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Issues - Needle Exchange - Advocates Information

Stack:	Row:	Section:	Shelf:	Position:
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Needle Exchange Facts

• **Needle exchange is simply exchanging used, contaminated syringes for clean new ones.** There are over 100 needle exchange programs in the U.S, but most of them are small programs run out of the pockets of activists. No syringe exchange has come close to filling the need.

• The **federal government pays for most disease prevention** in the United States. **However, there is a ban on the use of federal dollars for** syringe exchange.

• **Conservative** estimates place the **cost of the syringe exchange funding ban at 100,000 lives.** The percentage of new infections due to sharing needles is rapidly and steadily rising.

• The **majority** of **people with HIV** in Philadelphia are either injection drug users or the sexual partners of drug users. These infections could have been prevented if clean syringes were freely available.

• **Numerous studies prove that needle exchange curbs the spread of AIDS.** In ZIP codes with large syringe exchange programs, **rates of new infection decline by one to two-thirds.**

• Syringe exchange programs **do not contribute to increases in drug use.**

• **No one becomes addicted to drugs because of needle exchange. In fact, needle exchanges serve as a bridge to treatment.** For many drug users, needle exchange sites are the only point of contact with health care professionals. In Philadelphia, the **single largest source of referrals to drug treatment programs is the city-funded syringe exchange.**

• **While many people stop using drugs at some point, there is no cure for AIDS.**

• **A new needle cost tax payers around nine cents. The cost of treating each person infected with HIV is hundreds of thousands of dollars.**

NATIONAL COALITION to SAVE LIVES NOW!

c/o The Harm Reduction Coalition, 22 West 27th Street, 9th Floor, New York, NY 10001, 212.213.6376 x17, fax 212.213.6582
email: ncsln@dti.net, website: http://www.harmreduction.org

Friday, September 05, 1997

CONGRESS THREATENS SHALALA AUTHORITY

WHILE DRUG CZAR CALLS NEPs 'WRONG MESSAGE'

ONDCP STATEMENT SUPPORTS RIGHT-WING FAMILY RESEARCH COUNCIL AGENDA. HHS AND WHITE HOUSE REMAIN SILENT/

This is a critical time for needle exchange advocates. Congress, particularly the House of Representatives, is considering amendments which would prevent HHS Secretary Shalala from lifting the ban. Meanwhile, public messages from the Administration are increasingly negative, with all signs pointing to an internal conflict between the Office of National Drug Control Policy and HHS, and no plans from the top for making a decision on the issue.

We ask that you take five minutes out of your busy day, today, to make two phone calls: 1. to your elected representative(s) in congress; and 2. to the Office of National Drug Control Policy.

ACTION: CALL YOUR FEDERAL REP

Work on the appropriations legislation will be finalized in Congress over the next several days. As of yesterday, an amendment has been offered to Labor/HHS appropriations in the House which would revoke the Secretary's authority to change federal policy prohibiting federal funding of syringe exchange programs.

Contact your representatives who are Democrats or moderate Republicans--

1. Urge them to oppose the amendment to the Labor/HHS appropriations bill (H.R. 2264) which would eliminate the Secretary of Health's authority to allow federal funding for syringe exchange programs, and keep politics out of public health

2. Describe the positive impact of needle exchange in your community, the one your legislator represents.

ACTION: CALL THE DRUG CZAR

Express your outrage at the dangerous and irresponsible statements on AIDS prevention released by the Office of National Drug Control Policy, find out why the ONDCP is supporting the findings of the extremist Family Research Council, and insist that the ONDCP Director Barry McCaffrey meet with Mothers' Voices *before the 17th.* (backround attached)

Office of National Drug Control Policy: 1-202-367-6700

FAMILY RESEARCH COUNCIL: LET 'EM DIE

On August 20th, 1997, the conservative social policy group Family Research Council held a press conference

in which they released the results of a seriously flawed poll showing that the American public does not, in fact, support needle exchange to stop the spread of AIDS. Following are some quotes from the extensive FRC press package:

From the Conclusion of a 13-page paper entitled: Will Exchanging Needles Save America's Future?"

On April 2, 1995, Saudi Arabia beheaded three drug smugglers. A little earlier, Singapore did the same. There are no NEPs in Riyadh and few addicts on Singapore's streets. Neither country has an AIDS epidemic.

If America seeks to reduce drug use, it must stop coddling addicts. Drug abusers need treatment, not encouragement to keep injecting deadly drugs. Although AIDS will kill some, most will die from drug overdoses or other high-risk behaviors."

From the questions asked in the FRC-sponsored Poll of 1000 registered voters:

"Questions [sic] 1 and 2: I now want to take a moment to read you some facts that have been researched and are true.

. . . Some scientists believe that properly run needle exchange programs can slow the spread of AIDS, while other scientists believe that AIDS travels more rapidly among members of local exchanges. There is also some evidence that the presence of a needle exchange program contributes to more drug use. Additionally, drug addicts who do not use needles also show a high rate of AIDS infection from sexual activity, not drug use."

ONDCP Statement

The Office of National Drug Control Policy released the following comments in connection with a survey announced August 20th in Washington, DC by the Family Research Council regarding the issue of needle exchange programs.

"The National Drug Control Strategy focuses on the need for drug treatment to help addicts free themselves from addiction and its terrible health and social consequences. Federal treatment funds should not be diverted to short term "harm reduction" efforts like needle exchange programs. The problem to be addressed is effective intervention to reduce the number of addicted Americans, currently 3.6 million, who suffer and cause such terrible damage to society from compulsive drug taking activity. The Office of National Drug Control Policy strong supports drug treatment, and outreach to get addicts into drug treatment, as the proven effective means to deal with the twin epidemics of drug use and HIV/AIDS."

. . . and a quote from USA Today, August 21st, by Gary Fields:

"The American people are saying, 'Look, Congress, we don't want this,'" the council's Robert Maginnis says. "We're all concerned about the AIDS epidemic, but it must be handled with good public policy."

Administration anti-drug czar Barry McCaffrey says that at a time when he is pushing for a $170 million ad campaign to keep teens off drugs, syringe exchanges send "the wrong message." *(p. 13 &14)*

Mothers' Voices Requests Meeting

AIDS Advocacy organization Mothers' Voices along with the National Coalition to Save Lives Now, has requested a meeting with ONDCP head Barry McCaffrey , out of 'deep concern' with statements released by his office, to begin a dialogue with the ONDCP on needle exchange, to 'communicate with [McCaffrey] the heartbreak which AIDS, in its finality, has caused us and our families,' and to appeal to his office for assistance in explaining to the American public why *HIV prevention funds*, not treatment dollars, need to be available for needle exchange. Mothers' Voice also requested that the meeting occur before the demonstration on the 17th of September.

DAY OF RECKONING: EVERYONE DESERVES TO LIVE! WED. SEPTEMBER 17TH, 1997, HEALTH AND HUMAN SERVICES, 200 INDEPENDENCE AVE (BET. 2ND & 3RD), 12 NOON. FOR INFO, CALL-- National Coalition to Save Lives Now! at 212-213-6376, x17; fax 212-213-6582, or e-mail ncsln@dti.net

HN3384 @ handsnet.org
09/03/97 10:52:00 AM

Record Type: Record

To: Todd A. Summers

cc:
Subject: Congress Debates Labor/HHS Approps; Syringe Exchange Targete

AIDS ACTION NETWORK ALERT
September 3, 1997

Congress Begins Consideration of FY 98 Labor/HHS Appropriations Bills
Attacks on Syringe Exchange Programs Expected

The Senate returned to work yesterday and began immediate full floor debate on appropriations legislation, including the Labor, Health and Human Services (Labor/HHS) appropriations bill (S. 1061) that would authorize funding for most federal HIV/AIDS programs. The House of Representatives returns today and will probably begin floor debate of its Labor/HHS bill (H.R. 2264) on Thursday, Sept. 4.

No negative amendments have surfaced (so far) during Senate consideration of its Labor/HHS appropriations bill. However, AIDS Action has received indications that during consideration of Labor/HHS appropriations in the House, an amendment may be offered that would revoke the Secretary of Health's authority to change federal policy prohibiting federal funding of syringe exchange programs. It is important that you contact potentially supportive members of both the House and the Senate. Urge them to oppose any amendment to allow politics, not science, to drive public health.

Current federal policy bans federal funds from being applied to syringe exchange programs. There is growing evidence (including a 1997 study published by the Department of Health and Human Services) that these programs reduce rates of HIV transmission and do not increase injection drug use. The Secretary of the Department of Health and Human Services has the authority to interpret and change this policy, an authority Secretary Shalala has yet to exercise.

The Family Research Council has made opposition to syringe exchange programs a priority in its legislative strategizing and has found support for thwarting support for these life-saving programs among right-wing Republican members of Congress.

* * * AIDS ACTION * * *

Contact your representatives who are Democrats or moderate Republicans who are supportive of programs addressing HIV/AIDS.

1. Tell them you have heard that there may be an amendment offered during debate of the Labor/HHS appropriations bill (H.R. 2264) that would eliminate the Secretary of Health's authority to allow federal funding for syringe exchange programs.

