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Issues - Needle Exchange - Congressional Black Caucus

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until it's over
AIDS ACTION

Facsimile Transmittal Cover Sheet

To: Todd Summers
Deputy Director
The White House National AIDS Policy Office
736 Jackson Place, N.W.
Washington, DC 20503
456-2439

From: Mark H. Joseph (ext. 3022)

Date: August 4, 1999

Re: CBC – Needle Exchange

Number of Pages (including cover sheet): 3

Todd,

I am transmitting herewith the only CBC correspondence/articles, which we are aware of, regarding Needle Exchange.

Mark

1906 Sunderland Place, N.W. Washington, DC 20036-1608 P 202 530-8030 F 202 530 8031 www.aidsaction.org

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

February 9, 1998

The Honorable Donna Shalala
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Room 615-F
Washington, DC 20201

Dear Secretary Shalala,

As Chairs of the Congressional Black Caucus and the Hispanic Caucus, we urge you to make an immediate determination that needle exchange programs reduce the risk of HIV transmission and do not promote the use of illegal drugs. Having successfully preserved your authority from legislative attack, we strongly urge you to make available federal funds after the moratorium expires on March 31, 1998. We believe there is ample scientific data to make such a determination and exercise your authority. We are equally concerned that you exercise this authority expeditiously in order to avoid future efforts to codify a ban in the Fiscal Year 1999 Labor, Health and Human Services Appropriations bill or any other legislative "vehicle."

By issuing a determination immediately, you will help keep the focus of the debate on science and not politics. Congress would construe an immediate determination as a less political response than if you waited until the end of the Congressional moratorium. If some of our colleagues are successful in further restricting the use of federal funds, the Administration will be able to send the right public health message.

Needle exchange programs are a proven HIV prevention tool and will save lives, particularly among the constituencies we represent. Half of all new HIV infections are attributed to injection drug use. Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of the total cases in women (compared with 9% for white men and 43% of white women). In 1996, of the Latinos diagnosed with AIDS, injection drug use accounted for 39% of the total cases in men and 51% of the total cases in women.

Minority populations are disproportionately affected by HIV/AIDS and this scientifically proven intervention is one way to stop this trend. Although overall AIDS deaths have declined since the first time the epidemic started, these declines have been much less dramatic for minority populations. **AIDS is still the number one killer of African Americans and Latinos between the ages of 25 and 44.** It is estimated that 33 American men, women, and children are infected with HIV every single day that would not be infected if comprehensive needle exchange was implemented in this country.

Minority communities recognize the importance of needle exchange programs because of their linkages to drug treatment services, primary health care, job counseling, psychosocial services, testing and counseling, and public assistance. These services are very important to minority populations who often do not receive services and referrals in other venues. As

you stated in your February 1997 report, "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."

Needle exchange programs have been proven to reduce the risk of HIV transmission without increasing the use of illegal drugs. Furthermore, needle exchange programs are also very cost-effective. The cost of a needle is only 10 cents compared to the $119,000 lifetime cost of treating one HIV infected person. We appreciate your continued support in issues dealing with people living with HIV/AIDS. We look forward to your cooperation on this important matter.

Sincerely,

Maxine Waters
Chair, Congressional Black Caucus

Xavier Becerra
Chair, Congressional Hispanic Caucus

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

February 9, 1998

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Maxine Waters
Chair, Congressional Black Caucus

Xavier Becerra
Chair, Congressional Hispanic Caucus

02-11-98-0028

RICHARD A. GEPHARDT
MISSOURI
DEMOCRATIC LEADER

H-204 U.S. CAPITOL
202-225-0100

Congress of the United States
House of Representatives
Office of the Democratic Leader
Washington, DC 20515–6537

April 20, 1998

The Honorable Donna Shalala, Secretary
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Madame Secretary:

I understand that today you announced the Administration will continue to prohibit the use of federal funds for needle exchange programs while at the same time you have determined that, "based on the findings of extensive scientific research," such programs are effective in preventing HIV infections and do not encourage the use of illegal drugs.

In light of the fact that, unfortunately, we still do not have a vaccine that protects against HIV infection, and given the tremendous cost of treating people with HIV/AIDS in both human and financial terms, prevention of HIV transmission remains critical to our fight to end this terrible epidemic. Since the science tells us that needle exchange programs are, in fact, effective in preventing HIV infections, it only makes sense for the federal government to contribute its share to the efforts of communities that want to implement them. Rather than turning our backs on so many people at risk of becoming infected with HIV, as leaders it is up to all of us to support HIV prevention methods that sound science and public health considerations tell us are effective, which according to your findings include needle exchange programs, in addition to enhancing our drug abuse treatment and prevention efforts.

