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Remarks By

Patricia S. Fleming

National AIDS Policy Director

to

National Black Gay and Lesbian Leadership Forum

Dallas, Texas

February 16, 1996

Black Gay Leadership speech
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GOOD MORNING:

Thank you Keith for that gracious introduction and for your leadership in the African-American community and among lesbians and gay men of color. When Keith told me he was planning to leave the White House to return to the private sector, I told him that I would miss his insight but knew he would provide this community with a passionate voice for justice. You are very lucky to have him.

It's a pleasure to join you today for this important discussion of HIV and AIDS. I bring greetings from President Clinton, who has made combating AIDS a top priority of his Administration.

I'd like to introduce a member of the Presidential Advisory Council on HIV and AIDS, Tom Henderson. Tom and I and Carol Rasco, the Domestic Policy Advisor to the President spent the day yesterday visiting AIDS service programs here in Dallas so we can hear the concerns of the community and take them back to Washington to help us in making policy decisions that concern people living with HIV and AIDS and those who are at risk.

I want to thank the organizers of this conference for making time on your agenda for AIDS. With so many critical issues facing our community it is difficult to decide where to focus our attention. But I don't believe it's an overstatement to say that the fight to end the AIDS epidemic is the central issue of the lives of African-American men and women, most especially for young gay men of color.

Most of you know some of these statistics. But I will give you some others you may not know. AIDS is the leading cause of death among African-American men in this country between the ages of 25 and 44. And it's been the number one cause of death since 1990. In fact, today, AIDS causes one out of every three deaths among African-American men. That surpasses everything else, including homicide.

Among African-American women, AIDS accounts for nearly one in five deaths from age 25 to 44.

For young gay men of color, the numbers are even worse. While the rate of HIV infection among gay men overall has been dropping steadily, it is clearly on the rise among young gay men and especially among young gay and bisexual men of color. African Americans made up nearly 40 percent of new AIDS cases reported last year among people from 20 to 24. And more than half of them were young gay and bisexual men.

We have already lost more than 100,000 African-Americans to AIDS in the first fifteen years of this epidemic. Black men and women have accounted for one-third of the lives lost to AIDS even though we make up only 13 percent of the population.

These men and women could be the leaders of our community. They are our brothers and sisters; our mothers and fathers; our lovers and loved ones; our sons and daughters.

As an African-American woman -- and especially, as the mother of a young gay man of color -- these trends frighten me and they anger me. We cannot stand by and watch a generation of African-American leadership go down the drain! We cannot and we must not!

Each of us must play a part in the battle to end this epidemic and I hope that each of you is already playing a critical role in that effort.

In December, more than 300 Americans -- gathered for the first White House Conference on HIV and AIDS. It was a remarkable day, filled with probing discussions of the major issues that confront us all.

The President made clear on that day that the search for a cure and new treatments for those who have AIDS and a vaccine and microbicide to protect those who are uninfected is our top priority. He committed his Administration to that effort and has been pressuring Congress to make sure we have the resources we need for the research still to be done.

The President also made clear that we must provide the necessary resources to care for those Americans who are living with HIV and AIDS. Our scientific advances helped people with AIDS to live twice as long as they did just ten years ago. But that means that more and more people need high-quality compassionate care.

And the President established a goal for this nation: to reduce the number of new HIV infections each and every year until there are none. That is a very large task and one that will require contributions at all levels of society, from the Federal government in Washington to the family living rooms across this country. It is not easy to change behavior even with the threat of a fatal illness. But the risk we take by not aggressively attacking this issue is much too great.

I know that many of you are asking: What are we doing about these trends? How can we turn them around?

I am going to talk now about the younger generation -- for they are at great risk. Many of you have children or are young adults and others come into contact with them. Whether they are our own or someone else's we can often reach them.

The answer isn't simple, but it is within our grasp. We must first start with education. Education not only of our young people so that they protect themselves and respect themselves, but education of our peers so that they teach their children and their grandchildren how to be safe. To do that we will have to rid our community of the denial that continues to keep us from confronting the fact that our children have sex, use drugs, and get AIDS. We can't allow this to be a silent epidemic or we will lose too many of the voices we need to lead us into the future.

And we also must do more to rid our nation of another danger -- I'm talking about homophobia. It is no surprise to me when I hear that young gay men and young lesbian women are practicing unsafe sex. When our society tells them that they are sick and depraved, how can we expect them to have the kind of self-esteem they need to protect themselves? Young people who are shunned or even kicked out of their own homes often end up on the streets where the likelihood of high-risk behavior is much greater.

