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South African government rejects AZT advice

Cape Town

The South African government announced last week that it has rejected two reports commissioned from its Medicines Control Council (MCC) on the safety of the anti-retroviral drug AZT (zidovudine) after public statements by political leaders on its potential hazards.

Both reports are believed to endorse the use of AZT. But health minister Manto Tshabalala-Msimang told a press briefing held after last week's opening of parliament that the government is not currently prepared to release their contents. She also refused to reveal the findings of a third report compiled by the council, which she said she had only received on 31 January.

The reports were commissioned last October after president Thabo Mbeki had defended the government's decision not to make AZT freely available in the public health system (see *Nature* 402, 3; 1999). His argument that there was a large volume of scientific literature indicating that the drug's toxicity is a danger to health led to an outcry from AIDS activists and researchers in both South Africa and abroad.

Helen Rees, director of the reproductive health research unit at Johannesburg's Baragwanath Hospital and chair of the MCC, said in December that the first report — which she described at the time as "fairly superficial" — found that the benefits of AZT outweighed its risks, and that use of the drug was justified. Rees has not been available for comment this week.

But Tshabalala-Msimang said that the first two reports "were not to our satisfaction". In particular, she said they had not addressed the risk–benefit assessments of using anti-retroviral drugs in the way requested by her department. She has now asked the MCC "to make available to us information that would assist in determining the risk–benefit assessments".

The health minister added that she had read only the first few pages of the third report, and was therefore "not quite ready" to comment on it.

But she hoped that this report had addressed the risk–benefit issues in the way that the others had not. Asked if she would make the report public, she replied that legislation made provision for such documents to be made public "when we are finished working on them, if they are required to be published".

Tshabalala-Msimang is also believed to have received two further reports, one commissioned by the government from the Medicines Research Council, and one from the World Health Organization. Both are understood to recommend the use of AZT in reducing mother-to-child transmission of HIV/AIDS — a procedure that the government has so far refused to sanction.

Tshabalala-Msimang: wants more details.

The health minister said that the National AIDS Council, which met for the first time last week, has agreed to set up five technical task teams whose briefs would match the priorities of the national AIDS strategic plan adopted in January: prevention; care, treatment and support; research; human rights and legal issues; and social mobilization.

In a later speech to parliament, Tshabalala-Msimang said she and provincial health ministers had accepted guidelines for treatment, throughout the public health system, of "opportunistic" infections that affect HIV/AIDS patients.

But the government's efforts remain under heavy fire from AIDS activists. Mark Heywood, a member of the executive of the AIDS consortium, the country's largest coalition of non-governmental AIDS organizations, criticized both the health minister and the president for failing to meet their legal and moral responsibilities to improve access to health care in South Africa.

"They are wilfully ignoring the best scientific advice, internationally and locally, on the safety and benefits of providing AZT through the public health sector," he says. "The immediate cost of this impasse is measured in thousands of unnecessary infant HIV infections for which they now carry a very direct responsibility." **Michael Cherry**

Consortium aims to kick-start TB research

Cape Town

A loose consortium of leading scientists, donor agencies and pharmaceutical companies agreed last week to create a joint venture between the public and private sectors to relaunch research into drugs that are able to combat tuberculosis (TB).

Meeting for the first time in Cape Town, South Africa, the Global Alliance for TB Drug Development agreed to draft a scientific blueprint by June of this year. This would aim to reach a consensus on research priorities among participating institutions, and coordinate funding for them.

One-third of the world's population — some 2 billion people — are infected with *Mycobacterium tuberculosis*, the bacterium that causes the disease, and 16 million people have active TB. AIDS activates the dormant form of the disease, and the proportion of carriers who develop active TB is increasing — there are 8 million new cases, and 2 million deaths, each year.

Multidrug resistance is also spreading rapidly throughout the world, raising the spectre of untreatable TB. The last new drug for TB was introduced over 30 years ago, and industry has been reluctant to invest in discovering new families of drugs because of the financial risks of investing in products destined mainly for developing countries.

The meeting was convened by the Rockefeller Foundation, and co-sponsored by the US National Institutes of Health, the Bill and Melinda Gates Foundation, the Wellcome Trust, the World Health Organization (WHO), the World Bank, the US Centre for Diseases Control and several other donor and research agencies and non-governmental organizations.

The proposed alliance, which is similar to the Multilateral Initiative on Malaria (see *Nature* 388, 219 & 390, 209; 1997), would be coordinated by the WHO.

Several scientists at the meeting pointed out the apparent irony that recognizing the need for new tools has in the past been inhibited by the WHO, which had argued strongly that TB could be contained by the WHO's DOTS strategy (Directly Observed Therapy, Short Course), a cocktail of antibiotics administered daily under medical supervision.

