2006-0003-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the Presidential Materials Staff.

Record Group/Collection: Al Gore Vice Presidential Records				
Collection/Office of Origin: Chief of Staff				
Series:				
Subseries:				
OA/ID Number: 96.5				
Folder ID Number:				
Folder Title: South Africa / AIDS				
WHORM Category/Subcategory:		**WHORM Case Number:**		
Row:	**Section:**	**Shelf:**	**Position:**	**Stack:**

SR/AIDS

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Ron Klain
FROM: Sandy Thurman
COMPANY:
DATE: July 14, 1999
FAX NUMBER: 66212
TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:
RE:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

This is the list of people who came to the World AIDS Day event (Dec. 1) that launched the Africa initiative —

I thought that it might make you feel better — lots of diversity —

thanks! Sandy

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

~~CONFIDENTIAL~~

AIDS Event

File As	Company
Ainsworth, Martha	World Bank
Alleyne, George	Pan American Health Organization
Anderson, Terje	National Association of People With AIDS
Aragon, Regina	San Francisco AIDS Foundation
Auerbach, Judy	Office of AIDS Research - NIH
Averett, Sam	AIDS Vaccine Advocacy Coalition
Baker, Cornelius	National Association of People With AIDS
Bassan, Betsy	Save the Children - DC Office
Bellemy, Carol	UNICEF
Berkeley, Seth	Rockefeller Foundation, The
Billings, Judith	Targeted Alliances
Bonenberg, Paul	Global AIDS Action Network
Brown, Catherine	Children Affected by AIDS Foundation
Casey, Donald	Francois-Xavier Bagnoud U.S. Foundation
Cassaza, Larry	World Vision
Chase, Bob	World Learning
Christina, Joe	Children Affected by AIDS Foundation
Clancy, Peter	AIDSMark
Cohen, Julia	Planned Parenthood
Cohen, Myron	Univ. of North Carolina School of Medicine
Coleman, Jackyie	National Minority AIDS Council
Colgan, Sarah	World Learning
Cramer, Jim	World Learning
Daulaire, Nils	Global Health Council
Dennis, Gary	National Medical Association
DiDonato, Paul	Funders Concerned About AIDS
Dralmin, Betsy	Family Center, The
Feachem, Richard	World Bank
Feldt, Gloria	Planned Parenthood Federation
Fisher, Andy	Horizons
Fleming, Patsy	
Fogel, Robert	Hilfman and Fogel
Frank, Richard	Populations Services International
Gayle, Helene	Office of HIV, STD & TB Prevention
Gayle, Jacob	World Bank
Gilad, Rebecca	Academy for Educational Development
Gonzalez, Rose	American Nurses Association
Goothridge, Gail	Family Health International
Gorham, Millicent	National Black Nurses' Association, Inc
Gupta, Geeta Rao	International Center for Research on Women
Harvey, David	AIDS Policy Center
Harvey, Phillip	DKT International
Hattoy, Robert	U.S. Dept. of the Interior
Hawkins, Patricia	Whitman-Walker Clinic
Henderson, Wade	Leadership Conference on Civil Rights
Hershfield, Bruce	Child Welfare League of America
Hicks, Rev. Sherman	AIDS National Interfaith Network
Hopkins, Ernest	San Francisco AIDS Foundation
Hunter, Susan	UNICEF
Isbell, Michael	
Iskowitz, Michael	
Jacobson, Jodi	Center for Health and Gender Equity
Johnson, Ronald	Gay Men's Health Crisis

~~CONFIDENTIAL~~

Determined to be an Administrative Marking Per E.O. 13526, SEC 3.4(B)

AIDS Event

File As	Company
Jones, Larry	Feed the Children
Kanberis, Harry	AFL-CIO
Kawata, Paul	National Minority AIDS Council
Khan, Omar	John Hopkins Ctr. of Communcations Programs...
Kilbourn, Seth	Human Rights Campaign
Lake, Ricki	BSMG Worldwide
Lamptey, Peter	Family Health International
Lancaster, Ronnie D.	Morehouse School of Medicine
Landau, Jeremy	
Levine, Carol	Orphan Project, The
MacInnis, Ron	Global Health Council
Maldonado, Miguelina	National Minority AIDS Council
Mann, Dorothy	Family Planning Council, The
Marson, Linda	Pediatric AIDS Foundation
McCormack, Charlie	Save the Children
Meyer, Betty	Christian Children's Fund
Miller, Carol	National Council for International Health
Moore, Clark	AIDS Policy Center
Morales, Jamie	
Murphy, Elaine	Program for Appropriate Tech. in Health
Nathanson, Neil	Office of AIDS Research - NIH
Negerie, Mekebeb	PVO/NGO Networks for Health
Norick, Pamela	International Center for Research on Women
Over, Mead	World Bank
Pedraza, Jairo	NYC Dept. of Health
Quintero, Martin Orn...	The National Latino/a Lesbian and Gay Organiz...
Robinson, H. Alexan...	Drug Policy Foundation
Rochester, Valerie	National Council of Negro Women
Ross, Susan Rae	CARE
Saelik, Nafio	UNFPA
Savino, Cathy	Displaced Children and Orphan Fund Project
Scofield, Julie	NASTAD
Shelton, Hillary	NAACP
Silver, Jane	AmFAR
Silver-Parker, Esther	National AIDS Fund
Slemmer, Amy	Mother's Voices
South, Ken	AIDS National Interfaith Network
Stanecki, Karen	U.S. Bureau of the Census
Steele, Karla	Plan International
Stevralla, Leah	Pediatric AIDS Foundation
Stiles, B. J.	National AIDS Fund
Stover, John	Futures Group International
Tarantola, Daniel	Harvard School of Public Health
Weniger, Bruce	Centers for Disease Control
Wertheimer, Wendy	Office of AIDS Research - NIH
Westmoreland, Tim	Georgetown Univ. Federal Legislative Clinic
Whitescarver, Jack	Office of AIDS Research/NIH
Williamson, John	Displace Children and Orphans Fund
Wittenberg, Richard	American Assoc. for World Health
Womack, Richard	AFL-CIO
Worthington, Sam	Plan International
Zewdie, Debrework	World Bank
Zingale, Daniel	AIDS Action Council

SA/RIDS

OFFICE OF CONGRESSWOMAN ELEANOR HOLMES NORTON
1424 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
PHONE: (202) 225-8050
FAX: (202) 225-3002

FACSIMILE TRANSMISSION

Date 7/13

No. of Pages _____
(Including Cover Sheet)

TO Ron Klain / T. Rosshirt.

