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[Briefings for Thursday, January 28, 1999 to Hillary Rodham Clinton]

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Todd Summers (Box 2)

Conf. 9/98 DASH Leadership
Conf. 9/98 Human Rights Campaign
Conf. 9/98 AIDS Housing Conf
Conf 10/98 US Conference on AIDS
Conf 11/98 CAAC ProVision Conference
Conf 12/98 National STD Prevention Conference
Conf 1999 CDC Prevention Conference
Conf 1/29//99 ITSF –French Embassy
Conf 2/99 Ryan White Youth Conference
Conf 2/99 National Conference on African-Americans and AIDS
Conf 3/15/99 US Africa Ministerial
Conf 3/99 Knoxville
Conf 4/99 ~~HIV~~and Disability
Conf 4/99 SIECUS
Conf 5/99 AIDS Policy Center for Children, Youth and Families
Conf 5/99 Housing Works
Conf 5/99 HRSA Title II/ADAP
Conf 5/99 Youth Leadership Forum
Conf 6/99 Forum on Patient Outcomes
Conf 6/99 Global Health Council
Conf 6/99 Global Health, Poverty and Development
Conf. 9/99 FCHR Standard of Care
Conf 6/99 VA Conference on Multiple DX

Events 9/97 Pediatric Labeling
Events 9/97 Miss America Visit
Events 10/97 Philanthropic ~~Rountable~~Roundtable (Newport RI_
Events 11/97 Hate Crimes Conference
Events 1/98 San Francisco Mayors AIDS Summit
Events 2/98 APC Press Conference
Events 4/98 Mother's ~~Voices(~~Voices (1)
Events 4/98 Mother's Voices (2)
Events 4/98 Jacksonville Trip (Summers)
Events 6/98 National HIV Testing Day
Events 8/98 CAEAR Coalition Meeting
Events 9/98 CORE Center Opening (Chicago)
Events 10/98 CBC Announcement
Events 10/28/98 CBC Announcement
Events 12/98 World AIDS Day
Events 5/99 AIDS Vaccine Day
Events 6/99 Bumpers Center
Events 6/99 National HIV Testing Day
Events 7/99 Community Briefings
Events 7/99 African AIDS Initiative

OA # 21087
NARA # 18308

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January 27, 1999

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Brenda Costello
SUBJECT: Briefings for Thursday, January 28

Photo-op with Stella McCartney
-Briefing

Elizabeth Glaser Pediatric AIDS Foundation Awards
-Briefing
-Bios
-"President Clinton Commemorates World AIDS Day"
-"President Clinton: Protecting America's Health, Increasing Funding for HIV/AIDS

Lawton Chiles Memorial Service
-Briefing prepared for the President ~~(to be forwarded by Staff Secretary)~~

Drop-by with National Council on Folic Acid
-Briefing
-Particpants
-Background on National Council on Folic Acid

Asthma Announcement
-Briefing
-Bio
-List of participants
-Asthma Q & As
-Asthma and the Environment Report (front pocket)

Children's Hospitals Meeting
-Briefing
-Seating diagram
-List of participants
-Bios
-Talking points

Jo Oberstar Memorial Lecture
-Briefing
-Bios (to be forwarded)

Remarks
-Pediatric AIDS Foundation Awards
-Asthma Event
-Oberstar Lecture (to be forwarded by Laura Schiller)

January 27, 1999

PHOTO-OP WITH STELLA McCARTNEY

DATE:	Thursday, January 28, 1999
TIME:	9:30am - 9:40am
LOCATION:	Diplomatic Reception Room
FROM:	Brenda Costello and Natasha McMahan

I. PURPOSE

To meet briefly with Stella McCartney, daughter of Paul and Linda McCartney and fashion designer for Chloe.

II. BACKGROUND

Stella McCartney is in town for the Nordstrom Department Store's first showing of the Chloe 1999 Spring Collection for at the National Museum of Women and the Arts, which took place today. The event benefits the museum and the Wolf Trap Foundation. You received an invitation to attend Ms. McCartney's show.

Stella McCartney is the 26 year old daughter of Paul and the late Linda McCartney. Ms. McCartney is the new chief designer at Chloe and has become a star of the fashion world. Ms. McCartney attended London's Central Saint Martins College of Art and Design, and also served as a tailor's apprentice to learn the art of *Seville Row* suitmaking. After graduation in 1995 from Central Saint Martins, Ms. McCartney launched her own small line in London, building it almost entirely around collections of lingerie-modeled clothing. She has also been active in promoting animal rights.

As you may recall, Stella's mother, Linda McCartney, died of breast cancer on April 17, 1998, at the age of 56. In December 1995, Linda McCartney announced that she had breast cancer. She underwent treatment that seemed to be working well, but in March 1998, the cancer was found to have spread to her liver. She was the mother of four children--Heather (from Linda's first marriage), Mary, Stella, and James.

Ms. McCartney will be accompanied by her maternal grandmother and her aunt and uncle, members of the Eastman family (as in Eastman-Kodak).

III. PARTICIPANTS

-The First Lady
-Stella McCartney
-Monique Eastman, Stella's maternal grandmother
-John and Jody Eastman, Stella's aunt and uncle
-Pete Nordstrom, Nordstrom's
-Brooke White, Corporate Public Relations Director
-Victoria Hennessey, McCartney's agent

IV. SEQUENCE OF EVENTS

- WH Photo only.