The impractability of administering this labour-intensive procedure in developing countries and the emergence of multidrug resistance have prompted a U-turn at the WHO. In a video address to the meeting, Gro Harlem Brundtland, WHO director-general, said that, although DOTS had helped, it was no longer enough and "it is high time to find new and more effective drugs". Ideally, a drug should have a shorter course and require less supervision by health workers, she said.

As a first step towards launching a common drug-discovery programme for TB between the public and private sectors, akin to the New Medicines for Malaria Initiative, the alliance will prepare a 'pharmaco-economics' report by October that will assess in detail the size of the market, current investment, and gaps in corporate research and development.

Giorgio Roscigno, medical director of Hoechst Marion Roussel, told the meeting that one reason that companies have not invested in drugs to combat tuberculosis is that they have underestimated the market.

The alliance plans to use the report as the basis for a business plan for a joint drug-discovery programme that would be announced in December, with the alliance being formally created in early 2001. The programme has the ambitious goal of registering a new drug for TB by 2007 and a second by 2012. **Declan Butler**

WARNER LAMBERT

Memorandum

Memo to: Vince LoVoi
Location:

Date: 2/16/00

From: Selina Jackson
Location: Government Affairs / Public Policy

Subject: **AIDS AFRICA Crisis**

Copies:

Vince,
Attached is a diagram which attempts to put an umbrella structure around the stakeholders necessary to mobilize to combat the AIDS crisis in Africa. This proposal may seem like trying to create a new bureaucracy, however, it is designed to provide an umbrella to harness the existing energies of the current players.

This is a global problem, so it needs a global solution. Clearly the World Bank and the United Nations must play a role but I would argue that neither of them should "house" this new initiative. The US, EU and Japan provide the resources and the tools (NGOs, industry, etc.) needed to mobilize action. The African Countries themselves need to be involved at both the technical level and the senior steering committee level.

As you are aware, the NSC is now chairing a new inter-agency USG task force on the issue. I believe this is a good thing, but won't produce results if done in a vacuum. Our European and Japanese partners should have a mirror group so that synergies can be created. Additionally, the USG team needs to liaise with the other appropriate stakeholders in the community (development NGOs, the business community, etc.)

The attached proposal creates three parallel tracks (US, European, and Japanese) of Issue Committees but requires them to cooperate in a horizontal committee structure. The dotted line to the African nations obligates the tri-country committees to work closely with the "clients" - the African governments. By providing a name in each issue area of each geographic region makes one person accountable for achieving results. Each box represents an entire committee made up of USG, NGOs, business community representatives.

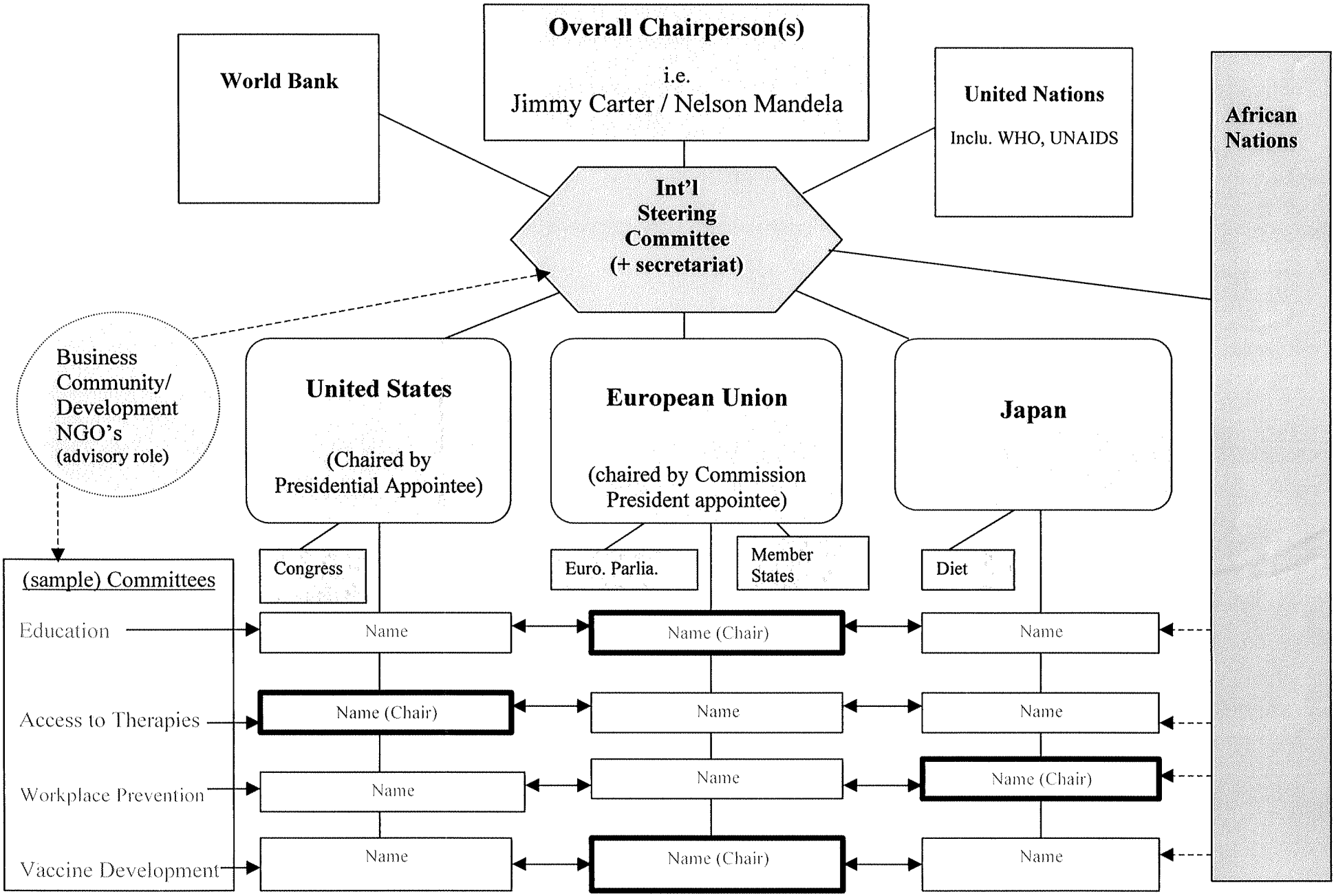
The Issue Committee chairs report to one hi-level representative for each country. Those country chairs will represent their country at the International Steering Committee level.

