

FOIA MARKER

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

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: 9003
FolderID:

Folder Title:
National Plan Drafts 1/11/96 [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	2

Until recently, the United Nation's response to HIV/AIDS was focused primarily in WHO's Global Programme on AIDS. On January 1, 1996 the UN launched a new program, combining the efforts of six UN agencies to strengthen coordination and focus support for HIV/AIDS activities at the country and global levels. UNAIDS has ~~that~~ ^{established} three mutually reinforcing roles: ^{be a major source of} policy, development and research; ^{provide} technical support and be an advocate for comprehensive, multisectoral responses to HIV/AIDS.



THE AmFAR REPORT

To Jace
From Jace
Dilworth (see p. 2
re breast
cancer)
per our
conversation
yesterday

Discussions of health care reform are unavoidable these days. Accountability in medical practice and in medical research will play a key role in the reform agenda as new ways of allocating our nation's generous, but still limited, health resources are proposed. In addition to the red "AIDS awareness" ribbons, there are pink ribbons for cancer, blue ribbons for Alzheimer's research, etc. But how can we accommodate everyone?

THE BROAD BENEFITS OF AIDS RESEARCH

Jeffrey Laurence, M.D.

Senior Scientific Consultant for Programs, AmFAR

1. **I know about the benefits of funding AIDS research for people with AIDS, but what about other important diseases, like cancer and Alzheimer's? Will continued funding of AIDS research help with these other diseases?**

AIDS has a single underlying cause — HIV. This makes it much easier to target, by both basic and clinical research, than cancer, Alzheimer's and other disorders with multiple and largely unknown etiologies. And AIDS research doesn't exist in a vacuum. It is a gateway into the diagnosis and treatment of diverse diseases. It promises a great deal more.

2. **What are some specific examples of such benefits?**

The National Institutes of Health recently conducted a survey among physicians and scientists who do not work in AIDS; they were asked to judge the impact of AIDS research on other diseases. Their responses were uniformly positive, with benefits noted in five main areas: basic science, medicine, applied medical sciences, epidemiology and public health, as well as health finance. Insights acquired, through the study of AIDS, into the pathogenesis and treatment of cancer, heart disease, and autoimmune disorders were highlighted.

3. What about breast cancer? It's an important problem among women, its incidence is rising, and recent therapies have had little impact on survival. Have there been any benefits from AIDS research in this area?

Yes. First, on a purely practical level, one of the most promising experimental therapies for advanced breast cancer is high-dose chemotherapy followed by bone marrow transplantation. Many women refuse such treatment, however, because more than 1 in 20 will die as a consequence of the transplant itself. The profound immunosuppression necessary for successful engraftment often leads to devastating and even fatal infections, due primarily to opportunistic diseases, particularly cytomegalovirus (CMV) and pneumocystis pneumonia, which are also common in AIDS. The development of new therapies for CMV, such as ganciclovir and foscarnet, have come directly from AIDS-targeted research. In addition, new methods of prophylaxis against PCP, CMV, parasitic diseases, etc., as well as novel treatments for a panoply of other infectious organisms, common to both transplant recipients and AIDS patients, will have a direct impact on the survival of women with breast cancer, as well as other transplant recipients.

Secondly, in terms of shared benefits from basic research, scientists in AIDS research have uncovered new antibodies and new drugs which can block receptors for growth factors, or cytokines, the natural body hormones which promote the growth of HIV. Many of these same substances appear to be critical in accelerating the growth and spread of breast cancer cells. Inhibiting cytokine receptors — such as those for EGF (epidermal growth factor) and bFGF (basic fibroblast growth factor) — should prevent certain tumor cells from growing. Such inhibitors are currently being tested in bladder, vulvar, and breast cancer. In addition, they are being studied in patients with an HIV-related cancer, Kaposi's sarcoma.

The EGF and bFGF are also being examined for use in patients with spinal cord injuries and strokes. These substances promote nerve cell growth and inhibit the scarring which blocks such growth in animals.

4. What about immune-based therapies for cancer and autoimmune disorders?

AIDS and HIV research have facilitated interdisciplinary research into the development of new therapies for both immunosuppressive disorders, such as cancer, and autoimmune diseases. More than 40% of HIV+ patients develop some evidence of an autoimmune phenomenon, including lupus-like blood abnormalities, Sjogren's syndrome, and arthritis. Treatments for these diseases, developed in the context of AIDS, should be directly applicable to the same syndromes when they occur "spontaneously," that is, in the absence of a known cause. This is also a reciprocal relationship. For example, the immune hormone IL-2, first used almost a decade ago for the treatment of malignant melanoma, a particularly devastating form of skin cancer, and for the treatment of kidney cancer, is now being evaluated in an attempt to boost the T cell counts of people with HIV disease. Likewise, testing of other growth factors designed to modify immune cells in AIDS — TNF-alpha (tumor necrosis factor-alpha) inhibitors and IL-12 are the most recent entries — may also boost the immune systems of cancer patients by assisting in the destruction of the last vestiges of cancer, once the majority of the tumor has been removed surgically or reduced by chemotherapy.

5. We hear a lot about AIDS testing procedures. Are there broader benefits for the diagnosis of other disorders?

Great effort has been expended in the development of better diagnostic tests for HIV antibodies and for the HIV virus itself. The tests are vital to following the course of infection and the impact of various therapies. Extraordinarily sensitive techniques, capable of locating less than one molecule of viral nucleic acid among millions of particles of extraneous material, are now available. These methods are known as PCR (polymerase chain reaction) and RT-PCR (reverse transcriptase PCR). Within a very short period of time, such techniques have made it possible to measure otherwise undetectable levels of cancer cells in individuals who have putatively been "cured," so that new therapy can be initiated or ongoing treatments continued, not inappropriately discontinued. Similar methods applied to the rapid diagnosis of infectious diseases, such as drug-resistant tuberculosis, are also being perfected.

6. One hears a lot about "AIDS activism." Has it helped anyone besides AIDS patients?

Definitely yes. AIDS activists have focused national attention on the high cost of new drugs and on the traditionally slow and cumbersome process by which their development is regulated by federal agencies. The Food and Drug Administration has responded constructively to the urgings of AIDS activists, and it has instituted "fast track" review procedures for new treatments for *all* life-threatening conditions. Fast tracking has already been used for drugs to treat Alzheimer's disease and for several other drugs useful in treating AIDS and other diseases.

Moreover, AIDS activists and AmFAR have greatly helped expedite "real world" trials, namely clinical trials of new treatments conducted by primary care physicians in the communities where a large number of people with HIV/AIDS live. AmFAR now funds a nationwide Community-Based Clinical Trials Network (CBCTN) composed of over 20 local clinical research centers. Also, the Federal Government has created its own network, the Community Programs of Clinical Research in AIDS (CPCRA).

In addition to expanding and accelerating clinical research, these programs have made promising but still experimental treatments available to thousands of patients in their own communities, where drugs for treatments would otherwise not be accessible.

7. You mentioned Alzheimer's disease. Alzheimer's may attack as many as 1 in 10 individuals over the age of 80 and, as the population continues to age, this terrible disease will grow in incidence. What impact does AIDS research have on Alzheimer's research?

Alzheimer's disease is a progressive, global dementia of unknown cause. There are many theories as to how it occurs, including the autoimmune destruction of brain cells, the deprivation of nutrients to nerve cells secondary to the proliferation of a fibrous substance known as amyloid, and the development of an infection with a unique infectious agent known as a prion. Global dementia is also an important component of late stage AIDS. Research has shown that HIV can cause this condition by interfering with the activity, nourishment, or interconnections among nerve cells and accessory cells of the nervous system. AIDS dementia provides a working model for studies in Alzheimer's dementia. Drugs successful in ameliorating mental disease in AIDS may have the same affect. Several of these drugs are now being investigated and may be tried in Alzheimer's research.

8. Aren't you reaching a bit when you talk about AIDS research relating to heart disease?

No. For example, a substantial portion of HIV+ children experience heart attacks or stroke. HIV appears to affect blood vessels in the heart muscle and the brain, rendering them vulnerable to inflammation, blood clots, spasm, and early atherosclerosis. Discovery of the mechanisms by which HIV does this will benefit not only those with AIDS, but also those with other diseases as well.

In summary, HIV disease and AIDS need not and must not be viewed as distinct from other diseases. Basic and clinical research in AIDS, for which the cause is known, is providing insights into immune, infectious, and cancerous diseases, their causes and their treatments. Already, better diagnostic methods, such as PCR; newer prophylactic antibiotics and drugs, such as aerosolized pentamidine, rifabutin and others; and new therapies for infectious diseases and cancer — all developed in the course of AIDS research — are impacting countless lives. Education and "safer sex" messages, together with efforts to promote treatment of substance abuse, will help to control current epidemics of sexually transmitted diseases and to prevent new ones.

Because our attention has been focused on the cost of new drugs and on the regulatory procedures for drug development, we are better prepared for the current dialogue on health-care financing. And let us not forget: the AIDS epidemic has forced our society to confront many of its feelings about gays and lesbians. The efforts and concern of AIDS researchers — physicians and scientists — caregivers, and patients have been very instrumental in mobilizing a more compassionate and enlightened public in the fight against AIDS.

THE AmFAR REPORT Special Bulletin is a publication of the American Foundation for AIDS Research (AmFAR), the nation's leading not-for-profit organization dedicated to the support of AIDS research—both basic biomedical and clinical research—education for AIDS prevention, and sound AIDS-related public policy. If you would like to make a contribution to further AmFAR's work in the fight against AIDS, you can use the enclosed envelope or call 1-800-36-AmFAR or 1-800-39-AmFAR.

*For additional copies of "The Broad Benefits of AIDS Research" please write to the Communications Department,
American Foundation for AIDS Research, 733 Third Avenue, New York, NY 10017-3204.*

Goal of ~~National~~ Strategy

^{purpose}
The goal of the national strategy is to ~~set~~ national goals and opportunities for progress for 1996 in order to chart our course in combatting the epidemic of HIV and AIDS. ~~In order~~ to ensure efficient use of Federal, State, local, and private resources, it is imperative to plan and coordinate government-wide efforts. ^{identity}

This is the first time a government-wide national strategy for HIV and AIDS for the United States has been developed. This strategy links programs to national objectives in each federal agency that supports AIDS-related activities. It lays forth the national goals and emphasis areas for HIV/AIDS, documents current Federal activities, and links goals to budget objectives based on current scientific opportunities, public health needs and priorities, and fiscal constraints. It is intended to be a living document that will be updated regularly. By establishing a government-wide baseline, this plan will help guide Federal agencies in refining their goals and objectives in response to the changing face of the epidemic of HIV and AIDS.

The national strategy for HIV and AIDS presented here is broader in scope than prior planning efforts. To date, planning has been primarily focused in the Public Health Service as evidenced by a series of documents such as the Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency Syndrome⁴, the "Coolfont"⁵ and "Charlottesville"⁶ reports, and the PHS Strategic Plan to Combat HIV and AIDS in the United States⁷. Recommendations have also been issued from a number of groups, including the National Commission on AIDS⁸ in addition to significant planning efforts on the part of individual agencies. However, there has not been a national plan that provides for a government-wide coordinated effort encompassing not just Public Health Service activities, but also incorporates issues such as housing, health care, and civil rights. This strategy addresses this important need. Moreover, realizing the goals of the strategy will require continued consultation and planning with Federal departments and agencies, and with the infected and affected communities.

Common Goals and Opportunities for Progress

This national strategy for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF), a group that consists of representatives from executive branch departments and agencies that conduct AIDS-relevant work, a request went out for the agencies to identify their activities in relation to national goals and objectives.

National Strategy for HIV and AIDS -- Draft 1.30.96

The IDTF member agencies developed their individual portions of the strategy, linking their goals, objectives, to budget levels and identifying areas for progress and collaboration. IDTF members, with their specialized knowledge on a broad range of HIV-related issues, have been crucial in identifying opportunities for progress and areas requiring special attention. In developing these areas for progress the Office of National AIDS Policy has also consulted members of the President's Advisory Council on HIV and AIDS, the activist community, participants in the White House Conference on HIV and AIDS, people on the front lines of the epidemic, and ~~the~~ many HIV-infected persons and their families, friends, and caregivers. The insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment have also been helpful. Therefore, the expertise and experience of those who work closely with communities, clinicians, researchers, service and research organizations, and infected persons is reflected in these goals and opportunities for progress.

Based on these consultations, the following national goals are established.

- Provide strong support for research in order to find a cure for those currently infected and a preventive vaccine to protect the uninfected.
- Provide solid support for effective prevention strategies so as to reduce the number of new infections each and every year until there are no new infections.
- Ensure appropriate care for and ethical treatment of persons with AIDS.

It is these goals that will set the country's sights and remain our guide as we chart our course. In addition, through the above-mentioned consultations, it became clear that there was a consensus regarding the major challenges facing us in 1996, and that these challenges warranted special attention. There was also a common sense that these challenges also represented opportunities for progress -- opportunities to take steps today to find a cure and a vaccine, reduce the number of new infections, and care for those who are infected. Based on this counsel, six areas for progress were identified and are listed below.

- Strengthening HIV prevention activities;
- Supporting diversified research approaches;

- Strengthening approaches to substance abuse treatment and prevention;
- Strengthening the health care ^{and} services safety net;
- Improving translation of research results into medical practice; and,
- Improving evaluation and priority setting.

Within each substantive section (i.e., prevention, research, care and services, international activities, translation of research into clinical practice, and civil rights) of this strategy, there is specific discussion about opportunities for progress that are relevant to that substantive area.

Challenge of the HIV Epidemic

Since the discovery of the first AIDS cases in the early 1980s, the epidemic of HIV and AIDS has posed a series of unique challenges. But, the challenges we face today are very different than challenges we have faced so far. It is a growing epidemic in which more persons are infected every year, in every geographic area, every ethnic and racial group, and every age range. We now know how it is transmitted, the etiologic agent, and we have a test to diagnose infected persons and protect the blood supply. And thanks to behavioral researchers and the innovative outreach and prevention strategies developed by community groups, we have prevention models that work. The challenge before us now is to build on these successes and develop prevention interventions that reach even more Americans at risk for infection. Thanks to clinical research, significant progress has been made in drug development and clinical care. As a result, people with AIDS now live twice as long as they did a decade ago. And with the results of the NIH-sponsored research we now have the ability to prevent perinatally acquired HIV infection in some newborns by treating women with AZT during pregnancy.

me
A significant challenge facing the country now is ensuring access to prevention services and medical care for the growing number of people who are currently disenfranchised from the health care system. We need to improve our efforts in providing people with care early in their infection so they can receive the quality health care. We also need to train health care professionals so they know the best way to provide that care. Strengthening our prevention efforts has never been more important. Developing prevention messages that are specially targeted to the group or groups they are intended to reach is critical if we are to reduce the number of new infections. And, from a societal perspective, we still have a long way to go in overcoming fear and

discrimination.

Moreover, HIV and AIDS is just one of many infections emerging world-wide that has the potential to devastate communities and nations. It is one of the most lethal epidemics to affect mankind, but it is probably not the last challenge of this kind that we will face. There are likely to be others for which there is no cure, treatment, or vaccine. Our efforts in combatting the pandemic of HIV and AIDS could well benefit us not only in ending this pandemic, but in preventing future ones as well.

LATHOM

National Plan -- Draft 1/18/96

INTERNATIONAL ACTIVITIES

AIDS is a global pandemic. In the United States it is estimated that between 800,000 and 1 million people are currently infected with HIV. The World Health Organization (WHO) estimates that 18.5 million adults and over 1.5 million children are currently infected worldwide. WHO also estimates that two to three million new HIV infections can be expected annually, and by the year 2000, thirty to forty million people will have been infected around the globe.

This pandemic presents a unique set of health, social, economic, and political challenges. It most often affects people aged 25 to 44 -- those who are in the most productive years of life. The period from initial infection to disease onset can be many years, during which time persons many unknowingly spread the infection. ~~The~~ WHO estimates that there will be 10 to 15 million orphans worldwide attributable to HIV/AIDS by the year 2000. In Africa and Asia, economic advances are threatened, and in some cases, may be reversed due to the pandemic of HIV and AIDS. Socio-economic studies have shown a decrease in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and a reduction in receipts from tourism.²⁷ (reference from LR)

Among the most heavily affected countries are PF

* USAID HIV/AIDS POLICY GUIDANCE.
SEPT 1995.

National Plan -- Draft 1/18/96

Governments will be forced to cope with increasing numbers of cases, weakened health care systems, a deleterious economic impact on the most productive segments of society, and the reduction in the number of healthy men and women able to serve in the government and the military.

Due to the global nature of the pandemic, its negative impact on both developed and developing countries cannot be overstated. It is clear that if we do not stop the pandemic globally, we will not be able to halt its spread in the United States.

At present several Federal agencies are working on slowing the AIDS epidemic worldwide. (See Appendix D.) The Department of State has worked with other departments, agencies, and non-governmental organizations to develop a framework to guide U.S. international activities, ~~specifically: to prevent new infections; reduce the personal and social impact; and to mobilize and unify national and international efforts.~~ The U.S.

*By the framework
unify U.S.
international
efforts*

Agency for International Development (USAID) also has a leadership role in the global HIV effort through development assistance, research and policy formation. USAID focuses its strategy on developing prevention programs based on proven interventions, addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other sexually transmitted infections, and developing and testing new

While the data are very strong -- we continue to believe that statutes restrict what we are able to do directly. We will, however, work with local communities to assure that they have full access to all data and all informational and educational materials.

We will work with state and local officials to provide the information they need to take advantage of this intervention.

--- where we say we are going to do something -- charge HHS or
??? with doing it????

TABLE OF CONTENTS

Letter from PF/Acknowledgments

Executive Summary

Scope of the HIV/AIDS Pandemic

Goal of National Plan

Challenge of the HIV Epidemic

Description of Activities

Overview of Activities

PREVENTION

RESEARCH

SERVICES

INTERNATIONAL ACTIVITIES

INFORMATION DISSEMINATION

CIVIL RIGHTS

Recommendations/Plans for addressing those needs??

Appendices:

Budget Tables

Acronym List

Glossary

List of Members of the Interdepartmental Task Force on AIDS

Themes ---

partnerships sharing information

ending the epidemic will require personal, private,
community and federal efforts we must ensure that our
resources are well-planned and targeted.

ending it will require a multiplicity of approaches

from ADDTF → p. 2 on on-line info.

JS

TABLE OF CONTENTS

Letter from PF/Acknowledgments

Executive Summary

Scope of the HIV/AIDS Pandemic

An Expanding Public Health Threat
The Social Impact

Goal of National Plan

Common Goals & Priority Areas
Challenge of the HIV Epidemic

Description of Activities

Overview of Activities

PREVENTION

RESEARCH

SERVICES

CIVIL RIGHTS

INFORMATION DISSEMINATION

INTERNATIONAL ACTIVITIES

Appendices:

Budget Tables

Acronym List

Glossary

List of Members of the Interdepartmental Task Force on AIDS

1. Intro P/F too much clutter

2. Public/Private partnerships necessary - but requires fed's to get
act together no matter what
(national plan implies public & private)
gov't plan - federal -- if want to
be precise

• national strategy? vs. plan

2. Need to better decide process by which decided priorities, areas
for investment or else could something else

3. Chart of all agencies under prevention, research, care etc.
w/ mention all agencies ~~not just~~ and programs not
just some.

4. Promise's Summary should have same language
as in text or vice versa. / and same order as text
Int'l comes before Civil Rights
& Info Dissemination

Research
Policy plan

Historical Use
Human Relations

Standard of care
one place

Civil Rights
Policy
Review

Int'l

Info Dissemination

0 0 0 0

Letter from PF/Acknowledgments

Went
Bipartisan/
Objective

The national epidemic and international pandemic of HIV and AIDS is a public health crisis of unprecedented proportions. As President Clinton has observed -- HIV/AIDS is the health crisis of this century. The Clinton Administration believes that the HIV/AIDS epidemic poses a continuing public health crisis that requires solid support for multiple approaches to finding a cure. And until a cure is found we must also persevere in our efforts to promote prevention, research, treatment, care, and ethical treatment of persons with AIDS.

to budget?

This is the first time a government-wide national plan has been developed for fighting HIV. It links programs to national objectives. A plan of this nature was one of the recommendations put forth in 1993 by the National Commission on AIDS. The President, as part of his strong commitment to assuring an efficient coordinated effort, requested that the Office of National AIDS Policy develop a comprehensive plan to guide the federal response to this epidemic. b. partisan

True agency-wide planning requires a commitment at all levels of government to work together toward clearly defined goals. Therefore, this plan for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF) a request went out for the agencies to identify their

activities, goals, and objectives. I would like to thank and credit the agencies for the time and attention given by their staffs in developing the individual portions of the comprehensive plan. With leadership from the President and in cooperation with the members of the IDTF, we have taken ^{unprecedented} ~~steps never before taken~~ to prospectively assess and map out future action. As presented here, the national plan sets a baseline of where we are government-wide, links goals to budget objectives, and guides us in refining our goals and objectives in response to the changing face of the epidemic of HIV and AIDS. It is intended to be a living document that will require annual updating as goals are reached and replaced with new challenges.

The purpose of the comprehensive national plan presented here is to set forth common goals and priorities for charting our course in combatting the epidemic of HIV and AIDS. It also includes an accounting of current Federal activities in the areas of prevention, research, services, information dissemination, international activities, and civil rights. This document is meant to compliment other planning documents such as the legislatively mandated NIH plan and the U.S. International Strategy on HIV/AIDS.

This epidemic challenges our Nation on many fronts. Because of how it is most often contracted, through sex and drug abuse, topics difficult for many Americans to confront directly, HIV has

For those
not fully
informed
should you
say how
contracted?
although contracted
now ... ?
primarily ... ?

challenged us to look at things we would prefer to avoid. We are also confronted by fear -- fear of contracting this disease and unwarranted fear of those who are infected. Fifteen years into this epidemic, those persons living with HIV still endure daily prejudice and discrimination based on their HIV status. We are challenged by the inadequacy of a social and health care infrastructure -- a system that is woefully unprepared to address the needs of the HIV-infected. Moreover, the safety net provided by programs such ^{as} Medicare and Medicaid is being threatened by funding changes. Scientifically, we have made much progress, but the virus continues to be a formidable adversary, testing the best and brightest among us to find a cure.

But despite the difficulties, AIDS has also brought forth the compassionate and caring capacity of this nation. In my many meetings around the country with persons living with HIV I have been inspired by their personal courage. I have been impressed by the compassion of those who care for the sick and the communities that have risen to the challenge of caring for their fellow citizens. It is an example of how this nation can rise to meet the most difficult challenges placed in its path. And those Americans living with HIV, their families, and their communities deserve a thoughtful, effective, and aggressive plan to combat this epidemic.