V. PRESS

Closed Press/WH Photo.

VI. REMARKS

No remarks required.

January 27, 1999

ELIZABETH GLASER PEDIATRIC AIDS SCIENTIST AWARDS

DATE:	**Thursday, January 28**
TIME:	**9:55 am - 10:35 am**
LOCATION:	**National Press Club Washington, D.C.**
FROM:	**Brenda Costello and Natasha McMahan**

I. PURPOSE

To deliver remarks honoring the 1999 Elizabeth Glaser Scientist Award recipients, and to announce Graduate Medical Educational funding for Children's Hospitals.

II. BACKGROUND

Overview

On Thursday morning, the Elizabeth Glaser Pediatric AIDS Foundation will hold its annual Awards Ceremony to name the 1999 recipients of the Elizabeth Glaser Scientists Awards. The Elizabeth Glaser Pediatric AIDS Foundation will honor four of America's best and brightest researchers with the 1999 Elizabeth Glaser Scientist Award for their innovative, collaborative and cutting-edge research in pediatric HIV/AIDS. This event will also highlight Elizabeth Glaser Pediatric AIDS Foundation's 10th Anniversary and its theme, "A Decade of Progress, A Decade of Promise."

The Elizabeth Glaser Pediatric AIDS Foundation is dedicated to educating and enlightening people on how difficult it is to be a child living with HIV/AIDS. In addition, Thursday's event will highlight the need to promote innovative and collaborative research, the impact of the Foundation's research on Pediatric HIV/AIDS, and the meaning of the Pediatric AIDS Scientist award. The audience for this event will be comprised of approximately 75 members of the scientific community, as well as staff and friends of the Foundation.

Announcement of Graduate Medical Education Funding for Children's Hospitals. You will also announce the proposal in the President's fiscal year 2000 budget to create a new $40 million grant program to provide federal financing for graduate medical education (GME) for freestanding children's hospitals. Children's hospitals would be paid on a per resident basis to support the costs of graduate medical education. As you know, the 53 freestanding children's hospitals across the country are in desperate need of this funding. While other teaching hospitals receive support for their training and research costs through Medicare, children's hospitals receive very little Medicare funding; teaching hospitals receive an average of $76,000 in federal GME funding per resident, while children's

hospitals receive an average of $400 per resident. In addition, while some states have funded GME through Medicaid, most of those programs are ending as more states move to Medicaid managed care programs. This proposal is designed to address the current inequity.

The proposal is similar to bills offered last year by Senators Kennedy, Bob Kerrey, Bond, Durbin, DeWine, and Moynihan, and Representatives Sherrod Brown, Nancy Johnson, and Greenwood. We have invited those Members as well as Representatives Stark, Dingell, and Moakley -- who have strongly supported this initiative to attend this announcement.

The Elizabeth Glaser Scientist Awards

Created in 1995, the Elizabeth Glaser Scientist Awards are specifically dedicated to pediatric AIDS research, and are awarded to those who embody the characteristics of Elizabeth Glaser's legacy of courage, commitment, and strength. Through these awards, her vision and resolve will continue to inspire researchers to join together and bring an end to pediatric HIV/AIDS.

Every year top scientists from the international research community are selected on the basis of their knowledge, innovation and dedication. The total number of working Elizabeth Glaser Scientists is now 15. Already, ground breaking work in exciting areas such as host genetic factors, immune response to HIV infection and gene therapy has emerged. This work has been published in 55 journal articles.

This prestigious award is the only named research award developed specifically and exclusively for work in pediatric HIV/AIDS and will be presented by you to Robert Doms-M.D., Ph.D.,University of Pennsylvania; Paul Johnson-M.D.,Harvard Medical School; Philip Goulder-M.R.C.P., D. Phil., Massachusetts General Hospital; and Julie Overbaugh-Ph.D., Fred Hutchinson Cancer Research Center, Seattle. Each scientist will receive approximately $700,000 for five years of research dedicated to treatment and prevention of pediatrics HIV/AIDS.

Although the majority of PAF's funds go directly to research, the organization continues to fund emergency assistance in hospitals around the country that serve children with HIV/AIDS, parent education programs, and a student intern program that encourages promising students to enter the field of pediatric AIDS research.

Note: As you may recall, you served as Honorary chair and gave remarks at the Pediatric AIDS Foundation's 2nd Annual "Kids for Kids" event in September 1994, and in May 1995 you hosted an event at the White House for their public service announcement campaign encouraging pregnant women to request a voluntary HIV test as part of their routine prenatal care. Also, in December, 1997, you delivered remarks at the Pediatric AIDS Foundation's 1997 World AIDS Day Event and were presented with the first "Commitment to Children Award."

Elizabeth Glaser Pediatric AIDS Foundation

The Pediatric AIDS Foundation was co-founded in 1988 by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegan. These three friends were compelled to take action when Elizabeth discovered that she, her daughter Ariel and her son Jake were all HIV-infected. As you know, Elizabeth Glaser lost her battle against AIDS in December 1994. On December 1, 1997, Pediatric AIDS Foundation officially changed its name to "The Elizabeth Glaser Pediatric AIDS Foundation," as a way of reaffirming the vision, passion and dedication Elizabeth Glaser inspired in cofounding PAF.