Sincerely,

Richard A. Gephardt

Richard A. Gephardt, M.C.
House Democratic Leader

Congress of the United States

House of Representatives

April 1, 1998

The Honorable Donna Shalala
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

The purpose of this letter is to urge you to allow the use of federal funds for needle exchange programs.

As you know, the federal funding of needle exchange programs ceased in 1988. Two events have occurred since that time: numerous studies have been conducted on the efficacy of needle exchange programs, and an estimated 20-25,000 people have contracted HIV as a direct result of contact with an intravenous drug user. According to the Centers for Disease Control and Prevention, injection drug use is the source of infection for more than half of all children born with HIV and two-thirds of all women who contract AIDS.

A 1995 National Academy of Science study found that needle exchange programs reduced the spread of HIV without increasing the amount of drug use. It is my understanding that recognizing the public health importance of the issue, several groups have endorsed federal funding of needle exchange programs, including the Academy of Pediatrics, the American Medical Association, the American Nurses Association, the Association of State and Territorial Health Officers and the National Association of City and County Health Officials.
In addition to this impressive array of groups, six government funded reports have supported needle exchange programs. It is my understanding that the public health community is almost unanimous in the belief that needle exchange programs are one of the most effective ways to reduce the incidence of HIV infection and the burden of mortality and morbidity associated with AIDS among intravenous drug users.

Moreover, the costs of needle exchange programs are small compared to the cost of treating individuals who become infected with HIV. The average annual cost of a needle exchange program is approximantely $170,000. The average cost of treating one Medicaid eligible person infected with HIV from the time of first diagnosis to the time of death has been estimated to be approxmately $109,000.

I understand that your reluctance to lift the ban may revolve around the controversy which

surrounds this public health issue. However, I believe that those who oppose these programs have lost sight that the war on drugs is not a war on the innocent children and spouses of drug addicted persons. I believe that we must do all we can to assist these innocent victims.

Needle exchange programs have the potential to act as a bridge to drug treatment. For instance, in Seattle, Washington, the needle exchange program issued 181 vouchers for drug treatment and 78% were successfully redeemed. Fifty-eight percent entered methadone maintenance and 86% of those were still in treatment three months after intake. However, treatment is not available for all who may seek it. Nationwide, for every ten heroin addicts, there are only about two methadone treatment slots. Therefore, for those who seek treatment, clean needles serve as a way to stay uninfected while waiting for placement in a treatment program.

There are some who assert that needle exchange programs will encourage drug use. There is no evidence to support this position. No one would begin a life of drug addiction, degradation and crime in exchange for free needles. By supplying clean syringes, we simply assure that death is not a certainty. Some say that distributing needles, encourages or condones drug abuse and sends the wrong message. Studies of adolescent drug use show that young people begin to use and abuse drugs for various reasons. Continued drug use is a function of addiction, not choice. Therefore, notions of societal approval have no currency among drug addicted people. Among non-drug addicted people, it seems to me that as long as the possession and sale of drugs carry criminal penalties, the message of societal disapproval is clear and unmistakable.

Additionally, there is some concern that needle exchange programs will cause the proliferation of discarded dirty needles in communities. This belief involves a fundamental misunderstanding of needle exchange programs. A needle exchange program involves the swap of dirty needles for clean needles. Because one can only obtain a clean needle in exchange for a dirty needle, there is an incentive to collect and turn in the needles. This kind of recycling would provide an incentive for those who need needles to retrieve them from the street and to refrain from discarding them. Therefore, communities would be safer from the health hazards associated with dirty needles littering the streets.

Finally, it should be noted that by our refusal to employ needle exchange programs like the kind used in European nations, means that the United States has become a control group for the international community. From our example, nations all over the world will be able to calculate the excess deaths that can occur by refusing to use public health resources to fight this problem.

I urge you to act immediately to permit the use of federal funds for these life saving programs. If you wish to discuss these issues further, please contact Cherri Branson at 225-5051.

Sincerely,

Rep. Edolphus "Ed" Towns
Ranking Minority Member, Subcommittee on Human Resources
Committee on Government Reform and Oversight

of. 07-98-0045

TRACER

CBC

105th Congress

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Congressional Black Caucus

Congress of the United States

2344 Raybum Building • Washington, DC 20515 • (202) 225-2201

April 24, 1998

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton:

As Members of the Congressional Black Caucus, we write you to convey our deep disappointment in your decision to maintain the ban on the use of federal funding for needle exchange programs. This decision flies in the face of scientific proof that needle exchange programs reduce the transmission of HIV without encouraging drug use. To confirm what many of the major public health institutions have found, including the NIH, and then turn around and continue to deny desperately needed funding to localities is shameful. We ask you to reconsider your position.