There are those who would say that AIDS receives enough funding,

that other diseases are more worthy of federal funding. They are wrong. The epidemic of HIV and AIDS already threatens the economic progress of many countries around the world. In the United States HIV is now the leading cause of death among Americans aged 25-44. This is not a time to stop but to move forward and build upon our efforts -- the future of our ^{move} nation - and of ^{our} children depend on it.

This is a time of great challenges and great opportunity. And while AIDS is a terrifying tragedy that has already affected too many people around the world, I believe it is a disease that we can defeat -- just as we have defeated polio, smallpox, many forms of cancer, and other scourges in the history of our Nation. We will be able to win ^{or} ~~are~~ battle with HIV and AIDS with commitment, courage, and leadership.

Executive Summary -- Holding place ...

TK comment from RS

- Letter from PF/Acknowledgments
- AIDS Demographics, shifting demographics
- Plan is the first of its kind
- Three goals and the six priority areas
- The plan has been organized by the following substantive areas
- Brief summary of federally sponsored activities in various areas

PREVENTION

RESEARCH

SERVICES

INTERNATIONAL ACTIVITIES

INFORMATION DISSEMINATION

CIVIL RIGHTS

Scope of the HIV/AIDS Pandemic --

The pandemic of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) presents unique social, economic, and public health challenges to people and governments here in the United States and worldwide. Unlike other infectious diseases that have arisen over the course of history, HIV is infectious for life and almost always fatal. This national and international pandemic of HIV disease, now well into its second decade, is progressing virtually unabated. It also remains a deadly infection for which there are limited treatments, no vaccine, and no cure.

An Expanding Public Health Threat

As of ^{December?} ~~October~~ 1995, the Centers for Disease Control and Prevention (CDC) reports that 5xx,xxx cases of AIDS have been reported in the U.S. and an estimated 3xx,xxx Americans have died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of the death to the 8th and it is now the leading cause of death among all Americans aged 25-44. (See ^{Figure} ~~Chart~~ #1). In 1994 alone, approximately 81,000 new cases of AIDS were reported to the CDC and nearly 44,000 Americans died of AIDS-related causes in 1994. The CDC estimates that between 40,000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 800,000 and one

million Americans are currently living with HIV.

We usually put in a caveat - although gay men continue to represent the majority of people who are heavily affected

In addition to the ongoing increase in infections, the demographics of the epidemic have been shifting. The early years of the epidemic were dominated by cases involving gay or bisexual men living in major urban centers, such as New York, San Francisco, and Los Angeles; this group now represents less than half (43%) of all new cases. Among the populations being more heavily affected now are young men between ~~and~~ 20 and 24 (53% of cases in 1994 of whom are young gay men of color), and women (18%), and heterosexual injecting drug users (24%). In 1994 alone, more than 14,000 women were diagnosed with AIDS and women now comprise 21% of cumulatively reported HIV infections. *It is estimated that if this trend continues, 80,000 American children will have been orphaned by AIDS by the end of this decade.* As of June 1995, pediatric cases have been on the rise, (although this trend will hopefully be reversed with the implementation of the recommendations for the administration of AZT during pregnancy and to the infants after birth). In 1994 alone, more than 1,000 new pediatric AIDS cases were reported -- an 8% increase in just one year.

Why do I think fewer newborns are being born infected?

haven't they been for some time?

Communities of color are now being more severely and disproportionately affected. As of June 1995, African-Americans accounted for 34% of cumulatively reported AIDS cases, while representing x% of the general population. Hispanics represented

might want to use one consistent date for #s (Dec 1995!)

17% of new cases through June 1995, although this group represents only x% of the general population. Moreover, gay men of color account for %, # of the [JL stat]

the HIV sup and drugs

Common modes of transmission are also changing. The CDC estimates that in the United States more than 50% of all new cases are now related directly or indirectly to substance abuse, particularly the use of injectable drugs. As a result, the prevalence of HIV infection in injecting drug users (IDUs) and their sexual partners and their children is rising.

Moreover, AIDS is no longer just an urban problem. AIDS cases have been reported in all 50 states, the District of Columbia, Puerto Rico, and each of the American territories. (See ~~table~~ *Figure* #2). The HIV/AIDS pandemic is spreading to rural areas, including dramatic increases in certain regions of the south.² While most cases are still reported from urban areas, the rate of reported cases in non-metropolitan areas is increasing faster than in urban areas. In 1994, for example, 35% of new AIDS cases were reported in southern states.

Internationally, the toll of the epidemic is even greater. The World Health Organization (WHO) estimates that since 1981, 2.4 million cases of AIDS have occurred worldwide. The WHO has estimated that as of mid-1995, 18.5 million adults and more than 1.5 million children have been infected with HIV since the beginning of the pandemic. The WHO projects that by the year 2000

at least 25 million people will become infected with HIV, or an average of 10,000 people a day.

The Social Impact

Sadly, prejudice and discrimination are still encountered by people living with HIV, their families, and their loved ones. Persons with HIV have been denied medical services, emergency medical treatment, dental services, and medical insurance. They have been discharged from their jobs and denied housing. And unlike other infectious diseases, it is not uncommon for persons living with HIV, ^{to} have been the target of violence and been rejected by their families.

AIDS is a disease that ^{can strike anytime, but most often} strikes people in the prime of life. It disproportionately kills people during their most productive years. It is the leading cause of death among Americans 25-44, the age group that constituted 54% of the civilian labor force in 1992.³ Premature deaths due to AIDS result in the loss of many productive years of life and in many cases deprive young children of their parents. In terms of years of potential life lost (YPLL), in 1994 AIDS ranked fourth among all leading causes of death 1,056,000 years.⁴ In developing countries, the pandemic threatens to reverse decades of progress in strengthening national economies and improving the health status and social well-being of millions of women, men, and children.

Goal of National Plan

The goal of a comprehensive national plan is to set common goals and priorities for charting our course in combatting the epidemic of HIV and AIDS. In order to ensure efficient use of Federal, State, local, and private resources, it is imperative to organize government-wide efforts.

This is the first time a government-wide national plan for HIV and AIDS has been developed. This first edition of the plan links programs to national objectives in each federal agency that supports AIDS activities. It documents current Federal activities in HIV/AIDS, links goals to budget objectives, and lays forth the common goal and priority areas for HIV/AIDS based on current scientific opportunities, public health needs and priorities, and fiscal constraints. It is intended to be a living document that will be updated annually. By establishing this baseline of where we are government-wide, it will help guide Federal agencies in refining goals and objectives in response to the changing face of the epidemic of HIV and AIDS.

The comprehensive national plan presented here is broader in scope than prior planning efforts. To date, planning has been primarily focused in the Public Health Service as evidenced by a series of documents such as the Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency

Syndrome⁵, the Coolfont⁶ and Charlottesville⁷ reports, and the PHS Strategic Plan to Combat HIV and AIDS in the United States⁸. There have also been recommendations from a number of groups, including the National Commission on AIDS.⁹ There have also been significant planning efforts on the part of individual agencies, such as the legislatively-mandated National Institutes of Health plan for the agency's HIV-related research effort. However, there has not been a national plan that provides for a government-wide coordinated effort encompassing not just Public Health Service activities but also incorporates issues such as housing, health care, and civil rights.

Common Goals and Priority Areas

myth want to say better

national plan on page before - decide what to call it - then be consistent

This Federal strategy for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF), a group which consists of representatives of executive agencies, a request went out for the agencies to identify their activities in relation to national goals and objectives. In addition, IDTF members have been crucial in identifying new areas of opportunity and those requiring special attention. In developing these priority areas we have also listened carefully to the of members of the President's Advisory Council on HIV and AIDS, attendees to the White House Conference on HIV/AIDS, to people on the front lines of the epidemic, and to the many HIV-infected persons and their loved ones who have

written to the Office of National AIDS Policy and the President. We have listened to members of the activist community who have spent too many years fighting the epidemic. We have also reviewed the insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment. Therefore, the expertise and experience of those who work closely with communities, clinicians, researchers, service and research organizations, and infected persons is reflected, ~~in this ongoing planning process~~, haven't described an ongoing planning process

The three common goals that have been identified are:

- Provide solid support for effective prevention strategies so as to reduce the number of new infections each and every year until there are no new infections. *i agree but i know there is some question about*
- Provide strong support for research in order to find a cure for those currently infected and a preventive vaccine for the uninfected.
- Ensure appropriate care for and ethical treatment of persons with AIDS.

Drawing from these goals and based on the counsel of the aforementioned groups, the Office of National AIDS Policy has

identified 6 priority areas for 1996 that represent the most pressing areas warranting concerted Federal effort:

- Strengthening prevention activities
- Supporting diversified research approaches - what does this mean
- Strengthening approaches to substance abuse
- Strengthening the safety net
- Improving translation of research results into medical practice
- Improving evaluation and priority setting

Challenge of the HIV Epidemic

Since the discovery of the first AIDS cases in the early 1980s, the epidemic of HIV and AIDS has posed a series of unique challenges. But, the challenges we face today are very different than challenges we have faced so far. It is a growing epidemic in which more persons are infected every year, in every geographic area, ethnic and racial group, and age range. We now know the risk factors, the etiologic agent, and we have a test to diagnose infected persons and protect the blood supply. Thanks to clinical research, significant progress has been made in certain areas. As a result, people infected with HIV infection now live twice as long as they did a decade ago. And with the results of the NIH-sponsored research we now have the ability to

prevent perinatally acquired HIV infection in some newborns.

We are also facing new challenges including getting people into care early in their infection so they can receive the new treatments and educating health care professionals so they know the best way to provide that care. Strengthening our prevention efforts has never been more important. Developing prevention messages that are specially targeted to the group or groups they are intended to reach is critical if we are to reduce the number of new infections. And, from a societal perspective, we still have a long way to go in overcoming fear and discrimination.

Description of Activities

Overview of Federal Efforts

The scope and nature of the HIV/AIDS epidemic has brought state, local, and Federal involvement into many AIDS-related activities. The Federal government, through its public health responsibilities in the areas such as research, prevention, and health care, has seen a change in Federal activities since the beginning of the epidemic. Currently, these activities range from the direct funding of research grants, health care infrastructure support, setting policies to encourage private sector activity, coordinating with international AIDS organizations, information dissemination, and prosecuting civil rights violations. [rs language] While Federal agencies are responsible for responding directly to the epidemic of HIV and AIDS, they also collaborate with and provide support for state and local governments and community-based organizations, which often have substantial surveillance, prevention, and health care responsibilities.

direct (ie prevention)

again decide it a national plan, a national strategy, a federal plan/strategy, a comprehensive plan

The Comprehensive plan for HIV and AIDS has been organized around the substantive areas which reflect the major components of the Federal effort: prevention, research, services, information dissemination, international activities, and civil rights. Current agency activities have not been organized around

administrative structures, but by substantive areas. In cases where a single agency may have responsibility for more than one component of a substantive area, such as prevention and research, documentation of their activities will be found in the respective substantive sections. In many cases there are cross cutting

issues that could fall in several categories, such as internationally-based treatment and prevention efforts. In this case, programs that are specifically targeted towards countries or regions, are included ⁱⁿ the international section. Efforts ~~such as research and prevention~~, that are often part of an overall program which may include domestic and overseas endeavors, are included in the research or prevention sections.

Agency support of HIV/AIDS activities falls into three general categories, where HIV/AIDS activities are: (1) a central part of their mission; (2) a significant but not leading part of their mission, or (3) not an explicit part of their mission but AIDS-related activities receive collateral benefit from agency supported work and/or policies. There are a number of agencies for whom AIDS-specific activities are central to their mission (e.g. the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA)) while other agencies maintain programs and activities that support a broad range of activities, of which HIV-related activities are one among many (e.g. the U.S. Information Agency (USIA) and the Department of Justice (DOJ)).

Distinction
for title
to me.
Does this mean
if funds are
domestic
to research
I would put
in international?

Is this saying
it's not
organized by
agency?
NIH is
responsible
for prevention
to research
will be
found there

Do there a reason why
you keep using
prevention & research
Not sure what
this means

Do you have a
chart with
agencies
broken down
accordingly -
it would be
helpful to
see

Agencies that support research and provide shared access to highly sophisticated and expensive technology, such as the Department of Energy (DOE) and its support of sophisticated imaging equipment, can assist a wide range of researchers including those studying HIV. Data are therefore presented in a manner consistent with the level of involvement an agency may have.

The following sections on prevention, research, care and services, information dissemination, international activities, and civil rights describe current Federal activities and identify goals, funding levels, populations served, constituency involvement, and unmet needs.

PREVENTION

These are three goals

The Nation's prevention goal, *(as articulated by President Clinton)*, *necessary?* *destitute?* is to reduce the number of new infections each and every year until there are no new infections. Achieving this goal will require a true and dedicated alliance between the Federal government, states, localities, communities, and individuals. Achieving this ambitious end will require a clear definition of what the Federal government is able to do and an ongoing dialogue between the public and private sectors about the responsibilities each has in reaching this goal.

*p. 7
800,000 -
to 1 M
Should be
consistent*

We know that prevention works. We also know that the prevention task faced by the United States in controlling the epidemic of HIV and AIDS has reached enormous proportions.¹ The Centers for Disease Control and Prevention (CDC) estimates that approximately 800,000 Americans are presently HIV-infected, many of whom are unaware of their infection status. Moreover, the CDC estimates that there are approximately 40,000 to 60,000 new infections in the U.S. each year. Many more Americans who are not presently infected are at risk for acquiring HIV. HIV infection is a

¹ This section will address primary prevention activities. Other aspects of prevention, such as secondary prevention (i.e. preventing complications of HIV infection), use of topical microbicides, the behavioral components of vaccine research, and international prevention activities will be discussed in the following research, services, and international activities sections.

Although seems
pretty for those
who don't know -
consistent help

unique prevention challenge because of the virus' virulence, long incubation period, long duration of infectiousness, ^{p.1 almost always} nearly always fatal prognosis, and potential for exponential spread. Moreover, HIV is transmitted primarily as a result of personal and private individual behaviors -- sex and drug use. To be effective, HIV prevention programs must reach tens of millions of Americans who embody a vast diversity of age, race, ethnicity, geographic locale, sexual orientation, and drug use behaviors.

Prevention activities currently are supported by a number of Federal agencies. Most Federal prevention efforts are sponsored by the Public Health Service, although other departments such as the Department of Defense (DOD), and the Department of Veterans Affairs (VA) also support prevention activities. These efforts reflect a continuum from surveillance to research to social marketing initiatives. Agency activities are also reflective of their respective missions. For example, the Centers for Disease Control and Prevention (CDC), the agency with primary Federal HIV-prevention responsibilities, supports a wide range of surveillance and prevention projects, many in partnership with states, local governments, and community-based organizations. Other agencies focus on specific aspects of prevention. For example, the National Institute of Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) support a breadth of efforts to stem the tide of drug use. While other agencies support primary prevention efforts as

NIH
prevention
NIH

part of medical care, such as at the veterans and military hospitals and clinics. The Health Resources and Services Administration (HRSA) also encourages broader access to prevention information through the integration of prevention into primary health care services.

The efforts of Federal agencies have been instrumental in expanding our knowledge base. However, significant gaps remain. We know from both formal research and community experience that developing prevention programs that work requires knowledge of who is becoming infected and of the behaviors that are enabling transmission, an understanding of the motivations for those behaviors, and an understanding of how best to reach people with messages that will prompt behavior change.

The Nation's prevention priorities must be guided towards gaining knowledge that will improve our efforts to develop effective prevention programs. We need to improve our understanding of the major modes of transmission, close gaps in scientific knowledge, and work towards eliminating gaps in program areas.

The following three sections identify areas for investment necessary for the development of sound prevention interventions.

MODES OF TRANSMISSION

There are quite a few points here - what is our investment -- knowing modes of transmission, better surveillance, different surveillance data to plan

→ Don't you need to list all Federal prevention efforts if this is an overview of Federal efforts -

How did you decide this

An important part of strengthening prevention activities is to have a clearer understanding of who is being infected and what behaviors are placing people at risk for infection. Recent epidemiologic data show that the epidemic of HIV in the United States is being driven by people who engage in injection drug use and their sexual partners (50%), men having sex with men (25%), heterosexual transmission (> 20%), and perinatal transmission (90% of such transmission cases in the United States occur in women under 22 years of age). Moreover, the youth of our country are becoming infected at an alarming rate -- 50 percent of new infections in the United States are in persons under 25 years of age. HIV is the leading cause of death in Americans aged 25-44. It is likely that many of these people were infected while they were adolescents. (Add data from new NCI study --JL) Minority Americans are also disproportionately represented among new HIV infections. As of October 1995, African-Americans accounted for 34% of reported AIDS cases and Hispanics represented 17% of new cases. These trends in the epidemic must be taken into consideration when prioritizing prevention research and service programs.

A crucial part of effective prevention strategies includes supporting adequate surveillance of HIV infection and related diseases in order to estimate the burden of HIV illness, gauge future directions of the epidemic, and assess the effectiveness of prevention interventions. As previously noted, the CDC has

the primary Federal responsibility for monitoring the epidemic. The CDC AIDS case and case death reporting system provides useful data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. This surveillance system also provides worthwhile information on HIV-related opportunistic infections.

HIV reporting ↙ There are, however, opportunities for refinement. Effective prevention intervention programs begin with sound information on who is at risk. Current CDC surveillance systems do not currently capture sufficient "front-end" information such as the prevalence of HIV (not AIDS) in the population, and trends in risk factors and new infections. We need to collect these type of data in tandem with an enhanced effort to link surveillance and epidemiological data to priority setting, the design, and evaluation of prevention programs. The CDC has recognized the value of this approach and has incorporated data collection design into its community planning process. These shifts in data needs also require that the CDC reevaluate and reconfigure its data collection efforts; such a change may require reconfiguring of currently collected data to address these needs. As part of the agency's implementation of the recommendations set forth in the external review of CDC's HIV prevention strategies¹⁰, the CDC has initiated efforts to evaluate current data collection efforts and implement necessary changes. *needs assessment*

GAPS IN SCIENTIFIC KNOWLEDGE

Factors that place individuals at risk for acquiring HIV infection are a complex combination of behavioral, social, cognitive, and biologic influences. Given this complexity and the importance of preventing new infections, we must not assume we know what interventions will work, but base our efforts on sound research findings. Experience has taught us that prevention can work, but when it does it is because the intervention incorporated findings from experience and relevant research. Unfortunately, behavioral research is a relatively young science and there are currently more questions than answers. There are three areas where gaps in knowledge have been identified -- basic behavioral research, intervention research, and social marketing research.

*only three
may want to
qualify as
primary or important*

Basic Behavioral Research. Since behavior change is the primary prevention intervention immediately available for halting the spread of HIV infection, basic behavioral research should be the foundation upon which prevention programs are based. Basic behavioral research, similar to basic research in other areas of scientific inquiry, seeks to explain the determinants and causes underlying biological, behavioral, and social processes. HIV-related risk-taking behavior is often complex and influenced by a host of individual and environmental factors. Before we can begin approaching the formidable task of implementing successful

HIV prevention programs that reach a diversity of Americans, more information on the determinants of HIV-associated sexual and drug-using behaviors is needed. For example, although much has been learned about the basic biology of substance abuse, further elucidation of the mechanisms underlying addictive behavior may assist in the development of new therapeutic approaches to addiction, which may in turn reduce the number of new infections.¹¹ And although we have some information on relevant risk-taking behaviors, more information about knowledge, attitudes, decision-making processes, and beliefs about AIDS and other sexually transmitted diseases (STDs) is much needed. Such data enable scientists to establish theories of behavioral change which then provide researchers with tools for identifying what approaches may be most effective for an individual or a community.¹²

What we know about behavior from other diseases (cigarette smoking, hypertension,)
and behavior change - seatbelts
called areas for investment on p. 21

Intervention Research. A second major funding priority area is research to improve prevention interventions, i.e. research that concentrates on identifying and modifying behaviors, such as those related to drug use and sex. This type of research can focus on both individuals and communities, which often hold norms that influence personal behavior. Since the beginning of the epidemic we have made advances in our understanding of factors that are relevant to the design of intervention programs intended to reduce rates of HIV infection. This theoretically based intervention research has identified several significant

predictors of changes in sexual and drug-using behaviors among gay men, adolescents, and heterosexual adults.¹³ Studies have shown that community-based HIV risk reduction programs that are gender relevant and culturally sensitive can be effective.¹⁴ A recent study has also provided a reason for optimism that the spread of HIV can be contained among injecting drug user populations when there is early community outreach and access to sterile injection equipment.¹⁵

However, despite these successes, there is more that we need to know if we are to develop effective prevention programs for a diversity of Americans. We must couple findings from basic behavioral research with effective prevention interventions. High priority include research regarding strategies that facilitate sustained adoption and maintenance of HIV preventive behaviors, research on cultural barriers and strategies to reach populations resistant to behavior interventions, and research on the effectiveness of treatment for drug abuse, mental health, and alcoholism for reducing HIV risk behavior. Agencies supporting behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs.

*I think
this section
is weak.*

Social Marketing Research. ~~And lastly~~, it is critical that the findings from basic and intervention research are incorporated

I think I'm missing a step or don't understand PM research

Agencies supporting social marketing activities need to strengthen efforts to understand barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, ^{which endeavors?} it is also crucial to strongly support the provision of technical assistance and training, and a community-based effort that would test these models in a real-world setting.

There's a difference between Reputation, Research and Social Marketing

(ONAP) want to pursue this we will probably have to push it from here -- could say that CDC needs to examine this option.)

CURRENT GAPS IN PROGRAM AREAS

In order to stop new infections, the results of basic behavioral and intervention research must serve as the foundation for prevention intervention programs that reach people at risk for acquiring or transmitting HIV. Presently, the Federal government supports a range of programs that address the disparate needs of a number of at risk populations. However, the shifting demographics of the epidemic coupled with restricted resources has resulted in gaps in program areas that limit the Nation's ability to prevent new infections. It is therefore important that prevention planners carefully prioritize their efforts so as to reach the groups that are now increasingly affected by the epidemic -- women and injecting drug users -- while maintaining efforts among youth and gay men.

Community Involvement. For prevention interventions to be effective they must reach communities at risk and be responsive to their unique needs. And for individuals to take control of their own lives in fighting the spread of this virus, they must first have the information and tools to protect themselves.

I'm a little confused about point - address anything? might be wrong word - I think I forgot to mention when I was there

is it like this in all communities aren't youth often growing up in first group increasingly affected I think here are examples

One of the most important innovations in the prevention area is community planning. The community planning process is an outstanding model of a Federal-local partnership. Through this effort, it is possible to establish joint goals for the prevention of HIV that will meet Federal standards while remaining responsive to local needs. However, this process is early in its development and requires significant, ongoing leadership and technical assistance from the CDC if it is to fulfill its potential for good priority setting and decision making.

