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Subseries:

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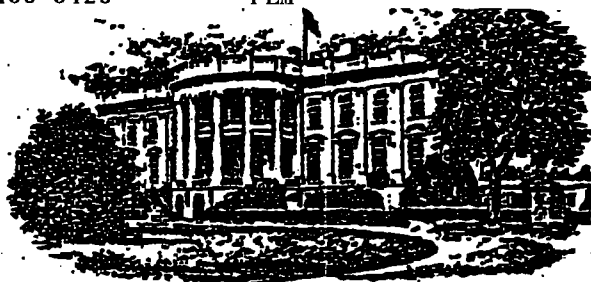
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THE WHITE HOUSE

WASHINGTON

FACSIMILE / MEMO FROM: John Corcoran
OFFICE OF PRESIDENTIAL LETTERS AND MESSAGES
OLD EXECUTIVE OFFICE BUILDING, ROOM 93

VOICE: (202) 456-5515

FAX: (202) 456-5426

NUMBER OF PAGES (INCLUDING COVER): _____

DATE: 12/1/99To: Todd Summers

VOICE: _____

FAX: 62438☐ FOR YOUR ACTION☐ INCOMING LETTER(S) FROM: Jan HamiltonRE: Ricky Ray☐ FOR YOUR REVIEW / APPROVAL☐ PER MY E-MAIL OR VOICE-MAIL MESSAGE TO YOU☐ PER YOUR REQUEST

ADDITIONAL COMMENTS:

Thank you
JHC



Hemophilia Federation of America

Advocacy For Persons With Clotting Disorders

October 11, 1999

President William J. Clinton
1600 Pennsylvania Avenue
Washington, DC 20500



402225

Dear President Clinton:

On November 12, 1998, you signed the Ricky Ray Hemophilia Relief Fund Act into law. (PL 105-369) No funds have been appropriated yet. The hemophilia community has worked diligently on this very important legislation for more than five years now. Every day, another person with hemophilia and AIDS dies.

We are enclosing a picture of your wife, Hillary, with Ryan Chedester of Louisiana, in June of 1994. Ryan told Mrs. Clinton that he just wanted other children to know it was o.k. to play with him and he wanted JUSTICE. Mrs. Clinton promised him she would do what she could. Less than two years later, Ryan was dead at the tender age of 13!

This is a one time appropriation! Please bring to bear any influence possible to fund it NOW and give a modicum of relief to the 7,500 hemophiliacs and their families who have suffered needlessly from this health disaster. We know that you have promised Louise Ray and others your complete support in passing and funding this legislation. Last week, Mrs. Ray met with members of the White House staff and were basically told "no way, Jose!" **We need your help!** If you can't find the money elsewhere, what about the billions of dollars of discretionary funds supposedly available. This community NEEDS to come to closure.

When other disasters arise, there seems to be no problem to appropriate millions of dollars for hurricane relief, saving other nations from flood, earthquake or war. **Why should it be SO difficult to obtain these meager funds for such a deserving cause**

Last year, we achieved passage of the bill in both houses with well over half of all senators and representatives. Twenty-three (23) other western democracies have **already** compensated the hemophilia community up to \$429,000 per person for this avoidable harm.

Although \$100,000 is a meager sum compared to costs of living with this disease, it will help families to plan for future education for children left behind and make a step toward paying funeral expenses. An overwhelming majority of these patients have been prevented from obtaining life insurance coverage due to their pre-existing condition and many can't get health insurance.

Please consider full funding of PL105-369 a priority for the people from the hemophilia community as has been done for victims of Agent Orange, Black Lung and Tuskegee Syphilis.
We will be waiting for a positive response.

Sincerely,

Jan Hamilton

Executive Director

Cc: John Podesta, Gene Sperling, Dan Mendelson, Christopher Jennings

OCT 13 1999

315 South College Road, Suite 220 • Lafayette, Louisiana 70503

318-572-9097 1-800-230-9797 FAX 318-572-9098

Web Site: www.hemophiliated.org

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR DAN BURKHARDT

From: Todd Summers *TS*
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: October 13, 1998

Re: Correspondence to the President from the Advisory Council on HIV/AIDS

Enclosed please find three original letters from the President's Advisory Council on HIV/AIDS addressed to the President. As always, we will work with your office to develop adequate responses.

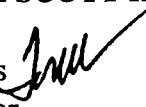
We held on to the originals by mistake, and have communicated the reasons for the delay to the Council chair (see attached).

Thank you for your help!

PACHA / POTUS LETTERS

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR DR. SCOTT HITT

From: Todd Summers 
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: October 13, 1998

Re: Correspondence from PACHA to the President

We have forwarded copies of the following correspondence from the President's Advisory Council on HIV/AIDS to the President:

- August 19, 1998 (re: state of emergency on AIDS in the African-American community)
- August 19, 1998 (re: Medicaid expansion)
- September 17, 1998 (re: needle exchange funding decision).

As always, we will work with the President's correspondence office to insure that the letters receive a proper review, and that a reply is forthcoming.

While the transmittal of the original letters for processing was delayed, copies of the letter and the underlying sentiments were communicated to other members of the Administration. I apologize for not having gotten the letters submitted formally.

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

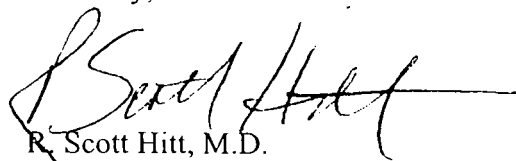
Dear Mr. President:

On August 3, 1998, Congressmen Richard Gephardt and Congresswoman Nancy Pelosi along with 66 of their colleagues sent a letter to Health and Human Services Secretary Donna Shalala "urging her to expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease." New research released at the 12th World AIDS Conference in Geneva this past June provides strong evidence that early treatment of HIV infection is both medically beneficial and cost effective.

Over the past year, there has been deep concern over the Administration's lack of progress in allowing more low-income Americans with HIV access to new AIDS drug therapies. On April 10, 1997, Vice President Gore asked the Health Care Financing Administration to study the feasibility of expanding Medicaid to provide earlier Medicaid coverage for HIV-infected people. As recent as December 9, 1997, Vice President Gore stated that he was "extremely disappointed" that this could not be done, while stressing that "this Administration understands the urgency of finding innovative ways to ensure that all people with HIV benefit from the promise of new and effective treatments." Your Advisory Council has recommended such expansion since December 1996, and has supported the Administration's efforts to date to make this important medical treatment available to those who can least afford it.

We urge you to support Congress's efforts by directing the Secretary of Health and Human Services to expand Medicaid eligibility for life saving therapies for people with HIV disease. We know that this is the right thing to do.

Sincerely,


R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Nancy Pelosi
The Honorable Richard Gephardt

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

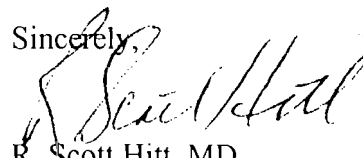
Dear Mr. President:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council), we urge you to address three very important health-related requests. The first is a call for a "National State of Emergency in AIDS and Public Health"; the second is a meeting with the Black and Hispanic Congressional Caucuses; and finally a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.

During our June Council meeting, we unanimously voted to support the call by the Congressional Black Caucus for the declaration of a "National State of Emergency in AIDS and Public Health" in communities of African descent. Given the impact of HIV and AIDS in all communities of color, we have expanded our call to include all racial and ethnic populations. When compounded with the long term existing health problems of these communities, fueled by epidemic proportions of substance abuse, sexually transmitted disease and other chronic and fatal health conditions, we urge you to support this declaration of a "state of emergency" as allowed under current federal law to address a disease that is devastating entire communities.

As part of this call, we request that you convene a meeting with the Black and Hispanic Congressional Caucuses to discuss the "state of emergency," and host a White House meeting with key leaders from communities of color to specifically address HIV/AIDS in these communities.

Your goal to "reduce new infections until there are none by the year 2000," is laudable. However, we believe it can only be accomplished through serious, new measures being taken within Black and Latino communities which have been plunged into a public health crisis fueled by HIV/AIDS. We must go beyond the traditional legislative remedies and move forward with your mission to end racial and ethnic disparities in health. Your leadership in bringing nationally recognized coalitions together to specifically address this issue is needed.

Sincerely,


R. Scott Hitt, MD
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
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Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze, Co-Chair, Subcommittee on Racial and Ethnic Populations
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
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Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: Members, Congressional Black Caucus
Members, Congressional Hispanic Caucus

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

September 16, 1998

The Honorable William Jefferson Clinton
President
The White House

Dear Mr. President:

As your Advisory Council on HIV/AIDS, we must again convey the profound disappointment, frustration and anger we feel about the course of action your Administration chose to take relative to needle exchange funding.

The belated willingness to certify the scientific fact that needle exchange programs help reduce HIV infection without increasing drug use was an important step forward. However, the accompanying refusal to allow states and localities to use federal funds to support this successful intervention represents the triumph of political expediency over scientific evidence and compelling human need. Your stated commitment to ending new HIV infections is seriously called into question by this decision.

This issue is not resolved -- injection drug use continues to drive the HIV epidemic in our country, taking a particularly heavy toll in African-American and Latino communities. Your decision on this matter simply accentuates the failure of your Administration (and the country as a whole) to take effective action to stem the twin epidemics of HIV and drug use in our country.

We continue to believe strongly that allowing federal funds to be used for needle exchange programs is one vital part of an effective response to the spread of HIV among drug users. Absent such action, your Administration must be willing to take other significant and bold steps to meet this public health challenge, including:

- Ensuring that all Administration officials who speak publicly about needle exchange send a single message consistent with the findings of Secretary Shalala that needle exchange programs decrease HIV infections without increasing substance abuse.
- Enhancing programs to provide education, counseling, support and health services to drug users who are not in treatment. This includes an increased financial commitment to the Centers for Disease Control and Prevention's HIV prevention programs. The failure to seek adequate budget increases for these prevention programs seriously undermines your stated commitment to HIV prevention.

The Honorable William Jefferson Clinton

September 16, 1998

Page two

- Significantly expanding substance abuse treatment services funded through the Substance Abuse and Mental Health Services Administration block grant. In this regard, it is not enough to simply talk about drug treatment without taking significant steps to increase and improve drug treatment capacity. The Administration must set and then meet the goal of providing treatment on demand for every drug user seeking such treatment.
- Better coordinating the diverse federal efforts to prevent HIV infection among drug users and their sexual partners. During the White House Summit on HIV/AIDS in December of 1995, you called for a national meeting of public health and substance abuse providers to address this issue. An August 1997 meeting was held in Tampa, but since that time, no significant action has taken place on this matter. We urge you to instruct the leaders of the pertinent federal agencies to implement the recommendations that came out of that meeting.
- Modification of the Model Drug Paraphernalia Act to reflect the public health evidence demonstrating that allowing possession of small numbers of syringes significantly reduces needle sharing. The Council continues to urge meaningful action on this recommendation, which was made over three years ago.
- The Council recommends that you instruct officials at the relevant federal agencies to consult with advocates, needle exchange and other HIV service providers in order to identify and implement meaningful efforts to advance scientific knowledge and increase public understanding of needle exchange programs. In order to be most effective, such efforts must respond to the self-identified needs of local communities.
- It is possible that the Congress will propose a permanent ban on needle exchange funding during the final weeks of the 1998 session. We strongly urge you to veto any such legislation in order to maintain flexibility in decision making should your Administration or a future Administration recognize the necessity of allowing the use of federal funds for this purpose. In addition, we specifically call your attention to legislative efforts to prevent the District of Columbia from using local, federal or private funds for needle exchange programs, and urge your veto of any legislation which usurps local authority on this matter.
- Finally, we must remind you that your decision to prevent the use of federal funds for local needle exchange will result in many unnecessary new HIV infections. In response, we urge you to allocate sufficient resources to meet the medical and social service needs of those who become infected. Future budget levels for the Ryan White CARE Act, Housing Opportunities for People with AIDS, Medicaid and other programs that serve people living with HIV/AIDS must take into account these new infections.

The Honorable William Jefferson Clinton
September 16, 1998
Page three

As your advisors on HIV/AIDS, we must urge you to seriously and effectively address the continuing crisis of HIV/AIDS among injection drug users and their sexual partners. In light of your previous decision on needle exchange, immediate action on the items outlined above is even more imperative.

Sincerely,

A handwritten signature in cursive script that reads "Scott Hitt". The signature is written in black ink and is positioned above the printed name.

R/ Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
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Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

PRESIDENTIAL

August 19, 1998

ADVISORY

COUNCIL ON

HIV/AIDS

**MEMORANDUM FOR SANDRA THURMAN,
DIRECTOR AND TODD SUMMERS, DEPUTY
DIRECTOR**

FROM: Daniel C. Montoya, Executive Director *DCM*

RE: Letter to the President Addressing HIV/AIDS and Medicaid

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS discussing the need for earlier Medicaid services to those with HIV/AIDS dated August 19, 1998.

Please transmit this letter to the President.

Thank You.

ORIGINALS

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

**MEMORANDUM FOR SANDRA THURMAN,
DIRECTOR AND TODD SUMMERS, DEPUTY
DIRECTOR**

FROM: Daniel C. Montoya, Executive Director 
RE: Letter to the President Addressing HIV/AIDS Issues in Racial
and Ethnic Populations

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated August 19, 1998. The letter addresses three issues: the National State of Emergency in AIDS and Public Health, the Black and Hispanic Congressional Caucuses and also a meeting with key community leaders to address HIV/AIDS in racial ethnic populations. Please transmit this letter to the President.

Thank You.

ORIGINALS

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

September 17, 1998

**MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND
TODD SUMMERS, DEPUTY DIRECTOR**

FROM: Daniel C. Montoya, Executive Director



RE: Letter to the President Addressing Needle Exchange Funding

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated September 16, 1998. The letter addresses the Council's continued concern over the Administration's lack of needle exchange funding.