ORGANIZATION _____

FAX NUMBER _____

FROM: **Donna L. Brazile**
Chief of Staff/Press Secretary

COMMENTS:

Ron — can you meet or call Congresswoman Donna Christian Green — or Cristensn re: AIDS. She's expecting your call —

Congress of the United States

Washington, DC 20515

FOR IMMEDIATE RELEASE
WEDNESDAY, JULY 14, 1999

CONTACT: FRANK E. WATKINS
202-225-0773

JOINT STATEMENT ON AGOA AND HOPE

By Congressmen Charles Rangel and Jesse L. Jackson, Jr.

Today we reaffirm our shared interest in equitable and sustainable development in Africa that enables the people of Africa to harness their human and material resources and push their lives forward in dignity, well-being and self-determination.

We maintain that this goal and a just trade policy between Africa and the United States to facilitate it are in the interests not only of Africa and African people, but also the United States and the world.

We recognize the urgency of legislative initiatives to aid in providing a framework and incentives for reciprocal trade, investment, technology transfer and job creation by United States corporations in Africa.

We realize the limitations of the current legislative initiatives and the need for ongoing cooperative efforts to improve and expand them with special attention to issues of debt relief, guaranteed aid, human resource development, the crisis of AIDS, workers rights, environmental protection and self-determination.

We respect our differences while constantly searching for common ground in the interests of collegiality and cooperation indispensable to our common work as congressmen and members of the Congressional Black Caucus.

We will engage our mutual roles as members of Congress and colleagues of the Congressional Black Caucus as a valuable and ongoing opportunity for mentoring, cooperative learning, and other exchanges of mutual respect, mutual support and mutual benefit.

And we recommit ourselves to continuing cooperation around critical local, national and international issues based on the principle of operational unity, a unity in diversity directed toward the common good.

The mutual respect we have for each other and our shared goals, however, should not mask some fundamental differences we have with regard to our approach to African development as reflected in the AGOA and HOPE legislation. These differences have been and will continue to be strongly debated in the public arena, with regard to House Rules and in the floor debate and vote that will take place this week in the House. All such debates and differences, however, will be conducted with dignity, discipline, mutual respect and within the bounds of decorum that is expected in all House debates.

-30-

BARBARA LEE
9TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING AND FINANCIAL SERVICES
INTERNATIONAL RELATIONS

REPLY TO
OFFICE CHECKED:
[ ] 414 CANNON H.O.B.
WASHINGTON, DC 20515
(202) 225-2661
[ ] 1301 CLAY STREET
SUITE 1000 N
OAKLAND, CA 94612
(510) 763-0370

WASHINGTON OFFICE
CARLOTTIA A. W. SCOTT
ADMINISTRATIVE ASSISTANT

DISTRICT OFFICE
SANDRÉ R. SWANSON
DISTRICT DIRECTOR
ROBERTA CHEFF BROOKS
ASSISTANT DISTRICT DIRECTOR

Congress of the United States
House of Representatives
Washington, D.C. 20515-0509

July 13, 1999

SR/AIDS

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

Dear Mr. President:

On June 16 of this year, the Congressional Black Caucus sent a letter to you strongly urging a $100 million increase in the global AIDS program for FY 2000. Several of us sent a letter to Director Jacob J. Lew expressing our grave concern for the devastating HIV/AIDS epidemic in Africa.

It is our understanding that this increase for the global AIDS program is strongly being considered. We are very pleased and supportive of this initiative, and would like to thank you for the attention being given to this issue. As we are all sadly aware, the magnitude of the HIV/AIDS disaster has created a state of emergency for many African communities, and worldwide, and our response, as a nation, has been sorely inadequate.

It is also our understanding that the $100 million increase in funding may come at the expense of existing development assistance accounts including health, education, and sustainable agriculture. We respectfully recommend that new monies be made available for the increase in funding for the global AIDS program this year, and as a comprehensive ongoing commitment. It is our strong belief that the gravity of the HIV/AIDS epidemic commands our attention and funding at this level, and that it is possible within our national budget to meet this funding need. In the recently passed emergency supplemental appropriations bill, for example, Congress approved $12 billion to fund defense and international/refugee relief in Kosovo. It is our belief that our attention to the HIV/AIDS epidemic, which is obliterating entire generations, is as dire as funding for Yugoslavia.

We thank you for your consideration and support of this issue. As we have expressed to you in the past, it is our belief that funding to combat the HIV/AIDS epidemic is vital to the collective health of our nation and the world. We look forward to working with you to end the suffering and devastation wreaked by this epidemic.

Sincerely,

Barbara Lee
Member of Congress

Sheila Jackson Lee
Member of Congress

Donna Christian-Christensen
Member of Congress

Carolyn Cheeks Kilpatrick
Member of Congress

Juanita Millender-McDonald
Member of Congress

Cc: The Honorable Albert Gore, Vice President
The Honorable Jacob J. Lew, Director, Office of Management and Budget
The Honorable John Podesta, Chief of Staff, Office of the President
Ms. Sandra L. Thurman, Director, Office of National AIDS Policy

June 23, 1999

MEMORANDUM

TO: TONY COELHO
MARLA ROMASH
DONNA BRAZILE
JEFF TRAMELL
PHILIP DUFOUR
MOE VELA
KAREN TRAMONTANO

FROM: RON KLAIN

SUBJECT: HUMAN RIGHTS CAMPAIGN LETTER

1. Please advise on a response.

2. Marla should coordinate.

3. Please send all comments to Marla.

HUMAN
RIGHTS
CAMPAIGN

June 22, 1999

The Honorable Albert Gore, Jr.
Vice President of the United States
Old Executive Office Building
Washington, DC 20501

Dear Mr. Vice President,

Your record and the record of the Clinton administration on AIDS issues is certainly a strong one and we appreciate the priority you attach to addressing the growing needs of people living with HIV and AIDS. Your leadership on issues like Medicaid expansion and increased funding for federal HIV and AIDS programs clearly demonstrate your commitment to fighting and ending this epidemic.

I write to you today because we have some concerns regarding both U.S. domestic and international AIDS policy, which we would very much like to discuss with you and your staff. We were very disappointed, as you know, with the administration's decision last year to certify the efficacy of needle exchange while, at the same time, continue the prohibition on the use of federal funds for these life saving programs. That decision was, in our view, contradictory and has not resulted in any less congressional interference in the issue. Congress prohibited the use of even local and private funding for needle exchange in the District of Columbia last year, and several new bills threaten to similarly restrict programs in other cities around the country. To be clear, more people will become HIV infected and die as a result of those congressional actions and a unified, clearly articulated Administration position will be essential to reverse and/or stop them.

