year the Republican majority in Congress sent me legislation that had its priorities backward: It was soft on work, and tough on children. It failed to provide child care and health care. It imposed deep and unacceptable cuts in school lunches, child welfare, and help for disabled children.

The bill came to me twice and I vetoed it twice. The bipartisan legislation before the Congress today is significantly better than the bills I vetoed. Many of the worst elements I objected to are out of it, and many of the improvements I asked for are included.

First, the new bill is strong on work. It provides \$4 billion more for child care so that mothers can move from welfare to work, and protects their children by maintaining health and safety standards for day care. These things are very important. You cannot ask somebody on welfare to go to work if they're going to neglect their children in doing it. It gives states powerful performance incentives to place people in jobs. It requires states to hold up their end of the bargain by maintaining their own spending on welfare. And it gives states the capacity to create jobs by taking money now used for welfare checks and giving it to employers as income subsidies, as an incentive to hire people, or being used to create community service jobs.

Second, this new bill is better for children than the two I vetoed. It keeps the national nutritional safety net intact by eliminating the food stamp cap and the optional block grant. It drops the deep cuts and devastating changes in school lunch, child welfare and help for disabled children. It allows states to use federal money to provide vouchers to children whose parents can't find work after the time limits expire. And it preserves the national guarantee of health care for poor children, the disabled, pregnant women, the elderly, and people on welfare.

Just as important, this bill continues to include the child support enforcement measures I proposed two years ago -- the most sweeping crackdown on deadbeat parents in history. If every parent paid the child support they should, we could move 800,000 women and children off welfare immediately. With this bill, we say to parents, if you don't pay the child support you owe we will garnish your wages, take away your driver's license, track you across state lines and if necessary make you work off what you owe.

It is a very important advance that could only be achieved in legislation. I did not have the executive authority to do this without a bill. So I will sign this bill, first and foremost because the current system is broken; second, because Congress has made many of the changes I sought; and third, because even though serious problems remain in the non-welfare-reform provisions of the bill, this is the best chance we will have for a long, long time to complete the work of ending welfare as we know it, by moving people from welfare to work, demanding responsibility, and doing better by children.

However, I want to be very clear. Some parts of this bill still go too far, and I am determined to see that those areas are corrected.

First, I am concerned that although we have made great strides to maintain the national nutritional safety net, this bill still cuts deeper than it should in nutritional assistance, mostly for working families with children. In the budget talks, we reached a tentative agreement on \$21 billion in food stamp savings over the next several years. They are included in this bill. However, the congressional majority insisted on another cut we did not agree to, repealing a reform adopted four years ago in Congress which was to go into effect next year. It's called the excess shelter reduction, which helped some of our hardest-pressed working families. Finally we were going to treat working families with children the same way we treat senior citizens who draw food stamps today. Now, blocking this change I believe -- I know -- will make it harder for some of our hardest-

pressed working families with children. This provision is a mistake, and I will work to correct it.

Second, I am deeply disappointed that the congressional leadership insisted on attaching to this extraordinarily important bill a provision that will hurt legal immigrants in America, people who work hard for their families, pay taxes, serve in our military. This provision has nothing to do with welfare reform; it is simply a budget-saving measure, and it is not right. These immigrant families with children, who fall on hard times through no fault of their own -- for example, because they face the same risks the rest of us do from accidents, from criminal assaults, from serious illness -- they should be eligible for medical and other help when they need it.

The Republican majority could never have passed such a provision standing alone. You see that in the debate in the immigration bill -- for example, over the Gallegly amendment -- and the question of education of undocumented and illegal immigrant children. This provision will cause great stress for states, for localities, for medical facilities that have to serve large number of illegal -- of legal immigrants -- legal immigrants. It is just wrong to say to people, "We'll let you work here; you're helping our country. You'll pay taxes. You serve in our military. You may get killed defending America. But if somebody mugs you on a street corner, or you get cancer, or you get hit by a car, or the same thing happens to your children, we're not going to give you assistance anymore."

I am convinced this would never have passed alone, and I am convinced when we send legislation to Congress to correct it, it will be corrected.

In the meantime, let me also say that I intend to take further executive action directing the INS to continue to work to remove the bureaucratic roadblocks to citizenship to all eligible legal immigrants. I will do everything in my power, in other words, to make sure that this bill lifts people up and does not become an excuse for anyone to turn their backs on this problem or on people who are genuinely in need, through no fault of their own.

This bill must also not let anyone off the hook. The states asked for this responsibility; now they have to shoulder it and not run away from it. We have to make sure that in the coming years, reform and change actually result in moving people from welfare to work. The business community must provide greater private-sector jobs that people on welfare need to build good lives and strong families. I challenge every state to adopt the reforms that Wisconsin, Oregon, Missouri, and other states are proposing to do, to take the money that

used to be available for welfare checks and offer it to the private sector as wage subsidies to begin to hire these people, to give them a chance to build their families and build their lives.

All of us have to rise to this challenge and see this reform not as a chance to demonize or demean anyone, but instead as an opportunity to bring everyone fully into the mainstream of American life, to give them a chance to share in the prosperity and the promise that most of our people are enjoying today. And we here in Washington must continue to do everything in our power to reward work and to expand opportunity for all people.

The earned income tax credit which we expanded in 1993 dramatically is now rewarding the work of 15 million working families. I am pleased that congressional efforts to gut this tax cut for the hardest-pressed working people have been blocked. This legislation preserves the EITC and its benefits for working families.

Now we must increase the minimum wage, which also will benefit millions of working people with families and help them to offset the impact of some of the nutritional cuts in this bill.

Through these efforts we all have to recognize, as I said in 1992, the best anti-poverty program is still a job.