Please transmit this letter to the President.

Thank You.

PRESIDENTIAL

September 23, 1998

ADVISORY

COUNCIL ON

HIV/AIDS

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

As you begin negotiations with Congressional leaders on a FY 1999 Continuing Resolution or omnibus appropriations agreement, the members of your Advisory Council on HIV/AIDS urge your strong support for the highest possible funding levels for HIV prevention, care and treatment, housing, research, substance abuse treatment and international. Your continued support for these essential programs is critical to the nation's comprehensive response to HIV/AIDS. Specifically, we request your support for the following:

A \$6.8 million increase in funding for HIV prevention efforts at the Centers for Disease Control and Prevention (CDC), as recommended by the Senate. Although far below the community's request, this expansion would nonetheless be an important contribution towards your stated goal of reducing the number of new infections until there are no new infections;

A \$275 million increase in funding for substance abuse treatment services funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) block grant, as proposed by the House. Access to drug treatment services is critical to efforts to reduce the incidence of HIV among injection drug users and their partners, particularly given your Administration's decision to continue the ban on the use of federal funds for needle exchange;

An overall \$231 million increase in funding for the Ryan White CARE Act, including, at a minimum, the following increases: \$35.4 million for Title I, \$27 million for Title II base services, \$150 million for the AIDS Drug Assistance Program (ADAP), \$15 million for Title III, \$3.2 million for Title IV, and \$784,000 for the AIDS Education Training Centers. Together, the five titles of the CARE Act represent a comprehensive system of care, which is increasingly important in the new treatment environment;

The Honorable William Jefferson Clinton
September 23, 1998
Page two

A \$21 million increase in funding for the Housing Opportunities for People with AIDS program (HOPWA), as proposed by the Senate. Housing services stabilize the lives of people living with HIV/AIDS, thereby facilitating access and adherence to new HIV treatments. We also urge your opposition to the Hilleary amendment, which proposes to shift this \$21 million increase to veterans long term care facilities, as well as the Riggs Amendment, which would deny San Francisco access to federal funding from the U.S. Department of Housing and Urban Development (HUD) due to the city's local domestic partner ordinance;

A 15% increase in funding for HIV research at the National Institutes of Health, which corresponds to the Senate's proposed \$2.0 billion increase in overall research funding. In the area of HIV research, the Council reiterates its strong support for research on microbicides and a vaccine, in particular.

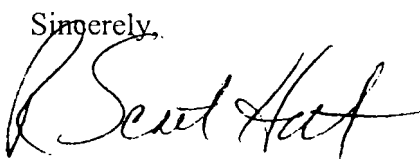
A \$4 million increase for global AIDS programs, as proposed by the House, in order to address the alarming increase in HIV infections worldwide. We also urge you to ensure that any funding increases for global HIV/AIDS issues include an overall increase in the Development Assistance Account, including the section for Child Survival and Infectious Diseases, and that this new funding not come at the expense of other health and development programs.

Finally, should the Congress propose further restrictions on the use of federal funds for needle exchange, we urge you to oppose restrictive language in order to maintain maximum flexibility in the future. In particular, we urge your continued and vociferous opposition to recent efforts to usurp the District of Colombia's ability to use federal, local or private funds for needle exchange.

Each of the federal programs identified above is critical to the nation's comprehensive approach to preventing new HIV infections and caring for those living with HIV/AIDS. We urge you to prioritize increased funding for these programs during upcoming negotiations on FY 1999 appropriations.

Thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Scott Hitt". The signature is fluid and cursive, with a large initial "R" and "S".

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
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Ms. Debbie Runions
Mr. Seán Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Albert Gore, Jr., Vice President
The Honorable Madeline Albright, Secretary of State
The Honorable Andrew Cuomo, Secretary of Housing and Urban Development
The Honorable Alexis M. Herman, Secretary of Labor
The Honorable Jacob J. Lew, Director, Office of Management and Budget
The Honorable Donna Shalala, Secretary of Health and Human Services
The Honorable Togo West, Secretary of Veterans Affairs
Sandra L. Thurman, Director of White House Office of National AIDS Policy

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

July 26, 1997

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

Reauthorization of your Advisory Council on HIV/AIDS and recognition that only 40 months remain in your Presidency offer a valuable opportunity for taking stock of our shared commitment to defeat HIV disease. Securing unprecedented funding for AIDS, establishing the Offices of AIDS Research and National AIDS Policy, convening the White House Conference on HIV/AIDS, developing the first-ever National AIDS Strategy and setting a goal of development within a decade of a vaccine to prevent AIDS have been major milestones in this fight, milestones of which you can be justly proud.

We are concerned, however, about the growing perception that in your second term HIV/AIDS issues are not the high priority that they were during the first term and that certain Administration personnel may not share your personal commitment to these issues.

You clearly articulated in the National AIDS Strategy preamble the six simple, but vital goals necessary to end this epidemic. You have told us publicly and privately that you expect us to give you the truth, unvarnished, as we perceive it. In that spirit, we constantly strive to recognize both the accomplishments and inadequacies resulting from Administration actions and to ensure that perceptions of those actions mirror as closely as possible their realities.

As you stated in the opening words of your national strategy, "the epidemic of HIV and AIDS constitutes a public health crisis of unprecedented proportions." The challenges facing us require maintaining the urgency of the "crisis," while pursuing the permanent systemic changes necessary to deal with HIV/AIDS long after you leave office.

If we are to convert the promise of your words to reality for those affected by HIV disease, much remains to be done during the next 40 months.

The Council is currently reviewing the progress made toward addressing our earlier recommendations, and expects to complete a report in December that will assess both movement on issues and the performance of key Administration officials. During that evaluation process, several critical issues of concern have been raised:

- The Council had previously urged that HIV prevention and housing programs be added to the Administration's list of "investment priorities" that already covered HIV research and care programs. However, the FY 1998 balanced budget agreement with the Congress, is perceived by many as a step backwards in that it fails to maintain the protected status for any AIDS programs. If, in the future, that decision results in AIDS programs being forced to compete with countless other discretionary programs for sharply diminished funding, accomplishment of your stated goals will be seriously jeopardized.
- Acknowledging the dramatic changes in medical management of HIV disease, HRSA recently issued HIV treatment guidelines that recommend antiviral therapy at much earlier stages of HIV disease. Unfortunately, no strategy has been articulated for funding the requisite dramatic expansion in access to HIV therapies and the primary medical care to facilitate that access. The Administration's FY98 budget, for example, failed to propose any additional spending for AIDS Drug Assistance Programs (ADAP) despite urging from 12 Governors of your strong support for adequate funding and also proposed inadequate funding increases for primary medical care through the Ryan White CARE Act. Presidential leadership will be essential to providing adequate resources for this vital safety-net program.
- In April, Vice President Gore announced a major Administration initiative, ordering a study within 30 days of a Medicaid demonstration project to allow States to cover low-income, non-disabled individuals with HIV. The proposed Medicaid expansion, long sought by the AIDS community, would address a serious deficiency in the Medicaid program that has generally required that adults with HIV infection become fully disabled before becoming eligible for coverage. That approach clearly impedes effective early intervention. Although the Vice President proposed only to study, rather than to implement immediately the proposed Medicaid expansion, his comments, which received widespread media attention, clearly indicated an intention to bring this proposal to fruition. Since that announcement, however, there has been little visible progress in making this proposal a reality. Clear direction to take all necessary action to quickly implement this initiative is essential.

- As an essential component of a strategy to achieve your goal of "reducing the number of new infections each and every year until there are no more new infections," your Council has strongly recommended a number of steps to deal with the role of injection drug use in the spread of HIV, including lifting the ban on federal funding for needle exchange programs. Five months ago, senior officials of the Department of Health and Human Services gave public assurance that the Administration intended to study the ban, with a view toward lifting current funding restrictions. However, a strategy for lifting the ban has not yet been developed. Little, if any, clear progress has been made on this crucial issue, notwithstanding the fact that tens of thousands of Americans become infected each year due to contaminated needles and that the science supporting the efficacy of needle-exchange programs is clear. Other potentially promising prevention strategies also remain mired by inaction on the part of Secretary Shalala and HHS.
- In the past, the Council was able to benefit from staff support at the Office of National AIDS Policy to shepherd Council recommendations through the federal bureaucracy. When announcing the appointment of your new Director of the Office of National AIDS Policy you pledged to provide that office with the resources necessary to accomplish your stated goals. The long-term, complex reality of HIV/AIDS will require the institutionalization of your Administration's policies. Systemic change is crucial. In order to ensure such change, adequate attention must be given to translating White House policy decisions into departmental rules, regulations, and policy directives. Staff within the Executive Office of the President must be charged with initiating and monitoring on a constant basis that effort. Based on our recent experiences, current staffing of the ONAP office is insufficient to accomplish your goal. Additional resource commitments and authority must be provided.
- The Council commends your declaration on May 18, 1997 of the goal to develop an effective AIDS vaccine within a decade. This bold step inspired many around the world. To achieve this goal, additional issues must be addressed: all relevant agencies within the federal government must be substantively involved in the AIDS vaccine effort; mechanisms of collaboration and cooperation should be implemented among these federal agencies; the U.S. Government must establish means to communicate, aid, and collaborate with international efforts for vaccine research, development and utilization; the government should facilitate public-private discussions to encourage cooperation and partnerships among government and industry; and specific sources of new funding for AIDS vaccine development must be identified.

The Honorable William Jefferson Clinton
July 26, 1997
Page Four

Action on these items is needed immediately not only to continue our long national fight against the disease but to reassure the AIDS community that your Administration still sees HIV/AIDS as the important priority you so clearly made it during your first term. We would like the opportunity to meet soon with you and any appropriate Administration officials to best determine how to advance our common agenda.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Hitt", with a stylized flourish extending from the end.

R. Scott Hitt, M.D.

Chair, on behalf of the members of
the Presidential Advisory Council
on HIV/AIDS

Presidential Advisory Council on HIV/AIDS

Stephen N. Abel, D.D.S.
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
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Mr. Richard W. Stafford
Ms. Denise Stokes
Mr. Charles Quincy Troupe
Bruce Weniger, M.D.

5 24-99

THE WHITE HOUSE
WASHINGTON

May 21, 1999

~~cc: NSC/Sandy~~
cc: ~~Gene S~~) (A. White
helped out

cc: Back to me

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

cc: NSC/Sandy
cc: Gene S.)
cc: Back to me

Ed like to help re this

Thank you for calling me in Ghana and for reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

AIDS is a plague of biblical proportion

Thanks to the commitment of Rev. Leon Sullivan, for the first time, the African American Summit focused much needed attention on the issue of AIDS in Africa and acknowledged the following bleak realities:

AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In many countries, between one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, and this tragedy will continue to grow for at least another 30 years.

AIDS is wiping out decades of steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

The combination of leadership and resources can turn the tide.

In our battle against AIDS, Uganda is the model for success in the developing world. President Museveni has been a strong and effective AIDS leader, and has created an environment ripe for change. In response, the US has invested more than \$50 million on AIDS in Uganda over a ten-

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year period. Through this combination of leadership and sustained resources, Uganda has cut the rate of HIV by more than half, and organized model AIDS care programs.

As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donors have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Côte d'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, developing ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

USAID is now devoting \$6 million to answering key questions surrounding the use of AZT to reduce mother-to-child transmission of HIV in the developing world. For example, to keep babies HIV-negative, mothers who receive AZT during delivery should not breastfeed. However, in many areas of sub-Saharan Africa, babies are as likely to die from diarrhea resulting

from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to vital testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women because it cannot be made available to all who need it and because she believes that other approaches are more cost effective. For example, she believes that it is better to focus on keeping women of childbearing age HIV-negative, thereby not only saving children from becoming infected but from becoming orphaned as well. In addition, this AZT discussion has been caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price. It is for these reasons that the delivery of AZT to pregnant women is one prong of a multifaceted approach to respond to AIDS in Africa.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

THE WHITE HOUSE

WASHINGTON

April 16, 1999

MEMORANDUM TO THE PRESIDENT

FROM:  Sandra Thurman, Director, Office of National AIDS Policy

SUBJECT: Report on Presidential Mission Looking at Children Orphaned by AIDS in sub-Saharan Africa

This memorandum will provide findings and recommendations that arise from a Presidential Mission to sub-Saharan Africa looking at children orphaned by AIDS.

Summary

- In the next decade, 40 million children will be orphaned as a result of losing one or both parents to AIDS.
- AIDS is not just taking lives, it is threatening economics, stability, and civil society.
- AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
- Leadership and investment can help, and has helped, to turn the tide.
- Political support for a more aggressive United States response is building.
- As goes Africa, so will go India, Asia, and the new Soviet states, and by 2005, more than 100 million people worldwide will be HIV+.

Background

This past World AIDS Day, you highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, you directed me to lead a fact-finding mission to the region and to report back to you with recommendations for productive action. From March 27 through April 5, I led a Presidential Delegation to Zambia, Uganda, and South Africa. I was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. We were also joined by a select group of individuals from outside of government including Mayor Dinkins, Bishop Felton May, and William Harris. [Attachment A: Manifest]

The goals of the trip were: to heighten awareness, promote leadership, and identify promising interventions. In Zambia and Uganda, we met with the Presidents and a variety of government ministers (health, welfare, community development, finance, etc.). In each country we visited a host of community-based programs serving children and families affected by AIDS, and talked with donors, experts, providers, and consumers about actions taken, lessons learned, and barriers to further progress.

Findings

AIDS is ravaging sub-Saharan Africa, shattering families and placing extraordinary burdens on the extended family and village systems that have been the backbone of African child rearing tradition.