The government plays an important part in AIDS education and prevention at the national, state, and the community levels. We provide the funding and the expertise that is needed to educate young people about the dangers of HIV transmission. We can tell them

how HIV is transmitted and how it is not. We can tell them how to reduce their risk of becoming infected and give them the tools to teach their friends.

But we have to start with the understanding that by the time our children reach their senior year in high school, three-quarters of them have already had sex and they are unlikely to stop. We have to understand that one out of every 62 high school seniors admit that they have injected an illegal drug at least once in their life. And we have to admit that those rates are probably higher among African American children.

So we need to tell our children that they can protect themselves from AIDS by not having sex or not using drugs but we also have to recognize that they are probably going to do one or the other -- or maybe even both -- anyway. We have to talk about condoms and we have to talk about the consequences of the use of all kinds of drugs, including alcohol. These aren't easy topics for adults to discuss with children and they're not easy topics for children to discuss with their adults. But in this case, silence truly means death and I don't think that's a price we want to pay for our embarrassment.

We have to do a better job getting these messages through to communities of color. That doesn't mean simply translating the same generic messages into Spanish or hiring African-American actors to read the same scripts. It means reaching out and talking to our young people in the language that they speak and they understand. I am proud of the most recent set of public service announcements that the CDC issued last month aimed at

young adults. For the first time, they feature real young people not actors talking to each other about safe sex and abstinence. They include young black men and women talking about their lives and their experiences. And they also include young gay men of color talking about their experiences. These ads are an important step but they are only one step.

We clearly must increase our efforts to reverse the latest trends related to drug use. A new study estimates that about half of all new HIV infections in this country are directly related to injectable drug use. And that another 25 percent of infections are through heterosexual contact with injectable drug users or those who use crack and other drugs. Another group infected indirectly through drug use is infants.

We have seen some innovative approaches taken by state and local governments to reduce the level of risky behavior among drug users. Governors and mayors across this country have taken the political risk of starting needle exchange programs to. In doing so, they risked the wrath of those who believe that such programs increase the use of drugs.

That courage has paid off as the results of the recent report by the Institute of Medicine shows. After looking at needle exchange programs across the country, IOM found that needle those programs do not increase drug use and that they do decrease HIV transmission not only from drug user to drug user but also to their sexual partners and children.

Needle exchange programs should only be part of a comprehensive strategy to attack the problem of HIV transmission related to drug use. The strategy must include drug treatment to help people stop using drugs. And changes in state laws to allow the sale of syringes without a prescription and decriminalization of needle and syringe possession.

We also need to fight hard to preserve our medical safety net for people with AIDS. For nearly half of Americans living with AIDS, Medicaid is the only source of health care coverage. It pays for visits outpatient and inpatient care, home care, and, perhaps most importantly, prescription drugs. Without Medicaid, people with AIDS would get sick much more quickly and would die much sooner. It is just that simple.

The President is fighting hard to retain Medicaid as a federal entitlement program. He is facing enormous pressure from the Republican Congress, which wants to repeal the program, cut funding by $85 billion, and replace Medicaid with a state-run block grant and now the Governors have weighed in. You and I know what the results of that kind of states' rights would be. We must be united in our opposition to this proposal.

We also must fight for the Ryan White CARE Act, which provides critical care to people who have no health insurance. It pays for primary care in an outpatient setting and helps to pay for the often expensive drugs that keep people with HIV and AIDS alive and

healthy for longer and longer periods of time. We have seen strong bipartisan support for the CARE Act in the past year, but we still don't have a bill on the President's desk to extend this vital program.

And we don't have an appropriations bill that the President can sign providing funding for Ryan White for the rest of this year. We need to keep up the pressure for that bill, too.

Finally, as I said earlier, all of our efforts must be guided by the over-arching principle that we must find a cure for AIDS and a vaccine to protect all people -- in this country and around the world. I was pleased to see the Congress approve full-year funding for AIDS research at NIH and to see that they approved every dollar that the President requested for this effort. I have worked hard to assure that African-Americans and other racial and ethnic minorities are fully represented in our research efforts and in the clinical trials that are underway.

We have a lot of work ahead of us. But I have hope. Hope is what keeps a lot of us going -- a lot of us and a lot of you who are committed to making headway against the insidious AIDS virus.