Today, The Elizabeth Glaser Pediatric AIDS Foundation is the leading national non-profit organization dedicated to identifying, funding and conducting basic pediatric AIDS research. Through the work of the Foundation, there is now an entire research community focused on pediatric HIV/AIDS so that children are no longer forgotten. The Foundation has raised more than $60 million to fund research as well as to develop programs that educate, raise awareness and promote compassion. In October, 1996, PAF Co-founder and CEO Susan DeLaurentis was invited to serve on the Office of AIDS Research Advisory Council at NIH for a two year term.

Top Issues for PAF and AIDS Community

- The issue of pediatric uses of new drugs (especially protease inhibitors) has been an ongoing project and of highest priority with the Foundation. On November 27, 1998, the Federal Food and Drug Administration (FDA) released final regulations outlining its authority to require pharmaceutical manufacturers to study their products for safety and effectiveness for use by children. The Foundation relentlessly pressed the FDA for such regulations and with the help of the President, You, and Vice President Gore, these regulations are now a reality. [Press Release, November 27, 1998-FDA]
- The Public Health Service Guidelines routine counseling and offering of HIV testing to all pregnant women have been broadly accepted, although PAF is opposed to mandatory testing of women or newborns. There was some controversy over the fact that pregnant women are the only group being urged to use monotherapy (AZT alone) while other groups are using combination therapy. The Administration recognizes the need to push for research for pregnant women, and NIH is supporting clinical trials now in this area.
- Needle exchange programs (NEPs) have also been a top agenda item for the AIDS community.

HIV/AIDS: Women and Children

- HIV prevalence among women tested in STD clinics varies geographically in a pattern that reflects the prevalence rates among injecting drug users (IDUs). From 1996 to 1997, AIDS incidence and deaths declined 8% and 32%, respectively, among

women. From 1996 to 1997, the number of children (under 13 years of age) who were diagnosed with AIDS declined 40%, principally reflecting the continued success of efforts to reduce perinatal transmission through promoting voluntary HIV testing and zidovudine therapy for pregnant HIV-infected women and their infants. Youth aged 13 through 24 years accounted for 4% of AIDS cases reported during the 1-year period from July 1997 through June 1998. They accounted for 15% of HIV infection cases reported during the same period. [CDC, 12/28/98]

- As reported in an article in the February 28, 1997 issue of Morbidity and Mortality Weekly Report (MMWR), AIDS related deaths in the U.S. declined 12 percent in the first six months of 1996 compared with the same time period in 1995. However, AIDS deaths were up among women (3%) and heterosexuals (3%). There is no children-specific data in this report.
- By 2000, the World Health Organization estimates that 5 to 10 million children will have been infected with HIV, and another 5 to 10 million will have been orphaned by the death of their parents to HIV. [NIH Fact Sheet, 2/97]
- Virtually all cases of pediatric AIDS in the U.S. are now caused by perinatal transmission. The vast majority of those are either directly or indirectly linked to drug use.[CDC, 12/28/98]

Administration Action on HIV/AIDS and Pediatric AIDS

- December 1, 1998, the President, commemorating World AIDS Day, launched a series of new initiatives to address the growing crisis of children orphaned by AIDS. It was announced that there would be a 12% increase in funding by the National Institutes of Health for AIDS research, prevention and care by over 30 percent in 1999 alone. NIH dedicated $200 million in vaccine research in Fiscal Year 1999, a $47 million increase from FY 1998 and an 100% increase since FY 1995. [World AIDS Day 1998]
- Accelerated the approval of AIDS drugs to record times. Between 1993 and 1997, the FDA approved 16 new AIDS drugs and two new diagnostic tests.
- Strengthened and focused the Office of AIDS Research at NIH, giving it the authority to plan and implement the AIDS research agenda.
- Created the Office of National AIDS Policy at the White House to direct Federal AIDS Policy.
- Increased funding for the Ryan White CARE Act--a historic $262 million increase-providing for primary HIV health services, treatments, and training for health care professionals HIV treatment guidelines. [Protecting America's Health, Increasing Funding for HIV/AIDS, 10/28/98]
- In 1997, NIH reported it was spending $165.8 million for pediatric research on AIDS, including $69.5 million for pediatric trials.

- NIH sponsored research which determined that the use of AZT by HIV-positive pregnant women and their newborns can reduce the risk of perinatal transmission by two-thirds.
- On Feb. 21, 1997, NIH awarded $32 million to pediatric AIDS clinical trials – awarding 23 four-year grants.
- Increased attention on the impact of HIV infection on U.S. women. The National Institute of Allergy and Infectious Diseases at NIH began the Women's Interagency HIV Study (WIHS).
- The Centers for Disease Control continues to work with the Pediatric AIDS Foundation to distribute their PSA's on the need for women to learn their HIV status. (As you know, you helped kick off this campaign in 1995.)

Format

Thursday's program will open with remarks and a welcome from Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation. As you may recall, Kate served in the White House as a Special Assistant to the President in the Office of Public Liaison, and more recently as the Chief Operating Officer of The Welfare to Work Partnership, before joining the Foundation.