Integrating Substance Abuse Treatment
Substance Abuse Treatment
where HIV can be treated
if not already
list here

Substance Abuse Treatment. Injection drug use is one of the major forces driving the epidemic -- half of all new cases are related to this mode of transmission. Limiting the impact of this mode of transmission will require efforts on several fronts. First, we need to improve the integration of HIV prevention and substance abuse programs. (As President Clinton has noted) ^{depoliticize?} the epidemics of substance abuse and HIV in this country are overlapping and highly interrelated so we must work to integrate HIV prevention into current substance abuse programs and integrate substance abuse prevention into HIV prevention.

Another major avenue for controlling the spread of HIV among addicted persons is to get them into treatment programs. Substance abuse treatment is a form of HIV prevention. At present, there is a continuing need for increased treatment

services for persons seeking to control their addictions.

Moreover, substance abuse problems that contribute to the spread of HIV are broader than injecting drug use. There is substantial evidence that use of alcohol and other substances can adversely influence risk-taking behavior. It is estimated that ~~x~~% of the population is affected by alcohol and other drugs (AOD) in addition to injection drug use. It must be part of the Federal response to increase the availability of treatments slots for a range of addictions.

Keep the 9/15/96
Harm Reduction². In addition to our efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches for when treatment fails or is unavailable. *Although,* ~~traditionally,~~ harm reduction programs have not been well accepted in our country, ~~yet~~ experts feel that it is in this area that we may be able to make our greatest impact in stemming the tide of the epidemic.

traditionally evidence? I don't know that I'd say this

There is scientific evidence that ~~historically~~ controversial harm reduction approaches, such as needle exchange programs, can be

² Harm reduction efforts support people by reducing their risk of HIV transmission by teaching behaviors that do not transmit HIV. In the case of HIV and substance abuse this can include: needle exchange programs, increasing the availability of clean syringes, providing information on cleaning injection equipment ("cleaning works"), and reducing needle sharing behaviors.

effective. Among the conclusions presented in a recent report by the Institute of Medicine was that there is no credible evidence that drug use is increased among participants as a result of needle exchange programs that provide legal access to sterile equipment. The IOM went on to recommend that needle exchange programs be regarded as an effective component of a comprehensive strategy to prevent infectious disease.¹⁶ There is also evidence, that needle exchange programs provide an opportunity to get people into treatment, thereby further reducing their risk and the risk for their sexual partners. Adoption of these approaches, because they are ~~so~~ controversial, should be a local decision. What does this mean - The Federal government should provide the scientific data upon which such decisions should be made. Given the continuing and growing public health threat posed by the HIV epidemic, this approach deserves ~~X~~ reconsideration by local communities as a possible intervention in the face of this public health emergency.

let's talk
could be a
local decision
but still
need federal
input

Integration Into Primary Care. To reach our prevention goals, we must also improve the integration of prevention activities and messages into primary health care services. This includes incorporating a patient's sexual ^{and drug using} history when a medical history is taken, offering HIV-related counseling and voluntary testing, and working with HIV positive individuals so they do not infect others. It also means offering pregnant women information about and access to AZT during pregnancy so as to reduce perinatal

transmission. Achieving this level of integration will require active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, and professional organizations in addition to local and Federal governments.

Evaluation. And finally, to achieve the goal of reducing the number of new infections each and every year until there are no new infections, the Nation will need to continue to invest in a range of endeavors including data collection, research, and prevention programs. It will also require careful examination of what programs should ~~to~~ be continued, what activities need to be initiated and a awareness that a reconfiguration of some program priorities may be required.

Moreover, it is important to assess the effectiveness of the prevention interventions that have or will be implemented. Prospectively set performance measures can be used as a basis for evaluation and program improvement. Incorporating effectiveness measures must become a routine part of all Federally-funded programs. It is only through sound evaluations that we will be able to determine whether our efforts have been effective in slowing the epidemic.

RESEARCH

Format isn't same as prevention - a overview of what's being done / what we know, areas for investment

One of the Nation's common goals is a cure for those currently infected and a preventive vaccine for the uninfected. It is research that will enable us to reach these goals and until they are a reality, the Nation must provide solid ongoing support for basic and clinical research. As with prevention, achieving this goal will require committed collaborative efforts between the Federal government, universities, researchers, the activist community, communities where research is conducted, charitable organizations, pharmaceutical companies, biotechnology firms, and other parts of the private sector. Realizing this ambitious goal will also require a clear definition of what the Federal government is able to do and an ongoing dialogue between the public and private sectors.

At present, a number of Federal agencies play a significant role in the Nation's AIDS research efforts. These endeavors range from basic molecular research to clinical research to health services research. The National Institutes of Health (NIH) supports a significant portion of these endeavors. The NIH funds research on HIV-related natural history and epidemiology, etiology and pathogenesis, therapeutics, vaccines, and behavior. As part of its mission to protect and maintain a viable fighting force, the Department of Defense supports clinical vaccine and therapeutic research. The Agency for Health Care Policy and

Research (AHCPR) funds research to help determine which medical approaches are the most cost effective. The Department of Energy (DOE), through its support of technologically advanced equipment, provides the opportunity for Federal and private researchers to share resources and thereby analyze molecular structures that, without such equipment would not be possible. And the Centers for Disease Control and Prevention (CDC) supports laboratories that have sophisticated methods for identifying virus strains.

*add if and more
study of HIV
helped breast
cancer?*

Research Advances. The Nation has already reaped the benefits of supporting research funding in general, and HIV-related research specifically. AIDS research has provided advances for our treatment of other diseases. For example, HIV-related research has accelerated study of the human immune system which has in turn improved our ability to understand and treat other diseases such as cancer and autoimmune diseases, including systemic lupus erythematosus, type I diabetes mellitus, rheumatoid arthritis, and multiple sclerosis. HIV research involving the blood/brain barrier has led to a better understanding of the mechanisms by which infectious agents spread into the nervous system. This research has valuable implications for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis. Moreover, before the AIDS epidemic, little investment was made in research to treat viral diseases. Studies to develop anti-HIV therapies has led to drug development against many other disease-causing viruses and

improved our understanding of other viral diseases.

In addition, research investments made before the advent of AIDS epidemic produced a body of scientific knowledge that enabled researchers to more quickly pursue theories and avenues of investigation. For example, research conducted on the immune system in general, and CD4+ cells in particular, provided early insights into the pathogenesis of HIV. Research investments in retroviruses provided valuable information for identifying HIV as the etiologic agent of the emerging epidemic. Advances in molecular biology provided researchers with the tools to understand HIV's structure and develop drugs based on that information.

Due in great part to this Federally-sponsored research, persons with HIV now live twice as long as they did a decade ago. AIDS-related conditions that used to mean a quick and often painful death for people living with HIV can be treated and even prevented. An NIH study found that it is possible to dramatically reduce the chance of transmission of HIV from mother to infant. Thanks to our investment in prospective epidemiological studies we are beginning to understand the factors that enable long-term non-progressors to live many years after infection virtually disease free. Understanding what happens in these non-progressors may help us develop better therapies and a vaccine.

And there is reason for hope. Scientists now believe that a vaccine is possible. New classes of anti-retroviral therapies appear to be powerful in controlling the virus. Combination therapies are also showing great promise in this area. In addition, the Food and Drug Administration, through its accelerated approval program, is now approving drugs faster than ever before and faster than any European nation.

However, despite these advances there is more that needs to be done to reach the Nation's goal of a vaccine and a cure. The epidemic of HIV and AIDS presents an unprecedented challenge. HIV is unique in that it attacks the very immune system that is supposed to protect us from infection and tumors -- mankind has never before encountered a virus such as this. Since the beginning of the epidemic identifying the best approaches to pursue and support has been, and continues to be, a challenging task. Identifying the most promising scientific avenues and having the appropriate structures and processes in place to ensure that the Nation capitalizes on these opportunities will require a considered and coordinated effort.

Office of AIDS Research. Developing and implementing the Nation's AIDS research agenda presents a number of challenges. Within the NIH, the agency with the largest HIV-related research portfolio, research is supported throughout 24 institutes, centers, and divisions (ICDs). In order to better plan, coordinate, and fund

the AIDS research activities of these ICDs the Congress, through the NIH Revitalization Act Amendments of 1993, provided the Office of AIDS Research (OAR) with new oversight and budget authorities. As part of fulfilling the requirements of the law, the OAR develops a yearly NIH plan and budget for AIDS research and receives directly from the President and the Office of Management and Budget (OMB) a single appropriation for AIDS activities at NIH. This single appropriation allows the OAR to effectively prioritize research resources on the basis of sound scientific judgement and provides flexibility for pursuing the most promising research opportunities. It is crucial that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained. With such a large research enterprise it is essential that there is oversight and accountability so the most promising approaches are vigorously pursued and the individual Institutes have both the scientific and administrative assistance they need to effectively collaborate with other NIH institutes. } check language

Coordinated Research Plan and Budget. It is also clear that while NIH supports a significant portion of HIV-related research, other agencies and departments also play a significant role in our search for a cure and a vaccine for HIV. It is time to improve our efforts if the Nation is to effectively support a diversity of promising approaches government-wide. These research efforts must also be well-planned, coordinated, and maintain

accountability. To achieve this the Director of the Office of National AIDS Policy will coordinate an inter-departmental working group, chaired by the Director of the Office of AIDS Research, whose charge is to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.

Vaccine Development. The Nation must also acknowledge that reaching our goals will require the joint commitment of government and the private sector. This is especially true in the arena of vaccine development. Several challenges currently face the Nation and the world in continuing the vaccine development effort -- the first is the scientific challenge and the second is to create an environment where the private sector can effectively join in partnership with the Federal government.

*Check name
National
AIDS DDTF!* The AIDS Drug Development Task Force (ADDTF), which included representatives from government, the private sector, and the activist community, identified a range of approaches to accelerating the development of therapeutics for HIV infection.

One of the areas identified by ADDTF members as especially problematic, was the role of the private sector, especially in the area of vaccines. A number of impediments were identified, including the nascent state of the science, liability issues, and challenges in mounting the large-scale studies that will be needed to test a candidate vaccine. Therefore, in order to identify areas for fruitful collaboration and to accelerate the

pace of development for vaccines, the Vice President will convene a meeting of government scientists and leaders of the pharmaceutical and biotechnology industries to identify barriers to the development of these agents.

At present researchers hold two major views regarding the most promising approaches to vaccine development. Some scientists believe that we need to return to basic science to gather more information to guide us, while others believe that in the face of a global emergency we must empirically test candidate vaccines in people immediately. Both groups have valid arguments. The issues that are driving this debate are both scientific and social, with different parts of the world ~~are~~ experiencing the epidemic in different ways. Given the state of scientific knowledge, both avenues can, should, and are being pursued. However, it is vital that this effort be well-coordinated and that all data that are available are shared and used by scientists ^{? so that} vaccine development moves forward. Therefore, a coordinated vaccine program that ensures support for promising avenues of vaccine research, will be one of the issues addressed in the aforementioned interdepartmental research plan to be developed under the Direction on the Director of the Office of AIDS Research.

Clinical Effectiveness Research. It is also important that we continue to support the broad range of research needed to find

effective treatments by maintaining research to forward our understanding of the virus' life cycle and pathogenesis, natural history and epidemiology, and clinical research including clinical effectiveness research. Due in part to the FDA's accelerated approval program³, the Federal government is now approving new treatments in record numbers and at record speed, but do not always know whether the treatment confers a clinical benefit for the person. Specifically, while some treatments have shown promise based on surrogate markers and/or laboratory tests, data regarding clinical effectiveness is increasingly unavailable. For example, we do not know the optimal time in the course of HIV disease to begin treatment, for what patient groups, with what regimen, with single or combination therapy, and when it is appropriate to switch or add therapies. With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the efficacy studies, currently mandated by law are carried out. Conducting these studies will require the efforts of clinicians who have demonstrated their ability to carry out the long-term follow-up of patients that such clinical effectiveness studies require. It is also essential that these studies, like all studies, include persons

³ The accelerated approval program permits companies to seek approval of drugs for serious or life-threatening illnesses based on surrogate or laboratory markers, such as CD4+ cell count or viral burden measures. For drugs approved under this program, the sponsoring company is required to conduct follow-up studies that determine whether there is a clinical benefit for the patient. By law, if the subsequent studies do not prove a clinical benefit, approval may be withdrawn by the FDA.

big concern is
that subsequent
studies aren't being
done
41
1/11/96

representing a diversity of race, ethnicity, gender, age, and drug using behaviors. If these studies are not done we will not know which of the JL treatments is more effective and for whom, and under what circumstances. As a result, patients may be taking less effective treatments or combinations of treatments, and Federal programs such as Medicare and Medicaid and private insurers may be paying for these less effective treatments.

One of the most difficult tasks for clinicians comes in interpreting the patchwork of data and articles regarding treatments and converting that into a therapeutic strategy for the patient that sits in front of them. With every research breakthrough, this task becomes more difficult. It is essential that practical information for practicing clinicians and their patients is provided in a timely manner. The Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

Also collecting "standard of care" info in one place - now have AHCPR early intervention, CDC Prevention, CDC AZT074
Public Private Partnerships. A key role for the Federal

government is to act in partnership with the private sector and support areas where there is a market failure -- i.e. areas where industry is unlikely, for financial reasons, to pursue research that would be beneficial to the Nation's public health. The area of vaccine development is one, and there are others. For example, topical microbicides (i.e. chemical barrier methods for

preventing HIV transmission) are a promising approach, but will require preliminary support before they will be at a stage where the private sector can assume a lead role. It is also cost effective for the government to provide access to sophisticated equipment and personnel that can be shared among many researchers in both the private and public sectors. This has been done at the Department of Energy -- by supporting sophisticated imaging equipment that would be prohibitively costly for individual researchers or companies to purchase, a shared resource has accelerated our understanding in a number of research fields, including that of HIV. Such information can form the basis for targeted drug design and development. It is also unlikely that the free market will conduct head-to-head clinical trials of therapies that have been approved or in development. However, information about these therapies is important to improving patient care and ensuring that the Nation's health dollars are wisely spent. Similarly, it is unlikely that the private sector would support research for therapies that are in common use but about which little information is available, such as alternative treatments. Americans are spending millions of dollars per year on such therapies for which little is known. The government must ensure that treatments brought to market are safe and effective. Similarly, ensuring safety of the blood supply is a responsibility unlikely to be assumed by the private sector. These are areas where the Federal government must step in to serve and protect the Nation.

Research: An Investment for the Future. And finally, research is an investment in our future. It must receive consistent funding if we hope to bring the best and the brightest to solve the research challenges that will find a cure and a vaccine. At present, the NIH receives many more outstanding research applications than it is able to fund; these unfunded research ideas represent a lost opportunity for scientific progress. Research has been key to improving lives and the Nation must continue this investment.

Shouldn't you
briefly state
DOIs and VA research
program.

CARE & SERVICES

Same format
as Prevention
Overview?
Does Trust?

An important part of the National plan is to ensure appropriate care for all persons living with HIV and AIDS. Achieving this ambitious goal will require a true and dedicated alliance among the Federal government, states, the private sector, local communities, community-based organizations, clinics, families, and individuals.

Isn't safety net
what's there
when "society
falls" -
Medicaid / federal
programs are the
only ones
for people in US

→
The Medical Care Safety Net. Content pending status of negotiations at time of printing. At present, care and services are provided through a number of Federal agencies, many in cooperation with local organizations and the AIDS community who have admirably served those living with HIV. Taken together, these programs form an invaluable safety net for some of the most vulnerable people in our Nation. By far the largest sources of care for persons living with HIV are Medicaid and Medicare. For Americans living with HIV, Medicaid is the single largest source of health care financing, providing coverage for more than 50 percent of adults and more than 90 percent of children living with AIDS. Numbers on Medicare? A second major source of care is provided through Ryan White Comprehensive AIDS Resources Emergency Act (CARE) which is overseen by the Health Resources and Services Administration (HRSA). Titles I and II of the CARE Act provides funds for care, support services, and case management that are given to states and cities primarily on a

do you want to be specific and list what Title I, II, III will stand for. I think if you do it, may as well include it all

I'm not sure I like calling this section The medical safety net
If stick with it - Should include in overview many with ARs
spend down - somehow get across idea that heart system doesn't
work (for everyone and for people with ARs) so need these
safety net programs. Just seems like trying to hold onto status quo
(I know we are) but if show how fixing system would make it better
for everyone - until we do, need to preserve what we have.

at some point fixing it for everyone is bound to be cheaper than
increasing "safety net" for everyone who needs it. / i made this up

formula basis so the areas most affected by the epidemic receive a proportional share of available dollars. Title II also provides drug reimbursement for persons living with AIDS. **More?** Title III of the Act provides early intervention services such as counseling and testing, medical care, and educational services for medically underserved persons with the goal reducing HIV-related illness. Title IV seeks to increase the availability of care services for women, infants, children, and youth in a community-based family-centered system of care. HRSA also provides primary care to persons living with HIV through its Community Health Centers and Maternal and Child Health Programs. Housing assistance is provided by the Department of Housing and Urban Development (HUD) through their Housing Opportunities for Persons with AIDS (HOPWA) and other programs.

Are we doing
new from white
(add much
opportunities to
Title IV)
OPNS?
ETCs?

RS: -- Add #2

The challenge before us today, especially in light of the restricted fiscal environment, is to ensure that persons living with HIV receive the care they need so they may have the opportunity to live productive lives. To achieve this, AIDS care and service programs must build upon past successes, continue to improve their prioritizing, improve accountability, and increase the cost-effectiveness of services they provide.

We must continue to adequately fund the program that is the cornerstone of care -- Medicaid. Medicaid is the lifeline of

support to millions of Americans. It provides access to doctors, hospitals, and treatments -- the services that allow people to live longer more productive lives. [Present Congressional plans (may need to change ...) cut the Medicaid program overall by \$169 billion and turn it into a block grant which in effect reverses this Nation's 30 year National commitment to the poor and those in need. Cutting Medicaid to this level would cut the lifeline for millions of Americans, including those living with HIV and AIDS. Maintaining this program in a viable format must be a National priority.]

With the potential cuts in Medicaid and welfare, the importance of the public health safety net increases for all vulnerable populations -- disproportionately so for people with AIDS. This will require several responses. First, no one Federal program will be able to absorb the unmet need that may be created by proposed changes to the Medicaid, Medicare and welfare programs. All Federal programs, along with state and local organizations, must share the responsibility for serving and caring for people with AIDS. This must include the full integration of HIV-related care into programs that serve the needy, such as community health centers. Second, it is important for programs such as those funded under the CARE Act maintain sufficient funding so as to maintain the safety net. In addition, AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. Treatment

and primary care must come before ancillary services. ** Discuss

--It is not a prudent use of resources to provide services such as case management when a primary care services system does not have the resources to care for patients. And finally, the shift to managed care will have implications for programs such as the Ryan White Care Act programs. HRSA will need to provide more technical assistance to prepare grantees to work with and not against managed care.

*Controversial
I agree - many
will not -*

Housing Services. Housing is also an important element in the fight against AIDS. It is the foundation upon which any program of care or services must build. Without stable housing, a person with HIV/AIDS has diminished access to programs and services and

*Where is this
from?*

a diminished opportunity to live a productive life. It is estimated that 50 percent of persons living with HIV and AIDS will become homeless or are at risk for becoming homeless during the course of their illness.¹⁷ Persons living with HIV have an increased challenge in finding affordable housing on a limited income and finding appropriate housing with needed levels of support. The private market alone does not consistently meet the basic housing needs of persons living with HIV and their families, as housing must often be provided in connection with specialized services that enhance an individual's or family's ability to live independently. In addition, persons living with HIV must also overcome reduced housing options due to unfounded fears and prejudice regarding AIDS. The HOPWA program was

created in 1992 to provide communities with a tool to meet the increased need for resources, effective planning, and coordination with existing public and private efforts. It is estimated that the cost of providing housing services in a HOPWA-funded residential facility is far less than the average day in the hospital. The HOPWA program must be protected, but it must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV will require integrating housing services into other programs and ensuring a shared responsibility between Federal, state, local governments and community organizations.

Yeah Team
Add need coordination outside (revolving door aspects - and therefore prevention too)
Prisoners. There are also people, such as prisoners, who fall outside these traditional safety net programs. While most prisoners living with HIV are incarcerated in state and local prisons, medical care for Federal prisoners is provided under the direction of the Department of Justice's (DOJ) Bureau of Prisons (BOP). Ensuring access to quality care for incarcerated persons is especially challenging. Prisoners do not have the choice of seeking care and are dependent upon the Bureau of Prisons to ensure that appropriate care is provided. They also may have difficulties regarding confidentiality, trust, and access to research opportunities that do not face the non-incarcerated population. Improving access to appropriate HIV-related care in prisons must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and

that have experience with providing care and agencies which have responsibility for providing care for prisoners.

Standards for
Evaluation. Strong Federal support for these safety net programs must go hand-in-hand with improved accountability and priority setting. We must ensure that these programs consistently provide quality care. Through the efforts of researchers and clinicians, we have shown that we can do HIV treatment well, but we do not do so consistently throughout the health care system. Ensuring this consistency will require increased training for all health care professionals and more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

Program Coordination. For care and services to have the most beneficial impact they must be coordinated and comprehensive. However, for organizations on the front lines of the epidemic, putting together a comprehensive integrated program requires applying to numerous Federal agencies. For example, putting together a program that integrates primary care with substance abuse treatment and prevention, and sexually transmitted disease screening and prevention would require separate applications to SAMSHA, HRSA, and CDC. Adding housing assistance and a research component would require additional applications to HUD and the NIH. The Federal government needs to simplify its funding

structures so that primary care, prevention, and treatment can be integrated in order to provide HIV-infected persons and persons at risk for HIV, such as substance abusers and their partners, cost-effective integrated services. Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities. Evaluating current activities can provide valuable information for planners and those on the frontlines of the epidemic. It can assist us in providing better care to persons living with HIV. In an era of limited resources coupled with a demand for high quality, cost effective services, we must use all the tools available to us if we are to help those persons living with HIV.

INTERNATIONAL ACTIVITIES

HIV and AIDS are a global pandemic. In the United States it is estimated that 800,000 people are currently infected.

Internationally, the World Health Organization (WHO) estimates that 18 million are currently infected, two to three million new HIV infections can be expected annually, and by the year 2000, thirty to forty million people will have been infected.

Unfortunately, unlike other infectious disease epidemics such as cholera or plague, AIDS is not likely to run its course and subside.

Some say it will.

This pandemic presents a unique set of health, social, economic, and political challenges. It most usually affects people aged 25 to 44, those in the most productive years of life. The incubation period from initial infection to disease onset can be many years, during which time the infection may unknowingly be spread. The WHO estimates that there will be 10 to 15 million orphans worldwide attributable to HIV/AIDS by the year 2000. In Africa and Asia, economic advances are threatened, and in some cases, may be reversed due to the pandemic of HIV and AIDS. Socio-economic studies have shown decreased in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and a reduction in receipts from tourism.¹⁸ Governments will be forced to cope with increasing numbers of cases, weakened health

care systems, a deleterious economic impact on the most productive segments of society, and the reduction in the number of healthy men and women to serve in the military.