I'd like to close with a quote from one of my heroes. During the battle to end slavery in this country, Frederick Douglas said:

"It is not light that is needed, but fire. It is not the gentle shower, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling of the nation must be quickened. The conscience of the nation must be roused. The propriety of the nation must be startled."

I know that I can count on you for the thunder and lightening because each of you is a part of the conscience of our nation and together we can change our future.

Thank you.

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
Conference on
Advances in AIDS Vaccine Development
National Institute of Allergy and Infectious Diseases
NIH

February 11, 1996

GOOD AFTERNOON:

Thank you for that gracious introduction and for inviting me to participate in this conference today.

I want to thank Tony Fauci and his colleagues at NIAID for putting together this meeting and for their incredible work in pursuit of an end to the AIDS epidemic. Tony and his colleagues along with Harold Varmus, Bill Paul, Rick Klausner, Jack Killen, Pat Fast and so many others here at NIH are on the front line of the national battle against HIV and AIDS. And, of course, so are the men and women in this room who represent the best minds in science. Some day -- and I hope it is very soon -- when they write the history of how the AIDS epidemic was conquered, you will be among the heroes whom we celebrate.

I bring you greetings from President Clinton. The President has made AIDS research a top priority of his Administration and he greatly appreciates the important role you are playing in fighting this epidemic.

For many of us who have dedicated most of the last 10 or 15 years to fighting HIV and AIDS, the past two weeks are, perhaps, one of the most encouraging periods of science we have experienced. Our national investment in science is beginning to pay some important dividends for people who are living with HIV and AIDS and for billions of men, women, and children in this world who are uninfected but living in the shadow of this pandemic.

We have seen vital signs of progress in the development of new drugs to fight HIV in the human body -- advances that could mean years of healthy, meaningful life for people living with AIDS. And we have seen early signs that the epidemic in this country may be slowing down and might have even reached a plateau.

Let me be very clear, however: These are encouraging signs, but they are not yet a cause for celebration. We may be seeing a plateau in the number of new infections in this country and in the number of AIDS-related deaths as well, but there are still 40 to 60,000 new infections in the U.S. every year and there are still 40,000 AIDS-related deaths every year. To put it in more immediate terms, 100 to 120 Americans are becoming infected every day and 100 to 110 Americans are dying every 24 hours. We are running in place but it is a very dangerous place indeed.

Two months ago, the President held the first ever White House Conference on HIV and AIDS. More than 250 people from across the country joined together for a day of discussion, deliberation, and planning for the fight ahead. When he spoke to that conference, the President was crystal clear about our primary purpose in the battle against AIDS. He said, "Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect everyone from the virus."

Those words were aimed at everyone in this country and in other countries who are concerned about the path of this epidemic. But they were meant especially for the women and men in this room who spend your days at a bench, behind a microscope, in a laboratory, in a clinic, in a drug treatment center searching for the answers that will make that goal a reality.

An important part of that search is, of course, resources. That is why I was so pleased to see the Congress -- this Congress -- approve an NIH budget that not only meets the President's request but goes even further. It is hard to remember that only one year ago, this same Congress was talking about cutting the NIH budget by as much as 10 percent. While their learning curve has been rather steep in other areas, it is clear that the new leadership in Congress has recognized the value of investing in medical research.

With the increase approved by Congress for this year, the total increase in AIDS research dollars during this Administration comes to 26 percent. In a time when virtually every government program is being slashed or burned, that is a remarkable achievement. And it is due, in large part, to the real progress that you are making and to the political fortitude of the President, his allies in Congress, and to AIDS activists and advocates.

But while greater resources are an important part of making progress in research, they are not the entire answer. That is why this Administration is so proud of the fact that one of the first bills the President signed after he took office was the NIH Revitalization Act of 1993. That law dramatically strengthened the powers of the Office of AIDS Research, giving it broad authority over the planning and direction of AIDS research funded by NIH. We also are very proud of the work that Dr. Paul and his colleagues at OAR have done to set a course for AIDS research and to reach across disciplines so that the best minds in science are working together toward our common goal.

Let me make one thing absolutely clear. President Clinton, Secretary Shalala, Dr. Varmus, and I stand one hundred percent behind the OAR and its budget authority.

We are continuing to work with the Congress to make sure that Dr. Paul has all of the authority he needs in the current fiscal year and, in the FY 1997 budget that will go to Congress next month, we will request specific budget authority for Dr. Paul. Finally, we will vigorously support an NIH reauthorization bill this year that maintains a strong and vital OAR.