Kate will introduce Susie Zeegan, Co-Founder of Elizabeth Glaser Pediatric AIDS Foundation, who will make remarks and introduce Mary Fisher, Founder of Family AIDS Network. Mary Fisher will introduce Paul Glaser, Chairman of Board of Elizabeth Glaser Pediatric AIDS Foundation, who will introduce you. You will deliver your remarks from the podium and will present scientists with awards. The meet and greet will take place prior to the Award Ceremony.

III. PARTICIPANTS

Meet and Greet

-The First Lady
-Dr. Robert Doms, Award Recipient and Spouse
-Dr. Paul Johnson, Award Recipient and Spouse
-Dr. Philip Goulder, Award Recipient and Spouse
-Dr. Julie Overbaugh, Award Recipient
-Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation
-Larry Lipman, President, National Press Club
-Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation
-Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation
-Janis Spire, Executive Director, Elizabeth Glaser Pediatric AIDS Foundation

Program
-The First Lady
-Kate Carr, CEO, Elizabeth Glaser Pediatric AIDS Foundation
-Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation
-Mary Fisher, Founder, Family AIDS Network
-Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation

IV. SEQUENCE OF EVENTS

-- *Meet and Greet*

- Kate Carr, CEO, Elizabeth Glaser Pediatric AIDS Foundation makes welcoming remarks and introduces Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation.
- Susan Zeegan makes brief remarks and introduces Mary Fisher, Founder, Family AIDS Network.
- Mary Fisher makes brief remarks and introduces Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation.
- Paul Glaser makes brief remarks and introduces the First Lady.
- The First Lady make remarks and present the awardees with the awards.
- Paul Glaser thanks the First Lady and the First Lady departs.

V. PRESS

Open press/WH Photo.

VI. REMARKS

Provided by Christy Macy.

THE ELIZABETH GLASER SCIENTISTS AWARDS

> 1999 HONOREES - PROFILES AND INTERVIEWS

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ROBERT DOMS, M.D., Ph. D.

University of Pennsylvania

Associate Professor, Pathology and Laboratory Medicine

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Area of Investigation: Study the role of chemokine receptors in HIV infection.

>

Background: In 1996, Dr. Doms led one of five groups that independently >identified the chemokine receptor CCR5 as playing a critical role in the >entry of the most common types of HIV into cells. Working with colleagues >in Belgium, he subsequently found a polymorphism in the CCR5 gene that >renders approximately one percent of Caucasians CCR5 negative - explaining >why some people remain HIV-negative despite repeated exposure to the >virus. The Elizabeth Glaser Scientist Award will help Dr. Doms continue >his studies on HIV pathogensis in the pediatric population.

>

QUESTIONS AND ANSWERS

>

1. How would you explain the significance of your work to a layperson?

My team and I are focused on chemokine receptors - specialized proteins that function at the surface of cells and allow molecules to trigger internal cell processes without actually entering the cell - as tools to understand how the virus works and come up with new therapeutic strategies. If we can stop the virus from getting into the cells, obviously, we can stop the infection -- that is the point of vaccines.

>

For HIV to get into a cell it has to do a couple of things, starting with latching on to the outside of the cell by binding to the CD4 molecule which is found on the surface of cells found in the immune system. It then has to get inside the cell through a process called

membrane fusion. It had been known for some time that CD4 by itself was enough for the virus to latch on to the cell, but was not enough for it to get inside the cell - the virus needed something else to get into cells, and this 'something else' eluded discovery for over a decade. However, in 1996, a molecule or co-receptor called CXCR4 was discovered. In conjunction with CD4 , CXCR4 that allows the virus to get into the cell to start an infection. Interestingly, it was also discovered that CXCR4 worked for some types of HIV but not others. Specifically, it was clear that CXCR4 didn't work for M-tropic viruses, the most common kinds of viruses that infect children and adults. Therefore, it was important
to find the co-receptor that worked for M-tropic viruses because then we can understand how these viruses get into cells and we could find new ways to block it.

>

In 1996, we found that the CCR5 molecule that holds the key for entry of these M-tropic viruses into cells. Then, continuing our work with Marc Parmentier and his colleagues in Belgium, we discovered that one- percent of Caucasians naturally lack CCR5 because of a naturally occurring mutation in the gene. Those individuals who lack CCR5 are highly resistant to HIV infection but are otherwise normal. The goal was then to come up with some kind of strategy to stop the virus from using CCR5 -- to develop an anti-viral drug.

>

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?

We now know that viruses throughout the world use CCR5.
That suggests a commonality that allows them to recognize the CCR5 molecule. Just this past summer it was discovered that gp120, the protein that coats the outside of HIV, has a very highly conserved region that interacts with CCR5.
We have discovered a way to trick the virus to expose this conserved region and hope to accomplish one of two things: make antibodies to this region and to then come up with new vaccines that target this region. Secondly, we want to expose the region and come up with drugs that will bind to this area and prevent HIV from using the CCR5 receptor.

