file Gore-Chernomyrdin

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE

June 23, 1994

VICE PRESIDENT'S STATEMENT TO THE PRESS AT THE SIGNING CEREMONY WITH RUSSIAN PRIME MINISTER CHERNOMYRDIN

When the Prime Minister and I last got together in Moscow this past December, we set out ambitious tasks for ourselves. Today, we showed that we could accomplish them.

Our Commission had its work cut out for it -- to implement the agreements we signed in December on space cooperation, business, science and technology, defense conversion, energy, and the environment. And we had the vital work of building the U.S.-Russian relationship, of moving two old adversaries toward real and effective partnership.

Our work in the last six months has not been easy -- uncertainty about the future of economic and political reform in Russia drove many to question whether our work together could survive. But we, both in Moscow and Washington, resolved simply to stay the course.

This is the key. There was work to be done and a way to do it, thanks to the close and productive ties that rest at many levels -- from President Clinton and President Yeltsin to the Prime Minister and me and from there to the many people who solve the problems of this relationship on a day-to-day basis. I know I speak on behalf not only myself but also of the Prime Minister and our Presidents when I extend my great thanks to you who make this partnership work.

And from the Commission's standpoint, the results are there for all to see:

-- Our cooperation on the international Space Station is becoming a reality: we signed today a $400 million contract that will get funds flowing to the Shuttle-Mir project, an important precursor to the Station. The interim agreement that we signed cements the details of Russia's Station partnership. This allows us to build a better Station, at less cost, and in a shorter time than either of us could achieve acting alone.

-- We launched the Four-MS project, which involves the American firms Marathon and McDermott, to develop the oilfields of Sakhalin Island. Worth about $10 billion, it will be the biggest single U.S. investment in Russia and a very positive signal to American investors that they can successfully do business in Russia.

-- The environment agreement that the Prime Minister and I signed replaces a 1972 document, signed during the detonate era, that in its time was a workhorse for environmental cooperation. But times have changed. The scope of that agreement was narrow. This new one provides for the kind of cooperation that is possible today -- for example, between citizen groups in Russia and the United States.

-- In science and technology, we signed five new memoranda of understanding spanning transportation, biomedicine, geosciences, energy, forestry and basic sciences and engineering. Here is a tremendous success story -- this committee only signed their umbrella agreement in December. Already they have created a solid flow of new science and technology cooperation.

-- And finally, we signed our path breaking agreement to shut down plutonium reactors at Tomsk and Krasnoyarsk and cease production of plutonium for military purposes. The Prime Minister and I recommended such an agreement to our Presidents at their summit in January and they agreed that it should be done. Today that agreement was signed -- a testimony to our resolve to work together to bring nuclear proliferation under control.

My last point deserves a special emphasis. Prime Minister Chernomyrdin and I agree that nuclear nonproliferation is our first priority in the security arena. We have acted together to develop an effective strategy. Our initiatives are designed with four broad goals in mind: preventing theft or diversion of nuclear materials, building confidence through openness, finding an answer for the long-term disposition of plutonium, and halting accumulation of excess nuclear stocks. It is this last goal that the agreement we signed today addresses. We need to pursue our other nonproliferation goals with equal intensity.

Before I turn the floor over to the Prime Minister, I would like to stress one more issue that has riveted our attention: the progress of economic reform in Russia. I have to say how impressed I am that inflation has remained in single digits since February and that privatization has continued apace. To my mind, privatization is the single most important feature of reform. You and your government should be congratulated, Mr. Prime Minister, for the results you have achieved. In turn, you have attracted $1.5 billion in support from the International Monetary Fund -- I expect the support of the international financial institutions to grow with the progress of your reforms.

At the same time, both sides are also focusing intensely on the issues of market access that are of such concern to both governments. While we are considering the issues for the Russian side -- the Jackson-Vanik amendment, for example -- the Russian side has been considering issues of concern to us. Recently, for example, they have signed a series of market-opening decrees of great importance to American business.

Victor Stepanovich, thank you again for a successful meeting, the third of our Commission. Thank you, too, to Deputy Prime Minister Shokhin (SHOW-kin) and all the members of the Commission on your side. On the U.S. side, I want to thank our Vice Chairman Ron Brown and Committee Chairmen Bill Perry, Hazel O'Leary, Carol Browner, Jack Gibbons and Dan Goldin. Lynn Davis, Undersecretary of State for International Security, also deserves our thanks for her forward-looking work on nonproliferation matters. And I'd like to thank Ruth Harkin of OPIC for insuring the success of so many of our pioneering business ventures in Russia.

I am happy to announce that the Prime Minister has invited me to join him in convening our next session meeting again before too long -- in Moscow in early winter.

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

AGREEMENTS REACHED BY THE GORE-CHERNOMYRDIN COMMISSION

The third meeting of the U.S.-Russian Gore-Chernomyrdin Commission was held June 22-23, 1994, in Washington, D.C. The Commission is co-chaired by U.S. Vice President Al Gore and Russian Prime Minister Victor Chernomyrdin, and consists of six committees (Space, Energy, Science and Technology, Defense Conversion, Environment, and Business Development) chaired at the Cabinet level. As testimony to the breadth of cooperative efforts under the Commission, a large number of agreements were signed today:

Signed by the Vice President and Prime Minister

- U.S.-Russian Environment Agreement
- Statement of Principle on Data Exchange
- Agreement on the Closure of Plutonium Production Reactors and the Cessation of Production of Weapons-Grade Plutonium
- Joint Statement on Space Station Cooperation

Signed by Committee Chairs and Others

- Space Station Interim Agreement
- $400 Million Contract for Joint Shuttle-Mir Program
- Joint Statement on Geostationary Satellite-Aided Search and Rescue
- MOU on Basic Sciences Cooperation
- MOU on Transportation
- MOU on Cooperation between Mineral Mining and Management Service and Roskomnedra (on offshore energy development)
- MOU on Cooperation in the Field of Geoscience
- MOU on Basic Biomedical Research
- MOU on the Establishment of the Oil and Gas Technology Center
- MOU on Wood, Pulp and Paper Products
- Letter of Commitment for the Lehman Brothers Major Projects Fund (OPIC)
- Framework Agreement on Health Care Support (OPIC)
- Protocol for MIR-Pharmaceutical (OPIC)
- Letter of Commitment for the NIS Frontier Fund (OPIC)

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE JUNE 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

THE GORE-CHERNOMYRDIN COMMISSION

The third meeting of the U.S.-Russian Joint Commission on Economic and Technological Cooperation was held June 22-23 in Washington. The Commission is co-chaired by U.S. Vice President Al Gore and Russian Prime Minister Viktor Chernomyrdin. The Commission provides a framework for promoting a partnership between the United States and Russia based on the principles enumerated in the Vancouver and Moscow Summit declarations. These include a shared commitment to: democracy and human rights; a market economy and the rule of law; and international peace and stability. The Commission's work is an effort to realize concrete benefits from this partnership.

The decision to create the Gore-Chernomyrdin Commission was taken by Presidents Clinton and Yeltsin at the Vancouver Summit in June 1993. The Commission's original mandate was to support cooperation in the areas of space, energy, and high technology. Since then, the Commission has expanded its scope to include other areas of U.S.-Russian cooperation, such as business development, defense conversion and the environment. Its six working Committees are chaired at the cabinet level. A list of American members is attached.

The site of Commission sessions alternates between Russia and the United States. The inaugural session occurred in Washington, D.C. in August 1993. The second session took place in Moscow in December 1993. This third Commission session has registered major progress in all areas of the Commission's work. These achievements include:

- Space: signing of the $400 million contract for the joint Shuttle-Mir program;

- Business Development: signing of the $10-12 billion Sakhalin II project, which represents the first development of a new Russian energy field involving foreign direct investment;

- Energy: intergovernmental agreement requiring a shutdown of plutonium production reactors and the cessation of use of plutonium for nuclear weapons;

- Defense Conversion: announcement of the first awards to U.S. firms to establish joint ventures with Russian defense firms converting to civilian production, and incorporation of a Defense Conversion Enterprise Fund;

- Science and Technology: conclusion of Memoranda of Understanding on a bilateral science and technology program; and

- Environment: signing of a bilateral environmental agreement.

Commission meetings have also offered Russian and American participants an opportunity to travel outside of their respective capitals to meet business leaders and visit plants and technical facilities. During this visit Prime Minister Chernomyrdin will travel Detroit for meetings with Michigan business executives and a tour of General Motors auto production facilities.

U.S. MEMBERS OF THE GORE-CHERNOMYRDIN COMMISSION

The Vice President -- Co-Chairman of Commission

Secretary of Commerce Ron Brown -- Vice Chairman of Commission & Chair of Business Development Committee

Secretary of Energy Hazel O'Leary -- Chair of Energy Policy Committee

OSTP Director Dr. Jack Gibbons -- Chair of Science and Technology Committee

Secretary of Defense Bill Perry -- Chair of Defense Conversion Committee

NASA Administrator Dan Goldin -- Chair of Space Committee

EPA Administrator Carol Browner -- Chair of Environment Committee

Deputy Secretary of State Strobe Talbott

Ambassador at Large for the New Independent States James Collins

ADVISORY COMMITTEE TO THE U.S. CHAIRMAN

U.S. Trade Representative Mickey Kantor
Director of Central Intelligence Agency James Woolsey
Director, Office of Environmental Policy Katie McGinty
AID Administrator Brian Atwood
Under Secretary of Treasury for International Affairs Lawrence Summers
Under Secretary of State for Global Affairs Timothy Wirth
Under Secretary of State for International Security Affairs Lynn Davis

Chairman, U.S. Nuclear Regulatory Commission Ivan Selin
National Oceanic and Atmospheric Administration Administrator James Baker
OPIC President and CEO Ruth Harkin
EXIM Bank President and Chairman Ken Brodie
Coordinator of U.S. Assistance to the New Independent States Tom Simons

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

U.S.-RUSSIAN ENVIRONMENTAL INITIATIVES INCLUDE NEW AGREEMENT

Vice President Al Gore and Russian Prime Minister Viktor Chernomyrdin today signed an historic bilateral agreement to increase cooperation between the United States and Russia in protecting our environment.

The new agreement, which will be administered by the U.S. Environmental Protection Agency in consultation with the State Department and other agencies, replaces a 1972 accord between the U.S. and the U.S.S.R. and provides for:

- broader cooperation on global issues such as biodiversity, environmental management, and public participation in environmental decision-making;

- joint formulation of policy on environmental problems of bilateral, regional, and global significance;

- increased data sharing and more vigorous efforts to protect intellectual property rights.

The Gore-Chernomyrdin Commission was established in 1993 to address priority issues important to the two nations. The agreement signed today by the two leaders will help ensure that concern for the environment and sustainable use of natural resources are incorporated as a fundamental element of U.S.-Russian relations in the post-Cold War era.

Among the new cooperative efforts will be other initiatives announced today by the Commission:

- a commitment to work together with other interested countries to reduce the risks associated with low-level liquid radioactive waste in the Russian Arctic;

- a U.S. AID grant of $1 million to support the operations of two world-class Russian research facilities, the Komarov and Vavilov Institutes in St. Petersburg, whose collections and capabilities are critical to biological diversity on a global scale; and

- a U.S. EPA grant of $50,000 to the International Cooperative for Ozone Layer Protection to help Russia phase out the use of substances that deplete the stratospheric ozone layer.

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

STATEMENT OF PRINCIPLES FOR DATA EXCHANGE

The Statement of Principles for Data Exchange was signed today by Vice President Al Gore and Prime Minister Victor Chernomyrdin. The statement sets the broad parameters guiding the exchange of data between the United States and Russia. The free and open exchange of data is a critical element of our bilateral cooperative relationship. This Statement is a milestone in allowing full collaboration of scientific information between scientists of both countries.

Availability of scientific and technological information is central to further progress in science and technology and, more broadly, to economic growth. In addition, data and information exchange represents the interests of both countries and of the world scientific community.

The Statement establishes the following general principles as a basis for cooperation:

The Parties shall, on the basis of parity, provide within the framework of bilateral cooperation full and open access to scientific and technological data and information relevant and appropriate to the goals of the cooperation.

The Parties shall promote the exchange of relevant personnel and equipment needed to implement the goals of scientific and technological data and information exchange.

The Parties agree to develop specific measures to promote the exchange of scientific and technological data and information. Among these measures are:

1) Inventories or lists of respective databases relevant to the areas of cooperation, primarily in fundamental research, space, energy and the environment. Such work could be conducted by existing or special working groups created within the framework of the U.S.-Russia Commission for Economic and Technological Cooperation

2) The provision of guidance and assistance in developing special procedures for handling the exchange of sensitive data.

CONTACT: Linda Staheli, Office of Science and Technology Policy, (202) 456-6064

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE JUNE 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

UNITED STATES AND RUSSIA AGREE TO HALT PLUTONIUM PRODUCTION

Vice President Albert Gore and Russian Prime Minister Viktor S. Chernomyrdin today signed an intergovernmental agreement requiring the shutdown of plutonium production reactors and the cessation of use of newly produced plutonium for nuclear weapons.

The agreement obligates both the Russian Federation and the United States to end the operation of plutonium production reactors by the year 2000. Further, the two countries may not re-start any of the plutonium production reactors already closed. In the United States, all reactors used for plutonium production have already shut down. In Russia, three production reactors remain in operation -- in the closed cities of Tomsk-7 (Seversk) and Krasnoyarsk-26 (Zheleznogorsk).

The agreement additionally bars both countries from using in nuclear weapons any plutonium produced by the production reactors after the agreement enters into force. The United States no longer produces any plutonium for nuclear weapons. The Russian reactors at Tomsk and Krasnoyarsk have been operating for this purpose. Under this agreement, these reactors no longer may produce plutonium for nuclear weapons. Measures to assure compliance will be developed over the next six months.

Because the reactors at Tomsk and Krasnoyarsk are also used to produce heat and electric power for civilian populations in the surrounding areas, Russia and the United States will work together to identify and establish replacement capacity. A team of experts from the U.S. Department of Energy returned from Tomsk and Krasnoyarsk on Saturday, June 18, after completion of the first site visit aimed at this goal.

This historic agreement is a major step toward President Clinton's goal of a global ban on the production of fissile materials for nuclear weapons. The agreement results from discussions between the Vice President and the Prime Minister at the December 1993 meeting of the U.S.-Russian Commission on Economic and Technological Cooperation. The agreement further stems from subsequent technical meetings and negotiations between Secretary of Energy Hazel R. O'Leary and Russian Minister of Atomic Energy Viktor N. Mikhailov.

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

DECISIONS ON THE INTERNATIONAL SPACE STATION

In today's meeting of the U.S.-Russian Joint Commission on Economic and Technological Cooperation, chaired by Vice President Al Gore and Russian Prime Minister Viktor Chernomyrdin, the two sides worked to further U.S.-Russia space cooperation, particularly joint work on the International Space Station.

In a joint statement, the Vice President and the Prime Minister noted the achievement of a number of important milestones since the Commission's last meeting in December 1993. Of particular note is today's signature by the National Aeronautics and Space Administration (NASA) and the Russian Space Agency (RSA) of an Interim Agreement covering initial Russian participation in the International Space Station Program. Also signed today was a NASA/RSA fixed-price contract for $400 million to provide Russian space hardware, services and data in support of a joint space flight program leading to the development of the International Space Station. Key elements of the contract include support of U.S. astronauts onboard the Mir Space Station for up to 21 months; as many as nine Shuttle docking missions with Mir; provision of hardware; joint technology developments; and support for peer-reviewed science and technology research to be conducted onboard Mir.

Other accomplishments include the first flight of a Russian cosmonaut on the U.S. Space Shuttle, and the commencement of training of U.S. astronauts in Russia to fly on a Russian spacecraft to Mir. A major technical design review, with participation by all the Space Station partners, was successfully completed in March. U.S. and Russian hardware has been delivered. For example, a Russian docking module model was received for testing in the U.S. to facilitate future Shuttle dockings with Mir; U.S. solar array components were shipped to Russia as part of a joint development effort; and scientific equipment was shipped to Russia for use by U.S. and Russian astronauts on Mir. In this cooperative effort, the two governments are encouraging industry-to-industry arrangements, such as the ones established to provide a Russian docking module for use onboard the U.S. Space Shuttle and to procure the Russian-developed FGB Energy Block for guidance, navigation and reboost of the International Space Station.

The Vice President and the Prime Minister charged NASA and the RSA to intensify their joint efforts in human space flight through, for example, establishing technical liaison offices in Houston and Moscow. They also directed continued efforts to conclude a Protocol to the Intergovernmental Agreement and a NASA/RSA Memorandum of Understanding on Space Station cooperation.

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

JOINT STATEMENT ON AERONAUTICS AND SPACE COOPERATION

Recalling the June 17, 1992, Agreement on Cooperation in Exploration and Use of Outer Space for Peaceful Purposes, and the understandings reached between the U.S. and Russian Presidents at their summit meetings held in Vancouver on April 3-4, 1993, and in Tokyo on July 8-9, 1993, the U.S. and Russian Governments recognize the great potential for expanded space activities between the two nations. At the U.S.-Russian Joint Commission on Economic and Technological Cooperation on September 1-2, 1993, the Governments agreed on a series of initiatives to expand cooperation in the fields of space activities and aeronautics. At the second meeting of Gore-Chernomyrdin Commission in Moscow in December, 1993, the Governments took a number of decisions to implement the September initiatives. The Governments note the excellent progress to date in increasing U.S.-Russian cooperation in aeronautics, Earth sciences and environmental monitoring, and space sciences, and direct the respective agencies to enhance their cooperation as outlined in this Joint Statement.

AERONAUTICS

Under the terms of the December 16, 1993, Memorandum of Understanding on Cooperation in Fundamental Aeronautical Sciences between the National Aeronautics and Space Administration and the State Committee on Defense Branches of Industry, in Moscow, the United States and Russia have established a new Joint Working Group on Aeronautical Sciences. This joint working group manages the overall cooperative relationship between the two countries, develops new proposals for joint aeronautical research, and monitors ongoing activities. The Institutes of the State Committee on Defense Branches of Industry and NASA expect to start a number of scientific research programs.

Additionally, the Parties took note of two promising new programs for future cooperation in the field of aeronautics which build upon the foundation established at the December, 1993, meeting in Moscow. The United States and Russia announced their intention to pursue high speed aeronautical research. A Boeing-led U.S. industry team, in cooperation with NASA, will sign an agreement with the Tupolev Aviation Science and Technology Complex to modify a Russian Tu-144 supersonic passenger aircraft for use as an experimental flying testbed for conducting research which will allow for the development of advanced high speed technologies. NASA will also conduct several scramjet flight experiments with Russia's Central Institute of Aviation Motors in order to further the development of scramjet propulsion technology. These

projects demonstrate how government and industry can work effectively together for the benefit of all.

SPACE COOPERATION

In accordance with the Joint Statement on the Development of Cooperation in Environmental Observations from Space and in Space Science from the September 2, 1993, meeting of the U.S.-Russian Joint Commission on Economic and Technological Cooperation, joint plans have been developed to identify opportunities for cooperation in these fields. Both Governments agree that these activities are subject to the availability of appropriated funds.

Earth Sciences and Environmental Monitoring

U.S.-Russian cooperation in Earth science and environmental monitoring increased substantially during the past year. The U.S. Vice President and the Russian Prime Minister approved the plan of the joint U.S.-Russian programs in this area, developed in 1993 by the Russian Space Agency, the Russian Academy of Sciences, the Russian Federal Service for Hydrometeorolgy and Environmental Monitoring (ROSHYDROMET), NASA and the National Oceanic and Atmospheric Administration of the U.S. Department of Commerce, and they directed their agencies to continue implementing this cooperation.

The Vice President and Prime Minister underscored the important role their science and technical communities are playing in global change research and environmental monitoring working on a bilateral basis, and through their broad participation in the international organization and coordination groups, such as the Committee on Earth Observation Satellites and the Coordination Group for Meteorological Satellites. These critical activities are advancing our knowledge of global climate change in order to provide guidance to policy makers who must balance the needs of constituents with the welfare of the planet and the species that inhabit it.

More than 100 scientists in over 50 U.S. and Russian institutions are currently cooperating in 22 projects studying everything from physical and biological oceanography to volcanology. Fifteen additional projects are also under discussion.

Two of the proposed cooperative projects involve flying U.S. scientific instruments on Russian satellites in order to monitor conditions in the upper atmosphere for ozone depletion and related matters. A related program will also be initiated involving Russian scientists using Russian ground-based facilities to conduct in-situ measurements to complement the results obtained from U.S. ozone-monitoring sensors on Russian satellites.

As many as five new projects will be initiated this year to use a wide variety of Earth remote sensing instruments to be flown on the Priroda module of the Russian space station Mir in 1995. These American studies represent some 15 institutions engaged in the study of oceanography, hydrology, and ecology. This program is one of many in the area of scientific research which results from the newly expanded international space station cooperation.

During the past year, Russian-supported satellite laser ranging stations tracked over 1380 passes of at least seven international geodynamics satellites. These data are used by U.S., Russian, and other international scientists in their study of geodesy from space. Precision U.S. equipment is being installed in several Russian locations to better integrate these data into the international program.

Three satellite receiving stations will be installed within this year in Siberia to support international efforts to gather a comprehensive, high-resolution data set on the functioning of the land biosphere and to monitor forest health, detect forest fires and fire risk, and study the global carbon cycle.

In 1993, a historic joint U.S.-Russian field campaign was conducted on the Kamchatka peninsula. A team of U.S. and Russian geologists surveyed volcanoes and geothermal areas in this region utilizing on U.S. and two Russian aircraft.

Under discussion are future cooperative activities addressing the detection and prediction of natural hazards such as earthquakes and cooperative applications of operational environmental satellite data.

Agreement on Rocket Engine Technologies

NASA will implement a significant, new agreement with the U.S. firm, Pratt & Whitney, to conduct detailed technology assessments and testing of the RD-170 rocket engine developed by Russia's NPO Energomash. These studies will also include evaluation of associated tripropellant technology embodies in the RD-170 engine and the evolutionary tripropellant (hydrogen, kerosene, and oxygen) rocket engine technology, as developed by NPO Energomash. NASA and Pratt & Whitney will explore the possible application of these technologies for space transportation systems. This is one of many examples of the exciting prospects which the future holds for combining U.S. and Russian know-how and expertise to benefit both industry and the public at large.