I want to congratulate the members of Congress in both parties who worked together on this welfare reform legislation. I want to challenge them to put politics aside and continue to work together to meet our other challenges, and to correct the problems that are still there with this legislation. I am convinced that it does present an historic opportunity to finish the work of ending welfare as we know it, and that is why I have decided to sign it.

Transcript of Today's White House Press Briefing by Shalala and Reed (1 of 2)

To: National Desk

Contact: White House Press Office, 202-456-2100

WASHINGTON, July 31 /U.S. Newswire/ -- Following is a transcript of today's White House press briefing by Secretary of Health and Human Services Donna Shalala and Assistant to the President for Policy Planning Bruce Reed (1 of 2):

The Briefing Room

3:12 P.M. EDT

MS. GLYNN: Good afternoon, everyone. To finish the briefing on welfare reform we have Secretary of Health and Human Services Donna Shalala and Assistant to the President for Policy Planning Bruce Reed.

SECRETARY SHALALA: Thank you very much. I think the President outlined his reasons for signing the bill brilliantly. Let me talk a little about the reasons why the President vetoed earlier bills and what we've gained, what the policy gains have been in this bill.

First, Medicaid is a stand-alone entitlement program. No longer is it linked -- it's not linked to welfare, and the Medicaid program is allowed to continue. We would still like some reforms in that Medicaid program, but the important thing is that welfare recipients will not be losing their Medicaid, and Medicaid will continue for millions of poor Americans who need health care.

Second, there's \$4 billion more for child care in this bill, and we were able to restore the health and safety standards for the child care system in this country, which were absolutely critical. There was an attempt by the Republicans to remove them.

Third, there is no food stamp block grant. The food stamp program stays intact. There's no ceiling limit on it. The President did outline that we have some concerns about the way the cuts were taken, and we'll be looking at those as we do our detailed analysis.

Fourth, there's no child welfare block grant. The child welfare services, which have been the most sensitive kind of services in this country, to limit them in any way -- these are the services that cover foster care, adoption services, 21 states are already under some court order. The Republicans originally wanted to curb those services, put caps on it, block grant it. We said not a chance. These are the most vulnerable children in our society and you have to back away from those proposals.

-- There are greater protections in this bill for disabled children. There is a doubling of the contingency fund to protect against economic downturns. It's now \$2 billion, instead of \$1 billion, which is what they had in previous bills. That's extremely

important.

For those that believe that we ought to continue to entitlement, the contingency fund becomes critical. That's what is taken up and used if there is an economic downturn in a state. If a state goes into an economic downturn, the people that need help are working folks who get laid off from their jobs and need to come into the welfare system for a very short period of time. So a contingency fund or an alternative like an entitlement becomes increasingly important. The contingency fund here is \$2 billion to protect against economic downturns.

There is a 20 percent hardship exemption, which gives the states the flexibility of exempting a large group of people who cannot meet either the work requirements or the time requirements for one reason or another. There is no mandatory family cap. You'll remember that the Catholic Church in particular has been deeply concerned about a family cap that would limit the payments that a state gives, a national family cap if a family has another child -- if a woman has another child. The work requirements in this have actually been made more flexible at the 11th hour. A very interesting change was put in place in this bill, which has not actually been written about, which allows the states to keep the work requirements they negotiated with us in their waivers, as opposed to moving to the work requirements that are in the bill. So the states will have the options during the course of their waivers, and these waivers have been granted between five and 11 years. So for many states they'll have flexibility on the packages they put together.

The school lunch and the nutrition block grant was eliminated in this bill. We fought that early on. And any kind of cut in unmarried teen moms from getting assistance was eliminated. There are major gains in this bill that made it possible for the President to sign the bill, but more importantly from our point of view, made it possible for the bill to work.

Q Secretary Shalala, you have outlined a number of improvements of this bill over the previous two that he vetoed, but in your opinion is this a good bill, is this an improvement on the status quo? Secondly, did you recommend to the President this morning or last night that he in fact sign it? And third, did you ever consider resigning over this bill?

SECRETARY SHALALA: First, on the issue of is this an improvement over the status quo, it is a significant improvement over the status quo. As early as 1984 a number of my colleagues who are now with me at the Department of Health and Human Services, including Mary Jo Bane and I, recommended to Governor Cuomo that we move to an employment-based program with time limits. This program moves us into the modern age, moves -- gives people genuine opportunity to

move from welfare to work and puts the support systems around. If you combine this with Earned Income Tax Credit and with the minimum wage, we have powerful incentives to support people, even as they're entering entry-level jobs in this country. And the President has always believed, as all of us do, that the best opportunity for anyone in this country is a job.

This is a significant improvement over the status quo. As to the other two questions, I never reveal publicly advice I give to the President. And I never considered resigning.

Q Ms. Secretary, on the 10 things that you named for us, I wanted to just ask a couple of clarifying questions. The doubling of the contingency fund from \$1 billion to \$2 billion, is that over what period of time?

SECRETARY SHALALA: Over six years.

Q And the same is true of the \$4 billion more for child care?

SECRETARY SHALALA: Yes.

Q What does that bring the total to of child care for the six years?

SECRETARY SHALALA: Fourteen billion dollars.

Q And the 10th thing -- one other question, guys. Will that 10th thing that you named -- you listed -- the unmarried teen moms --

SECRETARY SHALALA: Remember, one of the original bills --

Q What's the provision now?

SECRETARY SHALALA: Unmarried teen moms will be able to finish high school. They'll get support while they're finishing high school as opposed to being cut off from any kind of aid.

Q Is that required or is it up to the states --

MR. REED: When the House Republicans put forward their bill early last year, they included a provision that would have required every state to ban every teen mother from receiving assistance just because they were poor, young and unmarried as the President said.

Q It wasn't in the bill that went to the President the first time was it?