AIDS in sub-Saharan Africa, notes the UN, is the "worst infectious disease catastrophe since the bubonic plague." While sub-Saharan Africa accounts for only one tenth of the global population, it now carries 80-95% of the AIDS burden. In the region, 21 million people are already living with HIV, and every day, 11,000 additional people are infected. Since your press conference on World AIDS Day, 225,000 people in South Africa alone have become HIV infected, 150,000 of whom are teenagers. Nearly 10 million people in the region have died of AIDS and each day AIDS buries another 5,500. By 2005, the daily death toll will reach nearly 13,000.

While numbers vary from country to country, in nine sub-Saharan Africa countries, between one-fifth and one-third of all children are already orphaned by AIDS. Further, throughout the region, one-quarter of all children are already living with an HIV+ parent. During the next decade, more than 38 million children in sub-Saharan Africa will be orphaned by AIDS, causing unprecedented threats to child welfare. This vulnerability includes decreased access to food, education, health care, housing, and clothing and increased psychosocial distress brought on by death, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. This "slow burn disaster" is not expected to peak until at least 2030, leaving an entire generation in jeopardy.

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in sub-Saharan Africa, infant mortality (infants under the age of 1) will double and child mortality (children ages 1 to 5) will triple. In addition, despite steady increases in access to education, children caught in the crossfire of this epidemic will continue to drop out of school to work the fields and care for their dying parents, and far too few will find their way back. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by a quarter of a century and in Zambia from 56 to 37 years old. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

AIDS is not only causing unfathomable human suffering, it is jeopardizing the economies, stability, and civil society of many sub-Saharan African nations.

AIDS is a trade and investment issue. At the recent meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." According to the *Economist*, "a recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996" and "Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower." AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to a World Bank study, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV

positive than farmers. Finally, increased benefits and training costs, and disruption due to sick and bereavement leave are seriously affecting both the private and public sectors. Companies like British Petroleum and Barclay Bank told us that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

AIDS is a security issue. According to the Economist, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans". Recent reports confirm that 40% of the South African military is also already HIV positive. US military and intelligence officials have raised this as a serious stability concern. According to a DCI classified document: "Extremely high levels of HIV infection among senior officers lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken central government authority or bring to the fore a military commander opposed to the government. In countries in political transition, instability in the military and security forces could slow or even reverse the process."

AIDS is a crime issue. A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa alone, will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This not only seriously affects stability but also promotes the spread of HIV.

Determined leadership and partnership have made, and can continue to make, an extraordinary difference -- and save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is opportunity. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early on by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce stigma and transmission, and care for those who became sick. As a result, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US invested \$46 million in HIV prevention, care and support in Uganda and HIV rates among pregnant women dropped from 30% in 1991 to 15% in 1995 to 8% in 1998.

Effective solutions are community-based and multi-sectoral. In the longstanding African tradition, communities are searching for creative ways to support "the village" in its efforts to raise its children, but many of these villages are already overwhelmed by the growing number of young deaths and orphaned children. With support of non-governmental organizations (NGOs), communities are mobilizing to deal with school fees, food assistance, immunization and oral re-hydration, counseling, and the range of other services these children need. Through FINCA and other micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. These efforts are low cost strategies designed to empower women (many of whom are HIV positive), protect children, and support extended families and communities in caring for their own. This community-based approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning epidemic.

For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family setting. The problem is, only a very tiny fraction of those children in need receive even this modest level of support.

A focus on children can be a catalyst. The only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV. Until there is an available vaccine, this means more aggressive prevention efforts. In addition, the delivery of nutritional counseling and low cost treatments for opportunistic infections, STDs, and TB to parents with AIDS can help them to live longer and better lives and enable them to plan for the future of their children. Finally, community mobilization to save orphans empowers those involved and enables them to believe that they can change their circumstances for the better. It brings home the very real consequences of HIV, something that is too often denied due to the long latency period and the "conspiracy of silence" that surrounds this illness. These additional benefits of orphan work have far reaching implications for the epidemic, and for development at large.

As the awareness of the disaster of AIDS in Africa intensifies, so does the politics push for a more aggressive United States response.

A recent Peter Hart Research poll finds major support for increased US assistance for AIDS in Africa among African American voters, and among voters generally. Although only 19% of voters said that they have heard or read a lot about the AIDS in Africa, two-thirds of voters believe it is a serious problem, that is not under control, and three-fourths of voters think that AIDS in Africa will directly affect people in the US. Despite the fact that most voters believe we are spending far more on foreign aid than we actually are, by nearly a two-to-one margin (54% - 29%), voters favor a proposal to increase US assistance to fight AIDS in Africa. This support is particularly intense in the African American community where 83% favor such a proposal (55% favor it strongly). [Attachment B: Poll to appear in an upcoming *USA Today* feature series on AIDS in Africa]

Rev. Leon Sullivan is organizing African American and other leaders to join in the fight against AIDS in Africa. As with Rev. Sullivan's anti-apartheid campaign, he is circulating "Sullivan Principles" for development in Africa. These principles, including our response to AIDS in Africa, will be at the top of the agenda at the African-African American Summit in Ghana in May. Political, religious, and other leaders from across the US will participate in the summit, including more than 100 mayors. Rev. Jackson also seeks to actively engage in this issue.

Within the Congressional Black Caucus, there is a growing sense that the time to act is now. Given the magnitude of the crisis described above, the issue of children orphaned by AIDS, and AIDS in Africa generally, is getting increased attention within the CBC. While AIDS will clearly kill more people in Africa than all previous wars combined, most believe that our response is not on "a war footing." The CBC is anxious to escalate our efforts.

Representative Jesse Jackson, Jr. has focused on the link between trade and AIDS. The Jackson HOPE for Africa alternative to the Administration's Economic Growth and Opportunity Act has received increased attention within the CBC, including Representative Clyburn, the new CBC Chair. His premise, not an unfounded one, is that given the impact of AIDS on African economies and the African work force, AIDS is an economic development issue.

He believes, as do many, that it is impossible to promote trade without an effective strategy for dealing with AIDS. While his bill is unlikely to be enacted, his general principle finds fertile ground among a growing number of political leaders and intellectuals. Representative Sheila Jackson Lee plans to lay out this linkage in her address at the Corporate Council on Africa Summit in Houston next week.

Former Congressman Ron Dellums is vigorously pushing a "Marshall Plan for AIDS in Africa." For Dellums, this is a moral crusade. He has been making the rounds in Washington and throughout the country asking, "Will we stand idly by and watch the biggest human tragedy in history, knowing there is much more that can be done? If we do, what will we tell our children?" He recently joined the board of AIDS Action in Washington and plans to invest considerable energy in this fight. His initial proposal was for a partnership with the pharmaceutical industry in an effort to bring anti-retroviral therapies to Africa. Given the lack of health care infrastructure in Africa, we do not believe that this is the most effective action at this time. However, his efforts are likely to call for a much more vigorous US response.

Among others in the Congress, there is a shared sense of foreboding that this issue could explode into the American consciousness and onto the political scene at any moment. Both Representative Pelosi and Senator Leahy (ranking Democrats, Foreign Operations Appropriations) are extremely interested in securing new money for our global AIDS program in FY2000. It was Pelosi who got the \$10 million increase for children orphaned by AIDS, and Representatives Kilpatrick and Jackson are also now on the subcommittee and will be pushing hard for more action. Further, Hatch and Kennedy staff accompanied us on this trip, and returned motivated to do something. Hatch has helped to make AIDS a bipartisan issue and his staff is seeking to put together a Republican working group on AIDS in Africa. Finally, while on Rep. Gephardt's Congressional Delegation to India, Representatives McDermott and DeLauro circulated information on AIDS in India, making the case that the AIDS related suffering and instability now gripping Africa will soon hit India, Asia, and the emerging Soviet states. They too believe we need to act now to avoid catastrophe.

Recommendations

Throughout our travel in Africa, it was clear that your "Partnership with Africa" has made hope a reality, even at the village level. From the children in Kitwe, Zambia to the women with HIV in Soweto who greeted us with a song entitled "President Clinton never loose your power," people across Africa know of this historic alliance, and many were anxious to show their gratitude. Unfortunately, AIDS threatens to decimate this partnership, as it has decimated everything in its path. To protect and defend this legacy, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both here at home and abroad, is needed.

Given the magnitude of the AIDS pandemic and its devastating impact on economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, I recommend that we establish a Global AIDS Emergency Working Group to include the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, Peace Corps and the Departments of Defense, State, Treasury, and HHS to make specific recommendations to you for an invigorated US response within the next forty-five days. This effort would be coordinated by the Office of National AIDS Policy. Areas of consideration would include the following.

New funding. The US global AIDS budget has been level funded at approximately \$120 million since 1993, in the face of a 300% rise in annual HIV incidence and the explosion of the epidemic in sub-Saharan Africa. USAID estimates that funds from all donors and host countries combined reach less than 10% of the at-risk or in-need population. If we are serious about promoting economic growth and opportunity in Africa and achieving our other development objectives, the Administration should push for an investment in the battle against AIDS that is more commensurate with the magnitude of the unfolding horror. While this was not accounted for in our FY2000 budget, there are reasons to be optimistic that viewing a new investment through the lenses of millions of children orphaned by AIDS, and as an element of free trade and political stability, may engender more bipartisan support. Given the importance of a multi-sectoral response to AIDS, it is essential that this be new money, not be taken from other USAID development accounts. Such an approach would be counterproductive to our overall development goals.

Debt swap for AIDS. In keeping with your goal to “ensure that no country committed to reform is left with a debt burden that keeps it from meeting its people's needs and spurring economic growth,” the Administration should explore a mechanism for allowing African countries to shift some of their debt payment toward an increased domestic investment in fighting AIDS. Target countries could be required to develop an AIDS action plan, with the debt swap agreement based on movement toward performance goals delineated in the plan.

Public-private partnerships. The Administration should promote a broad-based response to AIDS in Africa that engages multi-national corporations, labor, non-governmental organizations, universities, and the religious community. A few courageous leaders have stepped forward, but much more needs to be done. Such an effort would not only extend the reach of government funding, but could provide a much-needed source of expertise, training and technical assistance. Rev. Jackson, our appointed Envoy to Africa, could be enlisted in this effort.

Speaking with one voice. The Administration should adopt its own multi-sectoral response and instruct all of its agents in dialogue with African leaders to include a discussion about the importance of leadership on AIDS to the full range of other development objectives.

Mobilizing other donors. The Administration should raise the AIDS profile among the G-8 nations, and consider recommending their engagement in an AIDS debt swap program. While the French have pushed for a “therapeutic solidarity fund,” mobilizing resources for orphans, basic AIDS care, and prevention is a far more realistic goal.

Encouraging African leadership. The Administration should promote an AIDS summit for African Presidents or First Ladies. We know from Frank Greer's recent appearance at an election summit in Southern Africa that this issue is increasingly on the radar screen of top African political leaders. President and Mrs. Museveni certainly have much they could share with their colleagues. Reports from Zambia are that following our visit, President Chiluba has broken his silence and become an advocate now calling for the world to “combine resources to defeat AIDS as we did to defeat Hitler.” Participation in an Africa leaders summit by you, the Vice President, or Mrs. Clinton would ensure a major turnout and would reinforce our high level partnership with Africa.

ATTACHMENT A

PRESIDENTIAL MISSION TO AFRICA MARCH 27, 1999 – APRIL 5, 1999

MEMBERS OF CONGRESS

Rep. Carolyn Kilpatrick, Foreign Operations Subcommittee, Appropriations,
Congressional Black Caucus
Rep. Barbara Lee, Africa Subcommittee, International Relations,
Congressional Black Caucus
Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus,
Congressional Black Caucus

CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Rep. Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Coalition on AIDS
Dr. Jacob Gayle, World Bank
Rory Kennedy, Documentary filmmaker
Nick Doob, Documentary filmmaker

ADMINISTRATION OFFICIALS

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Africa Bureau, State Department

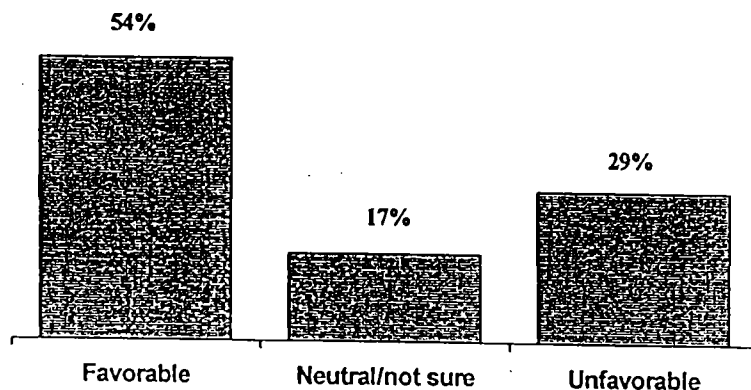
MILITARY PERSONNEL

Lt. Commander James Erskine
Dr. Anthony Barile
Brenda Geist, Director Congressional Travel

Peter D. Hart Research Associates, Inc.

1724 Connecticut Avenue, N.W.
Washington, D.C. 20009
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202-232-8134 FAX

Increase U.S. Assistance to Fight AIDS in Africa



Peter D. Hart Research Associates surveyed 1,411 registered voters, including 310 African Americans, by telephone between February 20 and 26, 1999, for the Children's Research and Education Institute.

American voters view the spread of AIDS in Africa as a serious problem. Although many voters have not heard much about the issue, they nonetheless believe that it is likely to have an impact here at home. A majority of Americans have a favorable view of a proposal to increase U.S. government assistance for international AIDS programs in Africa.