2. Urge them to oppose the amendment and to keep politics out of public health.

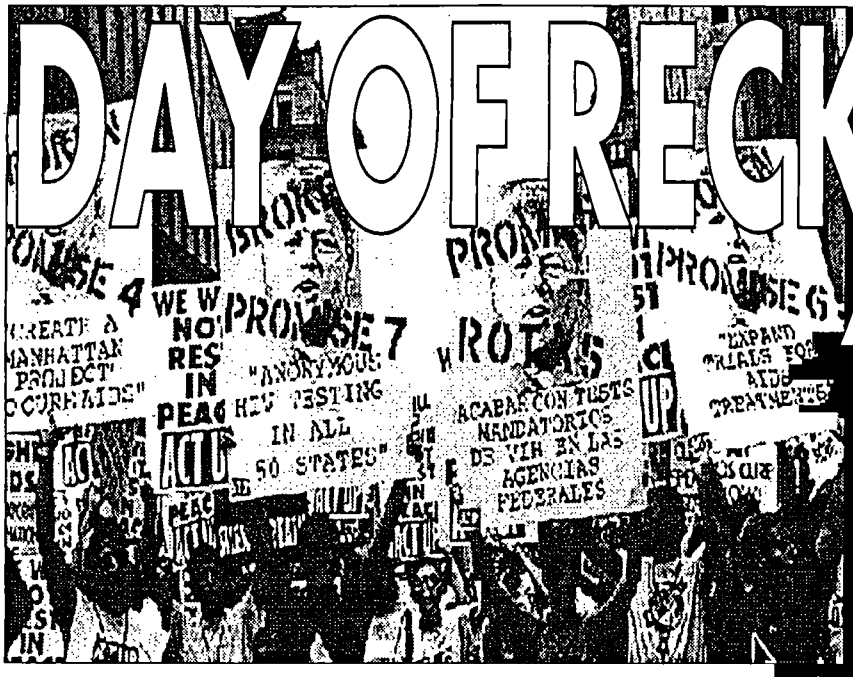
3. If your agency is operating a legal syringe exchange program, describe the positive impact the program has had on your community - the community your legislator represents.

House switchboard: (202) 225-3121; Senate switchboard: (202) 224-3121.
Ask to be connected to your representative or senator.

For more information, contact:
AIDS Action
Kurt Schade, Network Correspondent
1875 Connecticut Ave., Suite 700
Washington, DC 20009
phone:(202) 986-1300, ext. 3060
fax: (202) 986-1345
e-mail: network@aidsaction.org

Connect Mail Sent: September 3, 1997 7:48 am PDT Item: R00twa2

DAY OF RECKONING:



A NATIONAL DAY OF ACTION AND PRAYER FOR SYRINGE EXCHANGE NOW.

In spite of overwhelming evidence, the nine-year-old ban on the use of federal funds for needle exchanges continues to claim thousands of lives every year. Federal dollars pay for the great majority of disease prevention in the U.S.

Two-thirds of new U.S. HIV infections stem from injection drug use. A 1996 study conservatively estimated that more 100,000 infections could have been prevented by an effective national program of needle exchange.

Rates of infection typically decrease by 33% to 66% among intavenous drug users who live near syringe exchanges.

Donna Shalala, (Secretary, U.S. Dept. of Health and Human Services) knows that needle exchange saves lives.

In an HHS report released last spring, Shalala reported that needle exchange programs both lower transmission rates and serve as a bridge to drug treatment and health care access.

Shalala knows all about the tidal wave of medical and ethical research and opinion demanding an end to the federal ban on funds for syringe exchange.

Shalala could lift the ban. But she hasn't.

The voices of reason have not been as loud as the voices of anti-drug fanaticism. Policitcal posturing has replaced science.

This is where *you* come in:

On Sept 17, join activists, pastors, celebrities, and thousands of people from across the country in Washington DC to make history.

United to save lives, we will end the ban.

SEPT 17 1997
WASHINGTON DC
NOON
HHS BUILDING

4TH AND INDEPENDENCE SW

NEAR THE CAPITOL BUILDING
SUBWAY: FEDERAL CENTER METRO STOP, ORANGE AND BLUE LINES

INFO: National Coalition to Save Lives Now • 212.213.6376 • ncsln@dti.ne

Call to find out who the local coordinators are in your area.

AFFINITY GROUPS FORMING!
Contact ACT UP Phila. for more info: 215.731.1844• pdavis@critpath.org

Needle Exchange Facts

• **Needle exchange is simply exchanging used, contaminated syringes for clean new ones.** There are over 100 needle exchange programs in the U.S, but most of them are small programs run out of the pockets of activists. No syringe exchange has come close to filling the need.

• The **federal government pays for most disease prevention** in the United States. **However, there is a ban on the use of federal dollars for** syringe exchange.

• **Conservative** estimates place the **cost of the syringe exchange funding ban at 100,000 lives.** The percentage of new infections due to sharing needles is rapidly and steadily rising.

• The **majority** of **people with HIV** in Philadelphia are either injection drug users or the sexual partners of drug users. These infections could have been prevented if clean syringes were freely available.

• **Numerous studies prove that needle exchange curbs the spread of AIDS.** In ZIP codes with large syringe exchange programs, **rates of new infection decline by one to two-thirds.**

• Syringe exchange programs **do not contribute to increases in drug use.**

• **No one becomes addicted to drugs because of needle exchange. In fact, needle exchanges serve as a bridge to treatment.** For many drug users, needle exchange sites are the only point of contact with health care professionals. In Philadelphia, the **single largest source of referrals to drug treatment programs is the city-funded syringe exchange.**

• **While many people stop using drugs at some point, there is no cure for AIDS.**

• **A new needle cost tax payers around nine cents. The cost of treating each person infected with HIV is hundreds of thousands of dollars.**

LAST CHANCE FOR SYRINGE EXCHANGE!

THE HOUSE PASSED AN ANTI-NEEDLE EXCHANGE AMENDMENT TO THE LABOR/HHS FUNDING BILL.

THE SENATE DIDN'T.

NOW, A CONFERENCE COMMITTEE MUST WORK OUT THE DIFFERENCES IN THE SPENDING BILL.

IF THE *HOUSE* LANGUAGE SURVIVES THE CONFERENCE, FEDERAL FUNDING FOR NEEDLE EXCHANGE IS DEAD.

THE WHITE HOUSE HAS FAILED SO FAR TO APPLY ANY PRESSURE ON THE CONFEREES.

HAD BILL CLINTON USED HIS CLOUT, THE HOUSE AMENDMENT MIGHT NOT HAVE PASSED IN THE FIRST PLACE. CHAKA FATTAH (FOR INSTANCE) ALONG WITH 59 OTHER DEMOCRATS, JOINED REP. TOM COBURN IN AN EFFORT TO PERMANENTLY SINK NEEDLE EXCHANGE.

NOW, THE PRESIDENT MUST ACT.

CALL PRESIDENT CLINTON AND ASK HIM TO "PRESSURE HHS APPROPRIATIONS CONFERENCE COMMITTEE MEMBERS TO ***PRESERVE SECRETARY SHALALA'S AUTHORITY TO LIFT THE FEDERAL FUNDING BAN ON SYRINGE EXCHANGE***"

202.456.1111 • PRESS "0" TO GET A REAL PERSON

WHILE YOU'RE AT IT: CALL PA SENATOR AND COMMITTEE CO-CHAIR ARLEN SPECTER AT 1.800.972.3524...
ASK TO BE CONNECTED TO SENATOR SPECTER'S OFFICE

Ask Specter to "oppose any restrictions on Shalala's authority to lift the federal funding ban on syringe exchange."

DrugWatch International

Presents

THE CASE AGAINST NEEDLE PROGRAMS

Wednesday, October 1
189 Russell Senate Office Building
12:30 PM

Speakers include:

ames L. Curtis, MD, Director Psychiatry and Addiction, Harlem Hospital
Janet D. Lapey, MD, Concerned Citizens for Drug Prevention
Nancy Sosman, Coalition for a Better Community
Otto Moulton, Committees of Correspondence

Topics include:

- Effects on those in treatment
- Studies of safety and efficacy
- Effects in the community
- Survey of American voters
- The drug culture

SEATING LIMITED: RSVP to LEA COX, PRESIDENT
CONCERNED CITIZENS FOR DRUG PREVENTION, INC.
PO BOX 2078 HANOVER, MA 02339 (617) 826-5598

DRUG WATCH INTERNATIONAL

Presents

THE CASE AGAINST NEEDLE PROGRAMS

189 Russell Senate Office Building
Wednesday, October 1

Agenda

12:30 Welcome and Introduction: Lea Cox, Massachusetts Delegate, Drug Watch International

12:40 The Case Against Needle Programs: James L. Curtis, MD, Director Psychiatry and Addiction, Harlem Hospital Center, NYC

1:00 Recent Studies of Needle Programs: Janet D. Lapey, MD, Concerned Citizens for Drug Prevention, Hanover, MA

1:20 Effects of Needle Programs on the Community: Nancy Sosman, Coalition for a Better Community, NYC

1:40 Survey of American Voters: Mark Haskew, Familty Research Council, Washington DC

2:00 Drug Legalization Lobby Behind Needle Programs: Otto Moulton, Committees of Correspondence, Danvers, MA

2:20 Community Efforts to Prevent Needle Programs: Lea Cox, Delegate, Drug Watch International

2:40 Panel Discussion and Questions from the Audience

Congress of the United States
Washington, DC 20515

September 16, 1997

Dear Colleague:

Please mark **October 1** on your calendar, **12:30 p.m.** for a discussion with **Drug Watch International** in **Russell 189.**

The topic: **"The Case Against Needle Programs."**

Speakers include: Dr. James Curtis, Director of Psychiatry and Addiction at Harlem Hospital
Dr. Janet Lapey with Concerned Citizens for Drug Prevention;
Nancy Sosman of Coalition for a Better Community; and
Otto Moulton with the Committees of Correspondence.