MR. REED: No, no. That's something that was in the original House bill and the President singled that out in his 1995 State of the Union. We had a hard-fought battle which we won early on, and it's not included in the final bill.

SECRETARY SHALALA: Remember for many of us, it's the improvement since our first discussions with the Republicans. Dragging them originally into getting child support into the bill became very important. They did not have it in their original bill; we insisted on it. Child support enforcement for the first time will have the national dimension to it, which means we'll be able to track people down successfully across state lines.

Q Secretary Shalala, you never said whether you liked the bill in response to the last question. And, also, you have liberal

Democrats like Charlie Rangel going to the floor saying my President will boldly throw 1 million children into the street. How do you react to those sorts of comments?

SECRETARY SHALALA: Well, first, I hope that the governors intend to prove Charlie, my good friend Charlie Brown -- Charlie Rangel -- Charlie Rangel wrong. And it's the way they're going to manage this program.

Second, I do think it's a good welfare bill. There are parts of it that the President outlined that are outside the welfare bill that we have deep and serious concerns about that include the immigration provisions and the nutrition provisions and, hopefully, we'll be able to make significant strides in getting improvements over our concerns.

Q Will you outline what it is exactly about the nutrition provisions that are objected to?

SECRETARY SHALALA: The President outlined the shelter allowance as one example. For people that -- for low income people working people in some cases, who have very high shelter costs having their calculation for food stamps based on taking into account a certain amount of their shelter costs, the issue is -- it's over 50 percent of their shelter cost, how much above that will be taken into account.

This bill makes some dollar improvements but the law was actually going to take off the limit over 50 percent, a law that was passed which would have protected those who live in high housing cost areas. That becomes extremely important for working families because they do have some income, because they have jobs, but they also need food stamps to supplement and we need to take into account those higher shelter costs.

That becomes a very sensitive issue for us.

Q -- bill does what as --

SECRETARY SHALALA: The bill puts a cap on that amount, and we simply want to be able to take a very careful look at that. In addition, the bill goes into the food stamp program and removes some increases that we have some concerns about, and we will be reviewing those. But remember, we got this bill at midnight last night. The President needed to make a decision fast, so we've done the analysis --

MR. REED: Just to add to what Donna said, there is a cap in current law that was set to expire, effectively next year, and this bill maintains that cap and shaves the increase --

SECRETARY SHALALA: It was the Mickey Leland Food Act, and it was -- Mickey Leland's legacy to take off that cap.

Q Madam Secretary, when you came this morning to this meeting, did you have a sense, or did you know in your bones what the outcome would be --

SECRETARY SHALALA: No.

Q -- and was it what you expected?

SECRETARY SHALALA: No, I didn't. I expected it to be a full and healthy discussion and thoughtful discussion with the President. And as he described it, that's exactly what it was.

Q And did you believe when you came that either outcome was possible and we just happened to arrive at this outcome?

SECRETARY SHALALA: I don't -- I don't know. I came for a discussion. The President has never invited me to a meeting in which he has already made up his mind, so it was a full discussion this morning.

Q Could you give some of the flavor of that meeting?

SECRETARY SHALALA: No, I think it's inappropriate. We have never described the meetings or the flavor of the meetings. I think the President described the meeting, and I'll stick with the President's description.

Q The President said there is an element of experiment about this. Nobody can say with absolute certainty how it will work or how different states will approach it. What do you think is a fair window of time to be reviewing what the states are doing? And if there is a race for the bottom, when will we know?

SECRETARY SHALALA: Well, as you well know, we have essentially taken the first step towards for welfare reform using the waiver process, so we know something about state behavior and we're just starting to get in the evaluations on state behavior and what's happening in those particular states. The President would want us to monitor what's happening very carefully. We will be able to tell whether states are adding additional money. We will know how many states are moving people into jobs and whether they're staying in those jobs. So we will have information, hopefully state by state, that will tell us what's happening and be able to report to the President and report to Congress about what's going to happen.

The important thing about this bill, and every piece of research has told us, that the states must have a stake in the outcome. They must be a full partner. The more they're involved in it, the more likely you are to get success in terms of state programs. That's what the MDRC told us in their research, and so we have moved dramatically to give the states the authority to design their own programs.

Q Will the bill change anything that's happening in the many states with waivers? Are they exempt -- in addition to being exempt from the work requirements in the bill, are they exempt from any other provisions?

SECRETARY SHALALA: Well, the states will be able to -- we have to go back and look at this very carefully. I think that they will be able to take their waivers, look at the new bill, and be able to

shape what their overall program -- and remember, some of our waivers are for one county. They will have a lot more flexibility in terms of statewide programs now, in terms of expanding some of those county activities. And so I do expect some changes in the states.

Q Will they be forced to change anything, though, or --

SECRETARY SHALALA: The bill basically allows them to keep their waivers and to work with the rest of the bill. So to the extent that they're forced to it, is -- I think the answer is, there is no forcing, but there are more opportunities in the new bill that they will want to take advantage of. And I think that's the best way to characterize it.

Q -- follow up to that. What's the fate of the Wisconsin waiver?

SECRETARY SHALALA: Well, Wisconsin now has -- I can't talk about Wisconsin. You're going to have to answer Wisconsin. I'm recused. Go ahead. I'm going to Wisconsin --

MR. REED: When this bill becomes law, Wisconsin should be able to do the welfare reform plan that they submitted to us.

Q In other words, the President will take no action on the pending waiver request? What's the --

Q Is it moot --

MR. REED: Yes, I think it's essentially moot.

Q Bruce, when will -- the President said he'd be sending legislation up to fix some of the holes, the problems he saw with the bill, notably the immigrants who will not get Medicaid and other proposals. When will that legislation be ready? When are you planning to send --

SECRETARY SHALALA: He is -- you know, we just analyzed this bill for the President. We just got it, and he told us to get to work. So, we'll let you --

MR. REED: I think that the prospects of enacting that legislation in this Congress are not very good given the circumstances we've run into in the last several weeks.

