File
AIDS

Report on the Presidential Mission on Children Orphaned by AIDS in Sub-Saharan Africa: **Findings and Plan of Action**

The White House
July 19, 1999

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Monday, July 19, 1999

Contact:
(202) 456-7035

VICE PRESIDENT GORE ANNOUNCES ADMINISTRATION WILL SEEK $100 MILLION INITIATIVE – A RECORD INCREASE -- IN FUNDS TO FIGHT AIDS AROUND THE WORLD

Washington, DC -- Vice President Al Gore today joined Archbishop Tutu, Director of the Office of National AIDS Policy Sandra Thurman, Members of Congress, and leaders of the African-American, religious, children's, and AIDS communities to announce that the Administration will seek the largest-ever budget increase in the global battle against AIDS – a new investment of $100 million. The Vice President also unveiled a new report from the Office of National AIDS Policy that assesses the AIDS crisis in Africa and recommends this investment. In addition, the Vice President announced new efforts to encourage other public and private entities across the world to address AIDS across the world.

"AIDS in Africa is the worst infectious disease catastrophe in the history of modern medicine," Vice President Gore said. "More than twenty million people are now infected and nearly 500 more become infected each hour. We hope this initiative will not only provide much-needed relief but will inspire decisive action by other countries and institutions – and bring hope to the millions of children and families trapped in this horror." Today, the Vice President:

RELEASED A NEW REPORT ON THE PRESIDENTIAL MISSION ON CHILDREN ORPHANED BY AIDS IN SUB-SAHARAN AFRICA. Last December, President Clinton directed the Director of the Office of National AIDS Policy to go on a fact-finding mission to assess the problem of HIV/AIDS in Africa. Today, the Vice President is releasing the report that includes new findings and a plan of action resulting from this mission. The report finds that:

AIDS in sub-Saharan Africa is one of the largest health crises in the history of the world. In the past decade, twelve million people in sub-Saharan Africa have died of AIDS -- one quarter of them children -- and each day AIDS buries another 5,500 women and children. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties in all of the wars of the 20th century combined. By 2005, the daily death toll will reach 13,000 people per day.

Millions of children will be orphaned by this epidemic. In some areas up to one-quarter of all children already live with an HIV-positive parent. In the next decade, more than forty million children in sub-Saharan Africa will lose a parent to HIV/AIDS.

This epidemic has a devastating impact on many aspects of life in sub-Saharan Africa. AIDS is undermining much of the progress in development that has been made in Africa. AIDS is reducing life expectancy by more than 20 years in some countries. Many children are dropping out of school to care for dying parents undermining improvements in education, and AIDS will continue to have a major negative impact on the economy, hitting a range of professionals, from teachers to military to business leaders and therefore undermine its current trade with other nations throughout the world.

UNVEILED NEW $100 MILLION INITIATIVE TO COMBAT HIV/AIDS ACROSS THE GLOBE. The Vice President also unveiled a new initiative to double the existing efforts to prevent and treat AIDS. This initiative will be targeted to Africa in addition to other parts of the world where this epidemic is growing. It will help move forward on four critically important and interconnected fronts including:

Containing the AIDS Pandemic. A new $48 million initiative will be used to implement a variety of prevention and stigma reduction strategies including: HIV education; engagement of political, religious and other leaders; voluntary counseling and testing; blood supply screening, and, interventions to reduce mother-to-child transmission (MTCT). In addition, the Department of Defense (DoD) will begin new efforts to work with African militaries to provide educational material and training on AIDS prevention.

Providing Home and Community-Based Care. This $23 million investment will be used to deliver counseling, support palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections, and tuberculosis (TB) through community-based clinics and home-based care workers and enhance training and technical assistance efforts.

Caring for Children Orphaned by AIDS. This new $10 million initiative will be used to assist families, extended families, and communities in caring for their children through nutrition, education, health and counseling support, in coordination with micro-finance programs.

Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development. This $19 million initiative will help strengthen host country ability to plan and implement effective interventions. It will also strengthen the capacity for effective partnerships between local government and community-based organizations. Strengthen local surveillance systems to track the spread of HIV infection, AIDS, and the effects of interventions to enable the best targeting of HIV/AIDS prevention programs.

This United States Government investment would be provided through AID ($55 million), HHS ($35 million) and DOD ($10 million) and will be fully offset.

ENGAGING OTHER PARTNERS TO ADDRESS THIS CRISIS. Addressing the crisis of AIDS worldwide will require a broad-based commitment from public and private partners across

the globe. The Vice President also unveiled a series of new initiatives to enhance efforts to address this problem including:

Multi-lateral Partners Meeting to Enhance Coordination Around the World. On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of donors, The World Bank, UNAIDS, international foundations, CEOs and others to discuss how we can best enhance and coordinate our AIDS efforts in Africa and around the world.

A United Nations Conference on Children Orphaned by AIDS. The United Nations, in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference on World AIDS Day to focus attention on the growing number of children orphaned by AIDS worldwide, with a special emphasis on sub-Saharan Africa.

New Partnerships with Private Sector Leaders to Address This Crisis, Such As the Religious, Business and Labor Communities.

-- Given the impact of AIDS on businesses active in Africa as well as the overall economic-impact on African countries, the White House will facilitate a meeting of business leaders to encourage commitment and involvement in AIDS programs, such as workplace education, outreach to communities, and increased funding support for AIDS efforts.

-- The White House will host a meeting of US and African labor leaders, co-chaired by the AFL-CIO, to build on successes in working with the Council of South African Trade Unions to address AIDS.

-- The White House will also facilitate a religious summit of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal it is very clear that the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV prevalence or to maintain it at low levels over time.

Joining Forces for LIFE:

Leadership and **I**nvestment in **F**ighting an **E**pidemic

A Global AIDS Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only $165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over $500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of $600 million is needed in sub-Saharan Africa per year for HIV prevention alone ($2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent $74 million in USAID prevention and care in Africa and $38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional $100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic ($48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

- **Providing Home and Community-Based Care ($23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.

- **Caring for Children Orphaned by AIDS ($10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development ($19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through AID ($55 million), HHS ($35 million), and DoD ($10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels ($81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around

the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.

- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.

- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

  The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

- **Religious Leaders Summit** The US government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.

- **Diplomatic Initiatives** The Department of State, NSC, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

"Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic" is an excerpt from *Report on the Presidential Mission on Children Orphaned by AIDS in sub-Saharan Africa: Findings and Plan of Action*, The White House, June 19, 1999.

FIRST LADY HILLARY RODHAM CLINTON
TALKING POINTS FOR MEETING ON AIDS IN AFRICA
THE WHITE HOUSE
SEPTEMBER 7, 1999

- Prem
- Kaiser
- Calagne

Jim - leaving by 11:30

Thanks

- Welcome -- and thank you all for coming to what I hope will be a very interesting and productive discussion. We are very pleased to be joined this morning by many leaders from the Administration, international organizations, foundations, businesses, and the AIDS community. [Their presence is a testament to the impact the AIDS pandemic has on every sector of society – and to the responsibility we all have to end it.]

- It is my hope that this meeting will lead to new initiatives, new resources, new thinking, and new partnerships to fight – and ultimately win – the war against HIV/AIDS in Africa and around the world.

- Every day, we are reminded of the breakthroughs we've had in this fight– from drug therapies that are improving life to education campaigns that are empowering people to prevent the disease. We know what works. But, we also know that far too many people are still being left behind.

- Just a week ago in Atlanta, we heard that the rate of HIV infections is no longer declining in the U.S. And, each and every day, AIDS claims the lives of more than 5,500 men, women, and children in Africa. In the next few years, that number will more than double. The AIDS epidemic in Africa is a crisis of biblical proportions. We are facing an emergency. And what we see in Africa today, we will likely see one day in India, in Southeast Asia, and the Newly Independent States if we don't act now.

- In Uganda, I saw firsthand what can be accomplished when the governments and citizens join forces to beat this disease. I went to the AIDS Information Center and saw countless billboards educating people to protect themselves against AIDS. I remember a song some of them sang: Ugandans are fighting to ensure that AIDS cannot win. And, it's working. From 1992 to 1998, the percentage of sexually active teenage girls who were HIV positive declined by almost two thirds.

- That example was on the minds of the African health ministers who came together last week at a W.H.O. meeting in Namibia. They declared war on HIV/AIDS and made a commitment to stop the devastation plaguing their citizens and countries. And we must work hand in hand with them.

- AIDS is not somebody else's problem. Our work against this deadly disease must be part of all our development efforts – especially those affecting women and children. Because, as we speak, the AIDS epidemic is turning back the clock on the development we've seen in Africa. It is undermining entire economies, trade, civil society, and stability. It is decreasing life expectancy by up to 20 years in some countries and turning millions of children into orphans.

- I know that the people in this room have worked tirelessly to make great progress in the battle against AIDS. But, as you know better than anyone, the challenge before us is far greater than the collective actions taken so far. And that's why your continuing leadership is so important.

- We are pleased to be joined this morning by many leaders of our Administration, who have worked on this problem from every perspective -- health, financial, international, and development. They include the Secretary of Health and Human Services, Donna Shalala; the Secretary of the Treasury Larry Summers; USAID Administrator Brady Anderson; our Surgeon General, Dr. David Satcher; Undersecretary of State, Frank Loy; Leon Fuerth, the Assistant to the Vice President for National Security Affairs; and Sandy Thurman, the Director of the White House Office of National AIDS Policy.

- As many of you know, the Administration has asked for an additional $100 million next year to fight the global battle against AIDS. This new initiative represents the largest increase ever in the international AIDS budget. And it would allow us to more than double our efforts in sub-Saharan Africa.

- We can also take heart in the recent Cologne Agreement, which will more than double the debt relief provided to countries that need it most. This means that eligible nations such as Uganda and Tanzania will now be allowed to use their freed up resources on social sector spending – including, for the first time, activities to prevent HIV/AIDS. We will work with the International Monetary Fund, the World Bank, and UNAIDS to encourage Uganda, Tanzania, and other eligible countries to develop HIV/AIDS pilot projects – and provide an example to other indebted nations struggling against this disease.

- And I am very pleased that we are joined here by key representatives of our multilateral organizations, including Jim Wolfenson and Jan Piercy from the World Bank and Peter Piot from UNAIDS. [When we hear Dr. Piot talk about the work that UN agencies are doing to combat AIDS around the world, we are reminded of yet one more reason why we must support the United Nations and pay our dues.]

- We are also very fortunate to have with us the National Association of People with AIDS and the Global AIDS Action Network – two non-governmental organizations that serve on the frontlines of this battle.

- We are also joined this morning by representatives of foundations that have provided great leadership in the fight against HIV/AIDS. I want to thank the Rockefeller Foundation, the Gates Foundation, and the Open Society Institute for their generous contributions. I also want to thank the Kaiser Family Foundation, which comes here with a new commitment to match funding dedicated to preventing AIDS among adolescents in South Africa. And I want to thank the MacArthur Foundation, which will be bringing foundations together at the end of this year to discuss even more ways they came meet this challenge.

- I am also very pleased to be joined by Black Entertainment Television and Bristol Myers Squibb, who are not only making great contributions – but also reminding us of critical role that all businesses can play.

- Because just imagine what we could accomplish if, over the next few years, we could bring to this table every business, government leader, foundation, NGO, multilateral organization, and citizen. Think of the millions of people in Africa and all over the world whose lives and futures we could save – if we could find the will and the way.

- We will never give up until the day when we meet our ultimate goal – and find a cure that reaches every single man, woman, and child on this planet. But, until then, we must do everything in our power to prevent HIV and heal those it strikes in Africa and all over the world.

- And I hope that over the next hour or so we will think creatively about the ways that we can work together to do just that.

GUIDANCE FOR DISCUSSION

Introduce Dr. Peter Piot, Executive Director, Joint UN program on HIV/AIDS in Geneva: For brief overview of epidemic and the specific challenges we face as we move into the next century.

Call on Donna Shalala for her thoughts on where we need to go in the health sector

Call on Lawrence Summers for his thoughts on where we need to go in the international financial sector

Call on James Wolfensohn for his thoughts on directions for the International Financial Institutions

Follow on with open discussion with foundations and corporations and others

Issues -- Incorporating AIDS into specific sector portfolios:

Prevention activities: Engagement of leadership. Stigma reduction. Education. Mother to child transmission prevention.

Care and treatment: Provision of basic medical care, including treatment of TB and other opportunistic infections.