The House decisively voted September 11 against needle exchange programs, strengthening the federal ban in place by denying HHS its current authority to overturn the ban on subsidizing needle giveaway programs. Please come listen to these experts explain the lack of any scientific data in support of needle exchange programs, and in fact, present compelling new evidence that free needles encourage addiction, increase HIV rates among program participants, and collaterally damage communities and businesses near needle exchange clinics.

If you cannot attend this event, feel free to invite your legislative assistant handling drug issues. Since the room has limited space, please RSVP to Lea Cox, President of Concerned Citizens for Drug Prevention, Inc. at 617/826-5598.

Sincerely,

Tom Allen

Mark Souder

Ron F. Wicker

J. Dan Hastert

To: 12126758505 Bob Lederer//POZ Pages: 1

NATIONAL COALITION to SAVE LIVES NOW! ALERT

c/o The Harm Reduction Coalition, 22 West 27th Street, 9th Floor, New York, NY 10001, 212.213.6376 x17, fax 212.213.6582
email: ncsln@dli.net, website: http://www.harmreduction.org

DEMONSTRATE

STUNNED BY THE CALLOUS DISREGARD FOR HUMAN LIFE SHOWN BY H.H.S. SECRETARY SHALALA, WHO KNOWS SYRINGE EXCHANGE STOPS AIDS AND SAVES LIVES . . .

FRUSTRATED BY CLINTON ADMINISTRATION'S REFUSAL TO END THE BAN ON FEDERAL SUPPORT FOR NEEDLE EXCHANGE, IN SPITE OF YEARS OF PROVEN EFFECTIVENESS . . .

NCSLN MEMBERS JOIN ACTIVISTS NATIONWIDE IN CALLING FOR MAJOR DEMONSTRATION IN WASHINGTON TO DEMAND AIDS PREVENTION THAT WORKS.

THE DATE: WEDNESDAY, SEPTEMBER 17TH, 12:30PM.
THE PLACE: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

THE CLINTON ADMINISTRATION HAS THE POWER TO STOP TENS OF THOUSANDS OF NEW CASES OF AIDS WITHIN THE NEXT SEVERAL YEARS, SIMPLY BY ENDING THE BAN ON NEEDLE EXCHANGE FUNDING.

The initial sponsors of this demonstration include (list in formation): ACT UP Philadelphia, Atlanta Harm Reduction Coalition, Exponents, Inc./ARRIVE, Harm Reduction Care Network of New York, Housing Works, Mobilization Against AIDS, New Orleans Syringe Exchange Network, The Harm Reduction Coalition, The National Coalition to Save Lives Now!, The Latino Commission on AIDS, The North American Syringe Exchange Network.

TAKE PART IN A HISTORIC NATIONAL ACTION TO END THE BAN:

ORGANIZE A BUS FROM YOUR COMMUNITY TO DC. If you work at a hospital, an AIDS service organization, or are a member of a union or church, you CAN have a huge impact. If you can successfully challenge 50 individuals from your area to show support, rent a bus! It's less expensive than you think, and if everyone chips in, it's easy! If you think you can organize a bus from your community, call us. We may know of others in your region who want to show support.

CONTRIBUTE YOUR EXPERTISE. Do you have experience with the press, with legal issues related to demonstrations, or with advocacy with legislators? Affinity group actions are welcome. Do you have creative ideas for action which will demonstrate the disgraceful nature of our current federal policy? If so, contact us.

CONTRIBUTE RESOURCES: We are in great need of financial contributions to assist with the considerable costs of this event. Also, if you reside in the DC area and can provide space for out of state demonstrators to stay for a night, we need your assistance!

Contact the National Coalition to Save Lives Now! (212) 213-6376, x17.

The National Coalition to Save Lives Now! Says:

FIGHT AIDS!

LIFT THE BAN ON FUNDING NEEDLE EXCHANGE

- **Sixty-three percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or sex with an intravenous drug user.**
- **Sharing needles and syringes for drug use is responsible for over one-third of all AIDS cases.**
- **Over one-half of all AIDS-related deaths for African Americans and Latinos are injection-related.**

Leaders of the Centers for Disease Control and the National Institutes of Health, numerous national public health organizations, drug treatment programs and organizations involved in the daily battle to prevent the spread of AIDS support funding needle exchange programs. CLEAN NEEDLES SAVE LIVES!

WE CALL UPON all people in the United States to
Demand that Clinton's Secretary of Health & Human Services, Donna Shalala, Lift the Federal Ban on Needle Exchange Funding Now!

Here's how you reach Donna Shalala. Every call/fax/e-mail counts!

E-mail: hhsmail@os.dhhs.gov *or* phone: 202.690.7000
***or* fax: 202.690.7098**

JOIN THE HISTORIC NATIONAL ACTION TO END THE FEDERAL BAN ON FUNDING FOR NEEDLE EXCHANGE

Wed., September 17 in Washington, DC

Buses will be leaving from New York City.
Contact Chris Lanier, **National Coalition to Save Lives Now!** 212.213.6376
To form an affinity group, contact: Paul Davis of **ACT UP/Philadelphia**
at 215.731.1844 (Box 2) or pdavis@critpath.org

Needle Exchange / NORA Grp. Mtg. 8/26/97

Concern about McAffrey comments post FRC news conference
- as far as we can tell, his statement is Admin's statement
- Same audience to FRC, which emphasized their connection to McAffrey - urged public to support McAffrey's position
- beyond lifting ban, importance of Admin's statement to hamstring & helping needle exchange programs
  - positive public health message
- ~~Oct~~ Sep. 17 demo - Admin's going to be asked its position
  - it's not enough to say nothing - we need positive p.h. message by 9/17
  - opportunity to correct damage

- needs to address
  - choice between treatment & exchange - they are complementary
  - where $ comes from - nobody has been suggesting that drug treatment $ be used
  - carry weight of Admin

Christine
- wonder to lift ban - Oct 15 → end of break

- want mtg. w/ Bruce & Erskine ASAP

Jane
- lack of strategy by Admin means groups like AmFA could be doing more harm than good.

Seth
- still a hill strategy needed - still potential on the House side and Senate side
- want HHS + WH to communicate that maintaining Sec's authority is still a priority

- has HHS had any conversations w/ Senators re: Labor HHS and preservation of authority

temporally =

→ where is Satcher confirmation?
call Sarah

NATIONAL COALITION to SAVE LIVES NOW!

c/o The Harm Reduction Coalition, 22 West 27th Street, 9th Floor, New York, NY 10001, 212.213.6376 x17, fax 212.213.6582
email: ncsln@dti.net, website: http://www.safeworks.org/savelivesnow/

Dear Friend;

The National Coalition to Save Lives Now!, a network of over 200 AIDS, needle exchange, religious, civil-rights and other organizations, is asking everyone concerned about the epidemic spread of AIDS in our nation to fast for 24 hours on World AIDS Day, December 1st, in solidarity with those at risk for HIV. The personal sacrifice reflects the determination of participants to offset the negligence of our federal elected leadership. We cannot allow HIV to spread, while there are acknowledged, effective prevention measures, without demonstrating in a deeply personal manner the impact of AIDS on ourselves and our loved ones. We will fast to protest the federal ban on needle exchange, which is still in place despite comprehensive scientific evidence that needle exchange saves lives.

The National Coalition estimates that **33 American men, women and children are infected with HIV every single day** who would not have been, had comprehensive needle exchange been implemented in this country. To date, three times as many Americans have contracted injection-related HIV as were killed in the Vietnam war. Injection-related AIDS is simply the most serious health issue impacting on urban communities today. AIDS is the leading cause of death for men and women of color between the ages of 25-44; more than half of these deaths are injection-related. Virtually all the new cases among women, and almost all the new pediatric cases are injection-related (where a risk factor is identified).

Of course we recognize that, for many HIV+ individuals, fasting may not be an appropriate option. We urge you to support this national action, in whatever way you can. In Washington DC, activists will gather in front of the White House to highlight the immorality of the Administration's passive position. You can join us, or organize a public gathering to observe or support the fast in your own community, or even include support for the fast within your planned World AIDS Day activities. However you decide to support the protest, we urge you to lend your name to the list of supporters, by contacting the National Coalition to Save Lives Now! at 212-213-6376, x17, or faxing us a note at 212-213-6582. The list of supporters will be widely publicized on December 1st, and the addition of your name to this list will help us send an important message to the White House, and Congress.

What hurts the most vulnerable members of our community demonstrably hurts us all.

Sean Strub, Publisher, POZ Magazine
Mario Cooper, Founder, Leading for Life
Dennis de Leon, Executive Director, Latino Commission on AIDS
Chris Lanier - Coordinator, National Coalition to Save Lives Now!