Q Just to follow up, the prospects of enactment have in the past not necessarily stopped you from the process of promulgation. And the President made it sound as if he thought that was a serious enough concern. Will a proposal from the administration be forthcoming in the remainder of this year or would that wait for the second term?

MR. REED: Well, I think it's likely, but I --

Q Which is likely --

SECRETARY SHALALA: I think it's -- what the President told us to do -- let me go back to the point. What the President told us to do was to get to work and to look at those -- we have to finish our analysis of this bill. We've seen, obviously we've read it and seen enough of it. We need to come back to him and tell him specifically

what in the immigration parts of the bill, what in the food stamps parts of the bill that we need to change. And so we're going to work immediately.

You're detail questions about when we're going to have the legislation, we'll just have to answer later.

Q Can I just follow up one second: I think the question is prompted by the President's confidence in expressing that that as a stand-alone provision wouldn't have passed and his apparent resolve in saying that it's so unjust and really unjustifiable as to require a relatively immediate response by you and that it would in fact prevail.

MR. REED: I think as the President said, that he believes that over time as more is learned about the potential impact of these provisions that a consensus will emerge to fix them. But, you know, we have a month left in this Congress. It doesn't seem likely that it would happen.

Q Secretary Shalala, when the Republicans went after politically popular middle class programs from Medicare and on down -- some of them that they tried to block grant to the states -- the President fought like a tiger and said he was willing to put his political future on the line for them. Now here, he has a bill where he himself points to serious flaws affecting children and affecting legal immigrants. Is it just a coincidence that those who are adversely affected by this bill, by your own and by the President's own admission, don't have the vote?

SECRETARY SHALALA: In fact, I come to the opposite conclusion. We fought like tigers to make sure Medicaid wasn't block grant, which hurts -- seriously hurts poor people in this country. We fought like tigers to make sure food stamps wasn't block granted. We fought like tigers to make sure the child welfare services were not block granted or nutrition services. We were successful in holding off some of the most vicious proposals and in shaping a bill that sets out the goals and meets the President's goals that he laid out both in the campaign in the beginning and throughout this administration. And that combined with the earned income tax credit and the minimum wage are significant steps forward for low income Americans and genuine opportunities for them, which after all, is what welfare reform is all about.

Do you want to --

MR. REED: Can I just make one more point about how far we've come in this debate? The original House bill had \$75 billion in budget savings related to welfare reform and \$34 billion in EITC cuts -- a total of \$109 billion in their welfare package. This bill that the President has indicated his support for has \$57 billion. So we think that we've come a long way.

Q But from your own starting point --

MR. REED: Our own starting point was, I think --

SECRETARY SHALALA: Deficit-neutral, basically.

MR. REED: The President's 1996 welfare reform plan saved \$42 billion combined.

Q No, I mean your own starting point when --

MR. REED: In 1994?

Q Yes.

MR. REED: Which was deficit --

SECRETARY SHALALA: Which was deficit-neutral, basically. Let me also point out that the President has laid out a series of gains for the low income people in this country. From food stamps to Ryan White, to protections in the Medicare program, we have a superb record in this administration. For a generation of vulnerable Americans, this is the most important step we can take --to move from the status quo, to move people from dependency on the welfare system to a job. And I support the President in his decision.

Q Secretary Shalala, can you talk about the sufficiency of the \$2 billion contingency fund? If we had a serious national downturn

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SECRETARY SHALALA: If we have a serious national downturn, we need to go back to Congress and make changes. Everybody knows that. The Republicans know that. We know that. The Fed just put out a report in Cleveland pointing out the importance of the economic stabilizing effect of federal money. If you don't, recessions go deeper and broader in states. And the business community could hardly be taxed to pull them out. And everybody will be clamoring back for more resources in the contingency fund. And that, I think, everybody has conceded.

MR. REED: But also, saving the food stamp program has an even greater stabilization effect. Food Stamps is much more responsive to economic downturns than the current AFDC program.

THE PRESS: Thank you.