The overall process should be chaired by an international figure (i.e. Jimmy Carter and/or Nelson Mandela). There should be an "executive director" of the International Steering Committee with a small secretariat to serve as a coordinator. I would recommend somebody who would be acceptable to all parties, like Jeffrey Sachs.

Finally, every initiative needs a catchy acronym. As suggested by someone from the State Department, this initiative could be called: M.O.R.E. - Mobilizing Resources for the Epidemic – with a catchy slogan… "Do M.O.R.E." !

Just a thought…..

Possible Structure for new International Effort to Address AIDS/AFRICA crisis (DRAFT)



Seymour Institute
for Advanced Christian Studies
Policy Memorandum

Recommendations for Addressing the AIDS Holocaust in Sub-Saharan Africa

Eva T. Thorne
Visiting Assistant Professor of Political Science
and Research Fellow
at the Institute on Race and Social Division
Boston University
Boston, Massachusetts USA

January 2000

Policy Recommendations For Addressing the AIDS Holocaust in Sub-Saharan Africa

Eva T. Thorne[1]

Visiting Assistant Professor of Political Science
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Boston University
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January 2000

I. Introduction

The Impact of HIV/AIDS

The AIDS pandemic in Africa rivals in seriousness the trans-Atlantic slave trade. AIDS will define the direction of significant segments of the continent in the areas of development, economics, and politics, among others. The economies of severely affected countries will suffer as the economically active sector of the population is hardest hit. The implications for domestic economic development as well as insertion in the global economy are serious and profound. Political leadership will be affected, as the educated, cosmopolitan urban dwellers that constitute this class will die in large numbers.

AIDS is not only a symptom of poverty but of mobility. Because AIDS is driven by mobility it affects the rich as well as the poor. The ramifications for the rising African middle-class are deadly. It is from this class that the rising political class in Africa will emerge. Unless action is taken quickly, there will be no emerging middle- or political class.

Consider the following statistics. AIDS is the leading cause of death in sub-Saharan Africa. Of the 5.6 million new HIV infections in 1999 (according to UN-AIDS), 4 million were in Africa. Half the infections occurred among young people, ages 15-24, with females representing more than half of the victims. 25% of adults in Botswana, Namibia, Swaziland, and Zimbabwe are infected with HIV. Life expectancy in the most affected countries will drop by as much as 20 years, rapidly reversing development gains made over 30 years. Reliable reports issued by internationally respected development institutions (such as the World Bank and UN-AIDS) estimate that there will be 40 million AIDS orphans in sub-Saharan Africa by 2010.

Unless there is a plan to address the needs of this population, the entire world will pay a very heavy price militarily, economically, and politically as it is forced to intervene to counterbalance the instability that will inevitably result from this pandemic. The United States, as the world's lone superpower, will face pressure to act. The time to develop a comprehensive strategy is now. The orphan population,

1 This document benefited from the invaluable input from my colleagues at the Seymour Institute. In particular I would like to thank Marsha Coleman-Adebayo, *Senior Policy Advisor* at the Seymour Institute and Chair of *the Twenty First Century Group* AIDS Network, Washington, D.C.; Diana Aubourg, Chair of the *Twenty First Century Group* Steering Committee, Boston, Massachusetts; Kenneth D. Johnson, Fellow, Seymour Institute, Boston, Massachusetts; Jacqueline C. Rivers of the Azusa Christian Community, Boston, Massachusetts; Kurt Shillinger, *Boston Globe* Correspondent, Johannesburg, South Africa;

along with other issues arising from the crisis, requires a 20-40 year plan, which must be elaborated and implemented as soon as possible.