Space Science

The Governments noted the many opportunities for expanded cooperative space science activity. A plan, which was developed by NASA, Russian Space Agency and the Russian Academy of Sciences regarding cooperation in the field of space science, was presented to the U.S. Vice President and the Russian Prime Minister. This plan addresses the highest priority cooperative programs in astronomy and astrophysics, solar system exploration, and solar terrestrial physics.

The Vice President and the Prime Minister applauded the emphasis on continuing and successfully completing the Russian Spectrum series of three great observatories for the astronomy and astrophysics communities, in which the U.S. scientific community is contributing.

Vice President Gore and Prime Minister Chernomyrdin fully endorsed the plan to study solar system exploration cooperation and directed the scientists on both sides to complete the initial studies and report their findings at the next Commission meeting.

The first of the potential cooperative programs concerns joint studies for Mars exploration. "Mars Together" is a study of potential cooperative Mars exploration options consisting of two launches (one U.S. and one Russian) at two-year intervals, with payloads consisting spacecraft and instruments from both the U.S. and Russia. 1998 and 2001 launch opportunities would be the focus.

The second is a proposal to study jointly a concept in which the United States and Russia would explore together the extreme ends of the solar system: the Sun ("FIRE") at the center and Pluto ("ICE") at the outer boundary. These potential missions to the extremes of our universe hold out exciting prospects for enhancing knowledge of the planets and the forces which bind them.

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

JOINT STATEMENT ON THE SAKHALIN II PROJECT

Vice President Al Gore and Prime Minister Victor Chernomyrdin today issued a joint statement in support of the June 22 signing of a Production Sharing Contract for the Sakhalin II Project. The project represents a major step forward in energy cooperation with the Russian Federation. Total investment is estimated to be approximately $10 billion to develop, produce and transport crude oil, liquid condensates and natural gas from the Piltun-Astokhskoye and Lunskoye fields adjoining Sakhalin Island in the Russian Far East.

The statement reads as follows:

U.S. Vice President A. Gore and Chairman of the Government of the Russian Federation V. Chernomyrdin, Co-Chairmen of the U.S.-Russian Joint Commission on Economic and Technological Cooperation, welcome the signing of the Production Sharing Contract for the Sakhalin II Project, envisaging the production of oil and gas from the Piltun-Astokhskoye and Lunskoye fields located on the shelf of Sakhalin Island. The signing took place on June 22, 1994, in Washington, D.C. during the third session of the Commission.

The Sakhalin II project will be executed by Russian companies and the Sakhalin Energy Investment Company (SEIC) which was recently established. SEIC was established by U.S. companies Marathon Oil and McDermott International, and international companies Mitsui & Company, Ltd., Mitsubishi Corporation and Royal Dutch/Shell. The partner companies have been known as the MMMMS Consortium.

The Co-Chairmen regard the completion of the work over the preparation of the Project, to be also implemented with participation of companies from other countries, as an important proof of favorable opportunities for direct investments in Russia, in particular, in oil and gas production and refining.

The implementation of such a major international project as Sakhalin II is in the interests of economic development of both countries. It will involve significant financial and technological resources of western companies in the development of the production and social infrastructure of Sakhalin Island and of the entire Russian Far East region. U.S. companies participating in the project will have new opportunities to increase U.S. exports and employment. Russian

enterprises and specialists will be equal partners of the foreign participants in the project at all stages of its implementation. The implementation of the project will involve the use of the latest world achievements in the field of environment.

The Co-Chairmen are continuing their efforts within the framework of the Commission to further improve the conditions for the expansion of bilateral trade and investments They expect an early completion of negotiations now underway on a number of other major investment projects, in particular the development of oil and gas deposits in the Timan Pechora region (West Siberia).

# # #

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

U.S.-RUSSIAN NUCLEAR STRATEGY AND SECURITY INITIATIVES

WASHINGTON -- The United States and Russia are cooperating in the development of a large number of nuclear safety and security initiatives. Through these initiatives, the United States and Russia seek to minimize the risk of nuclear proliferation, enhance the ongoing arms reductions regime, and build confidence in both. These initiatives are proceeding under the sponsorship of the Joint Commission on Economic and Technological Cooperation, chaired by Vice President Al Gore and Prime Minister Victor Chernomyrdin. They are designed to meet four broad objectives:

1. **Securing nuclear materials against theft or diversion:**

o Fissile Material Storage Site. The program for the sale and secure dismantlement of nuclear and other weapons of mass destruction (SSD or Nunn-Lugar program) has set aside $90 million to help Russia build a safe, secure storage facility for excess plutonium and highly-enriched uranium (HEU) from dismantled nuclear weapons. Russian officials have identified the lack of such a facility as a bottleneck to accelerating dismantlement of nuclear weapons. Russia will break ground this summer for a site near Chelyabinsk. The first tranche of U.S. construction equipment will be sent in August. During Prime Minister Chernomyrdin's June 21-23 visit to Washington, he and Vice President Al Gore agreed that additional U.S. funds would be set aside for construction of this project.

o HEU Purchase Agreement. At the January Clinton-Yeltsin summit, the U.S. Enrichment Corporation (USEC) and the Russian Ministry of Atomic Energy (MINATOM) signed a contract under which USEC will buy low-enriched reactor fuel blended down from HEU from dismantled weapons. This agreement secures nuclear materials by transforming them into non-weapons-usable form. This program played a key role in encouraging Ukraine to ship its nuclear weapons to Russia for dismantlement. Under the Trilateral Accord signed in January, Ukraine is shipping its warheads to Russia for dismantlement and is receiving in return LEU to fuel Ukraine's reactors. As of June 23, 240 warheads had been shipped from Ukraine to Russia -- ahead of schedule in the Trilateral Accord.

o Material Control and Accounting and Physical Protection. The United States has offered to provide $30 million in SSD funds for improvements in security and accounting for nuclear materials in Russia. The proposed program includes $10 million for a fast-paced comprehensive effort to help Russia find and fix the most urgent security and accounting weaknesses at its nuclear sites. The United States is also encouraging its national

laboratories to pursue lab-to-lab cooperation in this area, with $2 million in FY94 and additional funds in FY95.

o Reduced Enrichment for Research and Test Reactors. The Argonne National Laboratory and the Russian institute ENTEK are cooperating in the development of non-weapons-usable LEU fuel to replace HEU fuel in Soviet-designed research reactors. U.S.-Russian talks on means to broaden and accelerate this conversion program were initiated in May. An experts meeting will be held in the fall.

o HEU Purchase Agreement Transparency. The United States and Russia reached agreement in early 1994 on a transparency protocol for the HEU purchase agreement, designed to ensure that the LEU the United States purchases comes from HEU that in turn came from dismantled weapons and that the LEU will only be used for peaceful purposes.

o Reciprocal Inspections of Plutonium and HEU from Weapons. In March, the United States and Russia reached agreement on reciprocal visits to storage sites for plutonium weapons components from dismantled nuclear weapons. The inspections, which are to take place by the end of the year, are designed to build confidence that dismantlement is proceeding in accordance with public statements and that excess fissile materials are not being recycled into nuclear weapons.

o Storage Site Transparency. The United States has proposed a transparency regime for the fissile material storage site to be built in Russia, designed to ensure that the material came from weapons and will not be reused in weapons, as required by the Nunn-Lugar legislation. This regime is under discussion with the Russian side.

o IAEA safeguards on excess materials and all civil facilities. U.S.-Russian discussions on placing IAEA safeguards on excess fissile materials and all civil facilities were initiated in May. The January U.S.-Russian Presidential summit committed both sides to consider placing excess fissile materials under IAEA safeguards. The United States has long made all U.S. facilities not directly associated with activities of national military significance eligible for IAEA safeguards. The January summit statement commits Russia to consider doing the same.

o Fissile Material Declarations Proposal. U.S.-Russian discussions of their similar proposals to exchange comprehensive information on the size and locations of their stocks of HEU and plutonium, both military and civilian, were initiated in late May. The United States unilaterally made an initial public announcement of past production of weapons plutonium in December 1993.

3. **Halting further accumulation of excess stocks:**

o Shutdown of Plutonium Production Reactors and Bilateral Weapons Plutonium Production Cutoff. In December 1993, Vice President Al Gore and Russian Prime Minister Victor Chernomyrdin agreed that Russia would cease production of plutonium for weapons

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

FOR IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

REPORT OF THE DEFENSE CONVERSION COMMITTEE

The U.S.-Russia Committee on Defense Conversion reported substantial progress at the third meeting of the Gore-Chernomyrdin Commission, June 22-23. The Committee, first established in November 1993, is the senior-level channel of communication between the U.S. and Russia for cooperation in the area of defense conversion. It is chaired on the U.S. side by Secretary of Defense William J. Perry. Mr. Barry Carter, Deputy Under Secretary of Commerce, serves as the U.S. vice-chair. Mr. Andrei Kokoshin, First Deputy Minister of Defense, and Mr. Valeriy Mikhailov, First Deputy Minister of the Economy, serve as co-chairs for the Russian side. The priority objectives of the Committee are to mobilize U.S. assistance to facilitate U.S. private sector engagement and investment in the conversion of defense industry enterprises in the Russian Federation, and to work to remove barriers in Russia to effective conversion.

At the meeting the U.S. announced:

- the first awards under a March 1994 Nunn-Lugar defense conversion agreement providing up to $20 million in U.S. assistance to convert Russian defense industries. International American Products of Columbia, South Carolina will receive $1.949 million to establish a privatized joint stock company with Leninets of St. Petersburg to produce dental chairs and other dental equipment. Leninets formerly produced radar and avionics for the military. Additionally, Double Cola Company of Chattanooga, Tennessee will receive $5.132 to establish a privatized joint stock company with NPO Mashinostroyenia of Moscow to manufacture Double Cola brand soft drinks for the Russian market. Mashinostroyenia designed and manufactured cruise missiles, ICBMs and satellite systems. Additional awards are expected to be announced shortly.

- the designation of the Defense Enterprise Fund as the Demilitarization Enterprise Fund authorized by Congress in the FY94 Defense Authorization Bill. It also announced a $7.67 million grant for the Fund and the selection of Randolph Reynolds as the Chairman of the Fund's Board of Directors. The Fund, a nonprofit, private organization, is designed expressly to assist converting defense firms in Russia and other former Soviet states. It is expected to begin making awards in August.

- the U.S. Department of Energy's Industrial Partnering program that will provide $35 million to promote joint commercial initiatives between U.S. companies and national laboratories and Russian and former Soviet states' weapons laboratories.

- plans for a fourth Russian-American Entrepreneurial Workshop, to be conducted next year by U.S. Arms Control and Disarmament Agency and Department of Energy, to provide more Russian nuclear weapons scientists with the management training and technical assistance needed to establish civilian-oriented, high-technology enterprises.

and shut down its last three military plutonium production reactors as soon as alternative sources were made available to replace the heat and electricity that they provide. Russian President Boris Yeltsin has pledged to shut the reactors down by the year 2000. The government-to-government agreement formalizing these pledges was signed on June 23. The plutonium produced by these reactors in the interim will be placed under a monitoring regime to be worked out over the next six months.

o Global Cutoff of Production of Fissile Materials for Nuclear Explosives. President Clinton has called for the rapid conclusion of a global, verifiable and nondiscriminatory agreement to end production of fissile materials for nuclear explosives. That objective has been endorsed by Russian President Yeltsin and the U.N. General Assembly. Negotiations should begin this summer.

4. **Carrying out long-term disposition of plutonium:**

o U.S.-Russian Fissile Material Disposition and Accumulation Working Group. A U.S.-Russian working group on the Disposition and Accumulation of Fissile Materials was established in late May, with agreement on a mandate to consider plutonium disposition and efforts to ensure that plutonium does not pose an environmental or proliferation threat. The sides agreed that the issue of further accumulation of excessive stocks of HEU and civilian separated plutonium required further discussion.

- distribution by the U.S. component of the Committee of the first edition of a Reference Guide on U.S. and multilateral technical assistance to key Russian cities. This guide is a major first step toward facilitating the transfer of responsibility for social safety net concerns away from the Russian defense industry, by identifying key sources of assistance to this effort.

The Committee also noted the substantial progress in implementing a second Nunn-Lugar defense conversion program, providing for up to $20 million in U.S. assistance, to establish a joint business initiative with a Western firm that will convert defense firms in the Moscow area to establish a prefabricated housing industry in Russia and produce prefabricated housing, the first units of which will go for demobilized Russian servicemen. The Russian side is contributing to this effort by providing infrastructure, land, and foundations for the houses. Proposals are due no later than June 27; contract award is expected in September-October.

Defense conversion is only a part of the larger problem faced by Russia in terms of economic restructuring, for which the U.S. also is providing assistance, including programs for the development of the private sector, for trade and investment, for legal and fiscal reform, and for retraining. The Committee is stepping up its efforts to coordinate defense conversion cooperation with these broader assistance programs supporting economic reform and the transfer of social welfare functions from defense enterprises to municipal, regional, and Federation level organizations. The Committee also will focus on removing obstacles to private sector engagement in defense conversion in Russia and on facilitating cooperation in the conversion of dual use technologies.

To strengthen cooperation and expedite its work, the Committee established a working group that will meet between formal sessions of the Committee. The next formal session of the Committee will be held in October in the United States.

###

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

SCIENCE AND TECHNOLOGY COOPERATION

At today's conclusion of the third meeting of the Gore-Chernomyrdin Commission, Vice President Al Gore and Prime Minister Viktor Chernomyrdin signed a Statement of Principles on Data Exchange, a major step forward in removing barriers to cooperation in science and technology. The Statement will facilitate data exchange in all areas of science and technology, and will facilitate the development of a database inventory enabling researchers in both countries to be aware of - and have access to - the work of their peers. The Statement should prevent misunderstandings about the exchange of sensitive or classified data as well.

In addition, both countries have agreed to establish a working group to address other impediments to collaboration, such as taxes, custom barriers, and access to research sites. This will be an interagency group established under the S&T Agreement and will begin work in July.

Building on last December's umbrella S&T Framework Agreement, the Science and Technology Committee has now concluded ten agency to agency agreements for specific cooperative activities in areas of significant interest to the United States. The newest agreements include health, transportation, basic sciences and engineering, geosciences, and offshore energy development accords. These combine with previous agreements to form a solid underpinning to the bilateral collaborative scientific relationship between Russia and the United States.

Finally, the S&T Committee will now concentrate on coordinating and identifying large-scale multidisciplinary projects that not only involve several technical agencies on both sides, but also cut across the entire spectrum of the Commission's activities. Areas identified for possible collaboration include cooperation in free electron lasers, ocean acoustic thermometry, and nitrogen- free diamonds.

# # #

CONTACT: Tim Newell, Office of Science and Technology Policy, (202) 456-6018

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

S&T-RELATED MEMORANDA OF UNDERSTANDING

An impressive number of Memoranda of Understanding (MOUs) were signed during the Commission Meeting in five major areas of interest:

HEALTH: An MOU on Basic Biomedical Research which will enable the U.S. and Russia to cooperate in areas of cancer research, molecular biology, and genetics, immunology and AIDs, neurobiology, clinical research and scientific information exchange *(signed by the Acting Director of the National Institutes of Health and the Vice President of the Russian Academy of Sciences).*

TRANSPORTATION. An MOU on Transportation will promote cooperation on important areas of infrastructure development. These include civil aviation, highways, public transit, railroads, and maritime transportation. More broadly, the MOU will also promote efficiency in U.S. and Russian transportation systems *(signed by the Secretary of the U.S. Department of Transportation and the Minister of the Russian Ministry of Transportation).*

BASIC SCIENCE AND ENGINEERING: An MOU on Science and Engineering Cooperation will establish a new framework for advancing cooperative research between U.S. and Russian scientists and engineers in universities, research institutes, and other scientific organizations. Unlike its predecessor, this new agreement allows for joint activities in all fields of basic science and engineering, including materials research, lasers, optics, and ecology *(signed by the U.S. National Science Foundation and the Russian Academy of Sciences).*

GEOSCIENCES. An MOU on Geosciences will involve both basic and applied research in fields such as global climate change, water resources, petroleum geology, and storage and disposal of toxic wastes -- including radioactive wastes *(signed by the Secretary of the U.S. Department of Interior and the Vice President of the Russian Academy of Sciences and the Head of the Russian State Committee on Geology (ROSKOMNEDRA).*

OFFSHORE ENERGY DEVELOPMENT: An MOU that addresses technical aspects of regulating the exploration for and development of offshore oil, gas, and mineral resources *(signed by the Secretary of the U.S. Department of Interior and the Russian State Committee on Geology (ROSKOMNEDRA).*

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

BASIC BIOMEDICAL RESEARCH MOU

Memorandum of Understanding on Cooperation in the Field of Basic Biomedical Research between the National Institutes of Health of the United States of America and the Academy of Sciences of the Russian Federation

This MOU will contribute to an expansion of cooperative scientific activities of mutual benefit between scientific institutions, government and non-government agencies, higher educational institutions, and individual scientists of in the field of basic biomedical research. The main objective of the MOU and resulting activities will be to promote and facilitate direct cooperation between individual scientists and scientific institutions of the two countries.

Cooperation under this MOU will initially be focused on the following priority areas:

- Cancer
- Immunology and AIDS
- Molecular biology and genetics
- Neurobiology; clinical research
- Related scientific information exchange

These areas will be reviewed periodically and amended, if necessary, by mutual written agreement of the Parties. Cooperation under this MOU will facilitate and support exchange of scientists and cooperative scientific activities. This cooperation will consist primarily of joint research projects; short term exchange visits; and extended visits to conduct joint research. Other forms of cooperation may be undertaken by written agreement of the Parties.

# # #

CONTACT: Claire Hubbard, National Institutes of Health, (301) 496-4784.

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

MEMORANDUM OF UNDERSTANDING ON TRANSPORTATION

The U.S. Department of Transportation and the Russian Ministry of Transportation signed today a Memorandum of Understanding on Cooperation in Transportation Science and Technology.

The purpose of the MOU is to strengthen transportation-related S&T capabilities and to promote and expand relations between the scientific and technological communities in both countries. The MOU will also allow the Department's modal administrations to provide technical and regulatory assistance to their Russian counterparts and help them with their policy formulation and standard-setting processes. Areas and topics for cooperation include:

- Modernization of the Russian air traffic control system
- Increasing the capacity for overflight air routes through Russian airspace (for U.S. and other international operators)
- Highway planning, rehabilitation and construction
- Intelligent vehicle highway system (IVHS)
- Privatization/commercialization of the railroads
- High-speed rail
- Improvements in icebreaking technology
- Port privatization
- Improving the safety level and usefulness of transportation systems in each country

Cooperation in transportation S&T provides both sides access to unique scientific resources and data. One example of beneficial S&T cooperation with Russia is a Federal Aviation Administration (FAA) project that analyzes Russian data on titanium and composite materials use. This state-of-the-art knowledge is extremely valuable to the aviation industry in the United States.

# # #

CONTACT: Zia Kazimi, International Cooperation Division and Secretariat
Office of the Secretary of Transportation, (202) 366-7417

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

MEMORANDUM OF UNDERSTANDING ON SCIENCE AND ENGINEERING

The National Science Foundation of the United States of America and the Academy of Sciences of the Russian Federation signed today a Memorandum of Understanding on Science and Engineering Cooperation. The objective of this MOU is to:

- Encourage and increase cooperative scientific activities of mutual benefit between scientists, engineers, and institutions of research and higher learning of the two countries
- Provide opportunities for the exchange of information, ideas, skills, and techniques
- Address problems of common interest
- Utilize facilities and equipment available to both countries for scientific research

Cooperation will cover all branches of science and engineering, including basic and applied aspects of the natural sciences and mathematics, the engineering sciences, and the social sciences, but excluding clinical medical research and business administration. The program undertaken under this MOU will encourage and support exchange of scientists and cooperative scientific activities, specifically, cooperative research projects and joint seminars and workshops.

# # #

CONTACT: Alexandra Stepanian, National Science Foundation, (703) 306-1703

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

MEMORANDUM OF UNDERSTANDING ON GEOSCIENCE

The U.S. Geological Survey, the Russian Federation State Committee for Geology and the Use of Underground Resources, and the Russian Academy of Sciences signed today a Memorandum of Understanding on Geoscience.

This MOU will support basic and applied research in the earth sciences and facilitate contacts and data sharing between U.S. and Russian industry. Key areas of research include global climate change, energy and mineral resources, hydrology and water resources, seismic and volcano hazards, and the storage of radioactive and other toxic wastes. Program highlights include:

- Paleoclimate Research on Lake Baikal: The U.S. Geological Survey (USGS), the U.S. National Science Foundation, and the Russian Academy of Sciences (RAS) are supporting an effort to reconstruct a detailed record of climate change through studies of sediment cores from Lake Baikal, a 600 km long rift lake in eastern Siberia. The longest cores (100 meters) ever recovered from Baikal, representing a climate record for the past 400,000 years, were obtained in winter 1993-94 by drilling from the frozen lake surface. Analysis of pollen, diatoms, and other indicators in these cores are providing a unique record of changes in water temperature, productivity, and vegetation around the lake which will contribute significantly to our understanding of natural variations in the earth's climate.

- Cooperative Research in Energy Resources: In 1990, USGS and Russian scientists began several cooperative projects to compare U.S. and Russian techniques, develop unified terminology and concepts, and to share non-commercial information on U.S. and Soviet petroleum geology. This work provided the basis for an expanded program of cooperation with the Russian Federation State Committee for Geology and the Use of Underground Resources (ROSKOMNEDRA), which is presently being funded by USAID. The program will establish technical-training facilities for petroleum geochemistry, GIS technology, and seismic data processing at research institutes in Moscow and Tyumen (west Siberia). These centers will compile and release digitized maps, data reports and other information on Russian petroleum geology.

- Mineral Resource Studies: Since 1989, scientists from USGS, RAS, and ROSKOMNEDRA have conducted an extensive comparative study of the geology and mineral resources of the Russian Far East and Alaska. This work, which has produced descriptions of over 350 Russian ore deposits, will be useful in both resource assessment and in the evaluation of environmental consequences of mining.

In 1994, the USGS established the Center for Russian Mineral Resource Studies (CERMINS). This center will coordinate efforts with ROSKOMNEDRA and RAS to develop a digital database of Russian mineral resource information, conduct joint resource assessment exercises, and facilitate contacts between the U.S. and Russian minerals industries.