NATIONAL COALITION to SAVE LIVES NOW!

FACTS

Since 1988, Congress has enacted bans on the federal funding of needle exchange programs. The most recent federal ban is included in the Fiscal Year 1998 Omnibus Consolidated Appropriations Act. The ban prevents teh use of federal funds for needle exhcnage programs unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

State public health officials and needle exchange program directors claim that the federal ban has had a chilling effect on state government funding, making states less inclined to fund these programs.

Despite numerous studies conducted by prestigious organizations, as well as the federal government's own analysis which all show that needle exchange does not encourage drug use and does decrease the spread of AIDS, the Clinton Administration has yet to make a determination on the use of federal funds for needle exchange.

- AIDS is now the single largest cause of death among black and Latino men and women between the ages of 25 and 44. Over half these deaths are injection-related;
- By the end of 1996, almost 100,000 African Americans had injection-related AIDS or had died from it.
- By the end of 1995, 33,000 Latinos had injection-related AIDS, or had died from it;
- Among persons who inject drugs, African Americans are four times as likely as whites to be infected with the AIDS virus;
- Among persons who inject drugs, Latinos are one and a half times as likely as whites to be diagnosed with AIDS;
- For African Americans, the risk of contracting injection-related AIDS is four times greater than the risk of dying from an overdose;
- For Latinos, the risk of contracting injection-related AIDS is more than three times greater than the risk of dying from an overdose.

According to a June 1996 study, the number of HIV infections that could have been prevented between 1987 and 1995 in the U.S. had needle exchange programs been established is between 4,400 and 9,700. In addition, up to half a billion dollars in health care expenditures could have been avoided. The study also found that an additional 11,300 cases among IDUs, their secual partners and children could be prevented by access to needle exchange programs through the year 2000.

NATIONAL COALITION to SAVE LIVES NOW!

Yes, I believe the refusal of our Federal Government to fund needle-exchange programs is negligent and immoral and support the fast on World AIDS DAY.

Name:_____

Organization:_____

Address:_____

Phone:_____

FAX/e-mail:_____

❑ I will be joining the fast in front of the White House on December 1st, or helping to organize a supportive event in my community.
*Description:*_____

_____

_____

_____

_____

_____

_____

❑ My organization is not yet a member of the National Coalition to Save Lives Now! and we would like to join.

_____

Please fax (or e-mail) back to National Coalition to Save Lives Now! at (212) 213-6582 (ncsln@dti.net) *before Wednesday November 26th.*

For more information, please call the Chris Lanier at the Harm Reduction Coalition, (212) 213-6376, ext. 17

NATIONAL COALITION to SAVE LIVES NOW!

"WE CALL UPON all Americans to lift their voices against this genocidal neglect that is devastating our families and communities and reaffirm the humanity of all persons at risk for contracting HIV."

LIFT THE FEDERAL BAN ON FUNDING FOR SYRINGE EXCHANGE

ACT UP, NYC
ACT UP, Philadelphia
Action for a Better Community, Rochester, NY
African American Health Education and Resource Center, Phoenix
African Services Committee, NYC
AIDS Advisory Council of Davidson County, NC
AIDS Foundation of Chicago
AIDS Materials Project
AIDS Memorial Vigil, Seattle
AIDS Prevention Action Network, Inc., Redwood City, CA
AIDS Related Community Services, Newburg
AIDS Resource Center of Wisconsin
AIDS Rochester, NY
AIDS Services of North Texas
AIDS Substance Abuse Program, Indianapolis
AIDS Survival Project, Atlanta
AIDS Treatment Data Network
AIDS Work of Tompkins County, Ithica, NY
AJIKE Assoc., Brooklyn
Alameda County Exchange, Oakland
Alianza Latina SUNY Old Westbury, NY
Alianza Positiva, Inc., Mayaguez, PR
American Run for the End of AIDS (AREA)
APICHA
ARTEXT, San Juan
Atlanta Harm Reduction Coalition
Austin Harm Reduction Coalition
Bay AIDS Service and Information Coalition
Beekman Trinity MMTP, New York
Berkeley Free Clinic - Gay Men's Health Collective
Beth Israel Medical Center
Bi-Valley Medical Clinic, Sacramento
Bridgeport Health Department AIDS Program
Brooklyn Pediatric AIDS Network
Burlington Board of Health, VT
Bushwick Community Services Society, Brooklyn
California Syringe Exchange Network
Caribbean Women's Health Association, Inc., Brooklyn
Casa Betsaida, Brooklyn
Cathedral of Hope, Dallas
Celsime A.C., Calexico, CA
Center for Community Alternatives, Syracuse, NY
Center for Constitutional Rights, NYC
Center Point, Thorndike, ME
Chai Project, New Brunswick, NJ
Cheer at Whitney M. Young AIDS Center, Albany, NY
Chicago Recovery Alliance
Chicago Women's AIDS Project
Chicken Soup Brigade, Seattle
CHOW Project, Honolulu
Citizen's Advice Bureau, Bronx, NY
Clean Needles Now/Harm Reduction Central, Hollywood
Coalition for Hispanic Family Services, Brooklyn, NY
Colorado Harm Reduction Coalition
Comite Acción Social SIDA, Inc., Mayaguez, PR
Commissioner's Task Force on HIV/STD Prevention, Minneapolis
Common Sense for Drug Policy
Communication Works, SF
Community Church of Hope, Phoenix
Community Family Planning Council, NYC
Community Health Awareness Group, Detroit
Community Health Care Association of New York State
Community Health Project, NY
Community Members of the NYC HIV Prevention Planning Group
Community Prescription Service, NYC
Community Service Society, NYC
Criminal Justice Policy Foundation
Critical Path AIDS Project
David's House Compassion, Inc., Toledo, OH
Davidson County Harm Reduction Program
Deaf AIDS Care, Inc.., Rochester, NY
Deborah J. Glick, New York State Assemblymember
Delaware County AIDS Task Force
Disabled in Action of Metropolitan New York
Dogwood Center
Drug Corner, Oaklawn, IL
Drug Policy Forum of Hawaii
Drug Policy Foundation
Drug Reform Coordination Network
E.P. Early Intervention Program, Indianapolis
East Bay AIDS Center, Berkeley, CA
East New York Urban Youth Corps, Brooklyn
Educational Alliance, Inc., NYC
Exponents, Inc./ARRIVE, NYC
FACT (Friends of the Addicted for Comprehensive Treatment), NYC
Family Council on Drug Awareness
Four Corners AIDS Advocacy Network
Franz S. Leichter, New York State Senator
Friends for Life/Capital Area HIV/AIDS Services, Baton Rouge, LA
G.M.O.C.A., Albany, NY
GALAEI Project, Philadelphia
Gay Men's Health Crisis, NYC
Gay Youth Milwaukee
God's Love We Deliver, NYC
Haitian Centers Council, Brooklyn
Harlem Dowling-West Side Center for Children and Family Services, NYC
Harm Reduction Care Network of New York
Harm Reduction Coalition
Harm Reduction Hawaii
Harm Reduction Institute (The People's Projects), IN
Harm Reduction Outreach, Rockford, IL
Health Insurance Assistance Program, Indianapolis
HealthForce: Women and Men Against AIDS, NYC
Hispanic AIDS Forum, NYC
Hispanic Federation of New York City
HIV Community Coalition of DC
HIV Law Project, NYC
HIV/AIDS in Prison Project, Oakland, CA
Housing Works, NYC
Howard Brown Health Center AIM Project, Chicago
Indiana Community AIDS Action Network, Indianapolis
Indiana HIV Advocacy Program
Institute for Community Research, Hartford, CT
Inter Council Community Fellowship, NYC
Jews for Racial and Economic Justice

NATIONAL COALITION to SAVE LIVES NOW!

Judson Memorial Church, NYC
LAMBDA Legal Defense & Education Fund
Latino Commission on AIDS
Latino Family Services, Detroit
Legal Action Center, NYC
Life Quest, Inc., Bullhead City, AZ
Life Through Hope Foundation, Inc., Stuart, FL
Living Together, White Plains
Long Island Association for AIDS Care, Inc., NY
Los Angeles City AIDS Coordinator, Ferd Eggan
Los Angeles County HIV Drug & Alcohol Task Force
Lower East Side Harm Reduction Center, New York
Malama Pon\The HIV Services Agency of Kauai
Metropolitan Community Church, Jackson, MS
Metropolitan St. Louis AIDS Program
Mid Hudson AIDS Task Force, Poughkeepsie
Mid-Bronx Community Preservation Coalition, Inc., NYC
Mid-Ohio Valley AIDS Task Force
Midwest AIDS Prevention Project, Ferndale, MI
Midwest AIDS Training and Educational Center, Indianapolis
Mississippi Gay and Lesbian Alliance, Jackson
Mississippi Gay/Lesbian Alliance
Mississippi Persons with AIDS Project, Jackson
Mobile AIDS Support Services, AL
Mobilization Against AIDS, CA
Momentum AIDS Project, NYC
Montefiore School Health Program
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Moving Equipment/Clean Needle Program, NYC
Mt. Community Action Program, Buckhannon, WV
National Alliance of Methadone Advocates
National Association for Public Health Policy
National Association of People with AIDS
Native American Community Services of Erie & Niagara Counties
Needle Exchange of Asheville, NC
Needle Exchange Program of Marin, San Rafael, CA
New Hampshire Harm Reduction Alliance
New Jersey HIV Prevention Community Planning Group
New Orleans Syringe Exchange Network
New York Academy of Medicine
New York AIDS Coalition
New York City Council Member Thomas K. Duane
New York Peer AIDS Education Coalition
New York State Nurses Association
New York State Psychological Associations Div. of Addiction
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Philadelphia Center, Shreveport, LA
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Pittsburg Pre-School Coordinating Council
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Rochester Area Task Force on AIDS, NY
Rockford Urban Ministries, IL
Sacramento Area Needle Exchange
Safe Works AIDS Project, Minneapolis Minnesota
Santa Cruz Needle Exchange
Santa Fe Cares, NM
Santa Monica AIDS Project
Services For The Underserved, Brooklyn
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Sickle Cell Advocates for Research and Empowerment, Bronx, NY
South River H.S. AIDS Ambassadors, NJ
Southern AIDS Commission, Greenville, NC
St. Ann's Corner of Harm Reduction, NYC
St. Augustine's Episcopal Church, NYC
St. Mary Day Care Center, New York
STAND, Brooklyn
State of Wisconsin HIV Prevention Community Planning Council
Steinway Child & Family Services, Queens
Steps Toward Another Tomorrow, Bellrose, NY
Street Voice, Baltimore, MD
Streetwork Project, NYC
Test Positive Aware Network
Texas AIDS Connection, Austin
Topeka AIDS Project
TORCH Foundation
United Bronx Parents, Inc.
United Community Centers, Brooklyn
Univ. of Conn. Eastern Conn. Health Outreach Project
Upper Hudson Planned Parenthood, Albany
Urban League of Westchester County, Inc.
VIP Community Services
Weld County AIDS Coalition
West Piedmont AIDS Task Force, VA
West Virginia Chapter of the National Org. for Women
Whitney Young Health Centers, Albany
Williamsburg/Greenpoint/Bushwick HIV Care Network, NYC
Xanthos, Inc., Alameda, CA
Xchange Point, Cleveland
Yellowstone AIDS Project
YWCA of McKeesport, PA

. . . and over 1,500 concerned individuals nationwide

S. O. S.

It is time to go back to creative, nonviolent protest

Our friends are still dying—it's time to take to the streets

Another World AIDS Day, on December 1, guarantees another round of hypocritical back-patting, carefully crafted soundbites and anesthetizing rhetoric.

AIDS is old news. Fewer people care. Those most at risk of acquiring the disease—young people of color (especially women), drug-users, their sex partners and men who have sex with men—are those about whom our society cares least.

But you and I don't have to join this mass indifference. We have voices, we have value, and we have power. But sometimes we need to be reminded of all three.

The treatment honeymoon of the past two years is over. Triple combination therapy fails for at least half the people taking it. Our friends are still dying. Government policies continue to create thousands of infections.

In recent years, the rap on street activism has been that "it doesn't work anymore." But right now, the activism we've got isn't working either.

I believe it is time to go back to creative, nonviolent protest. Crowd the streets. Put our bodies on the line. That's where many of us began our AIDS activism, and how we know we can force change.

That's why *POZ* is joining the National Coalition to Save Lives by calling on people of conscience to fast for 24 hours on World AIDS Day, protesting the Clinton administration's continuing racist and genocidal failure to fund needle-exchange programs and provide real leadership on AIDS.

A fast, in and of itself, isn't going to save lives. But it will send a message that AIDS activism isn't going away. For many of us, it can mark a return to the activist tools that worked before, when we were desperate, when no one was listening to us, and people were dying needlessly.

Today we've got a huge AIDS bureaucracy paid to listen to us, but the desperation is greater than ever for most people with HIV. Especially prisoners, IV drug-users, their sex partners, young people of color and other "throw away" segments of society.

Needle exchange *will* save lives. Condom distribution in schools and prisons *will* save lives. Targeted prevention programs *will* save lives.

Don't let anyone tell you this is just about politics. It isn't. It is about morality. About good and evil. About human lives. It is about a nearly incomprehensible presidential and congressional indifference to pain. About an unwillingness to exercise the small fragments of political leadership required to save lives.

If you have ever wondered how great atrocities in the history of governance could happen—from the Holocaust to slavery, from the massacres of the Khmer Rouge to the Tuskegee study—wonder no longer, as you're living in the midst of one.

With the clarity the passage of time is sure to provide, we will someday understand that those with the power to save lives today behaved instead with a malicious and cruel disregard. Their drive for personal ambition and power obscures any underlying responsibility to the public health.

We will also see attempts to rewrite history. Those of influence whose obeisant silence facilitated Clinton and Health and Human Services Secretary Donna Shalala's inaction—including prominent gay politicos, members of Congress, AIDS and public-health policy leaders—will, when writing their memoirs, undoubtedly and self-servingly remember themselves to have been lone voices of courage on these same issues.

The truth is that too many of these leaders have traded what is right for people with HIV for what is useful to their own egos, careers and organizations.

Too many members of Clinton's AIDS Council are obsessed with not "embarrassing" the President rather than demanding leadership. The Human Rights Campaign is "honoring" President Clinton. Why do we honor one whose cowardice is killing people?

Imagine the impact if the members of Clinton's AIDS Council resigned, en masse, in protest of his failed AIDS leadership? Imagine the impact if the board members of AmFAR, GMHC, San Francisco AIDS Foundation, Whitman-Walker Clinic and APLA joined a hunger strike in front of the White House?

These agencies are full of sincere, dedicated, motivated and caring individuals. I hope they will light a fire under the less-dedicated AIDS fat-cats and careerists and encourage them to risk a few political calories by joining the World AIDS Day protest fast. It's not much, but it's a start. ■

Sean O. Strub

PHOTO: WILLIAM HARRIS

HUMAN
RIGHTS
CAMPAIGN

1101 14th Street NW
Washington, DC 20005
phone 202 628 4160
fax 202 347 5323

MEMO

DATE: November 17, 1997
TO: Bruce Reed, Assistant to the President for Domestic Policy
CC: Chris Jennings, Special Assistant to the President for Health Policy Development
Sandra Thurman, National AIDS Policy Director
Richard Socarides, Senior Advisor for Public Liaison

FROM: Seth Kilbourn, Senior Health Policy Advocate
SUBJECT: Needle Exchange/Request To Meet

It was great to see you at the HRC dinner. It was an incredible evening. I have heard nothing but positive reactions to the President's speech and his attendance at the dinner. Our e-mail has been over flowing and I have over heard more than a few conversations all around town about how great the event was. I think the dinner will mark an important milestone not only for HRC but for the entire gay and lesbian community.

I wanted to follow up with you on the needle exchange issue now that the Labor/HHS bill is finished. We are disappointed that the Senate language did not prevail in the final bill, but we are pleased that the Secretary's authority is ultimately preserved. Thanks for your help in making that happen. I think the compromise language marks an important shift in the debate on this issue. As I indicate in the attached letter to Secretary Shalala, the language clearly moves away from "whether" federal funds should be used for needle exchange to "how" federal funds should be used for needle exchange.

That language of course also builds in an opportunity for needle exchange opponents to further politicize the issue over the next few months while the Secretary's authority is suspended. The science will stand up to any scrutiny by Congressional authorizing committees if they choose to hold hearings on needle exchange or otherwise get involved in the issue. However, a successful strategy will require all the key players in this debate to deliver the science in a single, clear, and unequivocal voice.

We are calling on the Secretary to immediately issue a determination that needle exchange programs are effective in reducing HIV and do not encourage illegal drug use for several reasons:

1. Given the support for needle exchange of the American Medical Association, the American Public Health Association, the US Conference of Mayors, the American Bar Association, and all the AIDS advocacy groups, most of the key players are in place already to address further Congressional involvement. What is missing is a clear Administration position. In my view, a clear expression of that position is vital to our collective efforts to keep this debate focussed on science and not the politics of the Family Research Council.

2. The moratorium on the Secretary's authority is a rather artificial political compromise. The Secretary's determination may or may not invoke a Congressional reaction no matter when she acts. Nothing will prevent Congress from rescinding her authority or taking other action, should they choose to do so, before or after March 31.

3. By addressing the issues raised in the bill and the conference report, the Administration will be seen as being clear and forthright about its intentions. The bill clearly asks for certain issues to be addressed (e.g., effectiveness of needle exchange, a distinction between distribution and exchange, involvement of local public health officials, etc.). The conference report states that the moratorium provides an opportunity for the authorizing committees to review "any conditions proposed by the Secretary". This language implies that the Secretary would move on this issue before March 31.

4. By issuing a determination immediately and beginning to address implementation issues, the Administration is responding to a Congressional mandate to which the authorizing committees may or may not choose to respond. An immediate determination would therefore, I think, be seen by Congress as less of a political response than if the Secretary acts after March 31.

5. Even if Congress chooses to further restrict the use of federal funds, by acting immediately, the Administration sends the right public health message and will be supported by public health and AIDS organizations. Congress will clearly be seen as the impediment to sound public health policy.

I would welcome the opportunity to discuss this issue with you at your convenience. I am sorry we never connected after our meeting in July. Hopefully, we can meet or at least talk soon. I can be reached at (202) 216 - 1526.