END 3:34 P.M. EDT

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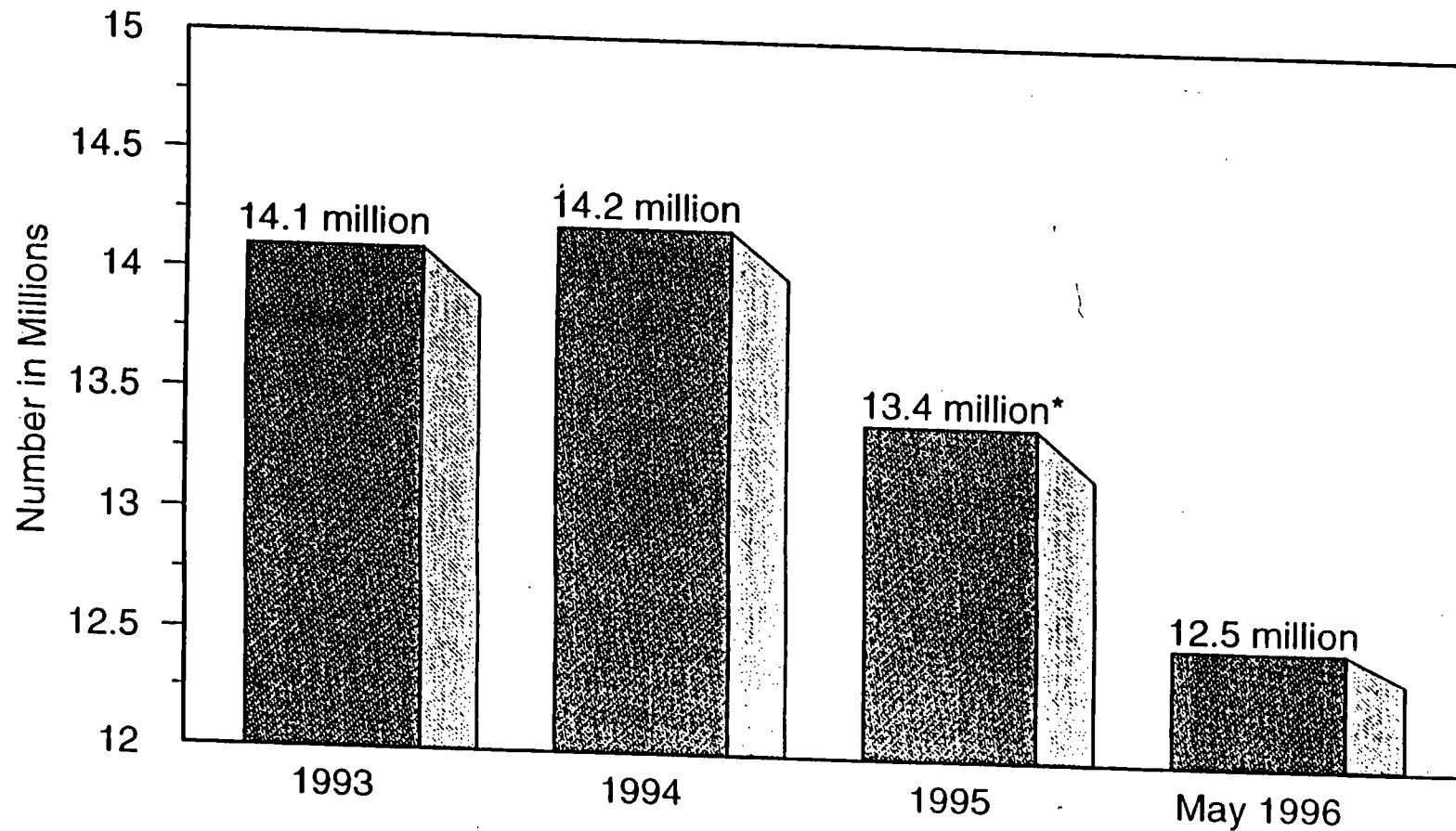
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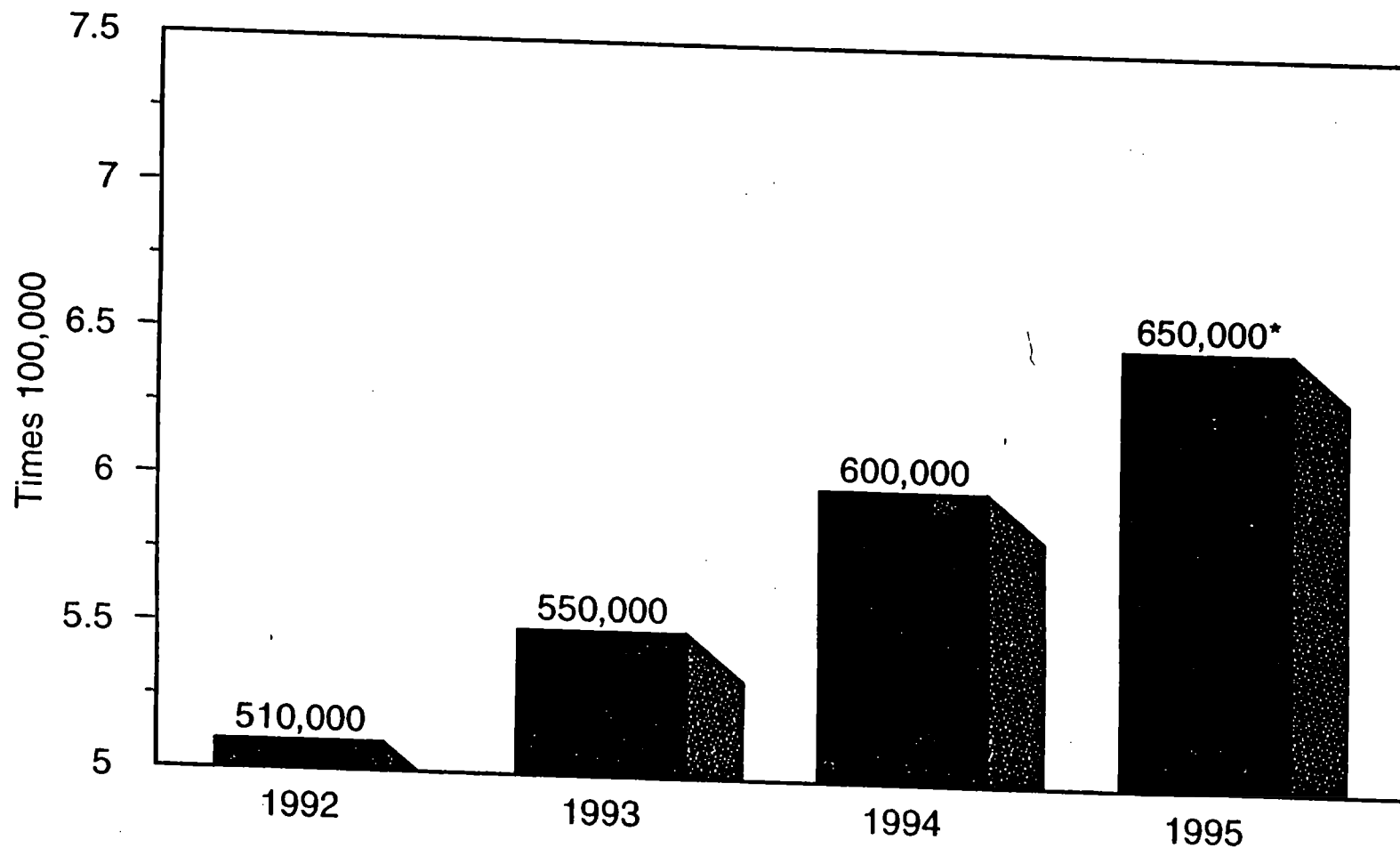
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The Total Number of AFDC Recipients Has Declined Under the Clinton Administration