Focusing on Sexual Behavior

Though it is an unpopular position to espouse, the issue of promiscuous sexual behaviors (which is driven by complex socioeconomic conditions and wholesale cultural breakdown) is at the heart of the pandemic. What is potentially useful about an approach that targets sexual behavior is that it is a relatively inexpensive strategy that relies on aggressive and well-targeted public education and outreach. There are comparative advantages to and arguments for focusing an anti-HIV/AIDS strategy on sexual behavior.

Even if pharmaceutical companies allowed for parallel importing and compulsory licensing for the production of AIDS drugs, sub-Saharan African countries lack the health care delivery systems needed for effective drug distribution and monitoring. Physical infrastructure, trained public health personnel, monitoring systems, and other elements are underdeveloped or non-existent. Creating and strengthening these components will take years.

An aggressive campaign focused on abstinence and monogamy can be developed and implemented immediately and at very low cost. HIV/AIDS infection rates in northern Africa and the Middle East (which along many development indicators resemble sub-Saharan African countries) are extremely low. All things being equal, what accounts for these low infection rates? Religious practice (Islam) that promotes conservative sexual behavior is largely responsible for the low rates of infection. A similar approach in sub-Saharan Africa can empower Africans with an effective offensive strategy.

Gay, white men in the United States made the connection between sexual behavior and the spread of HIV/AIDS. In addition to early testing and condom distribution, changing sexual behavior was an important part of their strategy to combat the disease. Declining infection rates among this population indicate that the strategy was successful.

Part of Uganda's anti-AIDS campaign involves public education about sexual behavior. Teenagers now delay their first sexual experience by about two years. The infection rate for Uganda, which was the epicenter of the pandemic, has declined.

Still, the other proposals in this document are critical to the long-term growth and development of sub-Saharan Africa and should be adopted.

The black church, for historic, moral and geo-political reasons, is in a unique position to work in partnership with African governments, religious institutions, and other civil society organizations in developing a strategy to address the issue. There are specific advantages to such a strategy.

Large, bureaucratic development institutions often find reaching the grassroots level problematic. Religious institutions in sub-Saharan Africa tend to be closer to the where the greatest needs are. Therefore, they are in a good position to advocate on behalf of their members. Religion is very much a part of the daily lives of much of sub-Saharan Africa and is potentially a powerful vehicle through which to conduct outreach and education initiatives. The black church in the United States can partner with African churches and religious institutions that have spoken out on the issue, serving to amplify the voices of indigenous calls for action on the disease.

Following is an outline of several key areas in which action must be taken. The focus is not on outlining the problems, but in making concrete recommendations.

II. Helping People Affected by HIV/AIDS

Caring for the Orphans

The US, and in particular the black community, is in a unique position to lend support to African efforts to combat the disease. The black church in the United States, in conjunction with the Roman Catholic Church, should partner with African governments to spearhead a drive to build boarding schools/orphanages for the 40 million children left without guardians. (For example, there are currently about 40 million children in the US public school system). With 500 children per orphanage, 80,000 such institutions must be built over the next 10 years. In addition to providing shelter, care, and education, these boarding schools/orphanages should serve as civic education and leadership development sites.

To do this will entail a massive outlay of resources, which must come from religious institutions, and both the public and private sectors. Companies seeking to do business in Africa must come to grips with the role they must play in supporting such initiatives. A black, church-based effort can play a pivotal role in the development of a new labor force over the next 10 to 20 years. Without such an initiative, the possibilities for business development will be adversely affected.

What is necessary is a pan-African, charismatic, evangelical congress working in collaboration with the private sector, the US government and the Roman Catholic Church. The goal of this congress will be to develop a program modeled on the Peace Corps, and focused on providing assistance to the countries most ravaged by HIV/AIDS. Rather than duplicating efforts, this program will work within communities in affected countries that already are working to address the crisis.

The goals of the program are to:

- seek out and form meaningful partnerships with African religious institutions and clergy.
- provide workers (from churches, seminaries, colleges and universities) to build boarding schools/orphanages and to staff them.
- train community residents and youth in particular in AIDS education and prevention, with a focus on behavior modification and harm reduction (condom distribution and education about use).
- provide grassroots, abstinence- and monogamy-oriented, sex education campaigns.
- support and strengthen African, faith-based initiatives to combat the spread of HIV/AIDS.
- assist in the rebuilding of social and physical infrastructure adversely affected by HIV/AIDS.
- provide education for the development of a skilled labor force, with a focus on scientific and technological literacy.
- provide civic education for the development of future political leadership.
- strengthen existing health clinics, civil society organizations, and informal community networks that minister to affected people.

A massive call to the church world and to universities and seminaries must be issued to recruit young people with the willingness, time, and dedication to commit two years to working in such a program.