- ♦ The spread of AIDS in Africa is viewed as a serious problem by two-thirds (67%) of American voters, with 45% saying that it is an extremely serious problem and an additional 22% describing it as a quite serious problem.
- ♦ The same proportion (67%) believe that it is false to say that the global AIDS crisis is coming under control.
- ♦ In addition, three-quarters (75%) of voters believe that the AIDS epidemic in Africa will affect people in the United States.
- ♦ Although the issue is important, only 19% of voters say that they have read or heard a lot about it. Nearly half (48%) say that they have heard little or nothing about it.
- ♦ A 54% majority are favorable to a proposal to increase government assistance for international efforts to fight the spread of AIDS in Africa. Only 29% are unfavorable.
 - An overwhelming 83% majority of African Americans are favorable (55% strongly favorable), and only 10% are unfavorable.
- ♦ Support for greater assistance increases when it is placed in the context of an international effort. Three-quarters (76%) of voters say that they would be more likely to support assistance to help Africa deal with the AIDS epidemic if they knew that it would be a part of a larger international effort with Europe, Japan, and other countries doing their share.

AIDS in Africa

I'm going to mention some different issues, and I'd like to find out how serious a problem you consider each one to be in our country today. For each one, please tell me whether you consider it to be an extremely serious problem, a quite serious problem, a somewhat serious problem, or not that serious a problem.

	<u>Extremely Serious Problem</u>	<u>Quite Serious Problem</u>	<u>Somewhat Serious Problem</u>	<u>Not That Serious A Problem</u>	<u>Not Sure</u>
The spread of AIDS in Africa	45	22	13	8	12

Now I'm going to read you another list of statements. For each statement, please tell me whether you're sure it's true, think it's probably true, think it's probably false, or are sure it's false.

	<u>Sure It's True</u>	<u>Think It's Probably True</u>	<u>Think It's Probably False</u>	<u>Sure It's False</u>	<u>Not Sure</u>
The global AIDS crisis is coming under control	2	20	37	30	11

Now, I'm going to mention several proposals and I'd like to get your reaction. For each proposal I read, please tell me whether your reaction is very favorable, somewhat favorable, neutral, somewhat unfavorable, or very unfavorable.

	<u>Very Favorable</u>	<u>Somewhat Favorable</u>	<u>Neutral</u>	<u>Somewhat Unfavorable</u>	<u>Very Unfavorable</u>	<u>Not Sure</u>
Increasing U.S. government assistance for international efforts to fight the spread of AIDS in Africa						
ALL VOTERS	23	31	15	14	15	2
African Americans	55	28	6	5	5	1

How much have you heard or read about the issue of AIDS in Africa -- a lot, some, just a little, or not very much? **

	<u>ALL VOTERS</u>	<u>African Americans</u>
<u>Heard/Read</u>		
A lot	19	31
Some	32	28
Just a little	22	22
Have not heard/read very much	23	16
Heard/read nothing (VOL)	3	1
Not sure	1	2

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Do you think that the AIDS epidemic in Africa will affect people in the United States, or not? **

	<u>ALL VOTERS</u>	<u>African Americans</u>
Yes, will affect people in the U.S.....	75	83
No, will not affect people in the U.S ...	16	10
Not sure.....	9	7

** Asked of one-half the respondents (FORM B).

If you knew that the U.S. assistance to help Africa deal with the AIDS epidemic would be part of a larger international effort with Europe, Japan, and other countries doing their share, would you be much more likely to support it, somewhat more likely to support it, or no more likely to support it? **

	<u>ALL VOTERS</u>	<u>African Americans</u>
Much more likely to support	37	49
Somewhat more likely to support	39	35
No more likely to support.....	20	12
Less likely to support (VOL)	1	-
Not sure.....	3	4

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Now I am going to read you some reasons that people might give for supporting increased U.S. government assistance to fight the spread of AIDS in Africa . For each one, please tell me how convincing a reason it is to support increased assistance – very convincing, fairly convincing, only somewhat convincing, or not that convincing. **

	<u>Very Convincing</u>	<u>Fairly Convincing</u>	<u>Only Somewhat Convincing</u>	<u>Not That Convincing</u>	<u>Not Sure</u>
We all live on one planet, and the whole world benefits from fighting the spread of AIDS—if the epidemic has spread that much in Africa, we are fooling ourselves if we think that it won't affect the U.S.—it will, unless we do something now					
ALL VOTERS	44	14	21	16	5
African Americans.....	67	12	11	7	3
The AIDS epidemic is creating millions of orphans that are overwhelming the capacities of orphanages and churches, and filling the streets of many African cities. An estimated forty million children will lose a parent to AIDS by 2010					
ALL VOTERS	40	15	23	15	7
African Americans.....	56	18	17	6	3

can't we make the margins smaller,

May 21, 1999

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa

this memorandum

Thank you for calling me in Ghana and for ~~again~~ reiterating your concern about the AIDS emergency in ~~sub-Saharan~~ Africa and the need for an invigorated US effort. As a follow-up to our conversation, ~~I thought I would provide you with~~ some additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic. *in Africa*

AIDS is a plague of biblical proportion

Thanks to the commitment of Rev. Leon Sullivan, for the first time, the African American Summit focused much needed attention on the issue of AIDS in Africa and acknowledged the following bleak realities:

AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In many countries, between one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, and this tragedy will continue to grow for at least another 30 years.

AIDS is wiping out decades of ~~hard work and~~ steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

The combination of leadership and resources can turn the tide.

In our battle against AIDS, Uganda is the model for success in the developing world. President Museveni has been a strong and effective AIDS leader, and has created an environment ripe for change. In response, the US has invested more than \$50 million on AIDS in Uganda over a ~~period of ten years~~. Through this combination of leadership and sustained resources, Uganda has

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AIDS Policy

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As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donors have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Cote D'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

Finding ways to increase access to AZT for pregnant women is an integral part of an invigorated response to AIDS in Africa.

With additional resources, the US can partners with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

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of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV+ and currently lack access to the testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions. Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless more have told me about being left destitute on the street with their children, once their husbands found out they were HIV+. As we address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT has also been a serious issue. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women, because it cannot be provided to all who need it and because she believes other approaches are more cost-effective. In addition, this policy has also gotten caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

It is for these reasons that delivery of AZT to pregnant women is one part of a multifaceted approach to dealing w/ AIDS in Africa.

For example, she ~~she~~ believes that it is to focus on keeping women & child bearing age HIV- thereby not only saving children but their mothers as well from becoming infected but from becoming orphans as well.

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May 21, 1999

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa

this memorandum

Thank you for calling me in Ghana and for ~~again~~ reiterating your concern about the AIDS emergency in ~~sub-Saharan~~ Africa and the need for an invigorated US effort. As a follow-up to our conversation, ~~I thought I could provide you with~~ some additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic. *in Africa*

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AIDS Policy

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AIDS Policy

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THE WHITE HOUSE
WASHINGTON

May 21, 1999

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

Thank you for calling me in Ghana and for reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

AIDS is a plague of biblical proportion

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AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In many countries, between one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, and this tragedy will continue to grow for at least another 30 years.

AIDS is wiping out decades of steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

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year period. Through this combination of leadership and sustained resources, Uganda has cut the rate of HIV by more than half, and organized model AIDS care programs.

As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donors have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Côte d'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, developing ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

USAID is now devoting \$6 million to answering key questions surrounding the use of AZT to reduce mother-to-child transmission of HIV in the developing world. For example, to keep babies HIV-negative, mothers who receive AZT during delivery should not breastfeed. However, in many areas of sub-Saharan Africa, babies are as likely to die from diarrhea resulting

from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to vital testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women because it cannot be made available to all who need it and because she believes that other approaches are more cost effective. For example, she believes that it is better to focus on keeping women of childbearing age HIV-negative, thereby not only saving children from becoming infected but from becoming orphaned as well. In addition, this AZT discussion has been caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price. It is for these reasons that the delivery of AZT to pregnant women is one prong of a multifaceted approach to respond to AIDS in Africa.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

4-26-99

WASHINGTON
April 16, 1999
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FROM: Sandra Thurman, Director, Office of National AIDS Policy

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This past World AIDS Day, you highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, you directed me to lead a fact-finding mission to the region and to report back to you with recommendations for productive action. From March 27 through April 5, I led a Presidential Delegation to Zambia, Uganda, and South Africa. I was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. We were also joined by a select group of individuals from outside of government including Mayor Dinkins, Bishop Felton May, and William Harris. [Attachment A: Manifest]

The goals of the trip were: to heighten awareness, promote leadership, and identify promising interventions. In Zambia and Uganda, we met with the Presidents and a variety of government ministers (health, welfare, community development, finance, etc.). In each country we visited a host of community-based programs serving children and families affected by AIDS, and talked with donors, experts, providers, and consumers about actions taken, lessons learned, and barriers to further progress.

Findings

AIDS is ravaging sub-Saharan Africa, shattering families and placing extraordinary burdens on the extended family and village systems that have been the backbone of African child rearing tradition.

AIDS in sub-Saharan Africa, notes the UN, is the "worst infectious disease catastrophe since the bubonic plague." While sub-Saharan Africa accounts for only one tenth of the global population, it now carries 80-95% of the AIDS burden. In the region, 21 million people are already living with HIV, and every day, 11,000 additional people are infected. Since your press conference on World AIDS Day, 225,000 people in South Africa alone have become HIV infected, 150,000 of whom are teenagers. Nearly 10 million people in the region have died of AIDS and each day AIDS buries another 5,500. By 2005, the daily death toll will reach nearly 13,000.

While numbers vary from country to country, in nine sub-Saharan Africa countries, between one-fifth and one-third of all children are already orphaned by AIDS. Further, throughout the region, one-quarter of all children are already living with an HIV+ parent. During the next decade, more than 38 million children in sub-Saharan Africa will be orphaned by AIDS, causing unprecedented threats to child welfare. This vulnerability includes decreased access to food, education, health care, housing, and clothing and increased psychosocial distress brought on by death, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. This "slow burn disaster" is not expected to peak until at least 2030, leaving an entire generation in jeopardy.

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in sub-Saharan Africa, infant mortality (infants under the age of 1) will double and child mortality (children ages 1 to 5) will triple. In addition, despite steady increases in access to education, children caught in the crossfire of this epidemic will continue to drop out of school to work the fields and care for their dying parents, and far too few will find their way back. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by a quarter of a century and in Zambia from 56 to 37 years old. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

AIDS is not only causing unfathomable human suffering, it is jeopardizing the economies, stability, and civil society of many sub-Saharan African nations.

AIDS is a trade and investment issue. At the recent meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." According to the *Economist*, "a recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996" and "Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower." AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to a World Bank study, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV

positive than farmers. Finally, increased benefits and training costs, and disruption due to sick and bereavement leave are seriously affecting both the private and public sectors. Companies like British Petroleum and Barclay Bank told us that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS.

AIDS is a security issue. According to the Economist, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans". Recent reports confirm that 40% of the South African military is also already HIV positive. US military and intelligence officials have raised this as a serious stability concern. According to a DCI classified document: "Extremely high levels of HIV infection among senior officers lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken central government authority or bring to the fore a military commander opposed to the government. In countries in political transition, instability in the military and security forces could slow or even reverse the process."

AIDS is a crime issue. A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa alone, will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This not only seriously affects stability but also promotes the spread of HIV.

Determined leadership and partnership have made, and can continue to make, an extraordinary difference -- and save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is opportunity. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early on by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce stigma and transmission, and care for those who became sick. As a result, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US invested \$46 million in HIV prevention, care and support in Uganda and HIV rates among pregnant women dropped from 30% in 1991 to 15% in 1995 to 8% in 1998.

Effective solutions are community-based and multi-sectoral. In the longstanding African tradition, communities are searching for creative ways to support "the village" in its efforts to raise its children, but many of these villages are already overwhelmed by the growing number of young deaths and orphaned children. With support of non-governmental organizations (NGOs), communities are mobilizing to deal with school fees, food assistance, immunization and oral re-hydration, counseling, and the range of other services these children need. Through FINCA and other micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. These efforts are low cost strategies designed to empower women (many of whom are HIV positive), protect children, and support extended families and communities in caring for their own. This community-based approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning epidemic.

For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family setting. The problem is, only a very tiny fraction of those children in need receive even this modest level of support.

A focus on children can be a catalyst. The only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV. Until there is an available vaccine, this means more aggressive prevention efforts. In addition, the delivery of nutritional counseling and low cost treatments for opportunistic infections, STDs, and TB to parents with AIDS can help them to live longer and better lives and enable them to plan for the future of their children. Finally, community mobilization to save orphans empowers those involved and enables them to believe that they can change their circumstances for the better. It brings home the very real consequences of HIV, something that is too often denied due to the long latency period and the "conspiracy of silence" that surrounds this illness. These additional benefits of orphan work have far reaching implications for the epidemic, and for development at large.

As the awareness of the disaster of AIDS in Africa intensifies, so does the politics push for a more aggressive United States response.

A recent Peter Hart Research poll finds major support for increased US assistance for AIDS in Africa among African American voters, and among voters generally. Although only 19% of voters said that they have heard or read a lot about the AIDS in Africa, two-thirds of voters believe it is a serious problem, that is not under control, and three-fourths of voters think that AIDS in Africa will directly affect people in the US. Despite the fact that most voters believe we are spending far more on foreign aid than we actually are, by nearly a two-to-one margin (54% - 29%), voters favor a proposal to increase US assistance to fight AIDS in Africa. This support is particularly intense in the African American community where 83% favor such a proposal (55% favor it strongly). [Attachment B: Poll to appear in an upcoming *USA Today* feature series on AIDS in Africa]

Rev. Leon Sullivan is organizing African American and other leaders to join in the fight against AIDS in Africa. As with Rev. Sullivan's anti-apartheid campaign, he is circulating "Sullivan Principles" for development in Africa. These principles, including our response to AIDS in Africa, will be at the top of the agenda at the African-African American Summit in Ghana in May. Political, religious, and other leaders from across the US will participate in the summit, including more than 100 mayors. Rev. Jackson also seeks to actively engage in this issue.