Unfortunately, the focus on needle exchange over the last two or more years has taken vital attention and energy away from a broader discussion of HIV prevention and, to some extent, HIV care and treatment. Over 40,000 people in this country become infected with HIV each year, and no evidence suggests that this number is declining. Despite that alarming statistic, the United States does not have a comprehensive and well-funded plan to reduce or eliminate new HIV infections. The steady rate of new HIV infections combined with the dramatic reduction in AIDS deaths clearly means that the number of Americans *living* with HIV is rising rapidly. A comprehensive plan to address the health care needs of that population, increasingly made up of people of color, women, and other groups with historic difficulty accessing health care, is essential. The Ryan White CARE Act, still a vital part of any plan, cannot and was not designed to meet that level of demand. Despite your call to action, Medicaid expansion is not yet a reality.

Regarding international AIDS policy and funding, HRC supports H.R. 772, the Hope for Africa Act, sponsored by Rep. Jesse Jackson, Jr. An estimated 47 million people around the world are living with HIV and one quarter of all children have been orphaned by AIDS in many sub-Saharan African countries. The United States has a moral obligation to assist foreign countries and generously support international efforts to reduce and end such devastation.

As you well know, HIV and AIDS have overwhelmed entire cities and countries around the world to the point that economic development has ceased. To ignore the connection between economic development and health is counter-productive and we very much support the essential linkage between these two issues in Rep. Jackson's bill. H.R. 772 appropriately sets forth an inclusive approach to addressing the HIV pandemic in Africa by including provisions on debt relief, health care infrastructure development, and adherence to international agreements on intellectual property. Those key components will help ensure not only the wider availability of AIDS drugs, but also the basic health services necessary to successfully administer them.

HRC is also in strong support of increasing the U.S. investment in global HIV and AIDS prevention and care efforts, such as those funded through the U.S. Agency for International Development. In addition to the policies included in H.R. 772, this basic funding must also be part of an overall strategy to address the global AIDS crisis. A copy of letters recently sent to President Clinton from the National Organizations Responding to AIDS (NORA) coalition and Mothers' Voices are attached. HRC is a member of the NORA executive committee and has signed on to the Mothers' voices letter. These and our own letter of support for H.R. 772 (also attached) fully explain our position on these issues.

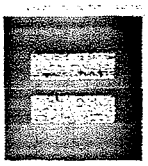
It is our view that HIV and AIDS prevention and treatment strategies, whether in South Africa, rural Nebraska, or urban America, must include targeted and sustained prevention messages, knowledge of HIV status, the provision of basic health care and supportive services, and of course, AIDS-specific drug treatments. We acknowledge and appreciate the work that you, President Clinton, Secretary Shalala, Sandra Thurman and many others in the Administration have done to address those issues. No other Administration has done as much. However, a great deal more needs to be undertaken as the epidemic changes, and in many ways worsens both here in the United States and around the world.

Your relationship with South African President Mbeke, your leadership position within Administration, and of course your role as a presidential candidate, combine to make your position and plans to address these issues essential to developing sound and comprehensive policy. We would welcome the opportunity to discuss these issues with you in greater detail and will follow up with your staff to set up a meeting. In the meantime, please do not hesitate to call at (202) 216 – 1526 if you have any questions or we can be of assistance. Thank you very much.

Sincerely,

Elizabeth Birch
Executive Director

cc: President Clinton
Secretary Shalala
The Honorable Richard Gephardt
The Honorable James Clyburn
The Honorable Lucille Roybal-Allard
The Honorable Jesse Jackson, Jr.
The Honorable Nancy Pelosi
The Honorable Maxine Waters
Kevin Thurm
Bruce Reed
Sandra Thurman
Eric Goosby
Richard Socarides
Ron Klain
Monica Dixon



HUMAN
RIGHTS
CAMPAIGN

June 22, 1999

The Honorable Jesse Jackson, Jr.
United States House of Representatives
Washington, DC 20510

Dear Representative Jackson,

We are writing to express the strong support of the Human Rights Campaign (HRC) for H.R. 772, the Hope for Africa Act. At a time when 47 million people around the world are living with HIV and when one quarter of all children have been orphaned by AIDS in many sub-Saharan African countries, we applaud your leadership on this very important issue. As you well know, HIV and AIDS have devastated entire cities and countries around the world to the point that economic development has ceased. To ignore the connection between economic development and health is counter-productive and we very much support the essential linkage between these two issues in your bill.

Like you, it is our view that HIV and AIDS treatment strategies, whether in South Africa, rural Nebraska, or Chicago, must include the provision of basic health care and supportive services in addition to AIDS-specific drug treatments. H.R. 772 appropriately sets forth such an inclusive approach to addressing the HIV pandemic in Africa by including provisions on debt relief, health care infrastructure development, and adherence to international agreements on intellectual property. Those key components will help ensure not only the wider availability of AIDS drugs, but also the basic health services necessary to successfully administer them.

HRC is also in strong support of increasing the U.S. investment in global HIV and AIDS prevention and care efforts, such as those funded through the U.S. Agency for International Development. In addition to the policies included in your bill, this basic funding must also be part of an overall strategy to address the global AIDS crisis. A copy of letters recently sent to President Clinton from the National Organizations Responding to AIDS (NORA) coalition and Mothers' Voices are attached. HRC is a member of the NORA executive committee and has signed on to the Mothers' Voices letter. These letters fully explain our position on the funding issue.

Please do not hesitate to call at (202) 216 – 1526 if you have any questions. We would certainly welcome the opportunity to meet with you to further discuss the Hope for Africa Act and other HIV- and AIDS-related issues. We appreciate your leadership on these issues and look forward to working closely with you and your staff in the months ahead.

Sincerely,

Winnie Stachelberg
Political Director

Seth Kilbourn
Deputy Director for Health and Family Policy

NORA
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

May 24, 1999

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Mr. President:

On behalf of the members of the National Organizations Responding to AIDS (NORA) coalition, we are writing to urge you to take bold action to increase America's response to the global spread of HIV. We do so upon learning that the breadth of this problem has recently been brought to your personal attention as a result of your national AIDS policy director's fact-finding trip to southern Africa.

NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy and funding levels.

It is our hope that you will act immediately in light of the significant global worsening of this pandemic since you took office.

--Since 1993, the number of people infected with HIV worldwide has grown 300% -- from 14,000,000 to over 47,000,000. HIV now kills more people annually than any other infectious disease in the world.