Another component of our work will attempt to explain some of the differences in clinical symptoms in people with HIV on the basis of the kinds of co-receptors used by the viruses. We have been able to make antibodies to many of these receptors and we want to find out where these receptors are expressed in both children and adults. This will give us a clue as to which types of cells might potentially be infectable by different types of viruses. It may also help us explain some differences between pediatric and adult AIDS.

>

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

Historically, the system for getting grants almost forces people to be scientifically safe because they are worried that if they propose something too unique, too risky, they simply won't get funded. Funding from a private Foundation enables you to take more risky and creative approaches to new and interesting avenues of research. When you get funding from the Pediatric AIDS Foundation, it is a very substantive grant that allows you to move your research into new and challenging directions.

4. What does it mean to be an Elizabeth Glaser Scientist?

I remember hearing Elizabeth Glaser speak in 1992 at the Convention. It is quite an honor to receive an award named after her. When you ask yourself what you can do as a person to make a difference -- you look to her example as really showing the way. She demonstrated how one individual can make a positive difference.

5. We have come so far in the past decade, what does the next decade of >progress on pediatric HIV/AIDS research look like?

We are making progress and things are much more promising than they have been. There are some effective drug therapies helping a lot of people -- but people can develop resistance and the drugs are just too expensive. In Uganda, there are about a million HIV-positive individuals, but only very few can afford the triple-drug cocktail. We clearly need new therapeutic strategies.

>

Through basic research we are beginning to unravel this very complicated virus. I think we will develop new drugs to target the virus or the chemokine receptors. Obviously, what we really need is a vaccine, but that is going to be a slow and complex process because this virus changes its spots so readily. I think in the next decade there will be more progress in developing drugs to help knock this virus down, but we have to keep working on new ways to come up with a vaccine. New approaches, such as the conserved region approach, are exactly the kind of new investigative angles we need on the vaccine front.

THE ELIZABETH GLASER SCIENTISTS AWARDS

>>

>> 1999 HONOREES - PROFILES AND INTERVIEWS

>>

>> Philip Goulder, M.D., Ph.D.

>> Instructor in Medicine

>> Massachusetts General Hospital, Boston

>>

>> Area of Investigation: HIV-infected children progress to disease more
>>rapidly than adults. One possible explanation is that the immune response
>>to HIV is defective in children. This study aims to investigate the cells
>>normally responsible for eliminating virus infections known as Cytotoxic
>>"killer" T-lymphocytes.

>>

>> Background: Dr. Goulder began his investigative career at Oxford where
>>he developed a number of techniques to examine immune function in HIV-1
>>infected children, which is his main area of focus. His experience as
>>a pediatrician and the novel technologies he has developed place him in
>>a unique position to define the role of immune responses in children
>>infected with the virus and will impact our understanding of HIV
>>pathogenesis and the prospects for immunotherapy.

>>

>>

>> QUESTIONS AND ANSWERS

>>

>> 1. How would you explain the significance of your work to a layperson?

Our ultimate goal is to develop a vaccine designed especially for children. We know that HIV-infected children progress to disease more quickly than adults. We also believe that the cells normally responsible for eliminating virus infections, known as Cytotoxic "killer" T-lymphocytes (CTL) play a central role in controlling HIV in adult infection. One possible explanation for the rapid progression generally seen in HIV-infected children is that their "killer" T-cell response is defective in some way. Recent advances in the technology available have allowed us the opportunity for the first time to make a detailed study of the "killer" T cell response in children. The long-term

goal is to identify components of the immune response that are important in protecting against HIV disease, and which may ultimately be important to vaccine design.

>>

2. How will your research under the Foundation grant be implemented in >>the pediatric HIV/AIDS population?

>>

We are already studying HIV-infected children here in North America, and we will continue with these studies. However, the global epidemic is concentrated elsewhere, and much of our research effort will focus on HIV-infected mothers and children in South Africa. Over one-third of the Zulu mothers in Durban, South Africa, where our collaborations are centered, are HIV-infected. One other important reason for directing our research effort towards this region is that the commonest strain of HIV worldwide ('clade C') is infecting this South African population, and this is likely to be relevant for vaccine design.

>>

3. What does funding from a Foundation such as ours mean to your >>creativity as a s ientist?

Five years of funding provides the stability and support for ambitious and important projects to be planned and carried out. For a pediatrician who research focuses on pediatric HIV,the PAF has international recognition and the close association with it can only be helpful in developing collaborations and setting up studies with people whose priorities and goals overlap with those of the PAF.

>>

4. What does it mean to be an Elizabeth Glaser Scientist?

It is a great honor to be bracketed with the other EG Scientists, who are clearly highly creative and talented individuals. The Pediatric AIDS Foundation deservedly has a reputation for practicing scientific research the way it should be done - that is, in truly collaborative way, so that rapid progress may to be made towards eliminating HIV. I believe that this "team" approach is the right approach and I am very excited to be joining a team whose priorities and research interests overlap so much with my own.

>>

5. This year marks the Foundation's 10th Anniversary. We have come so >>far in the past decade, what might the next decade of progress on

>>pediatric HIV/AIDS research look like?

I would hope the next decade will put us squarely on the path toward developing a vaccine for HIV – for children as well as adults. Ultimately, a vaccine is our only real hope for impacting this disease. While implementation of a successful vaccine is years away, if we wait to develop HIV vaccines for children until after they are proven effective for adults, we will lose millions of children to this pandemic.

THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES - PROFILES AND INTERVIEWS

PAUL JOHNSON, M.D.
HARVARD MEDICAL SCHOOL
Associate Professor of Medicine,
Chairman of the Immunology Division,
Partners AIDS Research Center
Harvard Medical School.

Area of Investigation: CD4+ T helper Cell Function in Macaques to combat SIV infection in Pediatric patients.
CD4+T lymphocytes play a central role in the war between the AIDS virus and the body's immune system.

Background: Dr. Johnson has focused on analysis of HIV-specific cytotoxic T lymphocytes (CTL), research that has established him as a leading investigator in the field of cellular immunology. Since being appointed as Chairman of the Division of Immunology in 1994, Dr. Johnson has led a successful research program focused on immunology related to AIDS pathogenesis and vaccine development. More recent research has analyzed T cell turnover in SIV infection and the development of gene therapy for AIDS.

QUESTIONS AND ANSWERS

1. How would you explain the significance of your work to a layperson?
I am trying to better understand the role that CD4+T cells play in helping children to fight off HIV infection. CD4 cells are the major cells responsible both for fighting off infection and also the main target that HIV infects and destroys. By studying monkeys infected with a closely related AIDS virus, I hope to understand both how quickly CD4+ T-cells are killed and regenerated and also understand how they recognize the AIDS virus. This information should help us could restore those critical immune responses via either treatment with anti-retroviral therapy, immunization or a combination of the two.

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?
The hope is that our research with Macaques could help us to design an approach to help boost the immune response against HIV in HIV-infected children. If this is successful, it would help us design techniques for therapeutic immunization - - meaning that it might allow their immune system to better contain the virus

replication, either as a supplement to antiviral therapy or if the antiviral therapy fails for some reason, allow them to better contain viral replication without drugs.

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

What's really unique about the Foundation is the group of scientists that are affiliated with it? The chance to interact with the outstanding group of Glaser scientists is an exceptional opportunity. The ability to contrast results and share ideas at the conferences that the Foundation sponsors is very exciting, because that degree of focus and level of interaction is quite unique.

4. What does it mean to be an Elizabeth Glaser Scientist?

It's a tremendous honor and responsibility. I've heard so much about Elizabeth over the years and besides the scientific opportunity, it is simply a personal honor for me.

5. This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?.

I would hope the research over the next decade would help us to better understand how we can rebuild the immune system of people infected with the AIDS virus. We have now a number of scientific tools at our disposal and the challenge will be to see how we use those tools to rebuild the immune system to lead to prolonged gains in the health of HIV-infected kids.

THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES – PROFILES AND INTERVIEWS

JULIE OVERBAUGH, Ph. D.
Full Member, Fred Hutchinson Cancer Research Center
Seattle

Area of Investigation: Leading an effort to study how HIV virus is transmitted through breast feeding by using a collection of samples from a recently completed clinical trial of breast feeding transmission of HIV in Kenya. Since 1992, Dr. Overbaugh has been a member of the Nairobi HIV/STD Research Project, an international collaborative group based at the University of Nairobi.

Background: In the past decade, strategies to limit HIV transmission to newborns have been implemented in developed countries as a result of research showing the effectiveness of treatment around the time of delivery. Moreover, in developed countries, women infected with HIV are counseled not to breast feed, which further reduces the infant's exposure to HIV. However, in resource-poor settings, many continue not to have access to adequate health care, including new drugs that can prevent their babies from acquiring HIV. In these situations, breast feeding is also more common. Dr. Overbaugh is pursuing studies that are designed to help devise ways to further reduce HIV transmission to infants, including during breast feeding.

QUESTIONS AND ANSWERS

1. How would you explain the significance of your work to a layperson?
I am part of a large, collaborative research team that is conducting a clinical trial that is designed to determine how and when breast feeding transmission occurs. The Foundation project will build on the information we are learning from this trial try and understand what features about the mothers' viruses make it more likely to be transmitted to her infant. For example, how does the genetic makeup of the virus influence transmission and is there a common genetic signature to viruses that infect infants? We are also interested in determining whether the amount of virus that mother has, including virus in breast milk, increases the chances of her infant being infected? AIDS researchers have already shown how to decrease transmission to newborns with a short course of AZT around the time of delivery. Now, we are trying to understand how to develop other ways to reduce HIV transmission to children in situations where access to expensive treatments are impractical.

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?

One overall goal of studying breast milk transmission of HIV is to provide information to women so that they can make more informed choices about breast feeding. From the viral studies we hope to undertake over the next five years, we hope to understand a lot more about viruses in breast milk so that we can begin to think about therapies more designed to target those viruses. Up to this point, there has been a heavy focus on HIV in the woman's blood. Much of transmission to the infant is actually going on during delivery, while they are in the birth canal. Or, in developing countries, a lot of infection is occurring through breast feeding when they are exposed to the virus in breast milk. We want to now start looking at those secretions and understand what is going on so that people can think more about intervention to target those viruses, instead of just blood viruses.

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

A lot of what I see from the Glaser Foundation is not just individual creativity but a lot of encouragement to interact and be creative as a group.