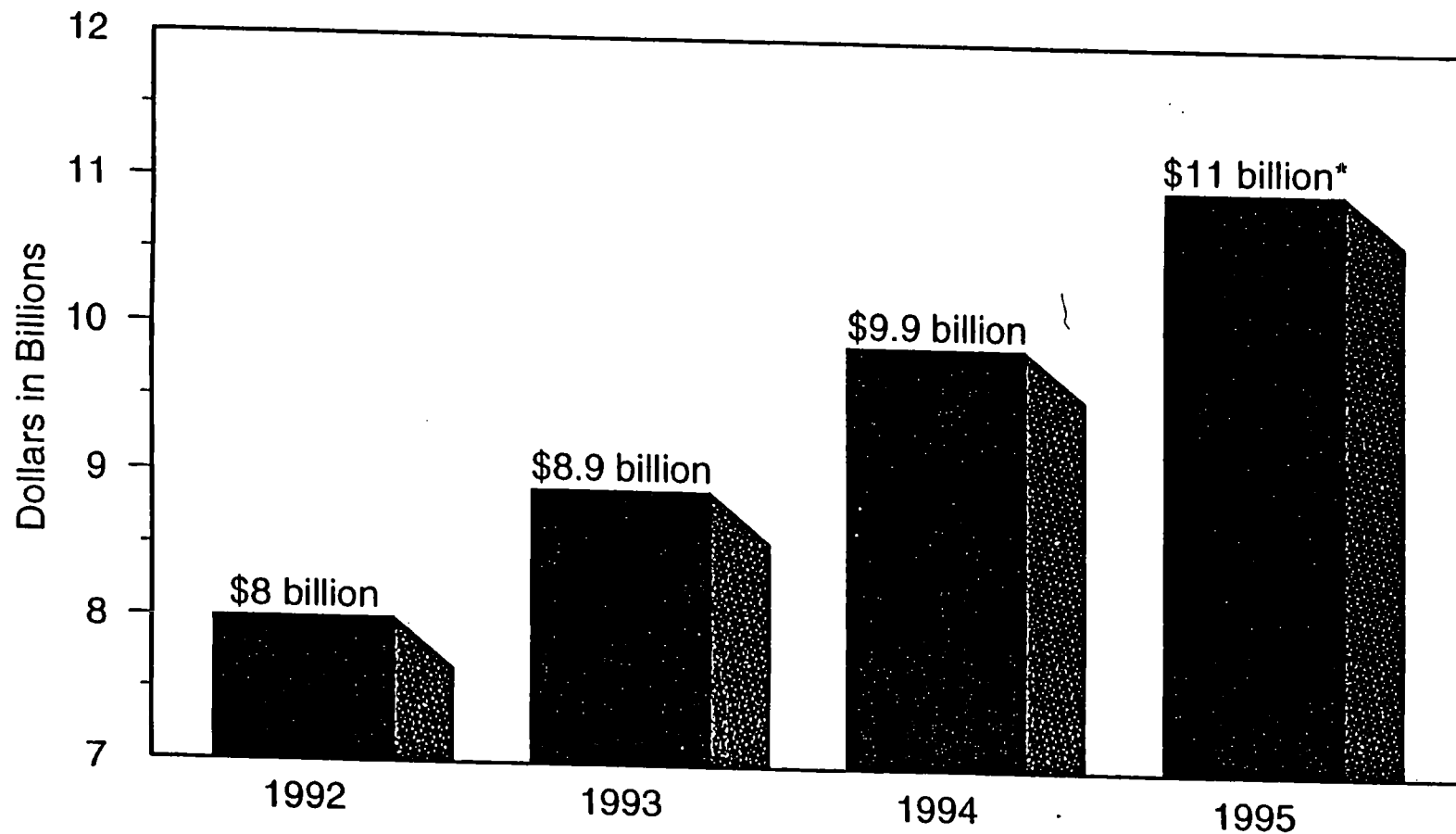
Source: Administration for Children and Families, U.S. Department of Health & Human Services
*Preliminary Estimate

Work and Training Activities Among AFDC Recipients Have Increased Under the Clinton Administration



Source: Administration for Children and Families, U.S. Department of Health & Human Services
*Preliminary Estimate (All Numbers Rounded)