--Since 1993, Africa has been devastated by the spread of HIV. In the Republic of South Africa, for example, 4% of pregnant women were infected in 1993. Now nearly 20% of pregnant women are infected with HIV nationwide, and in some provinces the figure rises above 35%. In rural areas of East Africa, 40% of children under the age of 15 have been orphaned by HIV.

-- Since 1993, Asia has undergone a devastating spread of HIV, with whole nations that previously had little virus now reporting millions of cases. For example, India (which had virtually no cases in 1993) now has between 5 to 10 million infected people, and in some states we are seeing that 2% of pregnant women infected.

-- The number of HIV infections in Eastern Europe has increased nine-fold in just three years, growing from less than 30,000 HIV infections in 1995 to an estimated 270,000 infections by December 1998.

In short, Mr. President, since 1993, we have witnessed the greatest development disaster in modern history: the explosive growth of HIV around the world and the death of tens of millions of people from this disease.

NORA
A coalition convened by
AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

This emergency demands an aggressive response not only for humanitarian reasons, but also to protect our nation's goals for global economic growth and political stability. In 1995 alone, experts estimated that the global economy had already lost 500 billion dollars due to HIV. The onslaught is having a serious effect on the long-term economic viability of many countries, decimating a limited pool of skilled workers and devastating health systems.

We are deeply concerned that the administration has essentially straightlined funding for global AIDS programs in your budget proposal to Congress. In a time when HIV/AIDS is ravaging the world, eliminating entire communities, severely undermining economies and destabilizing militaries, the administration's FY 2000 budget request included no increase for USAID health programs, and chose not to continue the $10 million emergency program for AIDS-affected children.

Mr. President, don't let this be your legacy on the global AIDS pandemic. We appeal to you to take bold action to strengthen our nation's response to AIDS. Specifically we urge you to:

--Increase funding for international AIDS and other health programs. We urge that you seek major increases for global AIDS programs immediately. These funds should be new money, not diverted from other development programs and they should be targeted to reach community groups in nations most at risk. It does no good to rob Peter to pay Paul.

--Direct the Agency for International Development, the Department of State, the Department of Health and Human Services, and the Department of Defense to immediately prioritize AIDS and related health programs, and to identify new and bold actions they will undertake jointly to expand their program activity. Lack of funding makes it very difficult for agencies to prioritize areas that are of great importance to the epidemic at this time, such as effective preventive strategies, vaccine development, and care for those affected.

--Launch a major White House initiative on global AIDS by convening a high level international meeting on the pandemic. This could take the form of an "AIDS Summit," as was held in 1994 in Paris, an AIDS- specific meeting of the G-8, or other high visibility event. The purpose would be to inform other nations that the US is committed to addressing HIV as a top global security issue.

Mr. President, time is short. Within the next decade, the cumulative number of HIV infections is projected to exceed 100 million by 2007. AIDS orphans are projected to exceed 40 million children by the year 2010.

We greatly appreciate your past role as we know you have been a great champion on domestic AIDS funding. We challenge you to champion global AIDS funding as well. There is still time to alter the horrific projections of the spread of HIV in the next century. We implore you to act now and to act boldly.

Sincerely,

Terje Anderson
Co-Chair

Rose Gonzalez
Co-Chair

MOTHERS' VOICES
United to end AIDS

June 7, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President,

We are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat-funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, this is shameful.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. The undersigned organizations urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least $100 million would do just that. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

165 West 46th Street
Suite 701
New York, NY 10036

telephone
212.730.2777
facsimile
212.730.4378
Internet
http://www.mvoices.org

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated $500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected -- one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of $100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Mothers' Voices and

AIDS Action Council
AIDS Legal Referral Panel
AIDS National Interfaith Network
ADIS Nutrition Services Alliance
AIDS Policy Center for Children, Youth and Families
Advocates for Youth
Americans for Democratic Action
American Association for World Health
Asian Pacific Health Care Venture
Center for Health and Gender Equity
Committee of Ten Thousand
D.C. CARE (Comprehensive AIDS Resource and Education) Consortium
Foundation for International Community Assistance (FINCA)
Friendship Bridge
Global AIDS Action Network
Human Rights Campaign
Mobilization Against AIDS
International AIDS Vaccine Initiative

AIDS

THE WHITE HOUSE
WASHINGTON

Ra - is
Update - Don't
we need to do
anything more.
He asked -
MM

MEMORANDUM TO PHIL DUFOUR

From: Sandy Thurman

Date: June 18, 1999

Re: Talking Points

The Vice President has absolutely no objection to compulsory licensing of pharmaceuticals in South Africa so long as it is consistent with TRIPS (Trade Related Aspects of Intellectual Property, from the World Trade Organization). We must work toward assuring access to affordable high quality drugs to all who need them.

In 1997, South Africa's General Assembly passed legislation granting broad powers to the Health Minister with respect to pharmaceutical patents. This raised serious concerns regarding whether this new law was consistent with existing World Trade Organization regulations. As a consequence, more than 40 companies from around the world filed suit against the South African government. Unfortunately, the pending law suit slowed negotiations between the United States and South Africa intended to resolve the issue. However, this in no way undermines our position on compulsory licensing or our commitment to working with the South Africans to help provide the most affordable medicines possible.

Access to affordable drugs is just one of many challenges in providing care to people with HIV in Africa. While compulsory licensing is an important issue, it must be considered it in the broader context of the development and support of a health care continuum that includes both prevention, social services and treatment. This is the focus of our Administration's work on the global battle against AIDS -- particularly in Africa.

More than any Administration in the past, our Administration has worked diligently to build a new partnership with Africa. A vital part of this new partnership is helping to respond to this serious and growing pandemic.

Through the White House AIDS Office, we have lead several recent fact finding missions to sub-Saharan Africa and are now in the process of finalizing an AIDS Initiative for Africa.

This Administration has been a leader in the battle against AIDS and we will continue to be.

AIDS in Africa is a Serious Crisis

But Opportunities Exist for Helping to Save Millions of Lives

AIDS IN SUB-SAHARAN AFRICA IS SHATTERING FAMILIES AND COMMUNITIES.

- In many countries in southern Africa, between 16% (South Africa) and 26% (Zimbabwe) of the adult population (15 to 49) is already HIV+.
- UNAIDS has declared HIV/AIDS in Africa "the worst infectious disease catastrophe since the bubonic plague." In sub-Saharan Africa, each and every day more than 11,000 additional people become HIV+. In South Africa alone, at least 1,500 people a day become HIV+, 1,000 of whom are under the age of 20.
- 83% of all AIDS deaths to date, nearly 12 million people, have been in sub-Saharan Africa.
- There are over 5,500 AIDS related funerals a day in Africa. That number will rise to 13,000 a day by 2005.
- By 2010, more than 40 million children worldwide will be orphaned by AIDS; 95% in sub-Saharan Africa.

AIDS IS WIPING OUT DECADES OF PROGRESS ON A HOST OF DEVELOPMENT OBJECTIVES IN SUB-SAHARAN AFRICA.

- According to US Census Bureau, AIDS has already reduced life expectancy Zimbabwe from 65 to 39 years, in Uganda from 54 to 43 years, and in Zambia from 56 to 37years. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 to 40 years.
- In the coming decade, AIDS will double infant mortality (infants under the age of 1) in many sub-Saharan Africa countries and triple child mortality (children ages 1 to 5).

AIDS IS NOT ONLY CAUSING UNFATHOMABLE HUMAN SUFFERING IT IS JEOPARDIZING THE ECONOMIES, THE 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. Another analysis predicts that 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.
- A report released by the World Bank last week states: "The question is, will this pandemic destroy the developing nations' hard earned economic gains or will governments get their act together in time? Clearly time is running out."
- AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to one study in Kigali, Rwanda, 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. 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 already HIV positive. US military officials have raised this as a serious stability concern.
- A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs for survival. This not only effects social stability but also dramatically increases their risk of HIV.

DETERMINED LEADERSHIP AND PARTNERSHIPS HAVE MADE, AND ARE CONTINUING TO MAKE, AN EXTRAORDINARY DIFFERENCE, SAVING MILLIONS OF LIVES.

- Uganda has been the world leader in demonstrating that even a country with limited resources and low levels of literacy could turn the tide on a burgeoning epidemic. President Museveni demonstrated bold leadership early on, making every government ministry take the problem seriously, and develop and implement its own plan for reducing stigma and transmission, and caring for those who become sick.
- Uganda has created an enabling environment for donors, such as the US, to be active partners in the battle against AIDS. The US has invested $46 million in HIV prevention and care in Uganda (26% of all donor AIDS funding), and as a result, HIV rates have been slashed by more than half. Through stigma reduction, education, HIV counseling and testing, treatment of STDs, and community based HIV care and support, Uganda has begun to turn the tide.
- Countries such as Zambia, Malawi, Uganda, and Kenya have begun to develop initiatives to respond to the growing number of children orphaned by AIDS. In the longstanding African tradition, communities are finding creative ways to support the village in its efforts to raise its children, but the growing number of orphaned children already overwhelms many of these villages.
- Through micro-finance programs like FINCA (Foundation for International Community Assistance), women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. With support of non-governmental organizations, communities are coming together to deal with school fees, nutritional assistance, immunization and oral hydration, counseling, and the range of other needs that arise for orphaned children. These efforts are low cost strategies designed to empower women, protect children, and support extended families and communities in carrying for their own. For a small fraction of the cost of one orphanage bed an entire community of vulnerable children can receive care. The problem is that only a very small number of children receive even this modest level of support.

JOHN B. JUDIS

K Street Gore

One important way to judge what a presidential candidate might do if elected is to look at his record while in office—his publicly announced positions and his skill in commanding loyalty, wielding authority, and winning public support. But it is also important to look at the networks of campaign contributors, lobbyists, political organizations, and policy groups that have surrounded him over the years and that might have some claim on his loyalty. Does anyone imagine, for instance, that if Texas Governor George W. Bush were elected president, he would ignore Ken Duberstein and the Duberstein Group, Frank Carlucci, James Baker, and Richard Darman of the Carlyle Group, Dick Cheney of Haliburton Oil, retired General Colin Powell, and the other former Bush administration officials turned lobbyists, CEOs, and investment bankers?

Why is the Vice President favoring the pharmaceutical lobby over South African AIDS patients?

What about Vice President Al Gore, the Democratic front-runner for 2000? Gore has many of the same connections that Bill Clinton did—to the Democratic Leadership Council, Goldman Sachs and Democratic Wall Street, trial lawyers, and Hollywood—but he has also established close ties on his own to high-tech industry, particularly telecommunications, computer equipment, pharmaceuticals, and biotech firms. These ties, of course, reflect Gore's own concerns, but they could also shape his priorities as president and determine how he would approach conflicts that arise between these firms and the general public over prices, access, trade policy, and antitrust enforcement.

There has also been at least one instance during Gore's vice presidency when he seems to have been unduly swayed by his ties to high-tech industry. It's a fairly obscure case that involved trade policy toward the export of AIDS drugs to South Africa and raised pressing questions about how to weigh narrow economic priorities against broader humanitarian concerns. Gore himself was at the center of administration policy on this issue. Together with his extensive fundraising and lobbying connections, it provides a warning signal of the unwarranted influence that these kinds of firms might have over his presidency.

Gore is closely linked to high-tech industry through his aides and former aides. The most important group includes Gregory Simon, his chief domestic policy advisor from 1993 to 1997, Jack Quinn, his chief of staff and counsel from 1995 to 1996, Peter Knight, his administrative assistant from 1977 to 1986, and Roy Neel, a top aide from 1977 to 1992 and his chief of staff in 1993. All are expected to work on his campaign, and all are lobbyists for telecommunications and computer firms. Simon is now the head of Simon Strategies, which represents Cisco Systems, the Cellular Telecommunications Industry Association, and other telecommunications firms. (Former Gore aides Chris Ulrich and Jennifer Rainville also work at the firm.) Quinn, a partner at Arnold & Porter, lobbies for Bell Atlantic. Knight, a partner at Wunder, Knight, Levin, Thelen & Forscey, also lobbies for Bell Atlantic. Neel is president and CEO of the United States Telephone Association. Currently, Gore's two main domestic policy advisors in the Office of the Vice President come from the same high-tech network. David Beier was the chief Washington lobbyist for Genentech, which was also a major contributor to Gore's PAC, and Morley Winograd was a vice president of AT&T.

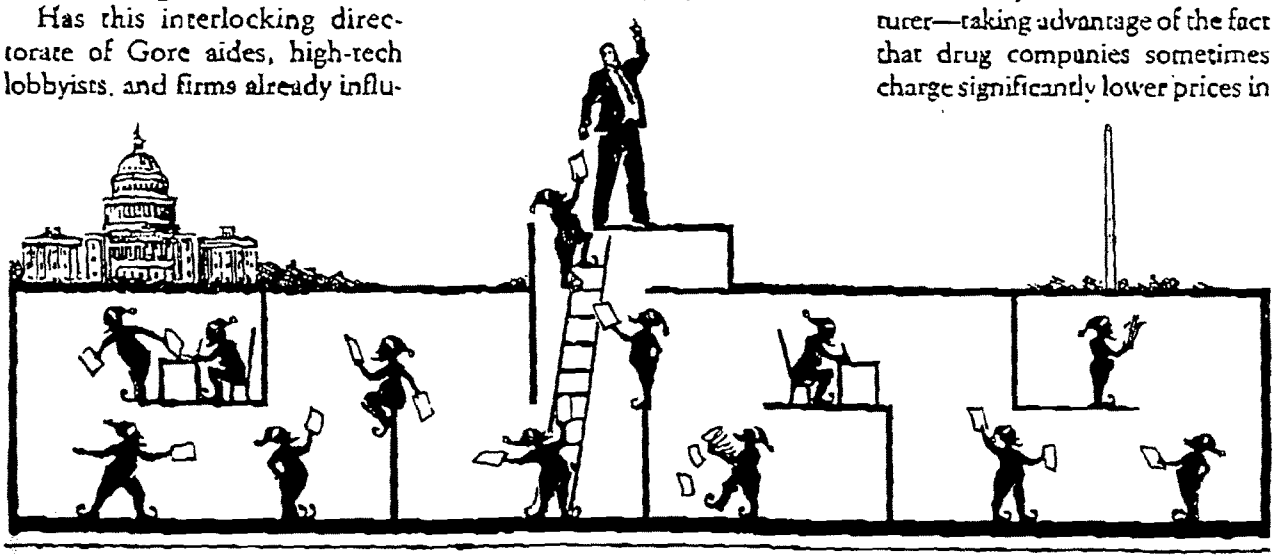
Gore was heavily involved in raising money among high-tech industries for the Clinton-Gore re-election effort in 1996, and many of the same firms have begun con-

tributing to his presidential drive. After the 1996 election, Gore established a political action committee, Leadership '98, that he used to curry favor among Democratic congressional candidates in the 1998 election. For the presidential candidate, contributions to his leadership PAC are the true mark of devotion. Looking at Federal Election Commission records provided by the Center for Responsive Politics, I counted $482,050 in contributions from non-Hollywood communications and electronics firms and from biotech and pharmaceutical companies. I estimated an additional $250,000 in contributions, because many of the law firms, lobbying organizations, and investment banks that gave money were closely tied to high-tech firms. That's 18.5 percent of Gore's total contributions—it dwarfs contributions from every other category except securities firms. By contrast, for instance, Gore received only $18,500 from officials of energy and natural resource firms, $5,000 from defense contractors, $5,500 from labor unions, and $5,000 from environmental organizations.

Has this interlocking directorate of Gore aides, high-tech lobbyists, and firms already influenced Gore's judgment as vice president? Gore has certainly taken their side in policy battles. He was the chief administration backer of the 1996 Telecommunications Act, which like many deregulatory measures has encouraged consolidation rather than competition, and is now contributing to sharply higher prices in cable and some phone service. Gore has championed White House aide Ira Magaziner's efforts to deny government a formal role in protecting consumer privacy on the Internet. (Gore's aide Beier has now replaced Magaziner as the administration's internet policy chief and is pursuing the same laissez-faire approach.) But Gore's stand on these policy issues may have reflected his own sincerely held opinions.

That might not have been the case, however, in Gore's intervention on behalf of American drug companies exporting to South Africa. South Africa is suffering from the fastest-growing epidemic of AIDS in the world. According to a 1997 survey by the South African Department of Health, 16 percent of all women who attend prenatal clinics are infected with HIV. There are now 50,000 new cases of HIV infection a month, and a total of 3.2 million are estimated to be infected, in a country of 40 million. Many of the victims are poor blacks who cannot afford extraordinarily expensive AIDS drugs such as AZT, ddI, ddC, and Taxol. In response, the South African government passed a law in 1997, the Medicines and Related Substances Act, allowing compulsory licensing and parallel importing of vital drugs like these.

Compulsory licensing would permit the South African government to arrange for the production of vitally needed drugs that its citizens cannot currently obtain at affordable prices. The government would sell these generic drugs within South Africa and would pay the patent owner a fixed royalty on each sale. Compulsory licensing can cut the cost of these drugs by 75 to 90 percent. Parallel importing consists of purchasing the brand-name drugs from a third party in another country rather than directly from the manufacturer—taking advantage of the fact that drug companies sometimes charge significantly lower prices in



one country than in another. For instance, in Britain, where parallel importing is common, the list price for Glaxo's Retrovir is £125, but consumers can purchase the same brand-name drug imported from other European countries for as low as £54.

The South Africans have not yet engaged in compulsory licensing or parallel importing, but American pharmaceutical companies have tried to cut them off at the pass. The key industry lobby is the Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA has charged that South Africa is violating the WTO rules on intellectual property and has called for the U.S. government to enact trade sanctions against South Africa until it repeals its law. One PhRMA spokesman accused the South African Ministry of Health of attempting to "steal" drug company patents.

The rules of world trade allow humanitarian waivers for public health emergencies. But the drug industry—backed by the Clinton administration—is playing hardball.

In fact, PhRMA and other drug company lobbyists have grossly misrepresented what is permitted under the WTO's rules. The WTO's trade agreement on intellectual property, known as TRIPS, specifically allows countries to engage in compulsory licensing. Article 31 states that compulsory licensing is:

> permitted if, prior to such use, the proposed user has made efforts to obtain authorization from the right holder on reasonable commercial terms and conditions and that such efforts have not been successful within a reasonable period of time. This requirement may be waived by a Member in case of national emergency or other circumstances of extreme urgency or in cases of public non-commercial use.

The U.S. itself has invoked compulsory licensing on antipollution devices used to comply with the Clean Air Act. South Africa's AIDS epidemic would certainly qualify as a public health emergency, but South Africa has not attempted to waive negotiations. PhRMA is objecting to the very idea that South Africa would permit compulsory licensing. In short, South Africa has done nothing illegal under WTO.

Moreover, parallel importing, which would be the more likely course for the South African Ministry of Health to follow initially, is not covered at all under the WTO, as a State Department report acknowledged last February. It's completely legal under the WTO and is, in fact, perfectly consistent with principles of free trade that the drug company lobbyists claim to uphold. What the companies really want is to partition the world market into exclusive national markets so that they can wring the highest price out of each, irrespective of the other. The U.S. has often taken other countries like Japan to task for exactly this practice.