3. What does it mean to be an Elizabeth Glaser Scientist?

For those of us in the AIDS community, Elizabeth Glaser is one of the heroes who proves that one individual, if they work hard and have a lot of personal strength, they can make good things happen out of something that is inherently bad. I personally feel very proud to have funding from a group that bears her name.

4. This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?

I think there is a big mental shift that needs to take place (and hopefully will occur in the next decade) -- and that is what to do in developing countries where the therapies used to block HIV vertical transmission aren't really available? I think the next decade of AIDS research might be trying to come up with therapeutic approaches that are affordable and applicable in developing countries. That will be both a big political and scientific hurdle. That is really going to be the focus in terms of a lot of rethinking on how to deal with the problem of vertical transmission. The progress we have made in reducing vertical transmission in some settings has given may AIDS researchers renewed enthusiasm, and we need to continue to design better and better therapies for people who have access to

high quality health care. At the same time, the success in blocking HIV vertical transmission should serve as a source of encouragement to try to understand how the therapies we now have work and then figure out less costly approaches to accomplish the same aim. We have to remember that most HIV transmission is occurring in developing countries, and in it is this setting that we face our major challenge for halting the worldwide devastation of HIV.

PRESIDENT CLINTON UNVEILS NEW STEPS TO ADDRESS EMERGING CRISIS OF THE UP TO 40 MILLION CHILDREN WHO WILL BE ORPHANED BY HIV/AIDS BY 2010, COMMEMORATES WORLD AIDS DAY
December 1, 1998

Today, President Clinton, commemorating World AIDS Day, joined Secretary of State Madeleine Albright and U.S. Agency for International Development (USAID) Administrator Brian Atwood, to launch a series of new initiatives to address the growing crisis of children orphaned by AIDS. The President unveiled historic new increases at the National Institutes of Health dedicated to fund research aimed at developing an effective AIDS vaccine and new prevention strategies to help address the problem of HIV/AIDS throughout the world; announced new emergency funding from USAID to support international community-based AIDS orphan programs; and directed his AIDS policy advisor Sandra Thurman to lead a delegation to Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding. The President:

✓ **Highlighted USAIDS projection that up to 40 million children who will be orphaned by HIV/AIDS by 2010,** over 90 percent of which live in developing countries that have too few resources to provide for their care and support. Globally, there are over 33 million people with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people are bearing much of the burden of AIDS. In the United States, as many as 80,000 children have already been orphaned by AIDS.

✓ **Announced 12 percent increase this year in funding by the National Institutes of Health on research to prevent and treat HIV around the world.** The National Institutes of Health, representing the largest single public investment in AIDS research in the world, will support a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. These will include:

- **$200 million investment in research on AIDS vaccines to prevent transmission around the world, a thirty-three percent increase this year alone.** The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans across the world. The President announced that NIH will dedicate $200 million in vaccine research in Fiscal Year (FY) 1999, a $47 million increase from FY1998 and an 100 percent increase since FY1995. This investment is critical in supporting the President's challenge to make AIDS vaccine research a national and international priority.

- **$164 million for other research critical to addressing the HIV/AIDS epidemic across the world.** The President also announced that the NIH will invest $164 million, in FY1999, a $38 million increase over last year for critical projects to reduce the number of AIDS orphans by preventing and treating HIV/AIDS internationally, including: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

✓ **Unveiled $10 million in emergency relief funding at USAID to provide support for AIDS orphans.** USAID will make available $10 million in emergency funding to support community-based efforts for orphans, including training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

✓ **Directed AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans.** President Clinton asked Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation to southern Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from across the Clinton Administration, key Congressional offices, and the national media to raise awareness about this emerging problem and to develop recommendations for action.

✓ **Unveiled new steps to address the continued needs of those living with HIV/AIDS in the United States.** While the problem of AIDS orphans is most acute internationally, the President also underscored that HIV/AIDS impacts and displaces families in this country as well. The President highlighted that today the Vice President will be unveiling over $200 million in funds for the Housing Opportunities for People With AIDS program this year to assist communities around the country to keeping individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS, as well as several individuals and families who have benefited from their services.

✓ **Built on a solid record of achievement in HIV/AIDS.** Today's announcements build on a deep ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

- Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country;

- Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase in HIV prevention programs at the CDC; and a $21 million increase in the Housing Opportunities for People With AIDS program at HUD.

THE WHITE HOUSE Office of the Press Secretary

For Immediate Release December 1, 1998

WORLD AIDS DAY, 1998

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

On World AIDS Day, we are heartened by the knowledge that our unprecedented investments in AIDS research have resulted in new treatments that are prolonging the lives of many people living with the disease. Thousands of scientists, health care professionals, and patients themselves have joined together to advance our understanding of HIV and AIDS and improve treatment options. Because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS, and for that we are immensely thankful.