# # #

CONTACT: Paul Hern, U.S. Geological Survey, (703) 648-6287.

THE WHITE HOUSE
OFFICE OF THE VICE PRESIDENT

IMMEDIATE RELEASE June 23, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

Fact Sheet

MEMORANDUM OF UNDERSTANDING ON OFFSHORE ENERGY DEVELOPMENT

The Minerals Management Service of the Department of the Interior and the Commitee of the Russian Federation on Geology and Use of Underground Resources signed today a Memorandum of Understanding on Offshore Energy Development. This MOU will formalize the evolving relationship between the Minerals Management Service (MMS) and the Commitee of the Russian Federation on Geology and Use of Underground Resources (ROSKOMNEDRA), which has focused on the sharing of information. It will establish closer and more regular contacts, and promote cooperative activities related to the technical aspects of regulating the exploration for and development of offshore oil, gas, and mineral resources.

- The MOU will promote the exchange of information and assist both governments in the environmentally sound management of offshore minerals development.

- The exchange of information with ROSKOMNEDRA will enhance MMS's ability to meet the requirements of the Outer Continental Shelf Lands Act, particularly in the Bering and Chukchi Seas which border both nations.

- This effort also supports the National Energy Strategy by encouraging the development of energy resources outside the Persian Gulf and continuing the leadership role the United States exercises in energy, economic, security and environmental policy.

BACKGROUND:

During a November 1993 visit to Russia, Ms. Carolina Kallaur, Special Assistant to the Director of MMS, was approached by the Deputy Chairman of ROSKOMNEDRA, who expressed interest in developing an MOU with the MMS. Informal discussions were held with the Deputy Chairman Vladislav Scherbakov. In late December, the ROSKOMNEDRA, submitted a draft MOU to the MMS.

Activities envisioned under the MOU will focus primarily on environmentally sound management of offshore energy development practices including environmental protection, resource assessment, economic and socioeconomic analysis, methods for conveyance of mineral rights to the private sector, and public and private sector involvement.

The MOU is subject to the Agreement between the Government of the United States of America and the government of the Russian Federation on Science and Technology Cooperation.

# # #

CONTACT: Brad Laubach, Minerals Management Service, (703) 787-1295.

DEPARTMENT OF HEALTH & HUMAN SERVICES

DATE: 1-27-95

THE OFFICE OF INTERNATIONAL HEALTH

Send to Fax #:

TO: Nicole Robson 202-456-6244

From:

Peter H. Henry, Ph.D.
Director, Office for Europe & the NIS
Office of International Health/OASH
Room 18-90 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857, USA

Tel. (301) 443-9426
Fax: (301) 443-0742
E-Mail: PHENRY.OASH
Internet: PHENRY@OASH.SSW.DHHS.GOV

Who is sending you the following 30 pages of material.

Action Notes:

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Memorandum

Date . JAN 24 1995

From Director, Office of International Health

Subject Agenda for Meeting of the Executive Network Resource Group -- Monday, January 30, 1995

To Health Committee Executive Network Resource Group (ENRG)

As indicated in our December 28th memorandum to you, providing reference material on the first meeting of the US-Russian Health Committee, a meeting of the interagency ENRG, chaired by GC Health Committee Point of Contact, Dr. Jo Ivey Boufford, has been scheduled for Monday, January 30:

ENRG Meeting: **Monday, January 30, 3-5 pm**

Location: **Secretary's Conference Room - "Stonehenge" (Enter Room 615 F)**
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington D.C.
[Emergency Phone Contact: Gloria Gonzales (202) 690-7694]

AGENDA:

The main purpose of this meeting is to discuss initiation of activities in each of the eight priority areas agreed upon at the December 14 Joint Health Committee Meeting. We want to see broad-based interagency participation and provide an opportunity for discussion and formation of work groups. This includes the issue of how best to involve the non-governmental sector in Health Committee activities. We also want to provide additional background on the Health Committee meeting and general atmospherics and give those of you not present in Moscow, an opportunity to ask questions.

AREA SUMMARIES:

Of the eight areas agreed upon for cooperation under the Gore-Chernomyrdin **Health Committee**, four were proposed by the U.S. side and four by the Russian side.

In the briefing materials prepared for the GC Health Committee, there was an unequal level of detail for these area summaries and some last-minute editing was done to present a more uniform appearance. The task before us now is to develop a plan of action for each of these areas; one that takes into account the views of both sides, establishes small working groups and lead agencies or individuals, and makes best use of limited existing resources. Tab A provides a revised working draft of the area summaries for which we are soliciting your advice and further development.

On December 16, the Health Committee Secretariat met at the Ministry of Health to discuss next steps in each of the areas. Attached under Tab B is a copy of U.S. side notes on this meeting.

We look forward to meeting with you on Monday.

Linda A. Vogel

Linda A. Vogel

Attachments:

Tab A: Health Committee Areas of Cooperation - Working Draft
Tab B: Notes on Close-out Meeting at Russian MOH, 12/16/1994

Addressees:

Jo Ivey Boufford, PHS/OASH
Alan Brooks, CIA/OSE/ED
Phil Budashewitz, PHS/FDA
Robert Berls, DOEn
Merryl Burpoe, OPIC
Carol Carnahan, DOS/EUR/ISCA/ECA
Jack Chow, PHS/NIH/FIC
Mary Cummings, AHCPR
Joe H. Davis, PHS/CDC
Tom Dine, AID/ENI
Matt Edwards, DOC/ITA
Rhonda Ferguson-Augustus, DOS/ISCA/CAST
Cindy Gire, OVP
Joseph Grandmaison, TDA
Jeff Gren, DOC
Jim Harrell, PHS/DPHP
Nancy Hazleton, PHS/OIH
Peter Henry, PHS/OIH
David Hohman, HHS/OS
Elaine Holland, DOEd/OIIA
Allen Holt, PHS/NIH
Bud Jacobs, USIA
Stephen Joseph, DOD
Ming-Chen Keller, U.S.Embassy Science Section, Moscow
Irene Kelner, Voice of America
Julie Klement, USAID
Tom Macklin, DOS/NIS/C
Katie McDonald, AID
Don Miller, NASA
Dick Morningstar, OPIC

Paul D. Panaccione, USIA
Mary Pendergast, PHS/FDA
Marilyn Piefer, DOS/OES
Ernie Plock, DOC/ITA
Nicole Rabner, OP
Anthony Rock, DOS/OES
Elliot Siegel, NLM
Alan Silva, AID/ENI/HR
Linda Staheli, OSTP
Kathryn Sullivan, OVP
Terry Tiffany, USAID Mission Moscow
John B. Tomaro, AID
Barbara Turner, USAID
Linda Vogel, PHS/OIH
Edward Washburn, DOE
Gary Waxmonsky, EPA/OIA

TAB A

U.S.-RUSSIAN JOINT COMMISSION ON ECONOMIC AND TECHNOLOGICAL COOPERATION
HEALTH COMMITTEE PRIORITY AREAS
DRAFT - 19 JAN 1995

PRIORITY AREAS	U.S. LEAD	RUSSIAN LEAD	OTHER U.S. PARTICIPATING AGENCIES	STATUS	STATUS NOTES
DIABETES	CDC Frank Vinicor, M.D. Director, Diabetes Translation Division (404) 488-5000	RAMS, MOHH	NIH	Lead Designated on U.S. side	Set of framing questions and letter of invitation to Russian side are being drafted. Expect to receive delegation in late February or March.
HEALTH EDUCATION & PREVENTION	ODPHP/OASH		USAID USIA CDC HRSA DOEd FDA SAMSHA NIH/NHLBI		
PREVENTION & CONTROL OF INFECTIOUS DISEASES	CDC/FDA		USAID NIH		
STRENGTHENING PRIMARY CARE PRACTICE			USAID HRSA		
TUBERCULOSIS TREATMENT & CONTROL	CDC		NIH		
MATERNAL & CHILD HEALTH			USAID HRSA NIH CDC FDA		
HEALTH REFORM & POLICY DIALOGUE	OASH	MOHH	USIAD AHCPR OASH/PHS ODPHP		Meeting of Work Group proposed in conjuction with Health Committee Meeting - June 22-25, 1995, St. Petersburg.
ENVIRONMENTAL HEALTH			NIH CDC EPA FDA		

as of 1/19/95--on H\bilat\rus\hcarea.cht

AREAS OF COOPERATION UNDER THE U.S.-RUSSIAN HEALTH COMMITTEE

1. Diabetes
2. Health Education and Promotion
3. Prevention and Control of Infectious Diseases
4. Strengthening Primary Care Practice
5. Tuberculosis Treatment and Control
6. Maternal and Child Health
7. Health Reform and Policy Dialogue
8. Environmental Health

Working Draft

Office of International Health
January 20, 1995

on N:\bilat\rus\hc8areas.sum

1. **Diabetes**

U.S. Lead Agency: Centers for Disease Control & Prevention

Contact: Frank M. Vinicor, M.D.
Director, Diabetes Translation Division
National Center for Chronic Disease Prevention
and Health Promotion, Room 1041 RB
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, GA 20333
Tel. (404) 488-5000

Russian Lead Agency: To Be Determined

Institute of Diabetes - Balabalkin?
Academy of Medical Sciences

? Prof. Amietov
Director, WHO Collaborating Center
Academic Post-Graduate Institute
Ministry of Health & Medical Industry

Contacts: To be Determined

Next & Possible Future Activities:

U.S. side is prepared to receive a small Russian diabetes team in late February or early March to define and structure the cooperation.

Area Summary Description: [U.S. prepared draft -- 1/12/1994]

Diabetes (both insulin dependent and non-insulin-dependent diabetes) affect an estimated 14 million people in the United States and 7 million in Russia. Worldwide, over 100 million people have diabetes. Insulin-dependent diabetes mellitus (IDDM) is a life-long illness that is not now curable. The complications caused by diabetes, including cardiovascular disease, stroke, hypertension, blindness, end-stage renal disease, neuropathy, amputations, and pregnancy complications result not only in enormous human suffering but also a major cost to the health care systems of our two countries. In the United States, alone, this cost is estimated at $92 billion a year. Scientific and clinical evidence clearly indicates that with secondary prevention (glucose control) and tertiary prevention (screening and treatment) for eye, foot, kidney, and pregnancy complications, the health and economic burden of diabetes can be substantially reduced.

The Russian side has expressed interest in the joint production of diabetic-related pharmaceuticals and foods. From the U.S. perspective there is a broad range of opportunities that could be discussed, ranging from research, to prevention, to treatment including education of patients and health providers, to production of essential pharmaceuticals, supplies, and foods. Cooperative efforts should address both Type I and Type II diabetes in adults and children.

Existing and Planned Efforts to Address Issue:

Under the USAID MTTA program, Merck is proposing to collaborate with Eli Lilly for the production of Humulin in Russia. Planned efforts will also include a program of patient and physician education.

Possible Opportunities:

This collaboration between the United States and Russia offers the opportunity for a multi-disciplinary approach to the diabetes problem, which could include the following:

- Enhancing supply of insulin and other products for diabetes case management (e.g. blood glucose monitoring supplies, diabetic foods, etc.) and equipment and supplies to detect diabetes complications early such as eye and kidney disease.
- Education of health professionals in diabetes screening, risk assessment, diagnosis, and diabetes case management.
- Health education and health promotion of patients, their families, and communities in the benefits of diabetes screening, diagnosis, and case management.
- Collaboration (including sharing of research protocols and data) related to research in such areas as: diabetes control and complications, risk assessment and prevention of IDDM as well as non-insulin dependent diabetes.
- Establishment of linkages between private sector organizations involved in diabetes education and advocacy.
- Use of NIH/FIC Fogarty International Research Cooperative Awards (FIRCAs) to support cooperative work between established investigators in Diabetes.

2. Health Education and Promotion

U.S. Lead Agency: To Be Determined

Contact:

Russian Lead Agency: To Be Determined

Contact:

Next & Possible Future Activities:

Area Summary Description: [DRAFT FOR DISCUSSION PURPOSE, 2/7/94]

Epidemiological data indicate that major causes of morbidity and mortality in Russia and the United States are cardiovascular disease, accidents and exposure to other hazards. Much of this death and disability could be prevented through effective health promotion, including health education, efforts. National plans of action, including delineation of goals, are important for mobilizing and focusing efforts at all levels of government and multiple sectors of society, including private and voluntary organizations.

Existing and Planned Efforts to Address Issue:

Health education/promotion programs are an important part of a number of USAID projects. American hospitals and other non-governmental organizations (NGO's) have developed collaborative programs with Russian counterparts in the areas of nursing education, AIDS prevention, drug and alcohol abuse, food safety policies, and mainstreaming of the disabled. Additional projects support programs in the area of reproductive health. These will soon be expanded as USAID launches a comprehensive new program with Russia in this area. Further interventions are planned in child health.

Possible Opportunities:

Building upon and going beyond the USAID program cited above:

- Consult and share strategies and materials for school health education, including age-appropriate education about HIV/AIDS, healthy lifestyles (smoking, alcoholism, drugs, exercise, etc.)
- Promotion of community-based health promotion, planning, intervention including policy development, economic, social, and environmental support strategies related to cardiovascular disease, nutrition, etc.

- Collaborate on multi-media approaches (e.g. radio, television, other) to communicate to families, with emphasis on women as agents of change. Messages could address child care, prevention of disease, food handling, etc.

- Promote strategies to influence public opinion makers (entertainers, sports figures, other admired or respected individuals) to play leadership roles to promote better health.

3. **Prevention and Control of Infectious Diseases**

U.S. Lead Agency: CDC/FDA

Contact: To Be Determined

Russian Lead Agency: RSCSES ("Sanepi")

Contact:

Next & Possible Future Activities:

Area Summary Description:

Prevention and control of infectious diseases remains a priority concern of both countries. Of particular importance is the prevention of childhood vaccine-preventable diseases. Essential elements of effective prevention and control efforts include: availability of safe and effective vaccines; effective delivery systems; trained manpower, including physicians who understand the importance of promoting immunization of children and adults; as well as a population that is knowledgeable and motivated to obtain immunization protection. Deficiencies in any of these areas result in inadequate protection.

From the Russian perspective, cooperation in this area might focus on the strengthening of Good Manufacturing Practices (GMP's) for production of vaccines and sera, first for diphtheria, and then for other childhood diseases.

The U.S.-side would especially like to stress vaccine-preventable infectious diseases. Initially, the U.S. views this area as an important opportunity to work with Russia in their efforts to restore/modernize their vaccine/sera production to GMP levels, and it would build on cooperation carried out already between the U.S. Food and Drug Administration, assistance from USAID, and certain Russian institutions. It also offers the opportunity to promote immunization practice and to strengthen the clinical practice of pediatricians.

4. **Strengthening Primary Care Practice**

U.S. Lead Agency: To Be Determined

Contact:

Russian Lead Agency:

Contact:

Next & Possible Future Activities:

Area Summary Description: [DRAFT FOR DISCUSSION PURPOSES, 2/12/94]

In both the United States and Russia, health reform efforts designed to provide reasonable levels of health care, at reasonable cost, to most if not all the population, depend on improving the quality of services delivered by primary health care medical staff, increasing their numbers in proportion to specialists, and encouraging them to work as a team.

Existing and Planned Efforts to Address Issue:

As part of its Health Care Financing and Service Delivery Reform Project, USAID is helping Russian counterparts identify components of a rational health care delivery system. One area of emphasis has been the need to shift existing resources from in-patient curative care to primary and preventive care programs by restructuring existing financial incentives. This will be done through the establishment of financial incentives and by the creation of a training institution for the education of general practitioners and family doctors. Additional AID program will facilitate exchanges between US and Russian primary care providers.

Possible Opportunities:

Improve practice management, continuing clinical education for doctors and nurses currently in primary care settings, and develop a Russian specialty of family medicine.

Promote cooperation between PHS-sponsored health manpower professionals and academic institutions specializing in the development of the specialty.

Engage in dialogue on the government's role in providing support to primary health practitioners, especially in under-served and remote rural areas.

Possible Health Committee Action:

Promote greater coordination among Russian academic centers developing family practice as a specialty, lending agencies, professional associations, and PHS-supported health manpower development programs to show support for an otherwise relatively low prestige occupation.

Include U.S. governmental organizations (IHS and HRSA-supported community health centers) as sites for training and exchanges to develop primary care health professionals.

5. **Tuberculosis Treatment and Control**

U.S. Lead Agency: CDC

Contact:

Russian Lead Agency:

Contact:

Next & Possible Future Activities:

Area Summary Description:

The Russian side has expressed interest in the study of the epidemiology and current treatment of TB control.

The U.S.-side believes that this area offers an important opportunity to cooperate on anti-TB work including identification of populations at risk, sharing of information on research and on approaches to treatment, and possibly for the production of anti-TB pharmaceuticals.

6. **Maternal and Child Health**

U.S. Lead Agency: To Be Determined

Contact:

Russian Lead Agency:

Contact:

Next & Possible Future Activities:

Area Summary Description:

The Russian side has proposed this area focus on health education materials in the area of promoting immunization, women's health including reproductive health and family planning in Russian practice.

The U.S.-side believes that this area offers important opportunities for exchanges of health education material and sharing of experience and techniques on communications for health education, including but not necessarily limited to immunization and women's health including family planning. There is also opportunity for continuing medical education for physicians and other health care providers on those issues, such as preventing serious forms of infectious diseases in children and early diagnosis of genetically-linked disorders, and related activities.

7. Health Reform and Policy Dialogue

U.S. Lead Agency: HHS-Office of the Assistant Secretary for Health (OASH)

Contact: Jo Ivey Boufford, M.D.
Principal Deputy Assistant Secretary for Health
Room 716 G, Humphrey Building
200 Independence Ave., S.W.
Washington, D.C. 20201
Tel. (202) 690-7694 Fax: (202) 690-6960

Russian Lead Agency: MOHMI

Contact: To Be Determined

Next & Possible Future Activities:

The Ministry of Health has proposed the venue of a Forum on Public Health, to be held in St. Petersburg, June 22-25, as the main event to launch this area. Holding the Joint Health Committee meeting in conjunction with this workshop would help to ensure senior-level participation and make effective use of limited resources.

Area Summary Description: [DRAFT FOR DISCUSSION PURPOSES, 2/12/94]

The United States and Russia share much in common in our desire to assure to our respective peoples access to and availability of quality health services, including effective public health measures, at affordable cost. As both countries work to achieve our respective, and similar goals, there are common threads in their health reform efforts. These issues include financing, quality of care, availability of appropriate and well-trained health manpower, public health infrastructure, and the role of the national ministry of health in this era of rapid change and reform. Moreover, there are recognized needs for greater personal responsibility by individuals in maintaining their own health and that of their families as well as for health reform related research.

Existing and Planned Efforts to Address Issue:

USAID has initiated a comprehensive program to increase economic efficiencies, quality of care, and access to provider choice through market-oriented reforms in the health finance and delivery system. Assistance has been focused on developing financing mechanisms which support the delivery of cost-effective services, creating health information systems so that rational resource allocations can be made, promoting quality assurance and expanded consumer choice.

Possible Opportunities:

The following represents a partial list of opportunities for cooperation, in addition to the existing effort cited above:

- Health policy research - exchanges of information on potential collaboration on research projects. The latter could include study design and exchanges of personnel related to the conduct of study(ies).
- Data systems for measuring quality assurance.
- Consultation on strategies and planning to strengthen public health infrastructure.

8. Environmental Health

U.S. Lead Agency: To Be Determined

Contact:

Russian Lead Agency: RSCSES ("Sanepi")

Contact:

Next & Possible Future Activities:

CDC Conference on Risk Assessment, Spring 1995

EPA has proposed a workshop

Area Summary Description: [DRAFT FOR DISCUSSION PURPOSES, 1/12/94]

Russia's environmental health is significantly compromised. A wide range of physical and chemical substances and bacteriologic organisms are either inhaled directly or ingested through food or water. Air, water, and soil pollution is widespread. Changes in infant mortality and congenital defects are presumed to be symptomatic of the impact. Ionizing radiation is a major environmental concern.

Existing and Planned Efforts to Address Issue:

Existing USAID projects aim to alleviate some of the serious health risks posed by environmental pollution through changes in industrial and resource management practices, government regulation of those practices, and government standards for toxic substances in the food supply. USAID currently supports programs that measure pollutant emissions and exposure levels, as well as water quality.

Under a recently signed Government-to-Government Agreement on "Cooperation in Research on Radiation Effects for the Purpose of Minimizing the Consequences of Radioactive Contamination on Health and the Environment" both U.S. and Russian health authorities have substantial interest in collaborative studies to assess whether chronic low-level exposures to radiation present the risk they are assumed to have from extrapolation from Hiroshima and Nagasaki bomb blast data. The exposure levels to populations in the Southern Ural region of Russia are relatively high and scientific studies and epidemiology could prove to be a key factor in reassessments of government-set radiation protection standards for public and occupational health.

Environmental Health under a USAID funded program, the impact of pollution on the safety and quality of the food supply, and standards for toxic substances in foods will be discussed.

Possible Opportunities:

Opportunities exist for developing greater public awareness of the real risks attributable to various forms of environmental pollution -- some of which can only be controlled or mitigated through governmental and international action, while others are within the realm of personal and local control. Community involvement in developing programs to better understand the relative risks of various agents might prove beneficial. Parental smoking in the home of asthmatic children, for example, may greatly exacerbate the risks and damage in comparison to the toxic waste from near-by factory smokestacks.

Cooperative work on risk assessment and study of adverse impact on human health of various forms of environmental pollution. This work would be closely coordinated with the GCC Committee on the Environment and the activities being pursued under the Joint Coordinating Committee for Radiation Effects Research (JCCRER).

New programs such as the International Training and Research in Environmental and Occupational Health Program, co-sponsored by the Fogarty International Center and the National Institute of Environmental Health Sciences of the NIH and the National Institute of Occupational Safety and Health of the CDC offer opportunities to train Russian scientists and to establish new cooperative relationships between research groups.

Possible Health Committee Action:

Generate high-level awareness of long-term value, to both countries, of pursing collaborative epidemiological studies and risk assessment and of reducing exposure through air, water, and food sources. Help overcome obstacles to their development and pursuit.