Within the Congressional Black Caucus, there is a growing sense that the time to act is now. Given the magnitude of the crisis described above, the issue of children orphaned by AIDS, and AIDS in Africa generally, is getting increased attention within the CBC. While AIDS will clearly kill more people in Africa than all previous wars combined, most believe that our response is not on "a war footing." The CBC is anxious to escalate our efforts.

Representative Jesse Jackson, Jr. has focused on the link between trade and AIDS. The Jackson HOPE for Africa alternative to the Administration's Economic Growth and Opportunity Act has received increased attention within the CBC, including Representative Clyburn, the new CBC Chair. His premise, not an unfounded one, is that given the impact of AIDS on African economies and the African work force, AIDS is an economic development issue.

He believes, as do many, that it is impossible to promote trade without an effective strategy for dealing with AIDS. While his bill is unlikely to be enacted, his general principle finds fertile ground among a growing number of political leaders and intellectuals. Representative Sheila Jackson Lee plans to lay out this linkage in her address at the Corporate Council on Africa Summit in Houston next week.

Former Congressman Ron Dellums is vigorously pushing a "Marshall Plan for AIDS in Africa." For Dellums, this is a moral crusade. He has been making the rounds in Washington and throughout the country asking, "Will we stand idly by and watch the biggest human tragedy in history, knowing there is much more that can be done? If we do, what will we tell our children?" He recently joined the board of AIDS Action in Washington and plans to invest considerable energy in this fight. His initial proposal was for a partnership with the pharmaceutical industry in an effort to bring anti-retroviral therapies to Africa. Given the lack of health care infrastructure in Africa, we do not believe that this is the most effective action at this time. However, his efforts are likely to call for a much more vigorous US response.

Among others in the Congress, there is a shared sense of foreboding that this issue could explode into the American consciousness and onto the political scene at any moment. Both Representative Pelosi and Senator Leahy (ranking Democrats, Foreign Operations Appropriations) are extremely interested in securing new money for our global AIDS program in FY2000. It was Pelosi who got the \$10 million increase for children orphaned by AIDS, and Representatives Kilpatrick and Jackson are also now on the subcommittee and will be pushing hard for more action. Further, Hatch and Kennedy staff accompanied us on this trip, and returned motivated to do something. Hatch has helped to make AIDS a bipartisan issue and his staff is seeking to put together a Republican working group on AIDS in Africa. Finally, while on Rep. Gephardt's Congressional Delegation to India, Representatives McDermott and DeLauro circulated information on AIDS in India, making the case that the AIDS related suffering and instability now gripping Africa will soon hit India, Asia, and the emerging Soviet states. They too believe we need to act now to avoid catastrophe.

Recommendations

Throughout our travel in Africa, it was clear that your "Partnership with Africa" has made hope a reality, even at the village level. From the children in Kitwe, Zambia to the women with HIV in Soweto who greeted us with a song entitled "President Clinton never loose your power," people across Africa know of this historic alliance, and many were anxious to show their gratitude. Unfortunately, AIDS threatens to decimate this partnership, as it has decimated everything in its path. To protect and defend this legacy, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both here at home and abroad, is needed.

Given the magnitude of the AIDS pandemic and its devastating impact on economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, I recommend that we establish a Global AIDS Emergency Working Group to include the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, Peace Corps and the Departments of Defense, State, Treasury, and HHS to make specific recommendations to you for an invigorated US response within the next forty-five days. This effort would be coordinated by the Office of National AIDS Policy. Areas of consideration would include the following.

New funding. The US global AIDS budget has been level funded at approximately \$120 million since 1993, in the face of a 300% rise in annual HIV incidence and the explosion of the epidemic in sub-Saharan Africa. USAID estimates that funds from all donors and host countries combined reach less than 10% of the at-risk or in-need population. If we are serious about promoting economic growth and opportunity in Africa and achieving our other development objectives, the Administration should push for an investment in the battle against AIDS that is more commensurate with the magnitude of the unfolding horror. While this was not accounted for in our FY2000 budget, there are reasons to be optimistic that viewing a new investment through the lenses of millions of children orphaned by AIDS, and as an element of free trade and political stability, may engender more bipartisan support. Given the importance of a multi-sectoral response to AIDS, it is essential that this be new money, not be taken from other USAID development accounts. Such an approach would be counterproductive to our overall development goals.

Debt swap for AIDS. In keeping with your goal to “ensure that no country committed to reform is left with a debt burden that keeps it from meeting its people's needs and spurring economic growth,” the Administration should explore a mechanism for allowing African countries to shift some of their debt payment toward an increased domestic investment in fighting AIDS. Target countries could be required to develop an AIDS action plan, with the debt swap agreement based on movement toward performance goals delineated in the plan.

Public-private partnerships. The Administration should promote a broad-based response to AIDS in Africa that engages multi-national corporations, labor, non-governmental organizations, universities, and the religious community. A few courageous leaders have stepped forward, but much more needs to be done. Such an effort would not only extend the reach of government funding, but could provide a much-needed source of expertise, training and technical assistance. Rev. Jackson, our appointed Envoy to Africa, could be enlisted in this effort.

Speaking with one voice. The Administration should adopt its own multi-sectoral response and instruct all of its agents in dialogue with African leaders to include a discussion about the importance of leadership on AIDS to the full range of other development objectives.

Mobilizing other donors. The Administration should raise the AIDS profile among the G-8 nations, and consider recommending their engagement in an AIDS debt swap program. While the French have pushed for a “therapeutic solidarity fund,” mobilizing resources for orphans, basic AIDS care, and prevention is a far more realistic goal.

Encouraging African leadership. The Administration should promote an AIDS summit for African Presidents or First Ladies. We know from Frank Greer's recent appearance at an election summit in Southern Africa that this issue is increasingly on the radar screen of top African political leaders. President and Mrs. Museveni certainly have much they could share with their colleagues. Reports from Zambia are that following our visit, President Chiluba has broken his silence and become an advocate now calling for the world to “combine resources to defeat AIDS as we did to defeat Hitler.” Participation in an Africa leaders summit by you, the Vice President, or Mrs. Clinton would ensure a major turnout and would reinforce our high level partnership with Africa.

ATTACHMENT A

PRESIDENTIAL MISSION TO AFRICA MARCH 27, 1999 – APRIL 5, 1999

MEMBERS OF CONGRESS

Rep. Carolyn Kilpatrick, Foreign Operations Subcommittee, Appropriations,
Congressional Black Caucus
Rep. Barbara Lee, Africa Subcommittee, International Relations,
Congressional Black Caucus
Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus,
Congressional Black Caucus

CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Rep. Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Coalition on AIDS
Dr. Jacob Gayle, World Bank
Rory Kennedy, Documentary filmmaker
Nick Doob, Documentary filmmaker

ADMINISTRATION OFFICIALS

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Africa Bureau, State Department

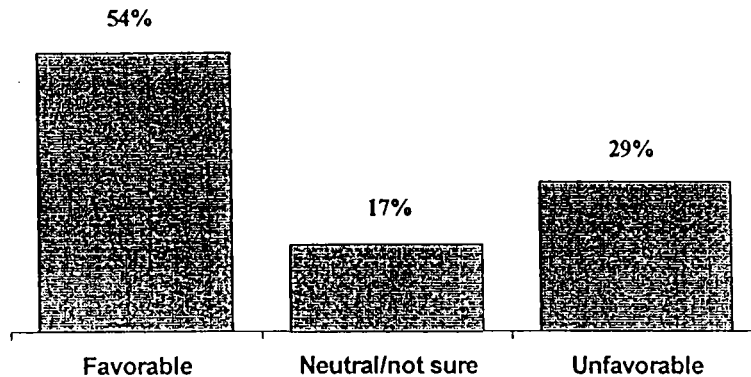
MILITARY PERSONNEL

Lt. Commander James Erskine
Dr. Anthony Barile
Brenda Geist, Director Congressional Travel

Peter D. Hart Research Associates, Inc.

1724 Connecticut Avenue, N.W.
Washington, D.C. 20009
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Increase U.S. Assistance to Fight AIDS in Africa



Peter D. Hart Research Associates surveyed 1,411 registered voters, including 310 African Americans, by telephone between February 20 and 26, 1999, for the Children's Research and Education Institute.

American voters view the spread of AIDS in Africa as a serious problem. Although many voters have not heard much about the issue, they nonetheless believe that it is likely to have an impact here at home. A majority of Americans have a favorable view of a proposal to increase U.S. government assistance for international AIDS programs in Africa.

- ♦ The spread of AIDS in Africa is viewed as a serious problem by two-thirds (67%) of American voters, with 45% saying that it is an extremely serious problem and an additional 22% describing it as a quite serious problem.
- ♦ The same proportion (67%) believe that it is false to say that the global AIDS crisis is coming under control.
- ♦ In addition, three-quarters (75%) of voters believe that the AIDS epidemic in Africa will affect people in the United States.
- ♦ Although the issue is important, only 19% of voters say that they have read or heard a lot about it. Nearly half (48%) say that they have heard little or nothing about it.
- ♦ A 54% majority are favorable to a proposal to increase government assistance for international efforts to fight the spread of AIDS in Africa. Only 29% are unfavorable.
 - An overwhelming 83% majority of African Americans are favorable (55% strongly favorable), and only 10% are unfavorable.
- ♦ Support for greater assistance increases when it is placed in the context of an international effort. Three-quarters (76%) of voters say that they would be more likely to support assistance to help Africa deal with the AIDS epidemic if they knew that it would be a part of a larger international effort with Europe, Japan, and other countries doing their share.

AIDS in Africa

I'm going to mention some different issues, and I'd like to find out how serious a problem you consider each one to be in our country today. For each one, please tell me whether you consider it to be an extremely serious problem, a quite serious problem, a somewhat serious problem, or not that serious a problem.

	<u>Extremely Serious Problem</u>	<u>Quite Serious Problem</u>	<u>Somewhat Serious Problem</u>	<u>Not That Serious A Problem</u>	<u>Not Sure</u>
The spread of AIDS in Africa	45	22	13	8	12

Now I'm going to read you another list of statements. For each statement, please tell me whether you're sure it's true, think it's probably true, think it's probably false, or are sure it's false.

	<u>Sure It's True</u>	<u>Think It's Probably True</u>	<u>Think It's Probably False</u>	<u>Sure It's False</u>	<u>Not Sure</u>
The global AIDS crisis is coming under control	2	20	37	30	11

Now, I'm going to mention several proposals and I'd like to get your reaction. For each proposal I read, please tell me whether your reaction is very favorable, somewhat favorable, neutral, somewhat unfavorable, or very unfavorable.

	<u>Very Favorable</u>	<u>Somewhat Favorable</u>	<u>Neutral</u>	<u>Somewhat Unfavorable</u>	<u>Very Unfavorable</u>	<u>Not Sure</u>
Increasing U.S. government assistance for international efforts to fight the spread of AIDS in Africa						
ALL VOTERS	23	31	15	14	15	2
African Americans	55	28	6	5	5	1

How much have you heard or read about the issue of AIDS in Africa -- a lot, some, just a little, or not very much? **

	<u>ALL VOTERS</u>	<u>African Americans</u>
<u>Heard/Read</u>		
A lot	19	31
Some	32	28
Just a little	22	22
Have not heard/read very much	23	16
Heard/read nothing (VOL)	3	1
Not sure	1	2

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Do you think that the AIDS epidemic in Africa will affect people in the United States, or not? **

	ALL <u>VOTERS</u>	African <u>Americans</u>
Yes, will affect people in the U.S.....	75	83
No, will not affect people in the U.S ...	16	10
Not sure.....	9	7

** Asked of one-half the respondents (FORM B).

If you knew that the U.S. assistance to help Africa deal with the AIDS epidemic would be part of a larger international effort with Europe, Japan, and other countries doing their share, would you be much more likely to support it, somewhat more likely to support it, or no more likely to support it? **

	ALL <u>VOTERS</u>	African <u>Americans</u>
Much more likely to support	37	49
Somewhat more likely to support	39	35
No more likely to support.....	20	12
Less likely to support (VOL)	1	-
Not sure.....	3	4

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Now I am going to read you some reasons that people might give for supporting increased U.S. government assistance to fight the spread of AIDS in Africa . For each one, please tell me how convincing a reason it is to support increased assistance – very convincing, fairly convincing, only somewhat convincing, or not that convincing. **

	<u>Very Convincing</u>	<u>Fairly Convincing</u>	<u>Only Somewhat Convincing</u>	<u>Not That Convincing</u>	<u>Not Sure</u>
We all live on one planet, and the whole world benefits from fighting the spread of AIDS--if the epidemic has spread that much in Africa, we are fooling ourselves if we think that it won't affect the U.S.--it will, unless we do something now					
ALL VOTERS	44	14	21	16	5
African Americans.....	67	12	11	7	3
The AIDS epidemic is creating millions of orphans that are overwhelming the capacities of orphanages and churches, and filling the streets of many African cities. An estimated forty million children will lose a parent to AIDS by 2010					
ALL VOTERS	40	15	23	15	7
African Americans.....	56	18	17	6	3

MEMORANDUM FOR THE PRESIDENT

From: Sandy Thurman
Date: November 28, 1997
Subject: Update on HIV/AIDS Issues

This memorandum is to provide you with a quick update on current HIV/AIDS issues prior to your dinner on Monday (World AIDS Day) with gay and lesbian leaders.