Financial, logistical, and other forms of support must come from:

- governments of rich countries (the US and other advanced, industrialized countries).
- multilateral development institutions including, but not limited to: the World Bank, African Development Bank, the United Nations Development Program, etc.
- the private sector - (especially mineral extraction companies that do business in Africa; commercial banks that hold debt in Africa; and pharmaceutical companies, etc.).
- African governments, health ministries, religious institutions, civil society organizations and informal social networks.

Building Community Care Structures

In addition to caring for orphans, these religious partnerships must focus on caring for those who are sick and dying. It is critical to breakdown stigmas that lead to violence against those who are sick – especially women and children. In many African countries, admitting having the disease means ostracization, emotional and psychological abuse, and outright physical violence. Such treatment only exacerbates the fraying of community structures. It is therefore imperative that those who are sick be treated with compassion and dignity. Religious partnerships that include northern and African institutions and clergy can play a pivotal role in promoting community care structures. These structures will support not only those who are sick and dying, but also their families, providing a hedge against further community erosion.

It is clear that for any foreign effort to be successful, it must establish partnerships with African programs that are not paternalistic or condescending. To this end, identifying African religious entities and leaders will be critical.

III. Health Care Professionals

Hospitals and medical schools in the US enjoy the benefits of excellent resources, both intellectually and materially. These institutions can use their privileged positions in the medical world to encourage medical students and residents to spend a year in sub-Saharan African countries. In exchange for receiving credit at their home institutions, these medical personnel will

- support health clinics and hospitals that are struggling to serve people with HIV/AIDS.
- share relevant medical training and skills with medical personnel in Africa.
- support community-based HIV/AIDS education and outreach programs, especially in rural areas, which tend to be underserved.

IV. Access to Drugs

Pharmaceutical Companies and United States Trade Policy

The costs of AIDS cocktails are prohibitive for sub-Saharan African countries. These drugs can cost as much as $20,000 per person, per year, well beyond the financial capacity of African health care systems. The situation of AIDS-infected people requires an immediate solution, which would involve:

- releasing African governments from intellectual property rights and allowing them to reproduce AIDS drugs cheaply.

To make this a possibility, rich countries, donors, and the private sector will have to help build the necessary infrastructure and capacity for sub-Saharan African governments to be able to benefit from the possibilities of local drug production.

Other solutions must also be considered:

- the Treaty on Rights and Intellectual Property (TRIPS) must be reconsidered, as it privileges the agendas of rich countries. The treaty constrains African governments from taking actions that will improve the health of their populations and must be modified.
- the United States, through the United States Trade Representative (USTR), must be more flexible in allowing sub-Saharan African countries to use compulsory licensing, which would allow them to make or commission AIDS drugs themselves if they paid a negotiated royalty to the patent holder.

Policymakers must be clear about the strengths and weaknesses of this approach. Even if more flexible trade agreements can be reached, their utility will be limited by the lack of institutional, physical, and professional infrastructure in affected countries. Effective drug delivery presupposes the availability of capital and manufacturing facilities. Moreover, trained staff to dispense and monitor medications is necessary. In other words, more flexible trade agreements must be accompanied by appropriate financial, logistical, human, and physical resources. These needs must be met, not just because of the crisis, but also because of the continent's developmental needs.

V. African Political Leadership

Clearly, a major portion of the responsibility for the rapid spread of HIV/AIDS is due to the silence of African political leadership. The United States, in partnership with black churches, can use its political and moral leverage to pressure African heads of states to address the issue squarely. The United States government, in partnership with black churches should support and convene a conference of African heads of state specifically to address HIV/AIDS. Heads of state from industrialized countries should attend this conference to provide political support. The purpose of the conference would be to:

- highlight the benefits of an education campaign that focuses on sexual behavior.
- encourage and pressure African leadership to speak out on the cultural breakdown of their societies and the impact on youth in particular.
- provide a context for African leadership to develop coherent plans and strategies to address the spread of the virus.
- facilitate the exchange of best practices from other countries (e.g., Senegal and Uganda).
- present incentives for African political leadership to address the virus (trade agreements, foreign aid, etc.).

African leadership can create a climate of tolerance and compassion for those suffering and dying from AIDS by:

- participating themselves in public education campaigns (billboards, television, radio, pamphlets).

VI. Debt Relief

While debates over debt relief for African countries have existed for some time, the AIDS pandemic makes such action urgent. Existing debt will be paid (if it were possible to repay it) by the economically active sector of the population in sub-Saharan Africa. It is precisely this population that is most affected by AIDS. In other words, the sector most likely to repay foreign debt will be dead - i.e. unable to repay it.

Debt repayment entails diverting scarce foreign exchange from domestic needs, including health and education. This has been burdensome and difficult under circumstances more favorable than those that currently exist under the AIDS pandemic.