Encourage interdisciplinary and interagency cooperation.

PHS ASSISTANCE-RELATED SCIENTIFIC COOPERATION

CENTERS FOR DISEASE CONTROL AND PREVENTION:

With support from the U.S. Agency for International Development, the CDC has also developed training and technical assistance activities with Russian counterparts, primarily with the Russian State Committee for Sanitary and Epidemiological Surveillance (SanEpi). These activities include:

- **Epidemiology Training** -- In August, 1984, CDC hosted 20 Russian epidemiologists for a four-week training course in current epidemiology and included one week of visits to selected State-level health departments.

- **Public Health Surveillance and Control of Communicable Diseases** -- Under this activity, begun in 1992, the CDC has provided assistance to strengthen surveillance systems for vaccine preventable diseases and vaccine monitoring systems. This has led to publication, on a monthly basis, of a Russian version of CDC's "Morbidity Mortality Weekly Report. CDC has also provided expertise to assist in Russian diphtheria control activities.

- **Environmental Health** -- With support from the Department of State, CDC has sponsored a workshop in radiation risk assessment in November, 1994, and plans a more general environmental and occupational health epidemiology conference in the spring of 1995.

FOOD AND DRUG CONSUMER PROTECTION AND REGULATORY CONTROL

Cooperation between the U.S. and Russia in the area of food and drug consumer protection involves both science-based and technical assistance. With support of the U.S. Agency for International Development initiated in 1992, ($1.2 million) the Food and Drug Administration, PHS, has:

- Trained 20 Russian vaccine regulatory and manufacturing scientists at FDA facilities in the U.S.. This has included scientific, legislative, and administrative training on vaccine quality control.

- Conducted three workshops in Moscow, one on the role of a regulatory agency in a market economy and two on specific vaccine quality control issues.

- Purchased and delivered over $100,000 of supplies, equipment, and journals to the Tarasevich Institute (Russian vaccine regulatory authority, under SanEpi) necessary for the testing and quality control of vaccines.

- Entered into a memorandum of understanding (MOU) with Russian health authorities to streamline the registration in Russia of FDA approved drugs and biologics.

Plans for future activities with continuation support from USAID ($1,000,000) includes:

- Implementation of the Drugs and Biologics MOU
- Development of proposed MOU's on medical devices and food products,
- Provision of training and conduct of workshops in pharmaceutical good manufacturing practices (GMP's) and food safety. These activities need to be coordinated with other USAID projects in this area.
- Work with Russian legislative and other health authorities to develop legislation for creating market oriented and transparent food and drug regulatory systems.

Health-Related Activities Being Supported by Other U.S. Government Agencies With Russia

Department of Defense:

The Department of Defense (DOD) is only indirectly involved in providing health-related technical cooperation with Russia. DOD has provided surplus medical equipment and supplies, hospital equipment, and air and sea-lift support for shipments of emergency and humanitarian medical supplies.

In 1994, DOD in cooperation with the U.S. Department of State provided $37 million in hospital supplies and equipment which was provided to eight hospitals in Moscow.

Hospital equipment and supplies from a decommissioned DOD trauma hospital in Japan will be provided to the Vladovostok Hospital No. 2, under the Hospital-to-Hospital partnership with the Medical College of Virginia, in mid-1995.

Department of Commerce:

Under the GCC, the Department of Commerce chairs a U.S.-Russia Business Development Committee (BDC). A "Medical Equipment, Pharmaceutical and Health Services Subgroup" has been formed under the BDC. The Food and Drug Administration (FDA/HHS) is a participant of the latter group. Attention has been focused on developing investment opportunities in the Russian health sector by U.S. firms. Understanding the Russian regulatory control and approval process, removing obstacles, and increasing the scientific basis for actions is a major concern. An MOU between the FDA and Russian health authorities was signed in March, 1994. It is directed toward assuring the availability of high quality pharmaceutical products in Russia. The two sides will work towards its implementation.

Trade and Development Agency:

The Trade and Development Agency (TDA) is an independent USG Agency which provides funding to U.S firms to carry out feasibility studies related to major projects in developing and middle-income countries. Russia is an eligible country and TDA has a sectoral focus on "Health Care (pharmaceuticals, medical equipment, etc.) TDA has provided partial funding ($300,000) for a study on the establishment of home-based health care system in two cities in Tatarstan.

Oversees Private Investment Corporation:

The Overseas Private Investment Corporation (OPIC) views adequate health care as a critical need in Russia and the rest of the NIS. Key issues for OPIC are solving the regulatory problems U.S. companies face in the Russian market; improving the ability of U.S. companies to open high-quality production facilities in Russia; and easing the customs and tariffs on pharmaceuticals imported into Russia. The GCC Health Committee is viewed as a good forum to resolve some of the issues unique to the health sector that are preventing projects from moving ahead.

Highlights of OPIC's recent activities include: support for U.S firms to invest in Russia and the NIS ($2.2 billion); investment missions to discuss development of health care projects; feasibility studies for pharmaceutical packaging and production; and support of health care feasibility studies through a funding transfer to TDA ($1 million).

U.S. Information Agency:

The U.S. Information Agency (USIA) supports a broad-based program of information exchange and provides for a substantial number of training and exchange visit opportunities for Russian professionals to visit U.S. For example, the USIA has conducted conferences in the cities of Tomsk and Novosibirsk on various aspects of American federalism, including the roles that intergovernmental finance and local self-government play in the system. In the health sector, USIA is supporting a 30 minute program on health matters on the Russian Service of Voice of America which features a Russian speaking doctor who responds to questions. In addition a 24 part series on medicine is currently being edited/dubbed for Russian audiences going onto World Net.

TAB B

Internal U.S. Use Only

DRAFT Notes on Close-out Health Committee
Secretariat Meeting at the
Russian Ministry of Health, Moscow
December 16, 1994

#1 Diabetes:

- A Russian team will come to the U.S. in early 1995. The key was a multi-disciplinary group that represents the variety of issues. The trip would be one to two weeks in length.

- **Action:** Follow-up by Saveliev in early January, involving the U.S. lead person in this area.

- **Question:** Would AID funds be available? There are 10 man months of training in all that could be used for the GCC Committee. It was recommended that we not use the training money for the Diabetes team visit, but, after their visit, have them develop a proposed program and then, perhaps, use the funding for any training activities within the program. The Russians do not have funds to support this team visit, but they understand the need to keep the team small and having the appropriate people.

- **Issues for the Russians:** There are two "schools" involved in diabetes that are in competition. First, the Institute of Diabetes, headed by Balabalkin.

  The Academy of Medical Sciences; the other is Professor Amietov, Director of the WHO Collaborating Center in the Academic Post-Graduate Institute, which is a Ministry of Health program. One of the challenges is administratively getting these two groups together, which they are committed to do. (NOTE: Project Hope had discussions with the MOH regarding work in this area, and Hope is willing to work with the G-C Health Committee.)

#2 Health Education and Promotion:

- Action: We will send a legislative and regulatory framework for health education/promotion activities in the U.S. and examples of national campaigns.

- AID's BASICS Technical Group will be going to Russia in February to do a needs assessment for conducting health education and promotion campaigns. This would be two to three weeks in length.

- **Action:** AID to provide Scope of Work for the BASICS Technical Group to the Ministry and to us to shape it to support this project area.

Internal U.S. Use Only

- We discussed the former USSR network system of Houses of Health Education (HHE) and the use of schools. They agreed the system has now pretty much fallen apart, but felt that this project, in concert with the Institute of Preventive Medicine, which has multi-media expertise in health education, could be a good way to resuscitate the HHE Center, and if resources could be found, the network.

  It was noted that the Institute of Preventive Medicine under the Ministry is currently undergoing a re-evaluation of its role and function, and this could be quite complementary to that effort.

- **Action:** Tzaregorodtsev to involve the Ministry of Education, Ms. Lazutova, Deputy Minister of Education, in this project.

  It was also mentioned that the Ministry had put forward legislation on this to the Duma in 1993, but it was never moved. (We should get a copy of this although we did not make any agreement to do so.)

- **Action:** Terry to send Scope of the BASICS Technical Group activity within two weeks for comment.

#3 Infectious Diseases:

- SANEPI and CDC are developing a plan of action based on their PASA. It is linked to an AID-supported agreement for the development of surveillance systems in infectious disease control. A plan of action is due within one to two weeks in this area.

- The Russian interests are:

  1. To reconcile contraindications for vaccinations with the U.S. schedule, especially for vulnerable children who are immuno-compromised.

  2. To focus on prevention and treatment of viral hepatitis. They believe they have a good Russian vaccine against it, but need the means to get it into production and conduct comparative clinical trials.

  Their diagnostic testing systems for Hepatitis A, B and C are important to them, though some claim they are not good, and the re-agents are faulty. They would also like comparative studies in this area.

  3. They see vaccines as a part of this issue, especially the MTTA agreement with AID. Merck is proposing to develop vaccines alongside pharmaceuticals in their proposal.

- **Action:** Kocherovetz and colleagues to visit in January to talk with drug companies and FDA.

- **Action:** AID to share draft plan of action on the SANEPI and CDC PASA when available.

#4 Primary Care Practice:

- This is key, mainly linked to the World Bank Project. The major problem is they don't have enough money in the system, overall, so they need to de-emphasize high-tech use.

- The Ministry of Health, as a matter of policy, is reducing the number of doctors in its poly-clinics. The current ratios are 1 to 800 for Pediatrics; 1 to 1600 for Internal Medicine; and 1 to 2500 for GYN. There are also multiple specialties and lab services, many of which they feel are redundant. They want to develop a system-wide GP, serving patients from birth to death, decreasing the use of specialists. They also want to decrease the high rate of hospital admission.

- They seek to create a system of day hospitals linked to OPD's for intravenous infusion and day surgery. Problems here are equipment and the OPD's are very poor, inhibiting day surgery.

- The role of the MOH, as they see it, at the Federal level is to: a) revise the program of professional graduate medical education; b) develop regulations on standards of practice and equipment in ambulatory care settings; c) regulations for the work of day hospitals in home care.

- **Action:** 1) We committed to sending them copies of materials on the GME program for family practice. (This could be obtained from Dr. Bob Graham, Executive Director, American Academy of Family Physicians, POB 8723, 8880 Ward Parkway, Kansas City, MO 64114, phone 816/333-9700, ext 5100; Dan Ostergard, contact.) 2) Regulations on standards of practice and equipment. (The Joint Commission on Accreditation of Health Care Facilities (JCAHO) should have standards for ambulatory surgery and for ambulatory care facilities. Similarly, HRSA will have standards for community health centers, and again, the American Academy of Family Physicians will have standards for physicians' offices and probably guidance on how to set them up, as well as for family practice teaching sites.) 3) Regulations for day hospitals (JCAHO said there is a National Association of (?)Ambulatory Surgery Centers) and home care. (It may be a good idea to look at some state regulations--New York State has them.)

- **Action:** The Russians would like to send a team of nurses and doctors to study the clinical interaction management of day hospital and homecare services. (Comment: A good resource in homecare would be the New York City Visiting Nurse Association. Dr. Boufford knows the Director.) AID said they could use some of the resources in the ABT project to do this.

  Terry Tiffany noted that AID has also agreed to provide technical assistance to the World Bank in the primary care area. The work of Chabalyin and Denisov is probably linked to this.

- **Action:** U.S. to send package of materials listed above. Russian team to review these materials and help design the focus of their study visit in the areas they think would be most helpful. AID would assist in this design and in arranging the visit. Nikita and Susan Cheney-O'Byrne (USAID/Moscow) will act as liaison on this project.

#5 Tuberculosis:

- There are two Moscow Institutes, the Central TB Institute and the Institute for Anesthesiology and Pulmonology, which have regional branches. They are eager to look at the entire TB issue in Russia, especially the population groups particularly at risk. This will mean working with clinicians, epidemiologists and bacteriologists.

- They also note their drug companies often do not have the multi-drugs needed for treatment; some produce Isoniazid; others do not, but they would like to do so. Their major interest is the potential for joint production ventures, and Kocherovetz will be trying to find some U.S. counterparts during his visit. OPIC might be useful here.

- **Action:** The Russians will put together a proposal for a workshop activity with two expert groups from the U.S. and Russia, potentially to be held in April or May. This should be forwarded in January, and we would then reply.

#6 Maternal and Child Health:

- There are two areas: 1) the AID initiative, including reproductive health and family planning that was announced at the just completed G-C Commission Meeting; and 2) prevention of personal infection and prenatal diagnostics--the World Bank project on critical medical equipment is related to this.

Internal U.S. Use Only

- The Russians understand they cannot just give us a list of drugs and equipment that they need. The key emphasis must be on a planned approach to preventing infant and maternal mortality and developing a prevention strategy for the major causes of both. They believe they know the causes.

- The approach to the workshops in Russia would involve bringing U.S. experts over to look at the Russian situation and then meet with Russian counterparts to develop a strategy for the overall reduction of maternal/infant mortality.

  The Russians have 89 administrative territories and believe the monthly reports to the Ministry on infant/maternal mortality through GOSCOMSTAT are fairly good.

- AID is developing the final draft of its action plan, and is planning a follow-up meeting with Zalenska and Vaganof on the implementation of the plan in February. Then we can see where we go with this area.

  AID mentioned that one of the activities being considered as part of this initiative is a National Reproductive Health Survey. Dr. Komarov (the gentleman who was involved in the NAS data workshop) is linked to the Ministry and funded by AID as part of the CDC/NCHSR project on improving Russian statistics. We should probably find out what he has been doing.

#7 Health Policy Dialogue and Reform -- The Role of the Department of Health and the Ministry of Health in a Decentralized System:

- The Ministry was centralized until 1991 and is now decentralized. With the consequent problems, they need to explore the optimal balance between a Federal and regional/local role in the health sector. The Russians believe dialogue is the key--the need to learn from others and the ability to apply it to their unique situation. They are still short of a final decision on policy reform in the health sector.

- **Where to start?** USAID experience in Russia can offer a basis for for reform efforts.

  It was suggested we conduct policy discussion around each of the Health Committee meetings, selecting a special topic for each meeting and involving U.S. and Russian experts to look at the area and make recommendations as a feature of the meeting. Examples of topics might be: the role of Parliament in reform; the role of local government; etc.

Internal U.S. Use Only

The Russians are hosting a conference on reform led by Dr. Komarov, who is planning a conference in June, 1995, in St. Petersburg on health policy and could involve U.S. participants.

- **Action:** AID would provide the itinerary for the recent AID-funded study tour that the Duma and Cherepov took to the U.S. which may be helpful as a model.

- **Action:** The Ministry will send an outline of their conference plan to us letting us help them identify potential U.S. experts. The outcomes of this conference could identify next steps for our work in this area. (This is also an area in which Project HOPE believes it could be helpful because of its experience in training senior health leaders in Eastern/Western Europe and in Russia.)

#8 Environmental Health:

- Tzaregorodtsev noted that this is a broad area, including radiation and pollution, and that we need to be selective.

- They believe that focusing on the "risk management project" suggested by the Environment Committee makes sense as this could be the basis for identifying priorities. They see SANEPI as the lead on this.

- There is a CDC Risk Assessment Conference in March. The Ministry of Nature and Protection of Natural Resources would be the Russian lead in this risk assessment area, as well as the Commission for the Environment from the Security Council.

  The Environmental Committee asked AID to look at the health issues, and AID will have a proposal in this area.

- **Action:** The report from AID should be due in February.

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Memorandum

Date: December 28, 1994

From: Director, Office of International Health

Subject: Documents from First GC Health Committee Meeting Held in Moscow, December 14-15 -- Next Meeting of ENRG

To: Health Committee Executive Network Resource Group (ENRG)

The first meeting of the US-Russian Health Committee, the latest addition to the (Gore-Chernomyrdin) Joint Commission on Economic and Technological Cooperation, was quite successful. Both HHS Secretary Shalala and Russian Minister of Health Nechayev were pleased with the interchange and the groundwork done to establish the Health Committee. Both the Health Committee Meeting, December 14, and the report to the Vice President Gore and Prime Minister Chernomyrdin, the following day, went well and followed the schedule. There were no surprises. Useful side discussions took place.

Attached for your information and review are:

1. GCC-Health Committee Joint Report - December 14, 1994
2. Press Releases
3. State Department reporting cable, Moscow 36526, Dec. 20, 1994

The next meeting of the Executive Network Resource Group has been scheduled for January 30, 1995, 3-5:00 p.m. in Room 729G, HHH Building. Please mark this date on your calendars. We will send out an agenda before the meeting.

We deeply appreciate the time and energy you put into helping us to organize and prepare for this first meeting.

Linda A. Vogel

Linda A. Vogel

Attachments (as stated above):

Addressees:

Jo Ivey Boufford, PHS/OASH
Alan Brooks, CIA/OSE/ED
Phil Budashewitz, PHS/FDA
Robert Burls, DOEn
Merryl Burpoe, OPIC
Carol Carnahan, DOS/EUR/ISCA/ECA
Jack Chow, PHS/NIH/FIC
Joe H. Davis, PHS/CDC
Tom Dine, AID/ENI
Matt Edwards, DOC/ITA
Rhonda Ferguson-Augustus, DOS/ISCA/CAST
Cindy Gire, OVP
Joseph Grandmaison, TDA
Jeff Gren, DOC
Jim Harrell, PHS/DPHP
Nancy Hazleton, PHS/OIH
Peter Henry, PHS/OIH
David Hohman, HHS/OS
Elaine Holland, DOEd/OIIA
Allen Holt, PHS/NIH
Bud Jacobs, USIA
Stephen Joseph, DOD
Ming-Chen Keller, U.S.Embassy Science Section, Moscow
Irene Kelner, Voice of America
Julie Klement, USAID
Tom Macklin, DOS/NIS/C
Katie McDonald, AID
Don Miller, NASA
Dick Morningstar, OPIC
Paul D. Panaccione, USIA
Mary Pendergast, PHS/FDA
Marilyn Piefer, DOS/OES
Ernie Plock, DOC/ITA
Nicole Rabner, OP
Anthony Rock, DOS/OES
Elliot Siegel, NLM
Alan Silva, AID/ENI/HR
Linda Staheli, OSTP
Kathryn Sullivan, OVP
Terry Tiffany, USAID Mission Moscow
John B. Tomaro, AID
Barbara Turner, USAID
Linda Vogel, PHS/OIH
Edward Washburn, DOE
Gary Waxmonsky, EPA/OIA

Gore-Chernomyrdin Commission
Health Committee
Joint Report to the Commission
on
First Health Committee Meeting
Moscow, Russian Federation

The Health Committee held its first meeting on December 14, 1994, at the Ministry of Health and Medical Industry.

The Committee took steps to establish a good working foundation for its future efforts by adopting: a Charter for the Committee (Annex 1) and Methods of Work (Annex 2). Agreement was also reached on role and functions of the Secretariat(s) (Annex 3). The Committee envisions its role to be one of promoting U.S.-Russian cooperation in the health sector, including identifying and removing barriers to smooth implementation of cooperative efforts; the stimulation of expanded cooperation in identified areas, particularly through appropriate multi-disciplinary approaches involving both governmental and private sector organizations; and improvement of program results through coordinated approaches to planning and implementation of activities. The Committee felt that the widest possible interchange of information and expertise in agreed areas should be promoted. The need to cooperate with other Commission Committees, particularly the Environment Committee and the Business Development Committee, was noted.

The current state of cooperation in the health sector between the U.S. and Russia was reviewed, including those activities which are carried out under the Agreement on Cooperation in the Fields of Public Health and Biomedical Research, signed on January 14, 1994, USAID technical support in the health sector as well as other cooperative health and related activities. The Committee expressed its satisfaction with this cooperation.

The Committee identified eight initial areas for cooperation under the Gore-Chernomyrdin Health Committee and requested the Secretariat(s) to establish mechanisms to develop and implement appropriate plans of action and to report the results at the next Committee meeting. The areas are:

- Diabetes
- Health Education and Promotion
- Prevention and Control of Infectious Diseases
- Strengthening Primary Care Practice
- Tuberculosis Treatment and Control
- Maternal and Child Health
- Health Reform and Policy Dialogue
- Environmental Health

The Committee recommends that the Commission announce the following two new U.S.-Russia initiatives, both supported by the U.S. Agency for International Development, in the health sector:

- Women's Reproductive Health Initiative - This program of technical cooperation will address high levels of maternal mortality and morbidity. It will involve communications about modern contraceptive methods both to women and health professionals, and it will establish model family planning centers in approximately six Oblasts.

- Pharmaceutical Sector Cooperation - This program will transfer medical technology to Russia and will improve the country's pharmaceutical sector, including production capacity, distribution of products, as well as eduction and training in the use of selected products.

The next Committee Meeting will be held, before the next Commission meeting, in the United States in 1995, at a date to be mutually agreed upon.

For the United States

Co-Chair

For the Russian Federation

Co-Chair

Annexes

1. Committee Charter
2. Methods of Work
3. Secretariat Role and Functions

Charge to the Health Committee

1. To promote U.S.-Russia cooperation in the health sector including direct government to government public health cooperation on issues of national concern and strengthen the opportunities for collaborative work in areas of mutual interest.

2. To identify policy, regulatory and other barriers to smooth implementation of cooperative working and seek solutions through broader coordination.

3. To promote full communication by all parties about current U.S.-Russia health sector activities, especially those supported by the Governments of the United States and the Russian Federation.

4. To provide visibility and policy support to currently planned or ongoing initiatives, especially those involving vulnerable populations.

5. To serve as a focal point to improve co-ordination of US-Russian Health sector cooperation across government and non-governmental organizations within each country.

6. To promote the widest possible interchange and cooperation, in areas of agreed priority, among U.S. and Russian public health professionals and biomedical scientists, health sector leadership and government health officials at all levels.

7. To develop and maintain linkages and assure cooperation on health-related issues across the various Committees established for U.S-Russian economic and technological cooperation.

8. To monitor these efforts as well as activities conducted under the current U.S.-Russian Health Agreement and to discuss the policy implications of these activities for broader application.

Methods of Work

Principles:

1. The Co-chairs of the Committee will assure the maximum feasible consultation and participation of government committee members from each side.

2. The Committee will agree on an agenda for an initial joint program of work and revise it as necessary. For each area of cooperation the Secretariats will establish a mechanism to develop a plan of action and will report to the Committee on progress made in implementing the plan.