While we continue to make steady progress here at home, the AIDS pandemic, nationally and internationally, rages on. The new combination therapies are the most effective treatments to date. As a result, for the first time, the rates of new AIDS cases and AIDS deaths are down, at least among those with access to these drugs. In addition, AZT therapy during pregnancy has reduced mother-to-child HIV transmission in the United States by 43% this year. This is great news and the Administration should be proud. However, the rate of new infections in the U.S. continues unabated, with the most dramatic increases among teenagers (25% of all new infections), women, and people of color. And the global statistics released this week paint a bleak picture of an epidemic out of control. While UNAIDS projected 3 million new infections in 1997, the numbers are actually 5.8 million. It is now projected that more than 40 million children will be orphaned by AIDS by the year 2010. Currently the promise of AZT during pregnancy and the new effective combination therapies are far beyond the reach of the poor developing nations buckling under the weight of this pandemic.

Message for World AIDS Day. This is a time of both hope and challenge, of optimism and realism, of crisis and opportunity. Your Administration has produced many successes (see list of accomplishments) including a 50% increase in AIDS funding, new and better treatments, and your ten year goal for developing a vaccine and the creation of the vaccine center at NIH. This years World AIDS Day theme is "Giving Children Hope in a World with AIDS". In this context, the perinatal transmission numbers are down, access to therapies is up as a result of your pediatric labeling initiative, and women and children are receiving more and better care and support through the Ryan White CARE Act and your ongoing defense of Medicaid.

But there is much more that needs to be done. We must continue our push for effective treatments, a vaccine, and a cure. We must make the promise of this research available to all those who need it, many of whom cannot currently afford it or live in states where their Medicaid program does not cover it. And finally, we must reinvigorate our prevention efforts if we hope to stem the tide of this epidemic.

As we fight to give children hope, we must not forget about our teenagers. Today and every day, two young people are HIV infected in the US every hour. Half of all new infections are among people under the age of 25. And in some communities of color, 1 in 30 18-19 year old males are

already HIV+. We must educate and support our young people as they struggle to make the transition from youth to productive adulthood. Your Administration has done so much to encourage young people to believe in, and work for, their future. We should not let HIV steal that potential. Most young people believe they are invincible. And now all too many, including gay youth, think there is a "cocktail" that can save their life if they make a mistake. We cannot let good news on the treatment front encourage either complacency or irresponsibility.

It is for these reasons that I asked you to tape a World AIDS Day message to young people. In addition, a directive has been prepared for your signature tomorrow asking Cabinet members to look at existing programs targeted to youth for opportunities to incorporate HIV education where appropriate. Finally, I am meeting with a group of 10 inspiring young people and parents from around the country at the White House from 2-3pm on Monday (see description of attendees). These are HIV+ youth and teen AIDS educators who are making an incredible difference in their communities. **This is the first year since you became President that you are not scheduled for a World AIDS Day event.** If there is a chance you could drop by this meeting it would mean the world to these young people and further demonstrate to all, including those who you will see at dinner, and the press, that you continue to be personally involved. The Vice President and Mrs. Gore have agreed to come by this meeting for a photo-op on their way to a site visit at Food and Friends (a home delivery food service for people living with AIDS).

Background. While the gay and lesbian and AIDS groups are grateful for the support the Administration has given them in the past, there continues to be considerable anxiety and concern regarding our ongoing commitment to the issue. This concern began when AIDS programs (including the Ryan White CARE Act) were not included on the small list of discretionary programs that were listed as protected programs in the balanced budget agreement. The community interpreted this action to mean that the issue had been "de-prioritized". This, combined with the fact that the proposed Medicaid expansion initially proposed by the Vice President turned out to be not as easily executed as was originally hoped, and that little visible progress has been made on removing restrictions on the use of federal funds for needle exchange programs, has made our AIDS constituents less than happy with us.

However, the bottom line is that it has been a pretty good year for the AIDS community, and we are continuing to work with the groups to make sure they feel attended to.

Needle Exchange Programs: This issue has become central to the AIDS community and, rightly or wrongly, it has become symbolic of the Administration's leadership on AIDS. Given that as many as 50% of all new HIV infections are either directly or indirectly related to IV drug use, flexibility is increasingly important to those on the front lines.

The Administration can and should be proud of the major increases in funding in the early years. However, with the balanced budget agreement, such major increases in the future are highly unlikely. In these times of limited resources, the AIDS community is looking for a new form of leadership, leadership on the difficult policy questions that lie ahead.

As you know, the Secretary of HHS has the authority to allow state health departments to use federal funds for needle exchange programs if she determines that such programs reduce the rate of HIV transition and do not encourage the use of IV drugs. While the House tried to strip the Secretary of her authority, we successfully defended it in conference. However, the compromise was a six month moratorium on her ability to exercise it. In the meantime, there is increasing pressure from not only the AIDS community, but from virtually every respectable public health group including the American Medical Association, American Academy of Pediatrics and the American Public Health Association, for the Administration to "follow the science", as we have said we would on many occasions. These mainstream organizations believe they would benefit greatly from the support of CDC and NIH in their ongoing conversations with the Congress.

The Secretary has been ready to remove the restrictions on funding for some time now. The challenge has been to find the appropriate time so as not to generate a negative response from the Congress that renders us in a worse place than when we started, or in some way endangers the integrity of existing programs (there are over 100 operating across the country).

Now that her authority has been preserved, we are in the process of determining what our strategy should be. We have had several meetings in recent weeks on this topic. While we all agree that these programs reduce the spread of HIV, there is still concern on the part of some about the message that the funding of these programs might send.

The community has now asked the Secretary to make her determination before the Congress reconvenes in late January. The House has said that the authorizing committee may decide to act early in the session. Consequently, our determination of how to proceed must be made fairly quickly.

Medicaid Expansion. In April, the Vice President requested that HHS report to him on the feasibility of expanding Medicaid eligibility to people with HIV infection prior to the onset of AIDS. The new drug therapies, including protease inhibitors, are most effective if started at an early stage of disease, prior to the onset of full blown AIDS. In fact, HHS issued guidelines earlier this year recommending a more aggressive approach to treatment using triple combinations at earlier stages of HIV infection, to avert immune system damage.

Unfortunately, HHS reported back to the Vice President that this type of expansion of Medicaid is not budget neutral, and, in fact, will be enormously expensive. Consequently, we are continuing to work with HHS to come up with creative ways to pay for these drugs. In the mean time, we are looking at increasing funding for ADAP (AIDS Drug Assistance Program), which is part of the Ryan White Care Act. ADAP received a 71% increase in the FY98 budget and we are currently working with OMB on a Presidential initiative for FY99.

Major Clinton Administration Accomplishments in HIV/AIDS

- Increased funding for AIDS research, prevention, and care by more than 50% in first four years.
- Increased funding for the Ryan White CARE Act by 158% and increased number of cities eligible for CARE Act funds from 34 to 49.
- Funding for the AIDS Drug Assistance Programs has more than tripled, which helps low-income uninsured people with AIDS purchase needed therapies.
- Signed the NIH Revitalization Act of 1993, creating a strengthened Office of AIDS Research at NIH and vesting it with authority to plan and carry out the AIDS research agenda.
- Accelerated AIDS drug approval to record times. Since 1993, the FDA has approved 8 new AIDS drugs and 19 new drugs for AIDS-related conditions. Included in those approvals are a new class of drugs known as protease inhibitors, which show tremendous promise in the treatment of HIV disease. In March, the FDA approved the first protease inhibitor with labeling for use in children.
- Preserved the Medicaid guarantee of coverage for people living with AIDS. Nearly 50% of people with AIDS and 92% of children with AIDS rely on Medicaid for health coverage.
- Vigorously enforced the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

December 6, 1995

REMARKS BY THE PRESIDENT
AT THE WHITE HOUSE CONFERENCE
ON HIV AND AIDS
The Cash Room, Treasury Building

1:10 P.M. EST

THE PRESIDENT: First of all, thank you, Sean, and thank you, Eileen. Thank you, Patsy Fleming and Secretary Shalala, Secretary Cisneros. Thank you, Dr. Scott Hitt, and all the members of the President's Advisory Council. I think most of them were actually sitting in the overflow room so the rest of you can be here. But I thank them -- we heard them; let's give them a hand, maybe they can hear us. (Applause.)

I thank Dr. Varmus, Dr. Kessler, all the others here who are involved in dramatic effort that they are making in the fight against AIDS. Most of all, I thank all of you for coming and for giving us a chance to have this first-ever White House Conference on HIV and AIDS.

So much has been said by the speakers who have spoken before, and so much is still to be said by the panelists and perhaps by some of you in the audience, but I'm going to do what I can to shorten my remarks, because I want to spend most of my time listening to you and focusing on where we go from here. But there are a few things that I would like to say.

First of all, this is a disease, and we have never before had a disease we could not conquer. We can conquer this. (Applause.) I believe that -- in my lifetime, we've eliminated smallpox from the planet and polio from our hemisphere. We can do better, and we can do better until we prevail.

The threat of AIDS, just the very threat of it, has changed the lives of millions of people. And you heard from the talk about prevention, about which I want to say more in a moment, it needs to change the lives of millions of more Americans. It has taken too many friends and loved ones from every one of us in this room. For millions of people it has shaken their very faith in the future.

But it's also inspired a remarkable community spirit. One of the people on this program today, Demetri Moshoyannis, who is right behind me, grew up in a typical American -- I think he's still there -- (laughter) -- grew up in a typical American suburb in a typical American community. He attended college, became politically active, with a quick mind and an active spirit. He was

clearly a rising star. After graduating, he joined the Corporation for National Service to help us start AmeriCorps.

While he was working for AmeriCorps, he found out he was HIV positive at the ripe old age of 23. He took the news as a challenge, to use his communications skills, his organizational skills and his leadership skills to educate and support his peers and help them escape the threat. He represents the combination of heartbreak and hope that makes this epidemic so unique. I am grateful to him, grateful to Sean, grateful to Eileen, grateful to every one of you who also represents that remarkable combination. We have to be worthy of your continuing courage.

Twelve days ago, the Centers for Disease Control reported that our nation reached another sad milestone in the AIDS epidemic -- a half million Americans have now been diagnosed with AIDS and more than 300,000 have died. On this very day, and on every day from this day forward until we do something to change it, 120 more Americans will lose their lives, another 160 people will be diagnosed with the disease, nearly 140 will become infected with HIV.

That's why this meeting is important. It gives us an opportunity to say to America what the facts are, to rally our troops, to search our minds and hearts, to leave here with more weapons than we came to make progress in this battle.

Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine, that must be our first and top priority. (Applause.)

When I ran for President, I said that I would do everything I could to pull together the necessary resources and to organize them, and to exercise real direction toward this goal. At a time of dramatic spending cuts, as Secretary Shalala said, we have nonetheless increased overall AIDS funding by about 40 percent. If my budget passes -- and on this item, it actually might pass this year -- we'll have a 26 percent increase in research. For the first time since the beginning of the epidemic, there is now one person in charge of the nation's entire NIH AIDS research program, Dr. William Paul. And though more budget cuts are coming, we have got to protect the research budget and the Office of AIDS Research. I will oppose any effort to undermine the research effort or the Office of AIDS Research. (Applause.)

I want all our fellow Americans to know that this investment in science has paid tremendous dividends. Today people with AIDS live twice as long as they did just 10 years ago, especially those who seek early treatment. AIDS-related conditions that used to mean a quick and often very painful death for people living with HIV can now be treated and even prevented.

Since this administration began, I also want to compliment Dr. Kessler and the FDA. In record time they are now approving new

classes of AIDS drugs that will help to restore the damaged immune systems of people with HIV. Indeed, there was a study released last week which says that the United States is now approving drugs faster than any European nation. And a drug company executive was recently quoted as saying that we are now two years ahead of Europe in the approval of AIDS drugs. Thank you, bring on more. This is a good direction. (Applause.)

Again, we have a lot to look forward to. Combination drug therapies are showing great promise as a means for controlling the virus in the human body. And just last year we found that the use of drug therapy could actually block HIV transmission from mother to child. Our scientists tell me it's within our grasp to virtually eliminate pediatric AIDS by the end of the decade by offering all pregnant women HIV counseling and testing and guaranteeing that they have access to the treatment they need to protect their unborn children. We can give a generation of Americans the freedom of being born without HIV. We can do it, and we will. (Applause.)

I think all of us know we have to do more. And you may have ideas for us. In the end -- I want to emphasize this over and over again -- whenever we have these conferences, it's important for the President to speak, but it's also important for the President and the administration to hear. And you don't learn much when you're talking. So I want to urge you all here during this meeting today and afterward in following up, we are combing the country and the world for the best ideas about what to do next.

To move the search for a cure forward and to accelerate the pace, I have asked the Vice President to convene a meeting of scientists and leaders of the pharmaceutical industry to identify all the ways in which we might accelerate the development of vaccines, therapeutics, and microbicides that can protect people from HIV and the infections it causes. There are no guarantees in science, of course, but the collective will of government and energy -- industry -- can overcome huge obstacles as we have seen just in the last few years.

Second, let me say I am very pleased that the decision that was made at the NIH to put Dr. Paul in charge of coordinating the AIDS research of the NIH, for the first time to have it all reconciled, coordinated and directed, has worked out very well. But we need to extend this effort government-wide. That's why I have asked Patsy Fleming to coordinate an interdepartmental working group that will be chaired by Dr. Paul to develop a coordinated plan for HIV and AIDS research all across every single department of our government, including developing a coordinated research budget. And I want a report in the next 90 days. That is the next important step. We can't afford any unnecessary delays or missed opportunities. And I'm convinced that these two steps will help us to avoid those.

In addition to the work in research, we have to continue

to do what we can to assure that those who are living with HIV and AIDS get the support and the care they need. And I want to talk about this in some detail.

For people with AIDS, the current debate over how to balance the federal budget is far more than a question of political rhetoric. It is a matter of survival, primarily because of Medicaid. Even if we are successful, and I believe we will be, in reauthorizing the Ryan White CARE Act, at higher levels of funding -- and as you heard the Secretary say, we've increased funding by, I believe, 108 percent in the last three years -- that is less than 20 percent of the total money spent to care for people with HIV and AIDS.