Thanks again for helping to preserve the Secretary's authority on this issue and please pass along my personal thanks to the President for making our dinner such a success. I look forward to talking to you soon.

HUMAN
RIGHTS
CAMPAIGN

Via Facsimile

November 13, 1997

The Honorable Donna Shalala, Secretary
United States Department of Health and Human Services
Washington, DC 20201

Dear Secretary Shalala:

Thank you very much for your work and the work of other members of the Administration on the FY 98 Labor, Health and Human Services, and Education appropriations bill. The Human Rights Campaign (HRC) is very pleased that the final bill significantly increases funding levels for HIV and AIDS programs and ultimately preserves your authority to establish federal policy on needle exchange.

Now that the bill is completed, we urge you to issue an immediate determination that needle exchange programs are effective in reducing HIV transmission and do not encourage the use of illegal drugs. An abundance of scientific evidence currently exists to support such a determination and many individual Department and Administration officials have endorsed needle exchange as an important HIV prevention tool.

As you know, the House and Senate conference committee debated this issue thoroughly. While we are disappointed that federal funds will not be available until April 1, we feel that the compromise language addresses the concerns about needle exchange raised on the House floor during the debate on the Hastert/Wicker amendment. In our view, the debate has clearly shifted from "whether" federal funds should be used for needle exchange to "how" federal funds should be used in order to ensure successful outcomes.

Given the results of a healthy Congressional debate, an immediate determination that needle exchange programs reduce HIV transmission and do not encourage illegal drug use is, we believe, both politically and programmatically important. Without a clearly established Administration position, efforts to further politicize the issue between now and March are likely to be successful. By standing with the American Medical Association, the American Public Health Association and numerous other respected organizations in support of needle exchange, the Administration sends a single, clear and unequivocal message that science, not politics, should prevail on this issue.

We would like to work with you and your staff over the next few months to address any further Congressional efforts to interfere with your authority and to develop the criteria necessary for the operation of federally funded programs as outlined in the appropriations bill.

1101 14th Street NW, Suite 200 Washington, D.C. 20005
phone (202) 628 4160 *fax* (202) 347 5323 *e-mail* hrc@hrc.org

We would like to arrange a meeting at your earliest convenience to discuss these issues further. Thank you for your attention to this matter. We look forward to hearing from you soon.

Sincerely,

Winnie Stachelberg
Political Director

Seth Kilbourn
Senior Health Policy Advocate

cc: Kevin Thurm
Erskine Bowles
Rahm Emanuel
John Podesta
Sylvia Mathews
Maria Echaveste
Bruce Reed
Chris Jennings
Richard Socarides
Sandra Thurman
Franklin Raines
Josh Gotbaum
Eric Goosby
Donald Gips
Toby Donenfeld

HUMAN
RIGHTS
CAMPAIGN

TO: Sandy Thurman FAX NUMBER: (202) 632 - 1096

FROM: The Human Rights Campaign
Legislative Department, PAC Department, Field Department

Winnie Stachelberg, Political Director
Kevin Layton, PAC Director/Chief Legislative Counsel
Donna Red Wing, Field Director

Nancy Buermeyer
Bill Darker
Becky Dinwoodie
Tony Esoldo
Candace Gingrich
Terrance Heath
Thom Kincheloe
Seth Kilbourn
Tiffany Newton
Kris Pratt
Susanne Salkind
Tracey St. Pierre

DATE: November 17, 1997

RESPOND TO: Seth Kilbourn

PAGES TO FOLLOW: 4

PHONE: 202.628.4160
FAX: 202.347.5323

Message:

NATIONAL COALITION TO SAVE LIVES NOW!
A NATIONAL CALL TO ACTION.

WHEREAS, the sharing of needles and syringes for the injection of drugs has led to over 205,000 documented AIDS cases among men, women and children, making it one of the largest causes of HIV transmission in the United States:

- Sixty-three percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or sex with an intravenous drug user;
- Sharing needles and syringes for drug use is responsible for over one-third of all AIDS cases;
- Over one-half of all AIDS-related deaths for African-Americans and Latinos are injection-related-totaling 90,000 deaths to date;
- In 1995 the cost of treating the 25,500 cases of needle/syringe sharing related AIDS was more than $3 billion;

WHEREAS, Congress has authorized the Secretary of Health and Human Services to lift the ban on federal funding for needle-exchange programs once the scientific findings demonstrate that such programs reduce the incidence of HIV transmission and do not result in an increase in drug use;

WHEREAS, seven uncontroverted federal research reports demonstrate that needle exchange programs reduce HIV transmission without increased drug use;

WHEREAS, the Secretary of Health and Human Services has failed to exercise her statutory responsibility and lift the federal ban despite the scientific findings;

WHEREAS, two-thirds of all people in the United States and even more African-Americans and Latinos strongly support needle exchange programs; and

WHEREAS, leaders from the Centers for Disease Control and the National Institutes of Health, numerous national public health organizations, drug treatment programs, law enforcement officials religious leaders, and organizations involved in the daily battle to prevent the spread of AIDS support funding needle exchange programs.

NOW, therefore, we call upon our communities, our families, our churches, our mosques and synagogues, colleges and universities, businesses, political and cultural groups, community based organizations and our elected representatives to join together in a national emergency to lift the federal ban on funding needle exchange programs;

WE CALL UPON all people in the United States to demand that Health and Human Services Secretary Donna Shalala lift the needle exchange funding ban now and that our elected representatives in Washington support that decision; and

WE CALL UPON our elected leaders and government officials to join us in a moral crusade to save lives now; and

FINALLY, WE CALL UPON all Americans to lift their voices against this genocidal neglect that is devastating our families and communities and reaffirm the humanity of all persons at risk for contracting HIV.

"My family was practically destroyed by drugs. But thanks to my recovery, we have a new beginning. Today, I can really say that my life has taken a turn for the better--even though I struggle with HIV. If only I had access to clean needles.

"When I think about how our president says he cares about families, I wonder why he doesn't help all families in America. I wonder what kind of family values it takes to care about me and my children.

"I wonder what life would be like without AIDS."

Each day, women like Dawn get infected with HIV--needlessly. That's because most HIV infections in women can be traced to sharing needles or having sex with partners who share needles. There's a simple solution to this tragedy:

Needle Exchange Programs Give Drug Users Clean Needles Until They Can Get Into Treatment.

Our nation's leading authorities endorse needle exchange programs to fight AIDS. Seven Federal studies show that they prevent HIV without increasing drug use. Experts estimate that needle exchange could save thousands of lives by the year 2000--many of them children. Most Americans believe in needle exchange.

Ignoring the evidence, our government still bans Federal funding for these programs. Families like Dawn's deserve better than this.

Federal law allows Secretary of Health and Human Services Shalala to end the ban. But President Clinton has refused.

Call Secretary Shalala at (202) and President Clinton at (202) . Tell them to Lift the Ban on Federal Funding.
Needle Exchange Saves Families.

These individuals and groups all support needle exchange:(add groups)

NATIONAL COALITION to SAVE LIVES NOW!

c/o The Harm Reduction Coalition, 22 West 27th Street, 9th Floor, New York, NY 10001, 212.213.6376 x17, fax 212.213.6582
email: ncsln@dti.net, website: http://www.safeworks.org/savelivesnow/

"WE CALL UPON all Americans to lift their voices against this genocidal neglect that is devastating our families and communities and reaffirm the humanity of all persons at risk for contracting HIV."

LIFT THE FEDERAL BAN ON FUNDING FOR SYRINGE EXCHANGE

ACT UP, NYC
ACT UP, Philadelphia
Action for a Better Community, Rochester, NY
African American Health Education and Resource Center, Phoenix
African Services Committee, NYC
AIDS Advisory Council of Davidson County, NC
AIDS Foundation of Chicago
AIDS Materials Project
AIDS Prevention Action Network, Inc., Redwood City, CA
AIDS Resource Center of Wisconsin
AIDS Rochester, NY
AIDS Services of North Texas
AIDS Substance Abuse Program, Indianapolis
AIDS Survival Project, Atlanta
AIDS Treatment Data Network
AIDS Work of Tompkins County, Ithica, NY
Alianza Latina SUNY Old Westbury, NY
Alianza Positiva, Inc., Mayaguez, PR
Atlanta Harm Reduction Coalition
Berkeley Free Clinic - Gay Men's Health Collective
Beth Israel Medical Center
Bi-Valley Medical Clinic, Sacramento
Bridgeport Health Department AIDS Program
Brooklyn Pediatric AIDS Network
Burlington Board of Health, VT
Bushwick Community Services Society, Brooklyn
California Syringe Exchange Network
Caribbean Women's Health Association, Inc., Brooklyn
Casa Betsaida, Brooklyn
Cathedral of Hope, Dallas
Center for Community Alternatives, Syracuse, NY
Center for Constitutional Rights, NYC
Cheer at Whitney M. Young AIDS Center, Albany, NY
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GALAEI Project, Philadelphia
Gay Men's Health Crisis, NYC
Gay Youth Milwaukee
God's Love We Deliver, NYC
Haitian Centers Council, Brooklyn
Harlem Dowling-West Side Center for Children and Family Services, NYC
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Harm Reduction Hawaii
Harm Reduction Institute (The People's Projects), IN
Harm Reduction Outreach, Rockford, IL
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Hispanic AIDS Forum, NYC
Hispanic Federation of New York City
HIV Law Project, NYC
HIV/AIDS in Prison Project, Oakland, CA

NATIONAL COALITION to SAVE LIVES NOW!

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Indiana Community AIDS Action Network, Indianapolis
Institute for Community Research, Hartford, CT
Inter Council Community Fellowship, NYC
Jews for Racial and Economic Justice
Judson Memorial Church, NYC
LAMBDA Legal Defense & Education Fund
Latino Commission on AIDS
Latino Family Services, Detroit
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Williamsburg/Greenpoint/Bushwick HIV Care Network, NYC
Xanthos, Inc., Alameda, CA
Xchange Point, Cleveland
Yellowstone AIDS Project
YWCA of McKeesport, PA

. . . and over 1,500 concerned individuals nationwide

Needle Exchange Fact Sheets

Prepared by;
National Association of People with AIDS
Contact: (202) - 898-0414

1. The Federal Ban

The Congressional language barring the use of federal funds for needle exchange, as articulated in the Conference report to the FY 1997 Omnibus Consolidated Appropriations Act (PL 104-208)(p. 286), states:

> *Notwithstanding any other provision of this Act, no funds appropriated under this Act shall be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drugs unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.*

Additionally, the FY 1997 Senate Report Language to this bill states:

> *The Committee understands the Department is continuing to support research, reviewing the effect of clean needle exchange programs on reducing HIV transmission, and on whether such programs encourage illegal drug use. The Committee requests that the Secretary provide a report by February 15, 1997, on the status of current research projects, an itemization of previously supported research and the findings to date regarding the efficacy of needle exchange programs for reducing HIV transmission, and not encouraging illegal drug use.*

2. The Consensus Development Conference (February 11-13, 1997)

The National Institutes of Health Consensus Development Program was established in 1977 and is the premier health technology assessment and transfer program in American medicine. Under this program, the Office of Medical Applications of Research at NIH organizes major conferences that produce consensus statements and technology assessment statements on controversial issues in medicine important to health care providers, patients and the general public.

NIH Consensus Statements are prepared by a nonadvocate, non-Federal panel of experts, based on:

(1) presentations by investigators working in areas relevant to the consensus questions during a 2-day public session;

(2) questions and statements from conference attendees during open discussion periods that are part of the public session; and

(3) closed deliberations by the panel during the remainder of the second day and morning of the third.

February 11 -13, 1997, the NIH hosted a Consensus Development Conference specifically addressing "Interventions to Prevent HIV Risk Behaviors." On February 13, 1997, the Consensus Development Conference released their recommendations to the general public for comment upon which a final (and official document was prepared.

The Consensus Conference made eight (8) specific conclusions and/or recommendations (as directed by the body of scientific evidence presented and available) dealing with HIV prevention, four of which specifically address needle exchange. These four (4) conclusions and recommendations are:

- Interventions are effective for reducing behavioral risks for HIV/AIDS: needle exchange programs, drug abuse treatment, and outreach programs for drug users not enrolled in treatment are particularly effective for reducing risk in drug abuse behavior; information about HIV/AIDS and building skills to use condoms and negotiate the interpersonal challenges of safe sex are effective for risky sexual behavior.
- Legislative restrictions on needle exchange programs must be lifted.
- The erosion of funding for drug abuse treatment programs must be halted.
- The catastrophic breach between the behavioral science of HIV/AIDS prevention and the legislative process must be healed.

3. The Report to Specter and Harkin

In response to the Senate Report Language accompanying the FY Omnibus Appropriations Act, on February 18, 1997, Secretary Shalala submitted a report to Senators Specter and Harkin. This document was intended to:

> *provide(s) the Committee with an overview of the current status of knowledge regarding the impact needle exchange may have on the seroincidence of HIV and their impact on drug using behavior of needle exchange participants.*

While Secretary Shalala did not exercise the waiver authority because of or in this document, it does conclude with the following statement:

> *Over all, these studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them.*

4. The Science

Two specific Congressional barriers must be proven, scientifically, in order for the Secretary to exercise the waiver authority and allow for the use of federal funds for a clean needle exchange program. Needle exchange programs must demonstrate that they:

1. are effective in preventing the spread of HIV; and
2. Do not encourage the use of illegal drugs.

Findings from 22 published or in-press studies of Needle Exchange in the United States indicates that Needle Exchange Programs:

- Reduce the risk of HIV infection (and other blood-borne infections) in injection drug users;
- Reduce high-risk behaviors that are associated with HIV infection among injection drug users;
- Increase protective behaviors taken by injection drug users against HIV infection;
- Do not increase the number of discarded syringes on the streets where needle exchange programs are sited;
- Do not recruit or encourage new injectors; and
- Play a crucial or HIV prevention portfolio that includes linking injection drug users into appropriate drug treatment settings.

In addition to these 22 published or in-press studies, a significant body of scientific literature has been amassed that had identified the critical and comprehensive strategies that, when employed properly and consistently and with adequate funding, reduce drug-related HIV transmission. These strategies include:

- Enhanced access to drug treatment;
- Psycoeducational interventions;
- Syringe exchange;
- Syringe availability through increased access at pharmacies;
- Outreach to active injection and non-injection drug users; and
- Counseling and testing services.

Data on the cost effectiveness of needle exchange has demonstrated both its short-term and long-term benefit and impact.

5. The Legacy in the Literature: Needle Exchange Works

Prior to the release of the NIH Consensus Conference Recommendations and the transmittal of the report of Secretary Shalala to Senators Specter and Harkin, three federally-funded reviews of the most current literature on the effectiveness of needle exchange were published. All three reports concurred that needle exchange reduces HIV infections and did not encourage drug use. These three reports are:

- The **U.S. General Accounting Office**: Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy, 1993
- The **Centers for Disease Control and Prevention & the University of California, San Francisco**: The Public Health Impact of Needle Exchange Programs in the United States and Abroad, Volume 1, 1993.
- The **National Research Council and Institute of Medicine**: Prevention HIV Transmission. The Role of Sterile Needles and Bleach, 1995

Needle Exchange Programs (NEP) reduce the risk of HIV infection in IDUs

Several studies have definitively concluded that needle exchange programs (NEP) actually reduce the spread of HIV in the communities where these programs have been introduced. Some studies have shown remarkable decreases in seroincidence rates, others have shown stabilized and reduced seroprevalence rates, while other studies have shown that injection drug users

NOT enrolled in NEP are far MORE LIKELY to become HIV infected than IDUs enrolled in NEP.

For more information, see:

Heimer et al., 1992
Kaplan & O'Keefe, 1993
Kaplan, 1994
Kaplan & Heimer, 1995
Watters, 1994
Des Jarlais et al., 1994
Des Jarlais et al., 1996
Singer et al., 1997 (in press)

Using the surrogate marker of rates of Hepatitis B and C rates, studies have shown that clients who access NEP are far LESS likely to become infected with Hepatitis B or C.

For more information, see:

Hagan (1991)
Hagan (1996)

NEP reduce high-risk behaviors that are associated with HIV infection among IDUs

Injection drug users who access NEP programs significantly reduce the number of times per day and per month that they inject drugs as well as decrease the frequency of injection

For more information, see:

Watters et al., 1994
Paone et al., 1994
Oliver et al., 1994
Singer et al., 1997 (in press)
Guydish et al., 1993
Des Jarlais et al., 1994
Hagan et al., 1993
Hagan et al., 1994

NEP reduce participants' re-use of used injection equipment

Injection drug users who access NEP programs significantly decrease the high-risk behavior of sharign used injection equipment. Data also state that for injection drug users, the longer they access NEP, the more significant the reduction in unsafe needle sharing practices.

For more information, see:

Watters et al., 1994
Paone et al., 1994
Guydish et al., 1993
Oliver et al., 1994
Singer et al., 1997 (in press)
Hagan et al., 1993
Hagan et al., 1994
Des Jarlais et al., 1994

NEP increase participant's needle disinfection practices

The rate of using bleach to disinfect a used syringe increases dramatically for injection drug users who access NEP programs.

For more information, see:

Hagan et al., 1993
Oliver et al., 1994

NEP encourage IDUs to enter into drug treatment

There is compelling and substantial data that show that NEP programs have had a positive impact on the number of injection drug users who have gained access to drug treatment programs. NEP programs can and have served as a major referral source for a significant number of active IDUs for treatment. Clients of NEP programs are more likely to remain in drug treatment.

For more information, see:

Hagan et al., 1993
Heimer & Lopes, 1994
Singer et al., 1997 (in press)
Vlahov et al., 1997 (in press)

NEP reduce the number of used syringes discarded on the streets

For more information, see:

Oliver et al, 1994
Doherty et al., 1997 (in press)

NEP do NOT encourage initiation of injection drug using behavior

While it was feared that the presence of NEP programs would environmental encourage young people to become injection drug users, data show that the presence of NEP programs do not encourage new injection drug users.