3. As areas for the program of work are agreed upon, plans of action will be developed taking into account existing or planned collaborative activities.

4. Appropriate involvement from governmental and nongovernmental organizations in Health Committee activities will be assured.

5. Secretariat functions will be established in order to support the Health Committee to expedite communications, including use of electronic mail. The Russian Secretariat will be the responsibility of the Ministry of Health and Medical Industry. The U.S. Secretariat will be the responsibility of the U.S. Department of Health and Human Services in cooperation with the USAID Mission and the U.S. Embassy in Moscow. The Committee will agree upon scope of responsibility and authorities of the Secretariats.

6. The committee will request periodic reports, including identification of obstacles to implementation, on existing and other relevant health sector projects funded by the Governments of the United States and the Russian Federation with a view toward delineating ways/means of overcoming problems/obstacles.

Relationship to Other Major Health-Related Programs

1. It is recognized that there are a number of important ongoing or already programmed projects financed by the U.S. Agency for International Development and other U.S. Government Agencies. Some of these projects will complement programs of the Russian Federation government as well as some areas identified for cooperation by the GC Health Committee. It is agreed and understood that, while the GC Health Committee should remain cognizant of these projects, the Committee will not become involved in management of

them. The Committee will, however, receive reports on progress, including obstacles to their implementation, of relevant projects funded by USAID or other USG agencies, with a view toward, inter alia, seeking ways to address those obstacles.

2. A U.S.-Russia Health Agreement was signed in January 1994. Under this agreement, a broad range of collaborative health science projects are being carried out, with many of these having been carried over from the former U.S.-U.S.S.R. Memorandum of Agreement for Cooperation in Health and Medical Sciences, signed originally in 1972. These ongoing activities include cooperation in areas of cardiopulmonary research; cancer etiology, epidemiology, prevention and control and treatment; various infectious diseases, including influenza; rheumatology; vision research; mental health and other agreed areas.

It is recognized that this work, for the most part, has a sound basis for its continuation based on many years of scientific cooperation. It is agreed, however, that the GC Health Committee should receive summary reports on activities carried out under the Health Agreement. It is further understood that there may be areas in which the Committee could have a catalytic effect (e.g. where Committee action could promote linkages between U.S. and Russian institutions and foster a relationship involving multiple parties and sources of support, particularly to bring about multi-disciplinary approaches to problems/issues.

GORE-CHERNOMYRDIN COMMISSION
HEALTH COMMITTEE
SECRETARIAT FUNCTIONS

1. Russia and the U.S. will each establish a secretariat for the GC Health Committee. The secretariat for the respective sides will be physically located at:

United States: Washington, D.C./Rockville, MD address:

Attn: Peter H. Henry, Ph.D
Director, Office for Europe & the NIS

Office of International Health
Public Health Service
Department of Health and Human Services
Room 18-90, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Phone:(301) 443-9426; (301) 443-1774
FAX: (301) 443-9426; (301) 443-6288
Internet E-Mail: PHenry@OASH.SSW.DHHS.GOV

Moscow Address:

Attn: Mingchen Keller
Science Attache

American Embassy, Moscow
Vovinskiy Bulvar, 21
121099 Moscow, Russia

Phone:(70-95) 956-4029; 252-2451
Fax: (70-95) 956-4296; 956-4261
Internet E-Mail: MINGCHEN.KELLER@DOS.US-STATE.GOV

Russia:

Attn: Dr. Michael Saveliev
Director
Department of International Relations

Ministry of Health and Medical Industry
Rakhmanovsky per.3
101 GSP Moscow K-51

Tel. (70-95) 925-1140; 927-2887
Fax: (70-95) 200-0212
Internet E-Mail: SAVELIEV@HEALTH.msk.su

2. The Secretariats will serve as focal points for:

   a. Facilitating the implementation of decisions of the Health Committee between Committee meetings, including but not necessarily limited to:

      - Providing leadership for identification of responsible parties and organizations for follow up in agreed upon areas.

      - Assuring that plans of action are developed for priority areas.

      - Arranging/facilitating exchange visits

      - Assuring the timely exchange of information, materials, and reports.

   b. Identifying obstacles to cooperation and other issues which should be brought to the Committee's attention.

   c. Maintaining records of Committee meetings and activities.

   d. Recommending agendas for Health Committee meetings and preparation of related documentation.

   e. Preparing a joint report on activities and issues since the last Committee meeting.

3. Communications

   a. The Secretariats will work to foster free and open communication between participants in specific activities.

   b. The Secretariats will communicate frequently with each other, using E-Mail and other modes of communication.

THE WHITE HOUSE
Office of the Vice President

For Immediate Release December 16, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

INAUGURAL MEETING OF THE HEALTH COMMITTEE

A U.S.-Russia Health Committee, established in June by Vice President Al Gore and Prime Minister Viktor Chernomyrdin, today in Moscow announced two new initiatives related to women's reproductive health and private investment in the Russian pharmaceutical industry.

U.S. Department of Health and Human Services Secretary Donna E. Shalala and Russian Minister of Health and Medical Industry Dr. Eduard Nechayev are co-chairs of the Committee, the seventh and newest under the Gore-Chernomyrdin Commission. Today's meeting was the first for the Health Committee, which was organized to promote government-to-government health cooperation, particularly in areas of public health.

The Committee announced a program of technical cooperation in women's reproductive health which will include a public information campaign in Russia on the health benefits of modern contraceptive methods.

The program will also include training on contraceptive methods for health personnel and assistance in developing model family planning centers.

A new pharmaceutical program will support development of partnerships between U.S. pharmaceutical firms and the Russian pharmaceutical industry. It is aimed at alleviating shortages in urgently needed pharmaceuticals in Russia.

In addition, hospital equipment valued at $6 million will be donated to Hospital No. 2 in Vladivostok. These supplies and equipment are from a decommissioned U.S. military hospital located in Japan. The hospital in Vladivostok has a partnership relationship with a hospital in Richmond, Virginia.

The Health Committee also agreed upon priorities for cooperation: diabetes, health education and promotion, prevention and control of infectious diseases, primary care practice, tuberculosis treatment and control, maternal and child health, health reform and policy, and environmental health. The common interest in these areas by both countries was emphasized by the Committee as were the benefits of exchanges of experience and knowledge in these areas.

The Commission as a whole focuses on removing barriers to cooperation. The Health Committee has a special role of focusing on matters of human health where people will benefit in direct ways.

U.S. Members of the Committee are the Departments of Commerce, Education, Defense, State, Health and Human Services, the Overseas Private Investment Corporation, the U.S. Information Agency and the Agency for International Development. Health Committee Members of the Russian side are the Russian Academy of Medical Science, the State Committee for Sanitary and Epidemiological Surveillance, the Ministry of Education, the Ministry of Social Protection, the Ministry of Defense, and the Ministry of Health and Medical Industry.

###

THE WHITE HOUSE
Office of the Vice President

For Immediate Release December 16, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

WOMEN'S REPRODUCTIVE HEALTH INITIATIVE

U.S. Vice President Al Gore and Russian Prime Minister Viktor Chernomyrdin announced the beginning of a new program of technical cooperation with Russia in the area of women's reproductive health. This new effort will be administered through the U.S. Agency for International Development.

This activity will address high levels of maternal mortality and morbidity caused by frequent termination of unwanted pregnancies. U.S. communications experts working closely with Russian counterparts will develop public information campaigns emphasizing the health benefits of modern contraceptive methods. A parallel program will be developed with the Russian medical community to identify possible areas for further professional education and training. Working closely with federal and local authorities, as well as non-governmental organizations, model family-planning centers will be established in approximately six oblasts. These centers and their training programs, will be linked to existing public and private facilities and will serve as models for similar facilities in adjacent regions.

The results of this initiative will be real and immediate. Russian women will be able to make informed reproductive health choices and more easily acquire the method of contraception that works best for them. Their health and the health of their babies will improve as unwanted pregnancies and premature births decrease. Medical complications resulting from unwanted pregnancies will also decrease and allow existing health care resources to be directed towards other priorities. Women will be physically healthier and psychologically more secure in knowing that they can exercise control over their reproductive health.

###

THE WHITE HOUSE
Office of the Vice President

For Immediate Release **December 16, 1994**

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

U.S. AND RUSSIANS COOPERATE IN PHARMACEUTICAL SECTOR

At today's conclusion of the fourth meeting of the U.S.-Russian Joint Commission on Economic and Technological Cooperation, U.S. Vice President Al Gore announced the establishment of a Medical Technology Transfer Activity which will support private investment in the production of critical pharmaceuticals in Russia.

This is a program designed to transfer medical technology to Russia and improve the country's pharmaceutical sector. The program will be funded by the United States Agency for International Development (USAID) and is designed to accelerate U.S. investment in the production of critically-needed drugs through technical assistance, training and the guaranteed purchase of drugs produced by the venture in Russia. The program will develop partnerships between U.S. pharmaceutical firms and the Russian pharmaceutical industry. U.S. Vice President Gore announced the $32 million program after meeting with Russian Prime Minister Viktor Chernomyrdin.

Investment proposals by four American companies (Bristol Meyers-Squibb, Searle, Merck, and MIR Pharmaceutical) are currently under active consideration by the United States and Russian governments.

###

THE WHITE HOUSE
Office of the Vice President

For Immediate Release December 16, 1994

U.S.-Russian Joint Commission
on Economic and Technological Cooperation

STATEMENT ON U.S. MEDICAL ASSISTANCE TO VLADIVOSTOK

The U.S. Department of State has identified approximately $5 million in excess U.S. Department of Defense medical equipment and supplies from a decommissioned U.S. military hospital in Japan, for donation to a hospital in Vladivostok, Russia.

Planning is under way to donate this equipment to Municipal Clinical Hospital No.2 in Vladivostok, which is participating in USAID's Health care Partnerships Program administered by the American International Health Alliance. Under this program, Municipal Clinical Hospital No. 2 has entered into a partnership with Virginia Commonwealth University's Medical College of Virginia in Richmond.

The hospital equipment and supplies will be scheduled for shipment and installation in early summer 1995, after close coordination with the Russian Ministry of Health and the Russian Government, and will enable the health care providers of Municipal Hospital No. 2 to offer much improved medical care, including surgery, radiology, laboratory tests, and dental and intensive care.

The U.S. Department of State has overseen similar hospital upgrade projects in Moscow, Tbilisi, Bishkek, Chisinau, Minsk and Almaty.

###

PAGE 01 OF 03 MOSCOW 36526 00 OF 04 281047Z SHC0184
ACTION OES-09

Copies

INFO	LOG-00	AID-00	CIAE-00	OASY-00	DODE-00	EB-00	EUR-00
	FDRE-01	HHS-01	H-01	[illegible]			
	ADS-00	NSAE-00	NSCE-00	OIC-02	OPIC-01	PA-02	PRS-01
	P-01	SP-00	SR-00	SSDA	STR-01	TRSE-00	SMIS-00
	PRME-01	DRL-09	G-00	/050W			

DISTRIBUTION

[illegible] 281106Z /28 DC

HCFA FDA

CRR HRSA

W/W NIH

NCHS NIOSH

OIH Init

AHCPR

P 281050Z DEC 94
FM AMEMBASSY MOSCOW
TO SECSTATE WASHDC PRIORITY 8375
INFO HHS PHS WASHDC PRIORITY
WHITEHOUSE WASHDC PRIORITY
AMCONSUL ST PETERSBURG
HQ EPA WASHDC
USIA WASHDC 2841
USDOC WASHDC

UNCLAS MOSCOW 036526

STATE FOR OES/STH (ROCK), EUR/ISCA/CAST (FERGUSON-AUGUSTUS) AND S/NIS/C (MACKLIN)
HHS FOR OIA (HOHMAN), OIH/OASH (BOUFFORD), AND PHS/OASH (VOGEL/HENRY)
USDOC FOR (MOTTUN)
EPA FOR OIA (NITZE/WAXMONSKY)
STATE PASS OPIC FOR (BORPOE)
WHITE HOUSE FOR OSTP (WALES/BORIGHT/SCHWEITZER)
PASS USIA FOR (SIGMOND)

PASS AID FOR AID/NIS (TURNER)
PASS FDA (PENDERGAST/BUDASHEWITZ)

E.O. 12356: N/A
TAGS: KGCC, TBIO, SOCI, RS
SUBJECT: GCC HEALTH COMMITTEE - REPORT TO VICE PRESIDENT GORE AND PRIME MINISTER CHERNOMYRDIN

SUMMARY
---

1. THE HEALTH COMMITTEE OF THE GORE CHERNOMYRDIN COMMISSION (GCC) MADE ITS FIRST REPORT TO THE FULL COMMISSION ON DECEMBER 15 AT THE GCC SESSION IN MOSCOW. THE COMMITTEE AGREED ON ITS CHARGE, METHODS OF WORK, SECRETARIAT FUNCTIONS AND ON EIGHT PRIORITIES FOR COOPERATION. IT ALSO REVIEWED ONGOING COOPERATION IN THE HEALTH SECTOR IN THE CONTEXT OF COMMITTEE INTERESTS. RUSSIAN MINISTER FOR HEALTH AND MEDICAL INDUSTRY EDUARD NECHAYEV PLEDGED HIS FULL SUPPORT FOR THE COMMITTEE'S WORK AND MADE SPECIAL NOTE OF THE MUTUAL BENEFIT TO BE DERIVED FROM THE "PROPOSED PRIVATIZATION PROGRAM OF THE PHARMACEUTICAL INDUSTRY", AN APPARENT REFERENCE TO USAID'S MEDICAL TECHNOLOGY TRANSFER AGREEMENT (MTTA). HEALTH AND HUMAN SERVICES SECRETARY DONNA SHALALA REPORTED THAT THE COMMITTEE HAD ESTABLISHED AN AMBITIOUS AGENDA FOR ITSELF, INCLUDING WORK IN EIGHT PRIORITY AREAS; DIABETES, HEALTH EDUCATION, PREVENTION AND CONTROL OF INFECTIOUS DISEASE, STRENGTHENING PRIMARY CARE

PRACTICE, TUBERCULOSIS, MATERNAL AND CHILD HEALTH, ENVIRONMENTAL HEALTH, AND HEALTH REFORM AND POLICY DIALOGUE. SHE STRESSED THAT THE COMMITTEE WOULD FOCUS ON PRACTICAL STEPS IT COULD TAKE IN EACH AREA TO IMPROVE HEALTH STATUS IN BOTH COUNTRIES. SHALALA ALSO ANNOUNCED TWO NEW USAID-SUPPORTED INITIATIVES; THE MTTA PROJECT AND A WOMEN'S REPRODUCTIVE HEALTH PROGRAM.

2. VICE-PRESIDENT GORE, NOTING THAT THE HEALTH COMMITTEE HAD MET FOR THE FIRST TIME THE PREVIOUS DAY, COMMENDED NECHAYEV AND SHALALA ON THE COMMITTEE'S PROGRESS IN IDENTIFYING KEY AREAS FOR FUTURE COLLABORATION. PRIME MINISTER CHERNOMYRDIN ECHOED THE VICE-PRESIDENT'S REMARKS, NOTING THAT HE WAS "VERY SATISFIED" WITH THE COMMITTEE'S EFFORTS. FOLLOWING THE REPORT TO THE COMMISSION, MINISTER NECHAYEV AND SECRETARY SHALALA SIGNED A JOINT REPORT TO THE FULL COMMISSION. TEXT OF THE REPORT IS IN PARAS 10 TO 14.

3. THE FDA-RUSSIAN MOU WAS RAISED IN A PRIVATE DISCUSSION BETWEEN NECHAYEV AND SHALALA AND AT THE COMMISSION MEETING BY THE BUSINESS DEVELOPMENT COMMITTEE. END SUMMARY.

HEALTH MINISTER NECHAYEV'S REMARKS
---

4. FOLLOWING A BRIEF INTRODUCTION BY PRIME MINISTER CHERNOMYRDIN, MINISTER NECHAYEV DIRECTED HIS REMARKS

TO THE ON-GOING DISCUSSIONS BETWEEN USAID AND THE MOH CONCERNING IMPLEMENTATION OF THE MTTA, A PROJECT TO SUPPORT PRIVATE U.S. INVESTMENT IN THE PRODUCTION OF CRITICAL PHARMACEUTICAL PRODUCTS. HE NOTED THAT DURING THE PREVIOUS DAY'S MEETING OF THE HEALTH COMMITTEE THERE HAD BEEN A GENERAL DISCUSSION OF AID'S PRIVATIZATION PROGRAM OF THE PHARMACEUTICAL INDUSTRY (I.E. THE MTTA PROJECT), AND THAT IT WAS IMPORTANT THAT BOTH SIDES COOPERATE TO MOVE THIS PROJECT FORWARD. SUCH COOPERATION WOULD SOLVE A NUMBER OF ECONOMIC AND TRADE PROBLEMS THAT SURROUND THE JOINT PRODUCTION OF VACCINES AND PHARMACEUTICALS. NECHAYEV THANKED SECRETARY SHALALA FOR HER ACTIVE PARTICIPATION IN THE COMMITTEE'S DELIBERATIONS, AND EXPRESSED HIS HOPE THAT THE COMMITTEE'S WORK WOULD IMPROVE THE QUALITY OF LIFE OF BOTH RUSSIANS AND AMERICANS.

SECRETARY SHALALA'S REPORT
---

5. SECRETARY SHALALA OPENED HER REPORT TO THE COMMISSION BY THANKING NECHAYEV FOR HIS COOPERATION AND SUPPORT. SHE NOTED THAT RUSSIAN-U.S. COLLABORATION IN THE HEALTH SECTOR HAS BEEN ON-GOING FOR A NUMBER OF YEARS, AND THAT THE INAUGURATION OF A NEW GCC HEALTH COMMITTEE WOULD BE AN IMPORTANT EXPANSION OF THESE EFFORTS. TURNING TO EXISTING U.S.

PROGRAMS, SHALALA NOTED THAT USAID CURRENTLY SUPPORTS A $100 MILLION PROGRAM OF TECHNICAL ASSISTANCE TO THE RUSSIAN HEALTH SECTOR. THIS PROGRAM INCLUDES PROJECTS DESIGNED TO STRENGTHEN HEALTH INFORMATION SYSTEMS, PROMOTE PRIVATE SECTOR PRODUCTION AND DISTRIBUTION OF DRUGS, REFORM THE HEALTH CARE FINANCING AND SERVICE DELIVERY SYSTEMS, AND CREATE PARTNERSHIPS BETWEEN U.S. AND RUSSIAN HOSPITALS. IN ADDITION, OTHER U.S. AGENCIES, SUCH AS THE DEPARTMENT OF DEFENSE, THE OVERSEAS PRIVATE INVESTMENT CORPORATION, AND THE UNITED STATES INFORMATION AGENCY HAVE ALSO BEEN ACTIVE IN THE HEALTH SECTOR. IN MID-1995, $6 MILLION IN HOSPITAL EQUIPMENT AND SUPPLIES WILL BE DONATED BY DOD TO HOSPITAL NO. TWO IN VLADIVOSTOK.

DEC 20 1994

6. TURNING TO THE EIGHT PRIORITY AREAS IDENTIFIED BY THE COMMITTEE FOR FUTURE ACTION, SHALALA NOTED THAT BOTH THE U.S. AND RUSSIA AGREED THAT ALL EIGHT AREAS ARE CRITICAL. SHALALA OFFERED A BRIEF DESCRIPTION OF THE FOUR PRIORITIES PROPOSED BY THE U.S. FIRST, IN THE AREA OF HEALTH EDUCATION AND PROMOTION, SHALALA NOTED THAT BOTH THE U.S. AND RUSSIA SHARE EXCESSIVE LEVELS OF ACCIDENTS, PREVENTABLE ILLNESSES, UNIMMUNIZED CHILDREN, AND LOW LEVELS OF MATERNAL HEALTH. THE U.S. AND RUSSIA PLAN TO WORK TOGETHER ON A PREVENTION INITIATIVE THAT WILL DEVELOP SYSTEMS TO COLLECT SOUND EPIDEMIOLOGICAL DATA ON CRITICAL HEALTH PROBLEMS. SECOND, BOTH IN RUSSIA AND THE U.S. THE PRACTICE OF PRIMARY CARE MEDICINE REQUIRES STRENGTHENING. RESPONSES TO THIS CHALLENGE INCLUDE CREATING APPROPRIATE FINANCIAL INCENTIVES, IMPROVING

PRACTICE MANAGEMENT, AND CONTINUING CLINICAL EDUCATION. THIRD, IN THE AREA OF HEALTH REFORM AND POLICY DIALOGUE, BOTH THE U.S. AND RUSSIA SHARE COMMON CONCERNS. THE U.S. AND RUSSIA CAN USE THIS PRIORITY TO STRENGTHEN THE ROLE OF NATIONAL MINISTRIES OF HEALTH AND TO ENHANCE PUBLIC HEALTH INFRASTRUCTURES. FINALLY, IN THE AREA OF ENVIRONMENTAL HEALTH, THE U.S. AND RUSSIA NEED TO FIND WAYS TO SET PRIORITIES FOR ENVIRONMENTAL ACTION AND PROTECT THOSE AT RISK. THE HEALTH COMMITTEE WILL COOPERATE CLOSELY WITH THE ENVIRONMENT COMMITTEE AND EPA TO ADDRESS THIS CHALLENGE.

7. SHALALA REPORTED THE HEALTH COMMITTEE'S RECOMMENDATION THAT THE COMMISSION ANNOUNCE TWO NEW USAID-FUNDED INITIATIVES: A WOMEN'S REPRODUCTIVE HEALTH PROJECT AND THE MTTA INITIATIVE. DESCRIBING THE WOMAN'S HEALTH PROGRAM, SHALALA EXPLAINED THAT IT WILL ADDRESS HIGH LEVELS OF MATERNAL MORTALITY AND MORBIDITY CAUSED BY REPEAT ABORTIONS BY EDUCATING WOMEN AND CLINICIANS ABOUT THE HEALTH BENEFITS OF MODERN CONTRACEPTIVES. THE MTTA INITIATIVE WILL HELP ACCELERATE PRIVATE INVESTMENT IN THE PRODUCTION OF CRITICAL PHARMACEUTICALS IN RUSSIA THROUGH TECHNICAL ASSISTANCE, TRAINING AND THE GUARANTEED PURCHASE OF DRUGS PRODUCED BY THE PROJECT. SHALALA NOTED THAT AN MOH REPRESENTATIVE WOULD TRAVEL TO THE U.S. IN EARLY 1995 TO CONCLUDE NEGOTIATIONS FOR THE PROJECT.