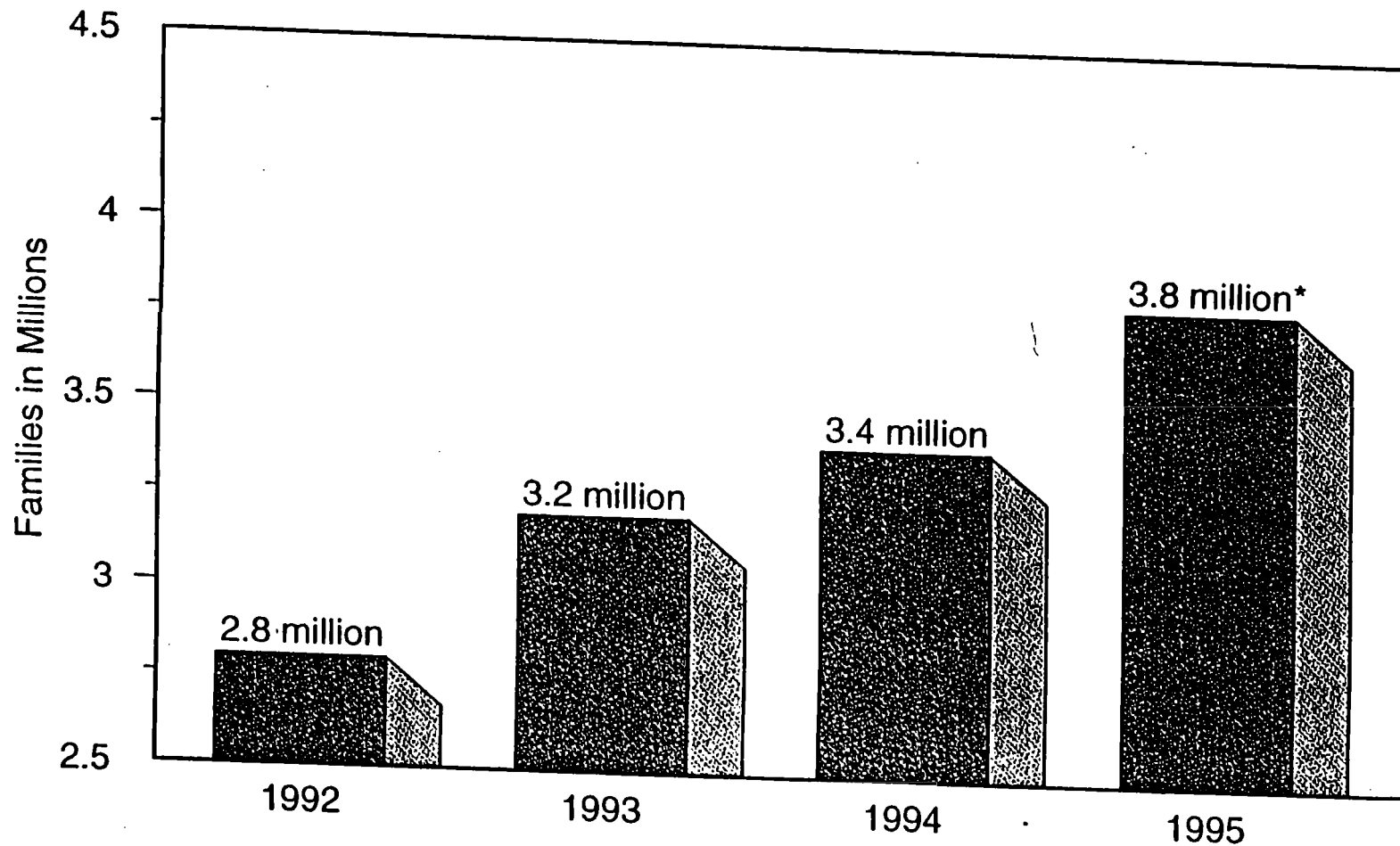
Child Support Collections Have Increased Under the Clinton Administration



Source: Administration for Children and Families, U.S. Department of Health & Human Services