PhRMA, of course, is acting like a lobby—pressing the interests of its clients even when their case is weak and morally repugnant—but what is astonishing is that the Clinton administration has thrown its full weight behind their complaint. Last year, citing the 1997 law permitting compulsory licensing and parallel importing, the U.S. Trade Representative's Office put South Africa on its "watch" list as a free-trade violator and whacked tariffs on some South African imports. The administration has brought continual pressure to bear on South Africa through the American Embassy, the State Department, the U.S. Trade Representative's Office, the Department of Commerce, and, perhaps most important of all, the Office of the Vice President.

Gore is the administration's point man in U.S.–South Africa trade. He is co-chairman with South African Deputy President Thabo Mbeki of the U.S.–South African Binational Commission, which oversees economic diplomacy between the two countries. Gore is also closely linked to PhRMA and its lobbyists. Member companies contributed significantly to Gore's PAC. One of PhRMA's key lobbyists is Anthony Podesta, the brother of Clinton

Chief of Staff John Podesta, a friend and advisor of Gore. Anthony Podesta also worked for Gore's David Beier when Beier was Genetech's lobbyist, and is the landlord of Simon Strategies, which shares office space and some projects with Podesta's firm. And Gore has fully backed PhRMA's complaint against South Africa.

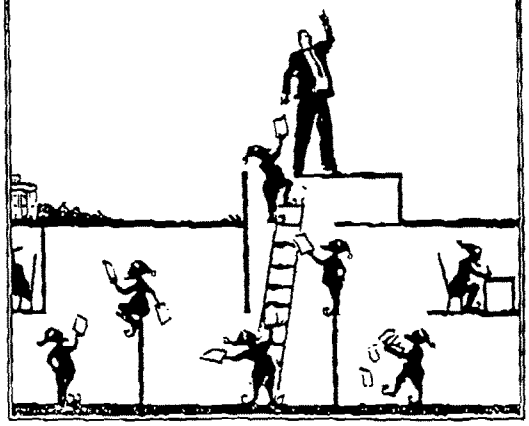
Even while publicly acknowledging South Africa's AIDS crisis, the Vice President has badgered Mbeki repeatedly about his country's alleged offenses against American drug companies. A State Department report last February described Gore's effort as part of an "assiduous, concerted campaign to persuade the Government of South Africa." It added that Gore "made the issue of intellectual property rights protection, and pharmaceutical patents in particular, a central focus of his discussions with Deputy President Mbeki."

There has been very little protest of the administration's role because very few people know about it. In Washington, James Love, the director of Ralph Nader's Consumer Project on Technology, has taken up the issue along with two international groups, Health Action International and Medecin Sans Frontieres, but Gore has not responded to several letters that Love and Nader have sent. When I asked Gore's office for a response to these letters, a press representative faxed me a statement that Gore was "working to help AIDS patients by making sure drug companies maintain profit levels to develop new AIDS medications." Perhaps Gore was helping some AIDS patients, but clearly not those in South Africa.

Gore's response certainly reflects the administration's general approach to trade issues. The Clinton administration has regularly put the export and investment concerns of American businesses above human rights and even security considerations. But in most of these cases, it could claim that it was acting in the national interest. In rejecting trade sanctions against China for its human rights or security violations, for instance, the administration has credibly argued that to deny most-favored-nation trading status to China would not only imperil American businesses, but also threaten the stability of Asia. But Gore and the administration would be hard put to advance similar justifications for denying AIDS drugs to South Africa. Allowing South Africa to negotiate compulsory licensing or to undertake parallel importing would pose very little threat to American companies and none at all to world capitalism. South Africa is a miniscule part of the world market—according to Health Action International, the entire developing world consumes 14 percent of the world's drug supply.

Nader and Love believe that Gore's willingness to go along with PhRMA suggests that on specific industry issues Gore will not be willing to offend K Street. Says Love, "To me, Gore has never in his life bucked corporate interest. He hasn't shown any character by bucking big money. It makes you worried he never will." This judgment may be a little extreme, given Gore's outspoken support for energy taxes and for the Global Warming Treaty. But Gore's willingness to do PhRMA's bidding in this case may indicate that on the issues that impinge upon his high-tech network of supporters, he is willing to do the wrong thing to keep them happy—and keep them in his corner. It's not necessarily a reason to oppose Gore's presidential candidacy—he has much to recommend him—but it is a reason to be wary of him and his equally well-connected opponents as we proceed into the first presidential election of the new century. ■

The Clinton administration has put the export concerns of American businesses above human rights and even security considerations.



PUBLIC EYE

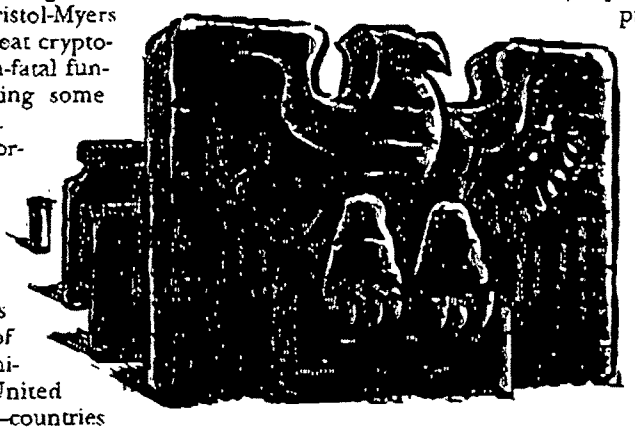
License to Kill

Gore guns for Third World countries trying to make cheap AIDS drugs

BY DOUG IRELAND

While Bill Clinton and Al Gore spend billions to blast the Serbs into submission, ostensibly to save lives, their international AIDS policy is politically smart-bombing Third World countries to save profits, not people with HIV. The administration, in cahoots with the pharmaceutical industry, is using economic and political blackmail to stop developing countries from making inexpensive copies of patented AIDS drugs.

Take Thailand, with nearly a million infected with HIV. The United States has been applying immense pressure to block Thai companies from producing generic versions of ddI, a nucleoside analog created by our government's own researchers and marketed worldwide exclusively by Bristol-Myers Squibb. Also targeted are Thai generic versions of Bristol-Myers and Pfizer drugs used to treat cryptococcal meningitis, an often-fatal fungal brain infection affecting some 200,000 HIV positive Thais.



At issue is an obscure portion of international trade law known as compulsory licensing, designed to expand access to patented or copyrighted products considered essential goods and services. Under rules of the World Trade Organization—of which the United States is a charter member—countries with a public health crisis can use compulsory licensing to manufacture drugs more cheaply, as long as they reasonably compensate the patent holders.