8. CONCLUDING HER REMARKS, SHALALA COMMENTED THAT THE COMMITTEE HAD ESTABLISHED AN AMBITIOUS AND DIVERSE

AGENDA. SHE HOPED THAT ITS ACTIVITIES WOULD BE FOCUSED ON PRACTICAL INITIATIVES THAT WOULD ENABLE BOTH AMERICANS AND RUSSIANS TO LEAD HEALTHIER LIVES.

RESPONSES BY THE VP AND PM

---

9. VICE PRESIDENT GORE RESPONDED TO NECHAYEV'S AND SHALALA'S REPORTS BY COMMENDING THE MINISTERS FOR THEIR HARD WORK AND THE COMMITTEE'S EARLY ACCOMPLISHMENTS. HE NOTED THAT THE IDEA FOR A HEALTH COMMITTEE, THE MOST RECENT ADDITION TO THE GCC, HAD GROWN
OUT OF THE PRIME MINISTER'S SUGGESTION THAT HEALTH-RELATED ISSUES BE ADDRESSED IN THE GCC FORUM. THE VICE PRESIDENT EXPRESSED HIS OPTIMISM THAT WITH COOPERATION FROM ALL SIDES THE COMMITTEE COULD ACCOMPLISH MUCH TO BENEFIT WOMEN AND CHILDREN IN BOTH

COUNTRIES.

10. PRIME MINISTER CHERNOMYRDIN ECHOED THE VICE PRESIDENT'S REMARKS AND ENDORSED THE SELECTION OF PRIORITY AREAS. HE URGED THE U.S. AND RUSSIA TO CONTINUE EFFORTS IN THE AREA OF MEDICAL RESEARCH AND REPORTED THAT HE WAS "VERY SATISFIED" WITH THE COMMITTEE'S INITIAL EFFORTS.

GCC HEALTH COMMITTEE REPORT

BEGIN TEXT (ANNEXES OMITTED):

11. THE HEALTH COMMITTEE HELD ITS FIRST MEETING ON DECEMBER 14, 1994, AT THE MINISTRY OF HEALTH AND MEDICAL INDUSTRY. THE COMMITTEE TOOK STEPS TO ESTABLISH A GOOD WORKING FOUNDATION FOR ITS FUTURE EFFORTS BY ADOPTING: A CHARTER FOR THE COMMITTEE (ANNEX 1) AND METHODS OF WORK (ANNEX 2). AGREEMENT WAS ALSO REACHED ON THE ROLE AND FUNCTIONS OF THE SECRETARIAT(S) (ANNEX 3). THE COMMITTEE ENVISIONS ITS ROLE TO BE ONE OF PROMOTING U.S.-RUSSIAN COOPERATION IN THE HEALTH SECTOR, INCLUDING IDENTIFYING AND REMOVING BARRIERS TO SMOOTH IMPLEMENTATION OF COOPERATIVE EFFORTS; THE STIMULATION OF EXPANDED COOPERATION IN IDENTIFIED AREAS, PARTICULARLY THROUGH APPROPRIATE MULTI-DISCIPLINARY APPROACHES INVOLVING BOTH GOVERNMENTAL AND PRIVATE SECTOR ORGANIZATIONS; AND IMPROVEMENT OF PROGRAM RESULTS THROUGH COORDINATED APPROACHES TO PLANNING AND IMPLEMENTATION OF ACTIVITIES. THE COMMITTEE FELT THAT THE WIDEST POSSIBLE INTERCHANGE OF INFORMATION AND EXPERTISE IN AGREED AREAS SHOULD BE PROMOTED. THE NEED TO COOPERATE WITH OTHER COMMISSION COMMITTEES, PARTICULARLY THE ENVIRONMENT COMMITTEE AND THE BUSINESS DEVELOPMENT COMMITTEE, WAS NOTED.

12. THE CURRENT STATE OF COOPERATION IN THE HEALTH SECTOR BETWEEN THE U.S. AND RUSSIA WAS REVIEWED, INCLUDING THOSE ACTIVITIES THAT ARE CARRIED OUT UNDER

THE AGREEMENT ON COOPERATION IN THE FIELDS OF PUBLIC HEALTH AND BIOMEDICAL RESEARCH, SIGNED ON JANUARY 14, 1994. ALSO REVIEWED WERE USAID TECHNICAL SUPPORT ACTIVITIES IN THE HEALTH SECTOR. THE COMMITTEE EXPRESSED ITS SATISFACTION WITH THIS COOPERATION.

13. THE COMMITTEE IDENTIFIED EIGHT INITIAL AREAS FOR COOPERATION UNDER THE GORE-CHERNOMYRDIN HEALTH COMMITTEE AND REQUESTED THE SECRETARIAT(S) TO ESTABLISH MECHANISMS TO DEVELOP AND IMPLEMENT APPROPRIATE PLANS OF ACTION AND TO REPORT THE RESULTS AT THE NEXT COMMITTEE MEETING. THE AREAS ARE:

(A) DIABETES;
(B) HEALTH EDUCATION AND PROMOTION;
(C) PREVENTION AND CONTROL OF INFECTIOUS DISEASES;
(D) STRENGTHENING PRIMARY CARE PRACTICE;
(E) TUBERCULOSIS TREATMENT AND CONTROL;
(F) MATERNAL AND CHILD HEALTH;
(G) HEALTH REFORM AND POLICY DIALOGUE;
(H) ENVIRONMENTAL HEALTH.

14. THE COMMITTEE RECOMMENDS THAT THE COMMISSION ANNOUNCE THE FOLLOWING TWO NEW U.S.-RUSSIA

INCOMING
TELEGRAM

Department of State

SHC0184

INITIATIVES, BOTH SUPPORTED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, IN THE HEALTH SECTOR:

(A) WOMEN'S REPRODUCTIVE HEALTH INITIATIVE - THIS PROGRAM OF TECHNICAL COOPERATION WILL ADDRESS HIGH

LEVELS OF MATERNAL MORTALITY AND MORBIDITY. IT WILL INVOLVE COMMUNICATIONS ABOUT MODERN CONTRACEPTIVE METHODS BOTH TO WOMEN AND HEALTH PROFESSIONALS, AND IT WILL ESTABLISH MODEL FAMILY PLANNING CENTERS IN APPROXIMATELY SIX OBLASTS.

(B) PHARMACEUTICAL SECTOR COOPERATION - THIS PROGRAM WILL TRANSFER MEDICAL TECHNOLOGY TO RUSSIA AND WILL IMPROVE THE COUNTRY'S PHARMACEUTICAL SECTOR, INCLUDING PRODUCTION CAPACITY, DISTRIBUTION OF PRODUCTS, AS WELL AS EDUCATION AND TRAINING IN THE USE OF SELECTED PRODUCTS.

15. THE NEXT COMMITTEE MEETING WILL BE HELD, BEFORE THE NEXT COMMISSION MEETING, IN THE UNITED STATES IN 1995, AT A DATE TO BE MUTUALLY AGREED UPON.

END TEXT OF COMMITTEE REPORT. PICKERING

Department of State

(THIS PAGE INTENTIONALLY LEFT BLANK)

US-Russia GC Health Committee
Sign-In Sheet

Name	Title	Organization	Tel Number	Fax Number
PETER HEWKIN	Director, Office for Europe & NIS	OIH/OASH	443-9426	443-0742
Linda Vogt	Director, Office of International Health	OIH/OASH	443-1774	443-6288
Joe H. Davis	Associate Director	CDC	404-639-2191	404-639-2452
TOM MACKLIN	STATE	S/NIS/C	202 647 4635	202 647 2636
Gary Waxmonsky	Exec Sec, G-C Environ Comm.	EPA/OIA	260-8363	260-4506
Alan Brooks	Analyst, Consumer, Social Welfare Issues	CIA/OSE/ED	703-482-9699	703-734-0982
Carol Carnahan	Program Asst.	DOS/EUR/ISC/HEC	202 647-5609	
Nicole Rabner	Asst. to the Deputy Chief of Staff	office of the First Lady	202/456-6266	202/456-6244
Greg Rathwell	Int'l Trade Specialist Med. Eq.	DOC/ITA	482-2796	482-0975
Matt Edwards	Int'l. Trade Spec. Med. Equipment	DOC/ITA	482-0550	482-0975
Enric Plock	Int. trade specialist	"	482-4783	482-2609
Allen Holt	Program Officer for Europe	NIH	(301)496-4784	(301)480-3414

US-Russia GC Health Committee
Sign-In Sheet

Name	Title	Organization	Tel Number	Fax Number
Barbara Turner	Deputy Asst. Administrator ENI	USAID	202 647-6050	202 647-9973
Mary Pendergast	Deputy Comm.	FDA	3/443-4094	3/443-5930
Jean Kleinman	Chief, Health and Nutrition Programs for Europe + Newly Independent States	USAID	202/736-7763	202/736-7760
Phil Budashewitz	Associate Director for Special Programs	FDA	3/443-4450	3/443-2350
NANCY HAZLETON	INTERNATIONAL HEALTH OFFICER	OIH	301/443-4010	443-4345
Kathe McDonald	Health Officer, Bureau for Europe + NIS	AID	202/736 7754	202 736 7250
JOHN B TOMASO	Sr. HHS Advisor Mission of Health + Nutrition	AID	703-875-4523	703 875 4686
CINDY GORE	SCHEDULER FOR FIRST LADY	OVP	202-456-6645	202-456-6748
Rhonda FERGUSON-Augustus	ENV/Health Officer	STATE ISCA/CAST	202 647-6331	202 647-3580
Merry/ Burpee	Deputy Vice President Investment Development	OPIC	202-336-8587	202-408-5145
		HHS	202/690 6174	202/690-7127
DAVID HOFFMAN	Director, Office of Int'l. Affairs			
Kathryn Sullivan	Special Advisor to the Vice President for Internat'l Affairs	OVP	202/395-6014	202/395-6042

THE WHITE HOUSE

WASHINGTON

November 10, 1994

MEMORANDUM FOR CAROL LANCASTER
DEPUTY ADMINISTRATOR
USAID

FROM: MELANNE VERVEER
DEPUTY ASSISTANT TO THE PRESIDENT
DEPUTY CHIEF OF STAFF TO THE FIRST LADY

RE: PROPOSAL FOR MEETING ON PUBLIC AND PRIVATE SECTOR INITIATIVES IN THE RUSSIA RELATING TO MATERNAL AND CHILD HEALTH

Per my meeting with you and Brian Atwood, the following is a recommendation for a convening under the aegis of USAID to respond to maternal and child health needs in Russia and other NIS. The purpose of the meeting is to explore ways to strengthen and expand the response of nonprofit and community groups in the United States to the critical health care needs of women and children in Russia. This effort would complement government assistance programs and is particularly compelling now, given the increasing contractions in public resources. The effort would explore ways to better leverage federal dollars with private, voluntary initiatives. The meeting would also explore the feasibility of establishing a clearinghouse on assistance of this kind.

Background

As you know, the collapse of the Soviet Union has simultaneously disrupted human and social services and increased the level of need for those services. Particularly affected are the most vulnerable segments of the population, including women and children. This need was illustrated during the First Lady's visit to a hospital in Moscow and Minsk. It has been reinforced by the steady stream of requests received by the First Lady.

To respond to the acute health needs in Russia, the federal government has launched a variety of programs, including humanitarian assistance (DOD hospitals and transport of privately contributed goods); support for nongovernmental organizations; and health programs (financing and reform, immunization, hospital partnership programs).

Another critical part of the U.S. response is taking place in the voluntary sector, with communities around the country forging

partnerships with Russian institutions and communities to help on a people-to-people basis. Grassroots community groups throughout the United States have organized shipments of humanitarian aid (medical and hospital supplies, food, clothing, etc.) and have begun to develop programmatic partnerships with counterpart local groups in Russia. While the U.S. government has supported the cost of transportation for these contributed goods, the actual collection and organizational work is usually local, voluntary and largely spontaneous.

The First Lady highlighted some of these extraordinary programs during the visit of Mrs. Yeltsin this past September. Mrs. Clinton and Mrs. Yeltsin share a deep concern about the seriousness of the maternal and child health needs in Russia. During the Yeltsin visit, Mrs. Clinton chaired a discussion with representatives of U.S. community groups, some of whom receive minimal government resources in the manner of travel or supply shipment, but others of whom conduct their efforts with no government support. At that time, Mrs. Clinton underscored the importance of encouraging and enhancing voluntary efforts to address the critical health needs in Russia, especially in this time of diminishing public investment. The meeting also highlighted the hospital partnership program under USAID through the American International Health Alliance (AIHA), which, with relatively little investment, leverages huge private and voluntary resources.

Stimulated largely by the ongoing stream of requests from Russia for assistance and by a recognition of the important role being played by U.S. grassroots efforts, a series of meetings have been held in the office to discuss how best to strengthen and expand these efforts. The development of community partnerships is seen as one appropriate way to expand the amount of assistance the U.S. can offer, particularly at a time when government assistance will be reduced. These projects can complement the large scale projects which the federal government typically supports, build strong people-to-people relationships and raise the awareness of the American people about the level of need in Russia and other NIS and of the appropriate role they can play in response.

Proposal

One recommendation is to establish a project to 1) provide technical assistance and information-sharing support for U.S. grassroots groups; 2) to encourage the development of new community partnerships between the U.S. and the NIS; 3) to create a clearinghouse service that will link U.S. and Russian groups and provide a picture of the assistance currently being provided. This is intended to be a private sector effort in cooperation with key government agencies, with funding to come from the private sector. The grassroots initiatives are essential, yet often not the kind of projects usually supported by large-scale federal grants. Furthermore, greater private sector and voluntary involvement can help fill the vacuum likely to be

created by a reduction of reduced federal resources. Leadership, it is hoped, would come from a "national working group" of foundations and corporations which hopefully would grow. A non-profit organization with experience in Russian health issues could serve as the secretariat-manager for the program. It is hoped that support funds can be raised for expenses, including provision for matching "mini-grants" to complement local resources.

Proposed Participants

Participants for the meeting should include representatives from relevant government agencies -- State, USAID, HHS, etc. -- as well as top leaders from private foundations and corporate philanthropy programs that have an interest in Russia/NIS, maternal and child health, and the development of international grassroots relationships. The First Lady would also participate. We would be happy to work with you to devise a list of participants; attached is list of suggestions, in no particular order. It should be further vetted.

List of Suggested Participants

A. Foundations

1. Carnegie Foundation -- President, David Hamburg, a close friend of the First Lady; Carnegie is interested in maternal and child international health programs.

2. Charles Stewart Mott Foundation -- Very active in Eastern Europe and the NIS; often out in front in support of new programs; very strong background in support of grassroots organizations and promotion/support of community service.

3. Pew Trusts -- President, Rebecca Rimel, is a medical professional; Pew has wide interests in health care; some interest in international programs; widely respected; emerging leader.

4. Ford Foundation -- Has major international programs with wide, diverse interests which have included maternal and child health. Key staff person, Susan Beresford is very well known in the field for innovative program development. Ongoing interest in development of grassroots solutions to problems.

5. MacArthur Foundation -- Interests in international health care, development and relief. Currently investing heavily in Russia and the NIS through the Initiative in the Former Soviet Union program.

6. W. K. Kellogg Foundation -- Although not engaged in the NIS, is a "must" as a major supporter of infrastructures which support community service and emerging interests in promoting development of NGOs and volunteerism outside the U.S. Major priority in health care.

7. Rockefeller Foundation -- World-recognized leader in private philanthropy. Interests include pediatric health, international health care, international development and relief. Because of size and reputation, a "must."

B. Corporations

1. Merck and Co. -- Front runner of U.S. pharmaceutical firms that provide humanitarian medical assistance to the FSU. Estimated humanitarian contribution exceeds $25 million. In April of this year, contributed $750,000 to the Children's Health Fund, a U.S. nonprofit based in New York, to work with Children's Hospital #44 in St. Petersburg to improve the quality of medical care provided to young patients.

2. Eli Lilly & Co. -- Has contributed approximately $20 million in humanitarian supplies, particularly insulin, to the NIS. Has worked in the Ukraine and elsewhere to provide educational materials related to the treatment of diabetes for children and

young adults. Also provides free medicines to physicians and nurses who travel to the former Soviet Union on humanitarian missions. Recently donated oncological drugs to the nuclear testing zones in Kazakhstan in support of the Secretary of Defense's upcoming visit.

3. Marion Merrell Dow -- Provided pharmaceuticals to local NGOs in the U.S. (i.e., Heart to Heart of Olathe, Kansas) which have delivered millions of dollars of medical assistance to children's hospitals in Moscow and St. Petersburg and in Bishkek, Kyrgzstan. Provided approximately $12 million to hospitals and institutes in the NIS.

4. Chevron -- Currently working in the Tengiz Oil Fields in western Kazahkstan. In the communities which are near or border the oil field, Chevron has invested $25 million in a maternal and child health care project which is being implemented by Project HOPE.

5. Marathon Oil -- Is closely examining the Sakhalin Islands for a potential oil-related investment. Recently completed a health survey of the region in anticipation of providing funds for a community-based health project in the Sakhalin area.

6. Turner Broadcasting/CNN -- In conjunction with the Goodwill Games, provided transportation of medical supplies and funds to purchase additional supplies for several hospitals and institutes in St. Petersburg, such as those affiliated with the hospital partnership program and the Rostropovich Foundation.

7. Coca-Cola -- Major commercial presence in Russia. Strong interest in globalizing its philanthropic and community service programs; strong commitment to support of volunteerism.

8. McDonald's -- Growing commercial presence in Russia. Well-known for Ronald-MacDonald House Program in support of children's health. Good record of corporate philanthropy and support of local initiatives.

9. Catepiller -- Has expressed interest in providing funds to purchase medicines and medical supplies for communities near its investment in Russia.

C. Other

1. Appropriate Representatives from Government Agencies/ Departments.

2. Representatives of non-profit and grassroots groups working in Russia.

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Memorandum

Date October 24, 1994

From The Principal Deputy Assistant Secretary for Health and Point of Contact for US-Russia Health Committee

Subject Formation of a Health Committee Under Gore-Chernomyrdin Commission -- Initial US-Side Interagency Meeting

To Addressees (See Below)

ISSUE SUMMARY:

A U.S.-Russia Joint Health Committee is being formed in response to the Russian request to address health issues under the Gore-Chernomyrdin Commission. The Vice President has appointed Donna Shalala, Secretary HHS, to serve as the U.S. Chair. Carol Lancaster, of AID, will be the Chair and I have been asked to serve as the U.S. "Point of Contact". The Russian Chair will likely be the Minister of Health; however, other agencies are expected to participate. We expect a first meeting of the Committee in Moscow, December 14-15 as part of the next Gore-Chernomyrdin meeting.

In preparation for "launching" this new committee, I am planning to visit Moscow October 30 - November 5 and would very much value your input to better understand the on-going health-related programs and activities with Russia. We would like to identify what a Health Committee could most constructively accomplish and the resources that may be directed towards these efforts, from both sides. We also want to link as effectively as possible with ongoing health related activities in other GCC committees and avoid duplication of effort. It is important that we not raise false expectations, but respond effectively to requests for greater government-to-government cooperation and coordination.

MEETING:

You are invited to attend our first interagency executive committee meeting which I will chair:

Date: Thursday, October 27, 1994
Time: 10:00 - 12:00 AM
Place: HHH Building, Room 716G
200 Independence Avenue, S.W., Washington, DC

BACKGROUND:

Background on the formation of the Health Committee, see Tab A, includes a copy of Secretary Shalala's response to the request of the Vice President and a memorandum from OIH to the Office of the Vice President. A copy of the State Department cable that went out on my upcoming trip to Moscow is provided under Tab B. These indicate initial PHS thoughts on the opportunities and potential goals for the Committee which we can discuss further.

Our overall charge is to identify a short term, high visibility/impact activity that will help people on the ground. We also need to lay the groundwork for medium and long term barrier removal and infrastructure development in the health sector.

AGENDA:

During our meeting on Thursday, I would appreciate a brief summary of your health-related programs and activities with Russia. I'd also like to have all of us share our perspectives on US and Russian views about health priorities, needs, and resources. We should begin to identify what would be the most constructive focus for the Health Committee and how these activities would support and link to other GC-Committees and Agency programs. Please bring with you relevant summaries of your programs and any key documents that Health Committee members should review and consider before taking action.

We should particularly discuss ideas you may have for easily-implemented high-visibility projects as well as activities to pursue over the longer term, such as infrastructure building, especially policy or regulatory issues for which high-level attention could make a difference. Finally we should discuss potential barriers to success and examples of approaches that are working.

DRAFT HEALTH COMMITTEE'S GOALS FOR THE UPCOMING COMMISSION MEETING:

Following are draft "goals" for a December meeting of the Health Committee. I would appreciate your reactions and reformulations.

- Establish direct communications between U.S. and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.
- Reach agreement with the Russian side on the goals, scope, composition, and resources to be made available for Committee activities.
- Announce one specific activity that can be launched in the near-term.
- Begin to identify opportunities for medium and long term cooperation to renew/strengthen the health sector infrastructure.
- Explore possible approaches to improved coordination of government, private and voluntary sector US efforts in the Russian health sector.

I look forward to meeting with you. Please contact Linda Vogel, Director, Office of International Health, OASH, (301) 443-1774, if you have questions concerning this meeting.

Jo Ivey Boufford, M.D.

Attachments:
Tab A - Letter from Secretary Shalala to the Vice President
OIH-Prepared Summary of Health Committee Activities
Tab B - State Department Cable on Dr. Boufford's Trip to Moscow

Addressees:

OVP - Kathryn Sullivan
NSC - Nick Burns' Office
OSTP - Linda Staheli
AID - Tom Dine, Barbara Turner, Julie Klement
USIA - Bud Jacobs
STATE-OES - Bud Rock
STATE-NIS - Tom Macklin
STATE-OES - Marlyn Piefer
STATE-EUR - Carol Carnahan
CIA - Alan Brooks
DOD - Stephen Joseph
DOC - Greg Rathmell/Jeff Gren
DOE - John Elkind
EPA - Gary Waxmonsky
OPIC - Dick Morningstar
TDA - Tanya Shamson
NASA - Don Miller
PHS - CDC - Joe Davis
FDA - Pendergast
NIH - Jack Chow
OIH - Linda Vogel, Pete Henry, Nancy Hazleton
HHS/OS- David Hohman


TAB A

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

SEP 23 1994

MEMORANDUM FOR THE VICE PRESIDENT

I am delighted that you have asked me to co-chair the new Health Committee with Russia and to accompany you to Moscow in December. I am enthusiastic because I believe there are many areas in the field of health where we can be helpful to the Russians.