For more information, see:

Watters et al, 1994 Guydish et al., 1993

The legal status (sanctioned vs. underground) of NEP influences service delivery

Legal or local community sanctioning has a positive and beneficial impact on NEP programs. Specifically, programs associated with local community sanctioning or operating legally consistently have

- formal and effective referrals to drug treatment;
- sufficient supply of syringes
- funding for appropriate biohazardous waste disposal
- longer hours of operation; and
- stable funding

for more information, see:

Paone et al., 1996

NEP successfully provide linkages and referrals to drug treatment programs

The Seattle/Tacoma NEP programs demonstrate the positive impact of an NEP on referrals to drug treatment programs and a local cooperative to help improve access to appropriate drug treatment services

- Seattle and Tacoma NEP programs provide vouchers for free treatment to distribute to clients on-site;
- the Tacoma NEP was the source of 43% of all the new recruits into methadone treatment in 1995; and
- Seattle's' treatment slots have increased by 350 slots since they initiated NEP

And, when Baltimore established 90 treatment slots for drug treatment specifically for NEP clients, all 90 slots were rapidly filled.

For more information, see:

Hagan & McGough, 1997
Jange, 1997 (in press)

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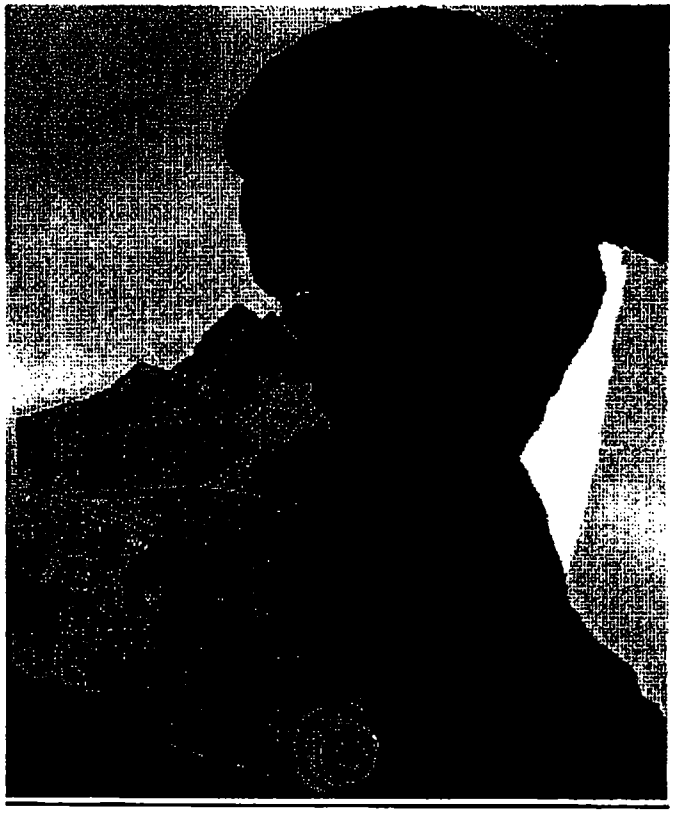
NEEDLE EXCHANGE

from an

AFRICAN AMERICAN PERSPECTIVE



African American Community Education Project
"all we need is truth and time."
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TALKING POINTS AND CONCEPTS FOR CONSIDERATION

Drug related HIV/AIDS and Needle Exchange in the Black Community

prepared by Imani Woods

Syringe exchange remains controversial despite the support of major health and science institutions in the US. African Americans have been reluctant to consider syringe exchange programs. By the end of 1995, more than 86,700 African Americans had injection-related AIDS or had died from it.

While concerns are valid, a health emergency exists. The cases of drug related HIV/AIDS among African Americans has the potential to destroy the lives of thousands of Black Americans.

We must act **NOW**!

NEEDLE EXCHANGE FROM AN AFRICAN AMERICAN PERSPECTIVE

Acceptance, development and implementation of syringe programs within an Afrocentric perspective are required to:

1. Reduce exposure to HIV and other blood borne illnesses;
2. Reduce incidence of contagion among drug users and their families;
3. Assist persons in efforts to reduce drug related morbidity and mortality;
4. Demonstrate community capacity for tolerance and acceptance, while encouraging self sufficiency;
5. Enhance existing programs with competent and practical systems of care for drug users.

Rates of HIV

Population	Cases per 100,000
African Americans	**89.7**
White Americans	**13.5**
Latin Americans	**41.3**

July 1994 - June 1995 Rates of HIV Associated with IDU

Population	Cases per 100,000
African American Women	**31.8**
African American Men	**78.7**
White American Women	**1.9**
White American Men	**5.8**

- 41% of AIDS Cases in 1996 were African Americans. More than half of all female cases and more than 60% of children with AIDS were African Americans.
- AIDS is the number one killer of African American men and women ages 25 to 44.
- One out of five deaths among Black women in this age group is caused by AIDS; one out of three among Black men.

Community Concerns

1. What aspects of current Needle Exchange programs can Black Americans utilize? Which parts are not relevant?	A. Current projects have utilized public health strategies in that they provide access to syringes and other items required to reduce the risk of HIV and other blood borne diseases. Presently, many projects are strategically located in the community to ensure access. However, despite successful partnerships with drug treatment providers, most programs do not emphasize abstinence as a possible HIV prevention method. Given the discriminatory nature of American culture, Black people involved in Needle Exchange should attempt to influence users by highlighting the social, political and economic aspects of addiction in Black communities.
2. Why put needles in our community, why not offer more drug treatment?	A. Syringe programs that reflect the needs of African Americans will emphasize drug treatment. In contrast to the activist movement, drug users of African decent require opportunities which include, but are not limited to, drug treatment regimes. As harm reduction measures are instituted, an opportunity for community organizing will naturally emerge.
3. What's this talk about civil rights. Do addicts have the right to use if they want to?	A. In African centered culture, the drug use of the individual reflects on the family and the community. Interdependent patterns of conduct reject forms of social individualism and/or social isolation.

4. All addicts suffer the same discrimination in US society.	A. African Americans are disproportionately represented among drug use, abuse and distribution surveillance data. We are also over-represented among HIV cases. Our allegiance to Needle Exchange is confined to the life saving aspects research has demonstrated. Drug users of African decent are more likely than any ethnic group in America, to suffer the negative consequences of drug involvement.
5. Do drug users make choices about drug use?	A. Excess availability coupled with poor education systems, lack of opportunities and a plethora of systemic discrimination and racism probably does impact residents of these neighborhoods. While it is not coercion, excess drug availability lends itself to the interpretation that drug use is normal and acceptable when there are no other alternatives.
6. Needle Exchange does not encourage drug use.	A. Studies have shown no increase in drug use in areas where Needle Exchanges are operated, however, it is not unreasonable to suspect that Needle Exchange encourages drug use in those communities that lack viable alternatives. Here again, interpretation governs and contradicts the exclusivity of books and observations. Interpretation is considered equally valid. Example: Many poor communities lack access to basic services such as health care, supermarkets, community centers. Place a Needle Exchange into this scenario and it stands out. Therefore, clear distinctions about what is reality for the Black Community must be recognized.

7. If Black folk fail to act, it is the responsibility of activists to go into the African American Community and distribute syringes. We want to save lives.	A. African Americans have the ability, the intelligence and the willingness required to expand the system of care for our drug addicted populations! Black Americans will and do resent young activists who are often insensitive to the struggle and sacrifices made in order to achieve a sense of status. Needle Exchange in America's Black community must and will reflect the values of a people who have survived slavery, discrimination, segregation and racism.
8. The Public Health system can't be trusted. The Tuskegee experiment is a constant reminder. Needle Exchange could be Tuskegee in disguise.	A. The most glaring similarity between the US Public Health Service Study at Tuskegee and Needle Exchange Programs is the fact that within both projects a time existed when, despite the knowledge of a form of treatment which could have helped, the life saving remedies were not offered.

NASEN

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February 2, 1999

TO: NASEN Members
FROM: David Purchase
PDAP/NASEN
RE: Cancellation of NASEC IX, Chicago, April 22-24, 1999

Dear Folks,

This is written to inform you, sadly, of the cancellation of NASEC IX. This action is being taken as a result of an unfortunate financial situation. If we were to continue any further in our preparation for the convention in Chicago, we would be jeopardizing 35% to 70% of the funds we have available for the NASEN grant program for the next fiscal year. Our grants go to needle exchange programs with budgets of $50,000 per year or less. To penalize these programs in order for us to meet in Chicago would be an untenable position. For staff and the NASEN Advisory Board, this decision was very difficult and very simple: have a convention or help save a few more lives.

Please note the following:

1. A complete refund will be sent to everyone who has already sent in their registration.

2. We will publish a presentation binder which will include the abstracts of presentations that would have been made at NASEC IX. If you have not sent us a camera-ready copy of your presentation and would like to do so, you have until the 15th of March to submit it to the NASEN office. We will send out the binder to all existing syringe exchange programs, all individuals who have registered to date and/or all authors of presentations in the binder at the end of April.

3. Those programs that have a current NASEN grant with attendance at NASEC as a line item are free to spend the money on any other line item in their grant budget.

4. If you have already made reservations at the Midland Hotel, you need to call them and cancel.

There is nothing about this decision that will affect NASEC X which will be held in Portland, Oregon, April 26th through the 29th, 2000. All of us at NASEN give you our word we will do everything possible to see to it that our tenth anniversary gathering is the best ever.

I will miss seeing your faces.

The Point is the Point,

David

David Purchase
PDAP/NASEN