Governments, commercial banks, and multilateral development banks must forgive Africa's debt. Default will be a very real possibility if the debt is not forgiven, if for no other reason than there will not be enough people alive to repay it. It is unrealistic to expect that a decreased workforce will be able shoulder the increased burden of the debt.

Any debt forgiveness must take place within the context of government accountability and the promotion of sound macroeconomic policymaking. This does not necessarily entail standard International Monetary Fund (IMF) and World Bank prescribed programs.

VII. AIDS As A National Security Issue

In addition to being a development issue as the term is traditionally understood, HIV/AIDS is a national security issue. HIV/AIDS spreads more rapidly in conflict- and war-torn countries in sub-Saharan Africa. Data from Rwanda, Ethiopia, Sudan and Eritrea provide evidence for this claim. Soldiers, prostitutes, and large concentration of refugees and internally displaced people provide fertile ground and opportunity for the spread of the disease. Therefore, working to secure and end to such conflicts is a critical step in combating the pandemic.

Neither the US National Security Council nor the State Department accords sufficient attention to Africa. If the US and the United Nations are to assist in reducing the spread of HIV/AIDS, they must also apply the resources of its foreign and security policy-making apparatus to addressing the AIDS pandemic. The far-reaching implications of the AIDS pandemic in sub-Saharan Africa make conflict mediation and resolution imperative. Efforts should focus on Angola, Burundi, Congo, Ethiopia, Eritrea, Rwanda, Sudan, and other countries affected by large numbers of refugees.

VIII. Conclusion

This policy memorandum has presented an outline of a strategy to address the AIDS pandemic in sub-Saharan Africa. Coordinated action that includes the black church, religious institutions, both here and in Africa as well as the public and private sectors is necessary. Taking steps in any one area would be helpful. What is most needed, however, is a comprehensive strategy that takes into account the complex social and political structures and issues in Africa. The more steps that are taken, the greater will be the likelihood that the spread of HIV/AIDS will be slowed and halted.

January 18, 2000

An Open Letter to the
U.S. Black Religious, Intellectual, and Political Leadership Regarding AIDS and the Sexual Holocaust in Africa

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Brothers and Sisters,

When a future generation of black scholars conduct their historical research on the moral and political life of U. S. black leadership in the final decade of the twentieth century, how shall they judge our performance regarding the AIDS holocaust in sub-Saharan Africa? How shall our inaction - especially the inaction of black men - withstand the judgment of history? What verdict will our descendants render upon their ancestors who stood by silently as a generation of African children were reduced to a biological underclass by this sexual holocaust? No doubt they will find that a few lonely voices spoke out such as Julian Bond and Ronald Dellums, but will they not ask whether we as a leadership class could not have done more?

Such questions must now be publicly confronted in the face of a human tragedy which is, in some respects, more devastating than the trans-Atlantic slave trade. Charitable scholars may situate our failures in this crisis in a comparative context. In other words, they will note that in the twentieth century we were not the only leadership class to collapse in the face of a genocidal catastrophe. Earlier in this very century others, when faced with the threat of genocidal destruction failed, whether due to paralysis, denial or disbelief, to respond in defense of their own people. The moral and political failures of others, however, will not be a sufficient explanation for why the most powerful and influential black leadership class in the world failed to act decisively in defense of their women and children.

AIDS is the leading cause of death in sub-Saharan Africa. The urgent need to leverage every resource available to us to combat the spread of AIDS in Africa has been incontrovertibly documented. According to a powerful Boston Globe series written by Wil Haygood and Kurt Shillinger in October, the number of AIDS orphans in Africa will reach 13 million by the year 2001. In Zimbabwe alone the number of orphans is 670,000, with 60,000 more being added to that number each year. Each year, ten times more Africans die from AIDS than are killed in all of Africa's military conflicts combined.

The numbers are horrifying: Of the 5.6 million new HIV infections in 1999, according to the United Nations Program on AIDS, fully 4 million were in Africa. Half were among young people ages 15 to 24, and far more than half of those afflicted were female. Two-thirds of the AIDS cases in the world are now in sub-Saharan Africa. One adult in 4 in Namibia, Zimbabwe, Swaziland and Botswana now has the HIV virus. Half of these cases in sub-Saharan Africa are women. The numbers are so massive in southern Africa that life expectancy is likely to drop to 45 years within the next five years after climbing to 59 in the early 1990s. In the past five years – according to a U.S. Census Bureau report – life expectancy in Zimbabwe has dropped from 61 years to 39 years; in Botswana it has fallen back from 60 to 40, and in Kenya the situation is very similar. As unbelievable as these statistics are things are only getting worse. A survey of pre-natal clinics in one southern province in Zimbabwe indicated a 67 percent infection rate for the women there. In Zambia there are communities of only the elderly and the very young; the rest have been obliterated. The AIDS epidemic is even contributing to the deforestation of significant areas – because of coffin construction. All this means that in southern Africa we are witnessing the creation of a virtual biological underclass.