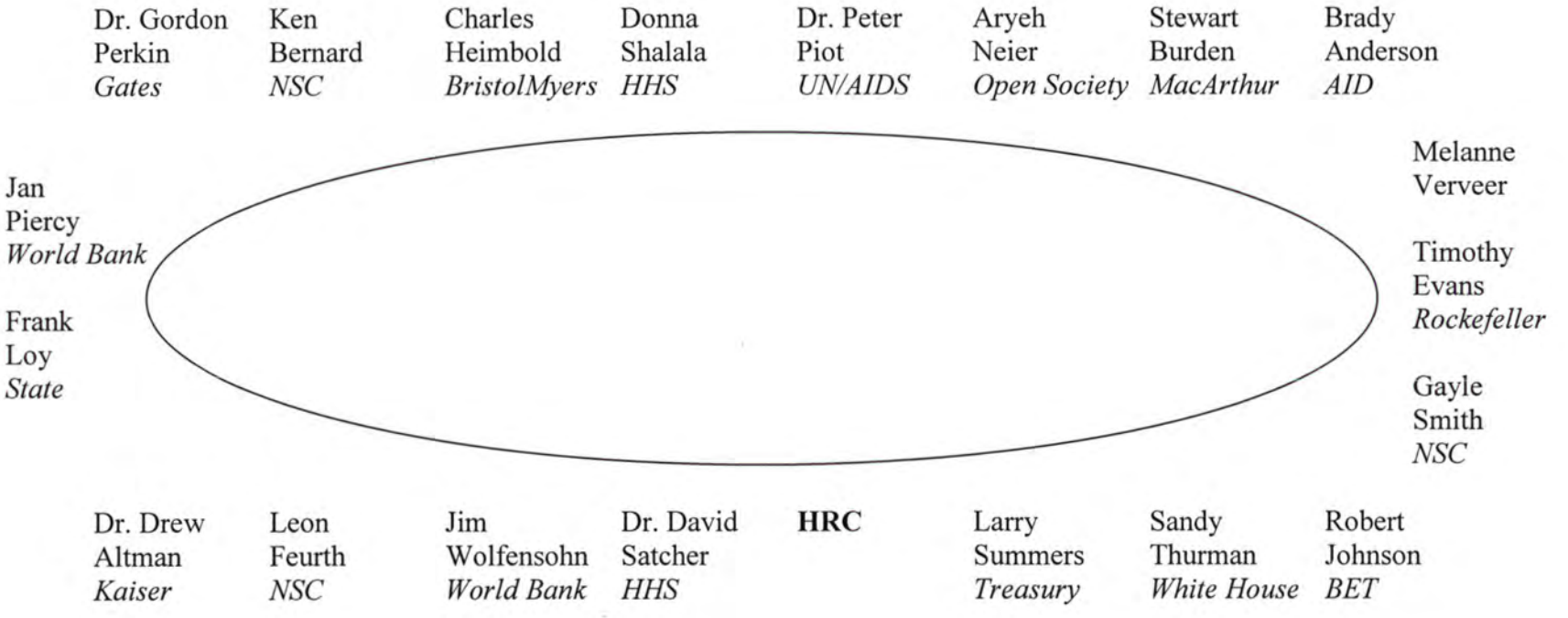
Infrastructure development: including financing and debt relief

Next Steps

- Foundation meeting called by MacArthur Foundation. Could they take a leadership role with other foundations?
- Business Leader's meeting coordinated by VP and Commerce. Could Bristol Myers have a role in helping with pharmaceutical companies?
- Could BET help organize a communications forum to discuss increased AIDS activities internationally?
- Follow on the Cologne Intitiative: Demonstration project in Africa on Debt for AIDS prevention activities.
- New UN activities
- Other (as come up in the open discussion).

AIDS Convening
September 7, 1999

Seating Chart



AIDS Convening
September 7, 1999

Participants List

First Lady Hillary Rodham Clinton

Secretary Donna Shalala
Department of Health and Human Services

The Honorable David Satcher
Surgeon General

Secretary Lawrence Summers
Department of the Treasury

Administrator Brady Anderson
US Agency for International Development

The Honorable Leon Fuerth
Assistant to the Vice President for National Security Affairs
The White House

The Honorable Sandy Thurman
Director
National AIDS Policy Office
The White House

Ms. Gayle Smith
Senior Director for African Affairs
National Security Council
The White House

Under Secretary Frank Loy
Under Secretary for Global Affairs
Department of State

Melanne Verveer
Assistant to the President and Chief of Staff to the First Lady
The White House

Dr. Ken Bernard
International Health Affairs
National Security Council
The White House

Mr. James Wolfensohn
President
World Bank

Ms. Jan Piercy
The Executive Director of the United States
The World Bank

Dr. Peter Piot
Executive Director
Joint United Nations Program on HIV/AIDS

Dr. Timothy Evans
Team Director for Health Services
The Rockefeller Foundation

Mr. Aryeh Neier
President Soros Foundations Network
Open Society Institute

Mr. Stewart Burden
Senior Program Officer
The John D. and Catherine T. MacArthur Foundation

Dr. Gordon Perkin
President of PATH
William H. Gates Foundation

Dr. Drew Altman
President and CEO
Kaiser Family Foundation

Mr. Charles Heimbold
Chairman and Chief Executive Officer
Bristol Myers Squibb

Mr. Robert Johnson
Chairman and CEO
Black Entertainment Television

B.A. Rudolph
Chief of Staff to the Administrator
Agency for International Development

Paul Delay
Agency for International Development

Dr. Jim Sherry
United Nations Joint Program on HIV/AIDS

Mr. Eduardo Doryan
Vice President and Head of Network
The World Bank

Ms. Debrework Zewdie
Lead Specialist, Population
The World Bank

Timothy Geithner
Under Secretary for International Affairs
Department of the Treasury

William Schuerch
Deputy Assistant Secretary for International Development, Debt and Environmental Policy
Department of the Treasury

Ms. Marsha Martin
Special Assistant to the Secretary
Department of Health and Human Services

Ms. Debrah Lee
President and COO
Black Entertainment Television

Mr. Ken Weg
Vice Chairman
Bristol Myers Squibb

Dr. Seth Berkley
President
International AIDS Vaccine Initiative
The Rockefeller Foundation

Mr. Terry Anderson
Executive Director of Public Policy
National Association of People with AIDS

Mr. Paul Boneberg
Director
Global AIDS Action Network

Ambassador Nancy Powell
Principal Deputy Assistant Secretary for African Affairs
State Department

Ms. Diane Graham
Special Assistant for Global Affairs
State Department

Richard Socaridies
Special Assistant to the President and Senior Adviser for Public Liaison
Office of the Public Liaison
The White House

Melanne
Where we stand as of Friday night
- Ken

FACSIMILE COVER SHEET
OFFICE OF THE ASSISTANT SECRETARY
INTERNATIONAL AFFAIRS
DEPARTMENT OF THE TREASURY
1500 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20220

URGENT

DATE: September 3, 1999 PAGES TO FOLLOW: 1

TO: Ken Bernard, NSC

ADDRESSEE'S FAX NUMBER: 202/ 456-9390
703/ 548-4407

ADDRESSEE'S CONFIRMATION NUMBER: 202/ 456-9298

FROM: Margaret Kuhlow

SENDER'S FAX NUMBER: 202/622-0404

SENDER'S CONFIRMATION NUMBER: 202/622-0656

SPECIAL INSTRUCTIONS/MESSAGE:

Ken, attached please find suggested text describing two sample countries whose social spending programs, including AIDS prevention, could potentially benefit from the deeper debt reduction that would be afforded under the Cologne initiative. If you need to make significant changes, please clear the substance with Bill Schuerch.

Should you need additional information, you can reach Bill Schuerch or Joe Eichenberger through the Treasury operator at 622-1260.

The recently agreed Cologne initiative to expand debt reduction under the Highly Indebted Poor Countries program, or HIPC, could play an active part in increasing AIDS prevention activities in the poorest countries of the world by freeing up resources for health care and public awareness. Two examples of countries at different stages of their battle with AIDS who will benefit from the Cologne initiative are Uganda and Tanzania. Uganda, the first country to receive HIPC debt reduction, is already using funds that would otherwise be used for debt service for increased social sector spending. Uganda's experience in reducing the rate of HIV/AIDS infection demonstrates what can be done with strong political leadership and effective programs in the health sector, primary schools, and more broadly with private organizations and religious groups. Tanzania is just beginning its efforts to combat AIDS. They will soon be eligible for participation in the HIPC program and the Prime Minister recently visited Uganda to gather lessons for Tanzania as they embark on their own AIDS prevention program.

The Cologne agreement will more than double the debt relief to be provided under the HIPC program, freeing up resources for Uganda and Tanzania and other eligible countries to finance basic social sector spending, including more intensive efforts to prevent the spread of AIDS.

For the initial countries eligible for debt reduction under HIPC, we will work with the International Monetary Fund and the World Bank to encourage them to develop pilot projects that integrate AIDS programs more effectively into each country's public health strategies.

HIV/AIDS is not someone else's problem. It is my problem. It is your problem.

For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the human immunodeficiency virus to spread...at times we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

Now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.

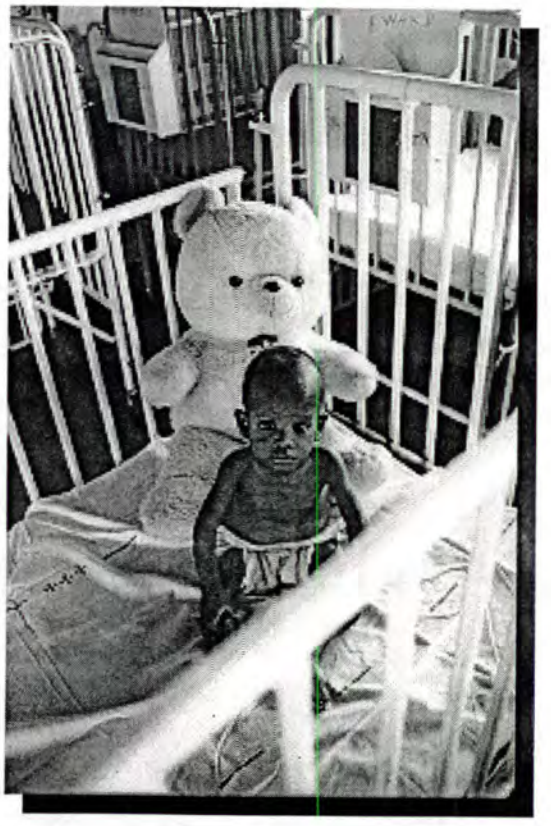
South African President Thabo Mbeki

(Remarks delivered as Deputy President, launching the South African Partnership Against AIDS, October 1998)

Table of Contents

Summary

1. AIDS is the leading cause of death in Africa. In the next decade, 40 million children will become orphans – by losing one or both parents to AIDS.
2. AIDS is wiping out decades of progress on a variety of development fronts, including per capita GNP, infant mortality, and life expectancy.
3. AIDS is not just taking lives, it is threatening economies, stability, and civil society.
4. As goes Africa, so will go India, South-East Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will be living with HIV.
5. We know what works. Scaling up these proven interventions to meet the magnitude of this crisis is essential.
6. Leadership and resources are desperately needed if we are to turn the tide.



Background

On December 1, 1998, World AIDS Day, President Clinton highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding mission to the region and to report back to him with recommendations for productive action. From March 27 through April 5, Director Thurman led a Presidential Mission to Zambia, Uganda, and South Africa. Director Thurman was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. Also joining the Mission was a group of community leaders from outside of government including Mayor David Dinkins, Bishop Felton May, and William Harris. [Attachment A: Trip Manifest]

The goals of the trip were to:

- investigate the extent of the AIDS crisis in sub-Saharan Africa particularly as it relates to children orphaned by AIDS;
- identify proven and promising interventions; and,
- promote leadership both at home and abroad.

> *I believe that if we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses. We cannot restore to [these children] all they have lost, but we can give them a future - a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school."*
>
> President Clinton, World AIDS Day 1998

Information for this report was gathered from meetings with African presidents, government ministers, donors, experts, providers, children, parents, and community leaders. In addition, site visits were made to a wide variety of community-based programs serving children and families affected by AIDS. Both the meetings and the visits provided an important perspective on the problem regarding actions taken, lessons learned, and further progress needed. [Attachment B: Groups Visited]

Findings

The Problem:

AIDS in sub-Saharan Africa is a plague of biblical proportions.

AIDS in sub-Saharan Africa, notes The United Nations, is the "worst infectious disease catastrophe since the bubonic plague." Deaths due to AIDS in the region will soon surpass the 20 million people in Europe who died in the plague of 1347 and the more than 20 million people worldwide who died in the influenza epidemic of 1917. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties lost in all wars of the 20th century combined.

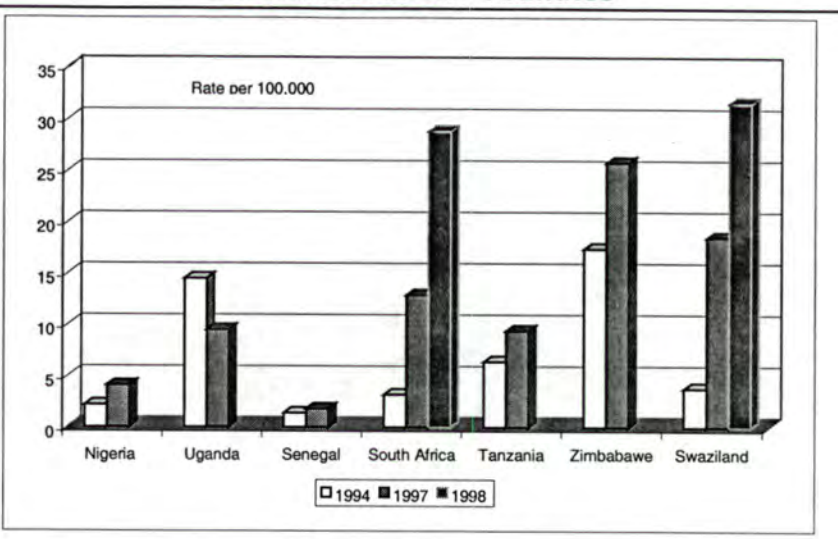
While sub-Saharan Africa accounts for only one-tenth of the global population, it currently carries the burden of more than 80% of AIDS deaths worldwide:

- In the past decade, 12 million people in sub-Saharan Africa have died of AIDS – one-quarter of them children – and each day AIDS buries another 5,500 men, women and children.
- In 1998, AIDS was the largest killer and accounted for 1.8 million deaths in sub-Saharan Africa, nearly double the 1 million deaths from malaria and eight times the 209,000 deaths from tuberculosis.
- By 2005, the daily death toll will reach 13,000 people with, nearly 5 million AIDS deaths in that year alone.

And yet, the pandemic rages on:

- In sub-Saharan Africa, more than 22 million adults and 1 million children are currently living with HIV.
- Every day, 11,000 additional people are infected – one every 8 seconds.
- Since the Administration launched this effort on World AIDS Day (December 1, 1998), more than 2.5 million people in sub-Saharan Africa have been infected with HIV, 368,000 in South Africa alone.
- Half of all new infections in southern Africa, and 10% of new infections worldwide, occur in South Africa, now experiencing the fastest growing AIDS disaster.

HIV Prevalence Trends in Selected African Countries



Source: UNAIDS

Fragile health care systems are already buckling beneath the weight of the rapidly growing number of people with AIDS and the growing loss of health personnel as a result of AIDS. For example, The World Bank estimates that in Zimbabwe, Zambia, and Cote d'Ivoire, people with AIDS already occupy 50-80% of all beds in urban hospitals. In addition, the escalating incidence of tuberculosis (TB), the most common opportunistic infection associated with AIDS, now accounts for between one-third and one-half of all AIDS deaths in Africa.

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

While AIDS in sub-Saharan Africa is an equal opportunity killer, women, children, and young people are increasingly caught in the path of this relentless pandemic.

All too often, cultural norms place women at heightened risk of HIV. In many parts of sub-Saharan Africa, and around the world, discrimination against women begins early and continues throughout life. Girls are far less likely to have access to education, information, and skill training. And in turn, women are far less likely to have access to essential health care and income generating opportunities. These realities increase their vulnerability to both poverty and HIV.

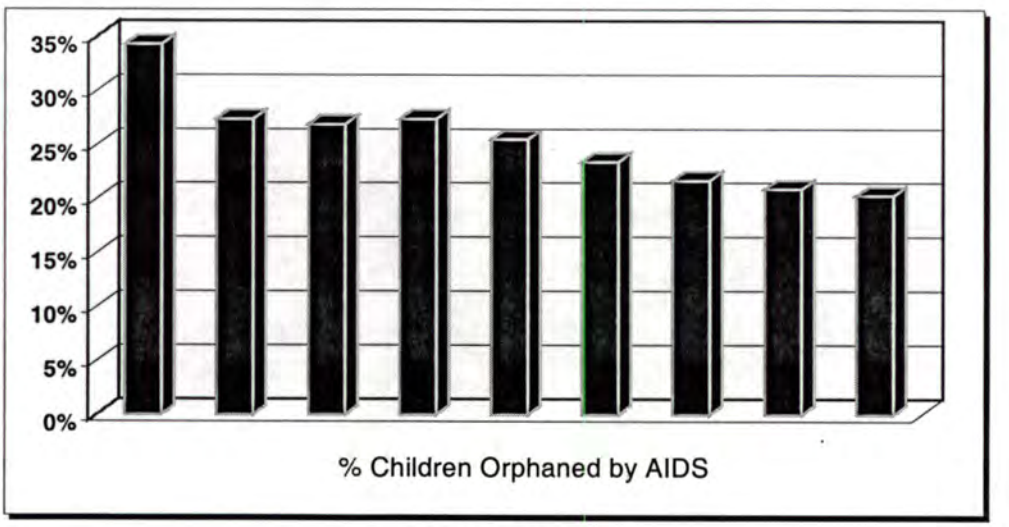
The low status of women in sub-Saharan Africa severely restricts their power to make informed and safe choices. As a result, more than half of all new HIV infections in sub-Saharan Africa are among women and 80% of the 14 million HIV-positive women of childbearing age worldwide reside in sub-Saharan Africa.

In many areas throughout the region, pregnant women have astronomically high rates of HIV infection including 73% in Beit Bridge, Zimbabwe and 43% in Francistown, Botswana. Nine out of every ten infants infected with HIV at birth and through breastfeeding live in sub-Saharan Africa – with nearly 600,000 new infections each year among babies.

There are many places throughout the region where up to one-quarter of all children are already living with an HIV-positive parent. And in nine sub-Saharan African countries, between one-fifth and one-third of all children will be orphaned by AIDS by the end of this year. In human terms, the AIDS orphan emergency is causing unprecedented threats to child welfare. This vulnerability includes decreased access to life-sustaining food, education, health care, housing, and clothing, and increased psychosocial distress brought on by the death of a parent, isolation, and stigma. These children are also at extraordinary risk of physical and sexual abuse as well as child labor exploitation. And while most of these orphans were born HIV-negative – this vulnerability leaves them at seriously increased risk of becoming HIV infected themselves.

Tragically, the worst is yet to come. During the next decade, more than 40 million children will be orphaned by AIDS, and this "slow burn disaster" is not expected to peak until at least 2O3O. According to UNICEF, the AIDS pandemic in sub-Saharan Africa is having and will continue to have a more significant impact on child survival and maternal mortality than all other emergencies on the continent combined. Without a doubt, AIDS has placed an entire generation of Africa's children in jeopardy.

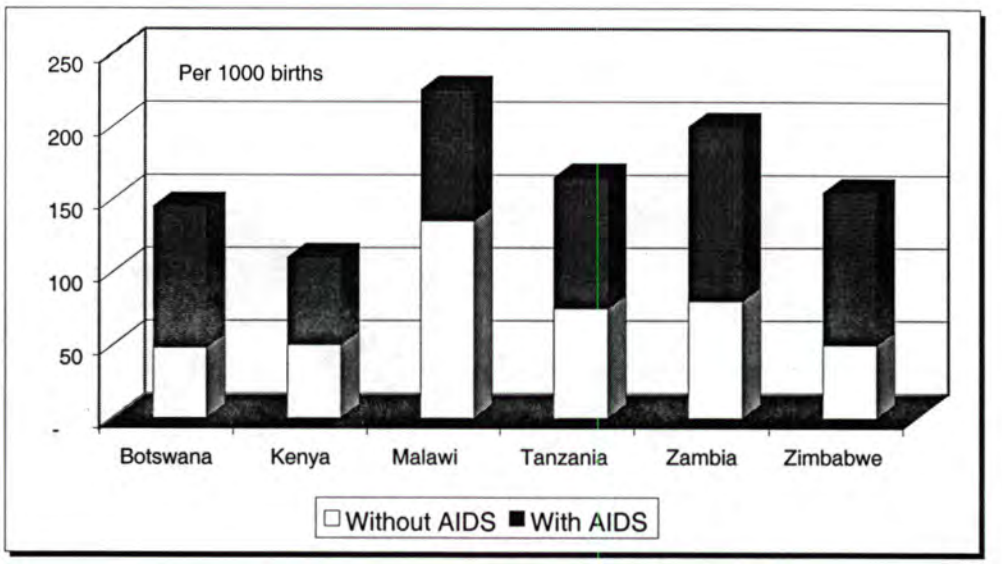
In 9 sub-Saharan African countries, one-fifth to one-third of all children under the age of 15 will be orphaned by the year 2000



Source: USAID

AIDS is wiping out decades of progress on a host of development objectives. After hundreds of millions of dollars of donor investment and well-documented results, AIDS is now turning back the development clock to the 1960s. In the coming decade in many areas of sub-Saharan Africa, infant mortality (those less than one year old) will double and child mortality (those under age five) will triple. In addition, despite steady advances in access to education, a rapidly increasing number of children (particularly girls) are now dropping out of school to act as substitute labor or as caregivers for their dying parents. Far too few are finding their way back to school. Finally, according to the US Census Bureau, AIDS has already reduced life expectancy in Zimbabwe by 25 years and in Zambia from 56 years old to 37. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 60 years old to 40.

Projected Under-5 Mortality Rates in 2010 for Selected African Countries



Source: US Census Bureau

AIDS is not only causing unfathomable human suffering, it is jeopardizing economic growth, political stability, and civil society in many sub-Saharan African nations.

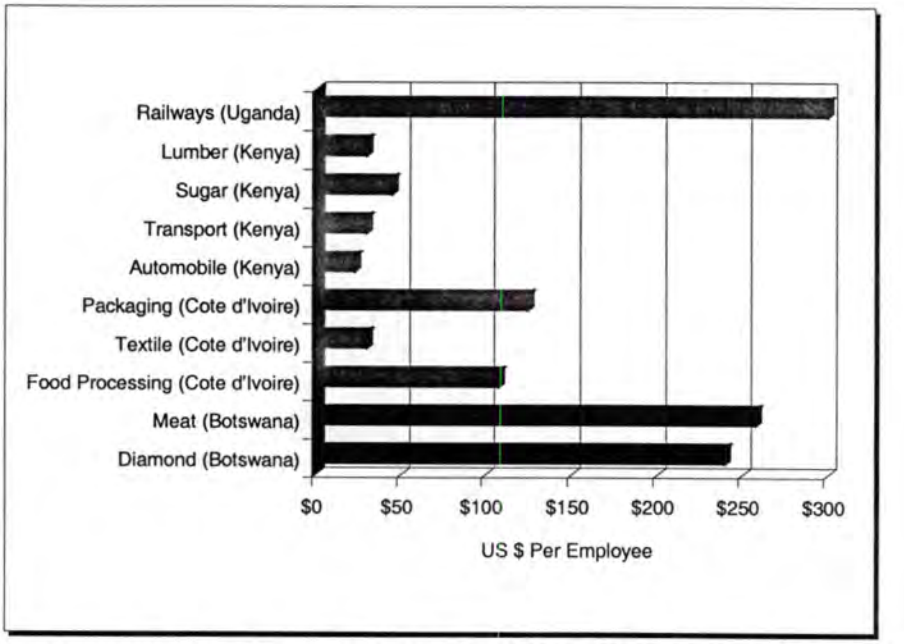
AIDS is a trade and investment issue. The *Blueprint for a US/Africa Partnership for the 21st Century*, adopted at the US/Africa Ministerial Meeting states: "African-US economic ties continue to grow. For example, US exports to Africa grew more rapidly in 1998 than did US exports to most other regions and are now 45% greater than its exports to all countries of the former Soviet Union combined. As a source of crude oil, Africa is as important to the United States as the Persian Gulf. On a balance of payment basis, American private investment consistently produces a higher rate of return in Africa than in any other region."

According to Professor Jeffrey Sachs, Director of the Harvard Institute for International Development, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development." This is true because as the Southern Africa AIDS Information Dissemination Service estimates, over the next 20 years AIDS will reduce by a fourth the economies of sub-Saharan Africa. In fact, this AIDS related economic impact has already begun. According to the *Economist*, a recent study in Namibia estimated that AIDS costs the country almost 8% of GNP in 1996 and by 2005, Kenya's GNP will be 14.5% smaller than it would have been without AIDS. In Tanzania, The World Bank predicts that GNP will be 15-25% lower as a result of AIDS. The South African government estimates that AIDS costs the country 2% of GNP each year.

AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. In Malawi and Zambia, 30% of teachers are HIV-positive, and in Zambia, 1,500 teachers died of AIDS in 1998 alone. In South Africa, 1 in 5 miners is currently infected with HIV. Uganda Railways has already lost 5,600 employees (10% of its workforce) to AIDS and now has an AIDS-related labor turnover rate of 15% annually. And in Zimbabwe, a major transportation company employing 12,000 workers found that by 1996 more than one-third were already HIV positive. According to a World Bank 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 the disruption to regular production due to sick and bereavement leave, are seriously affecting both the private and public sectors. A study in South Africa found that at current levels of benefits per employee, the total cost of benefits would rise from 7% of salaries in 1995 to 19% by 2005 due to AIDS. Companies like British Petroleum and Barclays Bank have stated that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS. The Indeni Petroleum Refinery in Zambia reportedly spent more on AIDS-related costs than it declared in profits.

Annual Costs of AIDS Per Employee in Various Industries in Selected Sub-Saharan African Countries



Source: Futures Group International, USAID Policy Project, 1999.

AIDS is a security and stability issue. According to the *Economist*, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% to 80%." Recent reports project that the South African military and police are also already heavily infected by HIV. Moreover, as these troops participate in an increasing number of regional interventions and peacekeeping operations, the pace of the epidemic is likely to accelerate. Extremely high levels of HIV infection among senior officers could lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken the central government's authority. For those countries in political transition, instability in the military and security forces could slow or even reverse the transition process. This dynamic merits attention, not only in Africa where the pandemic is already entrenched, but also in India and the Newly Independent States where the pandemic is intensifying its grip.

AIDS is a crime issue. The South African Institute for Security Studies has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected, troubled, and undereducated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the two million children projected to be orphaned by AIDS in South Africa alone will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This seriously affects stability and promotes the spread of HIV among these highly vulnerable young people.

In Lusaka, Zambia alone, 100,000 children are estimated to be living on the streets. Most have been orphaned by AIDS. By the year 2000, one million children in Zambia, or one out of every three children, will be orphaned by AIDS. Hundreds and hundreds of these children spend their nights on Cairo Road, sleeping in gutters and in trees, hoping to remain out of the "line of fire". Some are new to the streets, others have called it home for years. The longer they stay, the harder they get. In an effort to survive, too many are forced into crime, sex, and drug operations. While none would actually "choose" this life, once they "belong to the streets" it is difficult to turn back. Though good data are lacking, it is likely that HIV infection is spreading like wildfire among these children. Given their grim reality, it is amazing that as the dawn breaks, so many of them gather at the gate of the Fountain of Hope to attend school. While this school is simply a collection of wooden benches around outdoor blackboards, the desire to learn among these hungry, homeless children gives us hope.

As goes Africa, so will go India, South-East Asia, and the Newly Independent States, and by 2005, more than 100 million people worldwide will be HIV-positive.

According to current projections, by 2005, AIDS deaths in Asia will mirror those in Africa. As the world's most populous continent, Asia will soon come to dominate the HIV picture accounting for one out of every four infections worldwide by the end of the year. Already, trends suggest that Asia may surpass Africa with the highest number of new infections.

India is increasingly at the center of the global epidemic, with more HIV infected people than any other country in the world – an estimated 5 million. While the current death rate remains low in comparison to sub-Saharan Africa, infection rates are increasing rapidly and are expected to double every 14 months. Surveillance of the disease is particularly difficult in India as cultural norms, gender inequities, and stigma continue to drive the epidemic underground. As a result, AIDS cases in India are thought to be under-diagnosed, and therefore, poorly treated. By 2000, AIDS will cost India $11 billion or 5% of GNP.

According to Surgeon General Satcher, "It was only a few years ago that epidemiologists offered projections of disease prevalence for sub-Saharan Africa that were met with disbelief. If the present warnings go unheeded, South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa."

The Newly Independent States have also registered astronomical growth in HIV infection rates over the past few years. In the last four years alone, Eastern Europe and Central Asia have seen six-fold increases in HIV infections.

In the Russian Federation, HIV infections have increased 27-fold between 1994-1997. And in the Ukraine, HIV infections have increased 70-fold. Injection drug use now accounts for 80% of new infections in the Russian Federation and the increasing number of new users signals a growing dual epidemic of AIDS and drugs.

Region	Epidemic Started	Adults & Children Living With HIV/AIDS	Adults & Children Newly Infected With HIV
Sub-Saharan Africa	Late 70's - Early 80's	22,500,000	4,000,000
South & South-East Asia	Late 80's	7,260,000	1,400,000
Eastern Europe & Central Asia	Early 90's	270,000	80,000

Source: UNAIDS

The Response:

Determined leadership and sustained investment have made, and can continue to make, an extraordinary difference and will save millions of lives.

Leadership matters. Amidst the tragedy of AIDS, there is hope. Uganda has shown that even a country with limited resources and a low literacy level can turn the tide on this burgeoning epidemic. President Museveni demonstrated bold leadership early in the epidemic by making every government ministry take the problem seriously, requiring them to develop and implement a plan to reduce AIDS stigma and HIV transmission, and to support those who became sick. In so doing, Uganda created an "enabling environment" for donors to assist in this effort. Over the past decade, the US has invested $46 million (26% of the donor contributions to AIDS in Uganda) in partnership with the Ugandan government, other donors, and non-governmental organizations (NGOs) to provide HIV prevention, care and support. As a result, HIV rates in urban Uganda have been cut in half.

Effective solutions for children orphaned by AIDS are community-based and multi-sectoral. Families and communities not only bear the brunt of the impact of AIDS, they form the frontline of an effective response. In the long-standing African tradition, communities across the continent are searching for creative ways to support the village in its efforts to raise its children. Unfortunately, the growing number of young deaths and orphaned children is beginning to overwhelm many of these small villages. Nevertheless, when residents are brought together to organize in the face of seemingly insurmountable odds. These community partnerships are making the difference by helping to strengthen the capacity of those on the frontline to cope with this ever unfolding crisis.

Through village banks and micro-finance programs, women are receiving loans, starting small businesses, and with increased household incomes, are taking in children orphaned by AIDS. With support, communities are mobilizing to deal with school fees, food assistance, counseling, material support, immunizations and basic healthcare, and the range of other services orphaned and other vulnerable children desperately need.

These efforts are low cost strategies designed to empower women (many of whom are HIV-positive), protect children, and support extended families and communities in caring for their own. Community mobilization and micro-finance programs are affordable, mutually reinforcing ways to build the capacity of families and communities to cope with the impact of AIDS. This approach is universally preferred to the use of orphanages, a solution that can never keep pace with this burgeoning pandemic. For a small fraction of the cost of one orphanage bed, many more vulnerable children can receive care in a family setting. The problem is, only a very tiny fraction of those children in need actually receive even this modest level of support.

Bernadette Nakayima is a remarkable woman from a small village called Kyahusome outside of Maskaka, Uganda. Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in fish, sugar, and cooking oil. With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are now HIV-positive, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" – founded by the First Lady of Uganda, Janet Museveni - linking in solidarity thousands of women allied in this same great struggle.

A focus on children orphaned by AIDS can and should be a catalyst for a more comprehensive fight against AIDS. It is almost impossible to consider the issues surrounding the care and protection of children orphaned by AIDS without also considering HIV prevention and AIDS treatment. It is certainly true that the only way to slow the number of children orphaned by AIDS is to reduce the transmission of HIV infection among parents and prospective parents. Yet today, young people under the age of 25 represent at least 60% of all new infections in sub-Saharan Africa. Until there is an available vaccine, more aggressive prevention efforts, particularly programs targeted to youth, are essential to stem this rising tide of devastation.

Community action to save orphans can help to facilitate effective prevention efforts by reducing stigma, denial, and fatalism in the face of AIDS. Planning for children orphaned by AIDS brings home the very real consequences of HIV – death and orphanhood. These grim realities are all too often denied due to the "conspiracy of silence" that surrounds this illness and its long latency period. But this is a matter of life and death and more. Once denial fades, community mobilization enables those involved to believe that they can change their circumstances for the better. This sense of possibility is a powerful behavior change tool.

Helping keep parents alive assures a better future for their children. The number of children being orphaned by AIDS in Africa is staggering, and those children orphaned are at greater social, economic and health risk than their non-orphaned peers. Parents, guardians, and extended families are best able to provide the nurturing environment for these children. Basic care and psycho-social support can make a huge diffference. The delivery of low cost treatments for opportunistic infections (especially TB), and the provision of psycho-social support, helps people with HIV and AIDS live longer and better lives, and

enables them to plan for the future of their children. In addition, the availability of care and support gives increased credibility to prevention efforts by demonstrating the merits of pursuing HIV testing and counseling.

Ultimately, it is important to remember that children and families caught in the crossfire of this epidemic do not segment their lives into pieces that follow programmatic or budgetary line items. Therefore, the more holistic and integrated the approach to this complex problem – the more effective the result.

Preventing Mother-to-Child Transmission

Ten percent of all new HIV infections in Africa occur through mother-to-child transmission, with nearly 600,000 infants becoming infected per year. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery and one becomes infected through breastfeeding.

Developing methods to reduce mother-to-child transmission of HIV that are feasible in Africa is a high priority. For the past three years, multiple studies have been initiated to find proven interventions that could be workable in poor countries. In February 1998, data from the first of these studies were released from Thailand, which demostrated that a short course of AZT (Zidovidene) could reduce mother-to-infant HIV transmission by nearly 40% in non-breastfeeding infants. Even more recently, on July 14, 1999, the National Institutes of Health announced a joint Uganda-US study breakthrough identifying a low cost drug, nevirapine (NVP) that can reduce mother-to-child transmission of HIV at birth by an additional 50% as compared to the short course of AZT regimen. These drug regimens are far simpler and less expensive than the antiretroviral regimens used in the United States, and potentially just as effective. These new interventions will give pregnant women an incentive to seek HIV testing and counseling, and if infected, to receive treatment where it is available.

These new developments are extremely encouraging and provide hope for being able to save the lives of hundreds of thousands of babies a year – most of whom will live in sub-Saharan Africa. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively translated into productive action. For example, to receive maximum benefit from AZT and perhaps NVP, mothers should not breastfeed. In many areas of sub-Saharan Africa, infant formula is unaffordable and lack of clean water often makes it unworkable. In some cases, babies are as likely to die from diarrhea resulting from incorrect use of formula as they are from AIDS.

The lack of health care infrastructure is also a serious issue. At least 95% of pregnant women do not know they are HIV-positive and currently lack access to the testing and counseling services needed to find out. In many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics currently unequipped for complex interventions. In the poorest parts of Africa, nearly 80% of women lack access to any kind of health care at all.

Further, the stigma of AIDS is often so great that fear of discrimination, violence and abandonment dramatically restrict the ability of women to make safe choices. In cultures where breastfeeding is the norm, women who choose not to breastfeed are assumed to be HIV-positive, often with dire consequences. Recently, an HIV-positive woman in South Africa went public with her status and was stoned to death by her neighbors. Countless other women and children have been left destitute after their husbands discovered, or decided, they were HIV-positive.

These technical and ethical challenges deserve our immediate and urgent attention, so that the promise of these exciting new technologies can become a reality for as many women and children as possible.

The Challenge:

It's time to bring effective interventions to scale. We know what works. Unfortunately, these proven interventions currently fail to reach the overwhelming majority of those in need. Successful small scale efforts must be dramatically expanded. While the magnitude of the global AIDS pandemic is far too extensive for any donor, host government, or multilateral institution to ignore, it is also too great for any single entity to address adequately by itself. To make a real difference, an effective response must mobilize and coordinate the commitment and resources of the full range of key stakeholders, including governments, bi-lateral and multi-lateral development bodies, international organizations, religious networks, the private sector, NGOs, families and communities, and people living with HIV/AIDS. AIDS is everyone's problem and everyone must be a part of the solution.

These are the faces of children and families living in a world with AIDS. Their spirit, their determination, and their resilience inspire all of us to join the fight. We are one world, and these children are our children. Their destiny is our destiny. Each of us can make a difference. Each of us can help save lives. Let us wage this holy war together. And for the sake of our children, we will win.

Archbishop Desmond Tutu

Plan of Action

The Background:

Throughout the Mission's travel in Africa, it was clear that President Clinton's "Partnership with Africa" is making hope a reality, even at the village level. From Kampala to Cape Town, people across Africa know of this historic initiative. Unfortunately, AIDS threatens to decimate the progress of this partnership and everything else in its path. To protect and defend the legacy of growth and opportunity we have built with Africa, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both at home and abroad, is essential.

Given the magnitude of the AIDS pandemic and its devastating impact on child survival, economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, the President established a Global AIDS Emergency Working Group. Included were the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, and the Departments of Defense, State, Treasury, Commerce, and HHS. The Office of National AIDS Policy coordinated this effort, and together the Working Group and the members of the Presidential Mission made specific recommendations. These recommendations form the basis of the Plan of Action now put forward by the Administration.

The Goals:

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of goals for the next five years as described below. The Administration seeks to further these goals through an initiative entitled "Joining Forces for LIFE": Leadership and Investment in Fighting an Epidemic.

- The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- Orphans will have access to education and food on an equal basis with their non-orphaned peers.

- By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

The Initiative:

Joining Forces for LIFE:
Leadership and **I**nvestment in **F**ighting an **E**pidemic

A Global AIDS Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only $165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over $500 million was spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of $600 million is needed in sub-Saharan Africa per year for HIV prevention alone ($2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bi-lateral donors, to be successful. In FY1999, the US Government spent $74 million in USAID prevention and care in Africa and $38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional $100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

- **Containing the AIDS Pandemic ($48 million)** Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

- **Providing Home and Community-Based Care ($23 million)** Deliver counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.

- **Caring for Children Orphaned by AIDS ($10 million)** Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

- **Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development ($19 million)** Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through AID ($55 million), HHS ($35 million), and DoD ($10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels ($81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic.

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with, those of other donors, the private sector, and national governments to ensure synergy and to maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

- **Leadership Meeting** On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

- **African Leaders Summit** We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.

- **UN Conference on Children Orphaned by AIDS** On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.

- **Business** The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic-impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

  The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

- **Labor** The Secretary of Labor will facilitate a meeting of US and African labor leaders, and will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

- **Religious Leaders Summit** The US government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.

- **Diplomatic Initiatives** The Department of State, NSC, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

Conclusion

Nelson Mandela, in accepting the Congressional Medal of Honor, said:

> *"Though the challenges of the present time for our country, our continent and the world are greater than those we have already overcome, we face the future with confidence. We do so because despite the difficulties and the tensions that confront us, there is in all of us the capacity to touch one another's hearts across oceans and continents."*

We are living in wartime and the stakes are high. Tragically, we know the severity of the horror that lies ahead. Fortunately, we also know a great deal about what can be done to protect children and to support families and communities in their battle against AIDS. Across Africa, valiant efforts are being made to stem the rising tide of HIV infection, to prolong the lives of those who are sick and to stitch together a tapestry of family or family-like support systems for the growing millions of children orphaned by AIDS. Partnerships between our government and other donors, host governments, non-governmental organizations, consumer groups, and communities are generating hope and demonstrating promising results.

But the battle against AIDS has just begun, and the worst is yet to come. We need to continue to promote and reward leadership, and to remove barriers that impede a cooperative multi-sectoral response. We need to expand our vision, our capacity, and our resource base – in the face of an ever expanding nightmare that just won't take no for an answer. Living in wartime means pushing forward on several fronts at the same time.

As we seek to keep pace and even gain ground, the magnitude of this challenge looms large. Nevertheless, the faces of the children and families crying out for our help beckon us all to find ways to do better, to be smarter, to move faster, and to develop whatever capacity and partnerships we lack, as we gear up for the long haul.

Attachment A

Trip Manifest

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

MEMBERS OF CONGRESS

Representative Carolyn Kilpatrick
Foreign Operations Subcommittee, Appropriations, and Congressional Black Caucus

Representative Barbara Lee
Africa Subcommittee, International Relations, and Congressional Black Caucus

Representative Sheila Jackson Lee
Founder and Chair, Congressional Children's Caucus, and Congressional Black Caucus

CONGRESSIONAL STAFF

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

NON-GOVERNMENTAL PARTICIPANTS

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

ADMINISTRATION OFFICIALS

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

Attachment B

Groups Visited

	Community Organizations	Government Officials
Zambia	▪ Bwanfano ▪ CHIN ▪ Christian Council of Zambia ▪ Evangelical Fellowship of Zambia ▪ Family Health Trust ▪ Fountain of Hope ▪ McKinney Islamic Center ▪ Mulenga Compound ▪ National AIDS Network ▪ Ndeke House ▪ Project Concern International ▪ Society of Women Against HIV/AIDS ▪ St. Anthony's Compound ▪ Twapia Windows Group	▪ President Jacob Titus Chiluba ▪ Dr. Nkandu Luao, Minister of Health ▪ Peter McDermott, UNICEF Country Representative ▪ Vincent Malambo, Minister of Legal Affairs ▪ Edith Z. Nawakwi, Minister of Finance and Economic Development ▪ Abel Chambeshi, Minister of Youth, Sports and Child Health ▪ Keli Walubita, Minister of Foreign Affairs ▪ Dawson Lupunga, Minister of Community Development ▪ Dr. Moses Sichone, HIV/AIDS Coordinator, GRZ ▪ GRZ public-private orphan task force ▪ Ambassador Arlene Render
Uganda	▪ AIDS Development Foundation ▪ AIDS Information Center ▪ The AIDS Support Organization (TASO) ▪ Foundation for International Community Assistance (FINCA) ▪ Joint Clinical Research Centre ▪ Makerere University ▪ National Community of Women Living with AIDS ▪ Save the Children (UK) ▪ Uganda AIDS Commission ▪ Uganda Cancer Institute ▪ Uganda Virus Research Institute ▪ United Women's Effort to Save Orphans	▪ President Yoweri Kaguta Museveni ▪ First Lady Janet Museveni ▪ Dr. Crispus Kiyonga, Minister of Health ▪ Hajat Janat Mukwaya, Minister of Gender, Labor and Development ▪ Dr. Elizabeth Madraa, AIDS/STD Control Program, Ministry of Health ▪ Rafina Ochago, Commissioner for Child Care and Protection, Ministry of Gender, Labor and Development ▪ Ambassador Nancy J. Powell

	Community Organizations	Government Officials
South Africa	▪ Bethesda House ▪ CINDI Coalition (Children in Distress) ▪ Don McKenzie TB Hospital ▪ Edendale Hospital ▪ Edith Benson Babies Home ▪ Ethembeni Centre ▪ Grey's Hospital ▪ Highway Hospice ▪ Hope Worldwide-Jabavu Clinic ▪ King Edward Hospital ▪ Lilly of the Valley ▪ Makaphuthu Children's Home ▪ Project Gateway ▪ Streetwise Shelter	▪ Nkosa Zana Zuma, Minister of Health ▪ GJ Fraser-Moleketi, Minister of Welfare and Population Development ▪ Dr. Ben S. Ngubane, Premier, KZN ▪ Dr. Zweli Mkhize, Minister of Health, KZN ▪ Siphiwe Gwala, Mayor, KZN ▪ Ambassador James Joseph

Attachment C

US Government Agencies Engaged

Office of National AIDS Policy
Sandra Thurman, Director
Todd Summers, Deputy Director
(202) 456-2437
Web: www.whitehouse.gov/ONAP

U.S. Department of State
Frank Loy, Under Secretary for Global Affairs
(202) 647-6240
Web: www.state.gov

Bureau of Oceans and International Environmental and Scientific Affairs -- Emerging Infectious Diseases and HIV/AIDS Program
Nancy Carter-Foster, Director
(202) 647-2435
Email: ncarterf@state.gov
Web: www.state.gov/www/global/oes/health

U.S. Agency for International Development
Web: www.info.usaid.gov

Bureau for Global Programs, Field Support and Research -- Center for Population, Health and Nutrition
Duff Gillespie, Deputy Assistant Administrator
(202) 712-4120

HIV/AIDS Division
Paul DeLay, Division Chief
(202) 712-0683

Bureau for Africa, Office of Sustainable Development, Human Resources Division
Alex Ross, Deputy Chief
(202) 219-0476

U.S. Information Agency
Joseph D. Duffey, Director
(202) 619-4742
Web: www.usia.gov

U.S. Peace Corps

Center for Field Assistance and Applied Research
(202) 692-2666

U.S. Department of Health and Human Services

Secretary Donna Shalala
Web: www.os.dhhs.gov

Surgeon General and Assistant Secretary for Public Health and Science
David Satcher, Surgeon General and Assistant Secretary
(202) 690-7694
(301) 443-4000

Office of HIV/AIDS Policy
Eric Goosby, Director
(202) 690-5560

Office of International and Refugee Health
Tom Novotny, Deputy Assistant Secretary for Health
(301) 443-1774

National Institutes of Health

Harold Varmus, Director
Web: www.nih.gov

Office of AIDS Research
Neal Nathanson, Director
(301) 496-0357
Web: www.nig.gov/od/oar/index.htm

Centers for Disease Control and Prevention

Jeffrey P. Koplan, Director
(404) 639-7000
Web: www.cdc.gov

Office of Global Health
Steve Blount, Director
(404) 488-1085

National Center for HIV, Sexually Transmitted Diseases, and Tuberculosis Prevention
Helene D. Gayle, Director
(404) 639-8000

National Center for Infectious Diseases
Director James M. Hughes
(404) 639-3401

Food and Drug Administration

Office of Special Health Issues
Terry Toigo, Associate Commissioner
(301) 827-4460
Web: ttoigo@oc.fda.gov

Office of International Affairs
Walter Batts, Director
(301) 827-4480
Web: wbatts@oc.fda.gov

U.S. Department of Commerce

William Daley, Secretary
Web: www.doc.gov

Bureau of the Census - International Programs Center
Peter O. Way, Chief
(301) 457-1390

Health Studies Branch
Karen A. Stanecki, Chief
(301) 457-1406

International Trade Administration
Michael J. Copps, Assistant Secretary for Trade Development
(202) 482-1461

U.S. Department of Defense

Office of the Deputy Assistant Secretary for Clinical and Program Policy
Lynn Pahland, Director of Health Promotion/ Health Affairs
(703) 681-1703

Walter Reed Army Institute of Research
Division of Preventive Medicine
Lt. Col. Patrick Kelley
(202) 782-1353

Attachment D

Key Reference Documents

AIDS Epidemic Update. December 1998. UNAIDS

AIDS in the World, vol. 1 and 2. Jonathan Mann, Daniel Tarantola, and Thomas Netter, ed. 1992 and 1995.

Blueprint for a US/Africa Partnership for the 21st Century. Adopted at the US/Africa Ministerial Meeting, March 1999.

Children on the Brink: Strategies to support children isolated by HIV/AIDS. Susan Hunter and John Williamson. USAID. 1998.

Confronting AIDS: Public Priorities in a Global Epidemic. The World Bank, 1997.

The Economic Impact of AIDS in Africa, An Overview. The Futures Group International for USAID, March 1999

The Economist, January 2, 1999

Public Health as Part of the Strategy of African Economic Growth. Prof. Jeffrey Sachs, Harvard Institute for International Development. March 10, 1999.

Recent HIV Seroprevalence Levels by Country. February 1999. Research Note No. 26. US Bureau of the Census

Regional Overview of AIDS in Africa. Family Health International for USAID. March 15, 1999

UNAIDS Fact Sheet: AIDS in Africa. November 30, 1998.

USAID funding statistics. USAID. 1999

World Population Profile, 1998. Special Chapter: Focusing on HIV/AIDS in the Developing World. US Bureau of the Census

Office of National AIDS Policy
www.whitehouse.gov/ONAP
Phone: (202) 456-2437
Fax: (202) 456-2438
736 Jackson Place
Washington, D.C. 20503

South Africa's AIDS battle turns into a problem for Gore

Vice president seeks to reassure Black Caucus

ASSOCIATED PRESS

Vice President Al Gore is caught in a clash between AIDS activists seeking cheap generic drugs for South African victims of the disease and U.S. laws intended to protect drug companies from having their patents violated abroad.

Mr. Gore, wary of appearing to be siding with the drug industry in an emotion-laden dispute, wrote to the Congressional Black Caucus' chairman that he does not oppose South Africa's attempts to produce or obtain generic AIDS medicines as long as those efforts do not violate laws protecting patents.

Mr. Gore acted after demonstrators from the group ACT UP began showing up at his campaign rallies, saying Mr. Gore was siding with pharmaceutical companies at the expense of Africans with AIDS. It created a policy dilemma for Mr. Gore, and aides worried it would haunt his bid for the Democratic presidential nomination.

"I want you to know from the start that I support South Africa's efforts to enhance health care for its people," Mr. Gore wrote in last Friday's letter to Rep. James E. Clyburn, South Carolina Democrat. "I support South Africa's effort to provide AIDS drugs at reduced prices through compulsory licensing and parallel importing, so long as they are carried out in a way that is consistent with international agreements."

"What does that mean?" asked Dr. Peter Lurie, an activist with Public Citizen who has performed AIDS research in South Africa. He said if Mr. Gore is saying that South Africa's law is inconsistent with international law, "then this letter means absolutely nothing."

Mr. Gore's letter was prompted by a letter June 24 from Mr. Clyburn, who chairs the caucus. He asked Mr. Gore to state clearly the position he took with South African President Thabo Mbeki regarding South Africa's Medicines Act.

Dr. Donna M.C. Green, the Virgin Islands' elected Democratic delegate to Congress, had heard AIDS activists' claims that Mr. Gore was helping pharmaceutical companies thwart South Africa's efforts to bypass U.S. patent laws so it could get AIDS medicines at a lower cost.

"All of us got a bit concerned. We thought we generally were on the same page with him on this issue," Mr. Clyburn said. He said he thought the AIDS activists had unfairly targeted the vice president, but he now feels "my suspicions as to what this was all about seem to have been well-placed."

Chris Lehane, a Gore spokesman, said: "This is one of those situations where emotions are obscuring what the real information is. The vice president supports efforts to provide South Africa with AIDS drugs at reduced prices. He's working to create a framework to make that happen."

Nevertheless, ACT UP promised to keep protesting and said it would challenge other presidential candidates on the issue, too.

"This statement is smoke and mirrors. We want action," said Asia Russell of ACT UP Philadelphia, which amassed 400 protesters outside a Gore event Monday. "We plan to continue our work against Gore until he does more than simply issue a statement about this yearlong effort . . . to do the dirty work of the pharmaceutical industry."

South Africa's 1997 law granted the government unspecified power to obtain cheaper AIDS drugs for the country, where more than 3 million people are HIV positive and 2.5 million children are expected to be orphaned because of the virus over the next 10 years.

About 40 pharmaceutical companies in South Africa, Europe and the United States are challenging the law in South African courts, fearing it may be used in a way that violates patent rights.

Mr. Gore said in his letter that the Clinton administration expressed concerns about the law's vagueness and asked the South African government to assure it would "not undermine legal protections" for patent holders.

According to Gore aides, the misunderstanding began in February after the State Department submitted a report on U.S. efforts to get the Medicines Act amended. A provision inserted into last year's budget required the report as a condition for releasing U.S. aid to South Africa.

The Washington Times

FRIDAY, JULY 2, 1999

CULTURE, *et cetera*

Choosing what?

"In 1992, Al Gore scored points with pro-abortion voters in a debate with former Vice President Dan Quayle when he challenged Mr. Quayle to '[Repeat] after me: "I support the right of a woman to choose." Can you say that?'

"Maybe this year, the Republican nominee will have to ask Mr. Gore whether he possesses the ability to use the word *abortion*. In two major speeches last month . . . Mr. Gore expressed his commitment to a 'woman's right to choose' but stopped short of saying what she could choose.

"He wasn't always so reticent . . . in remarks to a November dinner for the National Women's Law Center, he threw in the common Clintonian line about the importance of 'making abortion safe, legal and rare.' But in a June 1 speech at a Women for Gore event, Mr. Gore . . . [said] 'And know this, I will always, always defend a woman's right to choose.' . . .

"Why the sudden reluctance to say *abortion*, even when speaking

Al Gore

on the subject? Why just vague references to women and choosing? Is he concerned that saying the actual word *abortion* will undermine his recent attempts to cast his campaign in a religious glow?"

— Timothy Lamer, writing on "Ducking the 'A' word" in the July 3 issue of World

Conservative kids

"[The Nickolodeon network] commissioned a national poll of 6- to 14-year-olds and parents to find out what's happening with kids and what's important to them, our Kids' State of the Union. . . .

"We found that the state of the union for kids today is surprisingly good. Kids today tell us that they are content, secure and family-focused. . . .

"When we were kids, our parents always told us that anyone could grow up to be the president. When you ask today's kids, that's literally true. . . . But their question is, who wants to be president anyway? Only four in 10 want to be president at all. Their reasons, however, don't appear to be a disdain for politics but a recognition that the job itself is a major hassle.

"Still, the bottom line is that these kids want to be good moms and good dads and they want to be part of the helping professions. Their outlook is very down-to-earth and people-focused.

"Kids also indicate having a strong sense of values. More than 70 percent of the older kids in the study said it was important to wait until they got married to have sex. They also said they don't expect to have sex until they're 23. I think parents feel good about that. But here's a contrast. Their parents expected their kids to begin having sex at 18. You know, this may be the first generation of parents that are more liberal than their kids."

— Herb Scannel, Nickolodeon president, in a luncheon address Tuesday at the National Press Club

Wimp of the jungle

"Disney's new animated Tarzan is the politically correct heir of several generations of Hollywood Tarzans — a facsimile of a facsimile. Gone is the social Darwinist worldview that underpinned the original. . . . The embarrassing problem of what to do with the 'natives' in a post-racist age is solved by eliminating the natives altogether. Disney's gorillas live in a jungle uninhabited by human beings, until Europeans intrude.

The Tarzan in Disney's new animated movie lacks some of the characteristics of Hollywood Tarzans from past generations.

"The Disneyfied Tarzan is such a wimp that he is not allowed to kill anything or anybody, although our Paleolithic pacifist is permitted to use martial arts techniques in self-defense. The two villains of the movie are a homicidal . . . cheetah and an English hunter — the Evil White Male without which no PC epic would be complete. . . . This Tarzan is a warrior for our day, when the United States refuses to send soldiers into combat because one of them might actually get hurt."

— Michael Lind, writing on "Disney turns Burroughs' Ape-Man into a Momma's Boy," a June 25 posting in the on-line magazine Slate

The Washington Times

FRIDAY, JULY 2, 1999

file

TALKING POINTS
DISCHARGE OF HIV-POSITIVE MILITARY PERSONNEL

Background

The President intends to sign the conference agreement on H.R.1530, the National Defense Authorization Act. The legislation includes important reforms in military acquisition rules, an increase in pay for military personnel, and other issues vital to the national interest. It also contains a provision, opposed by the President, requiring the retirement or discharge of personnel who are HIV-positive.

Key Points

- The President and his Administration have vigorously opposed this provision. The President cited it as one of the reasons for his veto of the earlier version of this legislation.

  I find the provision to be deeply offensive. It flies in the face of medical advice and singles out one group of Americans for differential treatment and discrimination.

  These men and women are willing and able to continue serving their nation. This provision is an insult to their commitment.

- During the negotiations over the revised version of the legislation, the Administration aggressively sought to have this provision omitted from the final legislation. Sadly, these efforts were not successful.

- The overall legislation is vitally necessary for the national security of the U.S. I fully understand the need for the President to sign this legislation.

- The Administration intends to take the following steps to mitigate the effect of the legislation on the men and women of the Armed Forces who would be adversely affected by this legislation:

  – Patsy Fleming, Director of National AIDS Policy, is meeting today (1/26) with senior officials from the Department of Defense and the Department of Veterans' Affairs to discuss ways to protect the medical and other benefits of these men and women;

  (The legislation restricts the availability of benefits to care in VA facilities and CHAMPUS coverage.)

  – The Administration will work closely with a bipartisan group of House and Senate members to pursue legislation to reverse this policy before it takes effect in six months.

file HIV/AIDS

DEFENSE AUTHORIZATION BILL
INTERNAL TALKING POINTS

The President will sign the National Defense Authorization Act for 1996 because it strengthens our national defense, improves the quality of life of our service men and women and their families, and funds vital defense programs.

The President is strongly opposed to a provision in the bill which requires the discharge of any military personnel who is HIV-positive. The President believes that this provision is clearly discriminatory and wholly unwarranted. He fully supports legislative efforts to repeal this provision and, in the meantime, is committed to ensuring full benefits for these servicemen and their families.

1. Benefits of the Bill

- Pay Increase and Bonuses: The bill authorizes full increase in pay and allowances for military personnel, as the President urged -- 2.4% increase in basic pay and allowance for subsistence and 5.2% increase in basic allowance for housing. The bill also extends crucial bonuses to retain skilled personnel in aviation, nuclear power, nursing and hazardous field duty.

- Procurement Reform: As the President urged, the bill simplifies the purchase of commercially-available goods and services; streamlines and clarifies procurement integrity laws; simplifies acquisition of information technology like computers and telecommunications equipment. These reforms are consistent with the Administration's efforts under the National Performance Review to create government that works better and costs less by adopting best practices of successful private sector companies.

- Military Housing: The bill provides new authority to acquire and improve military housing by using private expertise and capital. This is an important step to improve the quality of life and keep our best people in the service.

- Military Construction in Bosnia: The bill authorizes necessary military construction of special importance to mission in Bosnia, including headquarters, barracks, airfields, railroads, bridges and roads.

- Assist Prosecution of War Crimes in Bosnia and Rwanda: The bill approves the President's proposal to allow U.S. to extradite indicted war criminals and provide evidence to International War Crimes Tribunals for the Former Yugoslavia and Rwanda.

- Corrects Most Deficiencies of Bill President Vetoed 12/28/96: This revised bill corrects three major problems that led to the President's veto -- which Congress upheld. The bill:
(i) no longer mandates deployment of 50-state "Star Wars" missile defense system by 2003 which would have put us on collision course with ABM Treaty; (ii) no longer requires Presidential certification/waiver to assign US armed forces to UN missions; (iii) no longer mandates supplemental budget requests to fund overseas military contingency operations.

2. HIV Provision

The Act contains a provision requiring the discharge of all military personnel living with the Human Immunodeficiency Virus (HIV). The President -- together with Defense Secretary Perry and Chairman of the Joint Chiefs Shalikashvili [see attached statement] -- strongly opposes this provision because it is:

- Unnecessary: Requires discharge regardless of whether there is any medical or military necessity; a physical evaluation system is already in place to determine fitness for duty of HIV-positive personnel.

- Discriminatory: Singles out military personnel living with HIV and differentiates them from those suffering from other illnesses or disabilities for which discharge is not required.

- Punitive: Service members discharged pursuant to this provision would not receive benefits to which they would otherwise be entitled had they continued to serve until it became medically necessary for them to retire.

- Wasteful: Wastes the government's investment in the training of discharged individuals; disrupts the military programs in which they play integral role.

- Unconstitutional: After consulting with the Department of Justice, the President has concluded that the provision violates the equal protection clause by requiring separation of physically able service members living with HIV without furthering any legitimate military purpose.

3. Administration Actions on HIV Provision

- Seek Immediate Repeal: The President is fully supporting efforts in Congress to repeal this provision.

- Ensure Full Benefits to Affected Personnel: The President has directed the Departments of Defense, Veterans Affairs and Transportation to take any necessary steps to ensure that affected service members and their families receive the full benefits to which they are entitled, including health care coverage for families, disability retirement pay and transition benefits such as job training. [See attached Presidential Directive.]

- Decline to Defend Provision in Court: The President has directed the Attorney General to decline to defend this provision in any court.

Attachments:

- Statement by Defense Secretary Perry and Chairman of the Joint Chiefs Shalikashvili

- Presidential Directive

NEWS RELEASE

OFFICE OF ASSISTANT SECRETARY OF DEFENSE
(PUBLIC AFFAIRS)
WASHINGTON, D.C. - 20301
PLEASE NOTE DATE

IMMEDIATE RELEASE February 9, 1996

No. 070-96
(703)697-5131(media)
(703)697-3189(copies)
(703)697-5737
(public/industry)

Joint Statement by Secretary of Defense William J. Perry and Chairman of the Joint Chiefs of Staff, General John M. Shalikashvili

Section 567 of S.1124, the National Defense Authorization Act for Fiscal Year 1996, requires the separation from the armed forces of any member who is HIV-positive.

This provision will require the discharge of over 1000 service members who, although they have tested HIV-positive, are currently deemed fit to perform their duties. While non-deployable, they join other service members in that category.

To discharge all of these service members arbitrarily as section 567 mandates would be both unwarranted and unwise.

Section 567 is unnecessary as a matter of sound military policy because there is already in place a physical evaluation system to determine the fitness for duty of HIV-positive personnel.

Discharging service members deemed fit for duty would waste the government's investment in the training of these individuals and be disruptive to the military programs in which they play an integral role.

There are service members who suffer from diseases that make them non-deployable, but who are still permitted to serve their country so long as they meet uniform retention standards. Decisions on their retention are made on an individual basis in accordance with current regulations. Section 567 singles out those members who are HIV-positive and requires discharge regardless of their ability to perform. This violates a standard traditionally used by the services for retention and thus undermines a fair policy of evaluating retention on medical and service issues on an individual basis.

- END -

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 9, 1996

February 9, 1996

MEMORANDUM FOR THE SECRETARY OF DEFENSE
THE SECRETARY OF TRANSPORTATION
THE SECRETARY OF VETERANS AFFAIRS

SUBJECT: Benefits for Military Personnel Involuntarily Separated from the Armed Services as a Result of HIV

The National Defense Authorization Act for Fiscal Year 1996 (S. 1124) contains a provision I strongly oppose, which requires the discharge of all military personnel living with the Human Immunodeficiency Virus (HIV), regardless of whether there is any medical necessity for such discharge. This provision is clearly discriminatory and wholly unwarranted. It is also highly punitive. Service members discharged pursuant to this provision would not receive the benefits to which they would otherwise be entitled had they continued to serve until it became medically necessary for them to retire.

Consequently, I will give my full support to legislative efforts to repeal this provision.

In the meantime, I am committed to ensuring full benefits to these service members and their families to ameliorate the unfair burden this legislation will place on them. I am therefore directing you, in consultation with the Office of Management and Budget and such other agencies as may be appropriate, to take all necessary steps, consistent with applicable law, to ensure that these service members and their families receive the full benefits they are entitled to, including, among other things, disability retirement pay, health care coverage for their families, and transition benefits such as vocational education.

This memorandum is for the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable by any party against the United States, its agencies or instrumentalities, its officers or employees, or any person.

WILLIAM J. CLINTON

# # #

file AIDS/
DOD

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 9, 1996

PRESS BRIEFING
BY COUNSEL TO THE PRESIDENT JACK QUINN
AND ASSISTANT ATTORNEY GENERAL WALTER DELLINGER

The Briefing Room

1:41 P.M. EST

MR. MCCURRY: Good afternoon, everyone. I apologize for the delay, but I wanted to be in a position to report to you on several decisions the President has just taken.

As you know, the President is expected to render final judgment tomorrow on the FY 1996 Defense Authorization bill. More on that subject -- much more later. But there was a provision of that bill that was of very great concern to the administration. The President 's just made decisions concerning the legality of that provision; also signed a directive related to how the Executive Branch will cope with the consequences of that provision. What I'd like to do is ask legal counsel Jack Quinn to talk about the decisions the President has just taken. With him is Assistant Attorney General Walter Dellinger. And it is a great honor to turn the podium over to my colleague, Jack.

MR. QUINN: Thank you, Michael.

Thank you and good afternoon. As Mike indicated, we anticipate that tomorrow the President will sign the Department of Defense Authorization bill. As you also know, the President's indicated previously that there's a provision in that bill that he finds completely abhorrent and offensive -- the Dornan Amendment, which would require the Armed Forces to toss out of the military everyone who is HIV positive, no matter what the cause of that affliction, and despite the fact that these people are physically and medically able to perform their military duties.

This provision of the bill, in the President's judgment, is mean-spirited and serves no purpose other than to punish people who deserve this government's help, not its hatred.

The President's response to this provision is three parts. First, we will vigorously support the Kennedy-Cohen legislation which we anticipate will soon be introduced to repeal the Dornan Amendment. The President calls upon Congress to act swiftly on this legislation and pass it.

The second, the President has determined that this provision is unconstitutional. He's, therefore, directed the Attorney General not to defend it in court. The President has been informed in this regard by the Department of Defense that in its judgment the Dornan Amendment serves no legitimate military purpose; that it is arbitrary, unwarranted, and unwise.

If I may, I'd like to read a portion of the joint statement which the President received on this recently from Secretary Perry and Chairman of the Joint Chiefs Shalikashvili. It reads in pertinent part as follows:

"To discharge all of these service members arbitrarily, as Section 567 mandates, would be both unwarranted and unwise. Section 567 is unnecessary as a matter of sound military policy because there is already in place a physical evaluation system to determine the fitness for duty of HIV positive personnel. Discharging service members deemed fit for duty would waste the government's investment in the training of these individuals and be disruptive to the military programs in which they play an integral role.

"This provision violates a standard traditionally used by the services for retention and, thus, undermines a fair policy of evaluating retention on medical and service issues on an individual basis.

Based on this advice from the Department of Defense and Joint Chiefs of Staff, and after consulting with the Department of Justice about the legal effect of that advice, the President concluded that the Dornan Amendment is unconstitutional. It arbitrarily discriminates and violates all notions of equal protection. Again, at the direction of the President, the Attorney General and the Department of Justice will decline to defend this provision in court. If the Congress chooses to defend this treatment of men and women in the military, it may do so. But this administration will not.

Finally, we hope that no service member will be discharged under this provision if Congress does what it should and repeals it. But in case that does not happen quickly enough, the President is directing the Departments of Defense and Veterans Affairs, as well as the Department of Transportation, which is responsible for the Coast Guard, to take all necessary steps to ensure that separated service members and their families will get the full measure of benefits that they should, including disability retirement pay, health coverage for their families, and transition benefits such as job training.

We'll be happy to take questions, but I'd like to invite Assistant Attorney General Dellinger to add to my statement.

MR. DELLINGER: We advised the President that this provision, which discriminates against a group of healthy and productive members of the Armed Services, would be constitutional only if it serves a legitimate governmental purpose. After consulting with Secretary Perry and the Joint Chiefs, the President concluded that the provision does not serve any valid military or other purpose. Based on the Pentagon's military conclusion, and after consulting with the Department of Justice about the legal effect of those conclusions, the President appropriately determined that the provision is unconstitutional and that the Department of Justice should not defends its constitutionality in any litigation.

We'd be happy to answer questions.

MR. QUINN: May I just add -- Mike reminds me that copies of the statement by Secretary Perry and General Shalikashvili, as well as the directive I alluded to, will be available to you in a few minutes.

Q Did the President have the opportunity to tell the Defense Department not to enforce the law if he finds it unconstitutional?

MR. QUINN: We discussed that matter. I'm going to ask Walter to elaborate on it. There are ample reasons why we're not in a position to direct the Secretary of Defense not to enforce it. What it boils down to, frankly, is that we don't have the benefit of a prior judicial determination to the effect that this provision is

unconstitutional, and in circumstances where you don't have the benefit of such a prior judicial holding, it's appropriate and necessary to enforce it. Among other things, by setting in motion enforcement of this policy, that is how we will get a case moving, the ultimate result of which, of course, we believe firmly will be for the courts to strike this down as unconstitutional.

Q Will that be tomorrow, immediately after --

MR. DELLINGER: Let me add one point to that, Ms. Thomas. When the President's obligation to execute laws enacted by Congress is in tension with his responsibility to act in accordance with the Constitution, questions arise that really go to the very heart of the system. And the President can decline to comply with the law, in our view, only where there is a judgment that the Supreme Court has resolved the issue. And here the courts have not had an opportunity to resolve it, and the action the President is taking, if the leadership of the House and Senate choose to defend this provision, will ensure that the courts are presented with a full range of argument in making their determination.

Q How long will that take?

Q Is there a particular case you will rely on in your judgment that this is unconstitutional, or is it just some reading you're making of the Constitution as written?

MR. QUINN: We are going to rely upon the judgment that the President has made in consultation with the Joint Chiefs and the Secretary of Defense that this provision serves no valid military purpose. And if that is the case and that is their determination, we'll present that determination. That is the basis of the President's decision that the Department will not defend the constitutionality of this provision.

Q That phraseology itself suggests that there must be some body of case law that derives from this that you would cite as an example.

MR. QUINN: In cases like this where you have a discrimination worked on the face of a statute, the question the courts ask is, is there a rational basis for this discrimination? Does it serve some valid, legitimate, rational government objective? The people to whom that question is properly put by the President are the Secretary of Defense and the Chamber of the Joint Chiefs. They've indicated to the President that, in fact, no, this provision does not pass that test. It does not serve a valid military purpose, and, in fact, according the statement I just read you, it is detrimental to the military mission.

Q There must be some cases where that's been found an applicable standard, though. There must be --

MR. QUINN: There are a ton of cases, yes. There are a ton of cases, absolutely. Absolutely.

Q Jack, you mentioned that the -- if the law goes into effect, that the discharged members will receive a full measure of benefits. Would they receive benefits above and beyond what any honorably discharged member of the service --

MR. QUINN: Yes. Here's what we're trying to do with this directive. What we want to do, what the President is determined to do with this directive is to make sure that in the unhappy event that the court doesn't quickly enough strike down this provision and some of these people are discharged, that they would get the full measure of benefits that they would get if they were retired for medical reasons.

Now, the directive, you'll see, asks the affected departments to flesh that out. But, again, we're talking about disability retirement. We're talking about the provision of health insurance for families and making transition benefits available. None of those things will now be available in the absence of this directive. The President is determined to make sure we do everything we can to soften any blow if we're unsuccessful in warding off that blow.

Q -- definitely will receive medical --

MR. QUINN: I'm not an expert on -- the answer is yes. I'm advised the answer is yes.

Q Jack, is there any precedence -- do you know of a precedence for a President refusing to enforce a -- to defend a law?

MR. QUINN: Yes. Yes, there's ample precedent for Presidents refusing to defend enactments of the Congress in court. President Roosevelt -- Franklin Roosevelt -- did this in what at the time was a well-publicized matter, but there have been many other occasions. I'll let Walter elaborate on that.

MR. DELLINGER: Let me give you just one example. In 1943, President Roosevelt signed the Urgent Efficiency Appropriation Act notwithstanding his reluctance because of a provision that in his view violated the Constitution by depriving named individuals who were singled out by Congress of the right to ever receive any pay from their government jobs. The President directed the Attorney General not to defend the constitutionality of the provision. The Senate, in fact, defended in the Court of Claims through counsel, and the court ruled in United States versus Lovett that the President was correct in his conclusion and held that provision of the Urgent Efficiency Appropriations Act unconstitutional.

Q So what you're trying to do is you're looking for a case? It sounds as though what you're doing is you're seeking a case as soon as you can --

MR. QUINN: Well, it is as sure as the sun will come up tomorrow that a lawsuit will be filed the moment that this provision is put into effect. We don't have to seek one out, one will be filed.

Q What will be the mechanics, the legal mechanics of that at that point? Is the idea that if the administration doesn't defend the constitutionality of this in court that in essence you're --

MR. QUINN: The Attorney General -- my expectation is that the Attorney General, having been directed by the President not to defend this in court, will notify the congressional leadership and indicate to the congressional leadership that if it chooses to defend this enactment it may do so, but that this administration will not. I can't answer -- I'm sorry?

Q Any indications of what the leadership will do? Have you talked to them about it, working with them on the repeal, or whatever?

MR. QUINN: No. I have no idea --

Q Do you know what their --

MR. QUINN: I do not. I do not. I look forward to seeing how they will respond.

Q Maybe I just didn't notice, but we did not see a lot of administration public complaint about this provision when the bill was working its way through Congress, nor, as far as I know, was it a veto element in the -- or was it? I mean, I don't -- what's the history of you trying to get this done before it happened?

MR. QUINN: I'm advised that our opposition to this provision was stated clearly in our statement of administration policy on the bill.

Q But not as -- you said then you wouldn't veto the bill over it, right?

MR. QUINN: The President is not vetoing the bill.

Q On its effect on the military, the argument you're using that it's arbitrary, the congressional Republicans who sponsored this say that the current policy does affect military readiness because people who test positive for HIV are given shore leave while others have to go overseas or on ship, and that they right now get preferential treatment. What is your response to that?

MR. QUINN: Well, I can't rely on Congressman Dornan to give us advice about military readiness. We have to rely on General Shalikashvili and Secretary Perry, and they conclude to the contrary. And, frankly, I'm satisfied with that, as is the President.

Q -- to knock down the Dornan provision? Aside from taking a hands off position, would the administration file a -- brief in support of the plaintiff? Would you join as a party in court, or would you just not appear at all?

MR. QUINN: We would certainly consider that. I'm not prepared today to give you a definitive answer to that, but nor will I rule it out.

Q As a practical matter, how many people are affected by this?

MR. QUINN: About a thousand. About a thousand.

Q If the court -- successful, would you make any promises to them that they would be rehired or accepted back into the military?

MR. QUINN: I'm sorry -- if the --

Q If you have to start discharging these people, then six months later, nine months later you win in court -- or, I'm sorry, plaintiff wins in court, are you going to make any kind of promises these people will be able to go back into the military?

MR. QUINN: I'm sure that we will do everything we can not only to keep these people in the military, but to reinstatement in the event that separation procedures are started.

MR. DELLINGER: Let me make one thing -- the statute provides that separation can take place at a period up to six months. It says, as soon as practicable, but not later than the last day of the six months. So there is a six-month period of separation. So that there is not a requirement under the law that separation be immediate, given the practicalities of the military determination. So that will not take place.

MR. QUINN: Let me add to this point that no one will be separated until the last possible moment.

Q But could you explain -- you'll have a thousand people who will lose their jobs because of a provision that the President believes is unconstitutional. Why did he, therefore, decide to sign it?

MR. QUINN: There are ample good reasons why the President is in a position that he has to sign this bill in order -- we are going to do more on that, I guess, at a 2:00 p.m. briefing, laying out in some detail the many parts of this bill that really do impel the President to sign it.

Q Jack, does the consideration for dismissal begin immediately? And as that consideration is underway, there's this six-month lag time -- is that what you're telling us?

MR. QUINN: I'm telling you that the -- I hope this answers the question -- that the Secretary will undertake to set in motion procedures to effectuate this provision.

Q Immediately?

MR. QUINN: Immediately. That, we believe, will create the condition under which a lawsuit might appropriately be brought on behalf of the potentially affected military men and women.

Q So a lawsuit could be brought immediately if someone was under consideration for dismissal?

MR. QUINN: Yes.

Q And do you already have somebody picked out to do that?

MR. QUINN: No. We don't represent the plaintiffs in those cases.

Q How long would it take, ballpark, for it to work its way up through to the Supreme Court before we get an answer?

MR. QUINN: I don't know. It could take a good deal longer than six months before you get a final resolution of this. But bear in mind that that does not mean that in the meanwhile there will necessarily be a separation of these people from the military. It is entirely possible that a court will enjoin the separation of these people from the military pending final resolution.

What happens in a case like this is that a court will have to consider at some point early in the process the question whether an injunction should issue. Whether it should issue or not turns on the relative burdens that would be imposed on either side by granting or not granting, and on the important question of likelihood of success on the merits eventually. In our judgment -- and I think our having taken the position we do contributes to this outcome -- the likelihood is that a court will see at an early point in time that the plaintiffs in these cases have a very high likelihood of success on the merits. That being the case, combined with the fact that their discharge would work a real injustice and burden on them, it well may be that any such separations will be enjoined. But we'll just have to see how that plays out.

Q Jack, there have been cases where military people were discharged from the service as incapable of performing service, highly decorated people, because war wounds created a disability. I think, if not mistaken, one case in point was Jim Webb who went on to become Navy Secretary. How are people who are separated because war wounds disabled them different? I think you're establishing a double standard here.

MR. QUINN: Not at all. Not at all. They, in fact -- on the contrary. It is the judgment of General Shalikashvili and Secretary Perry that each and every one of these people is able to perform his or her military duty.

Q What is the current policy for someone who is not -- who is diagnosed with AIDS as opposed to HIV-positive?

MR. QUINN: If they meet the standards, if a person has AIDS and meets the standard of medical disability for a separation, they are separated on the same basis of everyone else who meets the -- I believe it's a 30-percent disability standard or some other disability standard. It's the same standard regardless of the condition.

The group of people that are affected by this law are people who are not medically disabled; that is, they're healthy individuals performing their tasks. Anyone who is medically disabled, whatever the cost, is transferred on the same basis, whether it is AIDS -- these are people who have at this point -- it includes people who are only tested as being positive for the HIV virus.

Q And diagnosis of AIDS renders them medically disabled?

MR. DELLINGER: It subjects them to the same standards of disability, depending on what the actual disability is. All conditions, what the military looks to in those instances of discharge, is what someone's condition is, regardless of its cause.

Q What's the practice with people with AIDS? Are they discharged or not?

MR. DELLINGER: I assume they're treated under the same medical disability as others. But that's a question for the Defense Department.

Q You keep saying that, but you can't -- that doesn't answer the question. Do you know what happens to them?

MR. DELLINGER: Mike will check it for you. I'm sure that's right.

THE PRESS: Thank you.

END 2:03 P.M. EST

VITAE
worldwide AIDS prevention effort

JOHN P. HANLEY
Coordinator

1706 Colonial Lane • Northfield, IL 60093 USA • (708) 441-7261

file

2/27/95
Ms Vereen,
Thanks For your kind letter
of Jan. 24, 1995 - see enclosed -
This is the only file being
sent to the President
First Lady
God love You
Pat Hanley

February 27. 1995

Paul J. Dunn, M.D.
One Gale Avenue, NO. 2C
River Forest, Illinois 60305

Dear Dr. Dunn,

The very nice note of yours is most appreciated.

What we are doing is sending the enclosed file to those listed below as we have not had a reply to our request of Cardinal O'Connor that he help us in our trip to Rome.

You, having the beautiful experience of Robert Galvin and I having the worldwide implementation of the aircraft automatic direction finder WEATHERAMA with Paul Galvin certainly should bear some merit in the present circumstances of the Fertility Finder at this point in time acceptable to worldwide usage with the exception of the Catholic Church.

If I am successful in obtaining help from any of those listed I am hoping you and Mrs. Dunn will go with Kay and I to Rome.

God love you both and your 10 children.

Sincerely,

Pat

John P. Hanley

encls:
cc: President Bill and First Lady Hillary Rodham Clinton
Joseph Cardinal Bernardin
John Cardinal O'Connor
Msgr. Frank Devane, Attache, Permanent Observer of the Holy See to the UN
Rev. Msgr. Robert N. Lynch, General Secretary, United States Catholic Conference

MOTOROLA MUSEUM
Artifact Collection

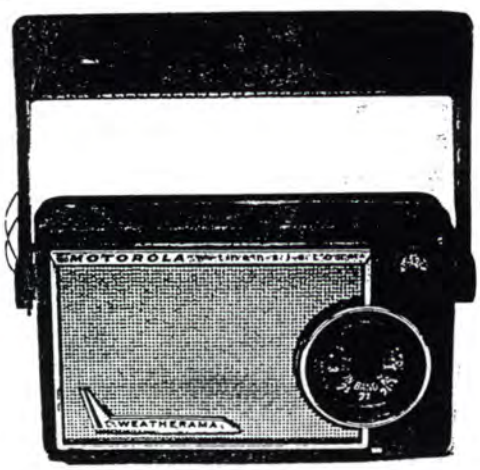
ACCESSION #: 1989.1548
DOCUMENT #: 1819
RECORD GROUP CODE: 05 PRODUCT CODE: P7
OBJECT: RADIO, PORTABLE
MODEL #: 6X39A SERIAL #: 5526
YEAR: 1958 C. DESIGNER/INVENTOR: JOHN P. HANLEY
MATERIALS: METAL, PLASTIC
CONDITION: FAIR
DIMENSIONS H: 3 1/2 W: 5 3/4 D: DIAM:
PATENT#:
DESCRIPTION: SILVER COLORED METAL BACK, GRAY-BEIGE FRONT. BROWN HANDLE/STAND. FRONT: SILVER MESH SPEAKER GRILLE LEFT TWO-THIRDS WITH "WEATHERAMA" ON AIRPLANE EMBLEM LOWER LEFT. CIRCULAR STATION DIAL RIGHT, "STANDARD BEACON BAND" AROUND CENTER, KNOB ABOVE, SWITCH BELOW.

COMMENTS: PER DONOR: FIRST MOTOROLA WEATHERAMA PRODUCTION UNIT PRESENTED TO ARTHUR GODFREY DEC. 7, 1957.

SIGNIFICANCE: PER DONOR: PROVIDED LOW FREQ. AIRCRAFT WEATHER BAND RECEPTION, ALSO AUTOMATIC DIRECTION FINDER FOR EMERGENCY USE AS A HOMING DEVICE

REFERENCE FILE:
PHOTO ROLL #: 245 NEG. #: SLIDE:
SOURCE: JOHN P. HANLEY
ADDRESS: HORIZONS, 580 SUNSET ROAD, WINNETKA, IL 60093

DATE RECEIVED: 8/15/1989
PURCHASE PRICE: GIFT
DISPOSITION DATE: METHOD:
VALUE RECEIVED: RECIPIENT:



MOTOROLA INC.

Terri Sinnott
Manager, Museum Collections and Exhibits
Motorola Museum of Electronics
1297 East Algonquin Road, Schaumburg, Illinois 60196
Telephone: (708) 576-7814 or (708) 538-2945 Fax: (708) 576-6401

JOHN PATRICK HANLEY INCORPORATED

OFFICE OF THE PRESIDENT

625 Ivy Court
Kenilworth, Illinois 60043
Cable Address YELNAH
312 251 9283

August 2, 1979

Your Holiness,

The computer application of fertility control is evidenced by the simple Fertility Finder enclosed.

As the patent rights were granted the day before yesterday on July 31, 1979 the feast day of St. Ignatius of Loyola, I would like to as did St. Ignatius offer my services for the special interests and for whatever use of by the Pope.

The Fertility Finder is based on a computer study done on the Atlas Computer of the University of London as reported in the Nov. 1969 issue of Population Studies published by the London School of Economics.

Basically it shows that as 85% of menstrual cycles are the normal 28 day cycles, the fertile period will fall at midpoint in the cycle. In other words allowing for variance the fertile period taking into account the life span of the sperm and the egg, will be from the 11th to the 18th day from the beginning of the menstrual cycle.

The 15% of irregular menstrual cycles can be regulated medically with pharmaceuticals which will then enable those so regulated to use the Fertility Finder as well.

The enclosed letter from The World Bank indicates the availability of aid to the 127 member countries of The World Bank.

Whatever additional information, documentation, samples etc. that you would desire can be forthcoming.

As a matter of interest I am enclosing a copy of my dear friend Brother Michael Murphy M.Ss.A of the DeRance Foundation picture taken with Your Holiness.

MEMBER

CHICAGO ASSOCIATION OF COMMERCE AND INDUSTRY

Sincerely,

John P Hanley

John P. Hanley

CURIA PRAEPOSITI GENERALIS
SOCIETATIS IESU
ROMA - Borgo S. Spirito, 4

5 October 1994

Mr. John Patrick Hanley
1706 Colonial Lane
Northfield, IL 60093
U. S. A.

Dear Pat,

Yesterday I received your letter written on the feast of the Holy Archangels: I think Gabriel must have delivered it himself, or inspired the Roman mail system to perform prodigies for you, given the usual letter-delays here.

Anyway, I hasten to answer the question you end with, about seeing you in Rome during Holy Week. Regretfully, I have to inform you that, barring something unforeseen and very unexpected, I will have left Rome by that time for another assignment, whose whereabouts I don't yet know. It could be in Chicago, in which case we can see each other a bit more easily, but it could also be in Africa: I don't know if Bill would spring for that as well! Larry Reuter can keep you informed of where I am.

God bless you and your work.

Sincerely in Our Lord,

Fr. Jack O'Callaghan

John J. O'Callaghan, S.J.

JOHN PATRICK HANLEY

1706 COLONIAL LANE
NORTHFIELD, ILLINOIS 60093
(708) 441-7261

3rd Sunday in Advent
1990

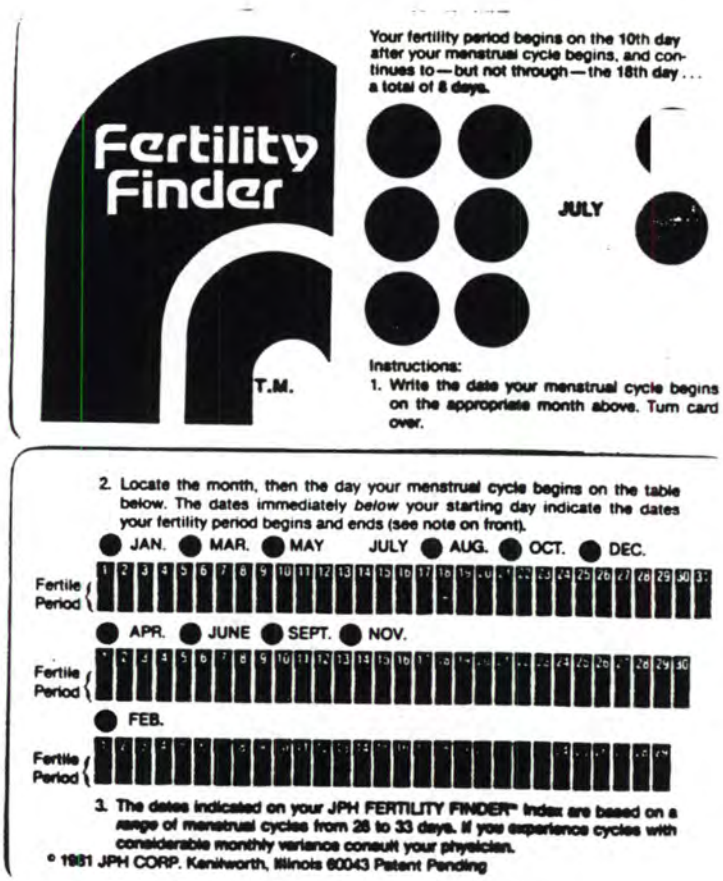
Your Holiness,

The Fertility Finder sold thru grocery stores perhaps is an answer to your dilemma- see enclosed copy of yesterday's Chicago Tribune article "Pope: No 'legitimate' birth control."

Sincerely,

John P. Hanley

encls;
copies; Rev. Laurence J. Dunn
Rev. Ronald J. Lewinski
Rev. Thomas Ventura
Rev. Edward J. Harnett
Msgr. Charles Meter
Rev. George Rassas
Rev. Francis J. Kane
Rev. Roger Coughlin
Rev. Michael Place
Msgr Daniel Cantwell
Rev. Jack Wall
Rev. George Clements
Rev. Michael L. Pfleger
Joseph Cardinal Bernardin
Bishop James T. McHugh
Msgr. Robert N. Lynch
John Cardinal O'Connor
Archbishop Daniel E. Pilarczyk
Archbishop Rembert Weakland
Archbishop Pio Laghi
Rev. Philip L. Bourret, S.J.
Rev. Walter J. Burghardt, S.J.
Rev. Angel Sierra, S.J.
Rev. Paul Marx, OSB



Nation/world

Pope: No 'legitimate' birth control

VATICAN CITY (AP)—Natural methods of family planning permitted by the Roman Catholic Church should not become a "legitimate variation" of artificial birth control, Pope John Paul II said Friday.

The Vatican forbids Catholics to practice artificial birth control but allows family planning based on abstaining from sex during a woman's fertile periods.

The pope's speech appeared to reflect concern by Vatican officials that some Catholics have misinterpreted what the church calls "natural family planning."

The church holds that married Catholics can postpone having children because of physical, economic, psychological or social reasons. However, they cannot completely avoid the idea of childbirth.

The pope told participants in a symposium on the Billings Method, which is one method of natural family planning, that the church's teaching on birth control "often is misunderstood and challenged because it is presented in an inadequate and also unilateral way."

"One stops, in fact, at the judgment on the moral negativity of contraception, an always intrinsically dishonest act" instead of viewing the teaching "in the context of the responsibility for love and for life," the pope said.

"Science today offers the possibility of securely pinpointing periods of fertility and infertility" in women, the pope said. "A married couple can use this knowledge for different legitimate purposes: not only for spacing or limiting births, but also toward the end of choosing for conception the most favorable moments" of fertility.

The "intrinsic connection between science and moral virtue," the pope said, "permits, in the end, the comprehension that it is not possible to practice natural methods as a legitimate variant of a choice of closing [oneself] to life, which would be thus substantially analogous to that choice inspiring contraception—only if there is a fundamental willingness toward fatherhood and motherhood. ... do natural methods become an integral part of the responsibility to love and to life."

'Good News'

Fertility Finder

They wanted to have children, but there wasn't much literature available on fertility 10 or 12 years ago when the John Hanleys got married.

When the papal document "Humanae Vitae" came out, John Hanley decided to do some research on the subject to see if he couldn't come up with some way for determining fertility.

He did. Called the Fertility Finder, he said it is an acceptable fertility index for anybody regardless of religion. It works for women on a 26-33 day cycle and shows, month to month, when fertile days are, based on when the menstrual cycle begins.

"We're not teaching birth control," Hanley said. "We're teaching about fertility and when it's possible to have children." The Fertility Finder is being implemented nationwide by the Federal Department of Education and is being used as part of the sex education program by the Illinois State Department of Education. The Chicago Board of Education is also planning to use it.

The CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF CHICAGO

Archdiocesan Offices: 126 North Desplaines Street • Chicago, Illinois 60606-2357
Telephone (312) 236-5172 • FAX (312) 263-4290

November 9, 1994

Dear Mr. Hanley,

Enclosed is the New World article which speaks to AIDS initiatives in the Archdiocese. Thank you for the information about the Mass on Saturday at St. Mary's. Your long-standing interest in the AIDS epidemic is appreciated. Certainly, few events have challenged all of us in such profound ways. Godspeed with all your endeavors on behalf of those battling the disease.

Sincerely, Marianne Zelewsky

The CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF CHICAGO

MARIANNE ZELEWSKY, MSN, RNC
CONSULTANT FOR HIV/AIDS SERVICES

126 N. DESPLAINES
CHICAGO 60661

(312) 655-7294
FAX (312) 263-4290

VITAE

Pat Hanley
Coordinator

October 27, 1994

Marianne Zelewsky, PhD, Consultant
The Catholic Charities of the Archdiocese of Chicago
126 North DesPlaines Street
Chicago, Illinois 60606-2357

Dear Dr. Zelewsky,

When I dropped of the copy of my file of October 18, 1994 this morning at Catholic Charities with the offer of representing whatever AIDS program Catholic Charities has in conjunction with my anticipation of working officially with the Cook County Board of Commissioners after working otherwise for four years with Cook County Hospital and various so called satellites, I offered to implement Catholic Charities AIDS program as my volunteer work as a Catholic layman.

Chicago with 42% Catholic and the mores according to the newly published National Opinion Research Center of the University of Chicago Sex in America showing Catholics about the same as all, is the basis for my offer.

The only difference is that Catholic programs have their own program.

My background as a Catholic is enclosed.

God Love You,
Pat Hanley
Pat Hanley

encls:
copies: President Bill and First Lady Hillary Rodham Clinton
Commissioner John Stroger
Rev. Edwin M. Conway
Joseph Cardinal Bernardin
Msgr. Robert N. Lynch, General Secretary USCC

1706 Colonial Lane ✯ Northfield, Illinois 60093 USA ✯ (708)441-7261

THE TRUTH IN CHRIST

Cardinal Joseph Bernardin

A progress report on what our local church is doing to combat AIDS in our society and world

Since 1986, when AIDS awareness was just beginning and I issued "A Challenge and a Responsibility: A Pastoral Statement on the Church's Response to the AIDS Crisis," the number of cases in Chicago has grown from 430 to more than 8,000 in 1993.

Reading those grim figures recently in an annual report submitted to me by Marianne Zelewsky, coordinator of HIV/AIDS services for Catholic Charities, made my heart ache.

Yet, other information in the report on what the Catholic Church is doing to address this devastating disease gives me hope for the future.

Catholic Charities continues to serve more than 100 clients with HIV/AIDS each year with an additional 67 clients currently receiving case management services. For the second year, Catholic Charities provided management services for Bonaventure House, which was opened in 1989 by the Alexian Brothers with assistance from the archdiocese.

Bonaventure House can accommodate 30 residents with HIV/AIDS. I have visited there on several occasions, celebrating the Eucharist and sharing a meal with the residents and staff. I am always moved by the compassion, care and courage I encounter among the residents, staff and volunteers.

In addition, Cooke's Manor currently houses seven residents with diagnoses of HIV/AIDS. The availability of beds at this facility addresses somewhat the ongoing problem of inadequate housing for people with AIDS. However, some people with AIDS are now opting to stay at home. This is made possible in part by federal funding that assists with rent and mortgage payments.

In September 1993, Catholic Charities received a one-year grant of $226,000 from HOPWA (Housing Opportunities for Persons with AIDS) funds, which enables them to help clients meet their housing needs.

St. Catherine of Genoa Catholic Worker House, a transitional shelter in Woodlawn for HIV/AIDS afflicted men, women and their children, celebrated its fifth anniversary in January. The archdiocesan contribution of a former rectory has been a vital asset for this group. Last summer, a group of international representatives from Caritas International visited St. Catherine's to observe the fine work being done there.

In addition to working with those who are infected with HIV/AIDS, we continue to increase efforts to educate people to prevent infection. For the third consecutive year, AIDS Remembrance Sunday was observed on the second Sunday in October 1993.

In addition, the archdiocese cosponsored an ecumenical liturgy with the Episcopal Diocese, the Greek Orthodox Diocese, and the Evangelical Lutheran Church of Chicago at St. Peter's Church in the Loop.

An outgrowth of this ecumenical effort was a four-part series of interfaith AIDS seminars during 1993. These were consistently well attended and promoted lively dialogue. The series continues in 1994 with the planning committee composed of nearly a dozen different religious organizations.

The National Catholic AIDS Network (NCAN) convened at Loyola University for its sixth annual conference. It was very successful in terms of numbers of participants and quality of content. Many local AIDS service providers participated as both presenters and attendees. NCAN will meet again at Loyola for its July 1994 conference.

The Catholic Health Alliance of Metropolitan Chicago and our Catholic Charities' HIV/AIDS Task Force drew a large crowd for their third annual AIDS conference. I spoke to participants to offer my support and encouragement for their work and dedication.

During 1993, a growing number of AIDS awareness events took place in parishes. For example, Immaculate Conception Parish (N. Park Ave.) continues to sponsor monthly memorial services and hosted a dynamic memorial program on World AIDS Day (Dec. 1).

St. Mary's in Buffalo Grove sponsored a family night of AIDS education for parents and their elementary- and high school-age children. Educating parents and their children together is one of the more effective strategies for AIDS prevention education. In the future, more emphasis will be directed both nationally and locally to prevention education, especially for youth.

Despite these developments, there is growing concern that public apathy will slow progress against this disease. As the numbers indicate, we cannot afford to ignore this growing problem.

I commend those who care for and minister to people with HIV/AIDS. I encourage Catholic Charities as well as the other institutions, parishes and schools of the archdiocese to continue to promote HIV/AIDS awareness and offer help to those who are afflicted and their families.

As a community of faith, "we are called to confront courageously and compassionately the suffering and death which AIDS is bringing to our world. To do this, we must put aside our fears, our prejudices and whatever other agendas we may have in this regard." Compassion and love, together with the church's moral teaching and correct medical information are the essential ingredients needed as we minister to people with HIV/AIDS and as we seek to help the rest of our sisters and brothers avoid the disease.

The CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF CHICAGO

Archdiocesan Offices 126 North Desplaines Street - Chicago, Illinois 60606-2357
Telephone (312) 236-5172 · FAX (312) 263-4290

November 22, 1991

To: Mr. Patrick Hanley

From: Marianne Zelewsky

Thank you for your interesting phone call. I'm not sure the materials I've enclosed are what you had in mind, but it's a beginning. "The Many Faces of AIDS" now four years old, is the statement I've found most helpful in planning HIV/AIDS prevention education.

I'll be in touch the first week of December. Our office is closed next Thursday and Friday for the Thanksgiving holiday.

COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT De PAUL
58 Progress Parkway • SAINT LOUIS, MISSOURI 63043-3706

December 12, 1994

Mr. John P. Hanley
1706 Colonial Lane
Northfield, IL 60093

Dear Pat,

Thank you for your phone call and information on VITAE.

The book "Apostle in a Top Hat" is no longer in print but may be republished within the next year.

May we offer you the enclosed book, **Frederic Ozanam A Life In Letters** that was translated by Fr. Dirvin for the Society?

I hope you enjoy it and may you and your family have a most Blessed and Holy Christmas and New Year.

Sincerely,

Rita W. Porter

Rita W. Porter
Executive Secretary/Director

RWP/lk
Enclosure