Due to the global nature of the pandemic, its negative impact on both developed and developing countries cannot be overstated. It is clear that if we do not stop the pandemic globally, we will not be able to halt its spread in the United States.

At present several Federal agencies are working on slowing the pandemic worldwide. The Department of State has worked with other departments, agencies, and community-based organizations to develop a framework to guide U.S. international activities, to prevent new infections, reduce the personal and social impact, and to mobilize and unify national and international efforts. The U.S. Agency for International Development (USAID) supports a range of activities that strengthen local efforts to combat the epidemic. The U.S. Information Agency (USIA) supports programs that promote dissemination of U.S. policies and information related to HIV and AIDS, while the Peace Corps trains a portion of its volunteers to directly address HIV-related concerns in their Nations of placement. In addition, a number of agencies support research overseas, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the Department of Defense (DOD). For example, the DOD supports research overseas including trials of candidate HIV vaccines.

NIH (working in collaboration with USAID), supports basic scientific studies on social and behavioral aspects of AIDS in developing countries. The results of the studies ultimately will be used to develop interventions to reduce behaviors that place individuals at risk for contracting HIV infection.

*take two sentences
is, and explain what it*

International Leadership. Internationally, the United States has established a global leadership role in combatting the epidemic. This leadership must continue. The U.S. strongly supports and co-sponsored the newly established Joint United Nations Programme on AIDS (UNAIDS). Moreover, the Director of the Office of National AIDS Policy leads the U.S. delegation to the governing body of the new global program. Supporting UNAIDS demonstrates the U.S.'s commitment to working with other countries to bring this epidemic to an end. The U.S. also supports efforts to coordinate diminishing resources as well as encourage non-traditional donor countries to provide much needed contributions. Supporting UNAIDS and its innovative programmatic efforts, and its goal of assuring that treatments and vaccines are made available is not only morally fitting, also protects U.S. interests by promoting economic and social stability worldwide.

Program Coordination. One of the most challenging aspects of the U.S. effort is effective coordination among a host of agencies with varied missions and activities. The State Department and agencies such as USAID and USIA are primarily focused on country-

specific activities, which include many HIV-related objectives. Research agencies, such as NIH and CDC, plan their activities not around where they take place, but around scientific gaps and interests. These differences in focus present challenges in effectively planning, coordinating, and evaluating the overall U.S. international effort. Therefore, in order to improve the U.S. international effort, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a mechanism for identifying and coordinating this effort.

INFORMATION DISSEMINATION

One of the most important elements in our fight against AIDS is ensuring that hard won research advances are translated into practice (i.e., ensuring that new knowledge is incorporated into standard medical practice of clinicians caring for persons living with HIV). The increasing presence of HIV in every community necessitates that all health care providers become knowledgeable about caring for persons with HIV. Improving the translation of research advances into daily clinical practice will require an ongoing collaborative effort on the part of the Federal government, individual health care providers, medical schools, professional organizations, international organizations, health centers and hospitals, and other parts of the private sector.

Information dissemination activities fall under the missions of several agencies. The National Institutes of Health (NIH) supports a broad range of efforts including a "Clinical Alerts" mechanism for the dissemination of clinical trials results to health professionals, the media, and the general public. NIH also supports publicly available computerized databases such as AIDSDRUGS, AIDSTRIALS, and AIDSLINE in addition to a toll-free 1-800 TRIALS-A AIDS Clinical Trials Information Service (ACTIS). The Centers for Disease Control and Prevention (CDC) also disseminates information through hotlines such as its toll-free 1-800-HIV 0440 HIV/AIDS Treatment Information Service (ATIS) and

the AIDS Information Clearinghouse. In addition, the CDC issues guidelines for health professionals through its *Morbidity and Mortality Weekly Report*; such guidelines have included The U.S. Public Health Service Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women. The Agency for Health Care Policy and Research (AHCPR) has published a series of HIV-related clinical practice guidelines for clinicians and companion pamphlets for their patients; an example^{of} these materials are clinician guidelines for the evaluation and management of early HIV infection. The Health Resources and Services Administration has also developed ~~standard-of-care guidelines~~ for its CARE Act grantees. *I think NIH has done alot on info dissemination - Ellen Stover*

Due in part to federally-sponsored information dissemination activities, dramatic changes in the way HIV is treated have taken place over the last 15 years. In the beginning of the epidemic little was known about effective treatments; care was primarily hospital-based and focused on the most severe complications of late-stage HIV disease. Now, with more knowledge about the course of HIV disease available to clinicians, there is an increased focus on prophylaxis for a range of infections in a primarily outpatient setting. Individual agency projects have been productive in facilitating this change, such as the Comprehensive Guidelines for the Prevention of Opportunistic Infections in HIV-Infected Persons developed collaboratively between the CDC, NIH, and The Infectious Disease Society of

America (IDSA). NIH's state-of-the-art conferences have also contributed to improving the translation of research results into clinical practice.

However, despite these successes, there are still areas for improvement. For example, an AHCPR-supported study indicated that primary care physicians miss significant HIV-related symptoms during patient examinations.¹⁹ Other research indicates that a disturbing number of clinicians are not aware of or do not use universal precautions in the course of routine patient care.²⁰ We are also at a stage, unlike in the beginning of the epidemic, where research advances are coming more frequently. In the case of the NIH study which demonstrated it is possible to block perinatal transmission by administering a specific AZT regimen to the mother and baby, it became clear that this scientific breakthrough required a change in the standard-of-care. This change also required the development of new testing and counseling guidelines to reflect the new options available to women. And it meant that for patients enrolled in Medicaid and Medicare to receive access to this breakthrough, a policy change on the part of the Health Care Financing Administration (HCFA) would be required.

(Did this happen?)

Coordination of Federal Activities. The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies. Ensuring that information

about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

Improved information dissemination efforts are also needed in the area of primary prevention models. As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

Coordination is key - and
Again - info should be
comp for clinicians - they
shouldn't have to go to
3 or 4 separate documents
to know what to
do for
HIV -
1) Acceptance
2) 015
3) 074

Again - putting it
in one place would be
helpful i.e Coats Chai
Article on what exists/
What works to start.

CIVIL RIGHTS

*Same order
as text
International
Covers Before
Civil Rights*

One of the Nation's common goals is to ensure the ethical treatment of persons with AIDS. Discrimination based on HIV status, is morally wrong and undermines the Nation's efforts to prevent and treat HIV infection and bring the epidemic under control. Because of fear of discrimination and stigma, many people do not voluntarily seek testing for HIV. As a result they remain unaware of their HIV status and cannot take advantage of care that could help them live longer more productive lives. In addition, opportunities to educate people are lost and they may not engage in behaviors that will prevent the spread of infection to others.

*Sounds
Seems
a while
not*

The Nation has made progress in fighting discrimination. The enactment of the Americans with Disabilities Act of 1990 provided protection against HIV-related discrimination in employment, housing, and public accommodations. However, the enactment of the ADA in and of itself is insufficient to end discrimination. We as a Nation ~~we~~ need to be vigilant in our efforts to fight discrimination. This is a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. (President Clinton and his Administration) ^{deputize} is committed to speaking out and standing firm against discrimination, as he has done on numerous occasions -- for when one person faces discrimination we are all diminished.

Federal and State laws do exist to protect persons with HIV. Many of the more common legal issues faced by people living with HIV and AIDS, such as family law issues, estate planning, landlord/tenant problems are regulated by state law. The primary source of Federal statutory protection for people living with AIDS is the Americans with Disabilities Act of 1990 (ADA).

(Federal agencies are prohibited from discriminating against people with disabilities under the Rehabilitation Act of 1973.)

Title I of the ADA prohibits discrimination against qualified disabled individuals in employment settings. The Equal Employment Opportunity Commission (EEOC) is responsible for enforcing Title I. Title II of the ADA prohibits discrimination on the basis of disability with regard to public services while Title III prohibits discrimination on the basis of disability in public accommodations. The Department of Justice (DOJ) is responsible for enforcing Titles II and III. The Health Care Financing Administration (HCFA) also enforces regulations regarding the treatment of HIV-infected persons.

another sentence to explain a little more

The Federal government has aggressively and successfully prosecuted private sector violations of the ADA. These efforts will continue. Under this provision the government has been extremely successful in prosecuting a range of cases, including clinicians who have refused to care for HIV infected patients and employers who have dismissed persons based on their actual or perceived HIV status. In addition to ongoing efforts, a joint

Department of Justice and Health and Human Services program will
seek to combat nursing home discrimination against persons living
with AIDS.

The Federal government must also actively work to remedy any of
its own existing discriminatory policies. In order to identify
areas of possible concern, the Director of the Office of National
AIDS Policy, to conduct a systematic review of agency and
department testing programs. The Administration will also oppose
Congressional attempts to force discharge of infected military
personnel who are still able to serve their country.

hasn't this been
going on for
awhile - i
remember. a
Cox when
Sam Matheny
was here

might want to
be a little more
proactive if you can -
12. Within X days
some may say we have bloopers.
Peace Corp. State Dept, military
~~but not you~~ it shouldn't take too long
to review. At least if you have a date
there seems to be a sense of urgency.

KSP

■ Budget Tables

■ Glossary/Acronym List

Acronyms:

ACTG	AIDS Clinical Trial Group	(what is AZTU difference between two)
ADA	Americans with Disabilities Act of 1990	
ADC	AIDS Dementia Complex	
AHCPR	Agency for Health Care Policy and Research	
AIDS	Acquired Immune Deficiency Syndrome	
AOD	Alcohol and other drugs	
ATOD	Alcohol, tobacco, and other drugs	
ATSP	?? (from USAID's plan)	
BCC	?? (from USAID's plan)	
BOP	Bureau of Prisons	
CARE	Ryan White Comprehensive AIDS Resources Emergency Act	
CDC	The Centers for Disease Control and Prevention	
CMV		
CNS	Central Nervous System	
CPCRA	Terry Beirn Community Programs for Clinical Research on AIDS	
DOJ	Department of Justice	

DOL Department of Labor

EEOC Equal Employment Opportunity Commission

FDA Food and Drug Administration

GCRC General Clinical Research Centers Program

HCFA Health Care Financing Administration

HIV Human Immunodeficiency Virus

HOPWA Housing Opportunities for Persons with AIDS

HRSA Health Resources and Services Administration

HSV Herpes Simplex Virus

HUD Department of Housing and Urban Development

HTLV-1

ICD Institute^(s), Center^(s), Divisions

IDTF Interdepartmental Task Force on HIV and AIDS

IHS Indian Health Service

IOM Institute of Medicine

JC xxxxxxxx virus

MAI

MTB *Mycobacterium tuberculosis*

NCCR	National Center for Research Resources - what is this
NGO	Non-governmental Organization
NIDA	
NIH	National Institutes of Health
NREN	National Research and Education Network - what is this
OAR	Office of AIDS Research
OI	Opportunistic Infection
OMB	Office of Management and Budget
PCP	<i>Pneumocystis carinii</i> pneumonia
PHS	Public Health Service
PLWH	?? (from USAID's plan) People living with HIV?
PSA	Public Service Announcement
PVO	Private Voluntary Organization
PWA	Person with AIDS
RFIP	Research Facilities Infrastructure Program (NIH)
RPRC	Regional Primate Research Center (NIH)
RWCA	Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Ryan White Care Act?
SAMHSA	Substance Abuse and Mental Health Services Administration
SPF	Specific Pathogen-Free
SSA	Social Security Administration
SSI	Supplemental Security Income

TA Technical Assistance

UNAIDS

USAID

USIA

WHO World Health Organization

Glossary:

Best Practice: Used by USAID

Incidence:

Population-based: type of epi study -- look at old epi books.

Prevalence:

Primary Prevention:

Secondary Prevention:

Social marketing: application of commercial marketing
 strategies to social issues, is one method
 that can be used to encourage behavior change
 and maintain behaviors.

Surrogate Marker:

Translation to Practice:

ACTG 076:

Appendix:

IDTF Members

Summary of Promises

PREVENTION --

- Trends in the epidemic must be taken into consideration when prioritizing research and service programs.
- We need to collect this type of data in tandem with an enhanced effort to link surveillance and epidemiological data to priority setting, the design, and evaluation of prevention programs. These needs require that the CDC re-evaluate and reconfigure its data collection efforts; such a shift may require reconfiguring of currently collected data to address these needs.
- Agencies supporting behavioral research must improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. *** Agencies supporting behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. ***
- Agencies supporting social marketing activities need to strengthen our efforts to understanding barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, it is also

How does this relate to priorities on page 14
(Should have essentially same language as in text or one version unless using this for something else i.e. recommendations)

critical to strongly support the provision of technical assistance, and training, and a community-based effort that would test these models in a real-world setting.

■ TA for community planning. However, this process is early in its development and will require technical assistance from _____ if it is to fulfill its potential for good priority setting and decision making.

■ Improve the integration of HIV prevention and substance abuse programs.

■ In addition to our efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches for when treatment fails *or won't there*

■ Given the continuing and growing public health threat posed by the HIV epidemic, needle exchange programs deserve ~~re~~consideration by local communities as a possible intervention in the face of this public health emergency.

■ It must be part of the Federal response to increase the availability of treatments slots.

■ And finally, to reach our prevention goals, we must improve the integration of prevention activities and messages into primary

health care services. Achieving this level of integration will require the active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, professional organizations in addition to local and Federal governments.

- Maintaining Medicaid and Medicare

out of place: there

RESEARCH

- It is research that will enable us to reach these goals and ^{prevention?} ^{reward} until they are a reality, the Nation must provide solid ongoing support for basic and clinical research.

- It is essential that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained.

- ^{omit} [?] ^{this ~~good~~ promise isn't exactly related to authority granted OAR in legislation} To achieve this the Director of the Office of National AIDS

Policy will coordinate an inter-departmental working group to be chaired by the Director of the Office of AIDS Research to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.

- In order to identify areas for fruitful collaboration and accelerate the pace the Vice President will convene a meeting of

Wasn't this purpose? Not as a drug developer
TF, - another reason to do it? - ^{yes} ~~show~~ leadership, national will?

government scientists and leaders of the pharmaceutical and biotechnology companies to identify barriers to the development of vaccines, therapeutics, and topical microbicides.

■ It is vitally important that serious consideration is given to all the data that are available and that that information is shared and used by scientists as we move forward in vaccine development process.

?
Was this in
text? what
does it mean

■ With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the efficacy studies, currently mandated by law are carried out.

Wasn't phrased like
this in text

■ The Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

- relates to info
dissemination, coordinated
approach comp.,
integrated

■ These are areas of market failures where the government must step in to serve and protect the Nation, i.e. vaccine development; access to sophisticated equipment and personnel; head-to-head clinical trials; alternative treatments; ensuring safety of the blood supply.

CARE & SERVICES

■ Maintaining Medicaid in a viable format must be a National priority.

■ All Federal programs, along with state and local organizations, must bear the share of the responsibility for serving and caring for people with AIDS. This must include the integration of HIV-related care into community health centers.

*why are we
singling out CHCs?*

■ Maintain sufficient funding for CARE Act.

do we need to define - we've outgrown bill funding

■ AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. (Treatment and primary care must come before ancillary services. It is not prudent use of resources to have a perfect case management system if there is no primary care system into which to case manage patients.)

*Again -
controversial*

*Do feds get to tell
people how to act/what to fund - local control? -- Again, I agree
but many will not. Reword perhaps to say it without another way.*

■ And finally, the shift to managed care will have implications for programs such as the Ryan White Care Act programs. HRSA will need to provide more technical assistance to prepare grantees to work with and not against managed care.

*Managed
Care mentioned
in text?*

*controversial - do feds get to tell
people how to act (local
control)*

■ The HOPWA program must be protected, but must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV must be a shared responsibility between Federal,

state, local governments and community organizations

■ Improving access to appropriate HIV-related care for prisoners must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and that have experience with providing care and agencies which have responsibility for providing care for prisoners. *Medical Care for*

just Prisoners Overall is a big Problem are we sure this can be accomplished by effective collaboration & consultation?

■ Ensuring ~~this~~ consistency in clinical care will require increased training for all health care professionals in addition to more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

■ Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

■ And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities.

CIVIL RIGHTS

*Out of order as in text
after 2nd
and 2nd Discontinuation*

■ Ending discrimination -- This a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. The President and his Administration will assert leadership on this front. *if you say this here - need to be prepared to say it elsewhere. I think we need leadership on all fronts*

■ The Federal government will continue to aggressively pursue and prosecute private sector violations of the ADA. In addition, a joint Department of Justice and Health and Human Services program will seek to combat nursing home discrimination against persons living with AIDS.

■ The Federal government must also actively work to remedy any of its own existing discriminatory policies. In order to identify areas of possible concern, the Director of the Office of National AIDS Policy to conduct a systematic review of agency and department testing programs. The Administration will also oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country.

INTERNATIONAL ACTIVITIES

■ Support for UNAIDS

■ ~~Therefore~~, in order improve the U.S. international effort, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a

mechanism for identifying and coordinating this effort.

INFORMATION DISSEMINATION

■ The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies. Ensuring that information about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

■ Improved information dissemination efforts are also needed in the area of primary prevention models. As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

1. National Commission on AIDS ...
2. Check reference -- possible CDC surveillance data
3. Department of Labor -- confirm.
4.

Cancer	111,874 YPLL (in thousands)
Unintentional Injuries	1,796
Heart Diseases	1,324
HIV/AIDS	1,056
5. Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency Syndrome (AIDS), Public Health Reports 100:453-455, September-October, 1985.
6. Coolfont Report. A PHS plan for the Prevention and Control of AIDS and the AIDS Virus. Public Health Reports 101:341-348, July-August 1986.
7. Report of the Second Public Health Service AIDS Prevention and Control Conference. Public Health Reports. Vol. 103 Supplement No.1 (Revised). 1988.
8. The Public Health Service Strategic Plan to Combat HIV & AIDS in the United States. U.S. Department of Health and Human Services. 1992.
9. AIDS: An Expanding Tragedy. The Final Report of the National Commission on AIDS. Washington, DC. 1993.
10. The CDC Advisory Committee on the Prevention of HIV Infection. External Review of HIV Prevention Strategies. **DATE.**
11. AIDS and Behavior: An Integrated Approach. p.79.
12. AIDS and Behavior: An Integrated Approach. Judith D. Auerbach, Christian Wypijewska, and H. Keith H. Brodie, Editors. Institute of Medicine. National Academy Press. Washington, DC. 1994.
13. AIDS and Behavior: An Integrated Approach
14. JAMA article used in PRIM&R speech
15. Don C. Des Jarlais, Holly Hagan, Samuel R. Friedman, Patricia Friedmann, David Goldberg, Martin Frischer, Steven Green, Kerstin Tunving, Bengt Ljungberg, Alex Wodak, Michael Ross, David Purchase, Margaret E. Millson, Ted Myers. Maintaining Low HIV Seroprevalence in Populations of Injecting Drug Users. JAMA, October 18, 1995 -- Vol. 274, No. 15. pp 1226-1231.

16. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Jacques Normand, David Vlahov, and Lincoln E. Moses, Editors. National Academy Press, Washington, DC. 1995

17. National Commission on AIDS. Final Report. 1993.

18. Reference from LaHoma ...

19. Douglas S. Paauw, Marjorie D. Wenrich, J. Randall Curtis, Jan D. Carline, Paul G. Ramwey. Ability of Primary Care Physicians to Recognize Physical Finding Associated with HIV Infection. *JAMA*. 1995; 274:1380-1382.