But the AIDS epidemic is far from over. Within racial and ethnic minority communities, HIV and AIDS are a severe and ongoing crisis. While the number of deaths in our country attributed to AIDS has declined for 2 consecutive years, AIDS remains the leading killer of African American men aged 25-44 and the second leading killer of African American women in the same age group. African Americans, who comprise only 13 percent of the U.S. population, accounted for 43 percent of new AIDS cases in 1997 and 36 percent of all AIDS cases. Hispanic Americans represent just 10 percent of our population, but they account for more than 20 percent of new AIDS cases; and AIDS is also becoming a critical concern to Native American and Asian American communities. Young people of every racial and ethnic community are also disproportionately impacted by AIDS, both in the number of new AIDS cases and in the number of new HIV infections. In fact, the Centers for Disease Control and Prevention estimate that approximately half of all new HIV infections in the United States occur in people under age 25 and that one-quarter occur in people under age 22.

Across the world, the situation is even more grim. As with other epidemics before it, AIDS hits hardest in areas where knowledge about the disease is scarce and poverty is high. Of the nearly 6 million people newly infected with HIV each year, more than 90 percent live in the poorest nations of the world. Entire communities are threatened by this epidemic, and the growing number of children who will lose parents to AIDS will have a devastating impact on these societies. By the year 2010, there may be as many as 40 million children who will have been orphaned by AIDS, and developing nations will have to struggle to deal with the overwhelming needs of a generation of young people left withoutparents.

This year's World AIDS Day theme, "Be A Force For Change," is a reminder that each of us has a role to play in bringing the AIDS epidemic to an end. Our response must be comprehensive and ongoing. It must also be a collaborative one, bringing together governments and communities in a shared effort to expand prevention efforts, raise awareness among young people of the risks of HIV infection and how to avoid it, increase access to lifesaving therapies, and ensure that those who are living with HIV and AIDS receive the care and services they need.

Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in

making the development of an HIV vaccine a top international priority. Within the next decade, we hope to have the means to stop this deadly virus, but until we reach that day we must remain strong in our crusade to prevent the spread of HIV and AIDS and to care for those living with the disease. In this way we can best honor the memory of the many loved ones we have lost to AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1998, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect and educate our children and to help and comfort all people who are living with HIV and AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

30-30-30

PRESIDENT CLINTON:
PROTECTING AMERICA'S HEALTH, INCREASING FUNDING FOR HIV/AIDS

October 28, 1998

"The AIDS epidemic is not over. It is a particularly severe and ongoing crisis in the African-American community and other communities of color. Like other epidemics before it, AIDS is hitting hardest in areas where poverty is high and education is scarce. It is picking on the most vulnerable among us. We must do more to bury this cruel disease."

President Bill Clinton
October 28, 1998

Today, President Clinton holds a White House event, where he will declare HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announce a comprehensive new initiative that invests an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic, and other minority communities. The President will also highlight other important investments in the fight against HIV/AIDS, and new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

THE NEED FOR INCREASED EFFORTS TO FIGHT HIV/AIDS IN MINORITY COMMUNITIES. While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African-American men age 25-44 and the second leading killer of African-American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases, though they make up only 10 percent of the population. During the budget negotiations, President Clinton fought for and won $156 million to address the urgent problem of HIV/AIDS among minorities:

- **A Crisis Response Team**: The Department of Health and Human Services (HHS) will make available Crisis Response Teams to a number of highly-impacted areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, and epidemiologists, will, over the period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop innovative new strategies to best meet the needs of the community;
  Enhanced HIV/AIDS Prevention Efforts In Racial And Ethnic Minority Communities: Funding will be used for important HIV prevention purposes at the Centers for Disease Control (CDC), and to substance abuse treatment programs for African-American and Hispanic women and their children living with or at risk for HIV/AIDS;
- **Reducing Disparities In Treatment And Health Outcomes For Minorities With HIV/AIDS**: Studies show that African-Americans and Hispanics are much less likes to receive care that meets federally-recommended treatment guidelines. This new funding will help minorities get access to cutting edge HIV/AIDS drug treatments and the range of primary health services needed to treat this disease. Funding will also be used to educate health care providers serving largely minority populations on treatment guidelines for HIV/AIDS.

THE PRESIDENT FOUGHT FOR AND WON INCREASES IN EFFECTIVE HIV/AIDS TREATMENT, PREVENTION, AND RESEARCH PROGRAMS. The President fought for and won substantial increases in a wide range of effective HIV/AIDS programs:

- A Historic $262 Million Increase In The Ryan White Care Act providing for primary HIV health services, treatments, and training for health care professionals HIV treatment guidelines;
- A 12 percent Increase For HIV/AIDS Research At NIH to enhance both basic research to further our understanding of the HIV virus, applied research that includes clinical testing of new HIV/AIDS pharmacological therapies, and better protective measures for women at risk.

A PRESIDENTIAL COMMITMENT TO ELIMINATE RACIAL HEALTH DISPARITIES. Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Congress has taken a first step in investing in the President's proposal to address racial health disparities, but only partially funded the President's proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs.

CALLING ON CONGRESS TO PASS THE UNFINISHED AGENDA FOR PEOPLE WITH HIV/AIDS. In addition, Congress failed to pass:

- A Patients' Bill Of Rights that contains critical protections for people with HIV/AIDS, including, access to specialists, and continuity of care to prevent abrupt changes in treatment when an employer changes health plans;
- A Work Incentive Bill For People With Disabilities that enables people with disabilities and other disabling conditions,

such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as other pro-work initiatives. The President will keep fighting to allow people with disabilities to get the health coverage the need to return to work.