All of us recognize that the job of finding an AIDS vaccine cannot be done by government alone. That is why the President has asked Vice President Gore to convene a high-level meeting of the leaders of the pharmaceutical industry and government scientists to discuss ways to accelerate the search for new treatments, a cure and a vaccine, and for prevention methods -- including microbicides. This unprecedented meeting will occur within a month and will begin a serious effort to combine the muscle of government, industry, and science.

The meeting will have two central goals. First, to better define the roles of government and the private sector in our common search for a vaccine and other new treatments and interventions. Second, to identify ways in which the government can act to remove impediments to the development, production, and marketing of a vaccine and other relevant products.

One meeting will not break the logjam in AIDS vaccine development, but I believe it will start a dialogue that will help to speed the work of scientists and drug companies alike. We will also continue to reach out to members of the affected community for their ideas and their support as we move forward.

The President has also asked Dr. Paul to expand on his work here at NIH by leading a working group that will develop the first government-wide plan and budget for AIDS research. I believe that it will be to the benefit of all scientists when we can assure that we are pulling in the same direction. Dr. Paul tells me this plan should be ready for release in April.

Let me now address some of the issues surrounding the development of an AIDS vaccine. I realize that to some people in both the scientific and patient advocate communities that developing a vaccine is controversial. HIV vaccine development exists in a world of social, legal, and ethical complexities and inherent scientific uncertainties.

There are those who believe that we must focus our efforts on basic science and hold off on clinical studies in humans until we can be very sure that the candidate vaccine will work. And then there are the empiricists, who believe that in the face of this pandemic we must forge ahead with human trials of any available candidate.

Basic science is vitally important to all of the research work being done on AIDS, but basic science is not enough. One of the things that makes scientists great is that they are willing to take a leap of faith. Granted, this is a leap that is grounded in scientific theory and results. But it is your willingness to push the envelope that allows us to reap the benefits of research.

So it may not surprise you to hear that I believe we need both of these perspectives. It is important that the pendulum not swing too far in either direction. The science must be there. And given the cost and human effort -- on the part of both researchers and study participants -- it is vital that we enter into trials only when we believe that the candidate vaccine is safe and likely to be effective. We must be sensitive to the impact that decisions by the United States have on the rest of the world and maintain a dialogue with our international partners.

I have spent part of the last two years representing the United States in international forums, including the very promising U.N. AIDS Program in Geneva. There is a growing sense of cooperation and collaboration in the world of science that we must continue to foster.

Our international partners stand ready to work with us on vaccine development. In return we must make sure that when a vaccine is discovered is made available around the world, in developed nations and those that are still under development. This is not only necessary for humanitarian purposes, it is vitally important if we are to prove to manufacturers that there is a large enough market for these products to make the R&D effort worthwhile.

We also must be cognizant of the ethical standards that we follow so closely here in our country but sometimes forget when we are working overseas. We cannot go into a country to test a drug or a vaccine and then take that product home without improving the lives of the people in that country.

Vaccine development is not our only avenue of prevention research. A topical microbicide must be developed in order to give women the power to protect themselves without having to rely on their partner. With the recent trends in infection, the development of microbicides may be the single greatest act we can perform absent a vaccine. We need to promote the development of a diversity of prevention methods. As we have in the family planning field, we need more choices -- especially those that women can control -- to stop this epidemic.

As with vaccines, our work on microbicides includes a number of impediments. We have to find ways to heighten private sector interest in microbicide development. That's why this subject is on the agenda for the Vice President's meeting later this month. We also must be ready with a system of clinical trials that will enable us to get quick answers to important questions.

I want to give you some facts:

- There are as many as 20 million people infected with HIV worldwide. the majority are women.
- The rate of increase in HIV infections in the U. S. is greatest among women.
- Worldwide, the major transmission route is heterosexual sex.
- Women are much more likely than men to be infected during heterosexual sex.
- Men control prevention when the mode of protection is a male condom.
- The female condom is neither widely accepted nor widely used.

And yet, from a budget of well over $1 billion for AIDS research here at NIH, only a small amount -- from $10 to $15 million -- is allocated for microbicide research.

This is an avenue of research that could lead to the prevention of HIV infection among millions of men, women and infants around the world. And yet it seems to me that microbicide research is on the back burner, where it has always been, in spite of the tremendous need.