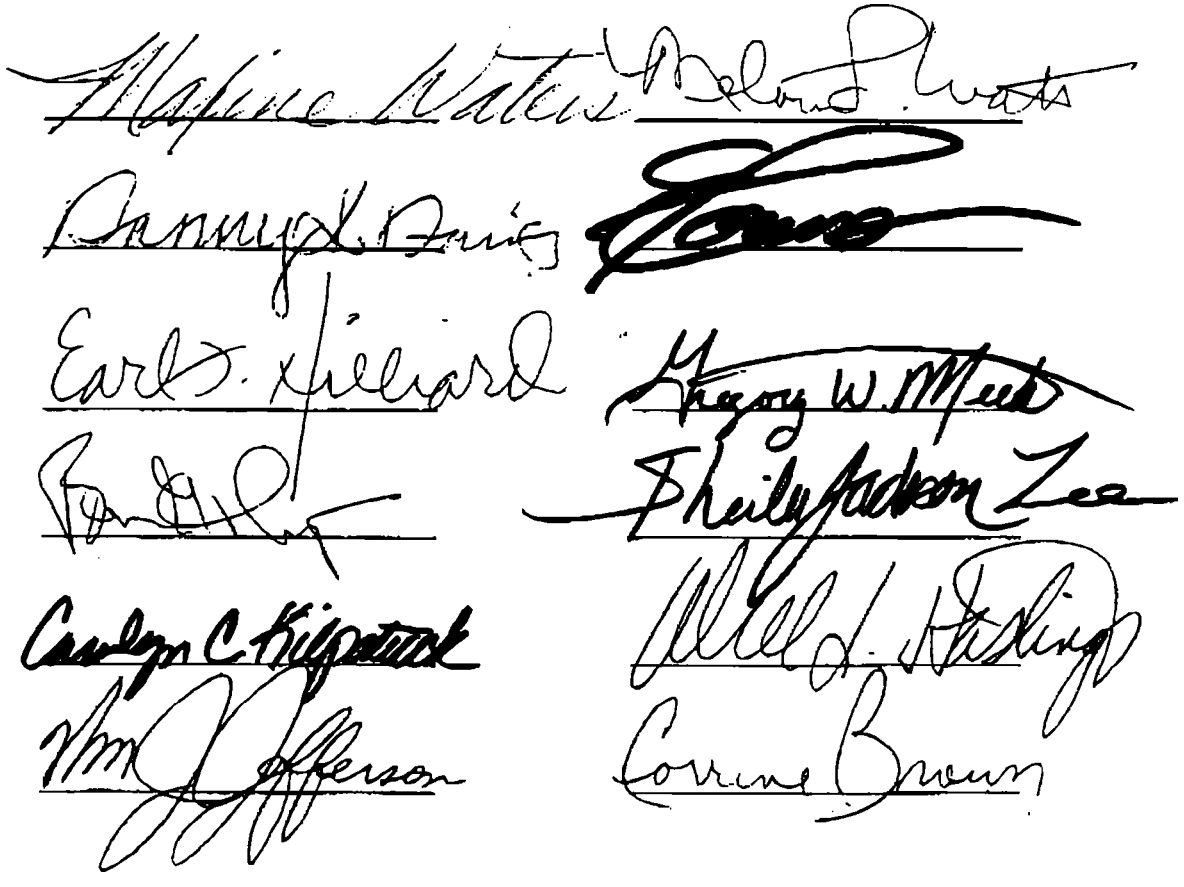
The reality is that African American, and other minorities, will suffer most from this decision. Minorities are disproportionately affected by HIV/AIDS. While the number of overall AIDS deaths has declined, AIDS is still the number one killer of African Americans and Latinos between the ages of 24 and 55 years of age. Among African Americans diagnosed with AIDS through June 1997, injection drug use accounted for 36% of the total cases in men and 46% of total cases in women.

As you know, freeing our families and communities from drugs is a top priority of the Congressional Black Caucus. The African American community has suffered greatly from the scourge of drugs. Needle exchange programs do not encourage drug

use, and in fact, these programs often provide direct linkages to drug treatment and counseling as well as medical services. We believe General Barry McCaffrey is wrong in his belief that funding needle exchange programs would send the wrong message about the Administration's commitment to fighting drugs. It reflects his lack of understanding of the fight against drugs in our communities.

We understand that this issue is very contentious and that your decision to lift the ban on the use of federal dollars for needle exchange would have invited criticism. But it is our strongly felt position that there are times that difficult positions must be taken in order to provide leadership on the critical issues we face.

Sincerely,



Carrie P Meek

B. Wynbush

Elect Norton

Louis Stokes

Stephanie M.C. Tubbs

Earl F Hilliard

STATEMENT BY CONGRESSWOMAN ELEANOR HOLMES NORTON PROTESTING CONGRESSIONAL AND ADMINISTRATION REFUSAL TO ALLOW NEEDLE EXCHANGE PROGRAMS CONGRESSIONAL BLACK CAUCUS PRESS CONFERENCE

APRIL 24, 1998

We, who are African American Members of Congress, we of the Congressional Black Caucus, have every reason to be angry--and we are. Many Americans most at risk for AIDS, disproportionally black and Hispanic, have been callously and needlessly condemned to death. The refusal to fund needle exchange programs is a death sentence because we now know for sure that needle exchange has extraordinary life saving effects. In barring needle exchange, the forces of ignorance and political expediency within the Congress and the administration have won--for now.

Those led by Barry McCaffrey, the drug czar, who has little to show for his futile efforts, have triumphed over HHS Secretary Donna Shalala and the entire medical and scientific community. Yet we now have conclusive evidence that the one-for-one exchange of clean for dirty needle can markedly reduce the runaway spread of AIDS among black and Hispanic men, women and children.

All the studies tell the same life saving story. Among them are six federally funded investigations including the National Academy of Sciences (1995), the Centers for Disease Control (1995) and the GAO (1993). Needle exchange programs reduce HIV infections by at least one third and risk behavior by 80 percent. These same studies show that needle exchange programs neither increase nor promote drug use.

In the face of this compelling evidence, General Barry McCaffney has used brutal tactics within the Administration to subvert a decision to fund needle exchange programs that he must have learned in wars with real enemies. We put him on notice that he has now made a new enemy. He has started a new war with us, and we intend to fight back. If all that the General can bring to his drug war is the frenetic effort he has waged to stop what works, he should resign. I call for his resignation both because he has been ineffective in quelling the upsurge of deadly drugs and because his death dealing battle against needle exchange, steeped in ignorance, must not be tolerated in a federal official.

The AIDS epidemic among African Americans is one of the reasons the Congressional Black Caucus has made the drug menace our top priority. AIDS is the leading killer of black and Latino men and women, ages 25 to 44. More than half these deaths are needle-related. More than one third of all AIDS cases are needle drug users, their partners, and kids. Two thirds of AIDS in women and 50 percent of AIDS in children come from needle or needle chain transmissions. When General McCaffrey declares war on needles, the prisoners he takes are

people of color. The lives he sacrifices are the lives of people we represent.

Nor do we come only out of compassion. Needle drug users often are desperate people who prey upon people in communities where they live in order to finance their habits. We strongly believe they must be punished for crimes against the people we also represent. We know, however, that needle exchange programs offer the only way to reach many of these addicts and to get them into treatment. We also believe that needle exchange should not be done in isolation but that needle exchange should be part of comprehensive programs that include prevention and treatment.

The "compromise" to allow needle exchange with no funding is a sham and an insult. More than 50 cities already are using needle exchange. They do not need permission. They need help. It is the vital federal funding that is missing. Here in the nation's capital the Whitman Walker Clinic and other private efforts were exchanging 4,000 needles a week in 1997. Even during its financial crisis the city decided that $200,000 in funding annually at 10 cents a needle was minuscule compared with $120,000, the average lifetime cost of care for HIV infected/AIDS individual.

We will not stand for demagoging an issue of life and death for our community, whether from within the administration or on the floor of Congress. We know whose lives are at stake when needles are forbidden. AIDS is increasing more rapidly among drug users than any other group, and blacks are four times more likely to die from needle-injected AIDS than from a drug overdose.

General McCaffrey complained that needle exchange sends the wrong message. We get his "drop dead" message to our community loud and clear. Unless he is willing to reconsider and acknowledge the overwhelming scientific evidence, I hope he gets my message to leave the administration and take his destructive tactics with him. We call upon the President to respond to the evidence and save lives. We call upon the administration to respond to the American people, two thirds of whom support needle exchange.

The law says that needle exchange is barred unless the HHS Secretary "determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs." That condition has been more than met.