Medicaid is the lifeline of support. It provides health care for nearly half of the 190,000 Americans living with AIDS -- provides health care for nearly half of the 190,000, including 90 percent of the children. It provides access to doctors, to hospitals, to drugs, to home care, the things that allow people to live their lives more fully. It pays for the drugs that keep HIV under control for longer and longer periods of time. And it pays for drugs that prevent the infections that often end the lives of those with AIDS. Medicaid pays for the care that allows families to stay together.

Yet today, Medicaid, a program that parenthetically also is eligible to cover one in five American children -- that's how many -- 22 percent of our children are living in such difficult circumstances that they are eligible for Medicaid. And one of the things about the congressional budget that I objected to so strongly is that it slashes spending on Medicaid by over \$160 billion and turns it into a block grant, thus eliminating a 30-year national commitment we have made to the poor, especially to poor children, which I might say has given us the lowest infant mortality rate in our history. It is the one thing we have done that has helped us to drive down infant mortality among poor people who otherwise never see doctors. It has given elderly people -- millions of them -- a dignified life in nursing home, or getting home care. And it has helped people with disabilities, not just people with HIV and AIDS, but millions and millions of families on limited incomes with children born with cerebral palsy, children born with spina bifida, families that could never afford to buy a decent wheelchair for their children, much less send them to camp in the summertime or have them in an appropriate living setting. And it is the lifeline for people with HIV and AIDS.

I say again, the Ryan White Health Care Act is important. I'm proud of the fact that we have doubled the funding. I am fighting for more funding this year. I am proud of the fact that it enjoys some bipartisan support in the Congress. I am proud of the fact that when there was an attempt in the Senate to eviscerate it, and turn it into a political football, the Senate almost unanimously turned it back. But be not deceived, we could double it. And if this Medicaid budget goes through, it is a stake

in the heart of our efforts to guarantee dignity to the people with AIDS in this country. (Applause.) Thank you. (Applause.)

I want to say one other thing. I want to thank the Secretary of Housing and Urban Development for the work that he has done to increase opportunities in housing for people living with AIDS. (Applause.) We have taken some tremendous hits in the HUD budget, some of them we have inflicted in an attempt to get the deficit down. And there will doubtless be further reductions which will require reorganization on an unprecedented scale at the Department. But Henry Cisneros and I were together on the day before Thanksgiving at a shelter serving food, and he told me again the one thing that we must not do is to undermine the ability of the Department of Housing and Urban Development to try to provide dignified, adequate, compassionate housing opportunities for people living with AIDS.

So I say to you, when we talk about balancing the budget, I'd like to remind you that our administration has cut the deficit nearly in half in ways that were honorable and fair and enabled us to increase our investment in things that mattered, not just the war against AIDS, but education, technology, medical research, the environment, to bring the deficit down and lift the society up. And that's the way we ought to approach this.

I want to say more about this in a minute, but this budget debate, because it requires tough choices, will inevitably require us to define what kind of people we really are. When times are easy and you can just dole out money to everybody that shows up at the door, it's pretty hard to tell what your values are. When times are tough, and you have say yes some places and no others, it becomes far, far clearer.

So I ask you to help us in the fight against the Medicaid cuts, to help us to preserve Secretary Cisneros's ability to support housing opportunities.

I got the message. I heard what you said about prevention. I would point out that in the last two years we have asked for increases in our prevention budget. But I am very worried about what's happening there because of what has already been said. We have to set a goal. And I hope you will suggest one coming out of this conference. We have to reduce the number of new infections each and every year until there are no more new infections. And we all have to do that. (Applause.)

We know that for this to work it has to be targeted and it has to be sustained, as the gay community demonstrated in the 1980s. We know now we have to pay particular attention to young people and those who abuse drugs. There is a lot of evidence that huge numbers of our young teenagers continue to be completely heedless of the risks of their behavior.

I was pleased to see the public service announcements

that Secretary Shalala released to educate young people and to urge them to take responsibility to protect themselves. I would say we ought to go further, and you need to help us. We have to educate these kids, but we also have to tell them they cannot be heedless of the consequences of their behavior.

It is not enough to know -- they must act. It is in the nature -- it is one of the joys of childhood that children think they will live forever. It is one of the curses of childhood in some of our meanest neighborhoods that children think they won't live to be much beyond 25 anyway. In a perverse way, both of those attitudes are contributing to the problem, because one group of our children think that they are at no risk because nothing can ever happen to them -- they're bulletproof; another group believes that no matter what they do, they don't have much of a future anyway. And they are bound together in a death spiral when it comes to this. This is crazy. We have got to find some way to tell them you must stop this.

We are doing what we can to make those toughest neighborhoods safer. Believe it or not, amidst all the talk here in Washington, you could hardly know it, but out there in America in almost every community, the crime rate is down, the welfare rolls are down, the food stamp rolls are down, the poverty rolls have dropped for the first time in over a decade. Why? Because if you invest in people and their future and jobs are created and people go to work and hope begins to be infused in people's lives, all of the problems we talk about here in Washington give way to opportunities in the lives of people.

But we see with this -- with this problem, whether there is an atmosphere of opportunity or an atmosphere of hopelessness, too many teenagers are ignoring the responsibilities they have to protect themselves. We have to find better ways, and maybe more help from different people, to get inside their minds, to shake their spirits, to make them know care about them and we want them to have a future. But we cannot do the one thing that only they can do, which is to control their own decisions. And we have to do more. And if you've got any better ideas for me, believe me, I am all ears.

I want to say, too, just a little word about the importance of trying to tie our prevention efforts with HIV and AIDS to our prevention efforts with drugs and substance abuse, because that's the second big problem area of populations. In 1993 and again in the crime bill in 1994, we increased our federal investment in drug treatment. And I'm working to try to convince Congress to do even more. We know that the right kind of treatment programs work. We know that the right kind of prevention programs work. And we know that we can marry the two. I've asked the CDC to convene a meeting of state and local people involved in both public health and drug prevention to develop an action plan that integrates HIV prevention and substance abuse prevention. And I hope that we can do that and do it now, because I think it will make a significant

difference.

I have to tell you that I am very worried that what we see with the HIV rates among juveniles is now being mirrored in drug use. Last year's statistics showed unbelievably that drug use among people 18 to 34 was going down, but casual drug use among people 12 to 17 was going up. I think it is clearly because there are too many kids out there raising themselves, thinking nobody cares about them and not thinking there's much of a future. So we have to deal with these two things together.

And while we search for a cure, work to improve treatment, strive to prevent new cases and to protect the hard-won gains of the past, I'd also like to say just a word about the basic human rights of people living with HIV and AIDS.

AIDS-related discrimination unfortunately remains a problem that offends America's conscious. The Americans with Disabilities Act now offers more than 40 million Americans living with physical or mental disabilities, including those living with HIV and AIDS, protection against discrimination. And the Justice Department, the Department of Health and Human Services, the Equal Employment Opportunity Commission, they have been vigorously enforcing the ADA. We're about to launch a new effort to ensure that health care facilities provide equal access to people with HIV and AIDS.

We simply cannot let our fears outweigh our common sense or our compassion. And as Sean said, we can't let our bigotry -- to use his word, we can't let our homophobia blind us to our obligations. (Applause.) I say that for two reasons. One is that the fastest growing group of people with the HIV virus are not gay men. This is not a disease that fits into the homophobic world view. But the second reason is that regardless of sexual orientation or race or income or even whether a person has sadly fallen victim to drug abuse -- as someone who has lived in a family with an alcoholic and with a drug abuser -- every person -- I say this with clear knowledge, experience and conviction -- every person with HIV or AIDS is somebody's son or daughter, somebody's brother or sister, somebody's parent, somebody's grandparent. And when we forget this, when we forget that all the people who deal with this are our fellow Americans and that most of them share our values and our hopes and our dreams and deserve dignity and decency in the treatment we give them, we forget a very great thing that makes this a special country. And we forget it at our own peril.

In one way or another nearly every person in America at one time in his or her life has been subject to some sort of scorn. Woodrow Wilson once said that you could break a person with scornful words just as surely as with sticks, and beat him. And I think that's an important thing, too, to remember.

The American people need to know that everybody in this country and, indeed, throughout the world, is now vulnerable to

this disease. We need to identify what our responsibilities are in this country, and our responsibilities to developing countries, are to deal with the problem, to search for a cure, to search for a vaccine, to deal with the treatment issues. But I'm not sure it doesn't begin with dealing with our own hearts and minds on this. That's where you have to come in.

Frederick Douglas said, during the great struggle against slavery, that it was not light that is needed, but fire; not the gentle shower, but thunder; the feeling of the nation must be quickened, the conscious of the nation must be roused. That's what you came here to do.

Don't forget this -- most Americans are good people. The great burden we have as Americans is that when we have to deal with something new, too often we can't deal with it from imagination and empathy, we have to actually experience it first. I do not want to wait until every single family has somebody die before we have a good policy -- (applause) ---

So I ask you -- I understand anger and frustration, but I will never understand it until someday and something happens to me and I know the sand is running out of my hour glass. So I can't totally understand it. But I ask all of you to remember this -- this is fundamentally a good country. Alexis de Tocqueville said in the 1830s that this was a great country because we are a good country. And if we ever stop being a good country, we would no longer be a great country.

So I ask you to use this moment to give America a chance to be great about this issue, give our people a chance to feel this the way you feel it, to see it the way you see it, to know it the way you know it.

When I was getting ready for the conference yesterday, I called Bob Hattoy sitting back there in the room. I said, what do you think I ought to say tomorrow? What do you think is going to happen? We were talking. And he said, I think you ought to think about all the people who waged this battle with us in 1992 who aren't around anymore. And so we just went through them name by name. And then right before I came over here I looked at the picture of little Ricky Ray that I keep on my desk at the White House in the Oval Office. And I remembered his family and the members that are still struggling with it.

Give the country a chance to be great about this. Shake them up. Shake me up. Push us all hard. But do it in a way that remembers this is fundamentally a good country. Every now -- when we stray, we get off the track a little bit, but we're still around for more than 200 years because most of the time when the chips are down, we do the right thing. And I am convinced that people like you can get this country, starting here in Washington, to do the right thing. Thank you, and God bless you all. (Applause.)

Patsy Fleming
Jeff Levi

THE WHITE HOUSE

WASHINGTON

Dublin, Ireland

December 1, 1995

Dear Mr. Leader:

Today, as we recognize World AIDS Day, our Nation pauses to reflect on the devastation that AIDS has caused American families and families around the world. In this spirit, I am writing to urge you to expedite final Congressional action to reauthorize the Ryan White CARE Act, which provides vitally needed assistance to all 50 states and the cities hardest hit by the AIDS epidemic.

Working in collaboration with city and state officials, community-based organizations throughout the United States strive to provide the services needed by those who suffer from AIDS. The uncertainty surrounding the reauthorization of the Ryan White CARE Act is a cause of deep concern to those who rely on Ryan White funding to provide vital services.

As you know, this important legislation was passed with strong bipartisan support in both the House and Senate. The reauthorization was passed with equally strong bipartisan support months ago. In memory of the 290,000 Americans who have lost their lives to AIDS and for the sake of all those who face the struggle of living with AIDS, I urge you to complete action on this vital legislation before the end of this session of Congress.

Sincerely,

Ric Clinton

The Honorable Bob Dole
Majority Leader
United States Senate
Washington, D.C. 20510

THE WHITE HOUSE

WASHINGTON

July 5, 1995

Dear Mr. Leader:

I am writing to urge you to lead the Congress in passing the reauthorization of the Ryan White CARE Act before the summer recess. We cannot allow this crucial program to lapse.

There is strong bipartisan support for the Ryan White CARE Act. The initial legislation was approved by overwhelming margins in both houses (95-4 in the Senate and 408-14 in the House) and signed into law by President Bush. Funding for this program has been endorsed from both sides of the aisle throughout the five years of the program and the reauthorization bill in the Senate has 60 co-sponsors. It is a program vital to the lives of Americans living with HIV and AIDS. Its existence has had a dramatic impact on the quality and length of their lives while helping to reduce the cost of their care.

The CARE Act provides direct services to people living with HIV and AIDS through grants to states, cities, community organizations, and local clinics. It emphasizes outpatient care in clinics and other facilities and is designed to relieve the burden on public hospitals and other more expensive inpatient facilities.

It has been a tremendous success in meeting this mandate. By lessening the demand on public hospitals and other facilities, valuable inpatient resources have been freed to care for patients with other diseases, and people with HIV and AIDS have been able to lead more productive lives in their communities. The CARE Act approach serves as a model for delivering more cost-effective health care for people with all diseases.

In 1994, the CARE Act provided care to more than 200,000 uninsured and underinsured people living with HIV or AIDS and early intervention services to another 85,000 people. The Act also funded HIV counseling and testing to nearly 100,000 Americans, provided pharmaceutical assistance to 75,000 individuals, and supported more than 15,000 women and children participating in AIDS-related clinical trials.

Let me share with you the story of one person who has been helped by this program -- one person whose experience with the CARE Act is typical of literally hundreds of thousands of other

The Honorable Bob Dole
Page Two

Americans who have benefitted from this law. "Debbie" is a 27 year old woman living with AIDS in a rural part of South Carolina. Until recently, few doctors in Debbie's hometown were willing to treat AIDS patients in part because so many were uninsured. With funding from the Ryan White CARE Act, the County Health Department opened a clinic in the town of Orangeburg that operated six days a month with a rotating staff of five physicians and three nurses. The clinic's staff has taught Debbie's mother to care for her daughter at home. When Debbie is too sick to come to the clinic, the staff comes to her. Not only has this prevented more costly hospitalizations, but it provides Debbie and her mother peace of mind. Debbie's Mom calls the clinic's staff her "guardian angels."

The Ryan White CARE Act is a model of compassionate caring for people in need. At a time when AIDS is the leading cause of death of young adults, we cannot let reauthorization of the CARE Act be held up by divisive arguments about how people contracted HIV. Nor should we be deterred by the false argument that people with HIV and AIDS are getting more help than those with other diseases. In fact, total federal spending in FY 1995 for research, treatment, prevention, Medicaid, Medicare, and income supplements for AIDS is less than one-third that for cancer and less than one-sixth that for heart disease. (AIDS spending is \$6 billion, cancer is \$17.5 billion, and heart disease is \$38 billion.)

In the United States, an average of 220 Americans are being diagnosed with AIDS every day and an average of 109 Americans are dying of this disease each day. Now is not the time to retreat in our national response to this terrible disease. We must move forward to meet the very real needs of Americans living with HIV and AIDS. We can certainly do more, we cannot do any less.

I hope you will join me in urging the Congress to move forward promptly with a five-year reauthorization of this vital program without complicated amendments so that we can once again show the American people that their government can provide the assistance they deserve.

Sincerely,

Bill Clinton

The Honorable Bob Dole
Majority Leader
United States Senate
Washington, D.C. 20510

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

April 7, 1999

The Honorable William Jefferson Clinton
The White House
Washington, D.C.

Dear Mr. President:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council) I want to bring to your attention a concern in the Omnibus Appropriations bill passed late last year that included two sentences that could have a tremendous impact on publicly funded research. These two sentences would allow individuals (and corporations) to use the Freedom of Information Act (FOIA) to gain access to researchers' raw data, whenever the research is funded by a federal grant.

The language provides: "That the Director of the Office of Management and Budget amend... Section -.36 of OMB Circular A-1 10 to require Federal awarding agencies to ensure that all data produced under an award will be made available to the public through the procedures established under the Freedom of Information Act." A second sentence allows a "reasonable user fee" to be charged for the release of data.

On January 6, Representative George Brown (D-CA), ranking Democrat on the House Science Committee, introduced a bill (H.R. 88) to repeal this provision, pointing out that it would require "the premature release of research results." He introduced the repeal legislation "to protect researchers from harassment."

This rider would have potentially serious and detrimental effects on all government sponsored research - including HIV/AIDS, in terms of:

- Allowing early release of research data, which does not reflect the real and final truth;
- Mis-use of in accurate, partially completed research data;
- Potential for loss of subject confidentiality; and
- Potential loss of valuable time and effort on the part of researchers, who must devote energy to complying with this law, as opposed to performing the research for which funds were granted.

We urge you to support H.R. 88, and to support a similar repeal bill in the Senate.

Sincerely,

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Barbara Aranda-Naranjo, PhD, RN
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
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Mr. Robert Fogel
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Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

PRESIDENTIAL

April 7, 1999

ADVISORY

COUNCIL ON

HIV/AIDS

The Honorable William Jefferson Clinton
The White House
Washington, D.C.

Dear Mr. President:

Your Advisory Council on HIV/AIDS continues to be concerned by the large number of low-income Americans infected with HIV who are unable to receive antiviral therapy and medical care because of current Medicaid coverage exclusions. We appreciate the hard work being done by the Health Care Financing Administration, the Office of Management and Budget, and others within the Administration to try to find ways within the constraints of the balanced budget process to expand Medicaid coverage to such individuals. To aid in that effort, a significant number of Members of Congress are preparing to introduce both in the House and the Senate legislation to be known as the "Early Treatment for HIV Act of 1999", which would specifically allow states to provide such benefits and receive federal Medicaid coverage. Mr. President, your active support of this legislation could be tremendously helpful in achieving your laudable goal of expanding early access to treatment for those with HIV infection.

Medicaid is the largest provider in this country of health coverage to people with AIDS. However, Medicaid eligibility policy has not caught up to the treatment guidelines issued by government health experts over one year ago. These HHS guidelines recommend the use of antiviral therapy early in the course of HIV infection, before development of symptoms. Yet because Medicaid does not define such individuals in the early stages of HIV infection as "disabled", many low-income HIV-infected individuals are currently unable to receive HIV-related drugs and health care through the program.

Research released at the 12th World AIDS Conference in Geneva provides additional evidence that early therapy for individuals infected with HIV saves lives and is cost effective. One of the Geneva studies, from the University of California at San Francisco, found that "expansion of the U.S. Medicaid system to provide wider access to combination antiretroviral therapy would prevent thousands of deaths and AIDS diagnoses, leading to 8,000 more years of life for persons with HIV" during just the next five-year window.

The Honorable William Jefferson Clinton

April 7, 1999

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Medicaid expansion would also likely lead to substantial savings in the Supplemental Security Income program because individuals receiving earlier therapy would more likely maintain their health; in many cases, continue working or return to work; and be less likely to require government disability benefits.

Thus, passage of the "Early Treatment for HIV Act of 1999" makes good sense. Powerful new drugs have given people with HIV infection renewed hope in fighting this disease. It is imperative that our government health care programs catch up with the treatment standards set by our own government health experts.

Thank you for your continuing attention to this important issue. We will appreciate your assistance with the passage of this legislation.

Sincerely,

R. Scott Hitt, M.D.

Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
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Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

July 31st
February 3, 1997

MEMORANDUM FOR BRUCE REED

FROM: ~~Patricia S. Fleming~~ *SL*
RE: Presidential Advisory Council on HIV and AIDS

Attached is the Memo to the President for your transmittal. Please forward.

cc: Elena Kagan

July 31, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed, Assistant to the President for Domestic Policy
Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: Follow up to the July meeting of the Presidential HIV/AIDS Advisory Council

We are pleased to transmit to you the most recent reports and a letter addressed to you ^{by} of the Presidential Advisory Council on HIV and AIDS following its meeting of July 25-26.

The Council's main focus was to review the progress of the Administration regarding previous recommendations in order to "assess both movement on issues and the performance of key Administration officials." The main emphasis of their concerns is expressed in the letter addressed to you (attached) regarding your personal commitment and the perception of the lack of commitment from certain Administration personnel in your second term. The Council is very concerned, and at times distressed, over the "priority" by the Administration regarding HIV/AIDS. A motion to vote on the public resignation of some members of the Council in protest of the inaction of the Administration has been tabled for re-submission at the December 4-7, 1997 meeting in Washington, D.C.

In summary, the Council will be looking at the following for Administration leadership:

- The concern over FY 1998 and the balanced budget agreement with the Congress and the perception by many as a failure by the Administration to clearly articulate in writing the Administration "priorities" for HIV/AIDS;
- The recently issued HIV treatment guidelines that recommend antiviral therapy at much earlier stages of HIV disease and the lack of any articulated strategy for funding the requisite dramatic expansion in access to HIV therapies and the primary medical care to facilitate that access;
- Vice President Gore's announcement of Medicaid demonstration project to allow States to cover low-income, non-disabled individuals with HIV has had no visible progress in constructing that demonstration project, even though he requested it within thirty (30) days;

- The lack of leadership and strategy behind injection drug use and the Department of Health and Human Services assurance that the Administration intended to study the ban, with a view toward lifting current funding restrictions. They especially are concerned with “inaction on the part of Secretary Shalala and HHS”;
- The structure and role of the Office of National AIDS Policy and the need for increased staffing, additional resources and authority to translate White House policy decisions into departmental rules, regulations, and policy directives;
- While the Council commends your announcement of developing an effective AIDS vaccine within a decade, they outline some additional issues that the Administration needs to address including:
 - substantive involvement among all relevant federal agencies;
 - mechanisms of collaboration and cooperation between federal agencies; communication, aid, and collaboration with
 - international efforts for vaccine research, development and utilization; facilitation of public-private discussions encouraging cooperation and partnerships among government and industry;
 - and identification of sources of new funding for AIDS vaccine development.

The Council is requesting a meeting with you and any appropriate Administration officials. They have prepared a letter for Secretary Shalala to meet with her regarding these concerns as well (attached).

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

July 26, 1997

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

Reauthorization of your Advisory Council on HIV/AIDS and recognition that only 40 months remain in your Presidency offer a valuable opportunity for taking stock of our shared commitment to defeat HIV disease. Securing unprecedented funding for AIDS, establishing the Offices of AIDS Research and National AIDS Policy, convening the White House Conference on HIV/AIDS, developing the first-ever National AIDS Strategy and setting a goal of development within a decade of a vaccine to prevent AIDS have been major milestones in this fight, milestones of which you can be justly proud.

We are concerned, however, about the growing perception that in your second term HIV/AIDS issues are not the high priority that they were during the first term and that certain Administration personnel may not share your personal commitment to these issues.

You clearly articulated in the National AIDS Strategy preamble the six simple, but vital goals necessary to end this epidemic. You have told us publicly and privately that you expect us to give you the truth, unvarnished, as we perceive it. In that spirit, we constantly strive to recognize both the accomplishments and inadequacies resulting from Administration actions and to ensure that perceptions of those actions mirror as closely as possible their realities.

As you stated in the opening words of your national strategy, "the epidemic of HIV and AIDS constitutes a public health crisis of unprecedented proportions." The challenges facing us require maintaining the urgency of the "crisis," while pursuing the permanent systemic changes necessary to deal with HIV/AIDS long after you leave office. If we are to convert the promise of your words to reality for those affected by HIV disease, much remains to be done during the next 40 months.

The Honorable William Jefferson Clinton
July 26, 1997
Page Two

The Council is currently reviewing the progress made toward addressing our earlier recommendations, and expects to complete a report in December that will assess both movement on issues and the performance of key Administration officials. During that evaluation process, several critical issues of concern have been raised:

- The Council had previously urged that HIV prevention and housing programs be added to the Administration's list of "investment priorities" that already covered HIV research and care programs. However, the FY 1998 balanced budget agreement with the Congress, is perceived by many as a step backwards in that it fails to maintain the protected status for any AIDS programs. If, in the future, that decision results in AIDS programs being forced to compete with countless other discretionary programs for sharply diminished funding, accomplishment of your stated goals will be seriously jeopardized.
- Acknowledging the dramatic changes in medical management of HIV disease, HRSA recently issued HIV treatment guidelines that recommend antiviral therapy at much earlier stages of HIV disease. Unfortunately, no strategy has been articulated for funding the requisite dramatic expansion in access to HIV therapies and the primary medical care to facilitate that access. The Administration's FY98 budget, for example, failed to propose any additional spending for AIDS Drug Assistance Programs (ADAP) despite urging from 12 Governors of your strong support for adequate funding and also proposed inadequate funding increases for primary medical care through the Ryan White CARE Act. Presidential leadership will be essential to providing adequate resources for this vital safety-net program.
- In April, Vice President Gore announced a major Administration initiative, ordering a study within 30 days of a Medicaid demonstration project to allow States to cover low-income, non-disabled individuals with HIV. The proposed Medicaid expansion, long sought by the AIDS community, would address a serious deficiency in the Medicaid program that has generally required that adults with HIV infection become fully disabled before becoming eligible for coverage. That approach clearly impedes effective early intervention. Although the Vice President proposed only to study, rather than to implement immediately the proposed Medicaid expansion, his comments, which received widespread media attention, clearly indicated an intention to bring this proposal to fruition. Since that announcement, however, there has been little visible progress in making this proposal a reality. Clear direction to take all necessary action to quickly implement this initiative is essential.

- As an essential component of a strategy to achieve your goal of “reducing the number of new infections each and every year until there are no more new infections,” your Council has strongly recommended a number of steps to deal with the role of injection drug use in the spread of HIV, including lifting the ban on federal funding for needle exchange programs. Five months ago, senior officials of the Department of Health and Human Services gave public assurance that the Administration intended to study the ban, with a view toward lifting current funding restrictions. However, a strategy for lifting the ban has not yet been developed. Little, if any, clear progress has been made on this crucial issue, notwithstanding the fact that tens of thousands of Americans become infected each year due to contaminated needles and that the science supporting the efficacy of needle-exchange programs is clear. Other potentially promising prevention strategies also remain mired by inaction on the part of Secretary Shalala and HHS.
- In the past, the Council was able to benefit from staff support at the Office of National AIDS Policy to shepherd Council recommendations through the federal bureaucracy. When announcing the appointment of your new Director of the Office of National AIDS Policy you pledged to provide that office with the resources necessary to accomplish your stated goals. The long-term, complex reality of HIV/AIDS will require the institutionalization of your Administration’s policies. Systemic change is crucial. In order to ensure such change, adequate attention must be given to translating White House policy decisions into departmental rules, regulations, and policy directives. Staff within the Executive Office of the President must be charged with initiating and monitoring on a constant basis that effort. Based on our recent experiences, current staffing of the ONAP office is insufficient to accomplish your goal. Additional resource commitments and authority must be provided.
- The Council commends your declaration on May 18, 1997 of the goal to develop an effective AIDS vaccine within a decade. This bold step inspired many around the world. To achieve this goal, additional issues must be addressed: all relevant agencies within the federal government must be substantively involved in the AIDS vaccine effort; mechanisms of collaboration and cooperation should be implemented among these federal agencies; the U.S. Government must establish means to communicate, aid, and collaborate with international efforts for vaccine research, development and utilization; the government should facilitate public-private discussions to encourage cooperation and partnerships among government and industry; and specific sources of new funding for AIDS vaccine development must be identified.

The Honorable William Jefferson Clinton
July 26, 1997
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Action on these items is needed immediately not only to continue our long national fight against the disease but to reassure the AIDS community that your Administration still sees HIV/AIDS as the important priority you so clearly made it during your first term. We would like the opportunity to meet soon with you and any appropriate Administration officials to best determine how to advance our common agenda.

Sincerely,

R. Scott Hitt, M.D.
Chair, on behalf of the members of
the Presidential Advisory Council
on HIV/AIDS

Presidential Advisory Council on HIV/AIDS

Stephen N. Abel, D.D.S.
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Ms. Mary Boland
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