20. AHCPR???

FIGURE
~~CHART~~ #1

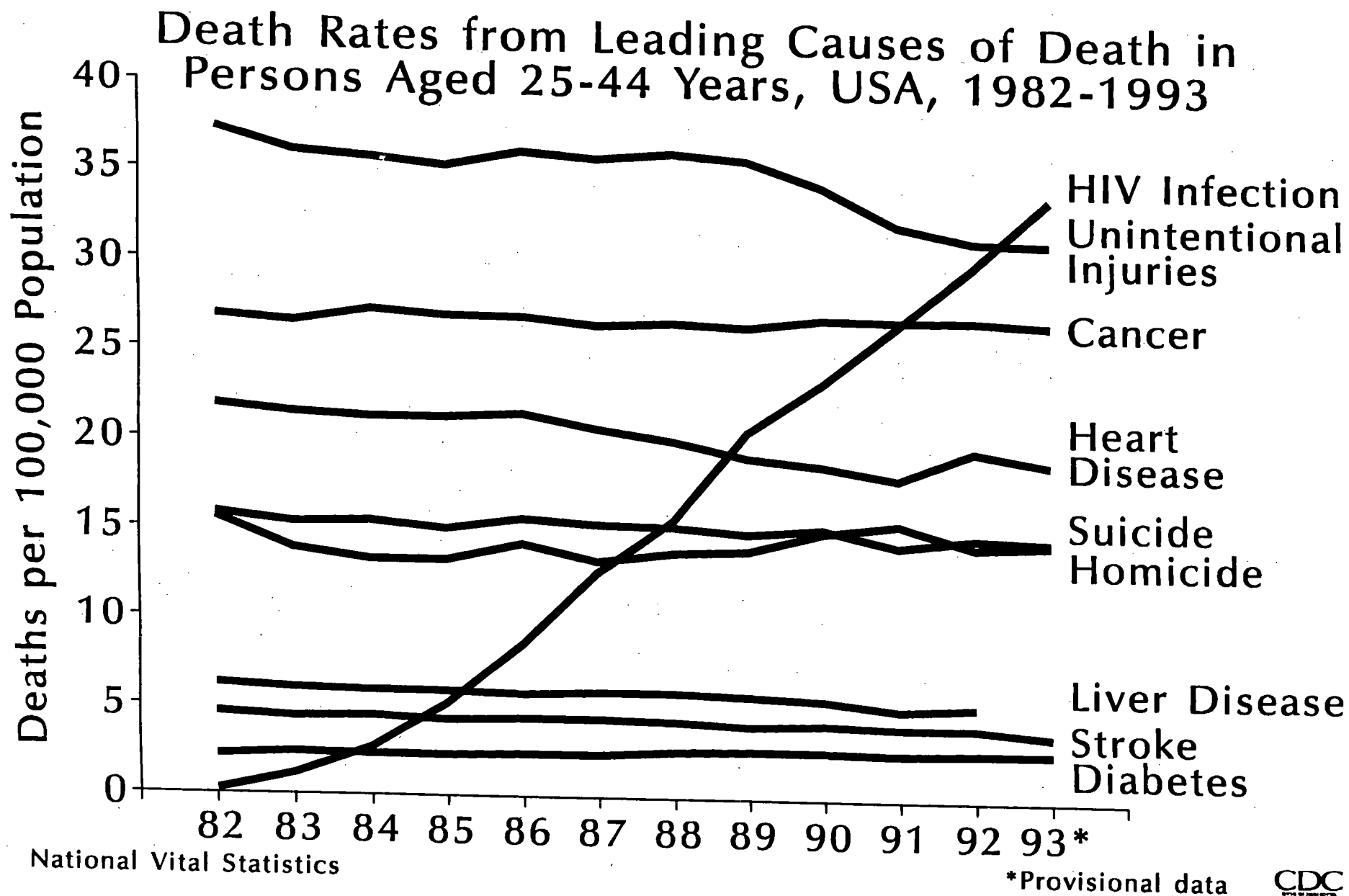
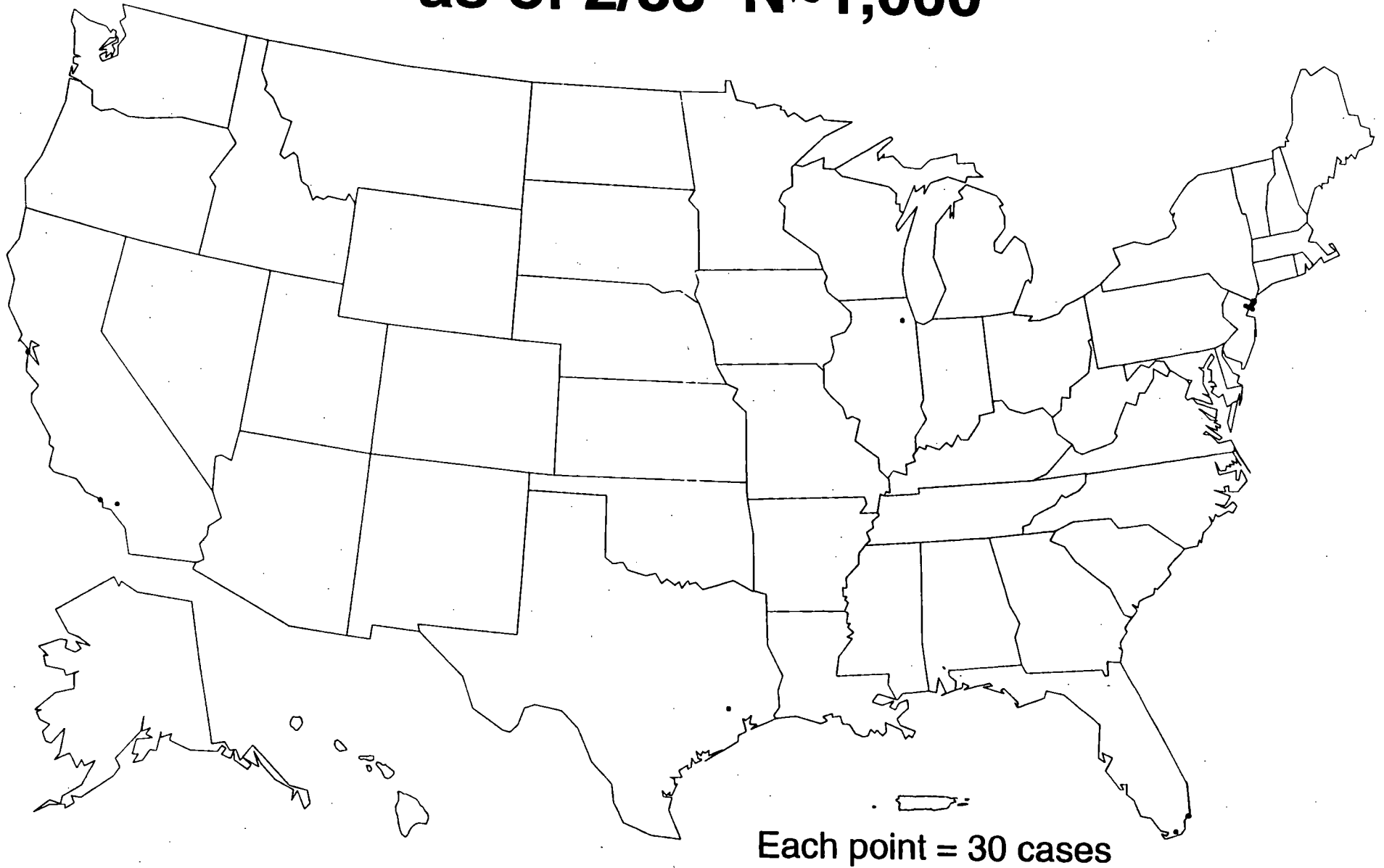
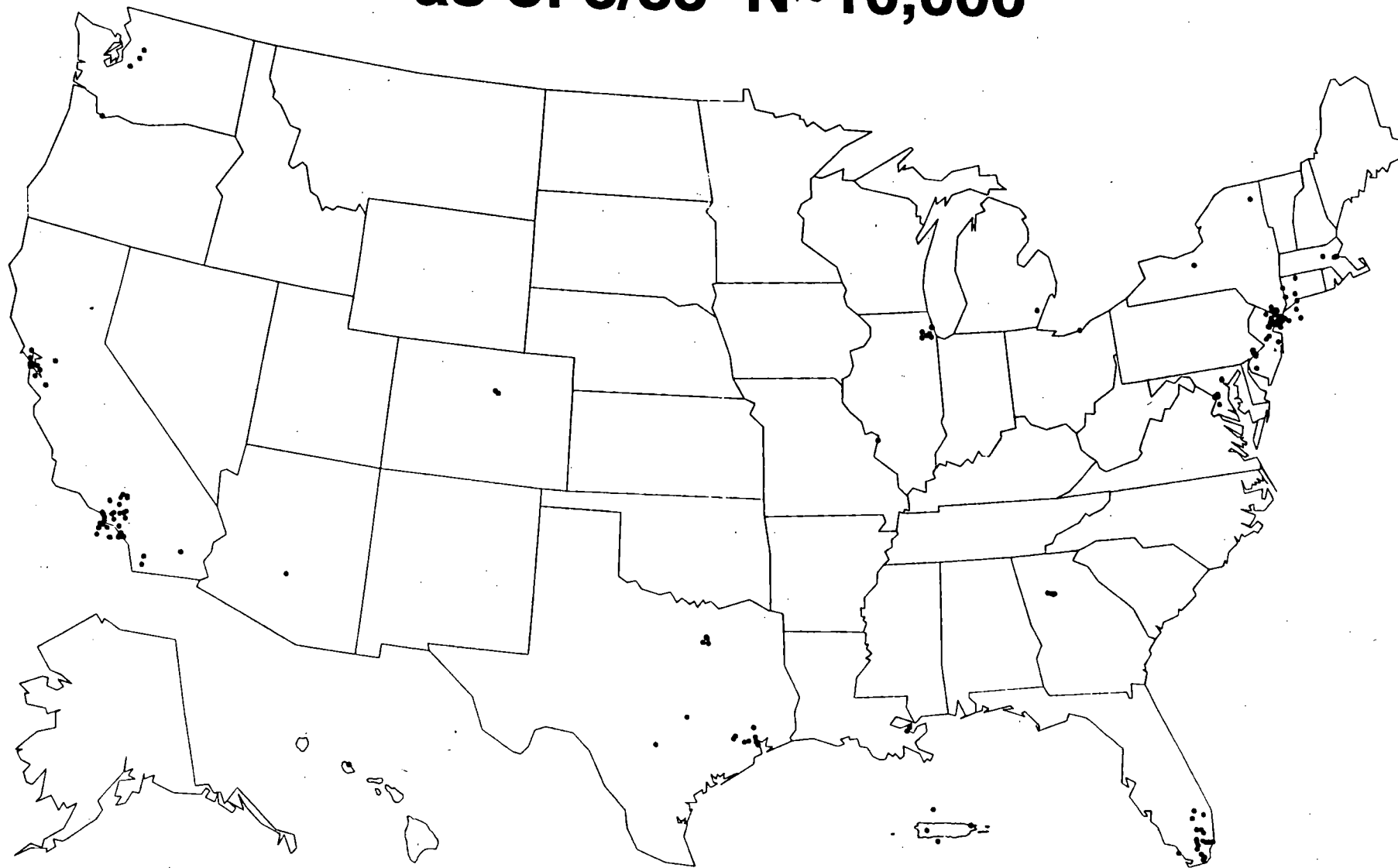


FIGURE #2

Cumulative U.S. AIDS Cases as of 2/83 N~1,000

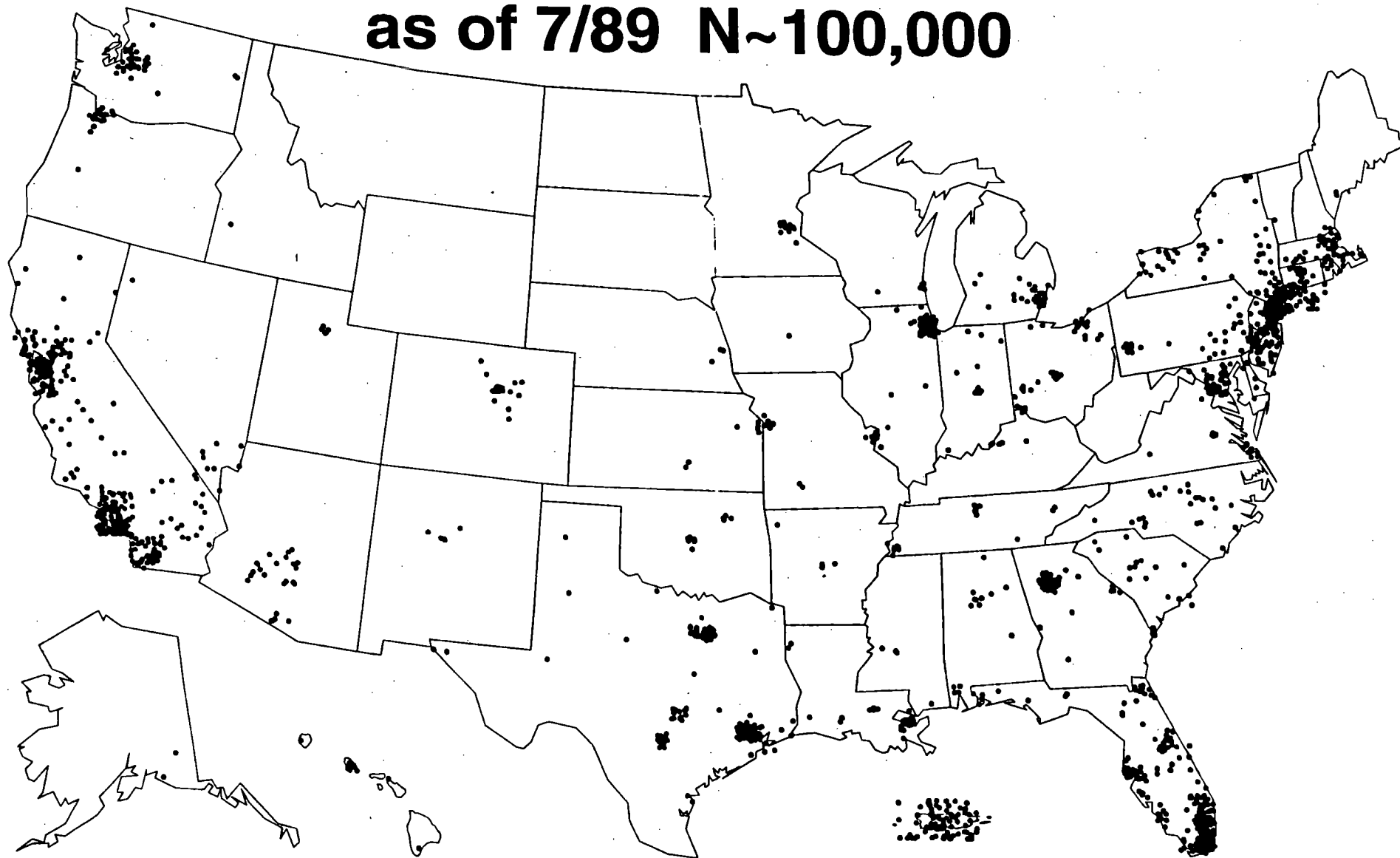


Cumulative U. S. AIDS Cases as of 5/85 N~10,000



Each point = 30 cases

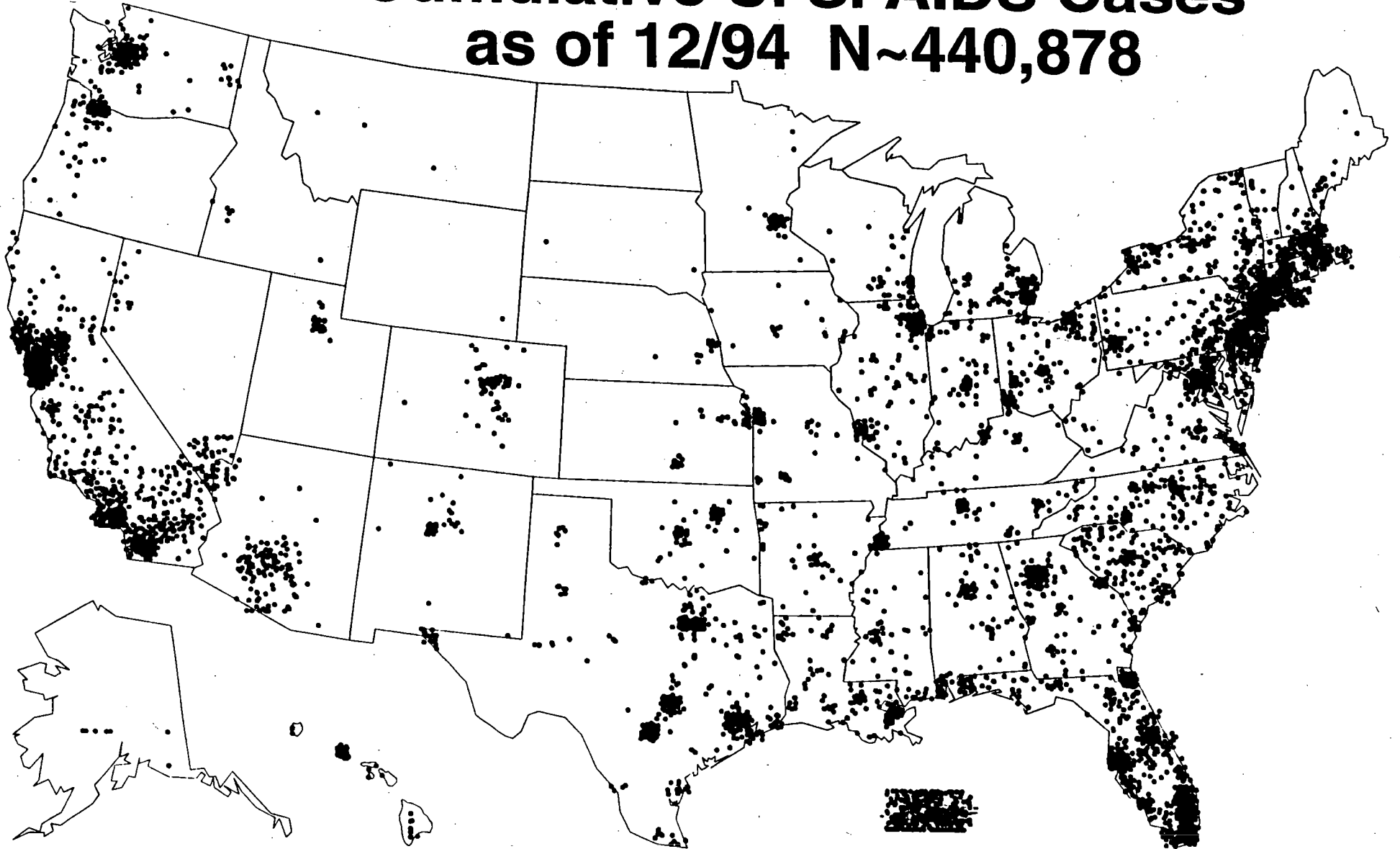
Cumulative U.S. AIDS Cases as of 7/89 N~100,000



Each point = 30 cases

CHARTER

Cumulative U. S. AIDS Cases as of 12/94 N~440,878



Each point = 30 cases

JS

TABLE OF CONTENTS

Letter from PF/Acknowledgments

Executive Summary

Scope of the HIV/AIDS Pandemic

An Expanding Public Health Threat
The Social Impact

Goal of National Plan

Common Goals & Priority Areas
Challenge of the HIV Epidemic

Description of Activities

Overview of Activities

PREVENTION

RESEARCH

SERVICES

CIVIL RIGHTS

INFORMATION DISSEMINATION

INTERNATIONAL ACTIVITIES

3-5 important things
① document of S.O.C.
② harm reduction
③ 90-day plan +
VP plan
④ Review of testing
sub
⑤

Appendices:

Budget Tables

Acronym List

Glossary

List of Members of the Interdepartmental Task Force on AIDS

JS - how reaction, editing, consistency.

JS Clinton sub -

name of plan

plan, objectives,

process by which priorities were picked.

OR don't call them priorities

short - appendices

Promises summary - same order + language.

Letter from PF/Acknowledgments

RS - something on ONAP role

The national epidemic and international pandemic of HIV and AIDS is a public health crisis of unprecedented proportions. As President Clinton has observed -- HIV/AIDS is the health crisis of this century. The Clinton Administration believes that the HIV/AIDS epidemic poses a continuing public health crisis that requires solid support for multiple approaches to finding a cure. *vaccine*
~~And until a cure is found~~ we must also persevere in our efforts to promote prevention, research, treatment, ^{and} care, ^{for} and ethical treatment of persons with AIDS.

too choppy
This is the first time a government-wide national plan has been developed for fighting HIV. *And for the first time* [It links programs to national *Lattoma* objectives.] A plan of this nature was one of the recommendations put forth in 1993 by the National Commission on AIDS. The President, as part of his strong commitment to assuring an efficient coordinated effort, requested that the Office of National AIDS Policy develop ^{this} a comprehensive plan to guide the federal response to this epidemic.

gov't (define)
True agency-wide planning requires a commitment ^{from} at all levels of government to work together toward clearly defined goals.

Therefore, this plan for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF) a request went out for the agencies to identify their

difference

activities, goals, and objectives. I would like to thank and credit the agencies for the time and attention given by their staffs in developing the individual portions of the comprehensive plan. With leadership from the President and in cooperation with the members of the IDTF, we have taken steps never before taken to prospectively assess and map out future action. As presented here, the national plan sets a baseline of where we are government-wide, links goals to budget objectives, and guides us in refining our goals and objectives in response to the changing face of the epidemic of HIV and AIDS. It is intended to be a living document that will require annual updating as goals are reached and replaced with new challenges.

overarching
The purpose of the comprehensive national plan presented here is to set forth common goals and priorities *for 1996* ⁱⁿ for charting our course in combatting the epidemic of HIV and AIDS. It ~~also~~ includes an accounting of current Federal activities in the areas of prevention, research, services, information dissemination, international activities, and civil rights. This document is meant to complement other planning documents such as the legislatively mandated NIH plan and the U.S. International Strategy on HIV/AIDS. *"Build on" ---*
ambiguity

how is contracted

This epidemic challenges our Nation on many fronts. Because of how ^{HIV} it is most often contracted, through sex and drug ^{use} ~~abuse~~, topics difficult for many Americans to confront directly, HIV has

challenged us to look at things we would prefer to avoid. We are also confronted by fear -- fear of contracting this disease and unwarranted fear of those who are infected. Fifteen years into this epidemic, those persons living with HIV still endure daily prejudice and discrimination based on their HIV status. We are *also* challenged by the inadequacy of a social and health care infrastructure -- a system that is woefully unprepared to address the needs of the HIV-infected. Moreover, the safety net provided by programs such as Medicare and Medicaid is being threatened by funding changes. Scientifically, we have made much progress, but the virus continues to be a formidable adversary, testing the best and brightest among us to find a cure.

But despite the difficulties, AIDS has also brought forth the compassionate and caring capacity of this nation. In my many meetings around the country with persons living with HIV I have been inspired by their personal courage. I have been impressed by the compassion of those who care for the sick and the communities that have risen to the challenge of caring for their fellow citizens. It is an example of how this Nation can rise to meet the most difficult challenges placed in its path. *Moreover, And these* These Americans living with HIV, their families, and their communities deserve a thoughtful, effective, and aggressive plan to combat this epidemic.

~~There are those who would say that AIDS receives enough funding,~~

Add more info. about pending on other diseases.
~~that other diseases are more worthy of federal funding. They are~~

~~wrong.~~ The epidemic of HIV and AIDS already threatens the economic progress of many countries around the world. In the United States HIV is now the leading cause of death among Americans aged 25-44. This is not a time to stop but to move forward and build upon our efforts -- the future of our ^{*Nation and our*} children depend on it.

This is a time of great challenges and great opportunity. And while AIDS is a terrifying tragedy that has already affected too many people around the world, I believe it is a disease that we can defeat -- just as we have defeated polio, smallpox, many forms of cancer, and other scourges in the history of our Nation. We will be able to win are battle with HIV and AIDS with commitment, courage, and leadership.

Executive Summary -- Holding place ...

TK comment from RS

- Letter from PF/Acknowledgments *[In separate executive summary]*
- AIDS Demographics, shifting demographics
- Plan is the first of its kind
- Three goals and the six priority areas
- The plan has been organized by the following substantive areas
- Brief summary of federally sponsored activities in various areas

PREVENTION

RESEARCH

SERVICES

INTERNATIONAL ACTIVITIES

INFORMATION DISSEMINATION

CIVIL RIGHTS

Scope of the HIV/AIDS Pandemic --

The pandemic of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) presents unique social, economic, and public health challenges to people and governments here in the United States and worldwide. Unlike other infectious diseases that have arisen over the course of history, HIV is infectious for life and almost always fatal. This national and international pandemic of HIV disease, now well into its second decade, is progressing virtually unabated. It also remains a deadly infection for which there are limited treatments, no vaccine, and no cure.

An Expanding Public Health Threat

Use same fig
As of October 1995, the Centers for Disease Control and Prevention (CDC) reports that ~~5xx,xxx~~ cases of AIDS have been reported in the U.S. and an estimated ~~3xx,xxx~~ Americans have died as a result of complications related to HIV. Since 1987, AIDS has gone from being the 15th ranked cause of the death to the 8th and it is now the leading cause of death among all Americans aged 25-44. (See ~~chart~~ *figure* #1). In 1994 alone, approximately ~~81,000~~ new cases of AIDS were reported to the CDC and nearly ~~44,000~~ Americans died of AIDS-related causes in ~~1994~~ *this same year*. The CDC estimates that between ~~40,000 and 60,000~~ Americans are becoming newly infected with HIV each year, and that between ~~800,000 and one~~

percentage (%)
otherwise

million Americans are currently living with HIV.

In addition to the ongoing increase in infections, the demographics of the epidemic have been shifting. The early years of the epidemic were dominated by cases involving gay or bisexual men living in major urban centers, such as New York, San Francisco, and Los Angeles; this group now represents less than half (43%) of all new cases. Among the populations being more heavily affected now are young men between and 20 and 24 (53% of cases in 1994 of whom are young gay men of color), and women (18%), and heterosexual injecting drug users (24%). In 1994 alone, more than 14,000 women were diagnosed with AIDS and women now comprise 21% of cumulatively reported HIV infections. It is estimated that if this trend continues, 80,000 American children will have been orphaned by AIDS by the end of this decade. As of June 1995, pediatric cases have been on the rise (although this trend will hopefully be reversed with the implementation of the recommendations for the administration of AZT during pregnancy and to the infants after birth). In 1994 alone, more than 1,000 new pediatric AIDS cases were reported -- an 8% increase in just one year.

A large # of young men being diagnosed #s.

Don't forget gay men...

Pediatric cases have been on the rise since October 1993, been consistently increasing

based on data as through Oct footnote

It is hoped that with the implementation this trend will be reversed.

Communities of color are now being more severely and disproportionately affected. As of June 1995, African-Americans accounted for 34% of cumulatively reported AIDS cases, while representing 12% of the general population. Hispanics represented

Can I give the interns things to track down?

*Updated - lines + dot map

One year data - population increase.
In 1981 accounted for x, in Oct. 1995, accounted for y.

17% of new cases through June 1995, although this group represents only x% of the general population. Moreover, gay men of color account for %, # of the [JL stat]

The ratio of cases due to various modes of transmission...
Common modes of transmission are also changing. The CDC estimates that in the United States more than 50% of all new cases are now related directly or indirectly to substance abuse, particularly the use of injectable drugs. As a result, the prevalence of HIV infection in injecting drug users (IDUs) and their sexual partners and their children is rising.

SA cases - directly/indirectly

Moreover, AIDS is no longer just an urban problem. AIDS cases have been reported in all 50 states, the District of Columbia, Puerto Rico, and each of the American territories. (See table #2). The HIV/AIDS pandemic is spreading to rural areas, including dramatic increases in certain regions of the south.² While most cases are still reported from urban areas, the rate of reported cases in non-metropolitan areas is increasing faster than in urban areas. In 1994, for example, 35% of new AIDS cases were reported in southern states. Any 1995 data? CDC confirm.

Internationally, the toll of the epidemic is even greater. The World Health Organization (WHO) estimates that since 1981, 2.4 million cases of AIDS have occurred worldwide. The WHO has estimated that as of mid-1995, 18.5 million adults and more than 1.5 million children have been infected with HIV since the beginning of the pandemic. The WHO projects that by the year 2000

at least 25 million people will become infected with HIV, ~~or~~ an average of 10,000 people a day.

The Social Impact

[Prejudice] Sadly, prejudice and discrimination are still encountered by people living with HIV, their families, and their loved ones. Persons with HIV have been denied ^{routine} medical ^{care} services, emergency medical treatment, dental ^{care} services, and medical insurance. They have been discharged from their jobs and denied housing. And unlike other infectious diseases, it is not uncommon for persons living with HIV have been the target of violence and been rejected by their families.

[Young persons] AIDS is a disease that strikes people in the prime of life. It disproportionately kills people during their most productive years. It is the leading cause of death among Americans 25-44, the age group that constituted 54% of the civilian labor force in 1992.³ Premature deaths due to AIDS result in the loss of many productive years of life and in many cases deprive young children of their parents. In terms of years of potential life lost ~~(MPL)~~ in 1994 AIDS ranked fourth among all leading causes of death, ~~1056,000~~ ^{1056,000} years.⁴ In developing countries, the pandemic threatens to reverse decades of progress ~~in~~ ^{OK} strengthening national economies and ~~improving~~ the health status and social well-being of millions of women, men, and children.

clear?

Goal of National Plan

for 1996
The goal of a comprehensive national plan is to set common goals and priorities for charting our course in combatting the epidemic of HIV and AIDS. In order to ensure efficient use of Federal, State, local, and private resources, it is imperative to organize government-wide efforts. *Coordinate*

for the United States (Patsy's letter too)
This is the first time a government-wide national plan for HIV and AIDS has been developed. This ~~first edition~~ *related* of the plan links programs to national objectives in each *caps?* Federal agency that supports AIDS activities. It documents current Federal

another word activities in HIV/AIDS, links goals to budget objectives, and lays forth the common goals and priority areas for HIV/AIDS based on current scientific opportunities, public health needs and

OK? priorities, and fiscal constraints. It is intended to be a living document that will be updated *regularly* annually. By establishing *a govt-wide* this baseline, of where *we* are government-wide, it will help guide *the plan will help assist* Federal agencies in refining *their* goals and objectives in response to the changing face of the epidemic of HIV and AIDS.

The comprehensive national plan presented here is broader in scope than prior planning efforts. To date, planning has been primarily focused in the Public Health Service as evidenced by a series of documents such as the Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency

Syndrome⁵, the 'Coolfont⁶ and 'Charlottesville⁷ reports, and the PHS Strategic Plan to Combat HIV and AIDS in the United States⁸. There have also been recommendations from a number of groups, ^{regarding National efforts and expert policy} including the National Commission on AIDS.⁹ ^{In addition,} There have ~~also~~ been and significant planning efforts on the part of individual agencies, ~~such as the legislatively-mandated National Institutes of Health plan for the agency's HIV-related research effort.~~ However, there has not been a national plan that provides for a government-wide coordinated effort encompassing not just Public Health Service activities but also incorporates issues such as housing, health care, and civil rights. ^{This plan addresses this urgent need.}

Common Goals and Priority Areas] Italics

comprehensive national plan

This ~~Federal strategy~~ for HIV and AIDS has been developed from the bottom up. Through the Interdepartmental Task Force on HIV and AIDS (IDTF), a group which consists of representatives of executive agencies, a request went out for the agencies to identify their activities in relation to national goals and objectives. ~~In addition,~~ IDTF members have been crucial in identifying ^{promising} ~~new areas of~~ opportunity ^{led} and ^{areas} ~~those~~ requiring special attention. In developing these priority areas ~~we~~ have also listened carefully to ~~the~~ ^{participants} members of the President's Advisory Council on HIV and AIDS, ^{and} attendees to the White House Conference on HIV/AIDS, ~~the~~ people on the front lines of the epidemic, and to the many HIV-infected persons and their loved ones ~~who have~~

continued consultation with agencies infected & affected.

add another sentence of IDTF.

Activist community between counsel & participants.

families, friends, caregivers

have been 12 consulted.

written to the Office of National AIDS Policy and the President.

*And the
We is....*
[We] have listened to members of the activist community who have spent too many years fighting the epidemic. We have also reviewed the insights provided by a number of groups including the National Commission on AIDS, the Institute of Medicine and National Research Council, the General Accounting Office, and the Office of Technology Assessment. ~~Therefore,~~ the expertise and experience of those who work closely with communities, clinicians, researchers, service and research organizations, and infected persons ^{has been helpful} is reflected in this ongoing planning process.

*what is this.
make it as impressive as possible.*

plan and its

for the Nation
The three common goals that have been identified are:

*[Maybe
check the
draft plan.]*
*"Easy sound
bites."*
Based on these consultations, the following national goals are established.

- Provide solid support for effective prevention strategies so as to reduce the number of new infections each and every year until there are no new infections.

will we ever reach this goal.

- Provide strong support for research in order to find a cure for those currently infected and a preventive vaccine for the uninfected.

- Ensure appropriate care for and ethical treatment of persons with AIDS.

If it is these goals that will set our sights and remain our beacon as we chart our course.

Drawing from these goals and based on the counsel of the aforementioned groups, the Office of National AIDS Policy has

Our common ground...

have been identified

identified ^{six} priority areas for 1996 that represent the most pressing areas warranting concerted Federal effort:

- Strengthening prevention activities
- Supporting diversified research approaches
- Strengthening approaches to substance abuse treatment & prevention
- Strengthening the health care & services safety net
- * Improving translation of research results into medical practice
- Improving evaluation and priority setting

For ES -
use 6 priorities
as headings
in the
substance

likely
able to
take advantage
of opportunities
Common
themes
HIV
themes

Where did this
come in?
Through info. provided
got the common
threads...

For
that

Note to another
section - PE letter
OR description
of activities

What follows is an accounting
of Federal activities in 6
substantive areas along with
the issues that represent
priority areas for 1996.

Since the discovery of the first AIDS cases in the early 1980s, the epidemic of HIV and AIDS has posed a series of unique challenges. But, [the challenges we face today are very different than challenges we have faced so far.] It is a growing epidemic in which more persons are infected every year, in every geographic area, ethnic and racial group, and age range. We now know the risk factors, the etiologic agent, and we have a test to diagnose infected persons and protect the blood supply. Thanks to clinical research, significant progress has been made in certain areas. As a result, people infected with HIV infection now live twice as long as they did a decade ago. And with the results of the NIH-sponsored research we now have the ability to

new population
less access
to health
care &
prevention
services

prevent perinatally acquired HIV infection in some newborns.

Behavioral research, advised [Hattoma]

We are also facing new challenges including getting people into care early in their infection so they can receive the new treatments and educating health care professionals so they know the best way to provide that care. Strengthening our prevention efforts has never been more important. Developing prevention messages that are specially targeted to the group or groups they are intended to reach is critical if we are to reduce the number of new infections. And, from a societal perspective, we still have a long way to go in overcoming fear and discrimination.

*One of many
Emerging infections that could be deadly,
Most lethal so far. One of many viruses,
no cure Rx, vaccine.*

Description of Activities

Overview of Federal Efforts

Introduction

The scope and nature of the HIV/AIDS epidemic has brought state, local, and Federal involvement into many AIDS-related activities. The Federal government, through its public health responsibilities in the areas such as research, prevention, and health care, ^{and housing} has seen a ^{dramatic increase} change in Federal activities since the beginning of the epidemic. ^{add prevention} Currently, these activities range from the direct funding of ^{DOs} research grants, health care infrastructure support, setting policies to encourage private sector activity, coordinating with international AIDS organizations, information dissemination, and prosecuting civil rights violations. [rs language] While ^{some} Federal agencies are responsible for responding directly to the epidemic of HIV and AIDS, [they] ^{Δ language} also collaborate with and provide support for state and local governments and community-based organizations, which often have substantial surveillance, prevention, and health care responsibilities.

The comprehensive plan for HIV and AIDS has been organized around ~~WMA~~ substantive areas which reflect the major components of the Federal effort: prevention, research, ^{care and} services, information dissemination, international activities, and civil rights. Current agency activities have not been organized around

administrative structures, but by substantive areas. In cases where a single agency may have responsibility for more than one component of a substantive area, such as prevention and research, documentation of their activities will be found in the respective substantive sections. ^{where} In ~~many~~ cases there are cross-cutting ~~issues~~ ^{programs} that could fall in several categories, such as internationally-based treatment and prevention efforts. In this case, programs that are specifically targeted towards countries or regions, are included in the international section. Efforts such as research and prevention, ^{efforts} that are ~~often~~ part of an overall ^{take not example} scientific and/or ^{Shes} program which may include domestic and overseas endeavors, are included in the research or prevention sections. In general, agency activities are

Agency support of HIV/AIDS activities falls into three general categories, where HIV/AIDS activities are: (1) a central part of their mission; (2) a significant but not leading part of their mission, or (3) not an explicit part of their mission but AIDS-related activities receive collateral benefit from agency supported work and/or policies. There are a number of agencies for whom AIDS-specific activities are central to their mission (e.g. the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA)) while other agencies maintain programs and activities that support a broad range of activities, of which HIV-related activities are one among many (e.g. the U.S. Information Agency (USIA) and the Department of Justice (DOJ)).

Make this
q/t on
the budget
starts
Budget
#5

USAID

Agencies that support research and provide shared access to highly sophisticated and expensive technology, such as the Department of Energy (DOE) and its support of sophisticated imaging equipment, can assist a wide range of researchers including those studying HIV. Data ^{HIV-related} ~~are~~ ^{non-agency activities} therefore presented in a manner consistent with the level of involvement an agency may have.

The following sections on prevention, research, care and services, information dissemination, international activities, and civil rights describe current Federal activities and identify goals, funding levels, populations served, constituency involvement, and unmet needs.

Distinguish
between
text +
appendices.

[] Federal objectives
[] describes what's
being said and
much of it is being
spent

PREVENTION

Want to prevent the prevention as a goal - same
Prevention (in bold) findings
not a speech of the WHCA
the President articulated the nation's
RS quote
The Nation's prevention goal, as articulated by President Clinton, is to reduce the number of new infections each and every year until there are no new infections. Achieving this goal will require a true and dedicated alliance between the Federal government, states, localities, communities, and individuals. *corporations, non-for profits, govts, business, communities, NGOs, families*
Achieving this ambitious end will require a clear definition of *different roles + responsibilities of the Federal govt + its partners in the public + private sectors* ~~what~~ the Federal government ~~is able to do~~ and an ongoing dialogue between the public and private sectors about the responsibilities each has in reaching this goal.

HIV
We know that *HIV* prevention works. We also know that the prevention task faced by the United States in controlling the epidemic of HIV and AIDS has reached enormous proportions.¹ The Centers for Disease Control and Prevention (CDC) estimates that approximately 800,000 Americans are presently HIV-infected, many of whom are *HIV status* unaware of their infection status. Moreover, the CDC estimates that there are approximately 40,000 to 60,000 new infections in the U.S. each year. *Americans become infected* Many more Americans who are not presently infected are at risk for acquiring HIV. HIV infection is a

¹ This section will address primary prevention activities. Other aspects of prevention, such as secondary prevention (i.e. preventing complications of HIV infection), use of topical microbicides, the behavioral components of vaccine research, and international prevention activities will be discussed in the following research, *care and* services, and international activities sections.

nearly always fatal
almost always } *use same agency*

unique prevention challenge because of the virus virulence, long *period of time when you don't know you're infected* incubation period, long duration of infectiousness, nearly always fatal prognosis, and potential for exponential spread. Moreover, HIV is transmitted primarily as a result of personal and private individual behaviors -- sex and drug use. To be effective, HIV prevention programs must reach tens of millions of Americans who embody a vast diversity of age, race, *HIV status* ethnicity, geographic locale, sexual orientation, and *sexual* drug use behaviors.

[See Appendix A?]

Prevention activities currently are supported by *several* ~~a number of~~ Federal agencies. Most Federal prevention efforts are sponsored by the Public Health Service, although other departments such as the Department of Defense (DOD), and the Department of Veterans Affairs (VA) also support prevention activities. These efforts reflect a continuum from surveillance to research to social marketing initiatives. Agency activities are ~~also~~ reflective of their respective missions. For example, the Centers for Disease Control and Prevention (CDC), the agency with primary Federal HIV-prevention responsibilities, supports a wide range of surveillance and prevention projects, many in partnership with states, local governments, and community-based organizations. Other agencies focus on specific aspects of prevention. For example, the National Institute *Check* of Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) support a breadth of efforts to stem the tide of drug use. *And its* While other agencies support primary prevention efforts as

*The more beyond the
HHS.*

part of medical care, such as at the veterans and military hospitals and clinics. The Health Resources and Services Administration (HRSA) also encourages broader access to prevention information through the integration of prevention into primary health care services. *title 14 b.*

The efforts of Federal agencies have been instrumental in expanding our knowledge base. However, significant gaps remain. We know from both formal research and community experience that developing prevention programs that work requires knowledge of who is becoming infected and of the behaviors that are enabling transmission, an understanding of the motivations for those behaviors, and an understanding of how best to reach people with messages that will prompt behavior change.

Promise The Nation's prevention priorities must be guided towards gaining knowledge that will improve our efforts to develop effective prevention programs. We need to improve our understanding of the major modes of transmission, close gaps in scientific knowledge, and work towards eliminating gaps in program areas. *PF*

The following three sections identify areas for investment necessary for the development of sound prevention interventions.

(MODES OF TRANSMISSION) *small italicized*

*including
identifying
appropriate
models
for
prevention*

*Don't want to
undermine surveillance
system.*

Promise | An important part of strengthening prevention activities is to have a clearer understanding of who is being infected and what behaviors are placing people at risk for infection. Recent epidemiologic data show that the epidemic of HIV in the United States is being driven by people who engage in injection drug use and their sexual partners (50%), men having sex with men (25%), heterosexual transmission (> 20%), and perinatal transmission (90% of such transmission cases in the United States occur in women under 22 years of age). Moreover, the youth of our country are becoming infected at an alarming rate -- 50 percent of new infections in the United States are in persons under 25 years of age. HIV is the leading cause of death in Americans aged 25-44. It is likely that many of these people were infected while they were adolescents. (Add data from new NCI study -- JL) *People of Color Minority* Americans are also disproportionately represented among new HIV infections. As of October 1995, African-Americans accounted for 34% of reported AIDS cases and Hispanics represented 17% of new cases. These trends in the epidemic must be taken into consideration when prioritizing prevention research and service programs. *Racial + ethnic minorities*

Promise | A crucial part of effective prevention strategies includes supporting adequate surveillance of HIV infection and related diseases in order to estimate the burden of HIV illness, gauge future directions of the epidemic, and assess the effectiveness of prevention interventions. As previously noted, the CDC has

the primary Federal responsibility for monitoring the epidemic. The CDC AIDS case and case death reporting system provides useful data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. [This surveillance system also provides ^{essential data} ~~worthwhile~~ information on HIV-related opportunistic infections.]

There are, however, ^{collected with appropriate protections.} opportunities for refinement. Effective prevention intervention programs begin with sound information on who is at risk. Current CDC surveillance systems do not currently capture sufficient "front-end" information such as the ^{incidence} prevalence of HIV (not AIDS) in the population, and trends in ^{modes of transmission} ~~risk factors~~ and new infections. [We need to collect ^{of} these ~~type of~~ data in ^{are need to be collected as part of an enhanced effort to} ~~tandem with an enhanced effort to~~ link surveillance and epidemiological data to priority setting, the design/ and evaluation of prevention programs.] The CDC has recognized the value of this approach and ~~has~~ incorporated data collection design into its community planning process. These shifts in data needs also require that the CDC reevaluate and reconfigure its data collection efforts; such a change may require reconfiguring of currently collected data to address these needs. As part of the agency's implementation of the recommendations set forth in the external review of CDC's HIV prevention strategies¹⁰, the CDC has initiated efforts to evaluate current data collection efforts and implement necessary changes, ^{and the efforts should continue.}

GAPS IN SCIENTIFIC KNOWLEDGE [small caps, Ital.]
? bold?

Factors that place individuals at risk for acquiring HIV infection are a complex combination of behavioral, social, cognitive, and biologic influences. Given this complexity and ~~the importance of preventing new infections~~, we must not assume ~~we know what~~ ^{intuitively which} interventions will work, but ^{instead} base our efforts on sound research findings. ^{and evaluation} Experience has taught us that prevention can work, but when it does it is because the intervention incorporated findings from experience and relevant research. Unfortunately, behavioral research is a relatively young science and there are currently more questions than answers. There are three ^{major, important, pressing...} areas where gaps in knowledge have been identified -- basic behavioral research, intervention research, and social marketing research.

format?

Basic Behavioral Research. Since behavior change is the primary prevention intervention immediately available for halting the spread of HIV infection, basic behavioral research should be the foundation ^{of} ~~upon which~~ prevention programs ~~are based.~~ Basic behavioral research, similar to basic research in other areas of scientific inquiry, seeks to explain the determinants and causes underlying biological, behavioral, and social processes. HIV-related risk-taking behavior is often complex and influenced by a host of individual and environmental factors. Before we can ~~begin approaching the formidable task of implementing successful~~

To improve

Promise HIV prevention programs that reach a diversity of Americans, more information on the determinants of HIV-associated sexual and drug-using behaviors is needed.] For example, although much has been learned about the basic biology of substance abuse, further elucidation of the mechanisms underlying addictive behavior may assist in the development of new therapeutic approaches to addiction, which may in turn reduce the number of new infections.¹¹ *Promise* [And although we have some information on relevant risk-taking behaviors, more information about knowledge, attitudes, decision-making processes, and beliefs about AIDS and other sexually transmitted diseases (STDs) is much needed.] Such data enable scientists to establish theories of behavioral change which then provide researchers with tools for identifying what approaches may be most effective for an individual or a community.¹²

Promise **Intervention Research.** */ know from other* [A second major ~~existing~~ priority area is research to improve prevention interventions, i.e. research that concentrates on identifying and modifying behaviors, such as those related to drug use and sex. *not practices*] This type of research can focus on both individuals and communities, which often hold norms that influence personal behavior. Since the beginning of the epidemic we have made advances in our understanding of factors that are relevant to the design of intervention programs intended to reduce rates of HIV infection. This theoretically based intervention research has identified several significant

predictors of changes in sexual and drug-using behaviors among gay men, adolescents, and heterosexual adults.¹³ Studies have shown that community-based HIV risk reduction programs that are gender relevant and culturally sensitive can be effective.¹⁴ A recent study has also provided a reason for optimism that the spread of HIV can be contained among injecting drug user populations when there is early community outreach and access to sterile injection equipment.¹⁵

Promise | However, despite these successes, [there is more that we need to know if we are to develop effective prevention programs for a diversity of Americans.] We must couple findings from basic behavioral research with effective prevention interventions.

Promise | [High priority ~~research~~ ^{areas} include research regarding strategies that facilitate sustained adoption and maintenance of HIV preventive behaviors, research on cultural barriers and strategies to reach populations resistant to behavior interventions, and research on the effectiveness of treatment for drug abuse, mental ^{illness} health, and alcoholism for reducing HIV risk behavior. Agencies supporting ^{intervention} behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. ^{intervention people need to talk to behavioral people.}

^{Next} **Social Marketing Research.** ~~And lastly,~~ ^{behavioral} it is critical that the ^{be} findings from basic and intervention research are incorporated

into prevention programs. We know from efforts in other countries that HIV related social marketing efforts can be successful. However, in the United States, available information about effective strategies is not being used consistently in the design and implementation of prevention interventions. *OK.*

Currently, there are good models for prevention interventions that are not making their way to those on the front lines of the epidemic. Community-based organizations, which are responsible for developing a large portion of the prevention programs often do not, or are not able to, take advantage of current knowledge about ^{effective} program effectiveness. *Eva BS - Prevention Marketing Initiative Add.*

Promise Agencies supporting social marketing activities need to strengthen efforts to understand barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, it is also crucial to strongly support the provision of technical assistance and training and a community-based effort that would test these models in a real-world setting. *Consider for broader assistance. SITA*

More into Intervention - encourage ~ look into.
[Area for Discussion -- at present some of the replication research is being done by NIH, but not very much. Technical assistance for CBOs was one of the issues raised in the external review of the CDC -- it appears that the review was recommending assistance for all groups that request it while CDC was limiting assistance to funded groups. Regarding the community-based effort -- this will not be in the detailed listing. So, if we

(ONAP) want to pursue this we will probably have to push it from here -- could say that CDC needs to examine this option.)

CURRENT GAPS IN PROGRAM AREAS

Small caps -
italics

targeting
↓
universal
prioritize-trigger.
issue.

In order to stop new infections, the results of basic behavioral and intervention research must serve as the foundation for prevention intervention programs that reach people at risk for acquiring or transmitting HIV. Presently, the Federal government supports a range of programs that address the disparate needs of a number of at risk populations. However, the shifting demographics of the epidemic coupled with restricted resources has resulted in gaps in program areas that limit the Nation's ability to prevent new infections. It is therefore important

that prevention planners carefully prioritize their efforts so as to reach the groups that are now increasingly affected by the epidemic -- women and injecting drug users -- while maintaining efforts among ~~youth~~ and gay men.

based
on local
epid.

check.

Community Involvement. For prevention interventions to be effective they must reach communities at risk and be responsive to their unique needs. And for individuals to take control of their own lives in fighting the spread of this virus, they must first have the information and tools to protect themselves.

One of the most important innovations in the prevention area is community planning. The community planning process is an outstanding model of a Federal-local partnership. Through this effort, it is possible to establish joint goals for the prevention of HIV that will meet Federal standards while remaining responsive to local needs. [However, this process is

early in its development and requires significant, ongoing leadership and technical assistance from the CDC if it is to fulfill its potential for good priority setting and decision making.]

Substance Abuse Treatment. Injection drug use is one of the major forces driving the epidemic -- half of all new cases are related to this mode of transmission. Limiting the impact of this mode of transmission will require efforts on several fronts. First,

we need to improve the integration of HIV prevention and substance abuse programs. As President Clinton has noted, the epidemics of substance abuse and HIV in this country are overlapping and highly interrelated so we must work to integrate HIV prevention into current substance abuse programs and integrate substance abuse prevention into HIV prevention.

Another major avenue for controlling the spread of HIV among addicted persons is to get them into treatment programs. Substance abuse treatment is a form of HIV prevention. At present, there is a continuing need for increased treatment

enrolling them
into Rx

11 -
most recent
and report
x1

directly
or
indirectly

services for persons seeking to control their addictions.

Moreover, substance abuse problems that contribute to the spread of HIV are broader than injecting drug use. There is substantial evidence that use of alcohol and other substances can adversely influence risk-taking behavior. It is estimated that ~~x%~~ of the population is affected by alcohol and other drugs (AOD) in addition to injection drug use. It must be part of the Federal response to increase the availability of treatments ~~for~~ for a range of addictions. who A word.

Promise **Harm Reduction²** [In addition to ~~our~~ to enroll drug users in treatment programs efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches should be considered ~~for~~ when treatment fails or is unavailable.] Although ~~Traditionally~~, harm reduction programs have not been well accepted in our country, ~~many~~ experts feel that it is in this area that we may be able to make our greatest impact in stemming the tide of the epidemic.

There is scientific evidence that ~~historically~~ controversial harm reduction approaches, such as needle exchange programs, can be

² Harm reduction efforts support people by reducing their risk of HIV transmission by teaching behaviors that do not transmit HIV. In the case of HIV and substance abuse this can include: needle exchange programs, increasing the availability of clean syringes, providing information on cleaning injection equipment ~~("cleaning works")~~, and reducing needle sharing behaviors.

*decriminalization of needle + syringe possession,
making purchases out prescription*

Tom Port
✓ HIV transmission

effective. Among the conclusions presented in a recent report by the Institute of Medicine was that there is no credible evidence that drug use is increased among participants as a result of needle exchange programs that provide legal access to sterile equipment. The IOM went on to recommend that needle exchange programs be regarded as an effective component of a comprehensive strategy to prevent infectious disease.¹⁶ There is also evidence^{ge} that needle exchange programs provide an opportunity to

Place
get people into treatment, thereby further reducing their risk and the risk for their sexual partners. [Adoption of these

Decisions regarding
approaches, because they are so controversial, should be a local decision^{+ the community}. The Federal government should provide the scientific data upon which such decisions should be made.] Given the

continuing and growing public health threat posed by the HIV epidemic, this approach deserves ~~the~~ consideration by local communities as a possible intervention in the face of this public health emergency. The Fed & work & Congress to enable localities to have this option

Integration Into Primary Care. To reach our prevention goals, we

must also improve the integration of prevention activities and messages into primary health care services. This includes incorporating a patient's sexual history when a medical history is taken, offering HIV-related counseling and voluntary testing, and working with HIV positive individuals so they do not infect others. It also means offering pregnant women information about and access to AZT during pregnancy so as to reduce perinatal

*an example
of vagueness....*

transmission. Achieving this level of integration will require active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, and professional organizations in addition to local and Federal governments.

Evaluation. ~~And finally, to achieve the goal of reducing the~~

~~number of new infections each and every year until there are no~~

~~new infections, [the Nation will need to continue to invest in a~~

~~range of endeavors including data collection, research, and~~

~~prevention programs.] It will also require careful examination of~~

~~what programs should to be continued, what activities need to be~~

~~initiated and a awareness that a reconfiguration of some program~~

~~priorities may be required.~~

Every program must evaluated

to assess its effectiveness

~~Moreover, it is important to assess the effectiveness of the~~

~~prevention interventions that have or will be implemented.~~

Prospectively set performance measures can be used as a basis for

evaluation and program improvement. [Incorporating effectiveness

measures must become a routine part of all Federally-funded

programs.] It is only through sound evaluations that we will be

able to determine whether our efforts have been effective in

slowing the epidemic.

Parise

*Missing
Parise*

RESEARCH

One of the Federal gov't's goals is to
~~One of the Nation's common goals is a cure for those currently~~
~~infected and a preventive vaccine for the uninfected.~~ It is

research that will enable us to reach these goals and until they
are a reality, *[Federal government]* ~~the Nation~~ must provide solid ongoing support for

Promises basic and clinical research. *As with prevention, achieving this*
goal will require committed collaborative efforts *among* ~~between~~ the

Federal government, universities, researchers, the activist
community, *PNAS* communities where research is conducted, charitable
organizations, pharmaceutical companies, biotechnology firms, and
other parts of the private sector. Realizing this ambitious goal
will also require a clear definition of what the Federal
government is able to do and an ongoing dialogue between the
public and private sectors.

(See Appendix B.?)

At present, a number of Federal agencies play a significant role
in the *U.S.* ~~Nation's~~ AIDS research efforts. These endeavors range
from basic molecular research to clinical research to health
services research. The National Institutes of Health (NIH)
supports a significant portion of these endeavors. The NIH funds
research on HIV-related natural history and epidemiology,
etiology and pathogenesis, therapeutics, vaccines, and behavior.
As part of its mission to protect and maintain a viable fighting
force, the Department of Defense supports clinical vaccine and
therapeutic research. The Agency for Health Care Policy and

Research (AHCPR) funds research to help determine which medical approaches are the most cost effective. The Department of Energy (DOE), through its support of technologically advanced equipment, provides the opportunity for Federal and private researchers to share resources and thereby analyze molecular structures that, without such equipment would not be possible. And the Centers for Disease Control and Prevention (CDC) supports laboratories that ^{employ} have sophisticated methods for identifying virus strains.

Research Advances.

The Nation has already reaped the benefits of supporting research ~~funding~~ in general, and HIV-related research specifically. AIDS research has provided advances for our treatment of other diseases. For example, HIV-related research has accelerated study of the human immune system which has in turn improved our ability to understand and treat other diseases such as cancer and autoimmune diseases, including systemic lupus erythematosus, type I diabetes mellitus, rheumatoid arthritis, and multiple sclerosis. HIV research involving the blood/brain barrier has led to a better understanding of the mechanisms by which infectious agents spread into the nervous system. This research has valuable implications for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis. Moreover, before the AIDS epidemic, little investment was made in research to treat viral diseases; studies to develop anti-HIV therapies has led to drug development ^{shots targeting} against many other disease-causing viruses and

Benefits of Research

Contributions
Advances in AIDS Research

Per-
ad-
Advances

Examples
from U.S.

improved our understanding of other viral diseases.

In addition, research investments made before the advent of AIDS epidemic produced a body of scientific knowledge that enabled researchers to more quickly pursue theories and avenues of investigation. For example, research conducted on the immune system in general, and CD4+ cells in particular, provided early insights into the pathogenesis of HIV. Research investments in retroviruses provided valuable information for identifying HIV as the etiologic agent of the emerging epidemic. Advances in molecular biology provided researchers with the tools to understand HIV's structure and develop drugs based on that information.

Advances

HIV-positive

There is reason
for optimism
living

Due in great part to this Federally-sponsored research, persons with HIV now live twice as long as they did a decade ago. AIDS-related conditions that used to mean a quick and often painful death for people living with HIV can be treated and even prevented. An NIH study found that it is possible to dramatically reduce the chance of transmission of HIV from mother to infant. Thanks to our investment in prospective epidemiological studies we are beginning to understand the factors that enable long-term non-progressors to live many years after infection virtually disease free. Understanding what happens in these non-progressors may help us develop better therapies and a vaccine.

Double
check!
AIDS or
HIV

And there is ^{additional} reason for hope. Scientists now believe that a vaccine is possible. New classes of anti-retroviral therapies appear to be powerful in controlling the virus. Combination therapies are also showing great promise in this area. In addition, the Food and Drug Administration, through its accelerated approval program, is now approving drugs faster than ever before and faster than any European nation.

However, despite these advances there is more that ^{must} ~~needs~~ to be done to reach the Nation's goal of a vaccine and a cure. The epidemic of HIV and AIDS presents an unprecedented challenge. HIV is unique in that it attacks the very immune system that is supposed to protect us from ~~infection and tumors~~ ^{disease malignancies} -- mankind has never before encountered a virus such as this. Since the beginning of the epidemic identifying the best approaches to pursue and support has been, and continues to be, a challenging task. Identifying the most promising scientific avenues and having the appropriate structures and processes in place to ensure that the Nation capitalizes on these opportunities will require a considered and coordinated effort.

Coordinated Res. Plan + Budget.

~~Office of AIDS Research~~. Developing and implementing the Nation's AIDS research agenda ^{poses} presents a number of challenges. Within the NIH, the agency with the largest HIV-related research portfolio, research is supported throughout 24 institutes, centers, and divisions (ICDs). In order to better plan, coordinate, and fund

the AIDS research activities of these ICDs the Congress, through the NIH Revitalization Act Amendments of 1993, provided the Office of AIDS Research (OAR) with new oversight and budget authorities. As part of fulfilling the requirements of the law, the OAR develops a yearly NIH plan and budget for AIDS research and receives directly from the President and the Office of Management and Budget (OMB) a single appropriation for AIDS activities at NIH. This single appropriation allows the OAR to effectively prioritize research resources on the basis of sound scientific judgement and provides flexibility for pursuing the most promising research opportunities. [It is crucial that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained.]

Promise With such a large research enterprise it is essential that there is oversight and accountability so the most promising approaches are vigorously pursued and the individual Institutes have both the scientific and administrative assistance they need to effectively collaborate with other NIH institutes. *check NIH plan for format.*

Coordinated Research Plan and Budget. It is also clear that while NIH supports a significant portion of HIV-related research, other agencies and departments also play a significant role in our search for a cure and a vaccine for HIV. ~~It is time to improve our efforts~~ if the ^{government} Nation is to effectively support a diversity of promising approaches, ~~government-wide~~. These research efforts must also be well-planned, coordinated, and maintain

Promise | accountability. [To achieve this the Director of the Office of National AIDS Policy will coordinate an inter-departmental working group, chaired by the Director of the Office of AIDS Research, whose charge is to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.]

timeline....

Vaccine Development. ~~The Nation must also acknowledge that reaching our goals will require the joint commitment of government and the private sector. This is especially true in the arena of vaccine development.~~ Several challenges currently face the Nation and the world in continuing the vaccine development effort -- the first is the scientific challenge and the second is to create an environment where the private sector can effectively join in partnership with the Federal government. The *National* AIDS Drug Development Task Force (ADDTF), which included representatives from government, the private sector, and the activist community, identified a range of approaches to accelerating the development of therapeutics for HIV infection. One of the areas identified by ADDTF members as especially problematic, was the role of the private sector, especially in the area of vaccines. A number of impediments were identified, including the nascent state of the science, liability issues, and challenges in mounting the large-scale studies that will be needed to test a candidate vaccine. [Therefore, in order to identify areas for fruitful collaboration and to accelerate the

pace of development for vaccines, the Vice President will convene a meeting of government scientists and leaders of the pharmaceutical and biotechnology industries to identify barriers to the development of these agents.

Kilens Letter
At present researchers hold two major views regarding the most promising approaches to vaccine development. Some scientists believe that we need to return to basic science to gather more information to guide us, while others believe that in the face of a global emergency we must empirically test candidate vaccines in people immediately. Both groups have valid arguments. The issues that are driving this debate are both scientific and social, with different parts of the world ~~are~~ experiencing the epidemic in different ways. [Given the state of scientific knowledge, both avenues can, should, and are being pursued.]

Pomize
However, it is vital that this effort be well-coordinated and that all data that are available are shared and used by scientists vaccine development moves forward. Therefore, a coordinated vaccine program that ensures support for promising avenues of vaccine research, will be one of the issues addressed in the aforementioned interdepartmental research plan to be developed under the Direction on the Director of the Office of AIDS Research.

Clinical Effectiveness Research. [It is also important that we continue to support the broad range of research needed to find

Promise effective treatments by maintaining research to forward our understanding of the virus' life cycle and pathogenesis, natural history and epidemiology, and clinical research including clinical effectiveness research.]¹ Due in part to the FDA's accelerated approval program³, the Federal government is now approving new treatments in record numbers and at record speed, but do not always know whether the treatment confers a clinical benefit for the person. Specifically, while some treatments have shown promise based on surrogate markers and/or laboratory tests, data regarding clinical effectiveness is increasingly unavailable. ² For example, we do not know the optimal time in the course of HIV disease to begin treatment, for what patient groups, with what regimen, with single or combination therapy, and when it is appropriate to switch or add therapies. [With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the ^{post marketing} efficacy studies, currently mandated by law are carried out.] Conducting these studies will require the efforts of clinicians who have demonstrated their ability to carry out the long-term follow-up of patients that such clinical effectiveness studies require. [It is also *Promise* essential that these studies, like all studies, include persons

Advocates
In final printing ³ The accelerated approval program permits companies to seek approval of drugs for serious or life-threatening illnesses based on surrogate or laboratory markers, such as CD4+ cell count or viral burden measures. For drugs approved under this program, the sponsoring company is required to conduct follow-up studies that determine whether there is a clinical benefit for the patient. By law, if the subsequent studies do not prove a clinical benefit, approval may be withdrawn by the FDA.

And the studies may not be done 1

Promise representing a diversity of race, ethnicity, gender, age, and drug using behaviors.] If these studies are not done we will not know which of the ~~the~~ JL treatments is more effective and for whom, and under what circumstances. As a result, patients may be ~~taking~~ ^{receiving} less effective treatments or combinations of treatments, and Federal programs such as Medicare and Medicaid and private insurers may be paying for these less effective treatments.

One of the most difficult tasks for clinicians comes in interpreting the patchwork of data and articles regarding treatments and converting that into a therapeutic strategy for the patient that sits in front of them. With every research breakthrough, this task becomes more difficult. [It is essential that practical information for practicing clinicians and their patients is provided in a timely manner. The ^{Federal Government} Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

Promise **Public/Private Partnerships** [A key role for the Federal government is to act in partnership with the private sector and support areas where there is a market failure -- i.e. areas where industry is unlikely, ~~for financial reasons~~, to pursue research that would be beneficial to the ~~Nation's~~ public health.] ^{such area but} The area of vaccine development is one, and there are others. For example, topical microbicides (i.e. chemical barrier methods for

Threat of translation to Practice Section.
Putting the info. in one place.

Separate heading

*Add NIA
DOD, VA*

preventing HIV transmission) are a promising approach, but will require preliminary support before they will be at a stage where the private sector can assume a lead role. It is also cost effective for the government to provide access to sophisticated equipment and personnel that can be shared among many researchers in both the private and public sectors. ~~This has been done at~~

the Department of Energy ~~by~~ ^{has} supporting ^{ed} sophisticated imaging equipment that would be prohibitively ^{expensive} ~~costly~~ for individual researchers or companies to purchase. ^{this} a shared resource has

accelerated our understanding in a number of research fields, including that of HIV. Such information can form the basis for targeted drug design and development. It is also unlikely that

the free market will conduct head-to-head clinical trials of therapies that have been approved or in development. However,

information about these therapies is important to improving patient care and ensuring that the Nation's health dollars are wisely spent.

Similarly, it is unlikely that the private sector would support research for therapies that are in common use but

about which little information is available, such as alternative treatments. Americans are spending millions of dollars per year

on such therapies for which little is known. ~~The government must ensure that treatments brought to market are safe and effective.~~

Similarly, ensuring safety of the blood supply is a responsibility unlikely to be assumed by the private sector.

These are areas where the Federal government must ^{continue to work} step in to serve and protect the Nation.

public health.

Research: An Investment for the Future. And finally, research is an investment in our future. It must receive consistent funding if we hope to bring the best and the brightest to solve the research challenges that will find a cure and a vaccine. At present, the NIH receives many more outstanding research applications than it is able to fund; these unfunded research ideas represent a lost opportunity for scientific progress. Research has been key to improving lives and the Nation must continue this investment.

CARE & SERVICES

Control goal of the Federal govt
An important part of the National plan is to ensure appropriate care for all persons living with HIV and AIDS. Achieving this ambitious goal will require a true and dedicated alliance among the Federal government, states, the private sector, local communities, community-based organizations, clinics, families, and individuals.

Background

The Medical Care Safety Net. Content pending status of

negotiations at time of printing. At present, care and services are provided through a number of Federal agencies, many in cooperation with local organizations and the AIDS community who have admirably served those living with HIV. Taken together, these ^{efforts} programs form an ^{if incomplete} invaluable safety net for some of the most vulnerable people in our Nation. By far the largest sources of care for persons living with HIV are Medicaid and Medicare. For Americans living with HIV, Medicaid is the single largest source of health care financing, providing coverage for ^{heavily} more than 50 percent of adults and more than 90 percent of children living with AIDS. Numbers on Medicare?

A second major source of care is provided through Ryan White Comprehensive AIDS Resources Emergency Act (CARE) which is overseen by the Health Resources and Services Administration (HRSA). Titles I and II of the CARE Act provides funds for care, support services, and case management that are given to states and cities primarily on a

What the Titles stand for.

*From PE: Primary care + continuum of care
Substance abuse
More in into...
People spend down...
When private sector doesn't work....*

*20-40% provided by private insurance
MIS for PL A Private
Not used e Medicaid individual
Out of pocket expenditures + charity care.*

formula basis so the areas most affected by the epidemic receive a proportional share of available dollars. Title II also provides drug reimbursement ^{funding} for persons living with AIDS. ~~More~~ Title III of the Act provides early intervention services such as counseling and testing, medical care, and educational services for medically underserved persons with the goal reducing HIV-related illness. Title IV seeks to increase the availability of care services for women, infants, children, and youth in a community-based family-centered system of care. HRSA also provides primary care to persons living with HIV through its Community Health Centers and Maternal and Child Health Programs. Housing assistance is provided by the Department of Housing and Urban Development (HUD) through their Housing Opportunities for Persons with AIDS (HOPWA) and other programs.

RS: -- Add #2

The challenge before us today, especially in light of the restricted fiscal environment, is to ensure that persons living with HIV receive the care they need so they may have the opportunity to live productive lives. To achieve this, AIDS care and service programs must build upon past successes, continue to improve their prioritizing, improve accountability, and increase the cost-effectiveness of services they provide.

We must continue to adequately fund the program that is the cornerstone of care -- Medicaid. Medicaid is the lifeline of

support to millions of Americans. It provides access to doctors, hospitals, and treatments -- the services that allow people to live longer more productive lives. [Present Congressional plans (may need to change ...) cut the Medicaid program overall by \$169 billion and turn it into a block grant which in effect reverses this Nation's 30 year National commitment to the poor and those in need. Cutting Medicaid to this level would cut the lifeline for millions of Americans, including those living with HIV and AIDS. Maintaining this program in a viable format must be a National priority.]

With the potential cuts in Medicaid and welfare, the importance of the public health safety net increases for all vulnerable populations -- disproportionately so for people with AIDS. This will require several responses. First, no one Federal program will be able to absorb the unmet need that may be created by proposed changes to the Medicaid, Medicare and welfare programs. All Federal programs, along with state and local organizations, must share the responsibility for serving and caring for people with AIDS. This must include the full integration of HIV-related care into programs that serve the needy, such as community health centers. Second, it is important for programs such as those funded under the CARE Act maintain sufficient funding so as to maintain the safety net. In addition, AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. Treatment

and primary care must come before ancillary services. ** Discuss
~~-- It is not a prudent use of resources to provide services such as case management when a primary care services system does not have the resources to care for patients. And finally, the shift to managed care will have implications for programs such as the Ryan White Care Act programs. HRSA will need to provide more technical assistance to prepare grantees to work with and not against managed care.~~ *As this approach becomes more common, HRSA will need to provide more technical assistance to prepare grantees to work with a managed care structure.*

to complete
Housing Services. Housing is also an important element in the *effort to provide comprehensive care for PWAs.*
~~fight against AIDS.~~ It is the foundation upon which any program of care or services must build. Without stable housing, a person with HIV/AIDS has diminished access to programs and services and a diminished opportunity to live a productive life. It is estimated that *12 to* 50 percent of persons living with HIV and AIDS will become homeless or are at risk for becoming homeless during the course of their illness.¹⁷ Persons living with HIV have an increased challenge in finding affordable housing on a limited income and finding appropriate housing with needed levels of support. The private market alone does not consistently meet the basic housing needs of persons living with HIV and their families, as housing must often be provided in connection with specialized services that enhance an individual's or family's ability to live independently. In addition, persons living with HIV must also overcome reduced housing options due to unfounded fears and prejudice regarding AIDS. The HOPWA program was

*Shelter + Care
Vouchers
are disappearing.*

SL

created in 1992 to provide communities with a tool to meet the increased need for resources, effective planning, and coordination with existing public and private efforts. It is estimated that the cost of providing housing services in a HOPWA-funded residential facility is far less than the average day in the hospital. [The HOPWA program must be protected, but it must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV will require integrating housing services into other programs and ensuring a shared responsibility between Federal, state, local governments and community organizations.]

Promise

Prisoners There are also ^{groups of} people, such as prisoners, who fall outside these traditional safety net programs. While most prisoners living with HIV are incarcerated in state and local prisons, medical care for Federal prisoners is provided under the direction of the Department of Justice's (DOJ) Bureau of Prisons (BOP). Ensuring access to quality care for incarcerated persons is especially challenging. Prisoners do not have the choice of seeking care and ^{are} dependent upon ^{the} Bureau of Prisons ^{to} ensure that appropriate care is provided. They also may have difficulties regarding confidentiality, trust, and access to research opportunities that do not face the non-incarcerated population. [Improving access to appropriate HIV-related care in prisons must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and

Prisoners
Miaou

Need to
control
outside

Promise

Building
with
c
PH
outside, // discharge
promise

that have experience with providing care and agencies which have responsibility for providing care for prisoners.

Promise
*S.O.C. -
need to
evaluate*
Evaluation. [Strong Federal support for these safety net programs must go hand-in-hand with improved accountability and priority setting. We must ensure that these programs consistently provide quality care.] Through the efforts of researchers and clinicians, we have shown that we can do HIV treatment well, but we do not do so consistently throughout the health care system. Ensuring this consistency will require increased training for all health care professionals and more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

Value of the AETCs.

Program Coordination. For care and services to have the most beneficial impact they must be coordinated and comprehensive. However, for organizations on the front lines of the epidemic, putting together a comprehensive integrated program requires applying to numerous Federal agencies. For example, putting together a program that integrates primary care with substance abuse treatment and prevention, and sexually transmitted disease screening and prevention would require separate applications to SAMSHA, HRSA, and CDC. Adding housing assistance and a research component would require additional applications to HUD and the

Promise
** not in
Agency pieces*
NIH. [The Federal government needs to simplify its funding

Substance Abuse
structures so that primary care, prevention, and treatment can be integrated in order to provide HIV-infected persons and persons at risk for HIV, such as substance abusers and their partners, cost-effective integrated services.] Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

Promises [And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities.] Evaluating current activities can provide valuable information for planners and those on the frontlines of the epidemic. It can assist us in providing better care to persons living with HIV. In an era of limited resources coupled with a demand for high quality, cost effective services, we must use all the tools available to us if we are to help those persons living with HIV.

note

on ↑ knowledge of sero status as a gateway to care.

- majority people don't know status*
- opp to prolong life lost*
- need to develop better Rx & outreached to encourage to come for word*
- and link them to appropriate services*

Latane - C+T

INTERNATIONAL ACTIVITIES

go back to original

HIV and AIDS are a global pandemic. In the United States it is estimated that ~~800,000~~ people are currently infected.

Internationally, the World Health Organization (WHO) estimates that ~~18~~²⁰ million ^{people} are currently infected, two to three million new HIV infections can be expected annually, ~~and by~~ the year 2000, thirty to forty million people will have been infected.

Unfortunately, unlike other infectious disease epidemics such as cholera or plague, AIDS is not likely to run its course and subside.

This pandemic presents a unique set of health, social, economic, and political challenges. It most usually affects people aged 25 to 44, those in the most productive years of life. The incubation period from initial infection to disease onset can be many years, during which time the infection may unknowingly be spread. The WHO estimates that there will be 10 to 15 million orphans worldwide attributable to HIV/AIDS by the year 2000. In Africa and Asia, economic advances are threatened, and in some cases, may be reversed due to the pandemic of HIV and AIDS. Socio-economic studies have shown decreased in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and a reduction in receipts from tourism.¹⁸ Governments will be forced to cope with increasing numbers of cases, weakened health

care systems, a deleterious economic impact on the most productive segments of society, and the reduction in the number of healthy men and women to serve in the military.

Due to the global nature of the pandemic, its negative impact on both developed and developing countries cannot be overstated. It is clear that if we do not stop the pandemic globally, we will not be able to halt its spread in the United States.

(See Appendix —)

At present several Federal agencies are working on slowing the pandemic worldwide. The Department of State has worked with other departments, agencies, and community-based organizations to develop a framework to guide U.S. international activities, to prevent new infections, reduce the personal and social impact, and to mobilize and unify national and international efforts. The U.S. Agency for International Development (USAID) supports a range of activities that strengthen local efforts to combat the epidemic. The U.S. Information Agency (USIA) supports programs that promote dissemination of U.S. policies and information related to HIV and AIDS, while the Peace Corps trains a portion of its volunteers to directly address HIV-related concerns in their Nations of placement. In addition, a number of agencies support research overseas, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the Department of Defense (DOD). For example, the DOD supports research overseas including trials of candidate HIV vaccines.

NIH (working in collaboration with USAID), supports basic scientific studies on social and behavioral aspects of AIDS in developing countries. The results of the studies ultimately will be used to develop interventions to reduce behaviors that place individuals at risk for contracting HIV infection.

Promise **International Leadership.** [Internationally, the United States has established a global leadership role in combatting the epidemic. This leadership must continue.] The U.S. strongly supports ~~and~~ ^{+ Co-sponsored} ~~co-sponsored~~ the newly established Joint United Nations Programme on AIDS (UNAIDS). ~~Moreover, the Director of the Office of National AIDS Policy leads the U.S. delegation to the governing body of the new global program.~~ Supporting UNAIDS demonstrates the U.S.'s commitment to working with other countries to bring this epidemic to an end. The U.S. also supports effort to coordinate diminishing resources as well as encourage non-traditional donor countries to provide much needed contributions.

Two sentences for UNAIDS.

Supporting UNAIDS and its innovative programmatic efforts, and its goal of assuring that treatments and vaccines are made available is not only morally fitting, also protects U.S. interests by promoting economic and social stability worldwide.

To do this need to support USAID efforts.

Program Coordination. One of the most challenging aspects of the U.S. effort is effective coordination among a host of agencies with varied missions and activities. The State Department and agencies such as USAID and USIA are primarily focused on country-

specific activities, ^{that} which include many HIV-related objectives. ^{which conduct research} Research agencies, such as NIH and CDC, plan their activities not around where they take place, but around scientific gaps and interests. These differences in focus present challenges in effectively planning, coordinating, and evaluating the overall U.S. international effort. [Therefore, in order to improve the U.S. international effort; the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a mechanism for identifying and coordinating this effort.]

Promise

lessons learned - 7

bottomline - P on 9 domestic awareness
started 1 should.

sharing information
share technologies

~~INFORMATION DISSEMINATION~~ *Translating Science into Practice*

One of the most ^{^u} important elements in our fight against AIDS is ensuring that hard won research advances are translated into practice (i.e., ensuring that new ^{ly gained research} knowledge is incorporated into standard medical practice of clinicians caring for persons living with HIV). The increasing presence of HIV in every community necessitates that all health care providers become knowledgeable about caring for persons with HIV. Improving the translation of research advances into daily clinical practice will require an ongoing collaborative effort on the part of the Federal government, individual health care providers, medical schools, professional organizations, international organizations, health centers and hospitals, and other parts of the private sector.

(See Appendix —)
Information dissemination activities fall under the missions of several agencies. The National Institutes of Health (NIH) supports a broad range of efforts including a "Clinical Alerts" mechanism for the dissemination of clinical trials results to health professionals, the media, and the general public. NIH also supports publicly available computerized databases such as AIDSDRUGS, AIDSTRIALS, and AIDSLINE in addition to a toll-free 1-800 TRIALS-A AIDS Clinical Trials Information Service (ACTIS). The Centers for Disease Control and Prevention (CDC) also disseminates information through hotlines such as its toll-free 1-800-HIV 0440 HIV/AIDS Treatment Information Service (ATIS) and

the AIDS Information Clearinghouse. In addition, the CDC issues guidelines for health professionals through its *Morbidity and Mortality Weekly Report*; such guidelines have included The U.S. Public Health Service Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women. The Agency for Health Care Policy and Research (AHCPR) has published a series of HIV-related clinical practice guidelines for clinicians and companion pamphlets for their patients; an example these materials are clinician guidelines for the evaluation and management of early HIV infection. The Health Resources and Services Administration has also developed standard-of-care guidelines for its CARE Act grantees.

NIH - inf. diss.
Eiken Shover

↑ In name?

SV Guidance

Due in part to federally-sponsored information dissemination activities, dramatic changes in the way HIV is treated have taken place over the last 15 years. In the beginning of the epidemic little was known about effective treatments; care was primarily hospital-based and focused on the most severe complications of late-stage HIV disease. Now, with more knowledge about the course of HIV disease available to clinicians, there is an increased focus on prophylaxis for a range of infections in a primarily outpatient setting. Individual agency projects have been productive in facilitating this change, such as the Comprehensive Guidelines for the Prevention of Opportunistic Infections in HIV-Infected Persons developed collaboratively between the CDC, NIH, and The Infectious Disease Society of

America (IDSA). NIH's state-of-the-art conferences have also contributed to improving the translation of research results into clinical practice.

However, despite these successes, there are still areas for improvement. For example, an AHCPR-supported study indicated that primary care physicians miss significant HIV-related symptoms during patient examinations.¹⁹ Other research indicates that a disturbing number of clinicians are not aware of or do not use universal precautions in the course of routine patient care.²⁰ We are also at a stage, unlike in the beginning of the epidemic, where research advances are coming more frequently. In the case of the NIH study which demonstrated it is possible to block perinatal transmission by administering a specific AZT regimen to the mother and baby, it became clear that this scientific breakthrough required a change in the standard-of-care. This change also required the development of new testing and counseling guidelines to reflect the new options available to women. And it meant that for patients enrolled in Medicaid and Medicare to receive access to this breakthrough, a policy change on the part of the Health Care Financing Administration (HCFA) ~~was~~ ^{WAS} would be required.



Review | **Coordination of Federal Activities.** [The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies.] Ensuring that information

about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

Promise [Improved information dissemination efforts are also needed in the area of primary prevention models.] *★ new!* As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

CIVIL RIGHTS

Wesley
Promise One of the Nation's common goals is to ensure the ethical treatment of persons with AIDS. Discrimination based on HIV status, is ^{legally} morally wrong, ^{it} and undermines the Nation's efforts to prevent and treat HIV infection and bring the epidemic under control. Because of fear of discrimination and stigma, many people do not voluntarily seek testing for HIV. As a result they remain unaware of their HIV status and cannot take advantage of care that could help them live longer more productive lives. In addition, opportunities to educate people are lost and they may not engage in behaviors that will prevent the spread of infection to others.

The Nation has made progress in fighting discrimination. The enactment of the Americans with Disabilities Act of 1990 provided protection against HIV-related discrimination in employment, housing, and public accommodations. However, the enactment of the ^{laws} ADA in and of itself is insufficient to end discrimination.

Promise We as a Nation ~~we~~ need to be vigilant in ^{to vocal} our efforts to fight discrimination. This is a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. ~~President Clinton and his Administration is~~ committed to speaking out and standing firm against discrimination, as he has done on numerous occasions -- for when one person faces discrimination we are all diminished.

Federal and State laws do exist to protect persons with HIV. Many of the more common legal issues faced by people living with HIV and AIDS, such as family law issues, estate planning, landlord/tenant problems are regulated by state law. The primary source of Federal statutory protection for people living with AIDS is the Americans with Disabilities Act of 1990 (ADA).

(Federal agencies are prohibited from discriminating against people with disabilities under the Rehabilitation Act of 1973.)

Title I of the ADA prohibits discrimination against qualified disabled individuals in employment settings. The Equal Employment Opportunity Commission (EEOC) is responsible for enforcing Title I. Title II of the ADA prohibits discrimination on the basis of disability with regard to public services while Title III prohibits discrimination on the basis of disability in public accommodations. The Department of Justice (DOJ) is responsible for enforcing Titles II and III. [The Health Care Financing Administration (HCFA) also enforces regulations regarding the treatment of HIV-infected persons.]

*Reviews programs to ensure
manage care waivers.*

Prohibit [The Federal government has aggressively and successfully prosecuted private sector violations of the ADA. These efforts will continue.] Under this provision the government has been extremely successful in prosecuting a range of cases, including clinicians who have refused to care for HIV infected patients and employers who have dismissed persons based on their actual or perceived HIV status. In addition to ongoing efforts, a joint

Department of Justice and Health and Human Services program will seek to combat nursing home discrimination against persons living with AIDS.

Promise [The Federal government must also actively work to remedy any of its own existing discriminatory policies. In order to identify areas of possible concern, the Director of the Office of National AIDS Policy ^{will} conduct a systematic review of agency and department testing programs. The Administration will ^{continue to} also oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country.]

Missing - HCWs

*By date
and assess appropriateness
of Rationale.
More proactive*

KJR

■ Budget Tables

■ Glossary/Acronym List

Acronyms:

ACTG	AIDS Clinical Trial Group
ADA	Americans with Disabilities Act of 1990
ADC	AIDS Dementia Complex
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and other drugs
ATOD	Alcohol, tobacco, and other drugs
ATSP	?? (from USAID's plan)
BCC	?? (from USAID's plan)
BOP	Bureau of Prisons
CARE	Ryan White Comprehensive AIDS Resources Emergency Act
CDC	The Centers for Disease Control and Prevention
CMV	
CNS	Central Nervous System
CPCRA	Terry Beirn Community Programs for Clinical Research on AIDS
DOJ	Department of Justice

DOL	Department of Labor
EEOC	Equal Employment Opportunity Commission
FDA	Food and Drug Administration
GCRC	General Clinical Research Centers Program
HCFA	Health Care Financing Administration
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HSV	Herpes Simplex Virus
HUD	Department of Housing and Urban Development
HTLV-1	
ICD	Institute, Center, Divisions
IDTF	Interdepartmental Task Force on HIV and AIDS
IHS	Indian Health Service
IOM	Institute of Medicine
JC	xxxxxxxx virus
MAI	
MTB	<i>Mycobacterium tuberculosis</i>

NCRR	National Center for Research Resources
NGO	Non-governmental Organization
NIH	National Institutes of Health
NREN	National Research and Education Network
OAR	Office of AIDS Research
OI	Opportunistic Infection
OMB	Office of Management and Budget
PCP	<i>Pneumocystis carinii</i> pneumonia
PHS	Public Health Service
PLWH	?? (from USAID's plan)
PSA	Public Service Announcement
PVO	Private Voluntary Organization
PWA	Person with AIDS
RFIP	Research Facilities Infrastructure Program (NIH)
RPRC	Regional Primate Research Center (NIH)
RWCA	Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SPF	Specific Pathogen-Free
SSA	Social Security Administration
SSI	Supplemental Security Income

TA Technical Assistance

UNAIDS

USAID

USIA

WHO World Health Organization

Glossary:

Best Practice: Used by USAID

Incidence:

Population-based: type of epi study -- look at old epi books.

Prevalence:

Primary Prevention:

Secondary Prevention:

Social marketing: application of commercial marketing
 strategies to social issues, is one method
 that can be used to encourage behavior change
 and maintain behaviors.

Surrogate Marker:

Translation to Practice:

ACTG 076:

Appendix:

IDTF Members

Summary of Promises

PREVENTION --

■ Trends in the epidemic must be taken into consideration when prioritizing research and service programs.

■ We need to collect this type of data in tandem with an enhanced effort to link surveillance and epidemiological data to priority setting, the design, and evaluation of prevention programs.

These needs require that the CDC re-evaluate and reconfigure its data collection efforts; such a shift may require reconfiguring of currently collected data to address these needs.

■ Agencies supporting behavioral research must improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. *** Agencies supporting behavioral research must include scientists from a broad range of disciplines in their planning activities and improve their data-sharing and collaborative efforts with agencies responsible for implementing prevention programs. ***

■ Agencies supporting social marketing activities need to strengthen our efforts to understanding barriers to the implementation and replication of promising prevention programs. Given the highly innovative nature of these endeavors, it is also

critical to strongly support the provision of technical assistance, and training, and a community-based effort that would test these models in a real-world setting.

- TA for community planning. However, this process is early in its development and will require technical assistance from _____ if it is to fulfill its potential for good priority setting and decision making.

- Improve the integration of HIV prevention and substance abuse programs.

- In addition to our efforts directed towards getting people into treatment for their addiction, we must also support harm reduction approaches for when treatment fails.

- Given the continuing and growing public health threat posed by the HIV epidemic, needle exchange programs deserve reconsideration by local communities as a possible intervention in the face of this public health emergency.

- It must be part of the Federal response to increase the availability of treatments slots.

- And finally, to reach our prevention goals, we must improve the integration of prevention activities and messages into primary

health care services. Achieving this level of integration will require the active collaborative efforts on the part of individual physicians, nurses, clinicians, managed care plans, medical schools, professional organizations in addition to local and Federal governments.

■ Maintaining Medicaid and Medicare

RESEARCH

■ It is research that will enable us to reach these goals and until they are a reality, the Nation must provide solid ongoing support for basic and clinical research.

■ It is essential that the authority granted OAR in the revitalization legislation, including the single appropriation, be supported and maintained.

■ To achieve this the Director of the Office of National AIDS Policy will coordinate an inter-departmental working group to be chaired by the Director of the Office of AIDS Research to develop a coordinated plan and budget for HIV and AIDS research across all departments within 90 days.

■ In order to identify areas for fruitful collaboration and accelerate the pace the Vice President will convene a meeting of

government scientists and leaders of the pharmaceutical and biotechnology companies to identify barriers to the development of vaccines, therapeutics, and topical microbicides.

■ It is vitally important that serious consideration is given to all the data that are available and that that information is shared and used by scientists as we move forward in vaccine development process.

■ With the advent of accelerated approval by the FDA it will be incumbent on the government to ensure that the efficacy studies, currently mandated by law are carried out.

■ The Nation must develop a mechanism for ensuring periodic assessment of the state of the art and disseminating that information widely. This will require collaboration with industry, government, and professional groups.

■ These are areas of market failures where the government must step in to serve and protect the Nation, i.e. vaccine development; access to sophisticated equipment and personnel; head-to-head clinical trials; alternative treatments; ensuring safety of the blood supply.

CARE & SERVICES

- Maintaining Medicaid in a viable format must be a National priority.

- All Federal programs, along with state and local organizations, must bear the share of the responsibility for serving and caring for people with AIDS. This must include the integration of HIV-related care into community health centers.

- Maintain sufficient funding for CARE Act.

- AIDS programs must do a better job of prioritizing what services they can provide -- and Federal agencies must assist grantees in this regard. (Treatment and primary care must come before ancillary services. It is not prudent use of resources to have a perfect case management system if there is no primary care system into which to case manage patients.)

- And finally, the shift to managed care will have implications for programs such as the Ryan White Care Act programs. HRSA will need to provide more technical assistance to prepare grantees to work with and not against managed care.

- The HOPWA program must be protected, but must also be acknowledged that HOPWA cannot do it alone. Protecting this component of the safety net and providing housing for persons living with HIV must be a shared responsibility between Federal,

state, local governments and community organizations

■ Improving access to appropriate HIV-related care for prisoners must be a priority. This effort can be accomplished by the effective collaboration and consultation between agencies and that have experience with providing care and agencies which have responsibility for providing care for prisoners.

■ Ensuring this consistency in clinical care will require increased training for all health care professionals in addition to more accountability through the use of performance measures for quality care. Achieving this goal will require the cooperation of Federal agencies, professional organizations, medical schools, and individual clinicians.

■ Through the Interdepartmental Task Force for HIV and AIDS (IDTF), key agencies must identify approaches for facilitating the development of integrated care and prevention programs at the implementation level.

■ And finally, if we are to provide high quality cost-effective care and services for HIV-infected persons, we must carefully evaluate our activities.

CIVIL RIGHTS

■ Ending discrimination -- This a responsibility that must be shared among Federal agencies, states, communities, and the citizens of this country. The President and his Administration will assert leadership on this front.

■ The Federal government will continue to aggressively pursue and prosecute private sector violations of the ADA. In addition, a joint Department of Justice and Health and Human Services program will seek to combat nursing home discrimination against persons living with AIDS.

■ The Federal government must also actively work to remedy any of its own existing discriminatory policies. In order to identify areas of possible concern, the Director of the Office of National AIDS Policy to conduct a systematic review of agency and department testing programs. The Administration will also oppose Congressional attempts to force discharge of infected military personnel who are still able to serve their country.

INTERNATIONAL ACTIVITIES

■ Support for UNAIDS

■ Therefore, in order improve the U.S. international effort, the agencies supporting international activities on the Interdepartmental Task Force for HIV and AIDS must develop a

mechanism for identifying and coordinating this effort.

INFORMATION DISSEMINATION

■ The most pressing need in the area of information dissemination is to improve coordination among Public Health Service agencies. Ensuring that information about a research breakthrough, such as the prevention of perinatal transmission study, reaches the appropriate persons and organizations, and that policies and standard-of-care practices for federally-sponsored programs are modified to reflect the new standard, will require a high level of cooperation and coordination among Public Health Service agencies.

■ Improved information dissemination efforts are also needed in the area of primary prevention models. As noted in the prevention section, good models of effective prevention interventions have been developed, but often this valuable information is not reaching those persons on the frontlines of the epidemic. Here again, the Public Health Service must take the lead in ensuring that information which can be used to stem the tide of new infections reaches those who can make a difference.

1. National Commission on AIDS ...
2. Check reference -- possible CDC surveillance data
3. Department of Labor -- confirm.
4.

Cancer	111,874 YPLL (in thousands)
Unintentional Injuries	1,796
Heart Diseases	1,324
HIV/AIDS	1,056
5. Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency Syndrome (AIDS), Public Health Reports 100:453-455, September-October, 1985.
6. Coolfont Report. A PHS plan for the Prevention and Control of AIDS and the AIDS Virus. Public Health Reports 101:341-348, July-August 1986.
7. Report of the Second Public Health Service AIDS Prevention and Control Conference. Public Health Reports. Vol. 103 Supplement No.1 (Revised). 1988.
8. The Public Health Service Strategic Plan to Combat HIV & AIDS in the United States. U.S. Department of Health and Human Services. 1992.
9. AIDS: An Expanding Tragedy. The Final Report of the National Commission on AIDS. Washington, DC. 1993.
10. The CDC Advisory Committee on the Prevention of HIV Infection. External Review of HIV Prevention Strategies. **DATE.**
11. AIDS and Behavior: An Integrated Approach. p.79.
12. AIDS and Behavior: An Integrated Approach. Judith D. Auerbach, Christian Wypijewska, and H. Keith H. Brodie, Editors. Institute of Medicine. National Academy Press. Washington, DC. 1994.
13. AIDS and Behavior: An Integrated Approach
14. JAMA article used in PRIM&R speech
15. Don C. Des Jarlais, Holly Hagan, Samuel R. Friedman, Patricia Friedmann, David Goldberg, Martin Frischer, Steven Green, Kerstin Tunving, Bengt Ljungberg, Alex Wodak, Michael Ross, David Purchase, Margaret E. Millson, Ted Myers. Maintaining Low HIV Seroprevalence in Populations of Injecting Drug Users. JAMA, October 18, 1995 -- Vol. 274, No. 15. pp 1226-1231.

16. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Jacques Normand, David Vlahov, and Lincoln E. Moses, Editors. National Academy Press, Washington, DC. 1995
17. National Commission on AIDS. Final Report. 1993.
18. Reference from LaHoma ...
19. Douglas S. Paauw, Marjorie D. Wenrich, J. Randall Curtis, Jan D. Carline, Paul G. Ramwey. Ability of Primary Care Physicians to Recognize Physical Finding Associated with HIV Infection. *JAMA*. 1995; 274:1380-1382.
20. AHCPR???