Yet the Clinton-Gore administration is adamantly opposed to compulsory licensing by other countries, even

The VP is defending drug company monopolies.

though U.S. law permits it. Gore—currently raising money for his presidential campaign—has been the administration's point man in defending these companies' monopolies. This may come as news to the gay fatcats whom Gore is courting so assiduously, but it doesn't come out of the blue: Gore's chief domestic policy advisor, David Beier, was the main lobbyist for Genentech, a biotech behemoth. Co-chair of the U.S.-South Africa Binational Commission, Gore is pummeling South Africa—which has the world's fastest-growing infection rate—to abrogate its recent law allowing compulsory licensing of pharmaceuticals. As the Watergate saying goes, "Follow the money."

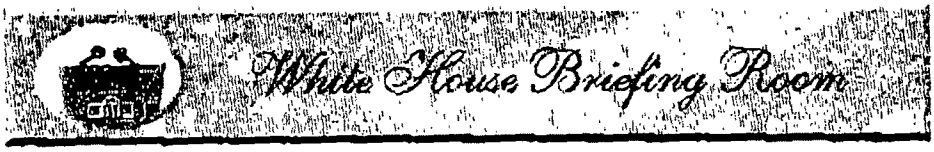
Most drugs, including antiretrovirals, are relatively inexpensive to produce. As David Scondras, an activist campaigning for lower drug pricing, wrote recently in *AIDS Treatment News*: "For example, AZT in bulk can be purchased for 42 cents for 300 mg from the worldwide suppliers; this price reflects profits not only to the manufacturer but also to the middleman bulk buyer. The same drug retails at my local pharmacy for $5.82 per pill. This ridiculous price bears no real relation to the cost of production."

The primary reason the pharmaceutical giants are fighting so hard against compulsory licensing of AIDS drugs abroad is not because of the potential to lose profits *there*—Third World people and governments can't afford to pay U.S. prices anyway. Instead, they fear that if other countries make those drugs available to their PWAs at a tiny fraction of the retail cost, it would set off a major price-gouging scandal *here*, in the United States, when the true size of drug companies' markups are revealed.

Rep. Jesse Jackson Jr.'s HOPE for Africa bill (see "Keep HOPE Alive," p. 36) would prohibit the use of U.S. funds to undermine African intellectual property and competition policies designed to increase the availability of vital medicines. But as Richard Laing, MD, a Boston University public health expert, points out, even the Jackson bill is no panacea for the continent's epidemic, since in most of sub-Saharan Africa, "where a dollar a year per person is spent on health care, the vast majority struggle to have access just to simple antibiotics, and the AIDS numbers are too big for compulsory licensing to make a difference."

The Clinton-Gore administration has engaged in a series of grotesque and secretive maneuverings to avoid having to consult with or debate public health leaders on these issues. But a March conference in Geneva, organized by Ralph Nader's Consumer Project on Technology, Doctors Without Borders and Health Action International, brought together 60 nongovernmental organizations from around the world to mobilize opposition to U.S. policy, and activists in the United States are now forging a coalition. The president's Advisory Commission on AIDS has finally consented to take up the issue this summer. Still, since Clinton has so often ignored his own commission's recommendations, it will take a major public outcry to alter U.S. policy—especially given the puissant lobbying of the multinational monopolies. ■

ART: HARVEY REDDING FOR POZ



June 18, 1999

STATEMENT BY THE PRESIDENT

THE WHITE HOUSE

Office of the Press Secretary
(Cologne, Germany)

For Immediate Release June 18, 1999

STATEMENT BY THE PRESIDENT

The G-7 agreement we reached today is an historic step to help the world's poorest nations achieve sustained growth and independence while targeting new resources for poverty reduction, education and combatting AIDS. It represents a sound, humane effort to promote widely shared prosperity in the new millennium.

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THE WHITE HOUSE

WASHINGTON

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July 16, 1999

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: Update on AIDS in Africa Initiative

The Initiative: I am pleased to let you know that we have worked out the specifics of an enhanced US response to the global AIDS pandemic. We are now preparing to launch your global AIDS initiative – Joining Forces for "LIFE" – Leadership and Investment in Fighting an Epidemic. The initiative includes a two pronged strategy: (1) increasing our investment; and (2) leveraging an increased investment from our partners in this fight.

On the money side, the Administration will propose a FY2000 budget amendment to provide an additional $100 million for the global battle against AIDS. This effort will involve USAID, HHS, and DOD, and new funding will be used for HIV prevention, AIDS care and treatment, support for children orphaned by AIDS, and infrastructure and capacity development. We are currently spending $125 million on global AIDS, $74 million of which goes to HIV prevention and AIDS treatment in Africa. This new investment is the largest increase in global AIDS funding at any time and from any donor. This will allow us to double our HIV prevention and AIDS treatment efforts in Africa, as well as to provide new resources to India and other areas. It is my understanding that you have already talked about this with Prime Minister Tony Blair – and we should call on other G8 members to increase their commitment as well.

The Administration will also seek other opportunities to leverage an enhanced commitment from our partners. The First Lady will host a leaders conference on global AIDS with the World Bank, UNAIDS, foundations, and others. The NSC and State Department will promote an African Leaders AIDS Summit and a Religious Leaders AIDS Summit (both of which would seriously benefit from your participation). The Department of Labor and AFL-CIO will host a meeting of union leaders and the Department of Commerce will host a meeting of business leaders. Finally, we will work with the UN who has agreed to host a children orphaned by AIDS conference on World AIDS Day 1999.

The Roll-Out: The Vice President wants to make this announcement. It is currently scheduled to be rolled-out on Monday, July 19th at 1:30pm. The roll-out will include participation by the AIDS, African American, children's, religious, and international leaders and organizations that stood with you in launching this effort on World AIDS Day (December 1, 1998). A young girl we met in Uganda who was orphaned by AIDS is coming to tell her story – and we have asked Archbishop Desmond Tutu to join us as well.

Reducing Mother-to-Child Transmission: As I am sure you saw yesterday, we just got great news back from Uganda where the NIH is running mother-to-child transmission trials. A new drug, nevirapine (NVP), appears to reduce HIV transmission from mother to child by 50%. This appears more effective than an abbreviated "short course" of AZT and only requires one oral dose for the mother at delivery and one dose for the baby within 72 hours. The cost of the two doses of NVP is $4 retail. This is incredibly good news. Nevertheless, a host of additional issues remain including: will additional doses of NVP protect against HIV transmission through breastfeeding; if not, is formula available and workable; how do we reach the 80% of African women who deliver outside of a health facility or the 95% who do not know they are HIV-positive? These new funds will help to explore these issues and will enable us to begin to move forward on expanding access to this intervention.

Thank you again for your ongoing commitment to Africa and to our global battle against AIDS. This effort will surely help to save countless lives.