All we have learned about the Russian health sector suggests that the situation is complex and beginning to be decentralized. The responsibilities and levers for change at the central government level are unclear. Any assistance we provide must shore up the public sector and stimulate development of an emerging private sector.

With respect to technical assistance, we have skills to help strengthen Russian medical and public health authorities at all levels (federal, oblast, and local) in:

- Promotion of health through healthier life styles and hygiene practices,
- Primary health care services,
- Primary prevention and action programs for chronic diseases,
- Epidemiology and disease outbreak control,
- Public services such as clean water and safe blood supply,
- Standard setting and regulation of drugs, vaccines, medical devices, and foods, and
- Financing of health care with incentives for producing better quality and cost control

Based on the very helpful discussions with your staff, we understand your desire to work with the Russian Government to produce tangible and practical results for the people in as short a time as possible. We are prepared to work with our Russian counterparts to produce constructive activities for both the short and the long haul.

Many of the issues facing the Russians appear to be organizational in nature. The public health sector clearly needs strengthening. We can offer advice, technical assistance, and positive role models. We can do this on a relatively modest budget, but it will require support from your office in assuring cross governmental support, especially from AID, and leveraging the private and NGO/PVO sector. Any significant expansion of health related technical assistance to Russia must involve AID and should be the result of a careful joint review of the U.S. Government's strategy and resource allocation.

I will recommend a general structure, approach, and operating budget for the Committee and a potential agenda for its first meeting by the end of October.

In terms of other committee members on the U.S. side, I want to be inclusive and have participation from a broad interagency group. Dr. Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, is the Public Health Service's senior international representative. I have asked her to serve as the Committee's Point of Contact to work directly with the Commission's secretariat.

The selection of a Russian Co-chair, and Vice-Chairs, for the Health Committee is a strategic issue that you may wish to discuss with your contacts. The U.S.-Russia health agreement that I signed in January names three separate Russian agencies as counterparts to HHS. Russian representation should include all three and perhaps would be best served by naming an individual able to effect cooperation and action from otherwise competing agencies.

We lack up-to-date and reliable information from our Russian counterparts on the magnitude of the problems they face, their sense of priorities, and how, with limited resources, we can best be of assistance. This will require some frank discussions among professionals. We will take advantage of upcoming visits by Russian health officials to explore what we can accomplish working together. In addition, I plan to send Dr. Boufford to Moscow in late October to meet with health counterparts and Embassy and USAID officials.

I am pleased to accept your request to serve as the U.S. Chair for a U.S.-Russia Health Committee.

Donna E. Shalala

SENT BY:

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Memorandum

Date · October 7, 1994

From Director, Office for International Health
Office of the Assistant Secretary for Health

Subject Background Material for Upcoming Gore-Chernomyrdin Commission Meeting in December - Health Committee Report

To Richard Saunders, Military Advisor to the Vice President

In response to your faxed request for background material in preparation for the fourth Gore-Chernomyrdin Commission Meeting, we have prepared the following on the new Joint Health Committee:

Summary of the Activity:

A U.S.-Russia Joint Health Committee is being formed in response to the Russian request to address health issues under the Gore-Chernomyrdin process. On the U.S. side, HHS Secretary, Donna Shalala, has agreed to serve as the U.S. Chair. Senior-level representation from AID will be included as a Vice-Chair. Dr. Jo Ivey Boufford, the Principal Deputy Assistant Secretary for Health, will serve as the Point of Contact. Initial meetings have been held with Victor Cherepov, a senior health advisor to the Russian Federation Government and Chernomyrdin. The Russian Chair will be the Minister of Health; however, other agencies will also participate. The initial strategy is to focus on defining a short-term high visibility initiative directed at a vulnerable population, such as maternal and child health, that would reflect positively on U.S.-Russian government-to-government cooperation.

Health Committee's Goals for the Upcoming Commission Meeting:

- Establish direct communications between U.S. and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.
- Reach agreement with the Russian side on the goals, scope, composition, and resources to be made available for Committee activities.
- Announce one specific activity that can be launched in the near-term.
- Explore possible approaches to improved coordination of USG efforts.

Current Activities:

This Committee has not yet been formally announced and is in the organizational phase. Secretary Shalala has formally agreed to serve as the U.S. Chair for the Health Committee and has enlisted the support of

AID Administrator Atwood, the State Department, and the Department of Defense. Dr. Stephen C. Joseph, Assistant Secretary for Health Affairs, DOD, has agreed to participate and to provide linkage with DOD's Defense Conversion efforts.

On September 28, Dr. Boufford, OASH; Leon Fuerth, OVP; and staff, met with Chernomyrdin's health advisor, Victor M. Cherepov, M.D., Deputy Chief, Department of Labor, Health & Social Protection, Council of Ministers, Government of the Russian Federation. In meetings at HHS and OVP, discussions were held on the scope and goals of the Health Committee. There was agreement that the role should be catalytic and the organizational structure of the Health Committee should: (a) promote full communication about what is already being done; and (b) identify problems where the Gore/Chernomrydin process could facilitate solution. More importantly, the Committee should be involved with a high visibility initiative directed at a vulnerable population, such as maternal and child health, that would reflect positively on US-Russian government-to-government cooperation. The main Committee should be small with a number of subgroups formed to deal with specific issues. Russian priorities, as conveyed by Dr. Cherepov, include:

Protection of mothers and children
Development of new pharmaceuticals
Cardiac Surgery -- especially pediatrics
Radiation health effects - areas such as Altai, Chelaybinsk
Improvement of medical practice standards and training
Environmental health protection

Cherepov advised that the best approach would be to start with 2-3 projects. With respect to a choice between a site development, or a federal-level country-wide endeavor, Cherepov indicated that it should be a national-level activity and involve the Minister of Health in the decision-making.

Both sides agreed to hold meetings promptly to set priorities and develop proposals to present. Specifically, we need good advice from the Russian side on what they need; only then can a determination be made of what can be done.

Next Meetings and Visits:

- Health Minister Nechaev's on/off schedule for a fall visit to Washington is, at MOH request, postponed to March-April 1995.

- To begin to organize and staff out Committee activities, Dr. Boufford plans to visit Moscow, on or about October 27-Nov 1, to meet with Russian authorities, U.S. Embassy, and AID staff. [Note: on 10/7, U.S. Embassy Science Officer, Ming-Chen Kelle, contacted PHS/OIH asking for details on the Health Committee and agreed, in principle, to organize this visit and coordinate with Victor Cherepov.]

- Meetings of the U.S. side of the proposed Health Committee, including coordination with previously established GC Committees, will be organized as soon as possible.

Anticipated Near-term Deliverables:

- A meeting, in Moscow, to establish direct communications between US and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.

- If possible, announcement of at least one specific activity that can be launched in the near-term.

Problems Requiring VP-Involvement:

- Funding stream for Health Committee activities, including logistics.

We are drafting a letter in State Department cable format, from Dr. Boufford to Dr. Cherepov to describe the proposed visit by Dr. Boufford to Moscow and provide the Embassy and AID Mission with needed background and to request appropriate Embassy assistance.

Linda A. Vogel

TAB B

UNCLASSIFIED

OUTGOING TELEGRAM

Department of State

ORIGIN HHS-01

INFO LOG-00 AID-00 AMAD-01 CIAE-00 SMEC-00 OASY-00 EUR-00
TEDE-00 INR-00 LAB-01 ADS-00 NSAE-00 NSCE-00 OES-09
SSO-00 SS-00 SNIS-00 NISC-01 G-00 /018R

OIA DISTRIBUTION
OAMHA
CDC
FDA
HRSA
W/W
NIH
NCHS
NIOSH
OIH ✓
Init.
AHCPR

DRAFTED BY: DHHS/PHS/OIH: PHENRY
APPROVED BY: EUR/ISCA: JHERBST
OES/STH/TCH: AROCK, DHHS/OASH/OASH: EVOGEL, OES/SCP: MPIFER
EUR/ISCA/CAST: TGORENZ (SUBS), EUR/ISCA/ECA: CCARNAHAN
AID/NIS/TF: BTURNER, S/NIS/C: TMACKLIN, OSIP: LSTAHELI
OVP: LFUERTH, NSC: ASENS, S/S: DEGRAZE, S/S-O: DROBINSON
------------------892FE2 221945Z /38

O 221940Z OCT 94
FM SECSTATE WASHDC
TO AMEMBASSY MOSCOW IMMEDIATE

UNCLAS STATE 287413

ATTN: FOR SCICOUNS SAMBAIEW

E.O. 12356: N/A

TAGS: TBIO, OVIP, OTRA, KGCC, RS, US

SUBJECT: VISIT OF PRINCIPAL DAS FOR HEALTH, BOUFFORD, TO MOSCOW - OCT 30-NOV 5 - HEALTH COMMITTEE

REFS: (A) STATE 249504; (B) MOSCOW 28802; (C) MOH FAX TO HHS/OIH 10/4/94; AND (D) KELLER/HENRY TELCONS

OF 10/7/94 AND 10/12/94

1. THIS IS AN ACTION REQUEST: SEE PARAS 4 AND 8-12.

2. SUMMARY:

IN FOLLOW-UP TO REF D (TELCON), SCICOUNS IS REQUESTED TO PROVIDE ASSISTANCE FOR TRIP TO MOSCOW, OCTOBER 30-NOV 5, BY HHS PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH, DR. JO IVEY BOUFFORD. DR. BOUFFORD WILL BE ACCOMPANIED BY DR. PETER HENRY, DIRECTOR, OFFICE FOR EUROPE AND THE NIS, OIH/OASH/HHS AND ANTHONY ROCK, OES/STH/TCH. THE PURPOSE OF THE VISIT IS TO DISCUSS THE SCOPE, FUNCTION, AND ORGANIZATION OF THE GORE-CHERNOMYRDIN COMMISSION HEALTH COMMITTEE IN PREPARATION FOR A SECRETARIAL VISIT TO MOSCOW FOR THE COMMISSION MEETING IN MID-DECEMBER. A LETTER FROM SECRETARY SHALALA TO MINISTER OF HEALTH NECHAYEV AND FROM DR. BOUFFORD TO VICTOR CHEREPOV ARE PROVIDED BELOW (SEE PARA 11 AND 12).

3. BACKGROUND SUMMARY

FOR EMBASSY INFORMATION -- AT THE JUNE 1994 COMMISSION MEETING, VICE PRESIDENT GORE AND PRIME MINISTER CHERNOMYRDIN AGREED TO ESTABLISH A HEALTH COMMITTEE AS PART OF THE GORE-CHERNOMYRDIN COMMISSION. ON THE U.S. SIDE, DONNA SHALALA, SECRETARY DHHS, WILL SERVE AS THE U.S. CHAIR. A SENIOR-LEVEL REPRESENTATIVE FROM USAID WILL SERVE AS THE VICE-CHAIR. DR. JO IVEY BOUFFORD WILL SERVE AS THE U.S. POINT OF CONTACT. INFORMAL DISCUSSIONS HAVE BEEN HELD WITH VICTOR CHEREPOV, A SENIOR HEALTH ADVISOR TO

THE RUSSIAN FEDERATION GOVERNMENT AND TO CHERNOMYRDIN, DURING THE WEEK OF CLINTON-YELTSIN SUMMIT. TO BEGIN PREPARATIONS FOR A MEETING OF THE US AND RUSSIAN CO-CHAIRS OF THE HEALTH COMMITTEE IN DECEMBER, INFORMATION ON RUSSIAN HEALTH PRIORITIES, NEEDS, AND RESOURCES MUST BE OBTAINED. DR. BOUFFORD IS PREPARED TO VISIT MOSCOW, AS SOON AS POSSIBLE, TO CONTINUE STRATEGY DISCUSSIONS BEGUN

IN WASHINGTON BETWEEN DR. BOUFFORD, VICTOR CHEREPOV, AND LEON FUERTH, NATIONAL SECURITY ADVISOR TO THE VICE PRESIDENT.

4. PROPOSED MEETINGS

IN FOLLOW-UP TO REF D, SCIENCE OFFICE IS REQUESTED TO SCHEDULE MEETINGS WITH THE FOLLOWING: (A) EMBASSY SCIENCE COUNSELLOR SAMBAIEW, (B) USAID MISSION (TERRY TIFFANY); (C) MINISTRY OF HEALTH; (D) CHEREPOV; (E) STATE COMMITTEE FOR SANITARY AND EPIDEMIOLOGIC SURVEILLANCE; (F) RUSSIAN ACADEMY OF MEDICAL SCIENCES; (G) BELA DENISENKO; AND ANY MATERNAL AND CHILD HEALTH (MCH) AUTHORITIES SUCH AS THE MINISTRY OF SOCIAL PROTECTION. EMBASSY SCIENCE OFFICE AND AID MISSION PARTICIPATION IN THESE MEETINGS IS ALSO DESIRED. ALTHOUGH DR. BOUFFORD HAS SOME EXPERIENCE IN CENTRAL EUROPE, THIS WOULD BE HER FIRST VISIT TO MOSCOW. GIVEN A LIKELY INITIAL FOCUS BY THE HEALTH COMMITTEE ON MATERNAL AND CHILD HEALTH, IT WOULD BE HELPFUL TO INCLUDE A FEW SITE VISITS SUCH AS TO A POLYCLINIC, HOSPITAL, AND POSSIBLY A RESEARCH INSTITUTE.

5. DISCUSSION

POINTS TO BE RAISED BY SCIENCE OFFICE IF ASKED FOR ADDITIONAL BACKGROUND:

-- THE U.S. SIDE IS VERY INTERESTED IN FOLLOWING UP ON THE AGREEMENT REACHED AT THE JUNE GORE-CHERNOMYRDIN MEETING TO ESTABLISH A HEALTH COMMITTEE.

-- WE DO NOT WANT TO RAISE FALSE EXPECTATIONS BECAUSE FUNDING FOR ANY NEW INITIATIVES IS QUITE CONSTRAINED. NONETHELESS, WE DO WANT TO PROMOTE JOINT US-RUSSIAN HEALTH-RELATED ACTIVITIES, INCLUDING DIRECT GOVERNMENT-TO-GOVERNMENT PUBLIC HEALTH COOPERATION, AND TO LEARN ABOUT RUSSIAN PRIORITIES.

-- TO AVOID DUPLICATION OF EFFORT AMONG EXISTING COMMITTEES AND GROUPS, IT IS IMPORTANT TO ADDRESS A KEY QUESTION: "WHAT WOULD THE HEALTH COMMITTEE BE UNIQUELY QUALIFIED TO UNDERTAKE?"

-- THE COMMITTEE SHOULD PROVIDE VISIBILITY AND POLICY SUPPORT TO CURRENTLY PLANNED OR ONGOING INITIATIVES, PARTICULARLY THOSE UPCOMING SUCH AS: PHARMACEUTICAL INVESTMENT GRANTS TO U.S. AND RUSSIAN JOINT VENTURES, THE COMPLEMENTARY FDA WORK ON REGISTRATION OF PHARMACEUTICALS AND VACCINES, NEW NGO GRANTS IN MCH, AND THE HEALTH INFORMATION WORK BY CDC AND THE MINISTRY OF HEALTH.

6. FOR SCIENCE OFFICE INFORMATION

ON SEPTEMBER 28, DR. BOUFFORD, OASH; LEON FUERTH OVP;

AND STAFF, MET WITH CHERNOMYRDIN'S HEALTH ADVISOR, VICTOR P. CHEREPOV, M.D., DEPUTY CHIEF, DEPARTMENT OF LABOR, HEALTH AND SOCIAL PROTECTION, COUNCIL OF MINISTERS, GOVERNMENT OF THE RUSSIAN FEDERATION. IN MEETINGS AT HHS AND OVP, PRELIMINARY AND INFORMAL DISCUSSIONS WERE HELD ON THE SCOPE AND GOALS OF THE HEALTH COMMITTEE. THERE WAS CONSENSUS AMONG THE GROUP THAT THE COMMITTEE'S ROLE SHOULD BE CATALYTIC AND ITS ORGANIZATIONAL STRUCTURE SHOULD:

(A) PROMOTE FULL COMMUNICATION TO ALL PARTIES ABOUT WHAT IS ALREADY BEING DONE;

(B) IDENTIFY POLICY, REGULATORY AND OTHER PROBLEMS

WHERE THE GORE-CHERNOMYRDIN PROCESS COULD FACILITATE SOLUTIONS; AND

(C) PROVIDE HIGH VISIBILITY TO HEALTH PROGRAMS AIMED AT VULNERABLE POPULATIONS, SUCH AS MATERNAL AND CHILD HEALTH, THAT WOULD REFLECT POSITIVELY ON U.S.-RUSSIAN JOINT ACTIVITIES, INCLUDING GOVERNMENT-TO-GOVERNMENT COOPERATION.

THE MAIN COMMITTEE SHOULD BE SMALL WITH A NUMBER OF SUBGROUPS FORMED TO DEAL WITH SPECIFIC ISSUES. RUSSIAN PRIORITIES, AS CONVEYED BY DR. CHEREPOV, INCLUDE:

-- PROTECTION OF MOTHERS AND CHILDREN
-- DEVELOPMENT OF NEW PHARMACEUTICALS
-- CARDIAC SURGERY -- ESPECIALLY PEDIATRICS
-- RADIATION HEALTH EFFECTS - AREAS SUCH AS ALTAI AND CHELYABINSK

-- IMPROVEMENT OF MEDICAL PRACTICE STANDARDS AND TRAINING
-- ENVIRONMENTAL HEALTH PROTECTION

CHEREPOV ADVISED THAT THE BEST APPROACH WOULD BE TO START WITH 2-3 PROJECTS. WITH RESPECT TO A CHOICE BETWEEN A SITE DEVELOPMENT, OR A FEDERAL-LEVEL COUNTRY-WIDE ENDEAVOR, CHEREPOV INDICATED THAT IT SHOULD BE A NATIONAL-LEVEL ACTIVITY AND INVOLVE THE MINISTER OF HEALTH IN THE DECISION-MAKING.

IT WAS AGREED THAT BOTH SIDES SHOULD MEET PROMPTLY TO SET PRIORITIES AND DEVELOP POSSIBLE JOINT INITIATIVE. SPECIFICALLY, WE NEED GOOD ADVICE FROM THE RUSSIAN SIDE ON WHAT THEY NEED; ONLY THEN CAN A DETERMINATION BE MADE OF WHAT CAN BE DONE.

7. ADDITIONAL BACKGROUND FROM USAID

-- THE DOLS 75 MILLION U.S.-RUSSIAN MEDICAL ASSISTANCE PROGRAM BEGAN IN FISCAL YEAR 1994 AS A RESULT OF THE TOKYO G 7 MEETINGS. ELEMENTS OF THE CURRENT PROGRAM INCLUDE:

1) STRENGTHENING HEALTH INFORMATION SYSTEMS AND THE CAPABILITY OF THE GOVERNMENT AND LOCAL GROUPS TO RESPOND TO EMERGENCY HEALTH PROBLEMS: INCLUDES THE U.S. CENTERS FOR DISEASE CONTROL AND THE RUSSIAN MINISTRY OF HEALTH SURVEILLANCE WORK; A DIPHTHERIA IMMUNIZATION PROGRAM WITH THE MINISTRY OF HEALTH; AND GRANTS TO RUSSIAN NGOS.

2) PRODUCTION AND DISTRIBUTION OF CRITICAL PHARMACEUTICALS AND MEDICAL EQUIPMENT, AND IMPROVING REGULATIONS AND QUALITY CONTROL OF IMPORTANT AND LOCAL PRODUCTION: INCLUDES U.S. FDA WORK, AND NEW GRANTS TO U.S. AND RUSSIAN PARTNERS FOR PHARMACEUTICAL INVESTMENTS.

3) HEALTH CARE FINANCING AND SERVICE DELIVERY REFORM, INTRODUCING MARKET-ORIENTED REFORMS TO ADDRESS EFFICIENCY, QUALITY AND ACCESS TO HEALTH SERVICES IN SELECTED LOCATIONS.

4) THE MEDICAL PARTNERSHIPS, CURRENTLY IN PLACE AND PLANNED FOR CONTINUATION, WHICH FOCUS ON STRENGTHENING AND UPDATING CLINICAL AS WELL AS MANAGEMENT PRACTICES AND COMMUNITY OUTREACH.

5) WOMEN'S HEALTH INITIATIVE TO SUPPORT TRAINING AND TECHNICAL ASSISTANCE TO IMPROVE REPRODUCTIVE HEALTH AND FAMILY PLANNING AND OTHER ACTIVITIES AIMED AT REDUCING

HIGH LEVELS OF MATERNAL MORTALITY ASSOCIATED WITH ABORTION (SEE NOTE).

NOTE: THIS INITIATIVE ON WOMEN'S HEALTH WAS INITIATED FOLLOWING THE VICE PRESIDENT'S PARTICIPATION IN THE CAIRO CONFERENCE AND HIS SPEECH JUST PRIOR TO CAIRO SPECIFICALLY CITING THE NEEDS IN RUSSIA.

8. LOGISTICS: PHS/OASH WILL COVER THE COSTS OF THIS VISIT, INCLUDING CAR AND DRIVER, INTERPRETER, AND AIRPORT MEET AND GREET. EMBASSY ASSISTANCE IS REQUESTED IN MAKING THE ARRANGEMENTS. DHHS/OASH/OIH FUNDING CITE FOR INTERPRETATION, CAR AND DRIVER, AND THE LIKE: APPROPRIATION 7551101, CAN 5-A734135, ALLOTMENT NO.: NA, OBLIGATION NO: BOUFFORD P836854; HENRY P83844, ORGANIZATION CODE: 75-83-8838, OBJECT: 21.93, COST NOT EXCEED DOLS 5,000.

9. COUNTRY CLEARANCE IS REQUESTED FOR THE FOLLOWING:

ANTHONY F. ROCK
DEPUTY DIRECTOR, OFFICE OF SCIENCE, TECHNOLOGY, AND HEALTH, BUREAU OF OCEANS, AND INTERNATIONAL ENVIRONMENTAL AND SCIENTIFIC AFFAIRS
U.S. DEPARTMENT OF STATE
SECURITY CLEARANCE - TOP SECRET

MR. ROCK'S NAME AS IT APPEARS ON HIS PASSPORT: ANTHONY FRANCIS ROCK, DOB SEPTEMBER 14, 1952, DIPLOMATIC PASSPORT NO. S08230612, EXPIRATION DATE 02/23/98.

JO IVEY BOUFFORD, M.D.
PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SECURITY CLEARANCE - TOP SECRET

DR. BOUFFORD'S NAME AS IT APPEARS ON HER PASSPORT: MELVILLE ELIZABETH BOUFFORD, DOB JULY 2, 1945, OFFICIAL PASSPORT NO. 88075@179; EXPIRATION DATE 11/8/98.

PETER H. HENRY, PH.D.
DIRECTOR, OFFICE FOR EUROPE AND THE NIS

OFFICE OF INTERNATIONAL HEALTH, OASH, DHHS
SECURITY CLEARANCE - SECRET

DR. HENRY'S NAME AS IT APPEARS ON HIS PASSPORT: PETER HOWARTH HENRY, DOB MAY 18, 1943, OFFICIAL PASSPORT NO. 88047@157, EXPIRATION DATE: 10/6/95.

RESERVATIONS FOR MR. ROCK, DRS. BOUFFORD AND HENRY HAVE BEEN MADE ON DELTA AIRLINES, FLIGHT 68, ARRIVING MOSCOW SUNDAY, OCTOBER 30, AT 4:25 PM. DEPARTURE FROM MOSCOW IS ON LUFTHANSA FLIGHT 3211 ON SATURDAY, NOV 5, AT 7:05 PM. DRS. BOUFFORD, HENRY AND ROCK WILL ARRIVE AND DEPART TOGETHER.

SCIENCE OFFICE IS REQUESTED TO MAKE HOTEL RESERVATIONS AT THE SLAVJANSKAYA RADISSON FOR THE NIGHTS OF OCTOBER 30 - NOV 4.

10. SCIENCE OFFICE IS ASKED TO REQUEST FROM THE MINISTRY OF HEALTH A LETTER OF INVITATION FROM THE MINISTRY OF HEALTH AND VISA CLEARANCE FOR THE THREE MEMBERS OF THE DELEGATION.

11. SCIENCE OFFICE IS REQUESTED TO PASS THE FOLLOWING LETTER FROM SECRETARY SHALALA TO MINISTER OF HEALTH NECHAYEV CONCERNING POSTPONEMENT OF HIS TRIP TO THE U.S.

AND HAS REQUEST TO MEET WITH DR. BOUFFORD. A COPY WILL ALSO BE FAXED TO THE MINISTRY.

BEGIN TEXT:

EDUARD A. NECHAYEV 18 OCTOBER 1994
MINISTER OF HEALTH AND MEDICAL INDUSTRY
OF THE RUSSIAN FEDERATION
RAKHMANOVSKY PER. 3
MOSCOW, RUSSIAN FEDERATION

DEAR MINISTER NECHAYEV:

I WAS SORRY TO LEARN THAT YOU HAVE HAD TO POSTPONE YOUR TRIP TO THE U.S. UNTIL NEXT YEAR. I HAD LOOKED FORWARD TO THE OPPORTUNITY TO DISCUSS WITH YOU ACTIVITIES TO BE PURSUED UNDER THE NEWLY-FORMED US-RUSSIA HEALTH COMMITTEE.

IN FOLLOW-UP TO THE JUNE MEETING BETWEEN VICE PRESIDENT GORE AND PRIME MINISTER VICTOR CHERNOMYRDIN, IT WAS BEEN AGREED TO ADD HEALTH AS A SEVENTH COMMITTEE UNDER THE GORE CHERNOMYRDIN COMMISSION. VICE PRESIDENT GORE HAS ASKED ME TO CHAIR THIS COMMITTEE FOR THE U.S. SIDE. I HAVE ASKED DR. JO IVEY BOUFFORD, PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH, TO SERVE AS THE U.S. SIDE POINT OF CONTACT FOR THE UNITED STATES.

DR. BOUFFORD WOULD BE AVAILABLE TO VISIT MOSCOW AND MEET WITH YOU AND YOUR STAFF TO BEGIN DISCUSSIONS ON THE SCOPE AND NATURE OF THE COMMITTEE. THE DATES WE HAVE IN MIND ARE OCTOBER 30 THROUGH NOVEMBER 5. WE HAVE ASKED THE U.S. EMBASSY SCIENCE OFFICE TO COORDINATE WITH YOUR STAFF ON THIS VISIT.

I AM LOOKING FORWARD TO MEETING YOU AGAIN AND TO THE WORK OF THIS COMMITTEE.

/S/
SINCERELY YOURS
DONNA SHALALA
SECRETARY, HHS

END TEXT

12. SCIENCE OFFICE IS ALSO REQUESTED TO PASS THE FOLLOWING LETTER FROM DR. BOUFFORD TO VICTOR CHEREPOV WITH WHOM DISCUSSIONS WERE HELD IN WASHINGTON, SEPTEMBER 28, CONCERNING THE FORMATION OF THE HEALTH COMMITTEE.

BEGIN TEXT:

VIKTOR M. CHEREPOV, M.D. OCTOBER 18, 1994
HEAD OF PUBLIC HEALTH AND
MEDICAL ENGINEERING DEPARTMENT
GOVERNMENT OF THE RUSSIAN FEDERATION

DEAR DR. CHEREPOV:

I WAS VERY PLEASED TO HAVE HAD THE OPPORTUNITY TO MEET WITH YOU DURING YOUR VISIT TO WASHINGTON TO DISCUSS THE FORMATION OF A HEALTH COMMITTEE UNDER THE GORE-CHERNOMYRDIN COMMISSION. IN FOLLOW-UP, SECRETARY SHALALA IS SENDING A LETTER TO MINISTER NECHAYEV INDICATING THAT I WOULD BE PREPARED TO VISIT MOSCOW, OCTOBER 30-NOVEMBER 5, IF THIS WOULD BE CONVENIENT FOR THE MINISTRY OF HEALTH AND THE OTHER PARTIES CONCERNED. WE BELIEVE IT WOULD BE VERY HELPFUL TO BOTH SIDES IF WE COULD CONTINUE DISCUSSIONS AND "BRAINSTORMING" AND INCLUDE GOSCOMSANEPIDNADZOR, THE

RUSSIAN ACADEMY OF MEDICAL SCIENCES, AND POSSIBLY THE MINISTRY OF SOCIAL WELFARE.

WE HAVE ASKED THE U.S. EMBASSY SCIENCE OFFICE TO ASSIST US IN COORDINATING THIS VISIT. PLEASE LET ME KNOW IF I COULD MEET WITH YOU DURING THIS TIME PERIOD.

I VERY MUCH LOOK FORWARD TO CONTINUING OUR WORK.

SINCERELY YOURS,
/S/
JO IVEY BOUFFORD, M.D.
PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

END TEXT

13. BIODATA

BOUFFORD BIOSKETCH:

JO IVEY BOUFFORD, M.D., DID HER PEDIATRIC RESIDENCY TRAINING AT MONTEFIORE HOSPITAL AND MEDICAL CENTER, THE BRONX, NEW YORK. SHE IS BOARD CERTIFIED IN PEDIATRICS. AS THE PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH, DR. BOUFFORD PROVIDES LEADERSHIP AND SUPPORT ACROSS THE FULL SPECTRUM OF U.S. PUBLIC HEALTH SERVICE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. POLICY AND OPERATIONAL ISSUES AND, IN EFFECT, SERVES AS THE CHIEF OPERATING OFFICER FOR THE PHS. PRIOR TO HER APPOINTMENT, DR. BOUFFORD SERVED AS DIRECTOR OF THE KING'S FUND COLLEGE, LONDON ENGLAND. DR. BOUFFORD SERVED AS PRESIDENT OF THE NEW YORK CITY HEALTH AND HOSPITAL CORPORATION (HHC) FROM 1985-89. HHC IS THE LARGEST MUNICIPAL HOSPITAL SYSTEM IN THE U.S. WITH 11 ACUTE CARE HOSPITALS, 5 LONG-TERM CARE FACILITIES, AND OVER 50 COMMUNITY CLINICS.

HENRY BIOSKETCH:

PETER H. HENRY, PH.D. HAS AN INTERDISCIPLINARY DOCTORAL DEGREE FROM STANFORD UNIVERSITY IN BIOBEHAVIORAL SYSTEMS ANALYSIS. SINCE 1981, HE HAS BEEN THE EXECUTIVE SECRETARY FOR THE US-USSR AND NOW US-RUSSIA BILATERAL HEALTH AGREEMENT. HIS EXPERIENCE INCLUDES WORK IN PROGRAM EVALUATION, S AND T PROGRAM MANAGEMENT, AND PSYCHO-PHYSIOLOGICAL RESEARCH. CHRISTOPHER

OFFICE OF THE VICE PRESIDENT

WASHINGTON, DC

October 25, 1994

TO: Melanne Verveer

SUBJECT: Gore-Chernomyrdin Health Committee

Attached for your information is a memo from HHS that outlines the U.S. goals and activities for the new Health Committee. I have indicated to Jo Ivey Boufford, the Health Committee's U.S. Point of Contact (202/690-7694), of the First Lady's interest in health issues and the possibility that you or someone on your staff may wish to attend the interagency meeting scheduled for Thursday, October 27 at 10:00am. If you have any questions about the paper, the meeting or Commission activities in this area, please feel free to give me a call on 5-6014.

Kathryn Sullivan

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date · October 7, 1994

From Director, Office for International Health
Office of the Assistant Secretary for Health

Subject Background Material for Upcoming Gore-Chernomyrdin Commission Meeting in December - Health Committee Report

To Richard Saunders, Military Advisor to the Vice President

In response to your faxed request for background material in preparation for the fourth Gore-Chernomyrdin Commission Meeting, we have prepared the following on the new Joint Health Committee:

Summary of the Activity:

A U.S.-Russia Joint Health Committee is being formed in response to the Russian request to address health issues under the Gore-Chernomyrdin process. On the U.S. side, HHS Secretary, Donna Shalala, has agreed to serve as the U.S. Chair. Senior-level representation from AID will be included as a Vice-Chair. Dr. Jo Ivey Boufford, the Principal Deputy Assistant Secretary for Health, will serve as the Point of Contact. Initial meetings have been held with Victor Cherepov, a senior health advisor to the Russian Federation Government and Chernomyrdin. The Russian Chair will be the Minister of Health; however, other agencies will also participate. The initial strategy is to focus on defining a short-term high visibility initiative directed at a vulnerable population, such as maternal and child health, that would reflect positively on U.S.-Russian government-to-government cooperation.

Health Committee's Goals for the Upcoming Commission Meeting:

- Establish direct communications between U.S. and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.
- Reach agreement with the Russian side on the goals, scope, composition, and resources to be made available for Committee activities.
- Announce one specific activity that can be launched in the near-term.
- Explore possible approaches to improved coordination of USG efforts.

Current Activities:

This Committee has not yet been formally announced and is in the organizational phase. Secretary Shalala has formally agreed to serve as the U.S. Chair for the Health Committee and has enlisted the support of

AID Administrator Atwood, the State Department, and the Department of Defense. Dr. Stephen C. Joseph, Assistant Secretary for Health Affairs, DOD, has agreed to participate and to provide linkage with DOD's Defense Conversion efforts.

On September 28, Dr. Boufford, OASH; Leon Fuerth, OVP; and staff, met with Chernomyrdin's health advisor, Victor M. Cherepov, M.D., Deputy Chief, Department of Labor, Health & Social Protection, Council of Ministers, Government of the Russian Federation. In meetings at HHS and OVP, discussions were held on the scope and goals of the Health Committee. There was agreement that the role should be catalytic and the organizational structure of the Health Committee should: (a) promote full communication about what is already being done; and (b) identify problems where the Gore/Chernomrydin process could facilitate solution. More importantly, the Committee should be involved with a high visibility initiative directed at a vulnerable population, such as maternal and child health, that would reflect positively on US-Russian government-to-government cooperation. The main Committee should be small with a number of subgroups formed to deal with specific issues. Russian priorities, as conveyed by Dr. Cherepov, include:

Protection of mothers and children
Development of new pharmaceuticals
Cardiac Surgery -- especially pediatrics
Radiation health effects - areas such as Altai, Chelaybinsk
Improvement of medical practice standards and training
Environmental health protection

Cherepov advised that the best approach would be to start with 2-3 projects. With respect to a choice between a site development, or a federal-level country-wide endeavor, Cherepov indicated that it should be a national-level activity and involve the Minister of Health in the decision-making.

Both sides agreed to hold meetings promptly to set priorities and develop proposals to present. Specifically, we need good advice from the Russian side on what they need; only then can a determination be made of what can be done.

Next Meetings and Visits:

- Health Minister Nechaev's on/off schedule for a fall visit to Washington is, at MOH request, postponed to March-April 1995.

- To begin to organize and staff out Committee activities, Dr. Boufford plans to visit Moscow, on or about October 27-Nov 1, to meet with Russian authorities, U.S. Embassy, and AID staff. [Note: on 10/7, U.S. Embassy Science Officer, Ming-Chen Kelle, contacted PHS/OIH asking for details on the Health Committee and agreed, in principle, to organize this visit and coordinate with Victor Cherepov.]

- Meetings of the U.S. side of the proposed Health Committee, including coordination with previously established GC Committees, will be organized as soon as possible.

Anticipated Near-term Deliverables:

- A meeting, in Moscow, to establish direct communications between US and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.

- If possible, announcement of at least one specific activity that can be launched in the near-term.

Problems Requiring VP-Involvement:

- Funding stream for Health Committee activities, including logistics.

We are drafting a letter in State Department cable format, from Dr. Boufford to Dr. Cherepov to describe the proposed visit by Dr. Boufford to Moscow and provide the Embassy and AID Mission with needed background and to request appropriate Embassy assistance.

Linda A. Vogel

THE WHITE HOUSE

WASHINGTON

Gore
Chernomyrdin

November 10, 1994

MEMORANDUM FOR CAROL LANCASTER
DEPUTY ADMINISTRATOR
USAID

FROM: MELANNE VERVEER
DEPUTY ASSISTANT TO THE PRESIDENT
DEPUTY CHIEF OF STAFF TO THE FIRST LADY

RE: PROPOSAL FOR MEETING ON PUBLIC AND PRIVATE SECTOR INITIATIVES IN THE RUSSIA RELATING TO MATERNAL AND CHILD HEALTH

Per my meeting with you and Brian Atwood, the following is a recommendation for a convening under the aegis of USAID to respond to maternal and child health needs in Russia and other NIS. The purpose of the meeting is to explore ways to strengthen and expand the response of nonprofit and community groups in the United States to the critical health care needs of women and children in Russia. This effort would complement government assistance programs and is particularly compelling now, given the increasing contractions in public resources. The effort would explore ways to better leverage federal dollars with private, voluntary initiatives. The meeting would also explore the feasibility of establishing a clearinghouse on assistance of this kind.

Background

As you know, the collapse of the Soviet Union has simultaneously disrupted human and social services and increased the level of need for those services. Particularly affected are the most vulnerable segments of the population, including women and children. This need was illustrated during the First Lady's visit to a hospital in Moscow and Minsk. It has been reinforced by the steady stream of requests received by the First Lady.

To respond to the acute health needs in Russia, the federal government has launched a variety of programs, including humanitarian assistance (DOD hospitals and transport of privately contributed goods); support for nongovernmental organizations; and health programs (financing and reform, immunization, hospital partnership programs).

Another critical part of the U.S. response is taking place in the voluntary sector, with communities around the country forging

partnerships with Russian institutions and communities to help on a people-to-people basis. Grassroots community groups throughout the United States have organized shipments of humanitarian aid (medical and hospital supplies, food, clothing, etc.) and have begun to develop programmatic partnerships with counterpart local groups in Russia. While the U.S. government has supported the cost of transportation for these contributed goods, the actual collection and organizational work is usually local, voluntary and largely spontaneous.

The First Lady highlighted some of these extraordinary programs during the visit of Mrs. Yeltsin this past September. Mrs. Clinton and Mrs. Yeltsin share a deep concern about the seriousness of the maternal and child health needs in Russia. During the Yeltsin visit, Mrs. Clinton chaired a discussion with representatives of U.S. community groups, some of whom receive minimal government resources in the manner of travel or supply shipment, but others of whom conduct their efforts with no government support. At that time, Mrs. Clinton underscored the importance of encouraging and enhancing voluntary efforts to address the critical health needs in Russia, especially in this time of diminishing public investment. The meeting also highlighted the hospital partnership program under USAID through the American International Health Alliance (AIHA), which, with relatively little investment, leverages huge private and voluntary resources.

Stimulated largely by the ongoing stream of requests from Russia for assistance and by a recognition of the important role being played by U.S. grassroots efforts, a series of meetings have been held in the office to discuss how best to strengthen and expand these efforts. The development of community partnerships is seen as one appropriate way to expand the amount of assistance the U.S. can offer, particularly at a time when government assistance will be reduced. These projects can complement the large scale projects which the federal government typically supports, build strong people-to-people relationships and raise the awareness of the American people about the level of need in Russia and other NIS and of the appropriate role they can play in response.

Proposal

One recommendation is to establish a project to 1) provide technical assistance and information-sharing support for U.S. grassroots groups; 2) to encourage the development of new community partnerships between the U.S. and the NIS; 3) to create a clearinghouse service that will link U.S. and Russian groups and provide a picture of the assistance currently being provided. This is intended to be a private sector effort in cooperation with key government agencies, with funding to come from the private sector. The grassroots initiatives are essential, yet often not the kind of projects usually supported by large-scale federal grants. Furthermore, greater private sector and voluntary involvement can help fill the vacuum likely to be

created by a reduction of reduced federal resources. Leadership, it is hoped, would come from a "national working group" of foundations and corporations which hopefully would grow. A non-profit organization with experience in Russian health issues could serve as the secretariat-manager for the program. It is hoped that support funds can be raised for expenses, including provision for matching "mini-grants" to complement local resources.

Proposed Participants

Participants for the meeting should include representatives from relevant government agencies -- State, USAID, HHS, etc. -- as well as top leaders from private foundations and corporate philanthropy programs that have an interest in Russia/NIS, maternal and child health, and the development of international grassroots relationships. The First Lady would also participate. We would be happy to work with you to devise a list of participants; attached is list of suggestions, in no particular order. It should be further vetted.

List of Suggested Participants

A. Foundations

1. Carnegie Foundation -- President, David Hamburg, a close friend of the First Lady; Carnegie is interested in maternal and child international health programs.

2. Charles Stewart Mott Foundation -- Very active in Eastern Europe and the NIS; often out in front in support of new programs; very strong background in support of grassroots organizations and promotion/support of community service.

3. Pew Trusts -- President, Rebecca Rimel, is a medical professional; Pew has wide interests in health care; some interest in international programs; widely respected; emerging leader.

4. Ford Foundation -- Has major international programs with wide, diverse interests which have included maternal and child health. Key staff person, Susan Beresford is very well known in the field for innovative program development. Ongoing interest in development of grassroots solutions to problems.

5. MacArthur Foundation -- Interests in international health care, development and relief. Currently investing heavily in Russia and the NIS through the Initiative in the Former Soviet Union program.

6. W. K. Kellogg Foundation -- Although not engaged in the NIS, is a "must" as a major supporter of infrastructures which support community service and emerging interests in promoting development of NGOs and volunteerism outside the U.S. Major priority in health care.

7. Rockefeller Foundation -- World-recognized leader in private philanthropy. Interests include pediatric health, international health care, international development and relief. Because of size and reputation, a "must."

B. Corporations

1. Merck and Co. -- Front runner of U.S. pharmaceutical firms that provide humanitarian medical assistance to the FSU. Estimated humanitarian contribution exceeds $25 million. In April of this year, contributed $750,000 to the Children's Health Fund, a U.S. nonprofit based in New York, to work with Children's Hospital #44 in St. Petersburg to improve the quality of medical care provided to young patients.

2. Eli Lilly & Co. -- Has contributed approximately $20 million in humanitarian supplies, particularly insulin, to the NIS. Has worked in the Ukraine and elsewhere to provide educational materials related to the treatment of diabetes for children and

young adults. Also provides free medicines to physicians and nurses who travel to the former Soviet Union on humanitarian missions. Recently donated oncological drugs to the nuclear testing zones in Kazakhstan in support of the Secretary of Defense's upcoming visit.

3. Marion Merrell Dow -- Provided pharmaceuticals to local NGOs in the U.S. (i.e., Heart to Heart of Olathe, Kansas) which have delivered millions of dollars of medical assistance to children's hospitals in Moscow and St. Petersburg and in Bishkek, Kyrgzstan. Provided approximately $12 million to hospitals and institutes in the NIS.

4. Chevron -- Currently working in the Tengiz Oil Fields in western Kazahkstan. In the communities which are near or border the oil field, Chevron has invested $25 million in a maternal and child health care project which is being implemented by Project HOPE.

5. Marathon Oil -- Is closely examining the Sakhalin Islands for a potential oil-related investment. Recently completed a health survey of the region in anticipation of providing funds for a community-based health project in the Sakhalin area.

6. Turner Broadcasting/CNN -- In conjunction with the Goodwill Games, provided transportation of medical supplies and funds to purchase additional supplies for several hospitals and institutes in St. Petersburg, such as those affiliated with the hospital partnership program and the Rostropovich Foundation.

7. Coca-Cola -- Major commercial presence in Russia. Strong interest in globalizing its philanthropic and community service programs; strong commitment to support of volunteerism.

8. McDonald's -- Growing commercial presence in Russia. Well-known for Ronald-MacDonald House Program in support of children's health. Good record of corporate philanthropy and support of local initiatives.

9. Catepiller -- Has expressed interest in providing funds to purchase medicines and medical supplies for communities near its investment in Russia.

C. Other

1. Appropriate Representatives from Government Agencies/ Departments.

2. Representatives of non-profit and grassroots groups working in Russia.