In this situation in which millions are perishing, the behavior of the citizens of the affected countries is profoundly troubling, by virtue of its escalating effect on the epidemic. For example, it is reported that in South Africa a woman is raped every 26 seconds, contributing to the 1,600 people a day who are infected with HIV. Just as disturbing is the rumored source of the increase in the rate of rape: a spreading myth that sexual intercourse with young girls can cure or prevent the disease.

Behind the statistics on rape lurk facts that are in some respects just as ominous. In sub-Saharan Africa, AIDS is transmitted primarily through heterosexual contact. Widespread promiscuity, essentially fatal behavior, is often typical. The Boston Globe series quoted the head of the United Nations AIDS program for Eastern and Southern Africa as saying: "Without addressing behavior, the response to prevention strategies will always be limited." Promiscuity and rape now objectively function as weapons of suicidal mass destruction. In such a context of cultural decay, abstinence and sexual fidelity appear as revolutionary concepts.

In too many cases African leaders have not confronted the problem of AIDS: the South African government has spent only $13 million on AIDS education and care programs in the last 5 years. At the same time they are spending $6.5 billion on three new submarines and other military hardware. Not a single African head of state attended the recent international AIDS conference in Zambia, including the president of the host country. Unfortunately this is not an isolated incident, but an example of a pattern of deliberate neglect by these leaders. While these African nations obviously do not have the resources to treat AIDS victims using the extremely expensive cocktail of drugs now widely available in the West, their efforts at public education have clearly failed to communicate to the masses of citizens the urgency of the situation, and the exigencies of preventative behavior. Deep rooted cultural patterns are implicated in these issues, which call for sensitively crafted solutions. It does not appear that many African governments have engaged the issues at this level.

One example of modest success for the African nations is Uganda. The government's campaign there, led by the President, Yoweri Museveni himself, has led to a dramatic decline in the rate of HIV prevalence, from 28% to 13%. The key to the success of the campaign is seen as being an effective public education campaign focused on openness in confronting the disease, and the ready availability of testing and counseling. Despite Uganda's progress, President Museveni has again called for a re-invigoration of the anti-AIDS campaign. Uganda's example proves that much can be done and that African heads of state in particular must do more to bring this crisis into full public view in their nations.

Elleni West, head of the Ethiopian AIDS Project and Cornel West, University Professor at Harvard University, convened a major conference in Addis Ababa, Ethiopia in Fall 1999. This conference was the largest ever convened in Ethiopia regarding AIDS prevention. Such excellent efforts must be replicated throughout Africa.

In view of the horror that confronts our African brothers and sisters, black leaders in the U.S. face three main tasks: public education, political advocacy, and humanitarian assistance. First, education: Black leaders in the United States have the political clout, and the access to the levers of power that are needed to educate elected officials about this issue. At the same time the public, especially the black public, must be educated to advocate for foreign and development policy decisions that will support and encourage African governments in their efforts to confront this crisis.

Second, political advocacy: Black leaders must challenge African leadership to be more accountable to the needs of their own women and children. We must, on humanitarian grounds, challenge African leaders to mobilize their societies to exact a high price for the rape of all women, especially of innocent girls. Why have Black churches, especially the seven major black denominations, not used their unique position to serve as more effective advocates for the needs and interests of millions of orphans in Africa? They should develop a strategic alliance with the IMF, the World Bank and other international lending agencies to demand debt forgiveness for African nations, thereby freeing up financial resources to be re-directed towards the AIDS crisis.

We implore the Congress of National Black Churches and the Black leadership of the Roman Catholic community to speak more forcefully and consistently on the ethical and moral dimensions of this sexual holocaust. We especially need male leadership on this issue on the domestic front.

We call upon Maxine Waters and the other members of the Congressional Black Caucus to demand that the Clinton administration take a more active role in this crisis. First, they must call for complete debt forgiveness for all sub-Saharan African nations. We challenge Susan E. Rice, Assistant Secretary for African Affairs, to demand that the major Western pharmaceutical monopolies permit African companies to lower the price of drug cocktails. Churches, in particular, must apply moral and political pressure to pharmaceutical companies directly. Western pharmaceutical companies no longer can be permitted to exploit the suffering of millions of black people.

We call upon Black Protestant and Roman Catholic students, seminarians and intellectuals to mount a grassroots educational campaign which focuses upon the interrelationship among sexual behavior, AIDS and poverty. Black journalists have a special role to play. We appeal to Edward Lewis and Susan Taylor of *Essence* and Robert Johnson of BET and *Emerge* to do more. We acknowledge your efforts to date, but we beg you to give the most extraordinary crisis confronting the Black world since slavery the attention it merits. We call upon our young captains of blackness such as Tavis Smiley and George E. Curry to challenge both black leadership and African governments on their relative inaction on this issue. We plead with Ed Bradley of *60 Minutes,* Bernard Shaw of CNN and Oprah Winfrey to investigate the role of sexual behavior in the AIDS crisis, and to expose the deadly impact of the code of silence on this issue. We are confident that you believe, as we do, that the condition of millions of orphans in Africa is a subject large enough to merit your journalistic attention. Lastly, we call upon the leadership of the National Association of Black Journalists to stand up like free-thinking black men and women and plead the case of millions of black orphans in Africa.