We also must continue to work on other prevention strategies such as control of sexually transmitted diseases, chemical and physical barriers, and behavioral change. Diverse populations are affected by the HIV epidemic so we need diverse methods to prevent it.

Ultimately, all that we are doing, and all that we will do is about hope. Hope for our brothers and sisters who are living with HIV and AIDS today. Hope for our friends, lovers, and loved ones who live in the shadow of this epidemic every day. And hope for our children and grandchildren who deserve to grow up in a world where HIV is a thing of the past. You have the power to make these dreams come true. You have my promise that we will work hard to provide you with all that you need to do so.

Thank you.

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Uganda
Prenatal HIV 10.2% rural
21.8% city

Rakai dist
Total 12.6%

NIAID

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So it may not surprise you to hear that I believe we need both of these perspectives. It is important that the pendulum not swing too far in either direction. The science must be there. And given the cost and human effort -- on the part of both researchers and study participants -- it is vital that we enter into trials only when we believe that the candidate vaccine is safe and likely to be effective. We must be sensitive to the impact that decisions by the United States have on the rest of the world and maintain a dialogue with our international partners.

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We also must be cognizant of the ethical standards that we follow so closely here in our country but sometimes forget when we are working overseas. We cannot go into a country to test a drug or a vaccine and then take that product home without improving the lives of the people in that country.

Vaccine development is not our only avenue of prevention research. A friend of mine here at NIH told me recently that every time they see me enter a room out here in Bethesda someone is thinking, "here comes the microbicide lady." I'm proud of that label because I've been pressing the issue of microbicide research and development at every opportunity I get. It is absolutely vital for us to give women the power to protect themselves without having to rely on their partners.

With the recent trends in infection, the development of microbicides may be the single greatest act we can perform absent [redacted] a vaccine. We need to promote the development of a diversity of prevention methods. As we have in the family planning field, we need more choices -- especially those [redacted] that women can control -- to stop this epidemic.

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Ultimately, all that we are doing, and all that we will do is about hope. Hope for our brothers and sisters who are living with HIV and AIDS today. Hope for our friends, lovers, and loved ones who live in the shadow of this epidemic every day. And hope for our children and grandchildren who deserve to grow up in a world where HIV is a thing of the past. You have the power to make these dreams come true. You have my promise that we will work hard to provide you with all that you need to do so.

Thank you.

Our international partners stand ready to work with us on vaccine development. In return we must make sure that when a vaccine is discovered is made available around the world, in developed nations and those that are still under development. This is not only necessary for humanitarian purposes, it is vitally important if we are to prove to manufacturers that there is a large enough market for these products to make the R&D effort worthwhile.

We also must be cognizant of the ethical standards that we follow so closely here in our country but sometimes forget when we are working overseas. We cannot go into a country to test a drug or a vaccine and then take that product home without improving the lives of the people in that country.

Vaccine development is not our only avenue of prevention research. ~~A friend of mine here at NIH told me recently that every time they see me enter a room out here in Bethesda someone is thinking, "here comes the microbicide lady." I'm proud of that label because I've been pressing the issue of microbicide research and development at every opportunity I get. It is absolutely vital for us to~~ A topical microbicide must be developed in order to give women the power to protect themselves without having to rely on their partner.

With the recent trends in infection, the development of microbicides may be the single greatest act we can perform absent a vaccine. We need to promote the development of a diversity of prevention methods. As we have in the family planning field, we need more choices -- especially those that women can control -- to stop this epidemic.

As with vaccines, our work on microbicides includes a number of impediments. We have to find ways to heighten private sector interest in microbicide development. That's why this subject is on the agenda for the Vice President's meeting later this month. We also must be ready with a system of clinical trials that will enable us to get quick answers to important questions.

I want to give you some facts:

- There are as many as 20 million people infected with HIV worldwide. the majority are women.
- The rate of increase in HIV infections in the U. S. is greatest among women.
- Worldwide, the major transmission route is heterosexual sex.
- Women are much more likely than men to be infected during heterosexual sex.
- Men control prevention when the mode of protection is a male condom.

- The female condom is neither widely accepted nor widely used.

And yet, from a budget of well over $1 billion for AIDS research here at NIH, only a small amount -- from $10 to $15 million -- is allocated for microbicide research.

This is an avenue of research that could lead to the prevention of HIV infection among millions of men, women and infants around the world. And yet it seems to me that microbicide research is on the back burner, where it has always been, in spite of the tremendous need.