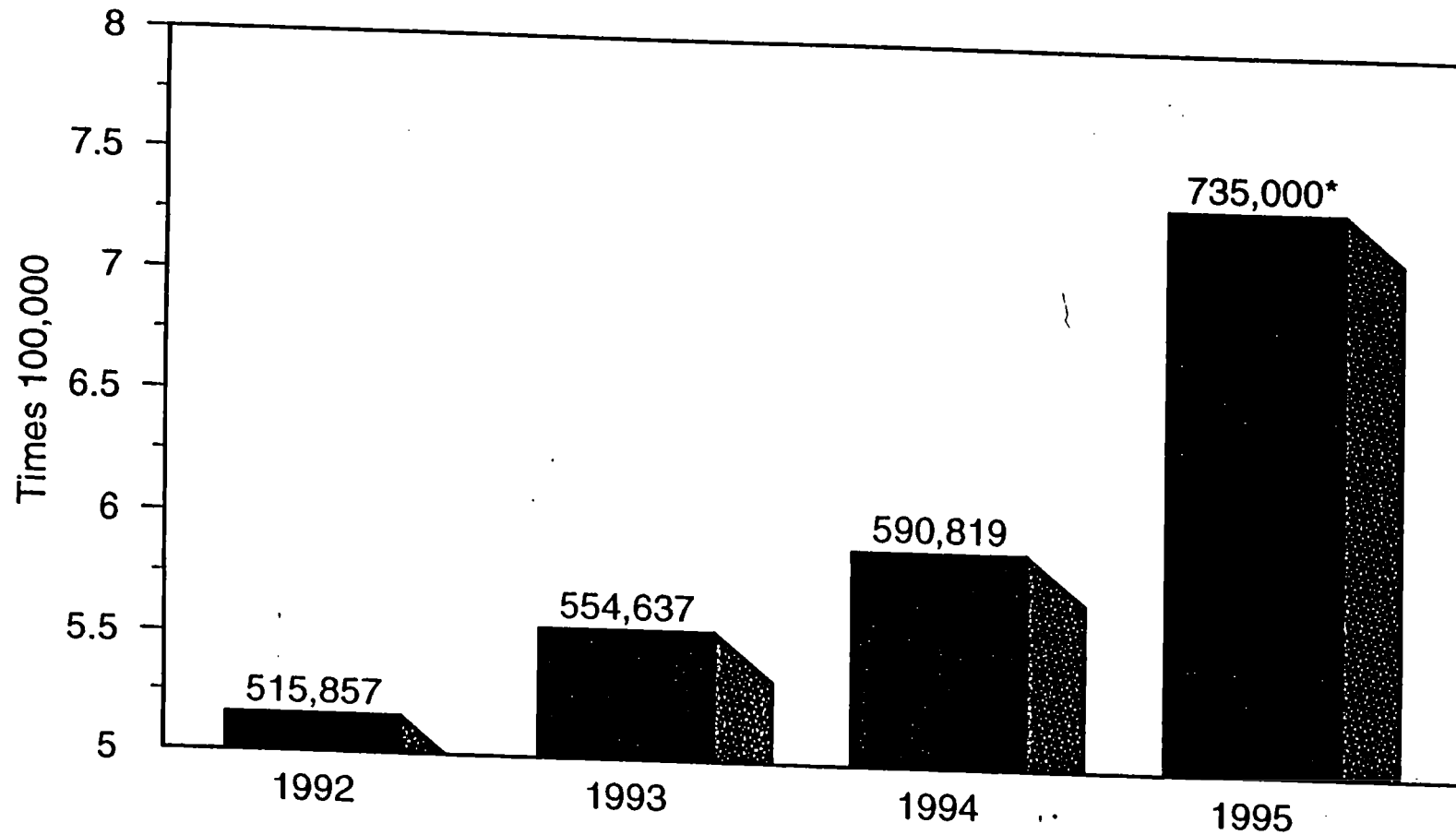
*Preliminary Estimate

Families Served by Child Support Enforcement Have Increased Under the Clinton Administration



Source: Administration for Children and Families, U.S. Department of Health & Human Services
*Preliminary Estimate

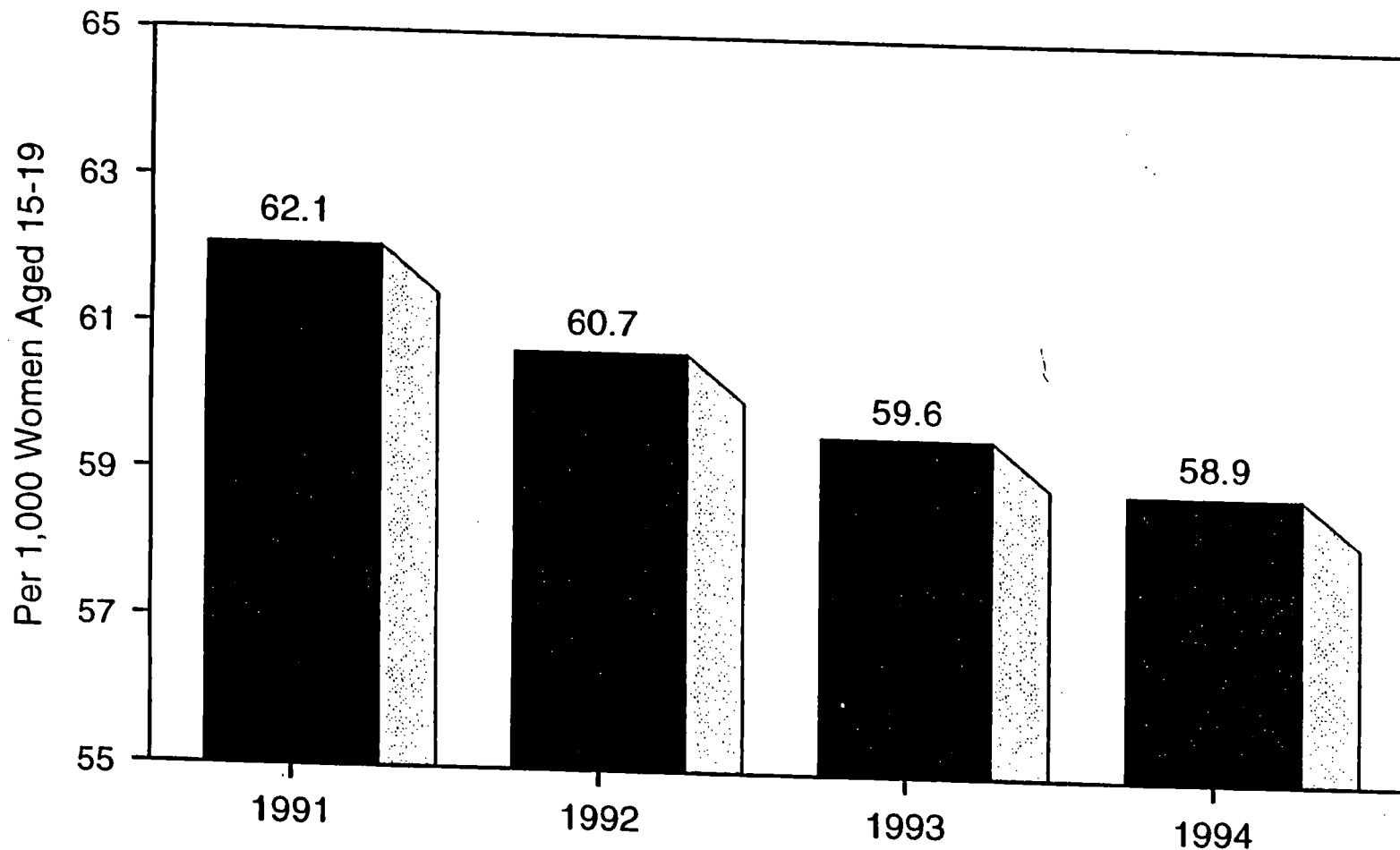
Paternity Establishments Have Increased Under the Clinton Administration



Source: Administration for Children and Families, U.S. Department of Health & Human Services

*Preliminary Estimate (All Numbers Rounded)

Teen Birth Rates Have Declined Under the Clinton Administration*



Source: "Advance Report of Final Natality Statistics, 1994," Monthly Vital Statistics Report, Centers for Disease Control and Prevention, Vol. 44, No. 11(s), June 24, 1996

* Live births per 1,000 women aged 15-19