We call upon Harry Belafonte, Danny Glover and other members of the conscious wing of the black entertainment industry to elevate this issue as an educational priority. We appeal to them to give the issue of AIDS and sexual behavior the same level of visibility that a previous generation gave the issue of *apartheid* in South Africa.

Third, humanitarian assistance: We desperately need the leadership of the civil rights organizations such as the NAACP and the Urban League to bring their considerable prestige and influence to bear on this issue. We need to hear more from them in defense of the most vulnerable of all AIDS victims, the children. We call upon the Special Envoy to Africa, the Reverend Jesse L. Jackson, Sr., to bring his gifts for publicity and his powerful rhetoric to mount a grassroots campaign for morally responsible sexual behavior on the part of men of African descent. All elements of black leadership in the United States must provide massive quantities of direct support for AIDS orphans: food, clothing, medicine, manpower to distribute supplies and care for children and technical support to organize the effort.

While there have been some efforts both in African nations and on the domestic front, all have been woefully inadequate given the overwhelming scale and magnitude of the crisis confronting us. Given that the future holds much worse than the past, we call upon all leaders of African descent, here and abroad, to rise to the challenge and use all the resources at their disposal to attack this problem. We owe no less than this to our descendants.

In the Service of Christ,

BISHOP CHARLES E. BLAKE
Pastor, West Angeles Church of God in Christ
Bishop, First Episcopal District, Southern California
and member of the General Board of Bishops, Church of God in Christ, Los Angeles, California

REVEREND CLARENCE L. HILLIARD
Pastor, Austin Corinthian Baptist Church
Chair, Board of the National Black
Evangelical Association, Chicago, Illinois

PROFESSOR A.G. MILLER
Associate Professor of Religion
Oberlin College, Oberlin, Ohio

REVEREND EUGENE F. RIVERS, 3d
Founder and President, Seymour Institute
Co-Founder, Boston TenPoint Coalition
Co-Founder, National TenPoint Leadership Foundation
Pastor, Azusa Christian Community, Boston, Massachusetts

REVEREND HERBERT B. CHAMBERS
Pastor, Youngs Memorial Church of Christ,
Holiness, United Holy Church of America, Washington, D.C.

REVEREND CHARLES HARRISON
Indianapolis TenPoint Coalition, Indianapolis, Indiana

REVEREND JOSHUA JENKINS
Rhode Island TenPoint Coalition, Providence, Rhode Island

REVEREND RONALD CLIFTON POTTER
Senior Fellow, Seymour Institute
Associate, Voice of Calvary Fellowship, Jackson, Mississippi

REVEREND DANIEL L. REASON
Pastor, Holy Temple Church, Boston, Massachusetts

REVEREND FRANKLIN W. HOBBS, Jr.
Founder and CEO, Healing Our Land, Boston, Massachusetts

REVEREND DAVID N. WRIGHT, M.D.
Pastor, Community Church of God in Christ,
Richmond, Virginia

MARSHA COLEMAN-ADEBAYO
Former Executive Secretary
Gore/Mbeki Bi-national Commission, Washington, D.C.

JACQUELINE C. RIVERS
Executive Director, MathPower
Azusa Christian Community, Boston, Massachusetts

PROFESSOR EVA T. THORNE
Boston University, Boston, Massachusetts

PROFESSOR S. TIFFANY CUNNINGHAM
University of Massachusetts, Boston, Massachusetts

KENNETH D. JOHNSON
Fellow, Seymour Institute, Boston, Massachusetts

DIANA AUBOURG
Chair, Twenty First Century Group
Fellow, Seymour Institute, Boston, Massachusetts

KEITH D. DONALDSON
Twenty First Century Group
Fellow, Seymour Institute, Boston, Massachusetts

MARC H. GERMAIN
Twenty First Century Group
Fellow, Seymour Institute, Boston, Massachusetts

THATIANA J. GIBSON
Twenty First Century Group
Fellow, Seymour Institute, Boston, Massachusetts

JEAN R. MOREAU
Twenty First Century Group
Fellow, Seymour Institute, Boston, Massachusetts

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For further information or to get involved, send an email with your contact information to committee@21CenturyGroup.org, or write the Twenty First Century Group at 411 Washington Street, Boston, Massachusetts 02124. The Twenty First Century Group is a program of the Seymour Institute, a not-for-profit 501(c)(3) organization, Federal Tax ID number 04-2967467. Donations can be made to the Seymour Institute to help continue this work, and are fully tax deductible to the extent permitted by law.

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.