We also must continue to work on other prevention strategies such as control of sexually transmitted diseases, chemical and physical barriers, and behavioral change. Diverse populations are affected by the HIV epidemic so we need diverse methods to prevent it.

Ultimately, all that we are doing, and all that we will do is about hope. Hope for our brothers and sisters who are living with HIV and AIDS today. Hope for our friends, lovers, and loved ones who live in the shadow of this epidemic every day. And hope for our children and grandchildren who deserve to grow up in a world where HIV is a thing of the past. You have the power to make these dreams come true. You have my promise that we will work hard to provide you with all that you need to do so.

Thank you.

********** -JOURNAL- ********** DATE FEB-12-1996 ***** TIME 15:46 *********

DATE/TIME = FEB-12 15:43

JOURNAL NO. = 30

COMM.RESULT = OK

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STATION NAME =

TELEPHONE NO. = T 916199424979

RECEIVED ID =

RESOLUTION = STANDARD

-WHITE HOUSE AIDS POLICY -

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OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
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FACSIMILE COVER SHEET

TO: Jon Cohen - Science Magazine

FAX NUMBER: 619-942-4979

FROM: Patricia Fleming

DATE: 2-12-96

PAGES INCLUDING COVER SHEET: 7

COMMENTS:

Those words were aimed at everyone in this country and in other countries who are concerned about the path of this epidemic. But they were meant especially for the women and men in this room who spend your days at a bench, behind a microscope, in a laboratory, in a clinic, in a drug treatment center searching for the answers that will make that goal a reality.

An important part of that search is, of course, resources. That is why I was so pleased to see the Congress -- this Congress -- approve an NIH budget that not only meets the President's request but goes even further. It is hard to remember that only one year ago, this same Congress was talking about cutting the NIH budget by as much as 10 percent. While their learning curve has been rather steep in other areas, it is clear that the new leadership in Congress has recognized the value of investing in medical research.

With the increase approved by Congress for this year, the total increase in AIDS research dollars during this Administration comes to 26 percent. In a time when virtually every government program is being slashed or burned, that is a remarkable achievement. And it is due, in large part, to the real progress that you are making and to the political fortitude of the President, his allies in Congress, and to AIDS activists and advocates.

But while greater resources are an important part of making progress in research, they are not the entire answer. That is why this Administration is so proud of the fact that one of the first bills the President signed after he took office was the NIH Revitalization Act of 1993. That law dramatically strengthened the powers of the Office of AIDS Research, giving it broad authority over the planning and direction of AIDS research funded by NIH. We also are very proud of the work that Dr. Paul and his colleagues at OAR have done to set a course for AIDS research and to reach across disciplines so that the best minds in science are working together toward our common goal.

Let me make one thing absolutely clear. President Clinton, Secretary Shalala, Dr. Varmus, and I stand one hundred percent behind the OAR and its budget authority.

We are continuing to work with the Congress to make sure that Dr. Paul has all of the authority he needs in the current fiscal year and, in the FY 1997 budget that will go to Congress next month, we will request specific budget authority for Dr. Paul. Finally, we will vigorously support an NIH reauthorization bill this year that maintains a strong and vital OAR.

All of us recognize that the job of finding an AIDS vaccine cannot be done by government alone. That is why the President has asked Vice President Gore to convene a high-level meeting of the leaders of the pharmaceutical industry and government scientists to discuss ways to accelerate the search for new treatments, and a cure and a vaccine, and for prevention methods -- including microbicides. This unprecedented meeting will occur within a month and will begin a serious effort to combine the muscle of government, industry, and science.

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FACSIMILE COVER SHEET

TO: Patricia E. Fast

FAX NUMBER: 301-402-3684

FROM: Patricia Fleming

DATE: 2/13/96

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

Please replace pages 3 and 6 with the attached.

********** -JOURNAL- ********** DATE FEB-13-1996 ***** TIME 13:21 ********

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RECEIVED ID = 301 402 3684

RESOLUTION = STANDARD

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FACSIMILE COVER SHEET

TO: Jon Cohen

FAX NUMBER: 619-942-4979

FROM: Patricia Fleming

DATE: 2/13/96

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

Please replace pages 3 and 6 with the attached.

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RESOLUTION = STANDARD

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FACSIMILE COVER SHEET

TO: Laurie Doepel

FAX NUMBER: 301-402-0120

FROM: Patricia Fleming

DATE: 2-26-98

PAGES INCLUDING COVER SHEET: 7

COMMENTS: